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NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

FRIDAY, 7 JULY 2017 AT 10.00 AM
COMMITTEE ROOMS 1 & 2, HARINGEY CIVIC CENTRE, HIGH ROAD, WOOD GREEN, LONDON N22 8ZW

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**

SUPPLEMENTARY AGENDA

Issued: Thursday, 6th July 2017

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 7 JULY 2017

THERE ARE NO PRIVATE REPORTS

PLEASE NOTE THAT PART OF THIS MEETING MAY NOT BE OPEN TO THE PUBLIC AND PRESS BECAUSE IT MAY INVOLVE THE CONSIDERATION OF EXEMPT INFORMATION WITHIN THE MEANING OF SCHEDULE 12A TO THE LOCAL GOVERNMENT ACT 1972, OR CONFIDENTIAL WITHIN THE MEANING OF SECTION 100(A)(2) OF THE ACT.

SUPPLEMENTARY AGENDA

9. DEPUTATIONS

(Pages 5 - 10)

To receive deputations from members of the public.

10. NCL STP: FINAL PLAN INCLUDING FINANCE

(Pages 11 - 24)

To consider a presentation on NCL Finance.

11. NCL STP: CCGS JOINT COMMITTEE - NORTH LONDON PARTNERS IN HEALTH & CARE

(Pages 25 - 26)

The NHS health organisations and the five local authorities that make up North Central London have produced *North London Partners in Health & Care, Sustainability and Transformation Plan (STP)*. It sets out proposals to meet the challenges faced locally and to deliver high quality and sustainable health and care services in the years to come.

AGENDA ENDS

The date of the next meeting will be Friday, 22 September 2017 at 10.00 am in Barnet.

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Update on the LUTS Clinic following Whittington NHS Trust Board meeting on 7th June

Background:

The committee will recall that in the meeting on 17th March Simon Playdell shared some positive progress that had been made with developments for securing the future of the LUTS clinic and, crucially, enabling it to reopen to new patients. Specifically, it was stated that once succession planning was confirmed, and institutions committed to support through research groupings then this would be considered sufficient as an interim plan enabling the clinic to reopen to new patients. Mr Playdell also recognised the very serious risk that continued uncertainty regarding the future of the clinic risked jeopardising it by making it impossible for good clinicians to make long term commitments to the clinic.

Following the JHOSC meeting, on 11th April the patient group met with representatives from the Whittington. At this meeting, it was noted that:

1. The Professor's contract has been extended so that he may continue working in clinic, currently with existing NHS patients only.
2. A business proposal including clinical leadership and identifying how the research governance will strengthen the clinical service model was currently underway with the participation of Professor Malone-Lee and other parties internal and external to the Whittington Hospital including UCL, UCLH and the Royal Free. **We were assured that a paper would be presented to the June Trust Board about the LUTS clinic and its progress which would enable the board to vote on whether or not to reopen the clinic to new patients.**
3. Key messages were to be communicated by the hospital to all parties including patients, that good progress was being made and that the Trust is committed to reopening the LUTS clinic.

Current situation:

A week before the June trust board meeting we were contacted and told that **a business plan would not be presented**. Instead a statement would be read[1] by way of update explaining why the plan was not ready to go to the trust board at this stage.

Whilst we are obviously pleased to hear in the statement that succession plans have been confirmed for the clinic, you will understand our dismay that another deadline has passed without a clear plan for its reopening. **The RCP report published last year anticipated reopening of the clinic around 6 months after its publication and several dates we have been promised for reopening the clinic have now come and gone.**

Of greater to concern to us was the fact that although Mr Playdell indicated at the board meeting that there was no reason the clinic shouldn't be open before his leaving in September this year, **the only date mentioned in Mr Pleydell's statement is that of June 2018** when the new consultant will be in place to lead the clinic. Were the clinic to remain closed to new patients for another year we would consider that wholly unacceptable and a serious breach of previous promises made.

