London Borough of Islington
DRAFT
Joint Health Scrutiny Committee – Informal Meeting
2 August 2010

Minutes of the informal meeting of the Joint Health Scrutiny Committee held at the Town Hall, Upper Street, Islington, N1 2UD on 2 August 2010 at 3.00p.m.

Present: **Councillors:** Councillor Martin Klute (L.B.Islington), Councillor Christiana During (L.B.Enfield), Councillor Maureen Braun (L.B.Barnet), Councillor Gideon Bull (L.B.Haringey), Councillor Dave Winskell (L.B.Haringey), Councillor Paul Braithwaite (L.B.Camden), Councillor John Bryant (L.B.Camden), Councillor Peter Brayshaw (L.B.Camden),

Officers: Trevor Cripps, Rob Mack (L.B.Haringey), Jeremy Williams (L.B.Barnet), Peter Moore, Rachel Stern (L.B.Islington), Shama Sutar – Smith (L.B.Camden).

1 INTRODUCTIONS (Item 1)
Councillor Klute welcomed everyone to the meeting. Members of the Committee and officers introduced themselves.

2 APPOINTMENT OF CHAIR FOR THE MEETING (Item 2)
RESOLVED:
That Councillor Martin Klute be appointed as Chair for the meeting.

3 APOLOGIES FOR ABSENCE (Item 3)
Apologies were received from Councillor Christina Hamilton (L.B.Enfield).

3 DECLARATIONS OF INTEREST.
Councillor Brayshaw declared an interest in that he was a Governor at UCLH and Councillor Bull declared an interest in that he worked at Moorfields Hospital.

4 BRIEFING FROM NORTH CENTRAL LONDON SECTOR (Item 4)

Caroline Clark, Director of Strategy and Transformation and Stephen Conroy, Director of Communications and Engagement at the North Central London Sector were present for discussion of this matter.

Caroline Clark stated that the North Central London Sector had two main functions – the five Primary Care Trusts (PCTs) allocated their acute sector budgets of £1.6 billion for the sector to commission hospital services and there were also a range of delegated functions from the Strategic Health Authority with regard to planning and performance management in regard to the acute sector and primary care. The sector would also be the transitional body for GP commissioning and would be in existence until the PCTs and the Strategic Health Authority (SHAs) were abolished and the system was ready for GP commissioning to start

In response to a question as to how the Chief Executive and the Chair of the North Central London sector were appointed it was stated that this information was in the public domain. From 1 April 2010 the Chief Executive had been appointed full time, whereas previously it was a part time post. The LBI postal address and email addresses had been used in order to save money by not having to introduce new technology systems. However, all the Chief Executives of the five PCT's invested time in contributing to the work of the sector and had a five borough approach.

A presentation was made to the Committee, a copy of which is interleaved and the following main points were made -

- PCT's would be replaced by GP consortia by 2013
- The consortia would be geographical, have an accountable officer and have to provide services for unregistered patients. Their size was undefined and their allocation would be confirmed.
- There would be a Shadow NHS Commissioning Board from 2011 – The Board could assign GPs

to consortia and hold the consortia to account
- Local Authorities would have an influence over strategic decisions
- All acute trusts would have to become Foundation Trusts by 2013 or merge with another existing Foundation Trusts.
- In terms of funding there was a predicted £500 million commissioner gap by 2016/17 – the risk in 2010/11 was £60-£80 million – the demand growth was likely to be 4% but additional funding for the NHS was only likely to be 1% and there was also little capital available
- It was felt that there were too many acute hospital beds in the sector and there was a higher average length of stay than in other parts of the country – a large percentage of children attending Great Ormond Street came from outside London in view of it's specialist nature – specialist services could be improved
- Primary care was underdeveloped and there were significant health inequalities in different areas
- There were 1.3 million registered patients in the sector and 860 GPs in 269 practices making 6 million appointments per annum – on the Commissioning side there were around 16 PBC's with 266 referrals seen per annum and 5 Professional Executive Committee Chairs and 5 Local Medical Committee Chairs
- A number of initiatives had been taken in relation to the Darzi review and the Barnet/Enfield/ Haringey reorganisation – it was stated that whilst work had been started on North Middlesex hospital in January 2010 this had been dependent on savings proposals around the Chase Farm hospital site. The proposals at Chase Farm were now being reviewed in the light of guidance from the new coalition government. The North London sector would be carrying out a post election stock take in August 2010
- Previously there had been a clinical advisory group that had included a GP Chair, Medical Directors, UCLP, Nurse Directors, a Public Health Director and George Alberti. They had met intensively from August to December 2009 and monthly up to June 2010. They had reviewed evidence from the Darzi review and Royal Colleges and had considered the Healthcare for London proposals in a local context looking at pathways and service models and made recommendations to NCL about services and the number of sites
- North Central London sector had concluded that the clinical priorities were specialist acute services including cardiovascular, cancer, stroke and trauma, HPB, and neuro-oncology, local acute services and a shift to primary care including in patient paediatrics, obstetrics, urgent care and management of long term conditions and mental health acute services and inpatient beds
- Following the Darzi review the proposal was to have two major acute sites (one in the north of the sector and one in the south of the sector) and a multi specialist acute provider where highly specialised and tertiary services that require major acute type infrastructure could be delivered. There would be a rationalisation of specialist services across the Royal Free and UCLH, such as Cardiac, neurosurgery and ENT and a maximum number of two local hospitals
- There was a need to focus on fewer sites in order to ensure sites provided appropriate, high quality clinical care for patients. However, there was little consensus among practitioners on where those sites should be located

