NOTICE OF MEETING

NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Contact: Robert Mack

Direct line: 020 8489 2921
E-mail: rob.mack@haringey.gov.uk

Monday 28 May 2012 10:00 a.m.
Enfield Civic Centre, Silver Street,
Enfield, Middlesex, EN1 3XA

Councillors: Maureen Braun and Alison Cornelius (L.B.Barnet), Peter Brayshaw and John Bryant (Vice Chair) (L.B.Camden), Alev Cazimoglu and Anne Marie Pearce (L.B.Enfield), Dave Winskill and one vacancy (L.B.Haringey), Martin Klute and Alice Perry (L.B.Islington),

Support Officers: Melissa James, Linda Leith, Robert Mack, Pete Moore and Shama Sutar-Smith

AGENDA

1. WELCOME AND APOLOGIES FOR ABSENCE

2. ELECTION OF CHAIR AND VICE CHAIR (PAGES 1 - 2)

In the light of the standing down of the Chair of the JHOSC, to appoint a new Chair and Vice Chair.

3. URGENT BUSINESS

4. DECLARATIONS OF INTEREST (PAGES 3 - 4)

Members of the Committee are invited to identify any personal or prejudicial interests relevant to items on the agenda. A definition of personal and prejudicial interests is attached.

5. MINUTES (PAGES 5 - 10)

To approve the minutes of the meeting of 16 April 2012 (attached).

6. BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY - IMPLEMENTATION

To receive a presentation on the implementation of the Barnet, Enfield and Haringey Clinical Strategy.

7. ESTATES MANAGEMENT (PAGES 11 - 14)

To receive an overview of the changes that will be taking place in estates management as a result of the changes within the Health and Social Care Bill.

8. QIPP OUTTURN

To report on the QIPP outturn for 2011/12

9. ACUTE COMMISSIONING

To report on issues relating to acute commissioning.

10. TRANSITION UPDATE (PAGES 15 - 20)

To report on the emerging organisations within the new healthcare system and how NHS North Central London (NHS NCL) as a 'sending' organisation intends to enable the transition of functions and staff from PCTs to these new 'receiving' organisations.

11. FUTURE WORK PLAN (PAGES 21 - 22)

To consider the JHOSC's future work plan.

16 May 2012

Agenda Item 2

Joint Health Overview and Scrutiny Committee (JHOSC) for North Central London Sector

28 May 2012

Election of Chair and Vice Chair

1.1 Following the standing down of Councillor Gideon Bull from Haringey as the Chair of the Committee, a new Chair for the JHOSC is now required.

1.2 When the JHOSC was established, it was originally intended as a time limited body which would cease to exist when the new structures established by the Health and Social Care Act came into force. It now appears that there may be a continuing and ongoing role for the JHOSC and it is proposed that the future of the JHOSC be considered further during the autumn when there is greater clarity about any future potential need. It is therefore suggested that the Chair and the Vice Chair of the Committee be appointed until the end of this Municipal Year.

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Agenda Item 4

DECLARING INTERESTS FLOWCHART - QUESTIONS TO ASK YOURSELF

What matters are being discussed at the meeting?

Do any relate to my interests whether already registered or not?

NO → You can participate in the meeting and vote

YES

Personal interest

Is a particular matter close to me?

Does it affect:

- me or my partner;
- my relatives or their partners;
- my friends or close associates;
- either me, my family or close associates:
  - job and business;
  - employers, firms you or they are a partner of and companies you or they are a Director of
  - or them to any position;
  - corporate bodies in which you or they have a shareholding of more than £25,000 (nominal value);
- my entries in the register of interests

more than it would affect the majority of people in the ward affected by the decision, or in the authority's area or constituency?

NO

NO

YES → You may have a **personal interest** → Declare your personal interest in the matter. You can remain in meeting, speak and vote unless the interest is also prejudicial; or
If your interest arises solely from your membership of, or position of control or management on any other public body or body to which you were nominated by the authority e.g. Governing Body, ALMO, you only need declare your personal interest if and when you speak on the matter, again providing it is not prejudicial.

Prejudicial interest

Does the matter affect your financial interests or relate to a licensing, planning or other regulatory matter; and
Would a member of the public (knowing the relevant facts) reasonably think that your personal interest was so significant that it would prejudice your judgement of public interest?

YES → You may have a **prejudicial interest**

YES

Do the public have speaking rights at the meeting?

YES → You should declare the interest but can remain in the meeting to speak. Once you have finished speaking (or the meeting decides you have finished - if earlier) you must withdraw from the meeting by leaving the room.

NO → You should declare the interest and withdraw from the meeting by leaving the room. You cannot speak or vote on the matter and must not seek to improperly influence the decision.

Note: If in any doubt about a potential interest, members are asked to seek advice from Democratic Services in advance of the meeting.

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North Central London Joint Health Overview and Scrutiny Committee
16 April 2012

Minutes of the meeting of the Joint Health Scrutiny Committee held at the Civic Centre, High Road, Wood Green, N22 8LE on 16 April 2012 at 10.30am.

Present: **Councillors:** Councillor Gideon Bull (Chair) (L.B.Haringey), Councillor John Bryant (Vice-Chair) (L.B. Camden), Councillor Peter Brayshaw (L.B. Camden), Councillor Alison Cornelius (L.B. Barnet), Councillor Martin Klute (L.B.Islington), Councillor Graham Old (L.B. Barnet), Councillor Barry Rawlings (L.B. Barnet) and Councillor Dave Winskill (L.B.Haringey).

