NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Contact: Robert Mack

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Friday 15 March 2019 at 10:00 a.m.
Committee Room 1, Islington Town Hall, Upper Street, Islington,
London N1 2UD

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

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

AGENDA

1. NC LONDON JHOSC - AGENDA PACK (PAGES 1 - 102)

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NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

FRIDAY, 15 MARCH 2019 AT 10.00 AM
COMMITTEE ROOM 1, ISLINGTON TOWN HALL, UPPER STREET, LONDON N1 2UD

Enquiries to:	**Vinothan Sangarapillai, Committee Services**
E-Mail:	**vinothan.sangarapillai@camden.gov.uk**
Telephone:	**020 7974 4071 (Text phone prefix 18001)**
Fax No:	**020 7974 5921**

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, 7 March 2019

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 15 MARCH 2019

THERE ARE NO PRIVATE REPORTS

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 (IF ANY)

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

5. DEPUTATIONS (IF ANY)

6. MINUTES (Pages 7 - 14)

To approve and sign the minutes of the meeting held on 18th January 2019.

7. NORTH CENTRAL LONDON PROCEDURES OF LIMITED CLINICAL EFFECTIVENESS (POLCE) POLICY UPDATE - ENSURING EVIDENCE BASED CLINICAL POLICIES (Pages 15 - 28)

Report of North London Partners in Health and Care.

To provide the North Central London (NCL) Joint Overview and Scrutiny Committee (JHOSC) with an overview of the latest update to our Procedures of Limited Clinical Effectiveness (PoLCE) policy including:

- Information on the review process we have undertaken
- The equality impact assessment of the updates
- How we plan to communicate it to our residents and colleagues.

8. AMBULANCE SERVICE UPDATE - HOSPITAL HANDOVERS IN NORTH CENTRAL LONDON (Pages 29 - 42)

Report of the London Ambulance Service.

The report presents data covering Hospital Handovers in North Central London. It provides an update on a previous presentation in February 2017.

9. INTEGRATED CARE - WORKING WITH OUR COMMUNITIES (Pages 43 - 56)

Report of North London Partners in Health and Care.

This paper sets out the work North London Partners are just starting to bring together organisations and residents to start a conversation locally on what this might mean for people living in North Central London.

10. CLINICAL PRIORITY WORK AREAS (Pages 57 - 70)

Report of North London Partners in Health and Care.

North London Partners, the North Central London Sustainability and Transformation Partnership aims to work to improve the lives on the diverse residents across the boroughs of Barnet, Camden, Enfield, Haringey and Islington.

It is made up of a wide range of organisations and works through a number of agreed programmes of work. With the ambitions of these being built on the collective values and strategies of the Local Authorities, Clinical Commissioning Groups and NHS Provider Trusts.

This paper sets out some high level data on our diverse population, the drivers behind the different programmes of work and the aims of what these are trying to achieve.

11. WORK PROGRAMME AND ACTION TRACKER (Pages 71 - 96)

This paper provides an outline of the 2019/20 work programme and action tracker of the North Central London Joint Health Overview & Scrutiny Committee.

It also contains responses from trusts to requests for capital disposals information.

Information item

12. NORTH CENTRAL LONDON ADULT ELECTIVE ORTHOPAEDIC SERVICES REVIEW - UPDATE BRIEFING (Pages 97 - 102)

Report of North London Partners in Health and Care.

This written briefing note is to keep members updated about the next steps in the review, prior to a formal presentation in the summer.

13. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

14. DATES OF FUTURE MEETINGS

Dates of future meetings of NCL JHOSC:

- Friday, 21st June 2019 (Barnet)
- Friday, 27th September 2019 (Camden)
- Friday, 29th November 2019 (Enfield)
- Friday, 31st January 2020 (Haringey)
- Friday, 13th March 2020 (Islington)

AGENDA ENDS

The date of the next meeting will be Friday, 21 June 2019 at 10.00 am in Barnet.

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THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 18TH JANUARY, 2019** at 10.00 am in Committee Rooms 1 & 2, Haringey Civic Centre, High Road, London N22 8LE

MEMBERS OF THE COMMITTEE PRESENT

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

MEMBERS OF THE COMMITTEE ABSENT

Councillors Huseyin Akpinar, Val Duschinsky, Julian Fulbrook and Osh Gantly

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 Councillors Huseyin Akpinar, Val Duschinsky and Osh Gantly.

Apologies for early departure 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

There were no declarations of interest.

3. ANNOUNCEMENTS

There were no announcements.

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

There were no notifications of urgent business.

5. DEPUTATIONS (IF ANY)

There were no deputations.

6. MINUTES

Consideration was given to the minutes of the meeting held on 30th November 2018.

The Chair expressed concern of behalf of the Committee that they had not received figures on how capital receipts were being spent in North-Central London. She said she had been offered figures from the Royal Free but not any which were for the whole sub-region.

RESOLVED –

THAT the minutes of the meeting held on 30th November 2018 be approved and signed as a correct record.

7. NORTH LONDON PARTNERS MENTAL HEALTH PROGRAMME

Consideration was given to a report from North London Partners.

Chris Dzikiti (Mental Health Lead, NCL STP) and Will Huxter (Director of Strategy, NCL CCGs) presented the report to the Committee.

They highlighted that there was a significant unmet need for mental health services in the North Central London (NCL) area. They also mentioned the links that existed between mental illness and other forms of ill-health. There was a lower life expectancy among those with mental illness than in the general population; and individuals with mental health conditions were often frequent users of A & E services.

Officers were aiming for a model of care which was based around primary care in the community. They did not want hospitals to be seen as a ‘home from home’ for people with mental health conditions; they wanted them to receive the acute treatment they needed and then be able to return home. They wanted to see greater mental health awareness in primary care so that they could help individuals with mental health conditions and alleviate them in the way that they alleviated people’s physical health conditions.

Mr Huxter and Mr Dzikiti said that perinatal mental health was a priority for the NCL mental health workstream. They had achieved a success with a Female Psychiatric Intensive Care Unit and had managed to eliminate out of area placements for that group.

Mr Dzikiti said that out of area placements remained a significant issue for patients in NCL. The sub-region had the 10th highest number of placements of young people out of area.

Members expressed disappointment that there was not data made clearly available in the report and presentation. They wanted to see data on matters such as out of area placements by borough and hospital and the costs incurred.

Members discussed the issue of people being taken to a place of safety under Section 136 of the Mental Health Act. Councillor Clarke said that she was aware of a constituent who had been injured by a patient who was mentally ill when they were visiting a relative in hospital. She felt that two mental health beds were not sufficient for S136 need.

Councillor das Neves raised the issue of the need for the Police to triage cases where individuals were displaying problematic behaviour but may have mental health difficulties and physical health problems too.

Mr Dzikiti informed the meeting that a 5-bed unit was being built at Highgate that could provide a place of safety for individuals who needed it when they were in a mental health crisis.

Members noted the importance of mental health services linking with other services in the community, such as housing, to help their service users.

A member from Islington raised the fact that Islington had one of the highest rates of suicide in the country and that she felt more suicide prevention work was required. Mr Dzikiti said that they were working on suicide prevention with the two mental health trusts and had a target to reduce it by 10%.

Members expressed concern about the differential occurrence of mental illness among various BME communities.

Councillor das Neves raised concerns about the links between poor mental health and crime. She noted that a study of 20 prolific young offenders had shown that there had been a high prevalence of mental health problems in their families.

Members also were concerned about the difficulty of young people accessing treatment. They mentioned cases they had come across where people had been told they were below the threshold for treatment; even though they had been through bad experiences and were displaying symptoms of mental illness.

Councillor Connor asked how the national plans to have 3000 mental health therapists co-located in primary care were progressing. She also highlighted that there was a loss of school counsellors due to budget cuts. She asked NCL partners to make contact with Network Learning Communities to ensure provision for schools.

Councillor Connor added that she did not want the opportunity to provide more beds on the St Ann’s site to be missed.

Members wanted to see more mention of the voluntary and community sector in the documents. They felt that NCL partners could achieve more by working with them.

Members repeated their requests for more data. They wanted to see information on out of area placements, their costs and where the individuals being placed out of area came from and went to. They also asked for statistics on suicide, broken down by sex and age.

RESOLVED –

(i) THAT the report and the comments above be noted.

(ii) THAT the data requested by Committee members be provided.

8. NORTH LONDON PARTNERS MATERNITY PROGRAMME UPDATE

Consideration was given to a report from North London Partners.

Kaye Wilson (Head of Maternity Commissioning, NCL CCGs) and Rachel Lissauer (Director, Wellbeing Partnership, Haringey & Islington) addressed the Committee.

They explained that maternity services were provided on 4 hospital sites and 1 birth centre. There was a slightly decreasing but variable birth rate and the complexities of births were rising. They said that the number of ‘complex’ births were rising due to factors such as rising average maternal age and an increasing number of mothers with a high BMI.

The Chair said that there was a rumour that maternity units would be being consolidated because some of them dealt with too few births to be viable. Ms Wilson said that the Royal College did not recommend a set size for maternity units. However, continuity of care was important in delivering a good service and that was sometimes difficult in large units. She said that about 6000 births per year was probably an optimal size; beyond that level there would be likely to be more difficulties in continuity of care.

Ms Wilson noted that C-section rates were high. She explained that, if a woman had had one C-section, she would normally have to have one for her subsequent pregnancies. As such, effort was going in to preventing the need for women to have a first C-section.

The Chair noted the CQC maternity inspection data on page 69. She would like to have seen the figures from the Royal Free Group broken down by site. She asked what was being done for those aspects that were down as ‘requires improvement’. Officers said that there was an action plan in place that was reviewed at regular quarterly clinical governance group meetings.

Ms Wilson and Ms Lissauer stated that NCL’s aims were in line with the National Maternity Transformation Programme. They aimed to reduce stillbirths and neonatal deaths by 20% by 2020-21.

Officers highlighted that more women wanted to give birth in midwife-led units than actually did. They were aiming to ensure that they could facilitate this choice.

A member asked about home births and whether health providers were supporting the desire of some women to give birth at home. Ms Wilson said that, in the past, some organisations had been reluctant to facilitate home births but now that was an option that was open to women who were assessed as being 'low risk' deliveries.

Members asked about continuity of care and how it worked. Officers said that it was about continuity by a team, not just one midwife, as the workload would be too high if placed on one individual. They wanted staff to be able to 'follow' women to the relevant maternity unit or birth centre to provide this continuity.

There was a discussion about the need for a properly located bereavement room in the Royal Free. Councillor Cornelius commented that it needed to be near obstetric care while also not on the same ward as those who had recently given birth.

RESOLVED –

THAT the report and the comments above be noted.

9. UPDATE AND DISCUSSION TO PLAN FOR MOORFIELDS CONSULTATION

Consideration was given to a report on the planning for Moorfields' consultation.

Will Huxter (Director of Strategy, NCL CCGs), David Probert (Chief Executive, Moorfields) and Denise Tyrrell (Programme Director, NCL CCGs) addressed the Committee.

They explained that Moorfields' Eye Hospital served patients from a wide geographical area. They were coming to NCL JHOSC as their old premises and their proposed new St Pancras site were in the area of the JHOSC.

Members praised the report and welcomed the fact that it identified key risks and ways of mitigating them.

The Chair asked what the turnover of Moorfields was. She was informed it was £240m per year.

Members asked if the money from the sale of estates would be being used for revenue spend. They were assured it would not be. It would be spent on capital investment in the new site and, in addition, income from philanthropic sources would also go towards the capital spend.

Councillor Clarke asked about what would happen to the old City Road site. Mr Probert said that it would be sold on the open market. She said that there were some

concerns locally about the use of the site, and people would prefer that it was used for community benefit.

Members asked about liaison between Moorfields and local authorities. Mr Pobert said that they were building relationships with local MPs, leaders of the relevant councils, and the ward councillors.

Members asked about who would be leading on the consultation process. They were advised that Camden CCG would lead on it on behalf of Islington CCG.

Officers observed that, because of the wide dispersal of patients, a range of local authorities could be said to have a need to be consulted on the measures. It might be best to consult with the local JHOSCs for the areas that had the largest number of patients using the facility.

RESOLVED –

THAT the report and the comments above be noted.

10. ELECTRONIC PATIENT RECORDS

Members noted the report on Electronic Patient Records. They expressed concern that patient records were being held by a US-based firm which was owned by Google. They said authorities needed to ensure that this data was kept separate from other data which Google might hold.

Councillor Connor said she would like to hear whether patients and health staff had benefitted from this new system. Councillor Cornelius expressed disappointment that there was not more information in the report, and said that Barnet Health Scrutiny Committee had received a more detailed presentation on this topic.

Members asked that a report on the topic come back to a future meeting which identified the benefits from the scheme and measures being taken over data security. They added that they wanted to hear from officers involved and ask questions of them rather than simply receive an information report.

RESOLVED –

THAT a report on Electronic Patient Records come back to a future meeting of the JHOSC, with the information requested by members.

11. WORK PROGRAMME AND ACTION TRACKER

Consideration was given to the work programme report.

Members confirmed that they wanted to receive reports on Integrating Health and Social Care, Ambulance Service performance and Care Homes at their March

meeting. Members said they wanted the care homes report to say more about sharing best practice. The Chair also asked that there be a quarterly update report on NCL activities – starting in March.

Members agreed the following items for the June meeting:

- Estate Strategy
- Adult Orthopaedic Services
- Screening and immunisation
- Reducing A & E attendance

RESOLVED –

(i) THAT the report be noted;

(ii) THAT the proposed agenda for the March meeting be agreed;

(iii) THAT the proposed agenda for the June meeting be agreed.

12. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no other items of business.

13. DATES OF FUTURE MEETINGS

It was agreed that the dates of future meetings would be:

- Friday, 15th March 2019 (Islington)
- Friday, 21st June 2019 (Barnet)
- Friday, 27th September 2019 (Camden)
- Friday, 29th November 2019 (Enfield)
- Friday, 31st January 2020 (Haringey)
- Friday, 13th March 2020 (Islington)

The meeting ended at 12:35pm.

CHAIR

Contact Officer: **Vinothan Sangarapillai**
Telephone No: **020 7974 4071**

E-Mail: **vinothan.sangarapillai@camden.gov.uk**

MINUTES END

Agenda Item 7

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

North Central London PoLCE Policy Update – Ensuring evidence based clinical policies

FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 15 March 2019

SUMMARY OF REPORT

To provide the North Central London (NCL) Joint Overview and Scrutiny Committee (JHOSC) with an overview of the latest update to our Procedures of Limited Clinical Effectiveness (PoLCE) policy including:

- Information on the review process we have undertaken
- The equality impact assessment of the updates
- How we plan to communicate it to our residents and colleagues.

Contact Officer:

Henry Langford
Senior Policy and Projects Officer
London Borough of Camden
henry.langford@camden.gov.uk
020 7974 5118

RECOMMENDATIONS

1. The committee is asked to consider and comment on the update.

2. To discuss the approach for communication and engagement for the latest clinical update to this policy.

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NCL PoLCE policy update: Ensuring evidence based clinical policies

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Dr Jo Sauvage, Clinical Lead – North London Partners in Health and Care

March 2019

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Purpose of paper

- To provide the North Central London (NCL) Joint Overview and Scrutiny Committee (JHOSC) with an overview of the latest update to our Procedures of Limited Clinical Effectiveness (PoLCE) policy including:
  - Information on the the review process we have undertaken
  - The equality impact assessment of the updates
  - How we plan to communicate it to our residents and colleagues.
- We would like to discuss with the committee the approach for communication and engagement for the latest clinical update to this policy.

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Background: Procedures of Limited Clinical Effectiveness Policy

- In NCL we are committed to improving patient outcomes and the quality of care for our residents. This means that we must periodically review what we do to make sure that the care we provide is up to date. This happens across the country, not only because there is significant variation in why or when things are done, but also because we must safeguard tax-payers money, spend wisely and make sure we are able to provide the right care now and in future.

- Our aim is to have a evidence-based, consistent approach to delivering all treatments or procedures. As part of this process we collate and update a list of procedures known as PoLCE (Procedures of Limited Clinical Effectiveness).

- We do this because as research is carried out and medicine advances, some interventions can be found to be inappropriate in certain circumstances. Sometimes, a safer, less invasive alternative becomes available, in which case it is important that it is recognised and recommended as best practice. In this situation, ineffective or outdated treatments should be stopped. In other circumstances, some interventions can result in unintended complications or harm and therefore, are best undertaken only in carefully considered circumstances.

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Background: Procedures of Limited Clinical Effectiveness Policy (cont.)

- Most importantly, is for every resident to be able to access the treatment they need and for this to be done on the basis of a personalised conversation with the doctor caring for them and for both parties to have clear information to help the discussion and make the right choice.
- The NCL PoLCE policy has been in place since 2011. This policy has been reviewed and the latest update came into effect in January 2019.
- The aim is to ensure that all residents, living in the boroughs of Barnet, Camden, Enfield, Haringey and Islington, are treated in an equal manner when it comes to receiving evidence-based care.

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The review process

These clinical updates have come from two sources:

- **National policy updates**
  - NHS England has been leading a national piece of work to ensure interventions routinely available on the NHS are evidence-based and appropriate to prevent avoidable harm to patients and free up clinical time.

- **London regional policy updates**
  - NHS England's London regional team has been leading a clinically-led programme to produce a new policy on eight policy areas to ensure they are offered consistently across London and that their use ultimately improves the health of patients.

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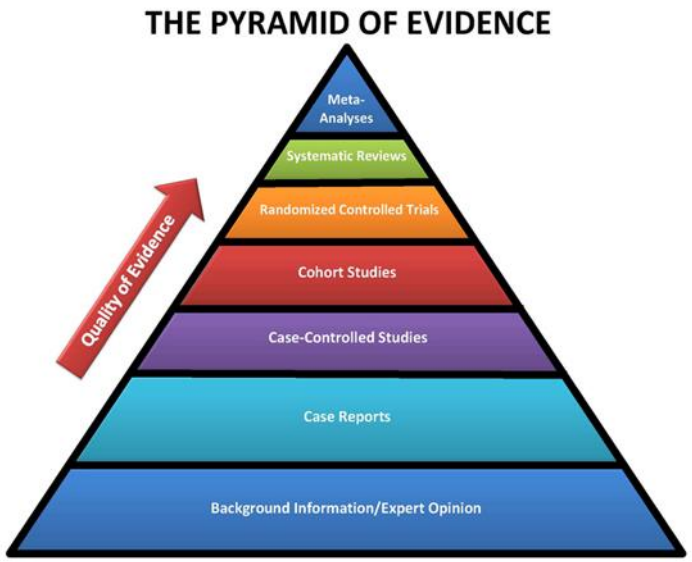
The review process (cont.)

- North London Partners has reviewed the proposed policy updates against The Oxford (UK) CEBM Levels of Evidence illustrated in the Pyramid of Evidence below.