During discussion of the presentation the following main points were made –
- In response to a question it was stated that the North Central London sector had been delegated their responsibilities by the SHA and from the PCT's and that they saw their role as being responsible for the transition from PCTs to GP commissioning
- The Chair enquired as to the current status of the North Central London Service and Organisation review as the L.B.Islington Health scrutiny committee had been informed by the PCT that the process had been suspended. Caroline Clark responded that the letter from the Secretary of State had indicated that the process should be suspended and subject to review and challenge in order to ensure that it satisfied the requirements of the new NHS operating framework. . The process had been halted at the scenario stage and would restart again following engagement with GPs
- In response to a question Caroline Clark stated the proposed stock take was a process to look at engagement and service structures challenges. Given that there was an anticipated £500million funding gap there was a need to look at alternatives to address this
- It was proposed that the North Central London sector would be replaced by GP commissioning

and that this would be overseen by the NHS commissioning board but the White Paper was still unclear on a number of areas and there were a series of consultations arising from the White Paper that needed to be responded to

- A representative from L.B.Haringey referred to the previous proposal for neighbourhood health centres and that the original proposal was to have five and this had now been reduced. Assumptions had been made that patients would be diverted from hospitals to health centres and had the reduction of in the number of these been taken account of by North London Central sector in their funding calculations.
- The new Health Minister Andrew Lansley had stated that he felt that the previous health proposals for London were too 'top down'
- Stephen Conroy indicated that in terms of buildings GPs in Camden had stated that they did not require new buildings to deliver health care and they were happy with existing premises, however this was not the case in all areas of the sector
- Members expressed concern that the presentation had indicated a patient population of 1.3 million for the sector; however it was well known that a lot of the boroughs' populations were not registered. There were a significant number of people who currently just attended at A&E when they had a problem and in addition there was a transient population - there was a need for the GP commissioning bodies to take this into account. Caroline Clark responded that the NHS Commissioning Board would impose duties on the GP commissioners to take things such as unregistered patients etc. into account
- A Member from L.B.Camden enquired about the timeframe for JOSC involvement in any proposals coming forward and stated that scrutiny should be involved at an early stage when proposals were formulated. Stephen Conroy responded that he would take this proposal back for consideration
- In response to a question as to whether the GP Commissioning Boards would be co-terminus with local authority boundaries, it was stated that this would not necessarily be the case It was stated that if a GP commissioning body was set up that covered areas of both Haringey and Islington, different strategies may need to be implemented in different local authority areas. There was also a need for a representative from other interested parties such as pharmacists, LiNKs, nurses and the relevant local authorities to be part of this commissioning process and the North London Central sector should feedback these views
- A Member from L.B.Haringey stated that there was a need to establish who would be accountable for decisions and the issue of co-terminosity was important. If GPs would not commission certain services patients may have to transfer to where they could access these services and wrong commissioning decisions would affect patients
- Caroline Clark stated that the next 18 months was intended to be a transition period and services would not be changed until alternatives had been decided upon
- With regard to the Chase Farm, the hospital needed £130 million spent on it to bring it up to an acceptable standard
- It was stated that decisions should be local and not imposed on an area
- Members expressed the view that as elected representatives they hoped that the North Central London sector would work with them as they all had the best interests of residents at heart. When proposals were formulated these should be shared at an early stage
- In response to a question as to how the anticipated £500 million shortfall would be dealt with, it was stated that £350 million were hospital costs and the remainder mental heath primary care costs. Hospitals would need to make 4%-5% of savings over the next four to five years to ensure the gap did not increase. Measures were already being taken such as reducing agency staff, sharing costs to make efficiencies such as in HR and work was being done to anticipate future funding problems and find solutions and to address them as early as possible
- A Member from L.B.Barnet indicated that the population growth predicted for the borough was 60,000 in the next 10 years and enquired whether adequate provision was being made to take this into account. Caroline Clark responded that the funding formula did take account of future population growth and health inequalities but there was still the issue of rising costs in the health service due to new treatments
- In response to an enquiry as to whether there would be enough health professionals to meet the increased demand for services it was stated that there could be problems in the areas of A&E,

and paediatrics, and the consultants' view was that there needed to be fewer, better treatment centres but where these should be located was contentious