Officers: Rob Mack (L.B.Haringey), Peter Moore (L.B.Islington), Linda Leith (L.B. Enfield) and Shama Sutar-Smith (LB Camden)

1 WELCOME AND APOLOGIES FOR ABSENCE (Item 1)
Councillor Gideon Bull welcomed everyone to the meeting. Members of the Committee introduced themselves.

2 URGENT BUSINESS (Item 2)
None.

3 DECLARATIONS OF INTEREST (Item 3)
Councillor Gideon Bull declared an interest in that he was an employee at Moorfields Eye Hospital but did not consider it to be prejudicial in respect of the 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.

4 MINUTES (Item 4)

The following comments were made:

Item 4 (Minutes); In respect of the transformation of CAMHS (page 4), Councillors Bull and Cornelius reiterated their wish to attend a meeting of the young persons project group. It was noted that the group was happy to meet with the Members but had stated that it wished to defer this until it was better established. Officers from NHS NCL agreed to ask the YPP Board again and send an update on their progress to the Chair.

It was noted that a response had not yet been received to either of the two letters written on behalf of the JHOSC to the Chief Executive of Barnet and Chase Farm hospitals requesting information on the number of instances of maternity units at either Barnet or Chase Farm being temporarily closed. It was agreed that the Chair would write another letter to the Chief Executive expressing the Committee's concern at the lack of a response.

Item 5 (NHS North Central London Primary Care Strategy 2012 to 2016): It was noted that a specific Medical Director to develop primary care in Enfield had now been appointed. In respect of the 11th bullet point on page 5, it was agreed that the following would be added at the start of the sentence:
"In response to concerns that underperforming GP practices needed to improve their performance, it was noted……."

Item 6 (Barnet, Enfield and Haringey Clinical Strategy – Implementation): It was agreed that the risk register for the project would be re-circulated.

Item 7 (Further Development of the NHS North Central London Strategy and QIPP Plan 2013/14 – 2014/15/Month 9 Finance Update): In respect of the underspend on capital projects, it was noted that the figure that had been quoted was a nominal allocation that constituted the maximum amount that NHS North Central London could bid for from the Department of Health. However, there was very little

prospect of any applications being successful as the Treasury was not currently minded to approve any. The only exceptions to this rule were emergency works.

Item 8 (Contract Management of Acutes); It was noted that activity data for each site of Barnet and Chase Farm hospitals was still awaited and it was hoped to circulate this shortly.

RESOLVED:

1. That, subject to the above mentioned amendment, the minutes of the meeting on 27 February be approved.

2. That the Chair write on behalf of the Committee to the Chief Executive of Barnet and Chase Farm Hospital expressing concern at the lack of response to the Committee's request for information on the number of instances of maternity units at either Barnet or Chase Farm being temporarily closed

5 ORAL SURGERY (Agenda Item 5):

Tina Raphael from NHS North Central London (NCL) reported on action that was being taken to move some oral surgery procedures out of hospital and into community settings. It was noted that a procurement process was currently underway to ensure that intermediate minor oral surgery providers had been procured in all of the boroughs within the cluster. Procurement was taking place for all boroughs with the exception of Barnet, who had already undertaken a formal procurement process.

There were significant savings that could be made by relocating services into the community. Procedures cost between £600 – 980 each in hospital whilst in the community they could cost less than £200 so there were significant cost savings to be made. The process hoped to ensure consistency across the five boroughs. It was considered that approximately 50% of procedures could be performed in the community. Nevertheless, some would still need to be undertaken within hospital. Referrals were also increasing every year.

All dentists had been asked to refer non emergency oral surgery referrals via the relevant referral management centre for their borough. However, some referrals were made privately and, in addition, some were also made by dentists from outside the NCL area.

It was noted that there had been 48 expressions of interest from potential providers with 22 invited to tender. The final decision on who the contracts would be awarded to was likely to be made in mid May. All existing providers were amongst those who had applied. Current contracts would be carried over until new contracts were awarded to successful providers.

Surgery that was likely to be moved from hospital to community settings included procedures for retained roots and removal of wisdom teeth, which were not regarded as needing input from consultants. There had been consultant input in the work that had been undertaken as part of the procurement process. Surgeons used by providers had to be on the NHS specialist list or equivalent and needed relevant accreditation. Providers also needed to be suitably equipped. Any co-morbidities would be taken into account at the triage stage when deciding whether or not treatment in the community was the best option.

The main providers of hospital based surgery were UCLH and Barnet and Chase Farm hospitals and it was considered that there would be sufficient throughput remaining to maintain critical mass and their viability. The procurement process could not be restricted to specific types of provider and a range of organisations had expressed an interest. This included groups of dental practices as well as acute providers. There was no specific intention to develop the market further and there were no large new players amongst providers that had responded.

It was noted that the disparity between the cost of performing procedures in hospital and in the community was due to tariff levels within payment by results. Some dentists were still referring patients directly to hospitals rather than via the referral management service. It was important that each borough worked closely with dentists and that confidence was developed in community based services. General anesthetics were only given when required clinically and in an acute setting. Sedation could be

appropriate, with strict monitoring, for minor procedures and provided in community setting. There was an inner and outer London rate for providers. The changes would increase the number of service providers and were therefore likely to improve access. Quality indicators for the service had been developed and it was agreed that these would be shared with the Committee.

The Committee thanked Ms. Raphael.

