North Central London Sector Joint Health Overview and Scrutiny Committee

27 June 2014

Minutes of the meeting of the North Central London Joint Health Overview and Scrutiny Committee held at Islington Town Hall on 27 June 2014

Present

Councillors	**Borough**
Gideon Bull (Chair)	LB Haringey
Danny Beales	LB Camden
Peter Brayshaw	LB Camden
Alev Cazimoglu (Vice Chair)	LB Enfield
Anne-Marie Pearce	LB Enfield
Pippa Conner	LB Haringey
Martin Klute	LB Islington
Jean-Roger Kaseki	LB Islington

Also in attendance:

Councillor Alison Cornelius	LB Barnet

1. ELECTION OF CHAIR AND VICE CHAIR

RESOLVED:

That Councillor Gideon Bull be appointed Chair and Councillor Alev Cazimoglu be appointed Vice Chair for the 2014-15 Municipal Year.

2. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Kelly (Councillor Beales deputising).

Councillor Cornelius reported that Barnet were not yet able to confirm their representation on the Committee. She had nevertheless been appointed as Chair of the Health Overview and Scrutiny Committee.

The Chair expressed his thanks to ex-Councillors John Bryant and David Winskill for their contribution to the work of the Committee.

3. DECLARATIONS OF INTEREST

The following personal interests were declared:

- Councillor Bull declared that he was an employee of Moorfields Eye Hospital;
- Councillor Brayshaw declared that he was a governor of University College London Hospitals (UCLH);
- Councillor Cornelius declared that she was an Assistant Chaplain at Barnet Hospital; and

- Councillor Beales declared that he was an employee of Bliss, a neonatal charitable organisation and a governor of UCLH.

4. URGENT BUSINESS

None.

5. MINUTES

The Committee noted that an update on progress with outstanding actions arising from previous meetings had been circulated to Committee Members beforehand. The two outstanding issues relating to the Barnet, Enfield and Haringey Clinical Strategy, which concerned the review of its implementation and lessons learnt from the reconfiguration process, had been raised with the relevant organisations and a response was expected shortly.

In respect of item 10 of the minutes of 28 March, the Chair reported that he had received a copy of the summary of the Mental Health Strategies report. However, he nevertheless still wished to access the full report and requested that this be conveyed to relevant commissioners.

RESOLVED:

1. That the minutes of the meeting of 28 March be approved; and

2. That mental health commissioners for Barnet, Enfield and Haringey be requested to make available the full Mental Health Strategies financial review report to relevant members of the Committee.

6. ACQUISITION OF BARNET AND CHASE FARM HOSPITALS BY THE ROYAL FREE

Caroline Clarke and Deborah Sanders from the Royal Free attended the meeting. They reported that the process for the acquisition by the Royal Free of Barnet and Chase Farm hospitals had so far taken two years and been very onerous in nature. It appeared highly likely that the implementation date would be 1 July. A lot of this time had been spent ensuring services would be secure for patients. The enlarged trust would be a mix of a specialist, teaching and local hospital.

Plans for the development of the Chase Farm site were at an early stage and it was possible that the Committee would want the trust to come back when more details were available. Around £100 million was likely to be invested in the site. Money raised through the sale of parts of the site would be re-invested. It was not possible to give exact valuations on the land that would be sold as this was dependent on a range of issues, including how the land would be packaged up. The amount raised from land sales alone was unlikely to be sufficient to fund the necessary work and additional funding would come from the Department of Health and from the trust's own resources. The overall project was likely to be very large and the land sales would be a comparatively small part. Work was

also being undertaken to the interior of the Royal Free in Hampstead but this would not be affected by the plans to redevelop Chase Farm.

An engagement meeting was planned to take place in July. A wide range of stakeholders would be invited to this, including local MPs and Healthwatch. Planning and development issues would also be subject to local consultation, including a pre-planning exercise involving local residents.

Committee Members commented that good relationships needed to be developed and maintained with local residents and their representatives. Disappointment was expressed that more detail was not available at this stage. The promise to invest in the site and engage with local residents was nevertheless welcome.

Ms Clarke reported that she recognised that there were operational issues relating to Chase Farm hospital at the moment and the Trust was keen to address these. They understood fully the need to work with the local Council and community. There were currently several different options that were being considered for the development of the site but the necessary detail had not yet been developed.

The Chase Farm site was currently losing up to £20 million per year whilst Barnet and Chase Farm Hospitals had an overall projected deficit of £35 million for the year. There were many possibilities for how the site could be adapted. Primary and urgent care would be part of whatever scheme was adopted. A school was another possibility. The valuation of the site would depend on the footprint. She would be happy to come back when plans had been formulated.

The trust would be investing some of its own money in the redevelopment of the site. The breakdown of the relative amounts that were to be invested in the potential redevelopment of the site was as follows:

- Department of Health: Between £35 – 40 million;
- Land sales: £30 – 50 million;
- Royal Free: £20 – 30 million (the remaining amount required).

