

**MEETING****JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE****DATE AND TIME****MONDAY 9TH JULY, 2012****AT 10.00 AM****VENUE****HENDON TOWN HALL, THE BURROUGHS, NW4 4BG**

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
1.	AGENDA AND REPORT PACK	1 - 22

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## NOTICE OF MEETING

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

Contact: Robert Mack

Monday 9 July at 10:00 a.m.  
Hendon Town Hall, The Burroughs,  
London, NW4 2ER

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Councillors: Maureen Braun and Alison Cornelius (L.B.Barnet), Peter Brayshaw and John Bryant (L.B.Camden), Alev Cazimoglu and Anne Marie Pearce (L.B.Enfield), Reg Rice and Dave Winskill (Vice-Chair) (L.B.Haringey), Martin Klute (Chair) and Alice Perry (L.B.Islington),

Support Officers: Melissa James, Linda Leith, Robert Mack, Pete Moore and Shama Sutar-Smith

### **AGENDA**

- 1. WELCOME AND APOLOGIES FOR ABSENCE**
- 2. DECLARATIONS OF INTEREST (PAGES 1 - 2)**

Members of the Committee are invited to identify any personal or prejudicial interests relevant to items on the agenda. A definition of personal and prejudicial interests is attached.

- 3. URGENT BUSINESS**
- 4. MINUTES (PAGES 3 - 10)**

To approve the minutes of the meeting of 28 May 2012 (attached).

- 5. CAMHS - TRANSFORMATION OF IN PATIENT SERVICES IN BARNET, ENFIELD AND HARINGEY; UPDATE**

To receive an update on the implementation of changes to children and adolescent mental health services (CAMHS) in patient services for Barnet, Enfield and Haringey. (REPORT TO FOLLOW)

**6. QIPP STRANDS 2011/12**

To receive a presentation and comment on proposed Quality, Innovation, Productivity and Prevention (QIPP) programme strands for 2012/13.

**7. PRIMARY CARE STRATEGY; UPDATE**

To receive a presentation on progress with the Primary Care Strategy for the north central London cluster.

**8. INTEGRATED CARE**

To receive and comment on a presentation regarding cluster wide plans for integrated care.

**9. TRANSITION UPDATE (PAGES 11 - 14)**

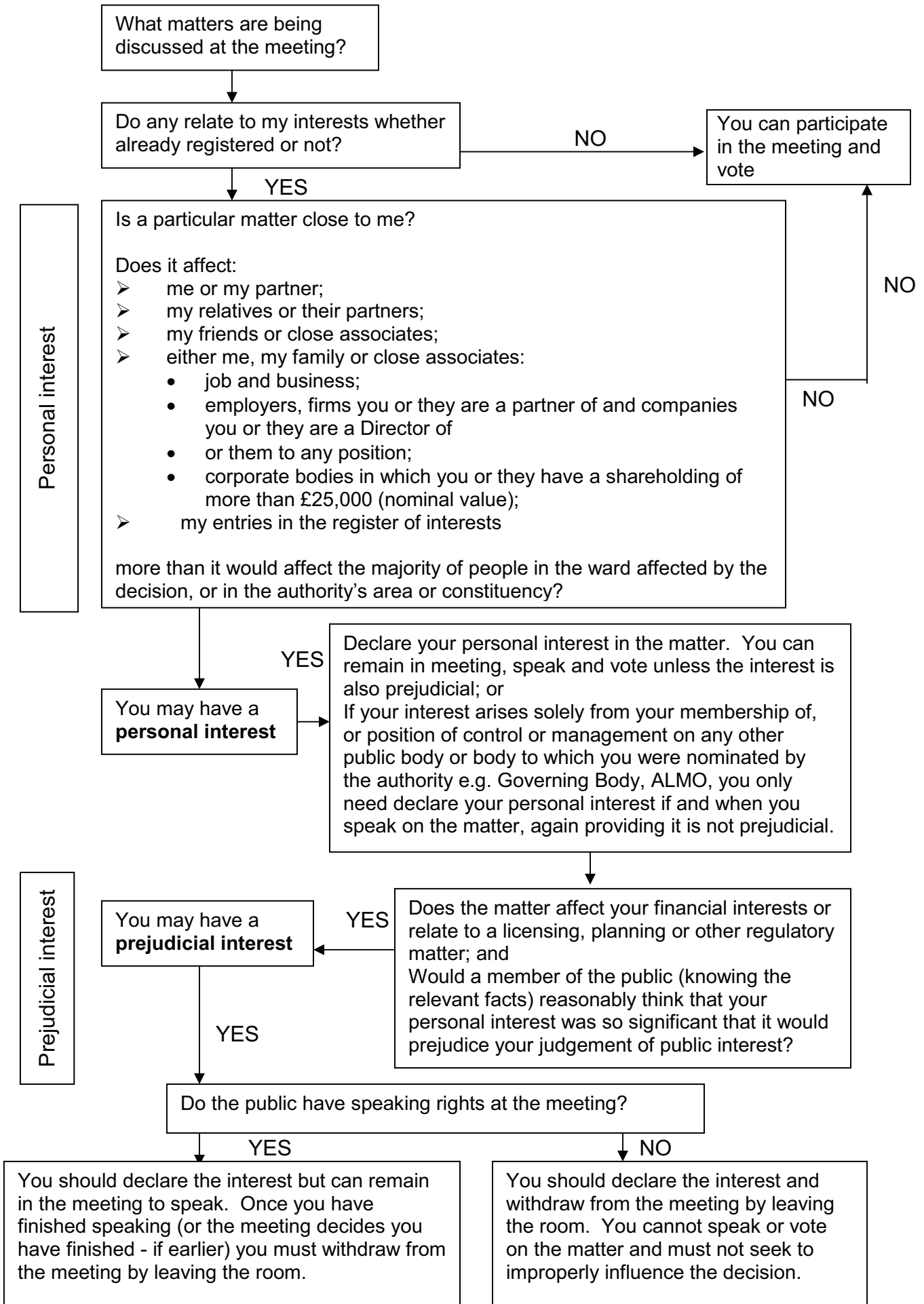
To provide an overview of the latest developments relating to each of the key receiving NHS organisations, as well as the work the PCT Cluster is doing to enable the appropriate legacy, handover and closedown arrangements of NHS North Central London.