RESOLVED:

That the quality indicators for intermediate minor oral surgery providers be circulated to Committee Members.

6 PROPOSAL FOR THE PROVISION OF A VASCULAR SERVICE FOR NORTH CENTRAL LONDON (Item 6)

Dr Nick Losseff reported on the outcome of the project to centralise complex arterial vascular surgery within the cluster. Commissioners, working with clinicians, had now finalised the local solution and the Royal Free Hospital had been selected as the hub. It was important to emphasise that it would be just the most complex procedures that would be centralised at the Royal Free and these only represented a small proportion of surgery. The Royal Free now had state of the art facilities and its co-dependencies complemented the service best of all the available options. The decision had been taken jointly on the basis of what clinicians felt was best for patients.

It was noted that it was not feasible to provide surgery around the clock on every day of the week. However, if there was a need for consultant input out of hours, this could be covered through the network of vascular clinicians that had been established. It was also possible to deal with cases remotely. Consultants could come into hospital if need be although it would be unusual for there to be a need for this. The proposals had been presented to and supported by the Clinical Commissioning Group (CCG) Cabinet, which comprised of the chairs of the 5 emerging CCGs across the cluster.

The Committee welcomed the successful conclusion to process and the fact that it had been achieved by way of consensus.

RESOLVED:
That the selection of the Royal Free Hospital as the hub for complex arterial surgery within the cluster be endorsed.

7 TRANSFORMATION OF CAMHS; UPDATE AND EDUCATION MODEL (Item 7)

Dr Denny Grant from L.B. of Enfield gave an overview of the education model for CAMHS on behalf of Barnet, Enfield and Haringey local authorities. It was, however, noted that the report that had been presented was focused first and foremost on Enfield. Dr Grant reported that the clinical model had now been agreed and further consultation was currently taking place with staff and adolescents. Final financial agreement from commissioners was awaited in respect of the scope of the reconfigured service. It was currently sometimes necessary to place young people in private sector provision pending implementation of the new system and this was proving to be expensive.

Enfield Council had agreed to continue to use the Northgate Pupil Referral Unit (PRU) but had asked for a review to be undertaken in six months time so that a final decision could be taken regarding the longer term. Enfield was working with Barnet and Enfield to try to obtain a consensus on the education model across the three boroughs. The model needed to be sustainable and commissioned upfront so that security was provided within it. Adolescent provision was quite unpredictable and the three boroughs wished to ensure that Northgate school was sustainable and not undermined. Education needed to be available in an inpatient setting but, as with clinical care, it was desirable to get young people back into the community and community based education as soon as possible.

.It was expected that there would be fewer children and young people being referred. The boroughs were moving to a community based model of care based on the Alliance scheme that was already working in

Enfield. Whilst there was a future for the PRU, it was unlikely to have the same numbers of pupils, which would reflect the changes in clinical care with more care in the community and fewer service users being admitted to Tier 4 inpatient services.

It was noted that some pupils stayed on at the unit after they had been discharged from Northgate. It was normally preferable if they attended their local school. Members of the Committee highlighted the positive feedback that had been received concerning Northgate from service users. However, Dr Grant stated that there had been concerns about Northgate for some time as the number of service users using the facility was not considered to be sustainable as it was consistently below full capacity. There were also developments in mental health care which raised questions about the model on which it was based. This did not detract from the fact that both the PRU and unit had been consistently good and highly valued. It was nevertheless acknowledged that there was a great deal of loyalty from service users to Northgate. However, whatever service CAMHS service users were using tended to get good feedback which was positive for CAMHS services overall. It was also reassuring that users felt that a high quality of care was being delivered. However, this also reflected on preference for care; there were some young people who had refused to go to Northgate and it had not been an attractive proposition for all. The Alliance model that was now being used in Enfield and which it was intended to replicate in Barnet and Enfield had proven to be very successful. All the Councils were committed to developing a sustainable and coherent model of education and there would be a need for the PRU for the foreseeable future.

Committee Members requested further statistical evidence regarding the Alliance model and the effect of the changes on demand for in-patient admissions. It was agreed that these would be brought to the July meeting of the Committee.

It was noted that Barnet's Principal Education Psychologist had fed into the report and agreed that he would be asked to confirm the Barnet position to Committee Members. In addition, it was agreed that a date would be sought for the Chair and Councillor Cornelius to attend a meeting of the young persons project board.

RESOLVED:

1. The further statistical evidence regarding the Alliance model and the effect of the changes on demand for in-patient CAMHS admissions be submitted to the July meeting of the Committee.

2. That position of Barnet Council in relation to the future operation of the Pupil Referral Unit be confirmed to the Committee.

3. That the Chair and Councillor Cornelius' request to attend a meeting of the YPP Board be referred back to the young people and that an update be provided to the Chair on the Board's progress.

8. ESTATES MANAGEMENT (Item 9)

Martin Machray from NHS North Central reported on the process for determining future arrangements for PCT owned estate in the light of the Health and Social Care Bill. The PCTs in the cluster currently held a large amount of estate, many of which had multiple users. The guidance suggested that where one provider was responsible for over 50% of the premises, ownership should pass onto them. Where there were other significant users, there should be a discussion with them. A new organisation called PropCo would take over some estate, particularly where there were multiple users. All NHS estate would either pass onto PropCo or NHS provider organisations.