1a: Systematic reviews (with homogeneity) of randomized controlled trials
1b: Individual randomized controlled trials (with narrow confidence interval)
1c: All or none randomized controlled trials
2a: Systematic reviews (with homogeneity) of cohort studies
2b: Individual cohort study or low quality randomized controlled trials (e.g. <80% follow-up)
2c: "Outcomes" Research; ecological studies
3a: Systematic review (with homogeneity) of case-control studies
3b: Individual case-control study
4: Case series (and poor quality cohort and case-control studies)
5: Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"

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Latest policy update

- As a result of the review process NCL PoLCE policy is based upon category 1 evidence and by exception Royal College guidelines only in the absence of category 1 evidence.
- In April 2019 the NCL CCGs Joint Commissioning Committee will be asked to approve a further update to the policy.
- These procedures are listed in the table on the right.
- For these, we are updating the policy to reflect the latest clinical evidence and to ensure there is one consistent policy across NCL.
- The policy in effect is under a constant cycle of review due to the ever-changing evidence upon which is it based. As a result, annualised policy updates are expected.

Areas of the policy being updated

- Knee arthroplasty (replacement)
- Hip arthroplasty (replacement)
- Cataract surgery (replacing a clouded eye lens with an artificial lens)
- Shoulder decompression
- Haemorrhoid Surgery
- Grommets
- Intervention for snoring
- Dilatation & curettage for heavy menstrual bleeding
- Knee arthroscopy with osteoarthritis
- Breast Reduction
- Removal of benign skin lesions
- Tonsillectomy
- Hysterectomy for heavy bleeding
- Chalazia Removal
- Carpal tunnel syndrome release
- Dupuytrens contracture release
- Ganglion excision
- Trigger finger release
- Varicose vein surgery
- Injection for non-specific low back pain without sciatica

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Clinical engagement in new policy areas

- NCL clinicians have been engaged in the national policy update process through representation on the national committee and through participation in the national work.
- Numerous NCL clinicians participated in the London regional policy update with NCL representation in all of these clinical working groups.
- The continued engagement and support of NCL clinicians to review the evidence and agree policy wording remains the basis of PoLCE policy management. A revised Governance Group and new Policy Decision making Committee with representation invited from all 7 NHS providers, have been established in NCL to support the policy reviews and updates.
- NHS providers have been made aware of the proposed policy update via joint meetings from November 2018 onwards and through participation in the PoLCE Policy Steering Group. In addition, NHS England has distributed communications regarding national policy updates across all providers in England during December 2018.
- Providers and clinicians had already seen national policy updates via a stakeholder engagement process carried out by the national team.
- Providers and clinicians were also invited to comment on the eight London regional policies through a feedback phase lead by NHS England's London regional team between June – September 2018.

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Ensuring equality for our residents

- NCL CCGs have a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012.

- NCL CCGs are committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, NCL CCGs will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This applies to all activities for which they are responsible, including policy development, review and implementation.

- In line with this, an equality impact assessment (EIA) screening has been completed for each of the London regional policies. The full EIA documentation is available on our website.

  - For the EIA assessment no health inequality impacts were identified for the new updates.

- It is important to note that NHS England undertook equality and health inequalities full analysis for the national policy areas (available here) therefore NCL did not undertake a separate EIA on these policies.

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Financial impact of policy changes

- In NCL we are committed to making sure that services offer the best care possible care for local people and are delivered at the right time and most appropriate way. We recognise that we are operating in a time of significant financial austerity within which we must ensure that every pound spent delivers the best outcomes. These outcomes need to take account of individual benefit as well as population benefit and equality of access.

- We know there are procedures being undertaken where there is no evidence of benefit to patients. In other situations, it maybe that a particular intervention may not be needed until a threshold of symptoms is reached.

- It is important that we realise opportunities where we can save money in order to do the best we can for the entire population, within our allocated resources. The new POLCE policy updates ensure that this is done in a systematic and equitable manner, with a view to applying proper process in a transparent manner.

- The modelled financial impact of the new updated POLCE policy will reduce NCL CCG spending in these areas by over £2.5m per year once implemented.

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Engaging with our residents on changes

In addition to the clinical engagement, the proposed changes have also been shared with the public through national and London wide engagement processes:

- For the national policy areas, NHS England launched a 12- week consultation period in July 2018, this included patient and public events in London, Birmingham and Leeds. Details of the consultation can be found in the Evidence Based Interventions: Response to the public consultation and next steps document.

- The London region developed, a 'sense check' and feedback phase, this phase of the programme allowed the Task and Finish Groups to get wider input from interested parties across the London health economy, including clinicians, professional bodies, Healthwatch and patient groups. https://www.healthylondon.org/resource/london-choosing-wisely-outcomes/

- On the basis of both the above exercises, we have developed a plan to communicate and engage with residents on the changes and would welcome the committee's view on this.

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Outline plan for communicating the changes

Our communications objectives:

- GPs are aware of the latest changes of PoLCEs so that they are well placed to have an informed conversation with their patients about the best treatment for them.
- We are transparent with our stakeholders, including the public, about how, why and when we are policy changes.

How we'll reach people:

Audience	Channel
GPs and practice teams	CCG GP newsletters x 5, STP website linking to CCG websites x 5
NCL CCG staff	CCG staff newsletters x 5, staff briefings
Residents	STP website linking to CCG websites x 5, social media channels, engagement events and possibly patient leaflets
Patients effected by changes to policies	Targeted communication will be carried out to patient groups directly impacted by policy changes as outlined in their equality impact assessment

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North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

Hospital handovers in North Central London

FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 15 March 2019

SUMMARY OF REPORT

The report presents data covering Hospital Handovers in North Central London. It provides an update on a previous presentation in February 2017.

Contact Officer:

Peter Rhodes
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RECOMMENDATIONS

The committee is asked to note and comment on the report.

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Hospital Handovers in North Central London

Sector data from January 2019

January 2019 STP Position	C1 Mean (00:07:00)	C1 90th Centile (00:15:00)	C2 Mean (00:18:00)	C2 90th Centile (00:40:00)	C3 90th Centile (02:00:00)	C4 90th Centile (03:00:00)
North Central	00:06:26	00:10:53	00:22:47	00:48:14	03:09:26	02:36:52
North East	00:06:27	00:10:37	00:22:31	00:48:03	03:09:14	03:24:41
North West	00:06:19	00:10:24	00:23:36	00:50:57	03:16:19	03:02:11
South East	00:06:19	00:10:33	00:18:15	00:38:14	01:55:42	02:12:45
South West	00:06:08	00:10:01	00:19:50	00:41:57	02:07:14	02:09:25

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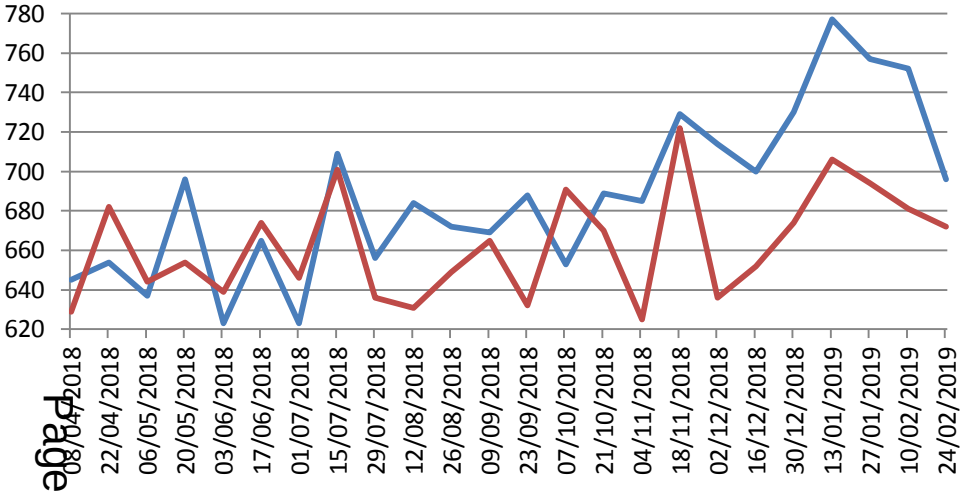
National data from January 2019

January 2019	Mean	90th Centile	Mean	90th Centile	Mean	90th Centile	90th Centile
	Category 1	Category 1	Category 2	Category 2	Category 3	Category 3	Category 4
National Standard	00:07:00	00:15:00	00:18:00	00:40:00	01:00:00	02:00:00	03:00:00
England	00:07:08 Rank	00:12:20 Rank	00:22:58 Rank	00:47:39 Rank	01:07:42 Rank	02:40:10 Rank	03:16:00 Rank
East Midlands	00:07:40 (7)	00:13:35 (8)	00:30:52 (11)	01:05:48 (11)	01:26:58 (9)	03:29:58 (9)	02:21:54 (2)
East of England	00:07:42 (8)	00:13:54 (9)	00:24:56 (7)	00:51:28 (7)	01:17:11 (6)	03:07:26 (8)	03:14:45 (6)
London	00:06:21 (2)	00:10:30 (1)	00:21:34 (6)	00:46:07 (6)	01:05:20 (5)	02:41:49 (5)	02:51:28 (5)
North East	00:06:18 (1)	00:10:54 (2)	00:26:54 (9)	00:56:20 (8)	01:38:48 (8)	04:02:36 (11)	03:45:38 (8)
North West	00:07:52 (9)	00:13:07 (7)	00:26:24 (8)	00:57:00 (9)	01:17:39 (7)	03:04:07 (7)	03:39:26 (7)
South Central	00:06:45 (5)	00:12:00 (4)	00:16:27 (2)	00:32:37 (2)	00:49:41 (3)	01:55:52 (2)	02:46:45 (3)
South East Coast	00:07:58 (10)	00:14:15 (10)	00:20:59 (4)	00:39:57 (4)	01:42:14 (11)	03:55:06 (10)	04:27:24 (11)
South Western	00:06:44 (3.5)	00:12:01 (5)	00:29:20 (10)	01:01:45 (10)	01:18:18 (9)	02:58:23 (6)	03:52:21 (9)
West Midlands	00:06:44 (3.5)	00:11:34 (3)	00:12:11 (1)	00:22:09 (1)	00:35:17 (1)	01:19:50 (1)	02:05:52 (1)
Yorkshire	00:06:59 (6)	00:12:08 (6)	00:19:49 (3)	00:41:16 (5)	00:47:38 (4)	01:58:10 (3)	02:47:48 (4)
Isle of Wight	00:10:13 (11)	00:19:58 (11)	00:21:18 (5)	00:38:25 (3)	01:06:56 (10)	02:35:43 (4)	04:24:23 (10)

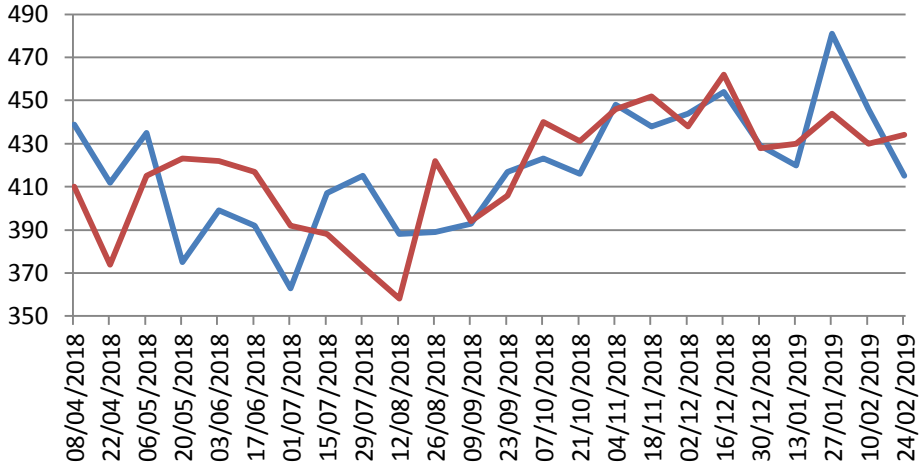
Hospital Conveyances

2018/19 2017/18

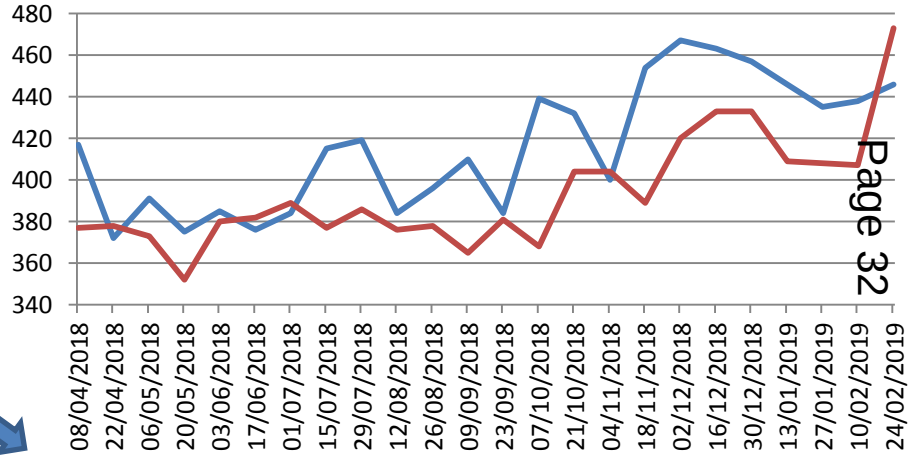
North Midx



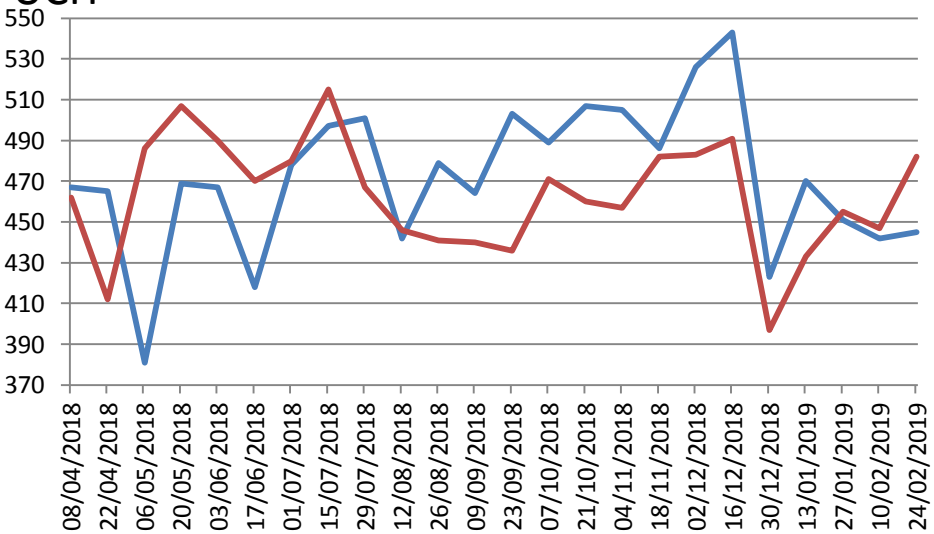
Barnet



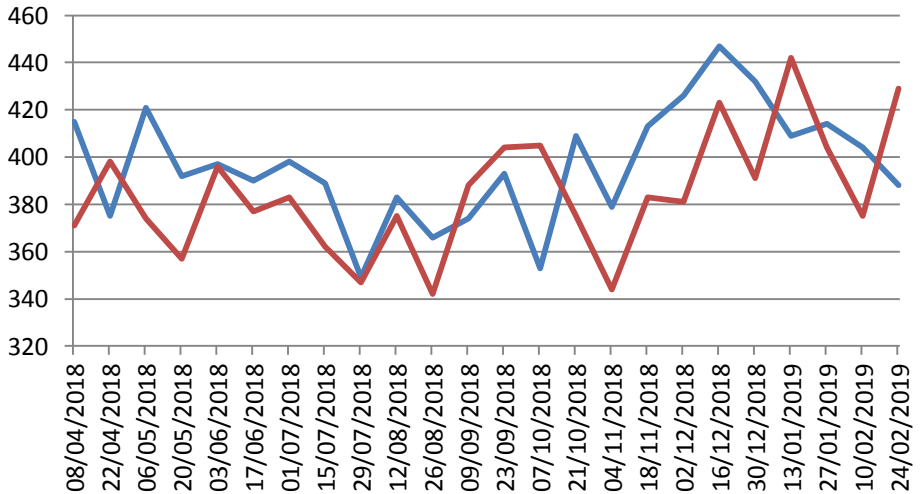
Royal Free



UCH



Whittington



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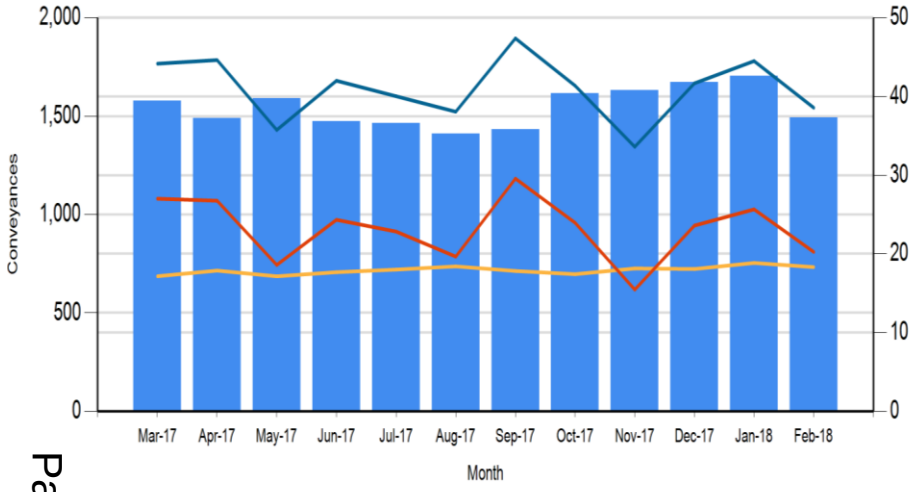
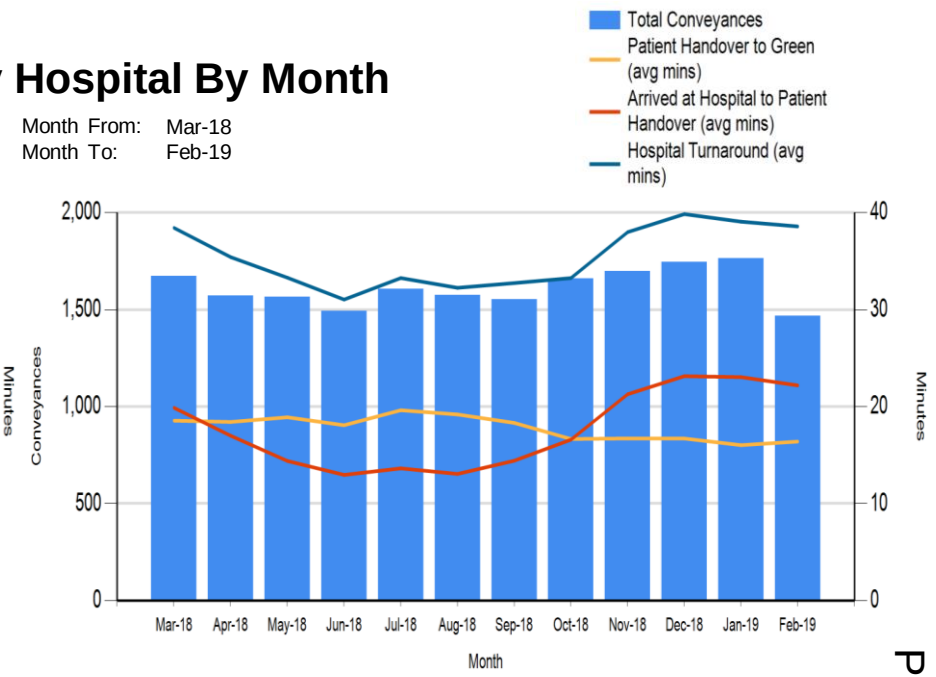
Hospital Turnaround By Hospital By Month