We would also note that other than in discussions with the patient group, **no public key messages demonstrating the Trust's commitment to the clinic have been forthcoming from the hospital executive or Trust**, although these were promised at the April meeting. The clinic's current patients have been left in an intolerable position of anxiety and uncertainty, and we anticipate the news of yet another delay will add to that distress.

[1] This statement is on page 2 of this update for your information

Update on the LUTS Clinic following Whittington NHS Trust Board meeting on 7th June

On Monday this week we were made aware that Mr Pleydell is stepping down from his role as Chief Executive from September. Whilst we would like to thank him for the support he has given to the LUTS clinic, **we urgently seek reassurances that the necessary and immediate work towards reopening the LUTS clinic will not be delayed or negatively impacted by this change in leadership of the Trust.**

It is of note that **all this takes place in the context of growing research interest in the increasingly complex nature of urinary tract infections and the inadequacy of current testing**, with significant recent publications in this field and increasing interest in the methods of the clinic, including from the National Institute of Clinical Excellence. Meanwhile the global burden of this disease is rising, with 16.1% increase in age-standardised incidence between 1990 and 2013 and 58,000 years lost to disability (YLD) in 2003 alone. In 1993/4 cost estimates of treating UTIs in the National Health Service were £124 million.

The LUTS clinic is a groundbreaking, front line clinic with unique understanding of long term UTIs and effective treatments to a set of diseases that affect thousands of men, women and children every year. **We would implore the Trust to commit to the clinic, halt any further delays in making it available to new patients and to preserve and protect the future work of this clinic and the research team linked to it without further delay.**

Dr K Middleton
On behalf of the patient group currently at or seeking treatment from the LUTS clinic.

Full statement as read by Mr Simon Playdell at the Whittington Board meeting of 7th June

Lower Urinary Tract Services (LUTs)

Work has been continuing to secure the succession plan for clinical leadership of the LUTs service. Progress has been made with colleagues from UCL and UCLH. The plan will identify how the research governance will strengthen the clinical service model; we are working towards new arrangements being fully in place by June 2018. There are some details to be concluded before the plan can be brought to the Board.

With regard to the safety and governance concerns, a further desk top review against the Royal College of Physicians (RCP) recommendations was completed in May and a report will be sent to the RCP and NHS Improvement. The current inability to establish a functioning multi-disciplinary team is an ongoing challenge that we will work to resolve. This would need to be in place to enable the Trust to reopen to new patients. This is in line with the expectations of local and national commissioners.

The LUTs Service
Whittington Health Trust Board Update
5 July 2017

1. Background

The LUTs service was subject to an RCP invited service review in May 2016. Since that time the Trust has been working to identify a succession plan for the clinic following the retirement of Professor James Malone Lee and to ensure that there is assurance of safety and improved governance in place.

This paper describes the progress made and proposes the next steps to enable the reopening to new patients.

- There have been two desk top reviews against the RCP recommendations and action plan since February 2017. Both reviews have demonstrated progress against the recommendations.

- The clinic has remained open to current patients throughout this time. Professor James Malone Lee has continued to work with the Trust and there have been regular meetings with him throughout this time.

- There have been six meetings with members of the patient group over the last 12 months to engage them fully in planning and progress.

- There continue to be meetings with commissioners, UCL and colleagues from UCLH to finalise arrangements.

2. Succession Plan

Professor James Malone Lee retired in June 2016. He has continued to work with the Trust following retirement. A key recommendation of the RCP report was to work with UCL and ULCH to identify a succession plan and work towards a tertiary setting for the clinic.

There has been significant progress with agreement from UCLH, within the context of our Clinical Collaboration, to a shared Consultant post in Urogynaecology. This post will be subject to the business case process and approvals process in each Trust.This will allow us to have clinical leadership in place. Target date for new consultant in post will be June 2018.