The Committee requested that a list be put together of all PCT estate in each of the boroughs within the cluster and that this be circulated to all Members of the Committee. In addition, it requested that NHS North Central London undertake to keep chief executives in the cluster informed of any disposals. It was also felt that, in complex cases, local agreement should be sought regarding transfer of estate prior to the involvement of PropCo in order that any proceeds from disposals could instead be used locally.

Mr Machray agreed to compile a suitable list. Additional information would be provided to the next meeting on the issue of LIFT properties and freehold issues. Whilst NHS North Central London was happy to give the Committee an undertaking to keep Councils informed of any proposals to dispose of

PCT owned property, such an undertaking could only apply till April 2013 when NHS North Central London would cease to exist.

The Committee were of the view that disposals of surplus estate should be used to provide investment in local services rather than used centrally and agreed to write to the Secretary of State expressing this view, with copies to local MPs. In addition, it was felt that there was a need for greater clarity in the arrangements. It was requested that list of properties include detail on those sites whose future was currently under discussion and those that were considered as no longer fit for purpose. In addition to chief executives, it was also felt that Council leaders, relevant Cabinet Members and chairs of health overview and scrutiny committees should also be kept informed of any proposals to dispose of PCT properties.

It was noted that there were strict rules about what could be done by NHS bodies in respect of specific sites. The proportion of PCT properties that were used for GP practices was comparatively small. The Committee felt that the key question concerned what would happen to the proceeds from any sales of NHS properties by PropCo. It was possible that these could be diverted from being used to address local health priorities to deal with other government priorities.

RESOLVED:

1. That a letter to the Secretary of State for Health be drafted on behalf of the Committee requesting assurances that any local proposals in respect of the future of former PCT estates will be looked at sympathetically by PropCo.

2. The NHS North Central London be requested to provide a list of PCT estate in each of the boroughs within the cluster and that this be circulated to the Committee together with information on sites whose future is currently under discussion and those that are considered as no longer fit for purpose.

3. That NHS North Central London be requested to keep chief executives, Council leaders, relevant Cabinet Members and chairs of health overview and scrutiny committees informed of any proposals to dispose of PCT owned sites.

9. <u>BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST (BEH MHT) QUALITY ACCOUNT (Item 8)</u>

Dr Martin Jones and Clara Wessinger from BEH MHT introduced its draft Quality Account 2011/12. It was noted that there had traditionally been under reporting of patient safety incidents so an increase was an indication of greater openness and transparency. The number of incidents was nevertheless quite low in view of the size of the trust.

Committee Members raised the following issues:

- It was suggested that feedback from service users could be obtained through randomised interviews;
- Improving communication with GPs was important and was an ongoing issue;
- In respect of emergency re-admission, it was felt that an indication of the number of patients involved might provide greater clarity. In addition, information on what was being done to address such instances would be welcome;
- More information on the absolute number of patients and the different types of treatment given would give those reading the report a clearer impression of the work of the trust.

It was noted that the trust was in the lowest 20% for the percentage of staff who would recommend their trust to people. It was the first time that this measure had been used and progress would be monitored. An action plan to address the issue was being developed. Members also felt that the effect on morale of uncertainty regarding the future of particular trust premises should be monitored.

The trust agreed to include a wider range of background information, such as the number of patients with a diagnosis, medicines, the number of beds and average length of stay in future reports in order to provide a greater narrative. In addition, the Committee felt that information on the percentage of patients with recoverable conditions would be of benefit as it would provide a means of demonstrating the effectiveness of interventions.

RESOLVED:
That the above mentioned comments by the Committee be noted by the trust and responded to in future reports.

10 FUTURE WORK PLAN (Item 10):
In respect of the agenda for the meeting on 28 May, the Committee noted that a recent report on the implementation of the BEH Clinical Strategy to Barnet's Health Overview and Scrutiny Committee had shown changes to the investment strategy. It was agreed that the report on the issue to the next meeting would include the outline business case.

It was also noted that the report on QIPP outturn would refer to the financial inheritance that would pass onto the new structures from 2013 and agreed that this be linked to the item on transition. The Committee also asked that a representative from the CCG Cabinet be invited along to the meeting. The Committee agreed to defer discussion on the primary care strategy to the July meeting. In the meantime, individual boroughs would each consider their local plans. There would nevertheless be reference to primary care within the item on the BEH Clinical Strategy at the next meeting as making improvements were a key part of this.

11 The meeting closed at 12:55 pm.

NHS
North Central London

Estates Management Update
4 May 2012

Transfers to Providers
The Government in August last year issued a guidance document on the Primary Care Trust (PCT) Estate that provides for the:

- Transfer of PCT properties delivering community healthcare via provider NHS Trusts (including Foundation Trusts) to those Trusts.
- PCTs (before the transfer date) to enter into formal property agreements with minority occupiers of these transferred properties and via existing instructions to occupiers of retained properties. Leases with GP's are being co-ordinated with the LMC and we are seeking to adopt a joint approach with the LMC and other Clusters. All other leases are in the process of being agreed or issued to tenants.

Lists of properties that could transfer were agreed in principle with the Providers and submitted to the Department in October 2011. Since then further initial advice has been received on the transfer documentation and accounting principles. The timeline for the transfers has now been aligned with the transfer of other properties and will take place at Midnight 31 March 2013.

The transfer of property will also include transfer of the associated estates staff and termination or novation of the relevant property service contracts. The staff and contracts are currently being mapped by Cluster Estates to determine precise numbers and the appropriate transfer strategy. These transfers will generate further contract amendments.