Month From: Mar-17
Month To: Feb-18



Month From: Mar-18
Month To: Feb-19



	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Total
Conveyances*	1,579	1,488	1,591	1,472	1,463	1,409	1,433	1,615	1,631	1,672	1,705	1,492	18,550
Average Arrive at Hospital to Patient Handover (Mins)	27.0	26.8	18.6	24.3	22.8	19.7	29.6	24.0	15.5	23.6	25.7	20.2	23.1
Average Patient Handover to Green (Mins)	17.2	17.9	17.1	17.7	18.0	18.4	17.8	17.4	18.1	18.1	18.8	18.3	17.9
Average Hospital Turnaround (Mins)	44.2	44.6	35.7	42.0	40.0	38.1	47.4	41.4	33.6	41.7	44.5	38.6	41.0
Arrive at Hospital to Patient Handover - Total >15 Min Breaches	944	900	771	827	831	694	878	866	574	902	918	767	9872
Arrive at Hospital to Patient Handover - Total Hours Lost > 15 Mins	370.4	344.1	162.4	280.4	241.1	168.5	391.8	303.2	100.9	305.2	368.7	189.9	3,226.6
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Total
Conveyances*	1,672	1,570	1,565	1,492	1,606	1,573	1,554	1,660	1,698	1,745	1,765	1,468	19,368
Average Arrive at Hospital to Patient Handover (Mins)	19.9	17.0	14.4	13.0	13.6	13.1	14.4	16.6	21.3	23.1	23.0	22.2	17.8
Average Patient Handover to Green (Mins)	18.6	18.4	18.9	18.1	19.6	19.2	18.3	16.7	16.7	16.7	16.0	16.4	17.8
Average Hospital Turnaround (Mins)	38.4	35.4	33.3	31.0	33.3	32.2	32.7	33.2	38.0	39.8	39.1	38.6	35.5
Arrive at Hospital to Patient Handover - Total >15 Min Breaches	835	673	555	421	451	391	496	671	912	1183	1241	990	8819
Arrive at Hospital to Patient Handover - Total Hours Lost > 15 Mins	205.0	129.5	67.4	41.5	69.7	55.3	80.1	123.3	236.9	274.1	270.1	204.8	1,757.7

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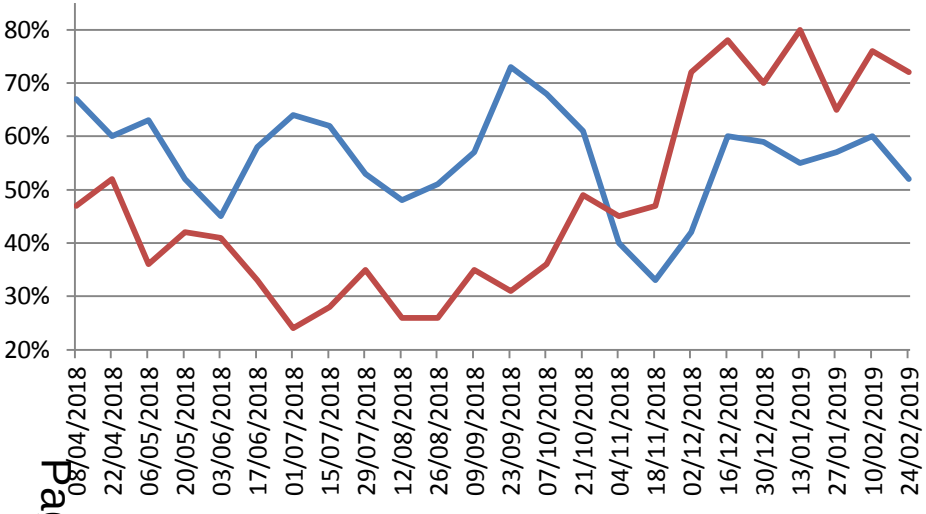
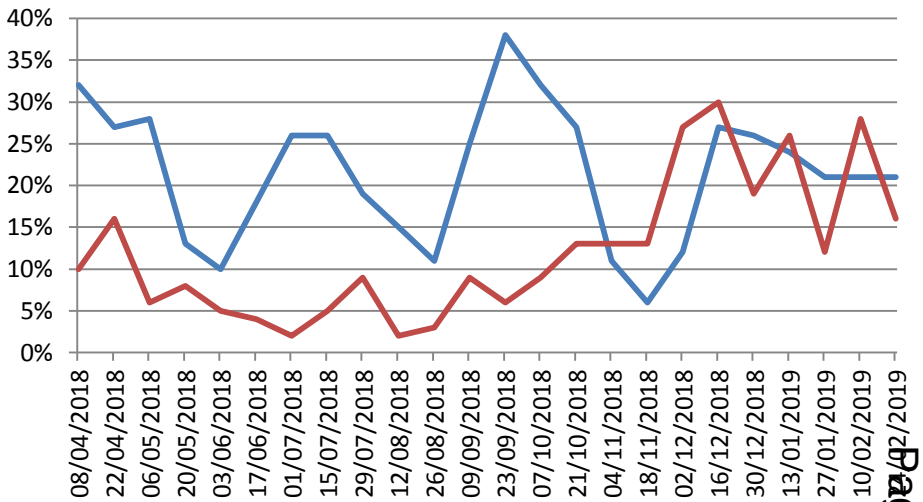
Barnet General Hospital > % 15 Minutes



Barnet General Hospital > % 30 Minutes



2018/19 2017/18

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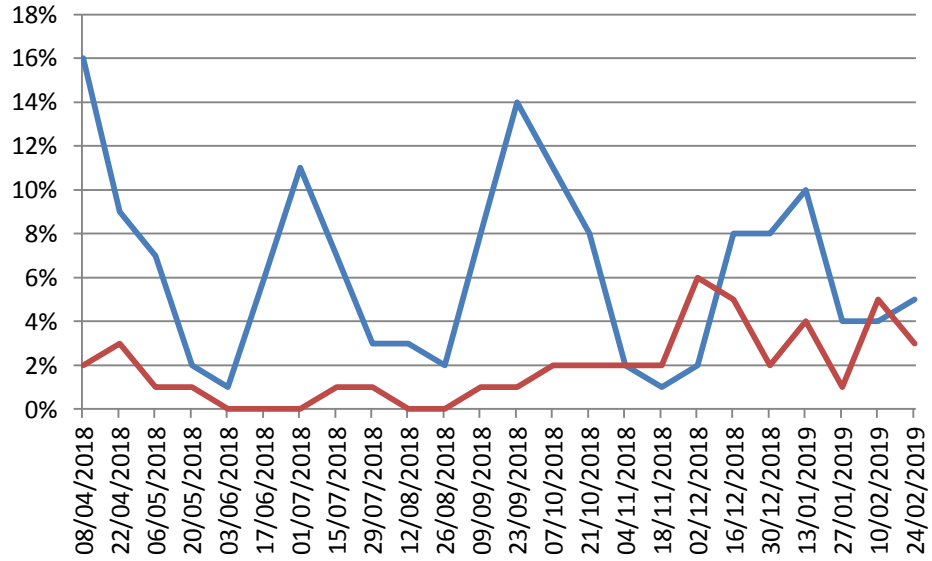
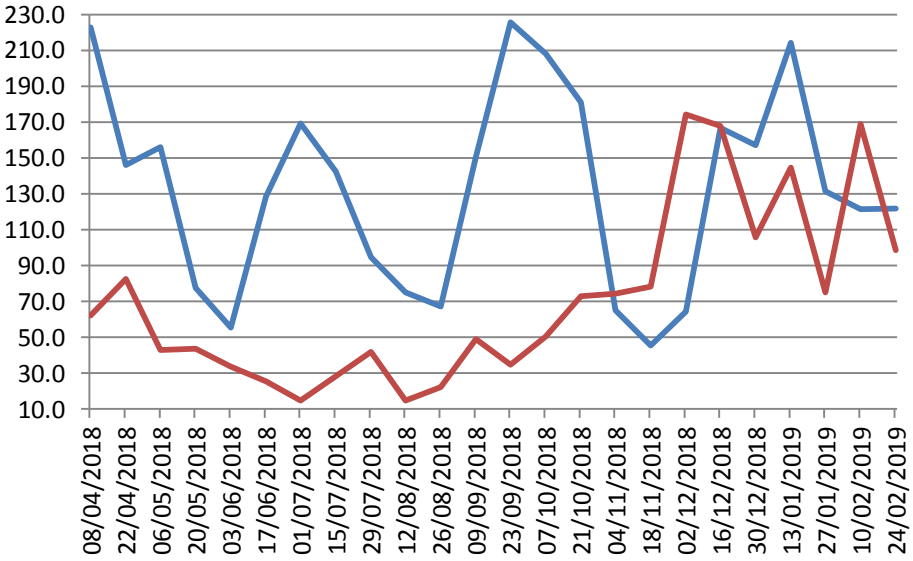
Barnet General Hospital > % 60 Minutes

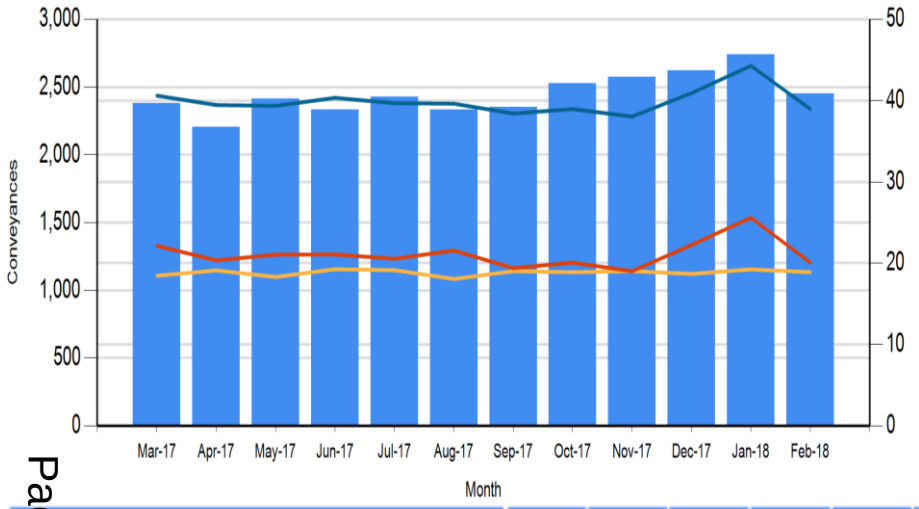


Total Time Lost > 15 Minutes (Hours)

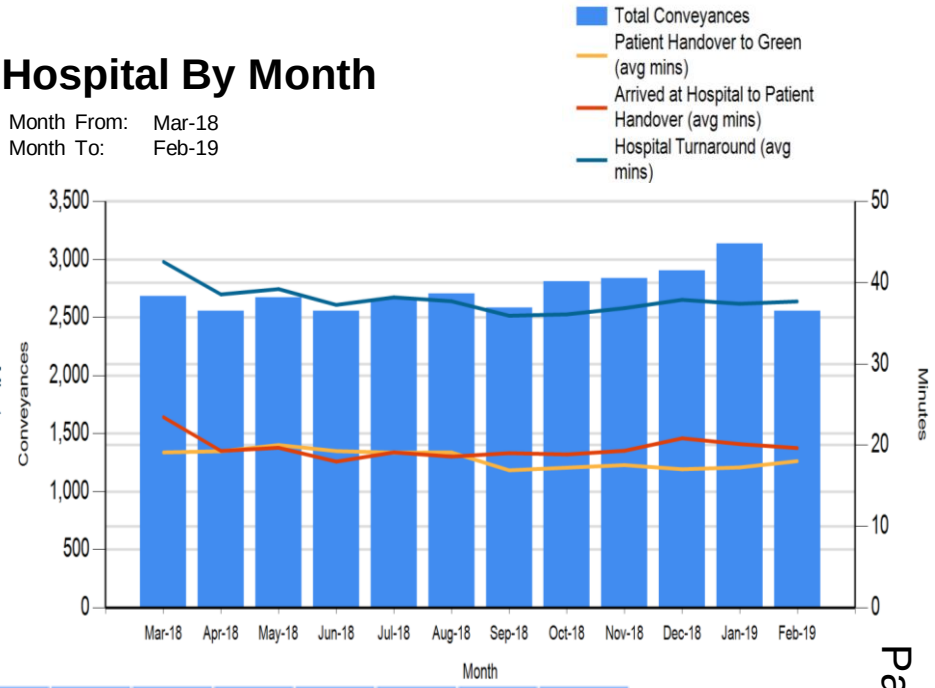


Hospital Turnaround By Hospital By Month

Month From: Mar-17
Month To: Feb-18



Month From: Mar-18
Month To: Feb-19



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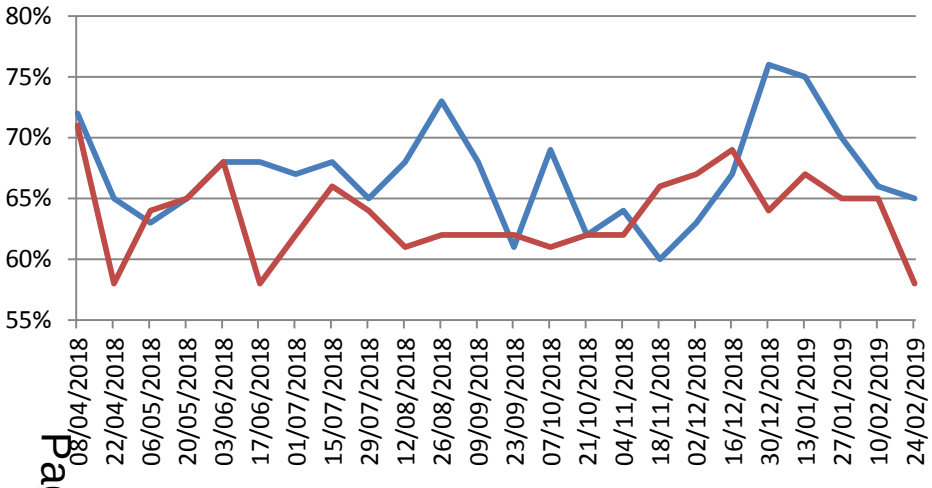
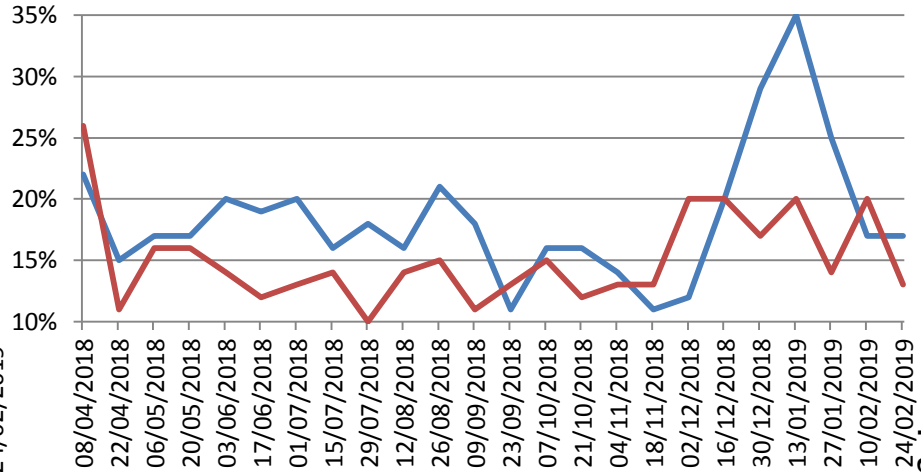
	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Total
Conveyances*	2,379	2,204	2,413	2,332	2,430	2,334	2,353	2,529	2,573	2,624	2,740	2,454	29,365
Average Arrive at Hospital to Patient Handover (Mins)	22.2	20.4	21.1	21.1	20.5	21.6	19.4	20.1	19.0	22.2	25.6	20.1	21.1
Average Patient Handover to Green (Mins)	18.5	19.1	18.3	19.3	19.2	18.1	19.0	18.9	19.0	18.7	19.2	18.9	18.9
Average Hospital Turnaround (Mins)	40.6	39.5	39.4	40.4	39.7	39.6	38.4	39.0	38.0	40.9	44.3	39.0	39.9
Arrive at Hospital to Patient Handover - Total >15 Min Breaches	1600	1453	1612	1520	1612	1634	1482	1634	1632	1786	1957	1524	19446
Arrive at Hospital to Patient Handover - Total Hours Lost > 15 Mins	343.4	258.4	310.3	301.5	287.2	308.0	239.4	287.4	250.1	388.4	550.0	291.2	3,815.3

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Total
Conveyances*	2,684	2,558	2,670	2,557	2,663	2,704	2,582	2,810	2,838	2,902	3,134	2,557	32,659
Average Arrive at Hospital to Patient Handover (Mins)	23.5	19.3	19.7	18.0	19.1	18.6	19.0	18.9	19.3	20.9	20.1	19.7	19.7
Average Patient Handover to Green (Mins)	19.1	19.3	20.0	19.3	19.1	19.1	16.9	17.2	17.6	17.0	17.3	18.0	18.3
Average Hospital Turnaround (Mins)	42.6	38.6	39.2	37.3	38.2	37.7	35.9	36.1	36.9	37.9	37.4	37.7	37.9
Arrive at Hospital to Patient Handover - Total >15 Min Breaches	1786	1522	1697	1483	1700	1598	1566	1709	1774	1901	1989	1565	20290
Arrive at Hospital to Patient Handover - Total Hours Lost > 15 Mins	464.3	281.9	296.4	221.6	262.4	253.8	255.3	274.9	295.7	372.0	365.8	283.2	3,627.3