UCLH Foundation Trust and the Whittington Health NHS Trust with support from UCL are working together to agree the research governance for the clinical service. Each Trust is responsible for the clinical research studies conducted within its service areas. UCL can support the development of clinical research proposals and also applications for funding grants if need be. UCL provides the governance for related basic research located on its Royal Free Campus. The academic activities, i.e. basic research work, of Professor Malone-Lee are governed by UCL. With regard to the future LUTs service, proposals to establish research trials are being

developed; principle and clinical investigators are being explored. It is aimed that these studies will be part of the new service from June 2018, but it is important that the board recognises securing funding and ethical agreement and sponsorship for trials is a long process which may go well beyond June 2018.

As recommended by the RCP we will work towards the service being based in a tertiary setting. Pending the MDT functioning, initially new referrals for the WH service will be accepted only via secondary care providers. Appropriate onward referrals can then be made to the existing service which will continue to be provided from the Hornsey Central site with a long term plan, pending acceptance of a clinical research framework, to enable the clinic to be within a tertiary governance setting.

3. Safety and governance

The Board asked for assurance regarding the safety and governance for the clinic being in place. Again progress has been made in both areas.

- Monitoring of compliance with practice restrictions in place
- Improved consent forms and patient information
- IT systems integrated
- Standard operating procedure in place
- Protocol for use of skype in consultations in place
- Audit programme integrated into Trust audit programme
- Paediatric pathway in place with Great Ormond Street Hospital

4. Multidisciplinary team working

In order to be able to reopen to new patients the Trust needs assurance that there is a functioning multidisciplinary team (MDT) in place. This was a recommendation of the RCP report and is the advice from NHSE and NHSI. This has proved challenging and now with learning from different approaches to developing an MDT we are instigating a new MDT at Whittington Health for this service. Draft terms of reference are in place. The first reconstituted MDT will meet in July. Local commissioners will be members of the MDT. New patients will be accepted into the clinic on a phased approach and with the agreement of local commissioners that there is a functioning MDT in place.

We continue as a priority to work with partners to enable the service to reopen to new patients. We will discuss with the patient group this week the key messages that we will be sending to all current patients of the LUTs service.

The Board are asked to note the progress and next steps.

Haringey KONP Deputation for JHOSC 7/7/17

Re "Devastating " planned cuts to Haringey Health Services under NCL STP

Members of Haringey Keep Our National Health Service Public (Haringey KONP) are writing to draw your attention to the North Central London's Sustainability and Transformation plan will make devastating cuts to health services in Haringey

These plans exposed by the *Guardian* on 20 June 2017 (see link below) show that NHS chiefs in Haringey and the neighbouring local authorities of Barnet, Camden, Enfield and Islington are planning a £183 million cut to health services.

The Sustainability and Transformation Plans (STPs) cover all of England and promise to integrate health and social care but only by imposing cuts of £22bn by 2020 nationally.

Haringey KONP is concerned that the STP for North Central London will mean people in Haringey waiting longer for operations, being denied access to an increased number of treatments and that there will be cuts to financial support for patients with serious long term conditions, or with mental health problems, downgrading or closure of hospital units and doctors spending less on drugs.

It is proposed that budget deficits will be reduced not only by cuts to services but by the sale of NHS estates. And the " viability" of North Middx is threatened. All this without full public knowledge.

We note that Barnet Labour is calling for an immediate halt to the implementation of these plans until a full consultation can take place and residents' views can be heard and the plans properly scrutinised and debated in public. (See their press release link below.)

Given that Haringey CCG and other CCGs have failed to do proper public consultation for all their residents in the NCL STP area

Haringey KONP therefore :

- **urge the the Joint Health Overview and Scrutiny Committee to discuss these concerns and .**
- **urge the JHOSC to recommend that NCL commissioners and providers attend the forthcoming JHOSC meeting in order to explain what the impact of these plans will be, or produce a report urgently.**
- **call on JHOSC to recommend a day of public engagement for Haringey residents and other boroughs on these plans to include patient groups, voluntary organisations and NCL commissioners and providers so that the plans are given full, open and proper debate.**

- **that the JHOSC organise with the boroughs in NCL an ongoing programme of proper public consultation informing all residents within the NCL STP area about how these changes will affect their health services.**