NHS Property Services Ltd
NHS Property Services Ltd (or PropCo) was announced by Andrew Lansley on 25 January 2012 as a government owned limited company to take ownership of and manage that part of the PCT estate not transferring to the NHS community care providers. Properties will include some operational estate, estate with multiple occupiers, office and administration spaces, and surplus estate. Existing contractual arrangements with service providers that deliver and maintain NHS Properties will remain in place to support the needs of this property. The Companies objectives are to:

- Hold property for use by community and primary care services
- Deliver value for money property services
- Consolidate management of the Estate
- Deliver and develop cost effective solutions for community health services
- Dispose of property surplus to NHS requirements
- Drive greater efficiency into the Estate
- Manage PCT Property worth £6.6 billion (£4.6 billion is freehold)

It is intended that Staff will know their destination within NHS Property Services by 31 December 2012 and all properties are intended to transfer at midnight 31 March 2013.

However, we still cannot be certain about:

- Organisational structure, it is believed that it will have regional structure with London being one of the regions. The process of making senior board appointments is underway
- Numbers of Staff within scope, we have no information as yet on this
- Organisational design, work started on this in Spring 2012 and is proceeding

The Department of Health assisted by Community Health Partnerships are gathering information on properties, staff, contracts and other information on behalf of NHS Property Services Ltd with the assistance of the existing PCT Estates teams.

Site Name	Ownership	Input location (Post Code)	Use of building	Occupant(s)	Tenure
VALE DRIVE CLINIC	NHS Barnet	EN5 2ED	Clinical	NHS Trust	Leasehold
18 MARRIOTT ROAD	NHS Barnet	EN5 4NJ	Clinical	Other	Freehold
BRUNSWICK PARK ROAD (BRUNSWICK PARK HC)	NHS Barnet	N11 1EY	Mixed	Other	Freehold
149 EAST BARNET ROAD (EAST BARNET HEALTH CENTRE)	NHS Barnet	EN4 8QZ	Clinical	Mixture	Freehold
FINCHLEY MEMORIAL HOSPITAL (GRANVILLE ROAD)	NHS Barnet	N12 0JE	Clinical	Other	Leasehold
HOLLY PARK CLINIC	NHS Barnet	N11 3HB	Clinical	GP Practice	Freehold
OAKLEIGH ROAD HEALTH CENTRE	NHS Barnet	N20 0DH	Clinical	GP Practice	Freehold
TORRINGTON PARK HEALTH CENTRE	NHS Barnet	N12 9SS	Clinical	Mixture	Freehold
EDGWARE HOSPITAL (BURNT OAK BROADWAY)	NHS Barnet	HA8 0AD	Clinical	Mixture	Freehold
MARIE FOSTER CENTRE	NHS Barnet	EN5 4BS	N/A	Other	Freehold
GARTH ROAD (CHILD HILL CLINIC)	NHS Barnet	NW2 2NJ	Clinical	NHS Trust	Freehold
MILL HILL CLINIC	NHS Barnet	NW7 2HX	Clinical	NHS Trust	Leasehold
OAK LANE CLINIC	NHS Barnet	N2 8LT	Clinical	NHS Trust	Freehold
WATLING CLINIC	NHS Barnet	HA8 0RW	Clinical	NHS Trust	Freehold
WEST HENDON CLINIC	NHS Barnet	NW9 7DG	Clinical	NHS Trust	Freehold
GRAHAME PARK HEALTH CENTRE	NHS Barnet	NW9 5XT	Clinical	NHS Trust	Leasehold
BULLIMORE HOUSE	NHS Barnet	N12 0JE	Office	PCT	Freehold
NHS ENFIELD PROPERTIES					
HOLBROOK HOUSE (COCKFOSTERS ROAD)	NHS Enfield	EN4 0DR	Office	PCT	Leasehold
FOREST ROAD PRIMARY CARE CENTRE	NHS Enfield	N9 7HB	Clinical	Mixture	Leasehold
MOORFIELD ROAD HEALTH CENTRE	NHS Enfield	EN3 5XP	Clinical	Mixture	Freehold
EVERGREEN PRIMARY CARE CENTRE	NHS Enfield	N9 0TW	Clinical	Mixture	Leasehold
RIDGE AVENUE CLINIC	NHS Enfield	N9 9JT	Clinical	NHS Trust	Freehold
HIGHLANDS HEALTH CENTRE	NHS Enfield	N21 1UJ	Clinical	NHS Trust	Leasehold
EAGLE HOUSE HEALTH CENTRE	NHS Enfield	EN3 4DN	Clinical	NHS Trust	Leasehold
FREEZYWATER HEALTH CENTRE	NHS Enfield	EN3 6PN	Clinical	NHS Trust	Leasehold
CUMBRIA VILLA CHASE FARM HOSPITAL	NHS Enfield		Clinical	NHS Trust	Freehold
SEACOLE CENTRE WEST CHASE FARM HOSPITAL	NHS Enfield		Clinical	NHS Trust	Freehold
SEACOLE CENTRE EAST CHASE FARM HOSPITAL	NHS Enfield		Clinical	NHS Trust	Freehold
PHYSICAL OT BUILDING CHASE FARM HOSPITAL	NHS Enfield				Freehold
ST MICHAEL'S HOSPITAL	NHS Enfield	EN2 0JB	Clinical	NHS Trust	Freehold
BOWES ROAD CLINIC	NHS Enfield	N11 1BD	Clinical	NHS Trust	Freehold
221 CHURCH STREET (DWELLING)	NHS Enfield	N9 9HL	N/A	Other	Freehold
SURGI-CENTRE (CHASE FARM HOSPITAL)	NHS Enfield			NHS Trust	Leasehold
NHS HARINGEY PROPERTIES					
CHURCH ROAD CLINIC	NHS Haringey	N6 4QH	Mixed	GP Practice	Freehold
HIGHGATE GROUP PRACTICE 44 NORTH HILL	NHS Haringey	N6 4QA	Clinical	GP Practice	Freehold
CROUCH END HEALTH CLINIC (45 MIDDLE LANE)	NHS Haringey	N8 8PH	Office	NHS Trust	Leasehold
RIVER PARK HOUSE	NHS Haringey	N22 8HQ	Office	PCT	Leasehold
BROADWATER FARM HEALTH CENTRE	NHS Haringey	N17 6BF	Clinical	Mixture	Leasehold
LORDSHIP LANE PRIMARY CARE CENTRE	NHS Haringey	N17 6AA	Clinical	Mixture	Leasehold
HORNSEY CENTRAL HEALTH CENTRE	NHS Haringey	N8 8JD	Clinical	Mixture	Leasehold
ST. ANN'S HOSPITAL	NHS Haringey	N15 3TH	Clinical	NHS Trust	Leasehold
BOUNDS GREEN HEALTH CLINIC (GORDON ROAD)	NHS Haringey	N11 2PA	Clinical	Mixture	Freehold
STROUD GREEN CLINIC	NHS Haringey	N4 3EL	Clinical	NHS Trust	Leasehold
STUART CRESCENT HEALTH CENTRE	NHS Haringey	N22 5NN	Clinical	Mixture	Freehold
TYNEMOUTH ROAD HEALTH CENTRE	NHS Haringey	N15 4RH	Clinical	Mixture	Freehold
THE LAURELS HEALTHY LIVING CENTRE	NHS Haringey	N15 3TH	Clinical	Mixture	Leasehold
LANSDOWNE ROAD	NHS Haringey	N17 0LL	Clinical	Mixture	Leasehold
EDWARDS DRIVE	NHS Haringey	N11 2HD	Clinical	NHS Trust	Freehold
BURGOYNE ROAD CLINIC	NHS Haringey	N11 2HD	Office	NHS Trust	Freehold
9 BRUCE GROVE	NHS Haringey	N17	Office	PCT	Leasehold

Site Name	Ownership	Input location (Post Code)	Use of building	Occupant(s)	Tenure
NHS ISLINGTON PROPERTIES					
331 CAMDEN ROAD (PARTNERSHIP)	NHS Islington	N7 0SL	Clinical	GP Practice	Leasehold
17-23 PINE STREET (FINSBURY HEALTH CENTRE)	NHS Islington	EC1R 0JH	Clinical	Mixture	Freehold
GOODINGE HEALTH CENTRE	NHS Islington	N7 9EW	Clinical	Mixture	Freehold
HORNSEY RISE HEALTH CENTRE	NHS Islington	N19 3YU	Clinical	Mixture	Freehold
52 HANLEY ROAD (HANLEY ROAD HC)	NHS Islington	N4 3DU	Clinical	Mixture	Leasehold
BINGFIELD STREET (BINGFIELD HC)	NHS Islington	N1 0AL	Clinical	Mixture	Leasehold
11-17 HORNSEY STREET (HOLLOWAY HC)	NHS Islington	N7 8GG	Clinical	Mixture	Leasehold
13-15 PINE STREET	NHS Islington	EC1R 0JH	Clinical	Other	Freehold
52 TOLLINGTON WAY (MARY SEACOLE NURSERY)	NHS Islington	N7 6QX	Office	Other	Freehold
348-366 GOSWELL ROAD	NHS Islington	ECIV 7LQ	Office	PCT	Leasehold
CITY ROAD HEALTH CENTRE	NHS Islington	EC1V 2QH	Clinical	GP Consortium	License
1-5 HIGHBURY GRANGE (HIGHBURY GRANGE HC)	NHS Islington	N5 2QB	Clinical	NHS Trust	Leasehold
RIVER PLACE HEALTH CENTRE (ESSEX ROAD)	NHS Islington	N1 2DE	Clinical	NHS Trust	Freehold
164 HOLLOWAY ROAD (PULSE)	NHS Islington	N7 8DD	Clinical	NHS Trust	Freehold
133 ST. JOHN'S WAY (OUTLOOK CENTRE)	NHS Islington	N19 3RQ	Clinical	NHS Trust	Leasehold
WOODSIDE AVENUE, SIMMONS HOUSE	NHS Islington	N10 3HU	Clinical	NHS Trust	Leasehold
19 HIGHBURY NEW PARK (NEW PARK DAY CENTRE)	NHS Islington	N5 2EN	Clinical	NHS Trust	Leasehold
580 HOLLOWAY ROAD (NORTHERN HC)	NHS Islington	N7 6LB	Clinical	NHS Trust	Freehold
KILLICK STREET HEALTH CENTRE	NHS Islington	N1 9RH	Clinical	Foundation Trust	Leasehold

NHS
North Central London

NHS North Central London Transition Update Report
Report to the Joint Overview and Scrutiny Committee

25 May 2012

1. Executive Summary

Members of the Joint Health Overview and Scrutiny Committee have indicated their interest in the emerging organisations within the new healthcare system and how NHS North Central London (NHS NCL) as a 'sending' organisation intends to enable the transition of functions and staff from PCTs to these new 'receiving' organisations.

In January 2012, the Committee was updated on the progress of the NCL Transition Programme and provided with specific information about the delegation of responsibilities to Clinical Commissioning Groups (CCGs).

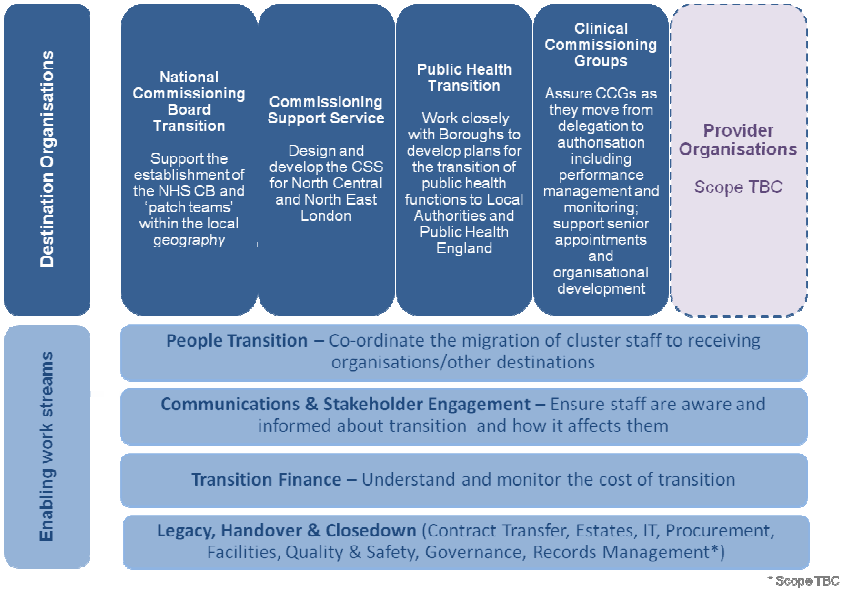
In February, NCL provided a further paper focusing on three of the key 'receiving' organisations within the new system: the emerging NHS Commissioning Board, Public Health transition to Local Authorities and Public Health England and the Commissioning Support Service in North Central and North East London.

This paper aims to provide a further update on the progress of each of these key 'receiving' organisations. Members are invited to reflect on how the transition could impact on their role in scrutiny.

2. Transition programme overview – May 2012

As you will be aware, in March 2012 the Health and Social Care Bill passed all its stages in Parliament and gained Royal Assent to become the Health and Social Care Act. This means that from April 2013, the NHS landscape will look very different. PCT statutory duties, functions and staff will be transferred to new 'receiving' organisations over the next 12 months. The outcome will be a re-designed NHS largely led by GPs through Clinical Commissioning Groups.

To enable and manage the transition to the new health landscape, NHS North Central London set up a transition programme in August 2011. The programme is structured to reflect the main receiving organisations and is supported by four enabling workstreams (see figure below). These workstreams will support the safe migration of people and functions from the current NCL PCT Cluster to future destinations.



In March 2012 an additional workstream was added to the transition programme: Legacy, Handover and Closedown. This workstream focuses on how to approach the closure of the existing NCL PCT Cluster and transition functions to new organisations in a methodical way.

The NCL transition programme also maintains strong links with the pan-London System Transition Group, and wider developments in the healthcare system to ensure it is sighted on and prepared for the changes ahead.

3. NHS Commissioning Board Authority (NHS CBA)

In February, the NCL Transition update paper to the Committee described the status of development of the NHS Commissioning Board Authority (NHS CBA). The NHS Commissioning Board Authority is a Special Health Authority and continues to develop and establish as it moves towards becoming a statutory authority from October 2012. The NHS CBA will be responsible for a significant number of contracts currently held by the Cluster, Boroughs and Local Authorities, as well as for specialised commissioning.

Proposals for the design of the new organisation were released in February this year, and were subsequently updated in April. Additional staffing requirements and a number of cost pressures have been identified. A due diligence exercise has been completed to ensure that all of the Board's duties and powers have been reflected by the organisation design of the new body. The majority of senior appointments have now been made including the appointment of the London Regional Director – Dr Anne Rainsberry.

Ahead of the NHS CBA taking responsibility for a number of clinical contracts, the NCL programme of 'stock take' activity to assess and novate all NHS funded clinical contracts concluded in March with positive feedback received from NHS London. The next phase of 'stablisation' activity is expected to begin in May.

Detailed planning for the safe transfer of the relevant functions to the NHS Commissioning Board will take place following further guidance from the Department of Health and NHS CBA on staff appointments and a detailed function mapping exercise.

Further information about the NHS Commissioning Board Authority, including the proposed organisation structures, can be found on its website.

4. Public Health

The Public Health work stream within the NCL transition programme was formally mobilised in February with dedicated support driving the co-ordination and development of local public health transition plans in each of the five boroughs.

Transition plans were jointly drafted by local NHS Public Health teams and local authorities in early April. Directors of public health and local authorities are continuing to work together on refining and developing local transition plans for public health functions. The timescales for the public health transition are still very high level, although more detail should emerge as local transition plans are developed.,

Memoranda of understanding setting out working arrangements for public health functions during this shadow transition year (April 2012-March 2013) have been agreed between each local authority and the NHS. These MoUs are now in operation.