- The view was expressed that, given the proposals for more local authority engagement, there needed to be a clearer indication of how this was to be achieved and how they could be represented at the commissioning level. There was also a need to address the area of mental health as this was an area that should not be neglected. Stephen Conroy indicated that the North Central London sector saw mental health as an important issue

Stephen Conroy then outlined for the Committee the principles of the Concordat that the North London Central sector intended to put in place for future engagement with local authorities –

- Scrutiny powers under the Health Act 2006 section 7 will remain
- Improve public and patient engagement
- Openness and transparency
- Prioritise scrutiny activity as follows -
  - Substantial
  - Non-substantial,
  - A priority for the Health Scrutiny Committees
  - Not a priority for Health Scrutiny Committees

Possible indicators of insufficient consultation could include:

- The NHS fails to alert Health Scrutiny Committees of an issue
- No or insufficient stakeholder engagement
- Members/Officers not updated by NHS
- Scale of changes underplayed by NHS
- A loss of confidence of stakeholders due to NHS failure to adhere to the principles of the concordat

- There was a need for the sector to work with council officers to establish a framework as to how proposals for change would proceed. Substantial variations may need full consultation but minor changes may need only to be referred to the scrutiny committee to inform them what was going on if local GPs and patients were in agreement with the proposals
- Members expressed the view that there needed to be a London wide framework for engagement with scrutiny, given that the changes would be common across all sectors. They also stated that London Councils should be asked to consider this
- A Member from L.B.Camden stated that there should be engagement at an early stage to avoid past mistakes and that the sector needed effective scrutiny
- Given that there is likely to be a number of big changes in the health service there would be a need to establish the JOSC formally at some point with specific terms of reference and that this meeting had been helpful in clarifying the position for future engagement. Stephen Conroy responded that the sector had found the meeting useful as well and there was a need to look at revisiting the strategy for the future
- Stephen Conroy added that where there were not substantial variations and things needed to be progressed quickly it would be useful to consult the JOSC or individual health scrutiny committees. A meeting of the full JOSC might not be able to be arranged quickly and if this was the case then individual health scrutiny chairs should be consulted
- In response to a question it was stated that the sector had met with the LINk chairs and invited them to attend the sector board as it was felt that the more that people worked together the better
- A Member from L.B.Enfield enquired who would provide services in the community once the PCT ceased to exist, in particular mental health services. It was stated that work was being carried out to look at community services and whilst there would be a GP commissioning board, mental health services would still have their own mental health trusts and these would continue to exist as at present

RESOLVED:

(a) That London Councils/Centre for Public Scrutiny be requested to consider whether there should

be a London wide framework set up for dealing with proposals for change given that there were common issues across London such as the emergence of sector wide NHS bodies with a strategic role in commissioning.

(b) That it be noted that the North Central London sector had indicated that they were willing to engage with the JOSC, and if necessary individual Health scrutiny committees, as soon as proposals are at a formative stage and to also take back the further comments made above by the JOSC for consideration.

The Chair thanked Caroline Clark and Stephen Conroy for attending.

5 POSSIBLE FUTURE ENGAGEMENT WITH HEALTH OSCS AND NHS NORTH CENTRAL LONDON (Item 5)

In the discussion the following points were raised:

- If a formal JOSC was established for statutory consultation it should be investigated whether issues could also be referred on a borough wide basis – the view was expressed that during the consultation on stroke/trauma there was a JOSC established but this had not precluded individual boroughs considering these proposals. There would also be a collective view from the JOSC if all the boroughs could agree
- It was stated that as all the individual boroughs had agreed the proposed terms of reference of the JOSC there was a need to decide how to take the JOSC forward

RESOLVED:

(a) That the scope of the JOSC be widened so that it had a standing role (on an as and when discretionary basis), in considering any sector wide proposals that involve significant changes to services that affect patients and the public across the sector. This could be broadened, if felt appropriate, to cover specialised commissioning where services are organised across 5 boroughs and whilst, the number of patients in each borough may be small, the aggregate total was significant. This would remove the need to set up a fresh JOSC on every occasion and therefore reduce the administrative burden. It could also enable proposals to be scrutinised which would probably not otherwise have been looked at in detail. The JOSC whilst undertaking this role should, in addition, take on a strategic role in scrutinising sector wide issues through regular engagement with NHS North Central London sector.

(b) That the London Scrutiny Network be contacted to ascertain the arrangements that were being made in other sectors concerning JOSC's and scrutinising NHS proposals

6 HEPATOBILIARY AND PANCREATIC SERVICES (Item 6)

RESOLVED:

That the report be noted.

The meeting ended at 5.20 pm

CHAIR: