



## **NOTICE OF MEETING**

### **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

Contact: Robert Mack

Friday 5th October 2018 10:00 a.m.  
The Crowndale Centre, 218, Eversholt Street,  
London NW1 1BD

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Councillors: Alison Cornelius and Val Duschinsky (L.B.Barnet), Alison Kelly (Chair) and Julian Fulbrook (L.B.Camden), Huseyin Aknibar and Clare de Silva (L.B.Enfield), Pippa Connor (Vice-Chair) and Lucia das Neves (L.B.Haringey), Trish Clarke (Vice-Chair) and Osh Gantley (L.B.Islington)

Support Officers: Anita Vukomanovic, Andy Ellis, Robert Mack, Pete Moore and Viothanas Sangarapillai

### **AGENDA**

- 1. NC LONDON JHOSC - AGENDA PACK (PAGES 1 - 40)**
- 2. PROCEDURES OF LIMITED CLINICAL EFFECTIVENESS (PAGES 41 - 52)**

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# **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

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**FRIDAY, 5 OCTOBER 2018 AT 10.00 AM  
CROWDALE CENTRE, 218 EVERSOLT STREET, LONDON NW1 1BD**

<b>Enquiries to:</b>	<b>Vinothan Sangarapillai, Committee Services</b>
<b>E-Mail:</b>	<b><a href="mailto:vinothan.sangarapillai@camden.gov.uk">vinothan.sangarapillai@camden.gov.uk</a></b>
<b>Telephone:</b>	<b>020 7974 4071 (Text phone prefix 18001)</b>
<b>Fax No:</b>	<b>020 7974 5921</b>

## **MEMBERS**

**Councillor Alison Kelly (London Borough of Camden) (Chair)**  
**Councillor Tricia Clarke, London Borough of Islington (Vice-Chair)**  
**Councillor Pippa Connor, London Borough of Haringey (Vice-Chair)**  
**Councillor Huseyin Akpinar, London Borough of Enfield**  
**Councillor Alison Cornelius, London Borough of Barnet**  
**Councillor Lucia das Neves, London Borough of Haringey**  
**Councillor Clare De Silva, London Borough of Enfield**  
**Councillor Val Duschinsky, London Borough of Barnet**  
**Councillor Julian Fulbrook, London Borough of Camden**  
**Councillor Osh Gantly, London Borough of Islington**

Issued on: Thursday, 27 September 2018



## **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 5 OCTOBER 2018**

### **AGENDA**

**1. APOLOGIES**

**2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA**

Members will be asked to declare any pecuniary, non-pecuniary and any other interests in respect of items on this agenda.

**3. ANNOUNCEMENTS**

**4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT**

**5. MINUTES**

(Pages 5 - 10)

To approve and sign the minutes of the meeting held on 7<sup>th</sup> September 2018.

**6. EMBEDDING PREVENTION WITHIN NORTH LONDON PARTNERS STP**

(Pages 11 - 20)

This paper introduces an update on the progress against the prevention priority theme within the Sustainability and Transformation Plan (Appendix A).

**7. RISK MANAGEMENT: WORKFORCE**

(Pages 21 - 30)

This paper introduces an update (Appendix A) from North Central London Sustainability and Transformation Partnership on its approach to managing one of its key risks - workforce, specifically the risk that the plans do not enable the health and care sector to work in new ways effectively.

**8. PROCEDURES OF LIMITED CLINICAL EFFECTIVENESS (POLCE)**

**This paper will be circulated separately.** It presents an update

which provides an overview of the local, regional and national PoLCE programmes explaining how they fit together, how engagement has taken place and how decisions will be made.

**9. WORK PROGRAMME AND ACTION TRACKER 2018-19**

(Pages 31 -  
40)

This paper provides an outline of the 2018-19 work programme and action tracker of the North Central London Joint Health Overview & Scrutiny Committee.

**10. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT**

**AGENDA ENDS**

The date of the next meeting will be Friday, 30 November 2018 at 10.00 am in Conference Room, Enfield Civic Centre, Silver Street, Enfield EN1 3XA.

**THE LONDON BOROUGH OF CAMDEN**

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 7TH SEPTEMBER, 2018** at 10.00 am in Council Chamber - Crowndale Centre, 218 Eversholt Street, London, NW1 1BD

**MEMBERS OF THE COMMITTEE PRESENT**

Councillors Alison Kelly (Chair), Tricia Clarke (Vice-Chair), Pippa Connor (Vice-Chair), Alison Cornelius, Lucia das Neves, Clare De Silva, Val Duschinsky and Osh Gantly

**MEMBERS OF THE COMMITTEE ABSENT**

Councillors Huseyin Akpinar and Julian Fulbrook

**ALSO PRESENT**

Councillor Samata Khatoon

**The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.**

**MINUTES****1. APOLOGIES**

Apologies for absence were received from Councillor Julian Fulbrook. Apologies for lateness were received from Councillor Clare De Silva.

**2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA**

For reasons of transparency, Councillor Pippa Connor declared that she was a member of the RCN and that her sister worked as a GP in Tottenham. However, she did not consider this a prejudicial interest and so took part in discussion at the meeting.

Councillor Osh Gantly declared that in her paid employment she had formerly worked with Richard Gourlay (who was in attendance at the meeting as Director of Strategic Development at the North Middlesex) on an Electronic Referral Service. However, she did not consider this a prejudicial interest and so took part in discussion at the meeting.

**3. ANNOUNCEMENTS**

*North Central London Joint Health Overview and Scrutiny Committee - Friday, 7th September, 2018*

There were no announcements.

**4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT**

There were no notifications of any items of urgent business.

**5. DEPUTATIONS**

Members received a deputation from Alan Morton, Vivian Giraldi and John Lipetz on hospital transport.

The deputees were concerned about the transport difficulties that people who currently received treatment at North Middlesex would face if they had to receive treatment elsewhere. They did not feel a 'community case for change' had been made. They made particular reference to orthopaedic services that were currently delivered at North Middlesex and might take place in Chase Farm in future, following the review of orthopaedic services. They felt that any relocation of services should be paused until transport difficulties for patients travelling by public transport were resolved.

Deputees noted that health officers had said to them when these points were raised that concerns about transport were best directed to TfL. However, they felt that it was not fair to TfL to ask them to make changes solely as a result of a unilateral decision by another public service to relocate its services.

**6. MINUTES**

Consideration was given to the minutes of the meeting held on 20<sup>th</sup> July 2018.

Members expressed their disappointment that the information requested on page 3 of the minutes had not been provided. They noted they had received information, as requested on page 5, on the London panels but had not received information on their role and purpose.

Members were concerned that balance sheet information had not been provided, as requested on pages 7 and 8 of the minutes.