Local public health transition plans include alignment with Cluster HR activities. Local teams have also started preparing role specifications, defining and agreeing the future operating model, and developing local information asset registers.

The Department of Health has launched a consultation on a proposed public health workforce strategy. It sets out proposals for a workforce strategy and asks questions about how public health specialists will be developed and supported in the new public health system and how public health capacity can be embedded in the wider system. The consultation was developed in conjunction with the Local Government Association (LGA). The Department of Health plans to publish the subsequent strategy in the autumn. Comments should be submitted by Friday 29 June. Further details can be found on the DH website: www.dh.gov.uk/en/Consultations/Liveconsultations/DH_133219.

Finally, NHS London will host a London Public Health Summit on 10 May, which will bring together approximately 200 key people from both local government and the public health community across London and will be opened by the Secretary of State. The aims of the Summit are to provide delegates with updates from the Department of Health, to highlight progress made on local activities, and to offer opportunities to work collaboratively to address key emerging issues.

5. Commissioning Support Service (CSS)

As the Committee was informed at the meeting in February, NHS North Central London cluster (NCL) and North East London and the City cluster (NELC) have been working together to establish a single commissioning support service (CSS): the North Central and East London CSS.

The CSS will deliver high-quality, professional and innovative commissioning support to 12 foundation clinical commissioning groups (CCGs), representing a population of 3.3 million residents, and other potential customers such as the NHS Commissioning Board and local authorities.

The CSS Outline Business Plan (OBP) for the proposed North Central London CSS was finalised ahead of submission to the Business Development Unit, part of the emerging NHS Commissioning Board, in March 2012. A comprehensive review of the OBP took place at a panel session on 25 April, as part of a national programme of review of all Commissioning Support Services. The OBP was well-received by the panel, and feedback is expected in mid-May.

Recruitment to the Managing Director and Chief Financial Officer roles, which is being coordinated at a national level, has now started with appointments likely to be made in June. Other senior posts will be advertised shortly.

A proposed senior management structure for the CSS has been shared with staff for engagement and comments with a response deadline of 22 May. The remaining draft structures will be shared with staff for engagement before the end of May. Two further CSS development and engagement workshops for staff in both Clusters are taking place on 21 and 22 May.

A CSS Programme Migration Board has now been established. Meetings will focus on the implementation of next steps in the establishment of the CSS.

6. Development of Clinical Commissioning Groups (CCGs)

Following the update to the Committee in January 2012, the scope of the CCG delegation work stream expanded to incorporate the development of CCGs more broadly during the shadow-running year. Detailed planning for 2012-13 has been undertaken, including the approach to 'authorisation' of CCGs, senior appointments and performance management. Delivery of organisational development plans continues and activity with appointed providers is expected to continue into the summer for some CCGs.

During the transition year (April 2012 – April 2013), CCG performance will be monitored by the Cluster acting as the NHS Commissioning Board until its establishment in 2013. The performance cycle has now begun, with initial CCG performance management meetings undertaken with Islington CCG, Haringey CCG and Barnet CCG. These meetings proved very useful, and a number of issues surfaced which will be addressed to ensure that future reporting cycles are enhanced.

Once CCGs have secured delegation of eligible budgets, they will need to prepare to take on full accountability and management of these budgets from 2013 onwards

when they will become 'authorised'. To support this preparation, an authorisation process has been developed, for which guidance has recently been released.

The NHS CBA will seek assurance during the authorisation process that CCGs can – among other things – commission safely, discharge their responsibilities as stewards of the majority of the NHS budget and to carry out their functions in relation to improving quality, reducing inequality and delivering improved outcomes within the available resources.

The authorisation process is designed as a maturity model. It incorporates a number of thresholds set in the context of a longer-term vision drawn from what aspiring CCGs are already striving to deliver. To stagger authorisation throughout the transition year, CCGs will move through this process in waves. A Joint Cluster Working Group has been established, led by NHS North Central London, to share good practice as we move through the authorisation process.

The full authorisation guidance can be found on the NHS Commissioning Board website: www.commissioningboard.nhs.uk.

Recruitment to senior posts in CCGs in North Central London is due to proceed to interview stage following the appointment of the NHS CB London Regional Director on 4 May.

Progress continues to be made in the delegation of responsibility to emerging CCGs. Islington CCG, Camden CCG and Haringey CCG have secured sign off of all eligible budgets. Barnet CCG and Enfield CCG have secured sign off for the delegation of the prescribing budget, and plans are in place for both CCGs to achieve delegation for all eligible budgets later this year.

7. Recommendations

The Joint Health Overview and Scrutiny Committee is asked to:

1 Note the contents of this report and consider the implications of what this might mean for the overview and scrutiny function in the future;

2 Note the latest development status of the NHS Commissioning Board Authority, Public Health transition and Commissioning Support Service.

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Joint Health Overview and Scrutiny Committee (JHOSC) for North Central London Sector

28 May 2012

Future Work Plan

1. Introduction

1.1 This report outlines the work plan for future meetings of the JHOSC.

Next Meeting

1.2 Items for the next meeting of the Committee, which will take place on 9 July at Barnet, are currently as follows:

- Primary Care Update
- Integrated Care
- Transition
- CAMHS – Transformation of In Patient Services
- QIPP Strands

1.3 Proposed dates for future meetings are as follows:

- 10 September (Islington*);* Potential items are;
    - Transition;
    - Commissioning Support;
    - Estates.

- 22 October (Camden);

- 3 December (Haringey).

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