In terms of the future of directors and non executive directors of BCF, some would be joining the Royal Free whilst others would be leaving. It was important that their knowledge and expertise were not lost to the organisation.

Ms Sanders reported that there had been a lot of engagement with staff. They had initially been cynical about the acquisition but they were now more sympathetic. In particular, the changes would allow them greater scope for career progression. Savings would be made in support services but the level of redundancies was likely to be very low as there were a lot of vacancies. The Committee noted that there was some uncertainty regarding the future of a number of administrative staff. Ms Clarke stated acknowledged that this matter needed to be resolved.

Ms Sanders reported that there were no plans for changes to clinical staff although more nurses might be needed. Some wards that had been earmarked

for closure had remained open longer than anticipated and this had required additional temporary staff to be employed.

In answer to a question, Ms Clarke reported that £263 would be reinvested over the next 5 years, with most funding coming from the Department of Health. However, the Royal Free would have to take over the work that had previously been undertaken by Barnet and Chase Farm. None of this money would be diverted for investment on the Hampstead site.

Ms Clarke reported that Barnet and Chase Farm Hospitals had been making losses of around £35 million per year and this may have influenced the Department of Health's decisions in relation to the capital funding that had now been made available as they were more willing to allocate money when expenditure was non recurrent. In addition, the trust had been fortunate in its timing as the Department of Health had underspent its budget last year.

In answer to a question from Councillor Cornelius regarding ambulances queuing at Barnet Hospital, Ms Clarke stated that the Royal Free was aware of the issues relating to this. Consideration was being given to whether further investment was needed, including the provision of additional capacity.

The Committee noted that risk levels for the next five years had been assessed. In terms of the refurbishment of Chase Farm, the trust was aiming to be ambitious and complete the work within four years. Assessments of the acquisition plans had been made by the Trust Development Agency and Monitor. These were in the public domain but the Trust would be happy to pass them onto Committee Members if they were unable to access them.

7. NHS 111/OUT OF HOURS COMMISSIONING

Alison Blair, Chief Officer of Islington CCG and Samit Shah, Clinical Lead for NHS 111 in North Central London, reported on the process for recommissioning the Out of Hours and NHS 111 Services. A national report on the future of out-of-hours care was expected in the autumn. One function that was being considered was the possibility of enabling services to directly book appointments with GPs.

It was acknowledged that the current system was difficult to navigate and sometimes confusing. People often went to A&E by default as they did not know where else to go but it was often not the best option. The NHS 111 Service was a pilot project and would be subject to evaluation. Consideration was currently being given to extending the out-of-hours contracts for Camden and Islington. Around 45% of calls to the out-of-hours service were dealt with purely on the phone. In the longer term, a proposal was being worked up to commission one system for all five north central London boroughs for NHS111 and out-of-hours services, with local and cross borough elements.

The NHS 111 Service was data rich and nationally received over a million calls per month. The use of 111 was fairly even across the five boroughs but there could nevertheless be benefits in raising awareness of the service in some areas. National work was being undertaken to consolidate the learning and understand

the benefits of NHS111. A series of pilot projects were taking place which would look at specific elements of the system. The sharing of learning and development would enable local areas to make informed decisions as to their preferred choices regarding the future procurement and development of 111 within their strategic vision.

Included within the pilot was a project involving the Whittington Hospital that involved encouraging patients - in an urgent but not life-threatening situation - to call NHS 111 before going to A&E. Another scheme involved placing two GPs in call centres in order to facilitate earlier GP intervention. All of the evidence would be gathered and assessed and used to guide the commissioning process, including the setting of standards. The evidence would allow better informed decisions to be taken on future arrangements.

Ms Blair stated that it was recognised that there was a problem with access to GP appointments in many places and a pilot project whereby out-of-hours services could book appointments with GPs was aimed at making this easier. The overall issue of access to GPs might warrant a longer discussion. The Committee noted that NHS England were undertaking work that was aimed at transforming primary care and this issue would be addressed as part of this process.

The Committee noted that Harmoni/Care UK, who were the provider of out-of-hours services for Camden and Islington, had previously been the subject of concerns relating to staffing levels. Ms Blair commented that Harmoni/Care had recently been inspected by the CQC and received a positive report. LCW, who provided the NHS 111 Service for the five boroughs and were also involved in out-of-hours care, had a close relationship with local GPs. There could nevertheless be a tension between broadening the service and fulfilling staffing needs. It was important to have a good mix of staff, including experienced GPs and it was not always possible to recruit these from the local area.

It was noted that each CCG was likely to want its own base for out-of-hours services. The specification would therefore need to encompass both borough and cross borough issues.

The Committee noted that the Whittington project would be evaluated and fed into the learning. Dr Shah reported that the demographics for those using the NHS 111 Service were fairly reflective of the area as a whole. Commissioners were examining the possibility of providing digital access to GP appointments so patients could be booked directly in by NHS 111. The Committee were of the view that the statistics suggested that there was a lower level of awareness of the service in Camden than elsewhere and it was agreed that this issue would be explored further by NHS partners.