- Rod Wells for Haringey Keep Our NHS Public

Links: *Guardian article**:*** ***https://www.theguardian.com/society/2017/jun/20/leak-shows-devastating-impact-of-planned-nhs-cuts-in-london***

Leak shows 'devastating' impact of planned NHS cuts in ...

www.theguardian.com

Patients will be denied treatment, waiting times for operations will lengthen and A&E and maternity units may be shut under secret NHS plans to impose unprecedented ...

http://www.barnetlabour.org.uk/barnet_s_labour_councillors_slam_secret_cuts_plan_for_north_central_london_nhs

Ends

Money and the NCL STP

Presentation to NCL Joint Health Overview & Scrutiny Committee

7 July 2017

NORTH LONDON PARTNERS in health and care

Where do CCGs get their money from?

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- Funding to the NHS nationally 17/18 to c£110bn. Of this, c£80bn is allocated to CCGs; none of this is allocated directly to the STP
- Allocations to individual CCGs are determined by reference to a national formula that measures relative 'fair shares' of funding based on measures of need (weighted capitation targets).
- NCL CCGs receive total funding of c£2bn. In 17/18, they have received growth in funding of 2.2%, compared to the national average of 2.1%.
- The level of funding growth in 17/18 varies by CCG: Camden 0.2%, Islington 2.7%, Barnet 2.7%, Enfield 2.8% and Haringey 2.4%.
- We expect a 3% growth in activity in 2017/18 due to an ageing population, and more people living with long term conditions

NORTH LONDON PARTNERS in health and care

Where do trusts get their money from?

- CCGs commission services from providers (hospitals, mental health, community, and continuing health care), through NHS contracts
- NHS Trusts also income from contracts from NHS England (for specialist services) and from other sources (e.g. for education, training and research)
- NCL Trusts have a total income of c£3bn – includes income from other CCGs for treating patients from outside NCL, and from NHS England for specialised services
- Trusts face cost pressures in 17/18 of nearly £100m due to general inflation, increased costs of technology and medicines and other pressures e.g. business rates

National expectations of the NHS in 2017/18

- Delivery of control total (a surplus of £28m across all CCGs and NHS providers on the patch)
- Achievement of 17/18 milestones set out in STP
- Delivery of the Five Year Forward View performance requirements
  - cancer
  - urgent and emergency care
  - primary care
  - mental health

Financial position for 2017/18

- North London health economy had an underlying deficit of c£200m in 2016/17
- North London has a system control total of a surplus of £28m for 17/18
- Our plans include ambitious efficiency savings for trusts of £138m (4.6%) and savings from service redesign for CCGs of £89m (4.7%)
- These savings offset the costs of the forecast 3% growth in demand and other costs pressures
- The plans include c£15m of investment in new services
- Our plans leave us £**61m** short of our 17/18 control total target.
- Failure to hit control total puts a further £28m of national sustainability funding at risk
- Given the scale of the ambition in savings plans we have assessed the risks of non-delivery of existing plans as c£100m. We now need to take action to reduce this risk

NORTH LONDON PARTNERS in health and care

Financial position for 2017/18 - summary

	Total £m
2016/17 underlying position	-200
Allocation growth for CCGs	41
Growth in demand/cost pressures	- 175
Investments	-15
Planned savings	227
Non- recurrent items	89
2017/18 In year position	- 33
Control total target	28
Variance	-61

Trust efficiency programmes

- Workforce –reductions in agency rates and usage
- Procurement- obtaining better value through local, collaborative and national procurements
- More efficient and effective medicines management
- Estates- more efficient running and more effective use of current estate.
- Increased productivity of clinical support services
- Reducing variation in the provision of services
- Reduction in corporate costs
- Other including reduction in outsourced/out of area costs.