North Midx Hospital > % 15 Minutes

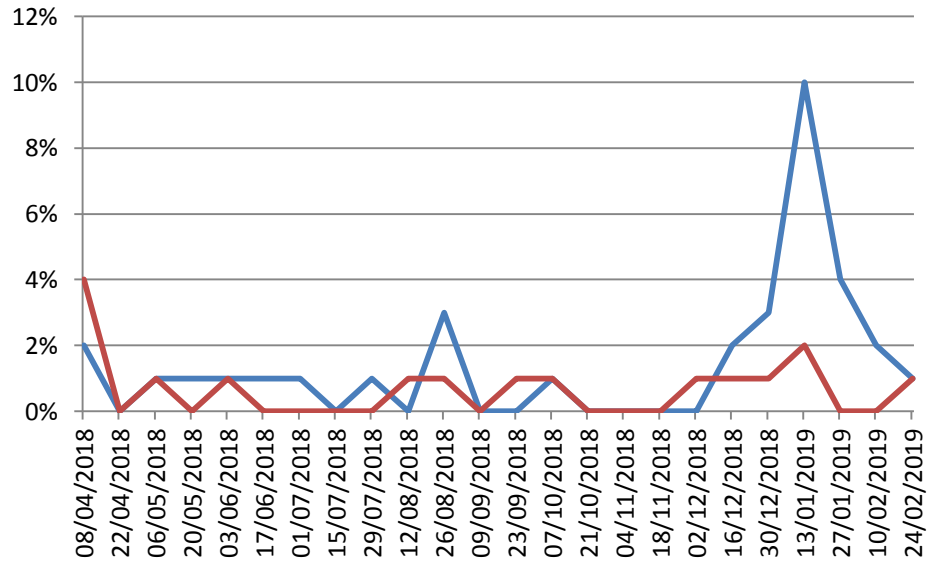


North Midx Hospital > % 30 Minutes

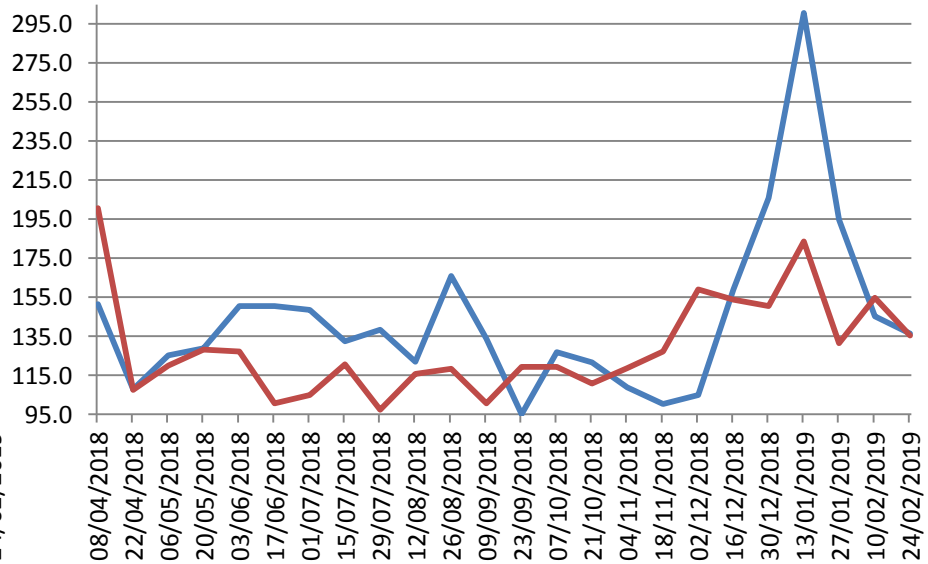


2018/19 2017/18

North Midx Hospital > % 60 Minutes

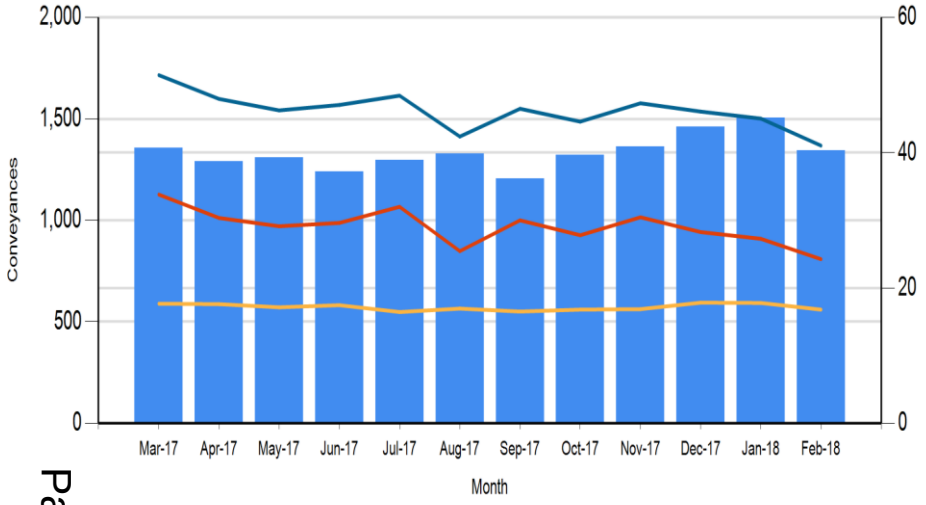


Total Time Lost > 15 Minutes (Hours)

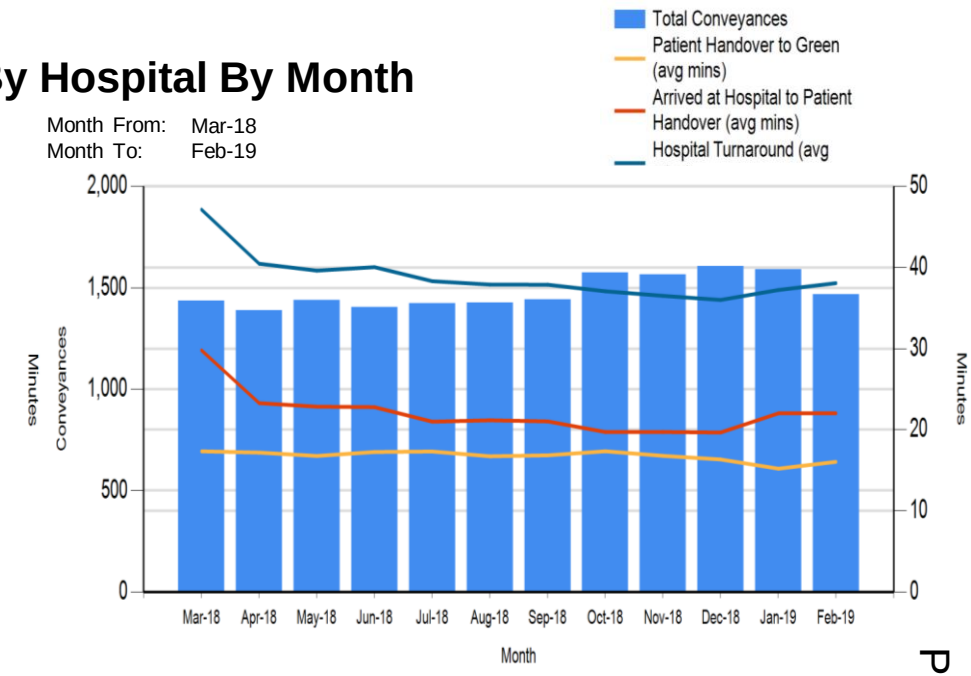


Hospital Turnaround By Hospital By Month

Month From: Mar-17
Month To: Feb-18



Month From: Mar-18
Month To: Feb-19



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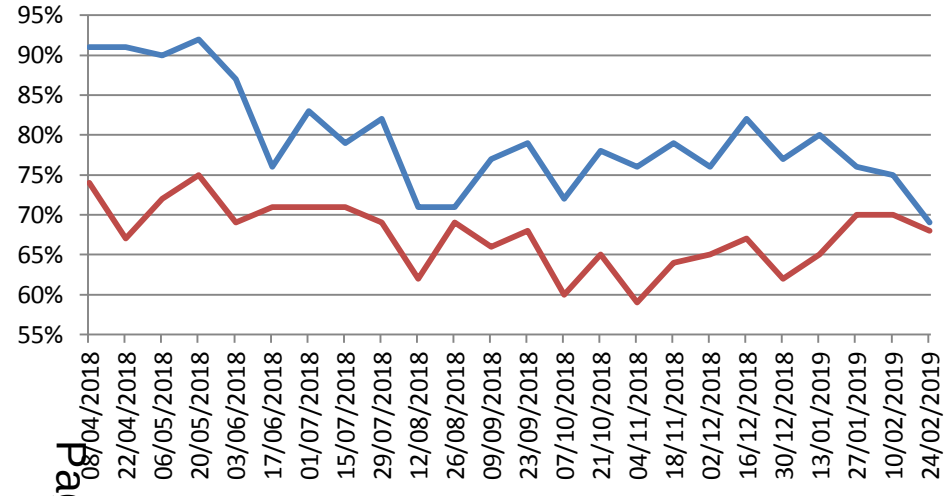
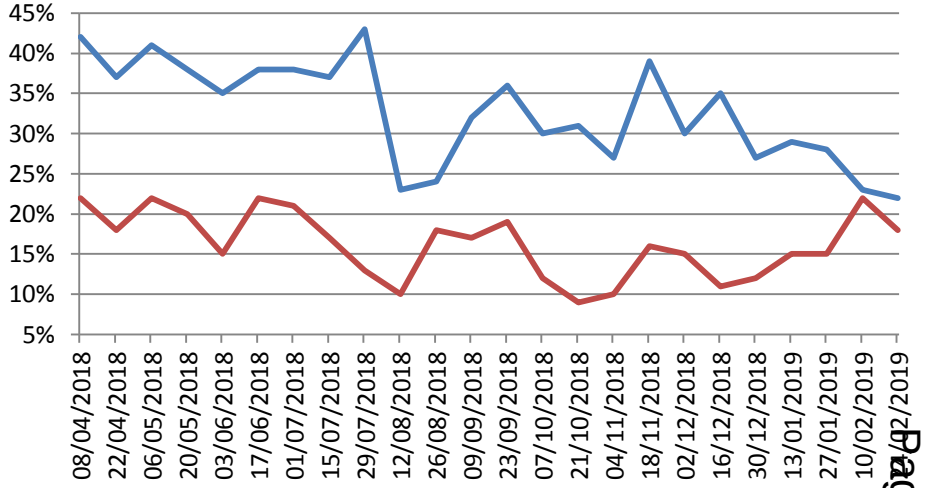
	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Total
Conveyances*	1,358	1,290	1,310	1,241	1,298	1,328	1,205	1,322	1,362	1,460	1,506	1,344	16,024
Average Arrive at Hospital to Patient Handover (Mins)	33.8	30.4	29.1	29.6	32.0	25.4	30.0	27.8	30.5	28.3	27.3	24.3	29.0
Average Patient Handover to Green (Mins)	17.7	17.6	17.1	17.4	16.4	16.9	16.5	16.8	16.9	17.8	17.8	16.8	17.2
Average Hospital Turnaround (Mins)	51.5	48.0	46.3	47.1	48.4	42.4	46.5	44.6	47.3	46.1	45.0	41.0	46.2
Arrive at Hospital to Patient Handover - Total >15 Min Breaches	1172	1106	1092	948	1032	928	909	979	1022	1128	1127	944	12387
Arrive at Hospital to Patient Handover - Total Hours Lost > 15 Mins	441.4	347.8	325.0	325.2	386.3	258.9	319.4	302.9	374.5	344.4	333.5	234.0	3,993.3
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Total
Conveyances*	1,436	1,389	1,438	1,404	1,422	1,426	1,441	1,575	1,564	1,607	1,591	1,466	17,759
Average Arrive at Hospital to Patient Handover (Mins)	29.8	23.3	22.8	22.8	21.0	21.2	21.0	19.7	19.7	19.7	22.0	22.0	22.0
Average Patient Handover to Green (Mins)	17.3	17.2	16.8	17.3	17.3	16.7	16.8	17.3	16.8	16.3	15.2	16.0	16.7
Average Hospital Turnaround (Mins)	47.1	40.5	39.6	40.0	38.3	37.9	37.9	37.1	36.5	36.0	37.2	38.1	38.8
Arrive at Hospital to Patient Handover - Total >15 Min Breaches	1100	972	1020	977	990	922	903	984	950	1014	1077	997	11906
Arrive at Hospital to Patient Handover - Total Hours Lost > 15 Mins	376.9	218.8	216.3	208.4	168.7	177.2	177.8	161.8	161.1	161.0	216.4	196.9	2,441.3

The Royal Free Hospital > % 15 Minutes

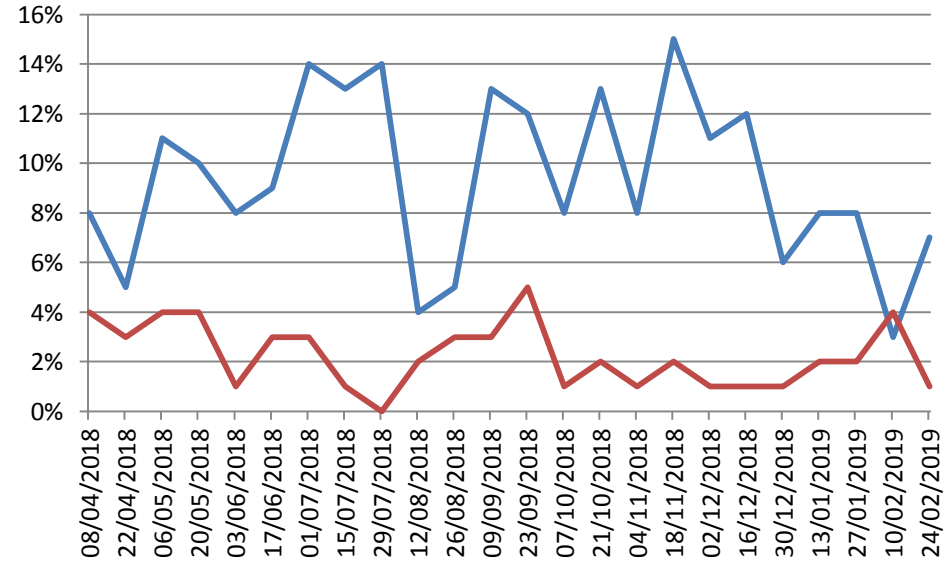


The Royal Free Hospital > % 30 Minutes

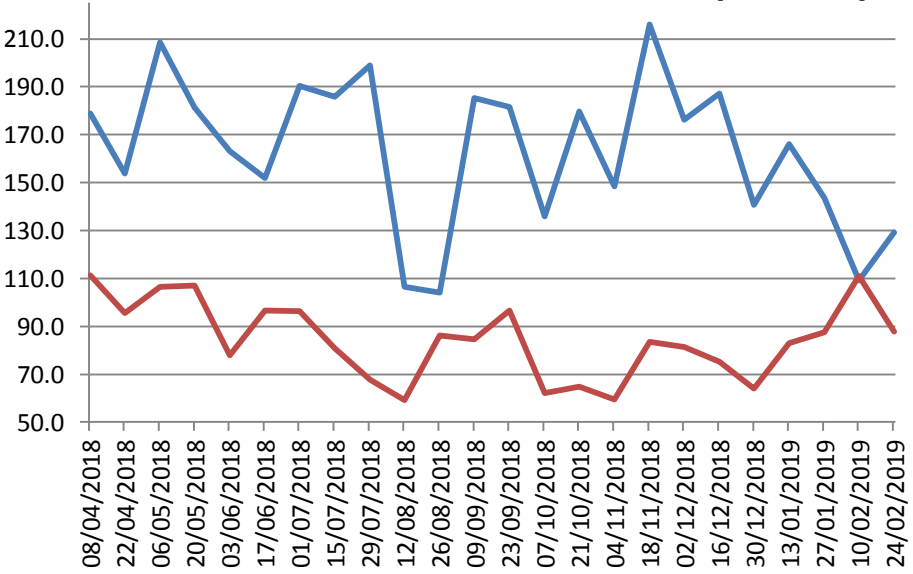


2018/19 2017/18

The Royal Free Hospital > % 60 Minutes

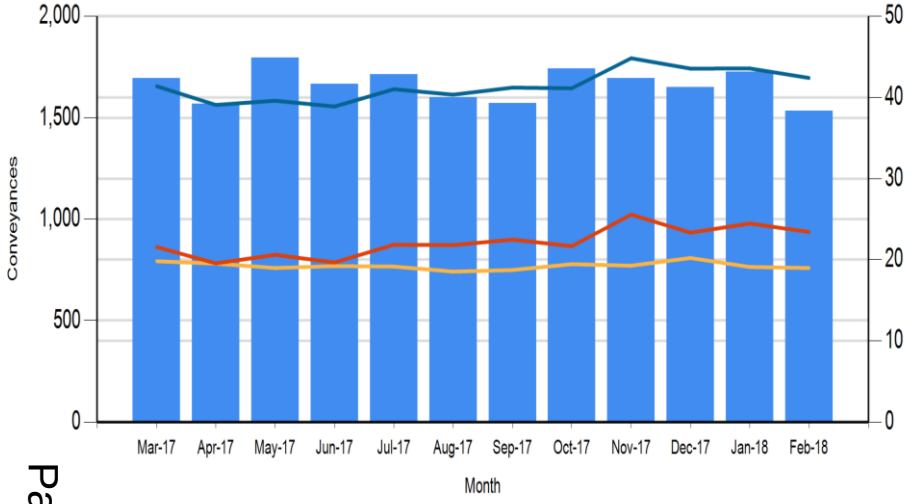


Total Time Lost > 15 Minutes (Hours)