It was noted that the current NHS 111 contract ran until 2016 and it was intended to recommission on a five year basis. The Committee commented that if the service were in a position to offer priority booking for GPs, people would be more inclined to contact them as it would provide a new means of access.

RESOLVED:

1. That NHS commissioners be requested to consider comparative rates of use between boroughs and, in particular, whether there might be a need to raise awareness of the service in Camden; and

2. That the Committee consider further the issue of access to GP services as part of ongoing consideration of the Transforming Primary Care in London process that is being led by NHS England.

8. COMMISSIONING SUPPORT UNIT - FURTHER DEVELOPMENT

Ros Gray, from NEL Commissioning Support Unit (NELCSU), reported on how the organisation had developed since its creation. Their only income came from contracts with NHS organisations. They currently had 17 CCG customers as well as around 50 others, including national and London wide pieces of work. They had recently been successful in obtaining contracts from Norfolk CCGs. The unit had nearly 1000 staff and provided a range of services including IT, Finance, Business Intelligence, Human Resources and Procurement. There were also a small number of clinical services including medicines management.

The unit had been set up to create economies of scale for commissioners. Some CCGs were very small and did not have the necessary experience in many areas that were covered by the unit. The unit was very much driven by NHS values.

In answer to a question, Ms Gray stated that commissioning support units (CSUs) were different organisations from primary care trusts as they were driven by the clinical commissioning groups (CCGs) and decision making was local. Although they acted on behalf of commissioners, they also had strong relationships with providers. They were bound by NHS governance. They were fully audited and had a rigorous assurance policy.

The Committee noted that private sector organisation were to be actively encouraged to bid for work from 2016. CSUs would nevertheless be open to apply for work but CCGs were able to choose who they obtained services from. CSUs would be expected to become autonomous from 2016 and NELCSU were currently considering possible organisational forms. Full privatisation had been ruled out but other options were being explored, such as social enterprise. However, they could no longer be part of NHS England.

RESOLVED:

1. That the Commissioning Support Unit be requested to circulate statistics on the percentage of CCG funding spent on commissioning support; and

2. That further reports on progress be submitted to the Committee in due course.

9. SPECIALIST CANCER AND CARDIOVASCULAR SERVICES - UPDATE

Neil Kennett-Brown from NELCSU provided an update on the further development of proposals to reconfigure specialist cancer and cardiovascular services. He reported that 1,200 lives per year could be saved if performance in London in the services in question merely matched the England average. The proposals for the reconfiguration had originally been part of Lord Darzi's Healthcare for London 2007 report.

Another period of engagement was currently in progress, following agreement on the commissioners' (CCGs and NHS England) preferred options. These preferred options had very few changes from the original proposals, with the only ones of significance being to oesophageal cancer where two specialist surgery centres were now recommended.

The Committee noted that the Royal Free would be a net recipient of services (renal cancer) and additional car parking plus improved patient transport had now been factored into the proposals. Final decisions would be taken at the end of July following consideration of the engagement feedback by CCGs and NHS England. If approved, the proposals would be implemented over the next three years. All of the joint health overview and scrutiny committees covering the area had indicated their support for the proposals.

Mr Kennett-Brown reiterated that, in terms of cancer, it was only the most specialised surgical procedures that would be centralised and that this would only impact on a small minority of patients. One of the principal aims was that specialised centres would become system leaders. He also emphasised the importance of early diagnosis.

The Committee commented that it was important that providers were scrutinised rigorously on their delivery of the changes and that appropriate processes were in place to ensure that this happened.

The Committee commented that the reconfiguration was a very good example of good engagement and transparency by the NHS.

The Committee noted that NELSCU could undertake such transformation work for a variety of NHS organisations, including acute providers. The rate of change and transformation within the NHS was accelerating and the CSU was working with commissioners and providers to help deliver this. CCGs have the responsibility for local strategic direction. The CCGs covering north central London were collaborating to produce a single five year plan for the whole area which would articulate the sort of changes that needed to happen in the forthcoming years.

10. MEETING OF BARNET, ENFIELD AND HARINGEY MEMBERS - MINUTES

RESOLVED:

That the minutes of the meeting of Barnet, Enfield and Haringey Members of the JHOSC on 24 March 2014 be approved.

11. WORK PLAN AND DATES FOR FUTURE MEETINGS

RESOLVED:

1. That meetings of the Committee be arranged on the following dates:

    - 19 September (Haringey);
    - 21 November (Barnet);
    - 16 January (Enfield); and
    - 20 March (Camden)

2. That the following items be added to the work plan:
    - Royal Free acquisition of Barnet and Chase Farm – Ongoing progress;
    - District nursing
    - Access to GPs/Primary Care Case for Change
    - Ambulance services.

Gideon Bull
Chair