**RESOLVED –**

THAT the minutes be approved as a correct record.

**7. JOINT WORKING BETWEEN NORTH MIDDLESEX AND ROYAL FREE HOSPITALS**

Consideration was given to the presentation from North Middlesex University Hospital.



***North Central London Joint Health Overview and Scrutiny Committee - Friday, 7th September, 2018***

Maria Kane, the Chief Executive of North Middlesex, outlined that – following the CQC inspection which had stated that the hospital needed to improve – there had been joint working with the Royal Free Hospital Group.

The Royal Free was performing well, and so they hoped to learn from their best practice. Clinical practice groups had been formed which included staff from both organisations. There had been improvements in performance flowing from this. Progress had been made against A & E targets – which were that 95% of patients be seen within 4 hours.

Ms Kane acknowledged that the hospital had been in deficit last year. Some of the deficit was due to factors beyond their control, such as PFI charges and the clinical negligence fund. The target was to reduce the deficit to the 'control total' of £19m.

Ms Kane highlighted that there was a need to recruit and retain staff. They had faced high staff turnover, in part due to the fact they did not pay Inner London Weighting on salaries, and there had also been claims of bullying and of rivalries between departments. They were addressing the issue of bullying and these rivalries.

Ms Kane stated that the North Midds would be deciding on whether to become a full member or to move to closer collaboration with the Royal Free at its board meeting on 4<sup>th</sup> October.

Members asked what consultation had taken place on this, and were told that consultation had taken place with local authorities and CCGs.

Members expressed disappointment at the presentation and felt that it had not laid out a clear case for change.

Members heard from Caroline Clarke (Deputy Chief Executive) and Richard Gourlay (Director of Strategic Development) from the Royal Free. They echoed Ms Kane's comments about improvements in fields like paediatric and maternity care flowing from joint working. They also said that they thought the entry of Chase Farm and Hampstead hospitals into the Royal Free Group had been positive, and that this could be repeated with the North Midds.

Ms Clarke acknowledged that both organisations had deficits, and this would mean that a full merger could not take place soon. However, sharing 'back and middle' office services could deliver savings. She said that she would report back to the JHOSC at a future meeting on the measures being taken to reduce the Royal Free's deficit.

The joint working between the Royal Free and North Midds was at the 'strategic outline' stage and so a case for change had yet to be developed.

*North Central London Joint Health Overview and Scrutiny Committee - Friday, 7th September, 2018*

Members asked if the case for change would go to public consultation. Health officers said that it would be service alterations which would go out to consultation.

Members expressed the view that what the decision on 'full membership' of the Royal Free Group that the North Midds would be taking on 4<sup>th</sup> October meant was vague. They wanted to see greater clarity about what "full membership" meant.

Members were concerned about assets and land being sold to cover annual deficits rather than to redeploy funds into capital expenditure which would be beneficial for residents in the long-term.

The Committee noted the estimate that 30% of A & E visits resulted from people not being able to access primary care. They welcomed efforts being made to reduce this. They also noted that a physiotherapist had been arranged to assist the 9% of patients who presented with back pain.

Members recommended that the Royal Free and North Midds work with Healthwatch, particularly Healthwatch Enfield and Haringey, in ensuring that good consultation took place.

Members were of the view that the case for change had not currently been demonstrated, given the evidence before them. They asked to see a report on the case for change as soon as it was ready.

**RESOLVED –**

- (i) THAT the presentation and comments above be noted;
- (ii) THAT the Royal Free and North Midds hospitals work with Heathwatch on ensuring good consultation took place about service changes;
- (iii) THAT a report come to the Committee on the case for change underlying North Midds and Royal Free joint working.

**8. DATES OF FUTURE MEETINGS**

It was noted that dates of future meetings would be:

- Friday, 5<sup>th</sup> October 2018 (Camden)
- Friday, 30<sup>th</sup> November 2018 (Enfield)
- Friday, 18<sup>th</sup> January 2019 (Haringey)
- Friday, 15<sup>th</sup> March 2019 (Islington)

**9. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT**

*North Central London Joint Health Overview and Scrutiny Committee - Friday, 7th  
September, 2018*

The meeting ended at 11:35am.

**CHAIR**

**Contact Officer:** Vinothan Sangarapillai

**Telephone No:** 020 7974 4071

**E-Mail:** [vinothan.sangarapillai@camden.gov.uk](mailto:vinothan.sangarapillai@camden.gov.uk)

**MINUTES END**

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<p align="center"><b>North Central London Joint Health Overview &amp; Scrutiny Committee (NCL JHOSC)</b></p>	<p><b>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</b></p>
<p><b>Embedding Prevention within North London Partners STP</b></p>	
<p><b>FOR SUBMISSION TO:</b> NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW &amp; SCRUTINY COMMITTEE</p>	<p><b>DATE</b>  5 October 2018</p>
<p><b>SUMMARY OF REPORT</b></p> <p>This paper introduces an update on the progress against the prevention priority theme within the Sustainability and Transformation Plan (Appendix A).</p> <p><b>Contact Officer:</b></p> <p>Ally Round Senior Policy and Projects Officer London Borough of Camden <a href="mailto:ally.round@camden.gov.uk">ally.round@camden.gov.uk</a> 020 7974 5118</p>	
<p><b>RECOMMENDATION</b></p> <p>The Committee is asked to consider and comment on the update.</p>	

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**NORTH LONDON PARTNERS**  
in health and care

North Central London's sustainability  
and transformation partnership

# Embedding Prevention within North London Partners STP

Joint Health Oversight and Scrutiny Committee

5<sup>th</sup> October 2018

Will Huxter - Director of Strategy, North  
Central London CCGs  
Julie Billett – Director of Public Health,  
Islington and Camden Councils and SRO for  
Prevention programme, North London Partners

# Why do we need a focus on prevention?

- Huge proportion of the current burden of ill health, disability and early death is avoidable
- To improve outcomes, quality as well as quantity of life, enable people to thrive and lead fulfilling lives, and ensure the future sustainability of the health and care system, we need a serious focus on prevention