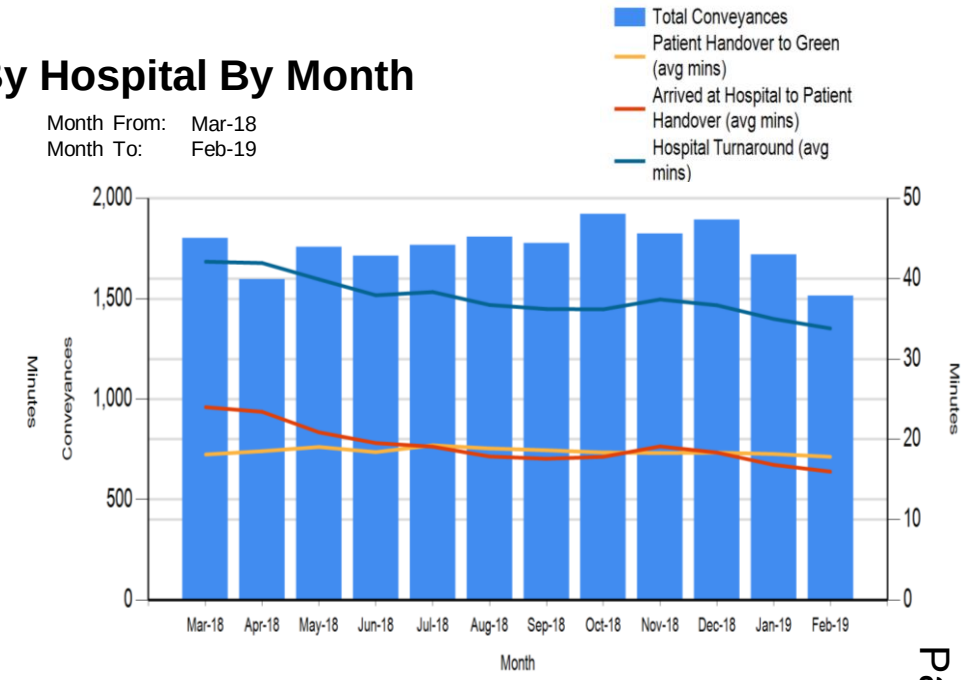


Hospital Turnaround By Hospital By Month

Month From: Mar-17
Month To: Feb-18



Month From: Mar-18
Month To: Feb-19



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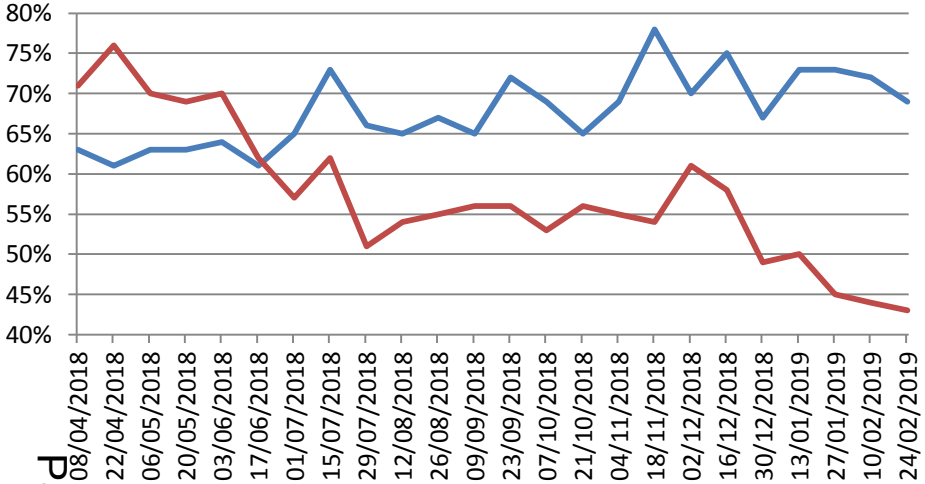
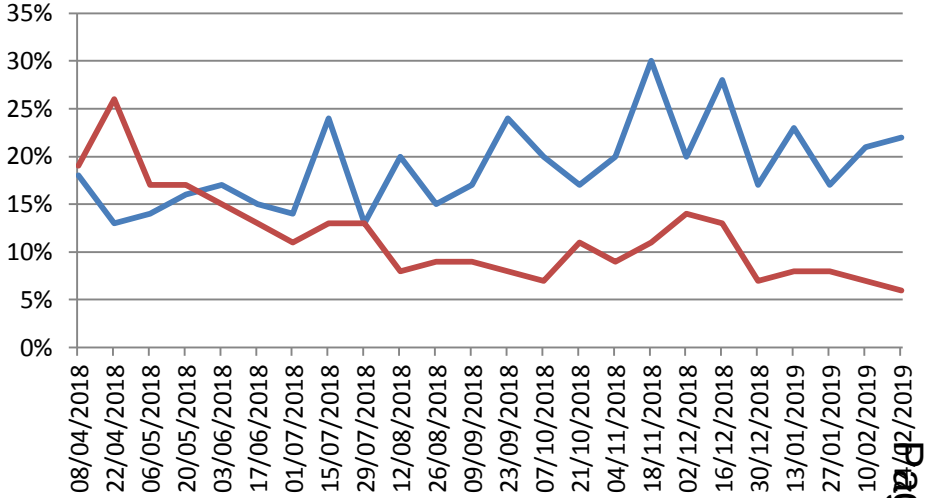
	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Total
Conveyances*	1,695	1,569	1,794	1,667	1,714	1,601	1,571	1,743	1,696	1,651	1,725	1,533	19,959
Average Arrive at Hospital to Patient Handover (Mins)	21.6	19.6	20.6	19.7	21.9	21.8	22.5	21.7	25.6	23.3	24.5	23.4	22.2
Average Patient Handover to Green (Mins)	19.8	19.5	19.0	19.2	19.2	18.5	18.7	19.5	19.3	20.2	19.1	19.0	19.3
Average Hospital Turnaround (Mins)	41.4	39.1	39.6	38.9	41.0	40.3	41.2	41.1	44.8	43.6	43.6	42.4	41.4
Arrive at Hospital to Patient Handover - Total >15 Min Breaches	1118	943	1105	1014	1168	1059	1029	1142	1204	1127	1230	1021	13160
Arrive at Hospital to Patient Handover - Total Hours Lost > 15 Mins	228.9	163.7	219.3	178.7	236.7	223.2	235.3	238.1	338.3	267.2	306.7	250.2	2,886.3

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Total
Conveyances*	1,802	1,598	1,757	1,713	1,768	1,807	1,778	1,922	1,823	1,893	1,719	1,513	21,093
Average Arrive at Hospital to Patient Handover (Mins)	24.0	23.4	20.9	19.5	19.1	17.9	17.6	17.8	19.1	18.3	16.8	16.0	19.2
Average Patient Handover to Green (Mins)	18.1	18.5	19.0	18.4	19.3	18.9	18.6	18.4	18.3	18.3	18.2	17.8	18.5
Average Hospital Turnaround (Mins)	42.1	42.0	39.9	37.9	38.3	36.7	36.2	36.2	37.4	36.7	35.0	33.8	37.7
Arrive at Hospital to Patient Handover - Total >15 Min Breaches	1296	1155	1170	1022	1015	989	939	1048	987	997	804	643	12065
Arrive at Hospital to Patient Handover - Total Hours Lost > 15 Mins	303.1	254.8	208.1	179.1	173.3	141.4	129.7	151.6	181.5	169.2	115.6	86.8	2,094.2

UCH > % 15 Minutes



UCH > % 30 Minutes



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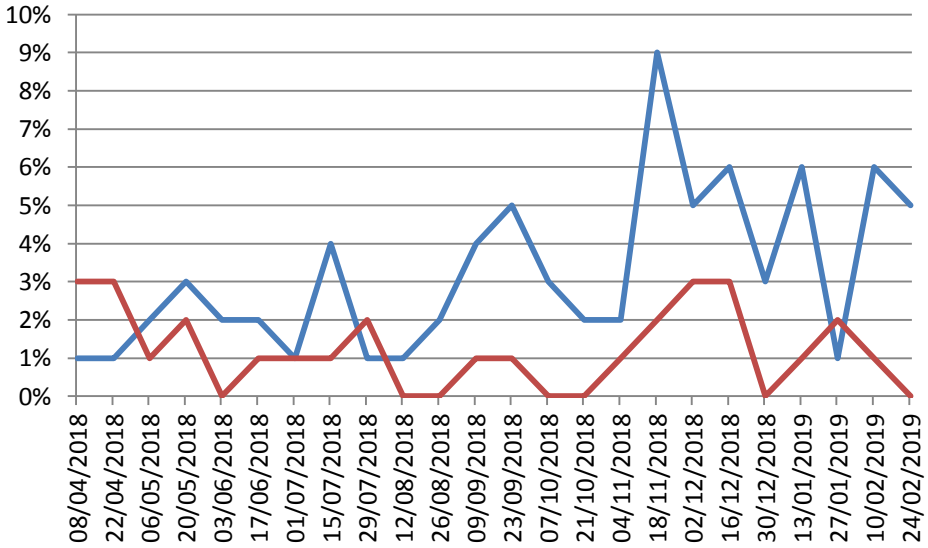
2018/19 2017/18

UCH > % 60 Minutes



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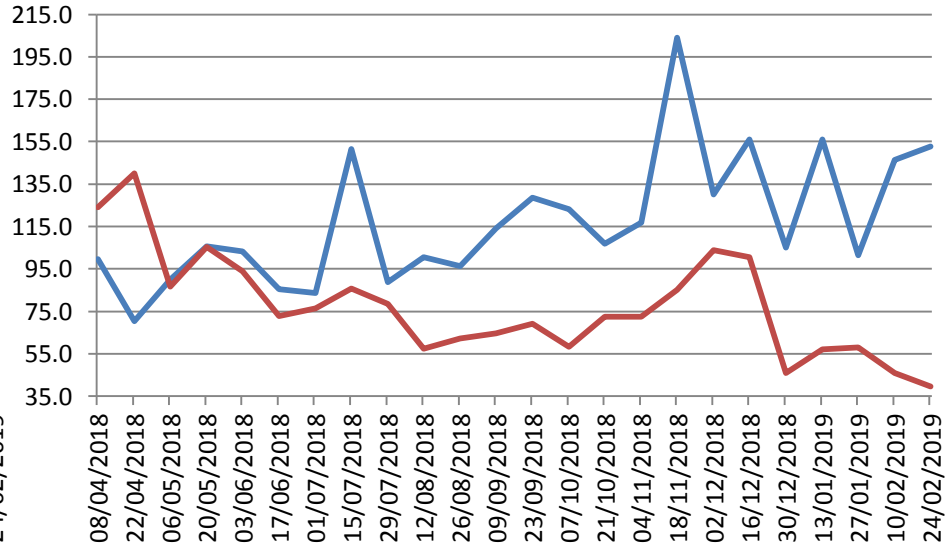
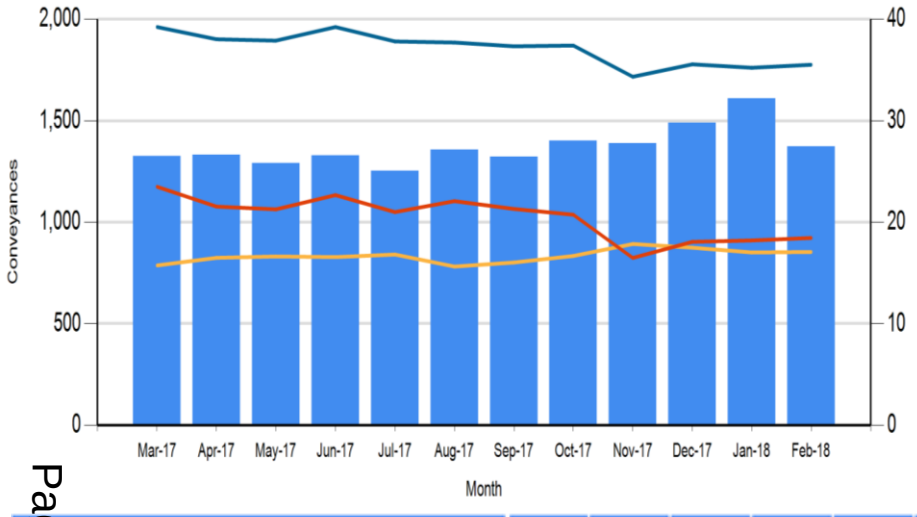
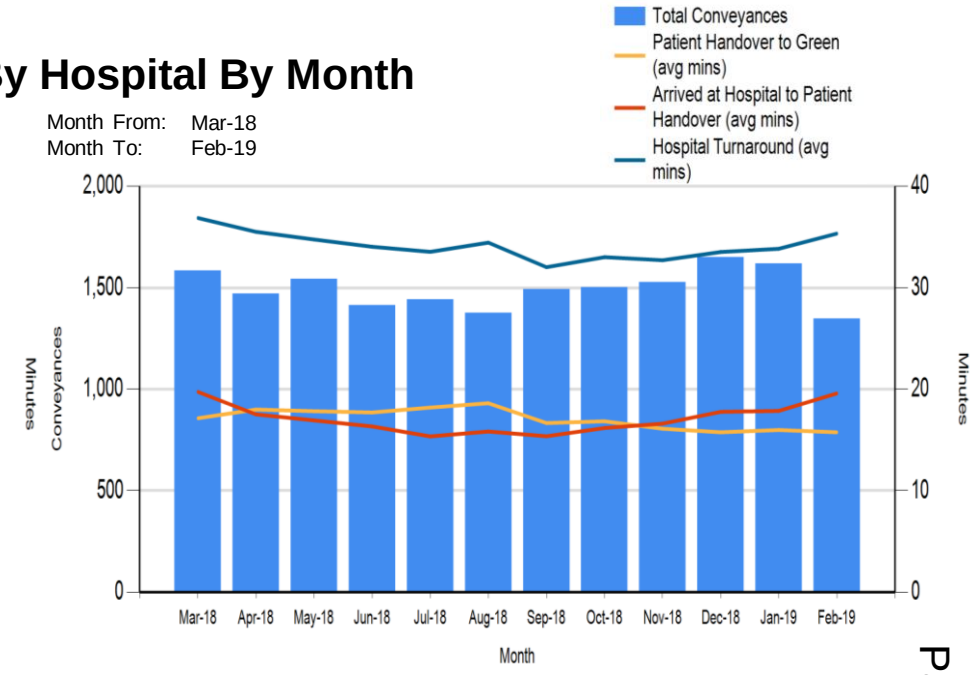


Hospital Turnaround By Hospital By Month

Month From: Mar-17
Month To: Feb-18



Month From: Mar-18
Month To: Feb-19



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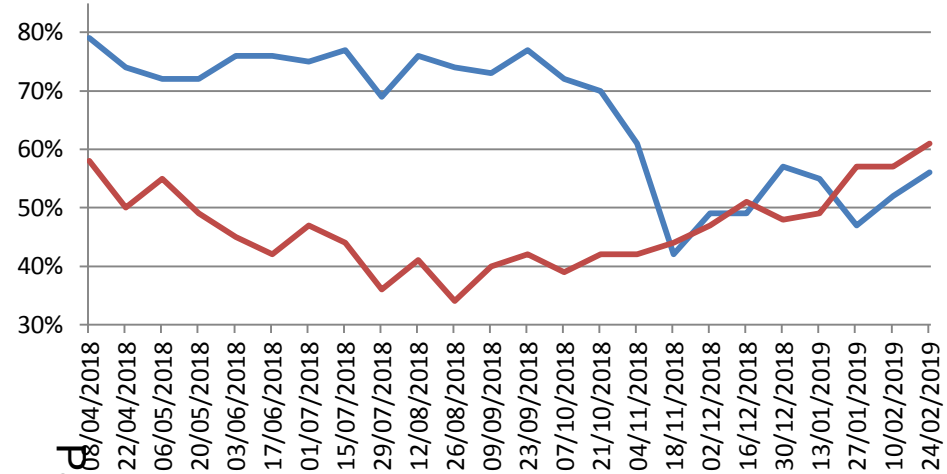
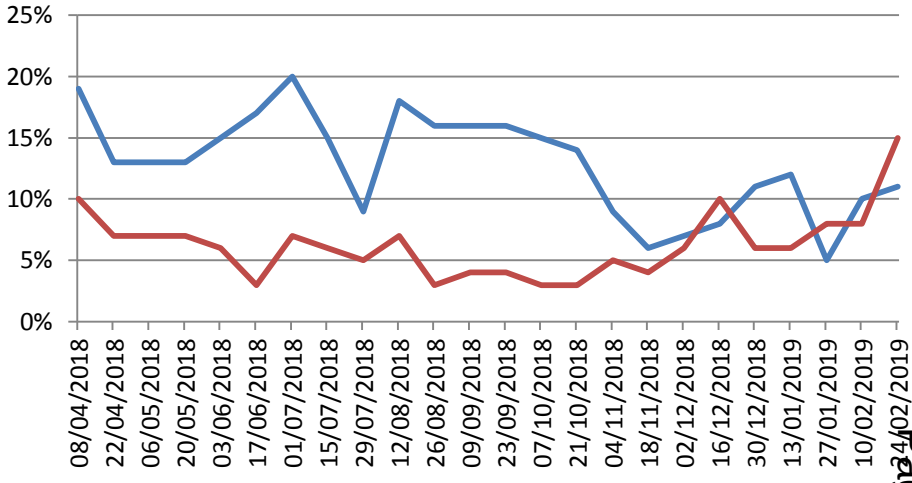
	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Total
Conveyances*	1,326	1,330	1,291	1,328	1,254	1,357	1,321	1,400	1,387	1,488	1,608	1,371	16,461
Average Arrive at Hospital to Patient Handover (Mins)	23.5	21.5	21.3	22.7	21.0	22.1	21.3	20.7	16.5	18.1	18.2	18.4	20.4
Average Patient Handover to Green (Mins)	15.7	16.5	16.6	16.6	16.8	15.6	16.0	16.7	17.9	17.5	17.0	17.1	16.7
Average Hospital Turnaround (Mins)	39.2	38.0	37.9	39.2	37.8	37.7	37.3	37.4	34.3	35.6	35.2	35.5	37.0
Arrive at Hospital to Patient Handover - Total >15 Min Breaches	1063	1000	930	1002	921	1023	963	969	650	766	835	727	10849
Arrive at Hospital to Patient Handover - Total Hours Lost > 15 Mins	205.4	166.1	156.5	190.9	145.7	178.7	160.6	162.1	91.1	124.2	138.0	122.2	1,841.5

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Total
Conveyances*	1,583	1,471	1,544	1,413	1,441	1,377	1,493	1,503	1,526	1,650	1,619	1,348	17,968
Average Arrive at Hospital to Patient Handover (Mins)	19.7	17.5	16.9	16.3	15.4	15.8	15.4	16.2	16.6	17.8	17.9	19.6	17.1
Average Patient Handover to Green (Mins)	17.1	18.0	17.8	17.7	18.2	18.6	16.7	16.8	16.1	15.8	16.0	15.8	17.0
Average Hospital Turnaround (Mins)	36.9	35.5	34.8	34.0	33.5	34.5	32.0	33.0	32.7	33.5	33.8	35.3	34.1
Arrive at Hospital to Patient Handover - Total >15 Min Breaches	914	766	754	646	572	540	621	692	713	861	890	800	8769
Arrive at Hospital to Patient Handover - Total Hours Lost > 15 Mins	171.2	109.6	106.8	84.6	73.9	83.6	74.2	87.9	98.1	130.4	124.3	139.0	1,283.6

Whittington Hospital > % 15 Minutes

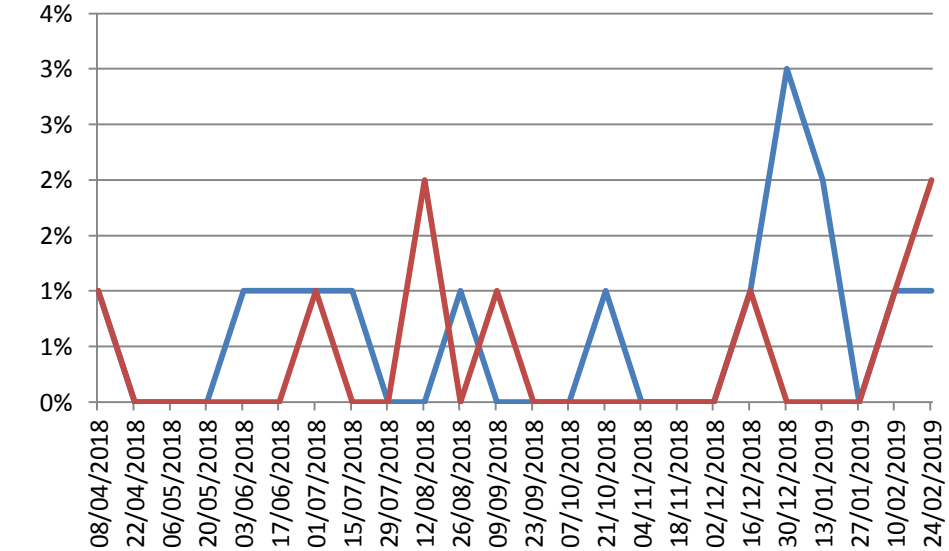


Whittington Hospital > % 30 Minutes



2018/19 2017/18

Whittington Hospital > % 60 Minutes



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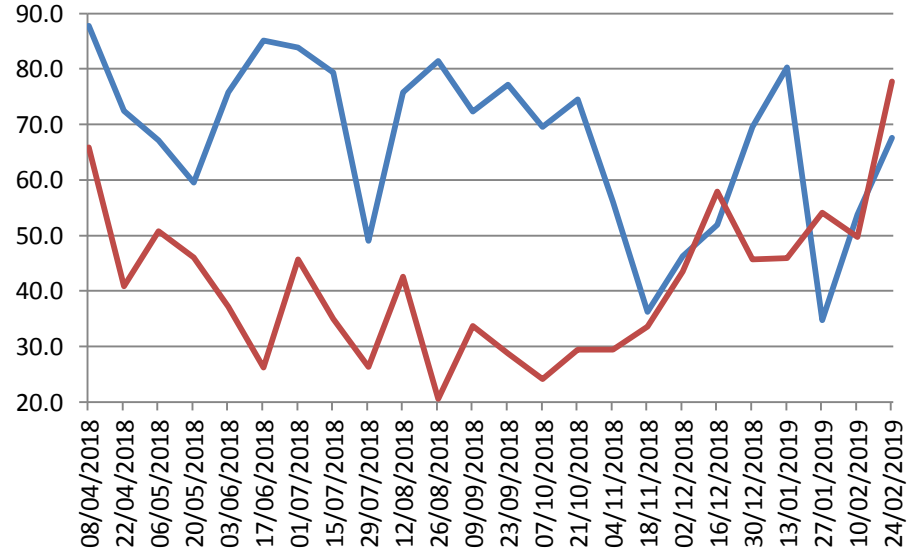

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Agenda Item 9

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

North London Partners: Integrated Care – Working with our communities

FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 15 March 2019

SUMMARY OF REPORT

This paper sets out the work we are just starting to bring together organisations and residents to start a conversation locally on what this might mean for people living in North Central London.