Commissioner efficiency programmes

- Mitigating demand growth and reducing costs through transformational change, including the NCL wide programmes of urgent and emergency care, care closer to home and planned care, including reviewing procedures of limited clinical effectiveness.
- More effective commissioning of all services, including continuing care and all areas of investment,
- More effective primary care prescribing
- Reduction in corporate costs

STP NHS financial projections to 2020/21

The STP also takes a longer term financial perspective up to 2020/21:

	£m
Do nothing	-811
Impact of service transformation	205
Investment in new services	-92
Provider efficiency savings	357
Additional funding (sustainability & transformation fund	105
Specialised commissioning savings	137
PFI savings	24
TOTAL	**-75**

Note - figures are cumulative forecast for 17/18 to 20/21

NORTH LONDON PARTNERS in health and care

Public health and social care projections to 2020/21

- The five local authorities in North London have assessed budget pressures for children's and adult social care and public health up to 2020/21
- The analysis takes account of additional funding announced in the 2015 Spending Review, 2016 Autumn Statement and 2017 Spring Budget.
- North London Councils will face a budget pressure of **£247m** for social care and public health by 2020/21, even when all additional funding announced by the Government has been taken into account.
- Local government finance legislation states that Councils must deliver a balanced budget each year
- North London Councils are using a variety of measures to offset this financial pressure, including increasing the pace on the delivery of transformation programmes, using savings from elsewhere in the organisation, and drawing from financial reserves.

Capped Expenditure Process (CEP)

- NHS England & NHS Improvement process announced in April 2017 to ensure that STPs deliver their NHS 'system control' totals to deliver the best possible clinical outcomes for local people within the limited funding available.
- The Capped Expenditure Process attracted publicity following an article in The Guardian about plans in North Central London.

We have currently have no plans for changes to local health services beyond those set out in our STP plan. Looking ahead, any proposals arising from the STP which would, if agreed, result in significant changes to services would first be subject to a quality impact assessment and public consultation.

- The paper cited in The Guardian is not part of our plan. It is a working paper, no longer current, that was drafted in response to a request from NHS England to set out actions that might be required to meet the system control total set for North Central London for 2017/18

NORTH LONDON PARTNERS in health and care

Principles agreed with JHOSC

- Put the needs of individual patients, carers, residents and communities truly at the centre
- Recognise that local patients, carers, residents and communities themselves are a resource for knowledge, for information, for understanding and for change; work with patients, residents and communities to harness their strengths
- Trust and empower patients, carers, residents and communities to drive change and deliver sustainable improvements
- Co-design, co-produce and co-deliver services and programmes with local patients, carers, residents and communities
- Focus on building resilient patients, carers, residents and communities and on where resources can have the biggest sustainable impact

NORTH LONDON PARTNERS in health and care

Questions we would like to debate with you

How can we best work with the people of North Central London to make difficult decisions about living within our budget?

What concerns and questions do you have about the Capped Expenditure Process and how it could affect the people of North Central London?

What more would you like to know about the STP and its finances, or about the Capped Expenditure Process?

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Joint Commissioning Committee: North Central London CCGs

Role and structure

- Set up in line with the new arrangements for leadership of the CCGs in North Central London, including a single Accountable Officer
- Separate from the governance of the STP: it only relates to CCG responsibilities
- Agreement from each CCG that it makes sense to take a common approach to commissioning acute hospital services – consistent standards for quality and securing best value for money
- Mechanism for the CCGs to make collective decisions on areas formally delegated to the Joint Commissioning Committee
- Voting membership includes 2 representatives from each of the 5 CCGs, 3 clinical members, and the Accountable Officer and Director of Finance for the NCL CCGs
- Non-voting members include all 5 Councils, Healthwatch, a Director of Public Health, and an independent Chair

Joint Commissioning Committee: NCL CCGs

What it will deal with for the people of North Central London

- All acute hospital services
- All learning disability services associated with the Transforming Care programme
- All integrated urgent care (including 111/ GP Out-of-Hours services)

For these services the Committee will make decisions on the following commissioning functions:

- Engagement with the public and other key stakeholders, in line with the principles set out in the December 2016 JHOSC report
- Contracting and contract management
- Business Cases, and decommissioning of services
- Needs assessment and planning
- Contracting and contract management
- Setting and monitoring outcomes for providers.