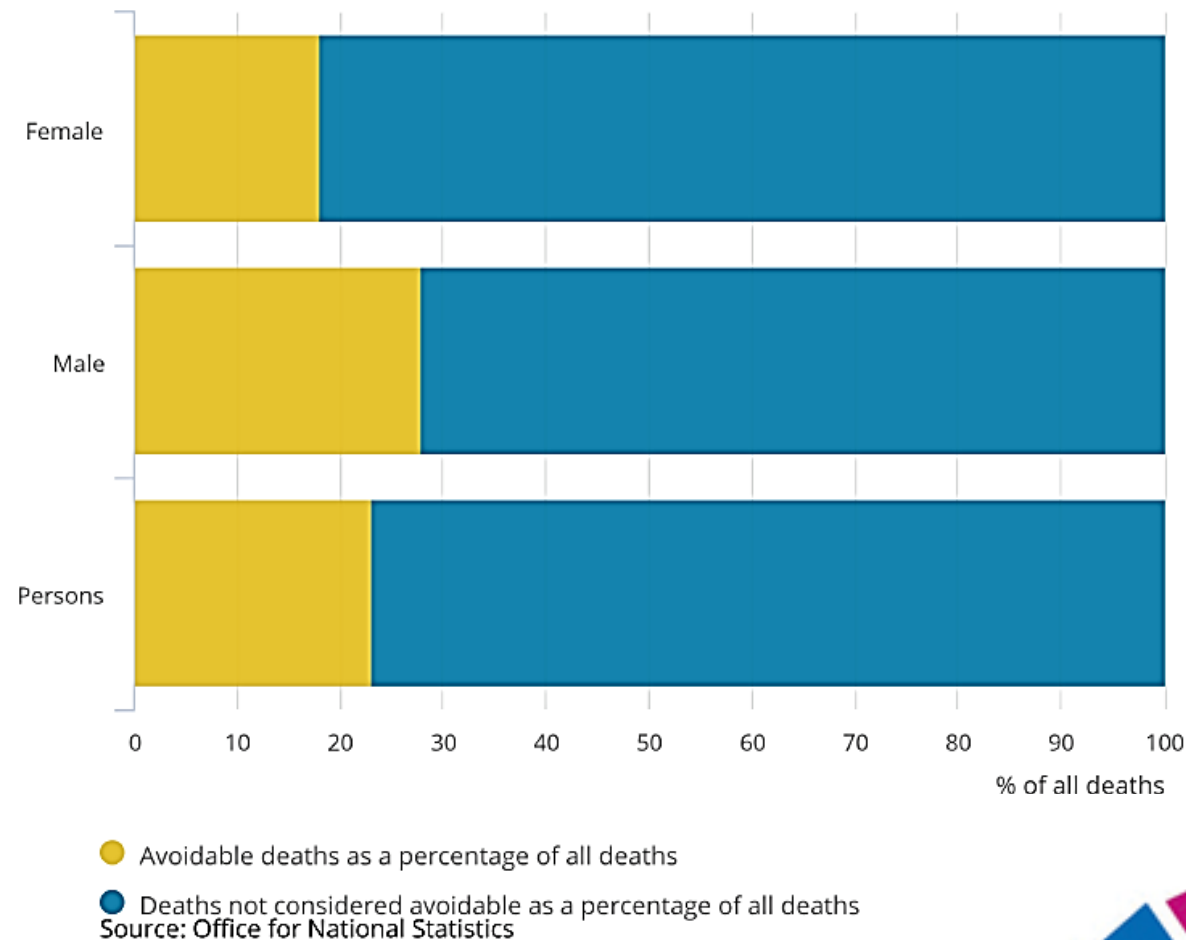
Page 14

Almost one third of the disease burden in industrialised countries can be attributed to four main behaviours: smoking, alcohol intake, fruit and vegetable consumption, and lack of physical activity (WHO)

- These health behaviours in turn are influenced by and reinforce deep inequalities in health and in wider determinants (poverty, employment, housing, education)
- Working as a system, we need to take action to tackle these health behaviours and risk factors, as well as creating the conditions that support healthy choices, promote health and wellbeing and enable people to thrive

- 1. Avoidable Mortality in England and Wales, ONS; 2 WHO, Global Burden of Disease Study

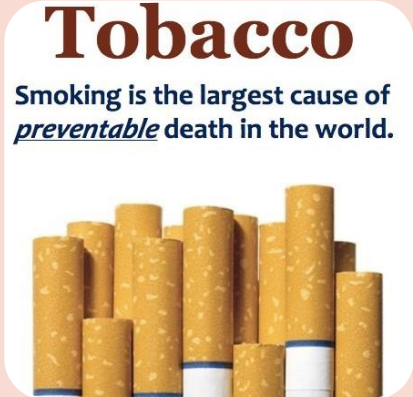
**Figure 1 – Number of deaths considered avoidable as a proportion of all deaths registered in 2015 (England and Wales 2015)**



Page 14



# Case for Prevention in North London



Almost **half of people in North Central London (NCL)** have at least one modifiable risk factor (e.g. high blood pressure, smoking) that is putting their **health at risk**, but they have not yet developed a long term health condition.

Between 2012 and 2014, around **20% (4,628) of deaths in NCL** were from preventable causes

Within NCL, the number of **overweight children** aged 10 to 11 years is much **higher than the England** average in three of the five boroughs – Enfield, Haringey and Islington.

Being **overweight** contributes to more than a **third of all long term health conditions** in NCL.

**Smoking** cuts lives short and contributes to around **one in six early deaths** of local people.

**Smoking** is thought to cause over 9,000 stays in hospital amongst NCL residents each year. However, in 2014/15, of the estimated 227,567 smokers in NCL, only 4% (10,979) received support through stop smoking services. Of those who did, 52% successfully quit smoking at four weeks.

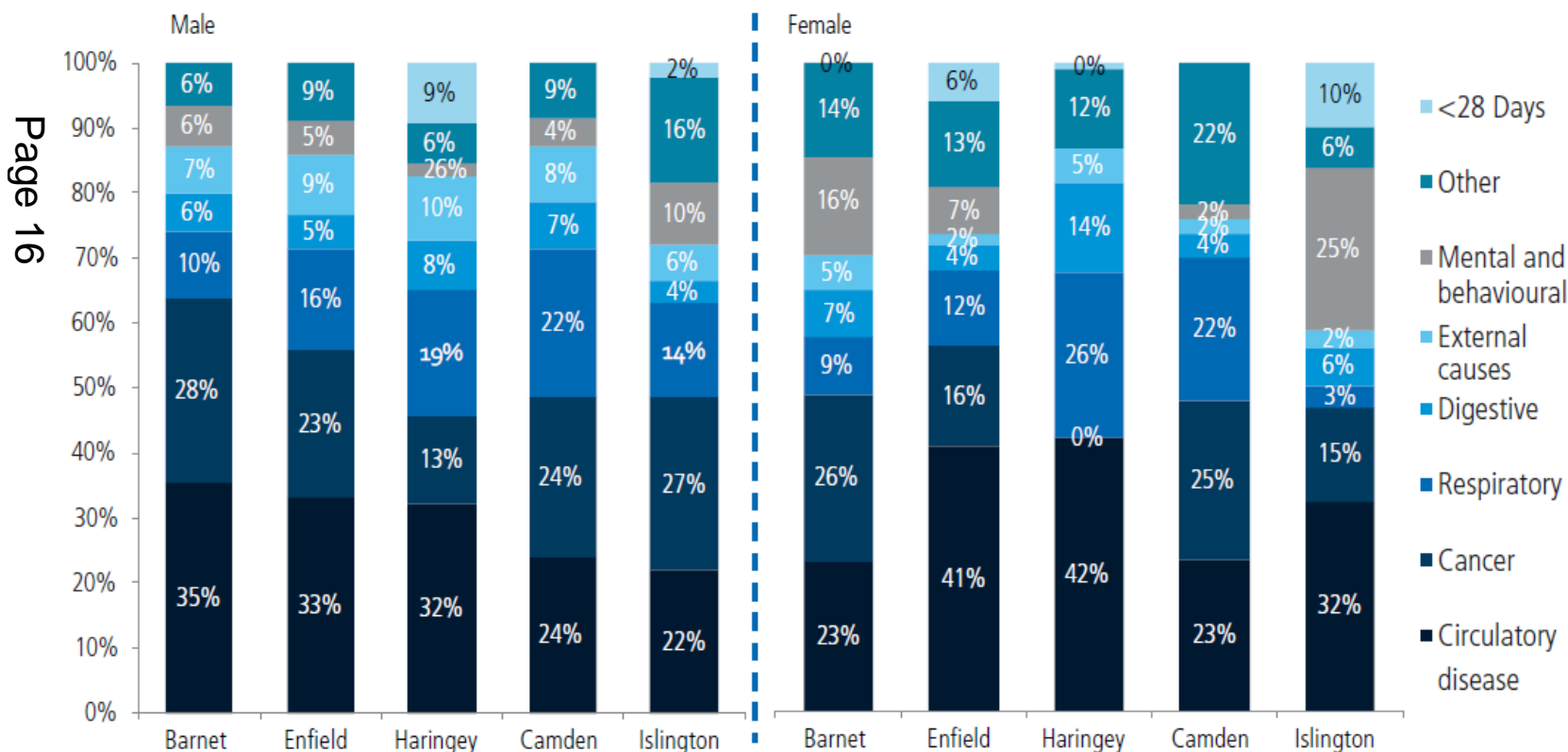
**Alcohol**-related hospital stays are much **higher than average** in Islington.

Among **older people**, Camden, Haringey and Islington have much higher numbers of people who **fall resulting in serious injury**.

# Tackling health inequality through a focus on prevention North London

**Figure 2 - Breakdown of male and female life expectancy gap by cause of death**

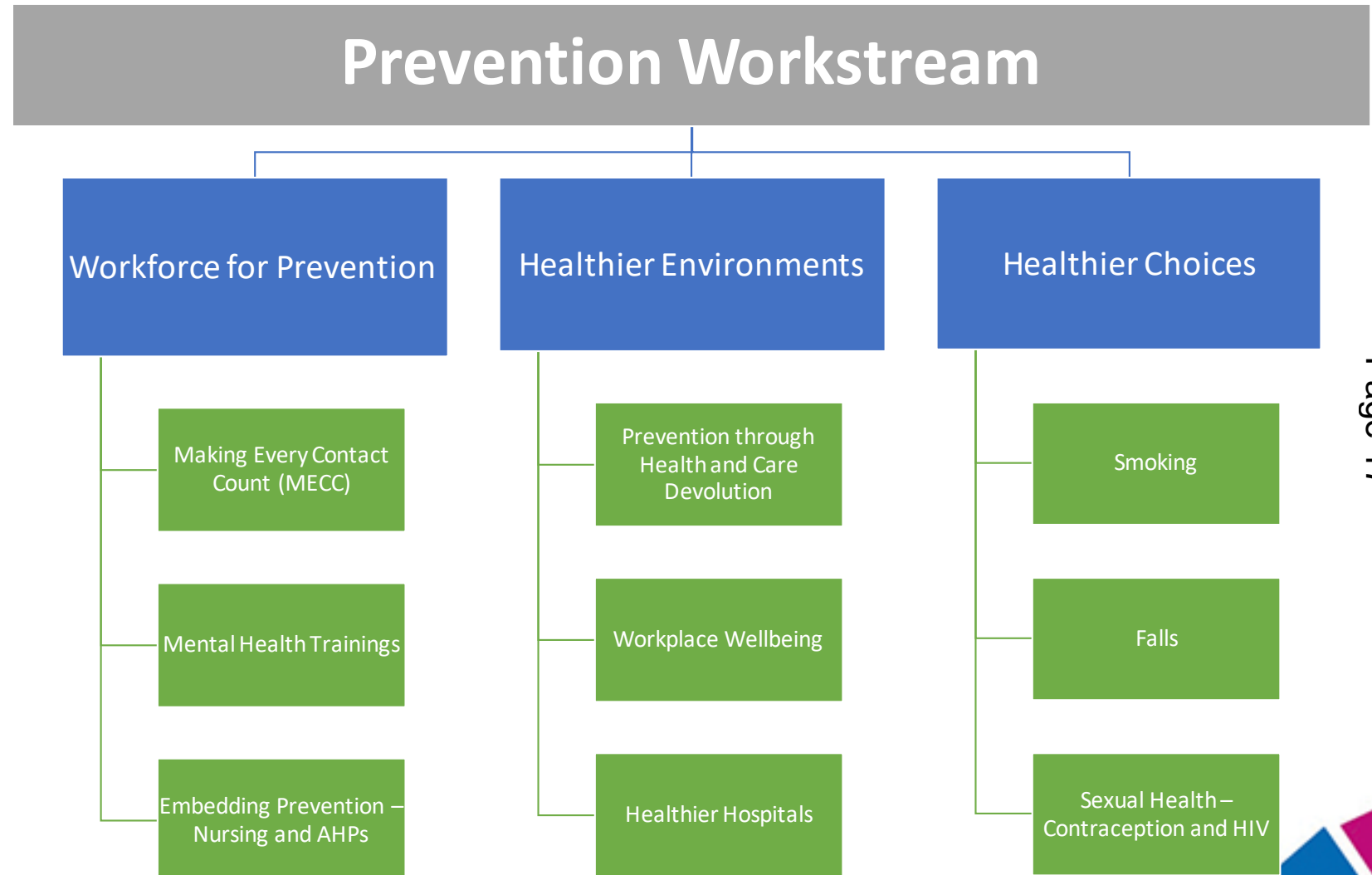
Breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile within each borough, by percentage cause of death, 2012-2014



The biggest contributors to the gaps in life expectancy within our boroughs are circulatory disease, cancer and respiratory disease. These diseases are strongly associated with preventable factors/ health behaviours, such as smoking and physical inactivity (Figure 2).

# Embedding Prevention in the STP

- We are seeking to embed and reorient the system towards a focus on prevention, recognising the role and contribution of all partners and of wider sectors, organisations and communities themselves. Our focus has been on:-
- (1) Working together to deliver and scale up priority, evidence-based prevention interventions, programmes and system changes that will deliver improvements in outcomes and a return on investment. These sit within the STP's Prevention Workstream.
- (2) Working with partners to embed and strengthen prevention across the other STP workstreams. Eg cancer (awareness and early diagnosis); care closer to home (CVD prevention & diabetes, social prescribing); CYP; digital



# How will we know we have succeeded?

- We will know we have been successful when:

- Majority of the public sector workforce in North London is a champion for prevention and taking proactive steps to close the health and wellbeing gap;
- Our residents, families and communities are supported to look after their health: smoking and drinking less, eating more healthily, and being more active, as well as looking after their sexual health and mental health wellbeing;
- There are fewer hospital admissions from preventable causes such as smoking and falls, and reductions in associated ill health and early deaths;
- We close the health inequalities gap, through disproportionately greater improvements in health for people with poorer health outcomes eg mental health problems, learning disabilities, specific BAME groups, homeless populations, and those living in our more deprived communities.
- Those working in North London become healthier and feel more supported to look after and manage their own health, leading to reduced absences and increased productivity.

# Governance, Collaboration and Strategic Planning

- STP Prevention Workstream Board, co-chaired by Haringey Council Chief Exec and UCLH Medical Director, brings together partners across the system to oversee delivery, provide strategic challenge
- London Prevention Board – London-level system leadership and partnership to drive system focus on prevention, with specific remit focused on delivery of London's prevention ambitions under the devolution agreement, the Mayor's Health Inequalities Strategy and other key London programmes and enablers (eg Prevention Fund for London) – connects into STP prevention leads
- Challenges – maintaining and increasing system-wide focus on and investment in prevention in context of financial challenge and immediate pressures in the shorter term; recognising and harnessing role and contribution of all parts of the system
- Opportunities – development of population health approaches and place-based integration at neighbourhood and local/borough level – key opportunity to strengthen focus on prevention, proactive care and wider determinants



# Questions/discussion points

We welcome feedback on the current and future approach to embedding prevention across the whole of the health and social care system.

For more information or to give us your thoughts, please contact Mubasshir Ajaz, Prevention Lead, North London Partners: [Mubasshir.Ajaz@islington.gov.uk](mailto:Mubasshir.Ajaz@islington.gov.uk)

<p align="center"><b>North Central London Joint Health Overview &amp; Scrutiny Committee (NCL JHOSC)</b></p>	<p><b>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</b></p>
<p><b>Risk Management: Workforce</b></p>	
<p><b>FOR SUBMISSION TO:</b> NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW &amp; SCRUTINY COMMITTEE</p>	<p><b>DATE</b>  5 October 2018</p>
<p><b>SUMMARY OF REPORT</b></p> <p>This paper introduces an update (Appendix A) from North Central London Sustainability and Transformation Partnership on its approach to managing one of its key risks - workforce, specifically the risk that the plans do not enable the health and care sector to work in new ways effectively.</p> <p><b>Contact Officer:</b></p> <p>Ally Round Senior Policy and Projects Officer London Borough of Camden <a href="mailto:ally.round@camden.gov.uk">ally.round@camden.gov.uk</a> 020 7974 5118</p>	
<p><b>RECOMMENDATION</b></p> <p>The Committee is asked to consider and comment on the update.</p>	

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Page 23

# Risk management: Workforce

## North Central London sustainability and transformation partnership

Page 23

Joint Health Oversight and Scrutiny Committee  
5<sup>th</sup> October 2018

Will Huxter, Director of Strategy North Central  
London CCGs  
Siobhan Harrington, Chief executive of Whittington  
Health NHS Trust, STP SRO Workforce

## Strategic risk management: Workforce

- At a JHOSC meeting in January 2018 we outlined the key risks for the programme and the process for managing these.
- One of the key risks to delivering the plans set out is relating to workforce: regarding the risk that plans do not enable the health and care sector to work in new ways effectively
- This paper is designed to provide an high level update on how the programme is working to manage this risk and the priorities for 2018/19.
- It is important to note that while plans for supporting new ways of working across the and care health sector have been developed and continue to evolve, these complement the local organisational plans and responsibilities regarding their workforce.



## Overview and summary of plans:

### Our aim is to:

'To attract people to live and to work in North London so we have the best possible workforce to deliver high quality services to our community.'

### Our objectives are to:

- Improve **patient experience and outcomes** through improved staff experience and engagement
- Define and **adopt new ways of working**, enabling working across health and care settings
- Maximise workforce **efficiency and productivity**
- Create a reputation where NCL is recognised as a great place to work aiding recruitment and retention
- Promote and provide an excellent **learning environment**
- Develop, implement and embed a systematic approach to **leadership development & quality improvement**.

### Our priorities for 2018-19 are:

**Portability:** Supporting staff to work across sites where this improves resident care

**Urgent and emergency care preparation:** ensuring workforce solutions are developed and in place to cope better with the pressures of winter

**Place-based care:** Social and primary care/community: developing ways of working based on residents neighbourhood's to integrate services and improve care

**Temporary staffing:** To support organisations to reduce the reliance on temporary staffing

**Workforce analytics:** Work to improve our ability to plan longer term as a health and care sector

## Key risks to delivery:

- **Building local recruitment pathways** to employ north Londoners in our services\*
- **Attracting and retaining** workforce to London so that they stay (evidence suggests retention in first 18 months means staff stay 5 years+)
- **Health care challenges** in general practice, nursing and allied health professionals
- **Social Care** workforce faces **significant recruitment and retention challenges** and is the focus of the North London ASC Programme
- **Social care nurses and registered managers**: we need a focus on developing and supporting these groups, especially in relation to leadership skills
- **Salary competition in inner London** – competitive rates needed to attract nursing workforce
- **The salary gap** between salaries in social care and for health care assistants is widening and presents a challenge to the social care workforce
- **Key worker benefits** needed including travel and housing

\* The NCL adult social care sector estimated contribution to the local economy in 2016/17 was £1bn: a focus on this economic argument could bring efforts together to meet rising demand for services. 1 in 8 Londoners are estimated to be working in health or social care. Recruiting local people helps our local economy, improves health outcomes and should support retention.