Contact Officer:

Henry Langford
Senior Policy and Projects Officer
London Borough of Camden
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020 7974 5118

RECOMMENDATIONS

1. The committee is asked to consider and comment on the update.

2. To provide advice and guidance on how we best engage on integration at an NCL level.

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North London Partners:

Integrated Care- working with our communities

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March 2019

Will Huxter, Director of Strategy NCL CCGs

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Purpose of paper:

The recently publishes NHS Long Term Plan sets out integration as key to delivering more consistent, better outcomes and a better experience for residents with improved use of the public's money. Working in a way that allow us to design services around people rather than organisations.

This builds on the recent NHS policy around closer working with councils and developing patients centred care based on a whole persons needs.

This paper sets out the work we are just starting to bring together organisations and residents to start a conversation locally on what this might mean for people living in North Central London.

We want the JHSOCs advice on how we best engage at NCL level going forward, given that there will be lots of local engagement in each borough on the plan?

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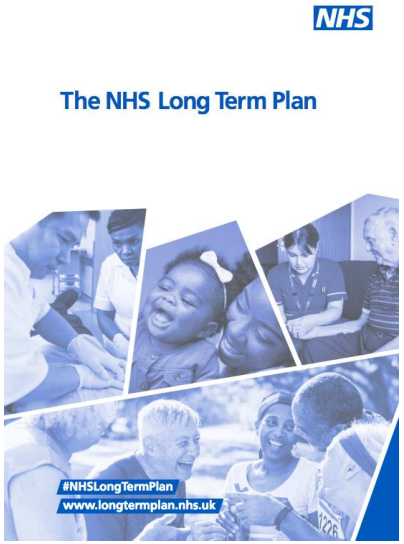
Recent NHS policy has set out the move towards integration

2014

2016



2018

The NHS Long Term Plan was published in December 2018 and builds on previous NHS policy direction.

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The NHS Long Term plan: published January 2019

The headline takeaways from the NHS Long Term Plan are…

The NHS will increasingly be:

- more joined-up and coordinated in its care
- more proactive in the services it provides
- more differentiated in its support offer to individuals.

It outlines, five major, practical, changes to the NHS service model to bring this about over the next five years:

- Boost 'out-of-hospital' care, and dissolve the primary and community health services divide
- Redesign and reduce pressure on emergency hospital services
- People will get more control over their own health, and more personalised care
- Digitally-enabled primary and outpatient care will go mainstream across the NHS
- Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere.

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This is builds on closer working between health organisations and the councils

In 2016, NHS organisations and local councils came together to form 44 sustainability and transformation partnerships (STPs) covering the whole of England, and set out their proposals to improve health and care for patients.

In some areas, a partnership will evolve to form an integrated care system, a new type of even closer collaboration. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

Local services can provide better and more joined-up care for patients when different organisations work together in this way. For staff, improved collaboration can help to make it easier to work with colleagues from other organisations. And systems can better understand data about local people's health, allowing them to provide care that is tailored to individual needs.

By working alongside councils, and drawing on the expertise of others such as local charities and community groups, the NHS can help people to live healthier lives for longer, and to stay out of hospital when they do not need to be there.

NHS England, https://www.england.nhs.uk/integratedcare/integrated-care-systems/

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Types of integration

One of the complexities is the different types of integration that might be possible. The types described by the Nuffield trust are below:

1. Systemic	Coordinating and aligning policies, rules and regulatory frameworks for example, policy levers emphasising better coordinated care outside of hospitals, central impetus for diversity of providers, development of national incentive schemes (for example the Quality and Outcomes Framework) or financial incentives to promote downward substitution.
2. Normative	Developing shared values, culture and vision across organisations, professional groups and individuals for example, developing common integration goals, identifying and addressing communication gaps, building clinical relationships and trust through local events, or involving service users and the wider community.
3. Organisational	Coordinating structures, governance systems and relationships across organisations for example, developing formal and informal contractual or cooperative arrangements such as pooled budgets or practice-based commissioning; or developing umbrella organisational structures such as primary care federations or local clinical partnerships.
4. Administrative	Aligning back-office functions, budgets and financial systems across integrating units for example, developing shared accountability mechanisms, funding processes or information systems.
5. Clinical	Coordinating information and services and integrating patient care within a single process for example, developing extended clinical roles, guidelines and inter-professional education, or facilitating the role of patients in shared decision-making

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Our opportunity

We now have an opportunity to work with residents and organisations to understand how integration could benefit local communities.

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Working with residents to understand their needs

To ensure our plans are based on the needs of our residents, we have started bringing together our partner organisations to understand what the advantages of this new ways of working might be. This has included working with residents to hear their views and design further engagement with our communities.

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Event/channel	Outline	Attendees/audience
Resident event on integrated care systems	• Outline of what national policy might mean • Discussions on residents concerns	• 26 local residents and members of patient and resident organisations
Integrated care system events	• System events in each borough to experience what working in a integrated care system could be like	• 70 stakeholders at each event • Council Leaders and members for health as part of the sessions • Group of residents and Healthwatch invited as key members of event • Local authority officers and NHS Clinician and Managers also in attendance

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Residents views on how we can best work with them

At an event in November 2018, residents were asked for their views and recommendations on how we should engage our stakeholders when considering integrating care. Suggestions include:

- Ensuring engagement is comprehensive by involving a broad range of communities
- Actively seeking out disadvantaged groups in their communities and not expecting these groups to travel to an event
- Using existing patient participation groups (PPGs) and asking for their help to get the concept across to more residents
- Talking with and engaging directly with patients and their families to understand what is currently working well
- Developing a team of care navigators who can go out into the community and talk with residents and engage them in conversations about integrated care arrangements in NCL
- Using accessible language and ensuring that the information is accessible to everyone
- Providing residents with very clear aims for what the engagement events are seeking to achieve and using a variety of relevant case studies which are easy to relate and understand
- Ensuring that residents understand the integrated care arrangements in NCL and the context, plans, proposals and issues so they are able to contribute and get involved
- Involving residents directly in planning a patient pathway within an integrated care arrangements in NCL
- Working in partnership with Healthwatch organisations, voluntary sector organisations, youth parliament and youth groups, wards forums, patient participation groups to reach as many residents as possible
- Talking with residents across the five boroughs to identify local priorities and highlight local challenges in order to focus on improvements on relevant services. The challenges in each area and will show where service improvements need to be focused.

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Continuing to work with residents and communities

We are proposing the following ways of working with our partners and residents on the next stage of planning

Event/channel	Outline	Attendees/audience
Resident survey	• Survey of 250 residents per borough in partnership with Healthwatch	• Local residents
Borough events	• 10 large events - 2 locally in each borough for residents to input into plans	• Local residents
Residents Advisory Board	• Formation of residents board to provide the STP with expert advise on the best ways to engage with our local communities.	• Healthwatches, voluntary and community sector organisations, CCG lay members and FT governors.
Online engagement hub	• Establishment of an online engagement hub to provide convenient and accessible engagement opportunity to our local communities.	• Local residents

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Questions for the Committee

How do we best engage at NCL level going forward, given that there will be lots of local engagement in each borough on the plan?

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North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

North London Partners – Clinical priority work areas

FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 15 March 2019

SUMMARY OF REPORT

North London Partners, the North Central London Sustainability and Transformation Partnership aims to work to improve the lives on the diverse residents across the boroughs of Barnet, Camden, Enfield, Haringey and Islington. It is made up of a wide range of organisations and works through a number of agreed programmes of work. With the ambitions of these being built on the collective values and strategies of the Local Authorities, Clinical Commissioning Groups and NHS Provider Trusts.

This paper sets out some high level data on our diverse population, the drivers behind the different programmes of work and the aims of what these are trying to achieve.

Contact Officer:

Henry Langford
Senior Policy and Projects Officer
London Borough of Camden
henry.langford@camden.gov.uk
020 7974 5118

RECOMMENDATIONS

1. The committee is asked to consider and note the report

2. To consider which areas might be the interest to the committee for future scrutiny and work programming.

NORTH LONDON PARTNERS in health and care

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North London Partners:
Clinical priority work areas

March 2019

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Will Huxter, Director of Strategy NCL CCGs

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Purpose of paper:

North London Partners, the North Central London Sustainability and Transformation Partnership aims to work to improve the lives on the diverse residents across the boroughs of Barnet, Camden, Enfield, Haringey and Islington.

It is made up of a wide range of organisations and works through a number of agreed programmes of work . With the ambitions of these being built on the collective values and strategies of the Local Authorities, Clinical Commissioning Groups and NHS Provider Trusts.

This paper sets out some high level data on our diverse population, the drivers behind the different programmes of work and the aims of what these are trying to achieve.

Based on our priorities set out in the paper, we would be keen to discuss with the committee how we can continue to work with them and which areas might be the areas of interest to the committee.

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North London Partners – Context

Ambitions of the STP

We are a partnership of the NHS and local authorities, working together with the public and patients where it's the most efficient and effective way to deliver improvements.

Ambition for the STP is built on existing CCGs, Local Authorities and Providers values and strategy

- Improve the health and wellbeing of the local population
- Reduce health inequalities
- Maximise out of hospital care and build resilient and well supported communities

More details and the full plan can be found here: http://www.northlondonpartners.org.uk/

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Our collective challenges

1. Across north central London, there are diverse populations with some common and some different challenges
2. The roles and responsibilities of health and social care is complex with overlaps between hospital areas and borough boundaries
3. Hospitals, other services, commissioners and local authorities are all in different and difficult financial positions
4. We are also facing shared challenges in terms of ensuring we have staff in place and are using the latest technology to save lives and improve outcomes.
5. We want work together to transform, improve care where this improves health and wellbeing outcomes and sustainability of services

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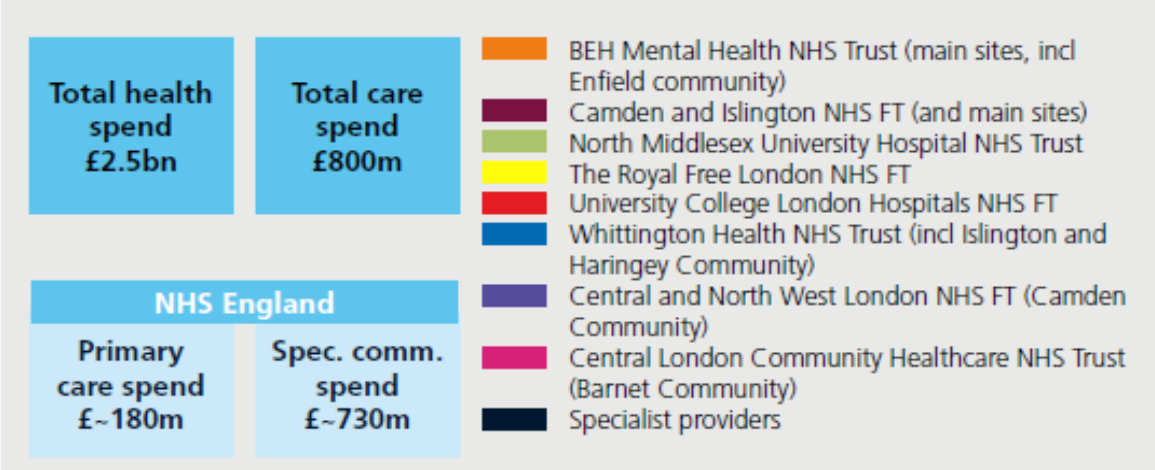

The NHS budget and a list of the hospitals involved in the STP along with commissioners, community teams local authorities and primary care

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NCL Service provision overview

NCL is a diverse area covering five local authorities and Clinical Commissioning Groups, 12 Trusts and 209 GP practices, as demonstrated by the diagram below. This section goes on to describe the context and rationale underpinning the estates ambition for the STP.

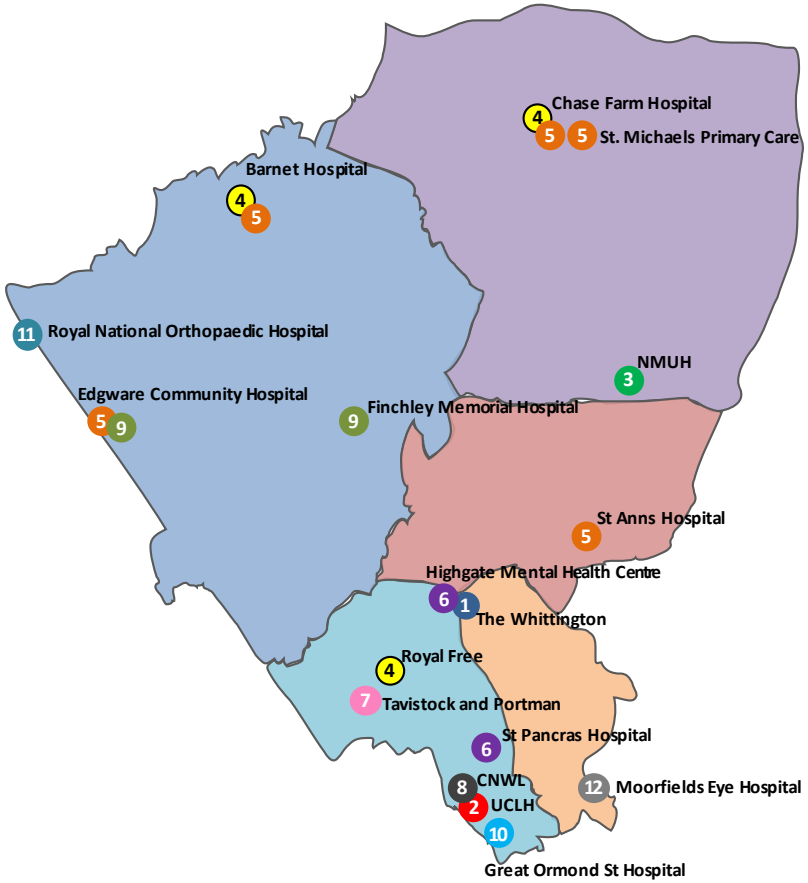
Enfield Local Authority
338,143 registered population
324,000 resident population
Enfield CCG

Barnet Local Authority
422,630 registered population
375,000 resident population
Barnet CCG

Haringey Local Authority
316,910 registered population
267,000 resident population
Haringey CCG

Islington Local Authority
251,606 registered population
221,000 resident population
Islington CCG

Camden Local Authority
283,789 registered population
235,000 resident population
Camden CCG



Local Authority

Camden · Enfield · Barnet · Islington · Haringey

Providers

1. Whittington Health NHS Trust (including Islington and Haringey Community)
2. University College London Hospitals NHS Foundation Trust
3. North Middlesex University Hospital NHS Trust
4. The Royal Free London NHS Foundation Trust
5. Barnet, Enfield and Haringey Mental Health NHS Trust (main sites, including Enfield community)
6. Camden and Islington NHS Foundation Trust (and main sites)
7. Tavistock and Portman NHS Foundation Trust
8. Central and North West London NHS Foundation Trust (Camden Community)
9. Central London Community Healthcare NHS Trust (Barnet Community)
10. Great Ormond St Hospital
11. Royal National Orthopaedic Hospital
12. Moorfields Eye Hospital

GP Practices (March 2018)

Barnet	**56**	Enfield	**48**	Islington	**33**
Camden	**35**	Haringey	**37**	**(Total 209)**	

111 Out of Hours provider

Currently out of ITT single provider across 5 CCGs

Source: North Central London Devolution Pilot Outline Business Case November 2017

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NCL population overview

NCL has a growing population. It has a relatively young population, although when compared with London's other STPs, has a significantly lower proportion of children aged under 10. As a result of increased new housing there are high levels of projected population growth.

NCL 5 and 10 year population projections by age category

Population profile and characteristics

Currently the NCL population is approximately 1.5 million [1] and relatively young, with approximately 40% of the population aged under 30 years [1]. Overall the NCL population is expected to increase by 6% over the next decade. The majority of this growth (71%) is expected in the first 5 years. The fastest growth is amongst the elderly population, with the over 65 years population being expected to grow by 26% (from 181,000 to 227,000) in the next 10 years. Whereas the aged 0-4 population is expected to decrease by 3%.

The population demography is varied across the STP:

- **Barnet** is expected to have the **proportionally largest overall population growth** in the next decade (9%). Of this growth, 62% is expected within the next 5 years
- **Camden** is expected to have the **proportionally largest growth (40%) in the 85+ age category** over the next decade. After initial growth within the under 65 population, it is expected that in the second half of the decade, this population will decrease by 1%
- Of the population growth expected in Enfield over the next decade, it is estimated that 69% of this growth will occur in the first 5 years
- Of all the NCL boroughs, **Haringey** is expected to have **proportionally the largest decrease in the 0-4 population** (5%) over the next decade
- Of the expected growth in Islington over the next decade, 80% of this growth is expected to occur in the first 5 years

Additionally there are lots of people settling in NCL from abroad. The largest migrant communities arriving in 2014/15 settling in Barnet, Enfield and Haringey were from Romania, Bulgaria and Poland. In Camden and Islington in 2014/15, the largest migrant communities were from Italy, France and Spain.

