

**MEETING OF THE  
JOINT OVERVIEW AND SCRUTINY COMMITTEE  
TO REVIEW HEALTHCARE FOR LONDON  
FRIDAY 18<sup>TH</sup> JANUARY 2008**

**The Guildhall, City of London, EC2**

**PRESENT:**

Cllr Marie West - London Borough of Barking and Dagenham  
Cllr Richard Cornelius - London Borough of Barnet  
Cllr David Hurt – London Borough of Bexley  
Cllr Carole Hubbard - London Borough of Bromley  
Cllr David Abrahams - London Borough of Camden  
Kenneth Ayres – City of London Corporation  
Cllr Bass - London Borough of Croydon  
Cllr Mark Reen - London Borough of Ealing  
Cllr Ted Eden – London Borough of Havering  
Cllr Mary O’Connor - London Borough of Hillingdon (Chairman)  
Cllr Jon Hardy - London Borough of Hounslow  
Cllr Meral Ece - London Borough of Islington (Vice Chairman)  
Cllr Christopher Buckmaster - Royal Borough of Kensington and Chelsea  
Cllr Don Jordan – Royal Borough of Kingston upon Thames  
Cllr Helen O’Malley - London Borough of Lambeth  
Cllr Sylvia Scott – London Borough of Lewisham  
Cllr Gilli Lewis-Lavender - London Borough of Merton  
Cllr Megan Harris Mitchell - London Borough of Newham  
Cllr Ralph Scott – London Borough of Redbridge  
Cllr Nicola Urquart - London Borough of Richmond upon Thames  
Cllr Adedokun Lasaki – London Borough of Southwark  
Cllr Stuart Gordon Bullock - London Borough of Sutton  
Cllr Mark Francis – London Borough of Tower Hamlets  
Cllr Richard Sweden - London Borough of Waltham Forest  
Cllr Barrie Taylor - London Borough of Westminster (Vice Chairman)  
Cllr Chris Pond - Essex County Council  
Cllr Mary Angell – Surrey County Council  
Cllr Chris Pitt - Surrey County Council

**ALSO PRESENT:**

**Officers:**

Tim Pearce – LB Barking & Dagenham  
Bathsheba Mall – LB Barnet  
Louise Peek – LB Bexley  
Graham Walton – LB Bromley  
Shama Smith – LB Camden  
Sureka Perera – City of London Corporation  
Helen Kearney – City of London Corporation  
Neal Hounsell – City of London Corporation  
Trevor Harness – LB Croydon

Nigel Spalding – LB Ealing  
Alain Lodge – LB Greenwich  
Ben Vinter – LB Hackney  
Tracey Anderson – LB Hackney  
Sue Perrin – LB Hammersmith & Fulham  
Nahreen Matlib – LB Harrow  
Trevor Cripps – LB Haringey  
Anthony Clements – LB Havering  
Guy Fiegehen – LB Hillingdon  
David Coombs – LB Hillingdon  
Sunita Sharma – LB Hounslow  
Deepa Patel – LB Hounslow  
Peter Moore – LB Islington  
Gavin Wilson – RB Kensington & Chelsea  
Elaine Carter – LB Lambeth  
Nike Shadiya – LB Lewisham  
Barbara Jarvis – LB Merton  
Greg Leahy – LB Newham  
Jonathan Shaw – LB Newham  
Jilly Mushington LB Redbridge  
Rachael Knight – LB Southwark  
Afazul Hoque – LB Tower Hamlets  
Phil Williams – LB Waltham Forest  
Phillipa Stone – LB Westminster  
Derek Cunningham – Surrey County Council

### **Speakers**

Steve Pennant – Chief Executive, London Connects  
David Walker – Editor, Guardian ‘Public’ Magazine  
Niall Dickson – King’s Fund  
John Appleby – King’s Fund  
Cllr Merrick Cockell – Chairman, London Councils  
Mark Brangwyn – Head of Health and Social Care, London Councils  
Hannah Miller – Director of Social Services, London Borough of Croydon

### **CHAIR’S ANNOUNCEMENTS**

I wish to also draw your attention to the fact that London Councils has arranged a Healthcare for London event on 14<sup>th</sup> February to be hosted at the Tower Hotel. We are advised to contact Valerie Solomon at London Councils if we wish to attend.