## Monitoring and delivering plans: current mechanisms in place

- Across the NCL STP, there are a shared set of clinically led delivery plans which are overseen by an STP programme delivery board. This has representation across partner organisations via board level senior responsible officers for priority areas. Operational delivery is delegated to clinically led workstream group - with commissioners and providers as equal partners in these forums.
- The workforce plan is managed via a the NCL workfocre steering group with membership from across NHS organisations and representatives of the adult social care workstream.
- The plan is overseen through the Local Workforce action board for NCL. This comprises members from local authority's NHS Commissioners and Providers as well as Health Education England (this board feeds into the London Workforce Action Board).
- In addition to this, the NCL Health and Care Cabinet meets monthly, to provide clinical and professional steer, input and challenge to provide oversight and scrutiny of plans across the STP. Membership consists of: the five CCG chairs, the eight medical directors, clinical leads from across the workstreams, three nursing representatives from across the footprint, pharmacy and allied health professions representatives, a representative for the directors of public health and representatives for the directors of adult social services and the directors of children's services respectively.

## Strategic risk management: ongoing work to strengthen plans

- We are working to refresh our longer term plans to ensure we work effectively to mitigate risks where we can.
- To do this we are working to continue to share and develop our workforce plans with staff through:
  - Local engagement of staff through organisations
  - Working with staff and union representatives
  - Specific research and focus groups on new ways of working
- This is combined with a refreshed plan to work with local residents to engage with and develop new models of care across the programme

## Appendix 1: London Workforce Board

The London Workforce Board (LWB) brought together cross-sector leadership, including STP LWAB chairs (Sanjiv Ahulwalia – Health Education England and Siobhan Harrington – Whittington and NCL Workforce SRO), to **identify and address health and care workforce issues across London**. Work to date has focused on three themes:

- Mitigating the potential effects of Brexit
- Maximising the opportunities from the Apprenticeship Levy
- Accelerating and broadening the scope of Capital Nurse to attract, retain and develop nursing across the capital

The Board is seeking to **build a shared understanding of workforce issues across health and social care in London, particularly any workforce issues arising from more integrated health and care delivery**. As part of this work the LWB is seeking to build a shared understanding of workforce issues across health and social care in London, particularly in support of integration.

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<b>NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW &amp; SCRUTINY COMMITTEE</b>	<b>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</b>
<b>REPORT TITLE</b> Work Programme and Action Tracker 2018-19	
<b>REPORT OF</b> Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
<b>FOR SUBMISSION TO</b>  NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	<b>DATE</b>  5 October 2018
<b>SUMMARY OF REPORT</b>  This paper provides an outline of the 2018-19 work programme and action tracker of the North Central London Joint Health Overview & Scrutiny Committee.  <b>Local Government Act 1972 – Access to Information</b>  No documents that require listing have been used in the preparation of this report.  <b>Contact Officer:</b> Ally Round Senior Policy and Projects Officer London Borough of Camden, 5 Pancras Square, London N1C 4AG 020 7974 5118 <a href="mailto:ally.round@camden.gov.uk">ally.round@camden.gov.uk</a>	
<b>RECOMMENDATIONS</b>  The North Central London Joint Health Overview & Scrutiny Committee is asked to: <ul style="list-style-type: none"> <li>a) Note the contents of the report; and</li> <li>b) Consider the work programme for the remainder of 2018-19</li> </ul>	

## **1. Purpose of Report**

- 1.1. This paper provides an outline of the proposed areas of focus for the Committee for 2018-19. This has been informed by topics highlighted by the previous Committee and a review of key health and care strategic documents that impact on North Central London. Throughout the municipal year, as the Committee considers other areas of interest, these will also be added to the work programme, either for discussion in the current municipal year or in subsequent years.
- 1.2. The Committee's meeting on 30 November currently has quite a heavy agenda, with six substantive items due to be taken – this is because the GP Commissioning Strategy and Royal Free Hospital Finance items were deferred from earlier meetings. The Committee normally aims to consider no more than four items at each meeting, so members may wish to consider deferring two other items until later in the year.
- 1.3. The report also includes an action tracker for the Committee, Appendix B. This will be populated with actions from each Committee meeting. It is intended to help the Committee effectively track progress against recommendations and requests for further information.

## **2. Terms of Reference**

- 2.1. In considering topics for 2018-19, the Committee should have regard to its Terms of Reference:
  - To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;
  - To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;
  - To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the areas of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;
  - The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;

- The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and
- The joint committee will aim to work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people

3. **Appendices**

Appendix A – 2018/19 Work Programme  
Appendix B – Action tracker

**REPORT ENDS**

**Appendix A: Work Programme 2018/19****5 October 2018 (Camden)**

<b>Item</b>	<b>Purpose</b>	<b>Lead organisation</b>
STP prevention priority theme update	Update report on the progress against the prevention priority theme within the STP, including progress to date, milestones, risks and issues.	NCL Partners
STP strategic risks and issues	Update on workforce, including progress to date, key milestones, risks and issues	NCL Partners
Improving Health and Wellbeing by Supporting Clinical Decision-Making	Update report, including new NICE guidelines	NCL Partners

**30 November 2018 (Enfield)**

<b>Item</b>	<b>Purpose</b>	<b>Lead organisation</b>
STP maternity priority theme update	Update report on the progress against the maternity priority theme within the STP, including progress to date, milestones, risks and issues.	NCL Partners
STP best start in life priority theme update	Update report on the progress against the best start in life priority theme within the STP, including progress to date, milestones, risks and issues	NCL Partners
Integrating health and social care	Progress update on integrating health and care across NCL and impact of national and regional developments, including the London devolution agreement	NCL Partners
Adult Elective Orthopaedic Services	Update on the review of the service	NCL Partners
GP Commissioning Strategy	To consider the emerging draft of a refreshed commissioning strategy focusing on general practice, to build on previous	NCL Partners

Item	Purpose	Lead organisation
	collaboration and to raise standards further for people living in north central London.	
STP strategic risks and issues	Update on the financial position of the Royal Free Hospital	Royal Free Hospital

**18 January 2019 (Haringey)**

Item	Purpose	Lead organisation
STP mental health priority theme update	Update report on the progress against the mental health priority theme within the STP, including progress to date, milestones, risks and issues	NCL Partners
Dementia pathways update	Update on dementia services across the five boroughs, following on from a report to the committee in September 2017. The report will provide further information on areas such as: joint working, update on care homes, a shared service specification and service monitoring	NCL Partners
Child and adolescence mental health services	Update on the CAMHS service following report to the Committee in April 2017	NCL Partners
Screening and immunisation	Update following a report to the committee in February 2017	NCL Partners

**15 March 2019 (Islington)**

Item	Purpose	Lead organisation
STP social care priority theme update	Update report on the social care priority theme following a report to the Committee in March 2018	NCL Partners
STP health and care closer to home priority theme update	Update report on the progress against the care closer to home priority theme within the	NCL Partners