1. Primary Care Strategy Data Pack – GLA, 2016; North Central London Devolution Pilot Outline Business Case November 2017

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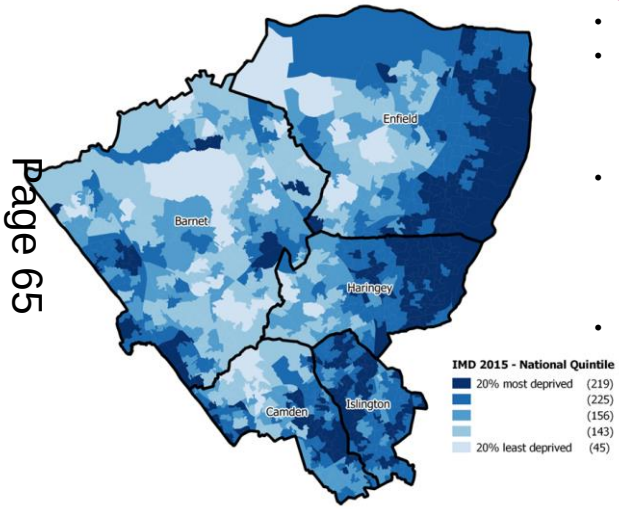
Population profile across NCL (1/2)

Population growth and increase in demand is not homogenous across the STP. NCL is a diverse area containing both some of the most deprived (in the east and south) and more affluent (west and north) population in the country. This has lead to wide spread deprivation and inequalities in life expectancy and varying demands and pressures on health and care services.

Deprivation

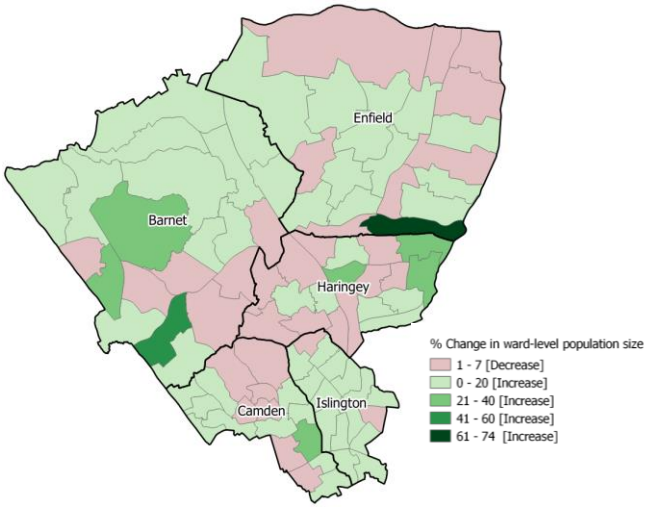


Source: IMD, 2015

High level statistics

- 30% of NCL children are growing up in poverty[2]
- Islington, Enfield and Haringey have the highest rates of deprivation relative to the national picture, although pockets of deprivation are dispersed across NCL [3]
- At ward level, the highest forecast population growth is **Upper Edmonton in Enfield** and **Golders Green in Barnet**[3] due to development at Meridian Water in the Lee Valley in Enfield and around Brent Cross in Barnet
- Housing and population growth is concentrated in specific locations. There are currently seven housing Opportunity Areas in the NCL geography (numbers show new homes in 2018 draft London plan):
  - Colindale / Burnt Oak (7,000)
  - Cricklewood / Brent Cross (9,500)
  - Upper Lee Valley (cross border) (21,000)
  - City Fringe (cross border) (15,500)
  - Euston (2,800 – 3,800)
  - Kings Cross (1,000)
  - Tottenham Court Road (300)
- With two additional areas identified in the draft London Plan (2018) at Wood Green and New Southgate, reflecting the potential for Crossrail 2 to unlock additional housing in those areas[4].

Population Growth by Ward, 2018-2028



Source: GLA ward population projections, 2016

1. CCG Collaborative Working in NCL – September 2015
2. NCL Sustainability and Transformation Plan – Case for Change – September 2016
3. Primary Care Strategy Data Pack – GLA, 2016; North Central London Devolution Pilot Outline Business Case November 2017
4. NCL: Growth and S106, HUDU 2018

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NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Population profile across NCL (2/2)

Across NCL, wide spread deprivation and inequalities in life expectancy will impact demands and pressures on health and care services and the resulting estate. This section outlines the variation in line with regional and national averages.

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Life expectancy and inequality

All NCL residents have seen an increase in life expectancy over the past decade with current life expectancy for men and women ac ross NCL higher than the England average, with the exception of Haringey and Islington. Despite the higher life expectancy, overall, residents spend approxima tely 20 years of their life living in poor health. Trends in healthy life expectancy show there has not been a significant change in the number of years people are living healt hy lives.

There are stark differences in life expectancy between those living in the most affluent areas compared to the most deprived. Across the NCL boroughs, Camden has the highest life expectancy gap for men, with those living in the most deprived areas living on average 10 years less than the least deprived as the image below demonstrates.

Prevalence of long term conditions

Across NCL, the three most common long term conditions are Hypertension (11%), Depression (7%) and Diabetes (6%). Barnet and Enfield have significantly higher prevalence of Hypertension, Diabetes, Coronary Heart Disease (CHD), Chronic Kidney Disease (CKD) and cancer than the NCL aver ages [2]. In comparison Camden, Islington and Haringey are broadly in line with the NCL averages, although in some cases having higher prevalence of depression and sev ere mental illness (SMI). [2]

Indicator (values in years)		Barnet	Camden	Enfield	Haringey	Islington	London	England
Life expectancy (2014 - 16)	Men	82	82	80	80	79	80	80
	Women	85	87	85	85	83	84	83
Healthy life expectancy (2014 - 16)	Men	65	64	64	65	61	63	63
	Women	67	65	64	63	63	64	64
Slope index of inequality in life expectancy (2014 - 16)	Men	6	10	7	7	8	7	9
	Women	5	8	5	5	3	5	7

National Comparison:

- Significantly better than England average
- No significant difference compared to England average

Note: **Slope index of inequality in life expectancy** represents difference in life expectancy between most deprived and least deprived persons.[1]

1. Source: Office for National Statistics 2014/2016
2. Pubic Health England HSCIC 2015

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Drivers for new ways of working

The key drivers for change across the programme are outlined below:

Workstream	Health and Care closer to Home	Mental health	Adult social Care	Maternity	Children and Young people	Cancer	Planned Care	UEC
Drivers for change	• Population life span increasing but in poorer health • GP shortages in 3 of the 5 boroughs • Practice nurse shortages STP-wide • Range in health outcomes for our populations	• Higher than average levels of SMI[1] with associated life expectancy gap • 'Do nothing' model: Shortfall of 129 MH beds by 2021[3]	• Range in quality of provision • Staffing issues in providers of home care and care home settings • Increasing demand for social care services	• Variation across the boroughs in maternity and neonatal outcomes • Recruitment and retention challenges • Community provision is not standardised across the STP	• Increasing demand for services and requirement to ensure quality and type of services match the differing demands of age brackets i.e. children vs adolescent care • GP and practice nurse workforce challenges	• Currently 20% of diagnoses within an emergency setting [4] • Cervical and bowel cancer screen uptake below the national average [4] • Investment in cancer seeks to dramatically improve early diagnosis and cancer survival rates in line with the government's clear focus on cancer as a priority area for investment	• Increasing demand on elective care • Elective care not standardised and there may be opportunities for consolidation of services	• Above average ED attendances compared with peers [1] • Workforce challenges • FYFV mandate to redesign care closer to home [2]

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- Through the clinical workstreams, the emerging message is the need to drive care closer to home and centred around communities. Primary care will be vital to delivering this shift in patient care from the acute provider into primary care and community services
- The Clinical strategy is underpinned by the need to improve resident care and outcomes across the STP

1. Public Health England QOF data (2014/15
2. NHS Five Year Forward View (2014)
3. North London Partners Mental Health Workstream Delivery Plan (2017)
4. North London Partners Cancer Workstream Delivery Plan (2018/19)

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Care workstream objectives

Workstream	High level objectives
Urgent and Emergency Care	• A consistent and reliable UEC service by 2021 that is accessible to the public, easy to navigate, inspires confidence, promotes consistent standards in clinical practice and leads to a reduction in variation of patient outcomes. Work focussing on admissions avoidance, treatment given at a hospital to patients that do not require a stay in hospital, end of life care and discharge to assess.
Health and care closer to home	• A new approach to the health and care of communities which is based around neighbourhoods of 50-80k. These draw together social, community, primary and specialist services underpinned by a systematic focus on prevention and supported self-care.
Mental Health	• Working to address inequalities for those with severe mental illness and provide consistent care. • Deliver services closer to home, reducing demand on the acute sector and reducing the need for additional MH inpatient beds.
Adult Social Care	• Working to address inequalities in social care provision and improving our longer term approach to the home care and care home workforce and market.
Maternity	• Delivery of the national maternity transformation programme through improved continuity of care and safer perinatal care for women. Teams working flexibly across different sites to drive better patient experience and integrated care.
Children and Young people	• Delivery of health and social care services which are equitable, accessible, responsive and efficient, delivered locally wherever possible. Working closely with social care and council services to increase focus on promoting wellbeing, reducing health inequalities and improving social outcomes such as school readiness.
Cancer	• Focus on improved survival, reduced variation in care, improved patient experience, efficiency of service delivery. With services being delivered closer to home.
Planned Care	• Deliver better value, evidence based planned care, and reducing variation in the way we deliver planned care across organisations. Including reviewing orthopaedic services across providers.
Prevention	• Driving system-wide approach to prevention working with all of our partners to enable success in the overall STP strategy for care.

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NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

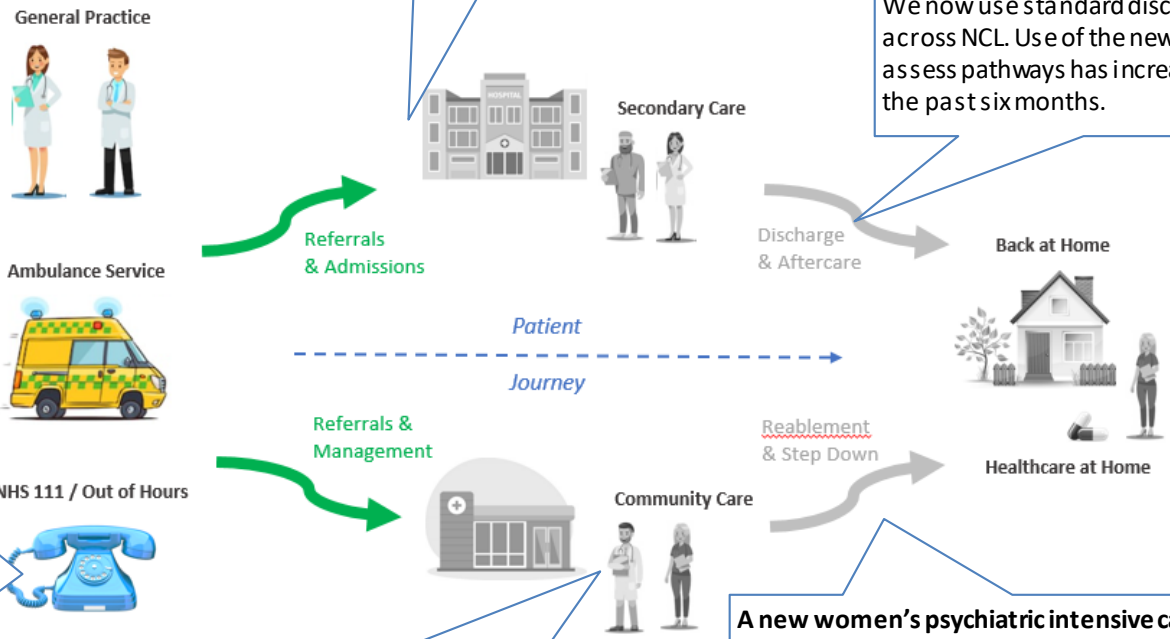
Successes so far

Integrating neighborhood services: We have established the first NCL Care and Health Integrated Networks and Quality Improvement Support Teams, these trams focus on improving quality and reducing unnecessary variation at local GP practice level.

Connecting hospitals with primary care: Clinical advice and navigation now live across providers in NCL in 8 specialities with further specialties going live in November 2018. GPs can now get advice from consultants within two working days.

We have made it faster and safer for patients to get home from hospital: by agreeing standard ways of working and working more effectively with social care. We now use standard discharge forms across NCL. Use of the new discharge to assess pathways has increased by 50% over the past six months.

Extended Access across NCL: Since April 2018 it has been possible for residents to access GP services 8am-8pm across the whole of NCL through extended access.



Improved NHS 111 service:

- We were the first area in England to launch new model to ensure the different systems for urgent care can speak to each other
- 30% people now speak to a clinician
- 'Star divert numbers' enable clinical staff to get through to a clinical expert for urgent advice and support by dialling the appropriate number.

New maternity community hub at Harmood's Children's Centre in Kentish Town: A major step towards improving maternity care for women in NW Camden postcodes who currently access services at the Royal Free and UCLH. A second centre opened at Park Lane Children's Centre in Haringey in October.

A new women's psychiatric intensive care unit at Camden and Islington NHS Foundation Trust service opened in November 2017. All women who require intensive care services can now be treated close to where they live. All women have been brought back from out of area placements and we currently have zero women being treated far from home.

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NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Working with the committee on priority areas

Based on our priorities, we want to hear from the committee about the areas of most interest to them. Some areas of interest may be:

- Working with our communities on care based around their communities
- Work to develop new models of care that see an individual as a whole person, balancing their mental heath, social care needs alongside their physically needs.
- Working to understand how we can change planned orthopaedic services to improve the experience for residents
- Working to ensure care is evidence based across North Central London
- Working effectively with locally communities to ensure residents voice continues to shape our plans.

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Agenda Item 11

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**
REPORT TITLE Work Programme and Action Tracker 2018-19	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 15 March 2019

SUMMARY OF REPORT

This paper provides an outline of the 2019/20 work programme and action tracker of the North Central London Joint Health Overview & Scrutiny Committee.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

Contact Officer:

Henry Langford
Senior Policy and Projects Officer
London Borough of Camden, 5 Pancras Square, London N1C 4AG
02079743219
henry.langford@camden.gov.uk

RECOMMENDATIONS

The North Central London Joint Health Overview & Scrutiny Committee is asked to:

a) Note the contents of the report; and
b) Consider the work programme for the remainder of 2018-19

1. Purpose of Report

1.1. This paper provides an outline of the proposed areas of focus for the Committee for 2019/20. 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 report also includes an action tracker for the Committee, Appendix 2. 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 1 – 2019 Work Programme
Appendix 2 – Action tracker
Appendix 3 – Responses from trusts on capital disposals –

Appendix 3a - North Middlesex University Hospital NHS Trust
Appendix 3b - London Ambulance Service NHS Trust
Appendix 3c - Tavistock and Portman NHS Foundation Trust
Appendix 3d - Moorfields Eye Hospital NHS Foundation Trust
Appendix 3e - Barnet, Enfield and Haringey Mental Health Trust
Appendix 3f – Camden and Islington Foundation Trust

REPORT ENDS

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Appendix 1 – NCL JHOSC Work Programme 2019/20

15 March 2019 (Islington)

Item	Purpose	Lead organisation
Procedures of Limited Clinical Effectiveness	Update and reset of position on PoLCE	NCL Partners
Ambulance service update	Presentation of data covering Hospital Handovers in North Central London. Follow up to previous presentation in February 2017.	London Ambulance Service; East of England Ambulance Service
Integrating health and social care		NCL Partners
Update on NCL STP priorities	A report on the key priorities and concerns across NLP, by borough.	NCL Partners
Work Programme		Camden
Adult Orthopaedic Services review (for information)	Update on the progress of the review. Including further analysis on levels of cancellations and waiting times, and measures taken to reduce this.	NCL Partners

21 July 2019 (Barnet)

Item	Purpose	Lead organisation
Care Homes - including primary care support	Report to update the care closer to home priority theme within the STP, including progress to date, milestones, risks and ongoing issues	NCL CCGs
Adult Orthopaedic Services review consultation		NCL Partners
Update on Estates Strategy		NCL Partners
Screening and Immunisation		NCL Partners
Reducing A&E attendance	Report covering the cross organisational working of NHS, local providers and councils to reduce attendance at A&E	NCL Partners
Work Programme		Camden

Appendix 1 – NCL JHOSC Work Programme 2019/20

27 September 2019 (Camden)

Item	Purpose	Lead organisation
NLP Mental Health programme	Requested following consideration of a previous report in January 2019. Revised report to return with greater emphasis on data/evidence, addressing questions raised at the January meeting.	NCL Partners
Update on NCL STP Priorities	Reporting assessing progress against indicators from the Kings Fund report (2018)	NCL Partners
Work Programme		Camden

Additional items to be scheduled

Item	Purpose	Lead organisation
Financial update: Royal Free	Update on finances of Royal Free following reports in September 2017 and November 2018.	Royal Free London
Quarterly Update	Quarterly updates on what NLP are doing and when to achieve (key risks estates, workforce, finance and data) for March.	NCL Partners
Consultant to Consultant referrals	Update on how this process is working in NC, especially the LUTS clinic and the new arrangements at GOSH. This to include hearing from the commissioners and the patient groups.	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 STP, including progress to date, milestones, risks and issues	NCL Partners
Patient Records	Report to identify the benefits from the scheme and measures being taken over data security. To include insight from officers and clinical practitioners.	Royal Free London
A&E and Place of Safety	Request for a discussion on A&E and Place of Safety following Mental Health Programme item in Jan 2019	NCL Partners
General Practice as the foundation of the NHS: A strategy for NCL	A report to come to the NCL JHOSC in summer 2019 updating members on the progress with the GP strategy	NCL Partners

Appendix 2 – NCL JHOSC Action Tracker

Meeting	Item	Action	Action by	Progress
Jan-19	NLP Mental Health Programme	Members requested data on out of borough placements for each borough, trust and hospital. Including costs per patient and in total.	North London Partners	This information is published every quarter via NHS England's Mental Health Dashboard (available here). We have extracted the NCL data and circulated to members (please see attached PDF).
Jan-19	NLP Mental Health Programme	Update with data to be provided on the arrangements for people with mental health issues who are admitted to A&E and therefore require the place of safety. A set of questions to be worked up, agreed by the committee and put to NLP for response.	North London Partners	NLP are working on responses to the questions that have been provided and will share committee members once complete.
Jan-19	NLP Mental Health Programme	Members expressed that with budgets cut, schools risked losing their mental health counsellors. NLP should contact with the learning network communities to address how mental health Members expressed that with budgets cut, schools risked losing their mental health counselling services. NLP should liaise directly with the learning network communities to address how mental health services in schools can be protected.	North London Partners	NLP will to follow this up but seek clarification on what the committee means by "learning network"? NLP's Mental Health Lead will also raise at March's CAMH's Project Board and provide an update following that meeting.
Jan-19	NLP Mental Health Programme	A&E and Place of Safety item to be added to the work programme	Henry Langford	Added to list 'to be scheduled'. Complete.