Last week you will have received an email requesting for you to make me aware who you would like the JOSOC to write to in order to capture their views. Request forms were available at the meeting. Following the meeting the Chairman proposes to write to all such organizations in order to make them aware of the work of the JOSOC.

You will also note on page 31 (published for the first time) the previously (electronically) circulated NHS Statement regarding the timings and receipt of the JOSC report.

Please note we do not yet have central and accessible venues for our two meetings in March it was noted support was needed in securing venues and providing the support.

## **DATE AND VENUE FOR NEXT MEETING**

22<sup>nd</sup> February. London Borough of Tower Hamlets

### **1. APOLOGIES FOR ABSENCE**

Apologies of Absence were received from;  
Cllr Janet Gillman – London Borough of Greenwich  
Cllr Mick Hayes – London Borough of Greenwich  
Cllr Vina Mithani - London Borough of Harrow  
Cllr Alan Burgess - London Borough of Redbridge

### **2. DECLARATIONS OF INTEREST**

Cllr Carole Hubbard - London Borough of Bromley, declared that she is an employee of Bromley PCT

### **3. CHAIRMAN'S WELCOME AND INTRODUCTION**

The Chairman welcomed the Committee to Guildhall.

### **4. MINUTES**

The minutes of the meeting held on 30 November were agreed subject to the following amendment:

The meeting was adjourned at 11.30am not pm.

The minutes of the meeting held on 7 December were agreed subject to the following amendment:

Cllr Scott of Lewisham was present, not Cllr Hall.

It was noted Officer Rob Mack (L.B. Haringey) was in attendance at both meetings.

It was noted Officer Nike Shadiya (Lewisham) was in attendance at the meeting on 7<sup>th</sup> December 2007.

### **5. PROJECT PLAN**

The Project Plan was agreed.

## 6. WITNESS SESSION 1

### Steve Pennant, Chief Executive, London Connects

Cllr O'Connor introduced Steve Pennant, Chief Executive, London Connects. During the presentation and ensuing discussion, the following points were made:

- Network security was a sensitive issue. Would Boroughs be happy that that the NHS had access to their data? Protocols and codes of data connection should be shared but would take time.
- Stakeholder management – the people who develop the systems should understand what the professionals, who would use the system, wanted. Small scale projects were easier to manage as there was less of a gap between developers and users. When managing projects, it was important to recognise the management of risks from development to operation.
- Single emergency number – worked well in New York but there are only five boroughs and less services so this was easier to develop.
- Secure e-mail – with this system, people can be sure that the name at the bottom of the e-mail is the person sending the e-mail.
- How can Boroughs add value to NHS? One stop shops, face to face, call-centre services, access to NHS Direct etc.
- Websites – there is much greater scope for making these complementary to other websites.
- Joint and partnership working - The incentive is not there for managers to work in partnership as their performance is measured in terms of the performance of their own organisation or department.
- The NHS does have the capacity to deliver increased connections between organisations but this also depends on altering the incentives to NHS staff (i.e. to incentivise them to work in partnership).
- Some GP surgeries were still not communicating electronically with hospitals
- Selling these concepts to the NHS was an issue as was the cost and the need for the correct software to mesh in with the NHS
- Political will would be required to implement a new IT system; however this carried potentially greater risks, including impacts from possible service loss. Incremental development, based on a review of existing systems, might prove to be a better approach.

### Questions

Q The Chairman asked if the NHS had the capacity to deliver increased connections between organisations.

It was responded that a great deal of work had been done and that the technical competence was available; however incentives for NHS managers needed to be changed.

Q The Councillor for Newham commented that GP surgeries in her borough were not communicating electronically with hospitals.

It was responded that this should not be the case.

Q The Councillor from Croydon asked if this was too complex a move at this time.

It was responded that there was good practice out there which should be emulated.

Q The Councillor from Hammersmith and Fulham asked whether the micro was being looked at rather than the macro and whether there was the political will to implement the same IT system within the NHS and the Boroughs. He inquired also as to whether a zero-based examination of the system was required rather than endless 'patch-up jobs' which would enable the system to weather political change.

It was responded that a lot of political will was required to get the system implemented, however he refuted the claim that it was a patch-up job. There was incremental development.

Q The Councillor from Hounslow asked if there was widespread recognition of the need for training.

It was responded that this was not generally recognised amongst Boroughs.

Q The Councillor from Essex County Council commented that there should be some regard for those authorities outside the GLA boundary.

It was responded that London Connects' remit was confined to the Greater London local authority area.

Q The Councillor from Redbridge asked if there was a date for a connected working system to go live.

It was responded that a date could not be given at this stage, however the project would be implemented in incremental steps rather than on a specific 'go live' date

## **7. WITNESS SESSION 2**

### **David Walker, Editor, Guardian "Public" Magazine**

Cllr O'Connor introduced David Walker, Editor, Guardian "Public" Magazine. During the presentation and ensuing discussion, the following points were made:

- London was pioneering scrutiny and overview of health; the problem lay with the institutional coverage of health issues in the media.
- Follow-up to scrutiny process was lacking and how this linked in with political reform. This needed to be couched in terms of 'leverage'. There was a need to consider the wider politics of health policy.
- There must be accountability for health – through Councillors or direct election to PCT.

- There was a deficit in primary care between what people wanted and what GPs supplied (their contracts). How should primary care be shaped? Direct employment of GPs by entities such as councils? The BMA is a very powerful body and will refuse to discuss this but councils must counter this.
- Doctors present major issues concerning the management of sophisticated professionals – need to draw on experience of handling other similar professionals such as teachers, academics and social workers

**Niall Dickson, Chief Executive, 'Kings Fund and John Appleby, Chief Economist, King's Fund**

Cllr O'Connor introduced Niall Dickson, Chief Executive, 'Kings Fund and John Appleby, Chief Economist, King's Fund. During the presentation and ensuing discussion, the following points were made:

- Healthcare for London proposals - overall impression of health in London is upbeat but London needs to change. There are forces on the healthcare system such as access, quality and health inequalities which need addressing.
- Principle of Darzi – centralisation where necessary, localisation where possible.
- Darzi is not a blueprint or plan – it sets i) a direction of travel, ii) the need to be flexible and iii) take account of local circumstances and current configuration of services and how they have developed (heritage).
- Access and travel times to services
- Evidence for polyclinics less clear; there is some evidence for the need to get consultants out of hospitals
- Access and speed of diagnostics
- Must get clinicians on board otherwise the public will be convinced less likely to support reform.
- Single-handed GP surgeries will become a thing of the past
- Possibility of federating smaller practices – specialist and generalist care together but the mechanics of this have not been figured out yet.
- Ease of access to GPs depends on where the practice locates which leads to a disparity in the basic model of provision
- NHS is starting to measure quality of health care
- Achievements of Darzi – NHS must conduct evaluation; much will change over next 10-20 years including medicine and public expectations
- Direct employment of GPs not a sound idea. However it should be easier for people to change GPs.
- Recognition that there are inequalities in social care with intense care going to a small number of people, and people just above the benefits level suffering the most
- Need to look at international healthcare systems for examples of best practice, polyclinics etc.
- NHS is now underspending – not necessarily a good thing

## Questions

Q The Councillor from Bromley commented that her experience of single-handed GPs was very good.

It was responded that whilst single-handed GPs did provide a good service, it was more a question of access. Federating small practices was an option but there was no clear model of how this could be taken forward.

Q The Councillor for Newham referred to funding gaps and the deprivation found in her borough which lead to stark health inequalities.

It was responded that there would be a revision to the funding formula in the next few years but it was not known how this would impact on individual areas.

Q The Councillor for Lewisham commented that there was no mention of the 'Picture of Health'.

It was responded that the King's Fund was not undertaking work on the 'Picture of Health'.

Q The Councillor from Westminster referred to the need to address 'access' issues.

It was responded that a variety of models of access to GPs is likely to prove best-suited to local needs. Greater competition would allow people greater freedom to move from one GP to another.

Q The Councillor from Kensington and Chelsea referred to the issues raised by the NHS being a free universal service, but social care being means-tested, providing specialised care to smaller numbers of people.

It was responded that the Government appeared to have accepted arguments put forward (in 2006) for greater funding for local authority social care. It had committed to a Green paper which would explore issues, and the movement seemed to be towards the possibility of the two funding systems being made more compatible.

Q The Councillor for Ealing asked about ways in which local authorities could capture local politics and take the lead in areas such as social care etc.

It was responded that local authorities needed to fight for forms of accountability.

Q The Councillor for Waltham Forest asked how older people's care could be delivered at the same time as the Darzi recommendations, particularly as councils were trying to reduce the costs of residential care and home care.

It was responded that the King's Fund were still looking at these issues within the Darzi framework.

Q The Councillor for Hounslow queried whether Darzi's framework, which was written from a clinician's viewpoint, had been 'hijacked' by bureaucrats to justify what they needed to do to balance the books and without any regard for healthcare.

It was responded that whilst Lord Darzi was a surgeon, he was now also a politician. There were tensions within the clinical community about the right answers. In defence of 'bureaucrats', they faced severe financial pressure as managers.-

Q The Councillor for Hammersmith and Fulham commented that not enough attention was being paid to what was happening abroad and what could be learned from the experience in other countries.

It was responded that overseas examples of polyclinics such as those found in Germany and the US had been identified and looked at.

Q The Councillor for Camden commented that that there was a lack of evidence on the efficacy of polyclinics which was a cause for concern given that a central plank of Darzi's report was polyclinics.

It was responded that it was a mistake to think Healthcare for London is simply about polyclinics.

Q The Councillor for Lambeth asked what implications there were for mental health from the Darzi report.

It was responded that mental health represented 12% of the NHS budget which was a large proportion and serious consideration was required as to how this could be represented in the Darzi discourse.

Q The Councillor for Havering drew attention to the need for adequate numbers to provide increased care in the home.

It was responded that the likely diminishing pool of carers in the future represented an issue for serious consideration.

## 8. **WITNESS SESSION 3**

**Councillor Merrick Cockell, Chairman, London Councils and Mark Brangwyn, Head of Health and Social Care, London Councils**

Councillor O'Connor introduced Councillor Merrick Cockell and Mark Brangwyn.

Councillor Cockell made the following points in his presentation:

- NHS is essential for London, although it currently does not offer equity of service
- Education is key, with an emphasis on prevention rather than cure. Healthy lifestyles need to be taught, especially in terms of diet, sporting activity, smoking and alcohol.



- Service needs to be local; if ‘polyclinics’ were to be established, they would need to cater to local need. Further, transport links would need to be considered.
- Choice should be a strong part of new policy, as should treatment at home.
- Funding of social services need to be reassessed, especially those concerning Mental health, that do not benefit from the funding floor.
- In moving forward, all changes need to be monitored in order to assess their effectiveness, and certain issues, such as social care funding, need to be brought to the top of the agenda.

**Hannah Miller, Director of Social Services, London Borough of Croydon**  
Councillor O’Connor introduced Hannah Miller.

Hannah Miller covered the following issues as part of her presentation;

- There was much to admire in the Darzi report, not least the emphasis on prevention
- However, there were major flaws, including the lack of modelling of the impact of the proposals on social care
- The lack of consultation with social services departments, social service professionals and experts in the field was disappointing, and potentially harmful for the health care system
- Health care cannot be separated from social care; they form part of the same package and involve the same issues.
- Care can be provided at home; Croydon’s ‘virtual ward’ would be an example, as would ‘tele-care’: these could be cost effective options for providing immediate care without the need to visit a clinic.
- Aspects of the ‘polyclinic’ idea are useful, such as the co-location of services, which would certainly save funds, but whilst the service would be attractive to service providers it would not necessarily be attractive to service users, many of whom expect a local and personal service.
- All issues surrounding health care of the elderly need to be reviewed
- More clarity is required over funding; at present the proposals are unclear over this, and the potential is for Local Authorities to foot the bill. Detailed costing needs to be provided, including details of who would pay for each stage of care and recovery
- The lack of detailed evidence could mean there is potential for hidden costs and generating overspend without realising.
- Darzi presents certain opportunities, such as the possibility of Local Authorities to work more closely with the NHS, or with local businesses, to promote healthy lifestyles.

During the discussion that followed these two presentations, the following questions were asked and responded to:

Q. The Chairman asked if there had been discussion with Local Councils or social services regarding the costs of discharges.

Those present were advised that from her experience at a local level (Croydon) discussions had taken place dealing with discharges from hospitals; working groups had been set up. On a national or London level it is understood that working groups established to review models of care had been created, though none involving social care. Local Councils should be in a strong position to push for such involvement and discussion.

Q. The Councillor for Barnet asked whether the speakers felt that the scrutiny of the committee would be listened to.

It was responded that the proposal of 'polyclinics' was a good example of government listening to suggestions of Local Authorities. The key would be to stress the importance of identifying the needs of local communities.

Q. The Councillor for Ealing asked whether the current size of PCT's would be enough to cope with the potential changes, what role they would have and what challenges would be presented for them by Darzi.

It was responded that the changes would need bigger PCTs, possibly with sub groups. There would be potential from problems to arise with such a set up, as currently relationships between local authorities and PCTs are strong and there was a risk of losing this. The fact that Darzi was now working for the government could possibly indicate that his report and the implications of it would be considered seriously.

Q. The Councillor for Islington expressed surprise that the government may reform PCTs, and expressed the opinion that Local Authorities would have an opportunity to influence any such changes

It was responded that circumstances were changing, and that there was a hope that the NHS could work London-wide in the same effective way as Local Authorities. An important, logical step would be the involvement of PCTs with social services.

Q. The Councillor from Newham expressed the opinion that as all Boroughs are different, local knowledge would need to be kept. As well as this, if social care and discharges were to change, proper support would be needed for vulnerable adults.

It was responded that early discharges would be monitored. There was currently a good record for this, and it would need to be maintained. The principles of correct management would need to be adhered to in order to ensure that the implications of the Darzi report need not be harmful.

Q. The Councillor from Hounslow expressed concern over the potential for cost shunting, especially if budgets were pooled.

It was agreed that this could cause potential problems. However, there is also scope for improving current situations, and as such this should be something that is addressed in the response of the committee.

Q. The Councillor for Camden asked what could be done to address the problems of Darzi, such as the lack of an holistic approach, the lack of inclusion of social care, and the lack of financial modelling.

It was responded that the report was purely a clinician's report, and that the response from this committee would be the opportunity to give evidence from Local Authorities about such issues.

Q. The Councillor from Bromley stated that there would be an impact on nurses as well as social care if people were to be leaving hospitals sooner, and sicker.

It was responded that stronger hospital care systems would be needed to deal with this.

Q. The Councillor from Waltham Forest asked whether teams of care workers should be increased, and funds for these be ring-fenced.

It was responded that without predictive modelling, the impact of measures and therefore the actions needed to reduce problems cannot be properly known. Complete recommendations would therefore be difficult to make. It was said that good management would be crucial in arranging joined-up services.

Q. A question was asked regarding whether the views of the London Councils would be reported to this committee.

In response the Leader of London Councils said that the deadlines of the consultations would not allow this, but he hoped that the two responses would be similar, and recommended that officers and Councillors work towards this.

Q. The Councillor for Hammersmith and Fulham commented that reductions in illness should be a focus, rather than just prevention.

It was responded that prevention was a good way of creating reduction in illnesses.

Q. The Councillor for Harrow emphasised the need for localism, as Darzi assumes a 'one size fits all' model.

It was responded that Boroughs would need to be worked with to develop local targets and strategic partnerships. Boroughs potentially could have a large impact on NHS London. The local knowledge of Local Authorities would be extremely useful given that the NHS had little success of responding to local needs.

Q. The Councillor for Surrey asked if it would be possible to look at the 'polyclinic' in Tower Hamlets as a site visit.

It was responded that this was a possibility and would be looked into.

Q. The Councillor for Kensington and Chelsea commented that the Darzi report had grown from merely being a medical report, and asked how it could be implemented with current structure.

It was responded that funding would need to be better and an agreed part of the strategy. The future of PCTs would need to be addressed, although there was hesitation over reform of PCTs whilst the impact of Darzi was still unknown.

Councillor O'Connor thanked Councillor Merrick Cockell, Mark Brangwyn and Hannah Miller for their contributions.

**9. ANY OTHER BUSINESS**

There was no other business