Item	Purpose	Lead organisation
	STP, including progress to date, milestones, risks and issues	
Ambulance service performance	Performance update report on response and handover times	London Ambulance Service East of England Ambulance Service
Reducing A&E attendance	NHS, local providers and councils working together to reduce attendance at A&E	NCL Partners

***Additional items to be scheduled***

Item	Purpose	Lead organisation
Update on the Estates Strategy	Update on public and councillor involvement in the Estates Strategy.	NCL Partners
Consultant-to-consultant referrals	Update on how this process is working in NCL. To include an update from GOSH, and to hear from the commissioners and the patient groups.	NCL Partners
Case for Change: North Middlesex and Royal Free Hospitals joint working	A further report to the Committee on the case for change underlying North Midds and Royal Free joint working	Royal Free and North Middlesex Hospitals
Moorfields Eye Hospital consultation	Consultation on moving services from the existing site to St Pancras	Moorfields Eye Hospital

## Appendix B: Action Tracker

Item and Action	Action by	Progress
20 <sup>th</sup> July 2018		
<b>DEPUTATIONS</b>  Officers to provide members with information on the outcome of the Leaders' letter.	Will Huxter (Director of Strategy, NCL CCGs)	In progress
<b>DEPUTATIONS</b>  Members asked that information come back to a future meeting on the policy for consultant-to-consultant referrals and if it was working in NCL. They would also like an update from GOSH, and to hear from the commissioners and the patient groups.	NCL CCGs  Great Ormond Street Hospital	This has been added to the list of items to be scheduled.
<b>HEALTH AND CARE DEVOLUTION IN LONDON</b>  Members asked who the members of each board were and if meetings were held in public and their papers were published online. Mr Huxter undertook to provide this information.	Will Huxter (Director of Strategy, NCL CCGs)	Sent August 2018.

Item and Action	Action by	Progress
<b>HEALTH AND CARE DEVOLUTION IN LONDON</b>  Members asked that information come to them about the role, purpose, membership and attendance at the boards (London devo), and case study information about where health devolution had been beneficial. The Chair also suggested that this was a matter which could be discussed further at the pan-London JHOSC.	Will Huxter (Director of Strategy, NCL CCGs)	Sent August 2018
<b>ESTATES STRATEGY</b>  Members asked for information on who was attending which meetings relating to the London Estates Board.	Will Huxter (Director of Strategy, NCL CCGs)	Sent August 2018
<b>ESTATES STRATEGY</b>  That an update on the estates strategy come to a future meeting.	Simon Goodwin (Chief Finance Officer, NCL CCGs)	This has been added to this list of items to be scheduled at a future meeting.
<b>STP STRATEGIC RISKS: FINANCE</b>  That income and balance sheet information be provided for NHS providers in the sub-region.	Simon Goodwin (Chief Finance Officer, NCL CCGs)	This is available through public websites for organisations and will be signposted to members.



Item and Action	Action by	Progress
7 July 2018		
<b>JOINT WORKING BETWEEN NORTH MIDDLESEX AND ROYAL FREE HOSPITALS</b>  A further report to the Committee on the case for change underlying North Middlesex and Royal Free joint working.	Royal Free/North Middlesex	This has been added to the list of items to be scheduled.

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**NORTH LONDON PARTNERS**  
in health and care

North Central London's sustainability  
and transformation partnership



# Procedures of Limited Clinical Effectiveness (PoLCE)

Joint Health Oversight and Scrutiny Committee  
5<sup>th</sup> October 2018

Jo Sauvage, Co Chair, Health and Care Cabinet—  
North London Partners and Chair, Islington CCG

# Purpose of this paper

- We previously came to the JHOSC who advised on appropriate engagement for the review of the PoLCE policy being taken forward across NCL.
- The NCL level work is focusing on ensuring a consistent policy is applied across Barnet, Camden, Enfield, Haringey and Islington and removing ambiguity in policy wording.
- Other reviews have been taking place at a regional and national level.
- Once the regional and national reviews are complete, CCGs will go through a process to decide whether to implement them including consulting the JHOSC.
- This paper outlines the three reviews and their timings.

# What is PoLCE?

- Procedures which have evidence of limited clinical effectiveness and that are appropriate for a patient to undergo only if a certain set of medical criteria are met.
- PoLCEs have been in place within the NHS for a long time and are regularly updated.
- ***PoLCE is not about withdrawing services, it is about making sure they are only offered when they will work for patients.***

# Update: NCL review

Region	Summary of work	Summary of engagement
NCL local level	<p>Using NHS Money Wisely is a clinically led and evidence based programme, it aims to ensure the NCL PoLCE policy:</p> <ul style="list-style-type: none"> <li>• is consistently applied across NCL</li> <li>• is presented using unambiguous language which is easy for clinicians to interpret</li> <li>• is regularly reviewed, updated and reissued using the most up to date and validated evidence base</li> <li>• is effectively and consistently communicated to health care professionals within NCL</li> <li>• has an open and transparent process, adhering to organisations' governance policies</li> </ul> <p>All NCL CCGs produced a single policy in 2015/16; (it is important to note, that the policy does not apply to suspected cancer (diagnosis should be dealt with via a two-week wait referral) or emergency or urgent care).</p> <p>A review of the current policy took place between September 2017 and August 2018. 35 policy areas have been updated.</p>	<p>We are committed to a programme of engagement with our key stakeholders, particularly public and patients and their representative groups, such as Healthwatch.</p> <p>The timetable for this is being developed in conjunction with Healthwatch to ensure we engage meaningfully with our population.</p> <p><b>*Please note, after guidance from the JHOSC on 6<sup>th</sup> Feb 2018 there will not be a formal public consultation as part of this policy update.</b></p>

# Update: London review

Region	Summary of work	Summary of engagement
London regional level	<p>‘London Choosing Wisely’ is the term used to describe a London wide programme to produce a new policy on eight areas with PoLCE.</p> <p>This has been run by NHS England (London Region).</p> <p>These eight policy reviews will be issued in October 2018. Once issued we will seek guidance from JHOSC on appropriate engagement.</p>	<p>The London Choosing Wisely review is advisory and the statutory duty for approval of any subsequent policy changes policies rests with each CCG governing body who will have the opportunity to further review and engage in line with local governance processes, before making a decision on updating the policy.</p> <p>London Choosing Wisely prepared a draft pan-London policy for the areas being considered (see appendix 1) and comments were recorded via an online feedback forms between August and September 2018.</p>

# Update: National review

Region	Summary of work	Summary of engagement
National level	<p>'Evidence Based Interventions' is the term used to describe a national policy review process for 17 areas within PoLCE, 15 of which already form part of the local NCL review.</p> <p>This is run by NHS England and includes a public consultation process.</p>	<p>A national public consultation ran from 4 July to 28 September 2018 .</p> <p>Full details of the areas under consideration and the rationale for the changes can be found in the <a href="#">consultation document</a> or via the dedicated website at: <a href="https://www.england.nhs.uk/evidence-based-interventions/">https://www.england.nhs.uk/evidence-based-interventions/</a></p>



# Timeline

Programme	2017	2018	2019
Local NCL review: Using NHS Money Wisely	Update and rollout of NCL policy		
London Region: London Choosing Wisely Programme		Mar – Oct 2018	
National review: Evidence Based Interventions			July 2018 – Jan 2019

Once the regional and national reviews are complete CCGs will go through a process to decide whether to implement them including consulting the JHOSC.