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Appendix 2 – NCL JHOSC Action Tracker

Jan-19	NLP Mental Health Programme	Mental Health Programme report to be redrafted with greater emphasis on data/evidence and responding to a number of issues raised by the committee.	Henry Langford	Added to work programme for September meeting (TBC).
Nov-18	Financial update: Estates	Further information to be provided about gains on disposals made by individual trusts. Members asked STP officers to request the relevant information from the trusts and to agree the wording of this request in advance with the Chair.	North London Partners	NLP have requested the information from the trusts on behalf of the Chair and the committee. Responses included at Appendix 3 of this report.
Oct-18	Risk Management: Workforce	That information be provided to members on the apprenticeship levy and its use.	North London Partners	We have raised this at the London workforce board and we are working with Health Education England to get a view across NCL on the use of the apprenticeship levy across NCL. March 2019 update: North London Partners are currently developing their Workforce programme workplan for 2019/20 which may include the apprenticeship levy. NLP will be able to provide an update at the committee's May 2019 meeting.
Oct-18	Procedures of Limited Cinical Effectiveness (PoLCE)	Equality impact assessments are being undertaken for all updated policies. The summaries of these will shortly be available on our website. These will be published on our website. We will notify the committee when they are available.	North London Partners	Equality impact assessments are being undertaken for all updated policies. The summaries of these will shortly be available on our website. These will be published on our website. We will notify the committee when they are available. March 2019 update: The equality impact assessments carried out for the Jan 2019 update to NCL PoLCE policy are available to the public on our website here. The equality impact assessments carried out for the April 2019 update are included in the March 2019 JHOSC paper on PoLCE and also on our website.

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Appendix 2 – NCL JHOSC Action Tracker

Oct-18	Procedures of Limited Clinical Effectiveness (PoLCE)	Information is to be provided on the financial implications of PoLCE recommendations.	North London Partners	NLP PoLCE report for the March JHOSC includes information of the financial implications of the policy update alongside the Equality impact assessments.

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Appendix 3 – Capital Disposals

In February 2019 the following letter was sent to Trusts throughout North Central London (NCL) on behalf of the NCL JHOSC. The following pages present the responses.

15 February 2019

Dear [Name of Trust CEO]

Re: Capital disposals

I am writing on behalf of the NCL Joint Health Overview and Scrutiny Committee (JHOSC) to request information in relation to capital disposals by your Trust, and the use of profit on these disposals.

This has come up as an issue at the JHOSC following confirmation from the STP that profits from the sale of NHS estate have been used in some instances as revenue, rather than as capital investment. This is a concern for the JHOSC as we wish to see the proceeds from such sales used solely for capital.

In the interest of transparency and openness, I would therefore like to request the following information from your Trust:

- The value of estate sold in 2015/16, 2016/17, 2017/18 and 2018/19
- The profit on disposal from these sales in 2015/16, 2016/17, 2017/18 and 2019/20
- How these profits have been used in each of these financial years (i.e. as revenue or as capital investment).

It would be helpful to have this information before the next meeting of the JHOSC, which is being held on 15 March. Please also provide a link to the source documents online with signposting to the relevant pages.

Yours sincerely

Cllr Alison Kelly
Chair, NCL JHOSC

Responses:

Appendix 3a - North Middlesex University Hospital NHS Trust

Appendix 3b - London Ambulance Service NHS Trust

Appendix 3c - Tavistock and Portman NHS Foundation Trust

Appendix 3d - Moorfields Eye Hospital NHS Foundation Trust

Appendix 3e - Barnet, Enfield and Haringey Mental Health Trust

Appendix 3f – Camden and Islington Foundation Trust

Appendix 3g – UCLH Foundation Trust

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North Middlesex University Hospital NHS Trust

Sterling Way
London N18 1QX
Direct Line 020 8887 2390
Maria.Kane@nhs.net

Cllr Alison Kelly
Chair, NCL JHOSC
Email: alison.kelly@camden.gov.uk

Sent by email only

22 February 2019

Dear Cllr Kelly

Re: Capital Disposals

Thank you for your email of 15 February 2019, in which you raised the following series of questions with respect to NHS land sales:

- *The value of estate sold in 2015/16, 2016/17, 2017/18 and 2018/19*
- *The profit on disposal from these sales in 2015/16, 2016/17, 2017/18 and 2019/20*
- *How these profits have been used in each of these financial years (i.e. as revenue or as capital investment).*

I am pleased to set out in the narrative below the facts with respect to North Middlesex University Hospital NHS Trust.

The Trust sold a parcel of land and buildings in the south east corner of the estate in March 2016. The net book value of the land at the time of disposal was £8.441m, resulting in a profit on disposal of £1.439m.

The Trust agreed with the Trust Development Authority through a Full Business Case that the Trust would retain £8.45m of the cash proceeds, in addition to the profit on sale. This enabled the Trust to fund the refurbishment of the education centre, which previously was dispersed across three locations on site and in poor condition. A total of £3.19m of the proceeds has been reinvested in this project.

It should be noted that many of the buildings which were sold were in a poor state of repair and would have required substantial backlog maintenance to bring them up to an acceptable standard. Whilst external factors have resulted in the Trust remaining in the buildings as a lessee, £5.26m of the remaining funds are being held to fund the relocation of corporate and clinical services into more suitable accommodation within the retained estate, with work underway to relocate the IT services.

It should be noted that the £1.439m profit on sale was used to support the income and expenditure position in the 2015/16 financial year.

Further information is available in the Trust's annual report and contemporaneous Board papers at the following links:

http://www.northmid.nhs.uk/LinkClick.aspx?fileticket=3r1NCCelSGc%3d&portalid=0
http://www.northmid.nhs.uk/Portals/0/Trust%20Board%20Meeting%20Thursday%2031%20March%202016.pdf

Since the above transaction took place in 2015/16, there have been no further disposals.

Thank you for your enquiry – I would be delighted to respond to any further queries you may have.

Yours sincerely

Maria Kane, Chief Executive
North Middlesex University Hospital NHS Trust

Appendix 2b - London Ambulance Service NHS Trust Capital Disposals

Paulette Brown on behalf of Benita Mehra

Dear Alison,

In response to your email dated 15th February, I would like to confirm our position at the London Ambulance Service.

Over the period of April 2015-March 2019:

- One property was sold in 2016-17, its value was £250,000 and the profit on disposal was £180,948
- One property was sold in 2017-18, its value was £75,000 and the profit on disposal was £28, 574

The profits from both of these disposals were used to fund further capital investments and can be referenced as part of our online annual report and financial statements, however disposal proceeds and profit on disposal for properties are not separately disclosed in the accounts.

Do not hesitate in contacting me if there is anything further.

With Kind Regards

Benita Mehra

Benita Mehra

Director of Strategic Assets and Property

London Ambulance Service NHS Trust | 220 Waterloo Road, London, SE1 8SD

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Appendix 2c - Tavistock and Portman NHS Foundation Trust

Dear Alison

I am responding to your request, [sent 15 February 2019], on behalf of the Tavistock and Portman NHS Foundation Trust.

I can confirm that there were no disposals of Trust property in any of the years mentioned. Accordingly, no profits were generated.

Yours sincerely

Terry Noys
Deputy Chief Executive and Director of Finance
Tavistock and Portman NHS Foundation Trust

120 Belsize Lane, London NW3 5BA

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Appendix 2d - Moorfields Eye Hospital NHS Foundation Trust Capital Disposals

Dear Cllr Alison Kelly,

Please find enclosed summary information as requested in your email of 15th Feb pertaining Capital Disposals at Moorfields Eye Hospital NHS Foundation Trust;

Disposals in year	Site Identifier	Value £,000 m	Profit on Disposal	Application / Use
2015/16	n/a	n/a	n/a	n/a
2016/17	n/a	n/a	n/a	n/a
2017/18	n/a	n/a	n/a	n/a
2018/19	92 Britannia Walk / 34 Nile Street. Completion Date 14th Dec. 2018	5.250	1.800	Oriel Capex (future years)
2019/20	n/a	n/a	n/a	n/a

The asset sale in 2018/19 will be reinvested in funding the redevelopment at St Pancras Hospital (Project Oriel).

Please feel free to share this information with members NCL Joint Health Overview and Scrutiny Committee (JHOSC) at your next planned meeting on 15th March, or to ask any further queries.

Kind regards

Jonathan Wilson

Chief Financial Officer

Moorfields Eye Hospital NHS Foundation Trust

162 City Road | London | EC1V 2PD

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Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Appendix 2e - Barnet, Enfield and Haringey Mental Health Trust Capital Disposals

Barnet, Enfield and Haringey Mental Health Trust
Trust Headquarters
Orchard House
St Ann's Hospital
St Ann's Road
London N15 3TH

Cllr Alison Kelly
Chair, NCL JHOSC

1st March 2019

Dear Councillor Kelly

Re Capital Disposals

Thank you for your email of 15th February 2018 in which you sought information from the Trust regarding capital disposals and the use to which the proceeds are being put.

Table 1 below sets out the information you requested.

Table 1: BEH-MHT Property Disposals

Financial Year	**Property disposed of**	**NBV at disposal**	**Sale Proceeds**	**Gross profit/ (loss)**
		£'000	**£'000**	**£'000**
2015/16	none			
2016/17	none			
2017/18	part of St Ann's Hospital site, St Ann's Road, London N15 3TH	34,360	53,000	18,640
2018/19	Canning Crescent Health Centre, 276 High Road, Wood Green, London, N22 8JT	2,400	2,400	0

In respect of the St Ann's Hospital part disposal the Trust received approval from the Department of Health in January 2018 to retain the full £53m sale proceeds. Subsequently, in October 2018, the Trust received approval from the Department of Health to spend £40.6m of these receipts on the redevelopment of the St Ann's site and construction is now underway. Table 2 below sets out the total planned usage of the £53m sale proceeds.

Table 2: Utilisation of St Ann's Sale Proceeds	£'000
Sale Proceeds	**53,000**
Less	
Cost of Disposal	(1,559)
"Redevelopment of St Ann's Hospital" Full Business Case	(40,635)
Other St Ann's Hospital projects not in scope of "Redevelopment of St Ann's Hospital" FBC	(5,000)
Investment in Mobile technology	(1,000)
Cash retained for future Capital Projects	(4,806)

In respect of the sale of Canning Crescent (due to complete on 28th February 2019) the sale proceeds are reinvested in other capital projects as part of the Trust's 2018/19 capital programme, details of which will be included in the Trust's 2018/19 Annual Report and Accounts.

If you have any further questions in respect of the information provided please do not hesitate to contact David Griffiths, the Trust's Chief Finance and Investment Officer (david.griffiths5@nhs.net) who will be happy to assist.

Yours sincerely

Jinjer Kandola
Chief Executive

Appendix 2f – Camden & Islington Foundation Trust Capital Disposals

Analysis of the contribution of profits on asset sales to C&I's financial position 2015/16 to 2018/19

The table below highlights the overall contribution of asset sales to C&I's financial position. In summary, the Trust has achieved receipts of £13.8M over the period, or £13.6M net of cost of sales. £4.8M has been taken back as receipts to capital and £8.8M as profits on sale in the income and expenditure account.

£13.6M of receipts have been retained for capital investments. Over the period, the Trust has made cumulative revenue surpluses of £12.2M, which was £3.4M more than the contribution to revenue achieved from profits on sales. This £3.4M is also planned to be used for capital investment, on top of the £13.6M of retained net receipts.

	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000	Total £000
Receipts					
Tottenham Mews			7,066		7,066
Hanley Road			1,270		1,270
Lyndhurst Gardens				5,500	5,500
Subtotal receipts	**0**	**0**	**8,336**	**5,500**	**13,836**
Less:					
Net book value (NBV)					
Tottenham Mews			-1,254		-1,254
Hanley Road			-1,000		-1,000
Lyndhurst Gardens				-2,582	-2,582
Subtotal NBV	**0**	**0**	**-2,254**	**-2,582**	**-4,836**
Less:					
Cost of Sale					
Tottenham Mews			-106		-106
Hanley Road			-36		-36
Lyndhurst Gardens (estimate)				-75	-75
Subtotal cost of sale	**0**	**0**	**-142**	**-75**	**-217**
Profit on sale	**0**	**0**	**5,940**	**2,843**	**8,783**
Annual surpus/ - deficit	**-1,678**	**-88**	**10,980**	**3,000**	**12,214**

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Appendix 3g - University College London Hospitals (UCLH) NHS Foundation Trust Capital Disposals

Summary of the estate UCLH has sold over the past 4 years and the rationale for doing so. All estate sales have been part of the Trust's long term plan to rationalise and develop its estate. Only the timing of these sales has been influenced by government policy in relation to trust control totals, and no sale has been used to support the underlying revenue position of UCLH.

	2015/16	2016/17	2017/18	2018/19
Value of estate sold £m	-	11.9	29.0	tbc
Profit on disposal £m	-	5.6	25.8	tbc

The estate sales and profit listed above relate wholly to 2 significant disposals:

1. Eastman Dental Hospital (EDH) to UCL

The EDH sale and related profit on disposal is being used to fund the development of the world-leading centre for the diagnosis and treatment of conditions affecting the ear, nose, throat and mouth including dental, hearing, speech and balance services, based on Huntley st and due to open in Autumn 2019. Full details of the development is available on the UCLH website:
https://www.uclh.nhs.uk/aboutus/newdev/phase5/pages/anewworldleadingcentre.aspx

We are pleased that the sale was to a key partner organisation and that the EDH site will be used for a new Dementia Research Institute. The new development will be include some clinical imaging and outpatient services for UCLH.

UCLH agreed a total sale value with UCL for the EDH of up to £96m, of which £80m is unconditional split into three tranches structured for potential sale, with sale values for each tranche as follows:
Tranche 1: £28.6m
Tranche 2: £21.8m
Tranche 3: £29.6m

In 2017/18 tranche 1 was sold to UCL (the £29m sales value included in the table above includes the £28.6m sale value and £0.4m of pre-paid rent). UCLH is expecting to sell tranches 2 & 3 of EDH to UCL in 2018/19. The sale value was in excess of an independent market valuation, ensuring that UCLH received good value from the sale of the site, and the tranche structure has enabled UCLH to match the one-off profit from sale with the one-off costs of our new Electronic Health Record System (EHRS) over a number of years, to ensure that UCLH could meet its 2017/18 and 2018/19 control totals despite unprecedented investment in the way we deliver our services.

As part of the sale UCLH agreed to purchase Queen Square House from UCL in order to support the development of services at the National Hospital for Neurology & Neurosurgery (NHNN) over the next 5-10 years.

2. Middlesex Annex Site (land) to UCLH Charity

The sale of the Middlesex Annex (£11.9m) and resultant profit on disposal (£5.6m) in 2016/17 was part of a strategic plan to redevelop this site, which had been challenging due to a number of legacy Section 106 obligations and other complex issues. The UCLH charity has both the funds and expertise to redevelop a complex site such as this in a way that the Trust does not. The site will become a new mixed-use facility on the site consisting of residential accommodation and clinical space primarily for additional MRI capacity - an area of clinical work that the local NHS outsources to the private sector currently. This new development has been approved by Camden Council and is due to open in 2021.

With both of the developments above, UCLH has used the sale proceeds and central matched funding from profit on disposal to support investment in a number of significant capital developments such as:

- Our new facility for proton beam therapy, blood disorders and surgery,
- Refurbishment and expansion of theatre capacity at NHNN
- Expansion of our ED department , and
- Our ICT transformation programme (including EHRS).

Details of these developments is available on the link below:
https://www.uclh.nhs.uk/aboutus/NewDev/Pages/Home.aspx

The UCLH Board is always careful to only approve asset sales that it believes are in the long-term strategic interests of the STP and our local patient population. I hope this sufficiently answers your enquiry, but please feel free to get in touch if you have any further queries.

Tim Jaggard

Finance Director, UCLH

250 Euston Road, NW1 2PG

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

North Central London Adult Elective Orthopaedic Services Review - Update Briefing (for information only)

FOR SUBMISSION TO:	DATE
NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	15 March 2019

SUMMARY OF REPORT

The committee were updated on the progress of the review at their November meeting, specifically the themes emerging from the public engagement on the draft case for change. This written briefing note is to keep members updated about the next steps in the review, prior to a formal presentation in the summer.

Contact Officer:

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RECOMMENDATIONS

The committee is asked to note the update report.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NCL Adult Elective Orthopaedic Services Review

Update Briefing for the North Central London Joint Health Overview and Scrutiny Committee

March 2019

Introduction

The committee were updated on the progress of the review at their November meeting, specifically the themes emerging from the public engagement on the draft case for change. This written briefing note is to keep members updated about the next steps in the review, prior to a formal presentation in the summer.

Public engagement – key points

- The engagement phase of the programme closed in October 2018, having heard a wide range of views from those who participated
- Our approach to engagement was informed by a desk-top equalities analysis to identify the main groups that would be impacted by any change to services
- During the engagement we spoke to over 500 people face-to-face across our key stakeholder groups (patients and the public, providers and clinical commissioners) and reached out using bulletins and social media to at least 30,000 contacts. The outcome of the pre-consultation engagement was independently evaluated.
- Alongside the engagement we delivered a series of clinical design workshops to begin to establish a number of design principles for the new service and areas that needed further consideration.
- In December 2018 and January 2019 the review group also reported back to the Joint Commissioning Committee of the five North Central London CCGs, which agreed the design principles for the new service, updated governance structure and contract form for the new service.

The results of all our engagement work in 2018, including all the papers that went to the Joint Commissioning Committee, are available to read on our website at:
www.northlondonpartners.org.uk/about/engagement-phase-reports.htm

Immediate next steps: agreeing a service model and options appraisal criteria

- By early May the aim is to finalise our service model and develop a process for an options appraisal, which will help to decide how and where services might be delivered in the future.
- Decision-making responsibility for these will sit with the Joint Commissioning Committee of the five north central London CCGs
- We are currently inviting resident representatives to be involved in helping to shape the options appraisal and process and service model. By:
    - Inviting resident representatives to review the feedback from our engagement phase and help us to prioritise what is most important in the future of this service

- Inviting resident representatives to help input into the final service model
- Inviting resident representatives to be part of shaping our options appraisal process

The opportunity for patients and residents to submit an application to be part of this process will close at **12 midday on Monday 4 March 2019**

More information can be found at:
www.northlondonpartners.org.uk/about/orthopaedic_review_workshops.htm

Agreeing a preferred option and public consultation

- Once the service model and options appraisal criteria have been agreed, there will then be a process in the summer to ask providers to describe how well they can meet the service model and to score this through an options appraisal process.
- The options appraisal process will result in a preferred site or sites that can deliver the service model, it will be these options which form the basis of the public consultation
- The rationale for the changes and the preferred option need to be set out formally in a pre-consultation business case (or PCBC)
- Before proceeding to public consultation there is a NHS England assurance process to test the rationale for change is robust and any potential consequences have been addressed
- A final decision-making process to agree the PCBC and approve going to consultation will be made by clinical commissioners from the governing bodies of the five north central London CCGs, (or a wider joint arrangement as required).
- We are aiming to formally consult on options for this service in Autumn 2019 – as is always the case with these kinds of change programmes this timeline will need to be kept under review

Working with the JHOSC

Our current timeline is to go out to public consultation in the autumn of 2019. We want to work closely with the Joint Health Overview and Scrutiny Committee around the shape of the consultation. Following initial discussions with the Chair of the Committee and Scrutiny Officers, we are aiming to come back to the committee in the summer to have an early discussion about our approach to consultation and to receive your feedback.

Contacts

The Programme Team would be very happy to offer individual briefings to members to update on the progress of the review and approach to patient and resident involvement. Please do get in touch if you would like us to come and meet with you. The team can be contacted on: camccg.nclorthopaedics@nhs.net or 07825 949148

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