# Appendix 1 - London Choosing Wisely draft policies and FAQs

- [Draft policy for cataract surgery](#)
- [Draft policy for knee arthroscopy](#)
- [Draft policy for varicose veins procedures](#)
- FAQs: <https://www.healthylondon.org/wp-content/uploads/2018/03/London-choosing-wisely-FAQs-July-2018.pdf>

Please note, these are included for reference: the London feedback process for this was open August-September 2018

# Appendix 2 - Areas of PoLCE Policy under review across the three programmes

Programme	Procedures under review
<p><b>Local review: NCL Using NHS Money Wisely (PoLCE) comprises of 35 areas</b></p> <p>These are subject to final sign off by clinical leads for stakeholder engagement</p>	<ul style="list-style-type: none"> <li>- Vasectomy</li> <li>- Penile Procedures (Penile Implants)</li> <li>- Cholecystectomy for Gallstones</li> <li>- Chalazions (Internal Stye or Meibomian Cyst)</li> <li>- Inguinal Hernia</li> <li>- Abdominal (including incisional and umbilical) hernia</li> <li>- Divarication of Recti</li> <li>- Groin pain with clinical suspicion of hernia (obscure pain or swelling)</li> <li>- Recurrent and bilateral hernia</li> <li>- Cosmetic Surgery (Aesthetic) (Overview wording)</li> <li>- Keloidectomy [Keloid scars] or revision of hypertrophic scars</li> <li>- Treatment of Vascular Lesions (Port wine stains on the head and neck)</li> <li>- Injection of Botulinum Toxin</li> <li>- Hyperhidrosis</li> <li>- Vasectomy</li> <li>- Penile Procedures (Penile Implants)</li> <li>- Cholecystectomy for Gallstones</li> <li>- Chalazions (Internal Stye or Meibomian Cyst)</li> </ul>

Programme	Procedures under review
Local review: NCL Using NHS Money Wisely (PoLCE) comprises of 35 areas (continued)	<ul style="list-style-type: none"> <li>- Inguinal Hernia</li> <li>- Abdominal (including incisional and umbilical) hernia</li> <li>- Divarication of Recti</li> <li>- Groin pain with clinical suspicion of hernia (obscure pain or swelling)</li> <li>- Recurrent and bilateral hernia</li> <li>- Cosmetic Surgery (Aesthetic) (Overview wording)</li> <li>- Keloidectomy [Keloid scars] or revision of hypertrophic scars</li> <li>- Treatment of Vascular Lesions (Port wine stains on the head and neck)</li> <li>- Injection of Botulinum Toxin</li> <li>- Hyperhidrosis</li> <li>- Correction of Hair Loss (including male pattern baldness) (Alopecia)</li> <li>- Apronectomy or Abdominoplasty (Tummy Tuck)</li> <li>- Body Contouring (other skin excision for contour e.g. buttock lift, thigh lift, arm lift (Brachioplasty)</li> <li>- Blepharoplasty (Surgery on the lower or upper eyelid, Correction of Ptosis)</li> <li>- Treatment for Bartholin's Cysts</li> <li>- Dilatation and Curettage for Heavy Menstrual Bleeding</li> <li>- Hysterectomy for Heavy Menstrual Bleeding (HMB)</li> <li>- Labiaplasty</li> <li>- Uterovaginal Prolapse</li> <li>- Autologous Chondrocyte Implantation (ACI)</li> <li>- Carpal Tunnel Syndrome (Surgical treatment of)</li> <li>- Ganglion (Excision of Ganglia)</li> <li>- Dupuytren's Contracture (Fasciotomy/Fasciectomy (Surgical Treatment)</li> <li>- Trigger Finger</li> <li>- Knee Washout (in patients with knee osteoarthritis)</li> <li>- Bunions and Hallux Valgus</li> <li>- (Adenoidectomy) Tonsillectomy</li> <li>- Surgery for Sleep Related Breathing Disorder (SRDB)</li> </ul>

Programme	Procedures under review
Local review: NCL Using NHS Money Wisely (PoLCE) comprises of 35 areas (continued)	<ul style="list-style-type: none"> <li>- Surgical Treatment of Chronic Rhinosinusitis</li> <li>- Rhinoplasty (Surgery to reshape the nose)</li> <li>- Complimentary &amp; Alternative Therapies</li> </ul>
<p><b>Regional review: The London Choosing Wisely Programme comprises of 8 areas</b></p> <p>There is no overlap between the NCL and London work</p>	<ul style="list-style-type: none"> <li>- surgical removal of benign skin lesions</li> <li>- interventional treatments for back pain</li> <li>- cataract surgery</li> <li>- shoulder decompression</li> <li>- varicose veins</li> <li>- knee arthroscopy</li> <li>- hip arthroplasty</li> <li>- knee arthroplasty</li> </ul>
<p><b>National review: Evidence Based Interventions comprises of 17 areas</b></p>	<ul style="list-style-type: none"> <li>- Snoring Surgery (in the absence of Obstructive Sleep Apnoea (OSA))</li> <li>- Dilatation and curettage (D&amp;C) for heavy menstrual bleeding in women</li> <li>- Knee arthroscopy for patients with osteoarthritis</li> <li>- Injections for nonspecific low back pain without sciatica</li> <li>- Breast reduction</li> <li>- Removal of benign skin lesions</li> <li>- Grommets for Glue Ear in Children</li> <li>- Tonsillectomy for recurrent tonsillitis</li> <li>- Haemorrhoid surgery</li> <li>- Hysterectomy for heavy menstrual bleeding</li> <li>- Chalazia removal</li> <li>- Arthroscopic shoulder decompression for subacromial shoulder pain</li> <li>- Carpal tunnel syndrome release</li> <li>- Dupuytren's contracture release</li> <li>- Ganglion excision</li> <li>- Trigger finger release</li> <li>- Varicose vein surgery</li> </ul>

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