**10. FUTURE WORK PLAN (PAGES 15 - 16)**

To consider the JHOSC's future work plan.

29 June 2012

**DECLARING INTERESTS FLOWCHART - QUESTIONS TO ASK YOURSELF**



**Note:** If in any doubt about a potential interest, members are asked to seek advice from Democratic Services in advance of the meeting.

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## North Central London Joint Health Overview and Scrutiny Committee 28<sup>th</sup> May 2012

Minutes of the meeting of the Joint Health Scrutiny Committee held at the Civic Centre, Silver Street, Enfield, EN1 3XA on 28 May 2012 at 10.am

**Members of the Committee present:** Cllr Martin Klute and Cllr Alice Perry (L.B. Islington), Cllr Alison Cornelius and Cllr Graham Old (L.B. Barnet), Cllr John Bryant (Vice Chair, L.B. Camden), Cllr Alev Cazimoglu and Cllr Anne-Marie Pearce (L.B. Enfield), Cllr Dave Winskill (L.B. Haringey).

Cllr Barry Rawlings (L.B. Barnet) present in the audience

**Officers present:** Rob Mack (L.B. Haringey), Peter Moore (L.B. Islington), Linda Leith (L.B. Enfield) and Shama Sutar-Smith (L.B. Camden) John Murphy (Barnet)

**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 Joint Health Overview and Scrutiny Committee**

### MINUTES

#### 1 WELCOME AND APOLOGIES

Cllr Bryant as current Vice Chair welcomed attendees to the meeting and took the opportunity of recording the Committee's thanks to Cllr Gideon Bull for his work as Chair.

Apologies for absence were received from Cllr Peter Brayshaw (L.B. Camden). Cllr Winskill advised that LB.Haringey currently have a vacancy on the Committee.

#### 2 ELECTION OF CHAIR AND VICE CHAIR

Cllr Martin Klute was appointed Chair and Cllr Dave Winskill appointed Vice Chair for the current municipal year.

#### 3 URGENT BUSINESS – PROPOSED CHANGES TO NEUROSURGERY PROVISION IN NORTH CENTRAL LONDON

David Sloman Chief Executive, Sam Higginson Director of Strategic Development and Bob Bradford, Consultant Neurosurgeon from the Royal Free London Hospital Foundation Trust attended.

- Approval was requested for the transfer of non-elective neurosurgical patients, intracranial neurosurgery elective inpatient work and complex spinal work currently performed at the Royal Free to the National Hospital for Neurology and Neurosurgery (NHNN) in Queen Square, part of UCLH NHS Foundation Trust (UCLH).
- The proposal to consolidate expertise into one centre will benefit patients.
- Transfer will be phased over 12 months and has the support of the NCL commissioners.
- Oncology transferred in 2010, cancer outcomes have improved and it is now a leading centre in the UK.
- All routine head injuries are taken to the major London trauma centres at St Mary's Hospital and the Royal London Hospital. Since May 19<sup>th</sup> 2012 head injuries are no longer taken to RFH, formerly a designated head injury unit with approximately 80-100 cases a year. The ambulance service is well equipped to deal with major head injuries.
- Both a transfer of services will be effected and a consolidation of matched services. RFH will have outpatient services.

- With regard to patient flows and the geographical extent of the catchment area, RFH sees 1300 patients (5000 outpatients), 20% from Barnet, 10% from Camden, less than 10% from Enfield and Haringey and less from Islington. 30% of patients at Queens Hospital are from North Central London (not including stroke patients).
- There will be sufficient surgical capacity at Queen Square after the transfer. 14 beds are transferring from RFH and the bed capacity at Queen Square will also be increased by 14 (resulting from reduced length of stay, increased day surgery and spinal surgery enhanced recovery).
- The decision of the London Deanery School of Surgery to withdraw neurosurgical register training places at RFH has not driven the decision but is relevant.
- In response to member questions on engagement and feedback during the consultation it was noted that staff feedback to date is mostly positive. A stakeholder event is taking place on 31<sup>st</sup> May to which patients, GPs, and representative groups, such as Headway, have been invited.
- Discussions with colleagues in Herts and Essex over the past 2 years regarding referrals have been positive. Patients may be referred to Addenbrooks Hospital as an alternative. The wider catchment area is an estimated 3.5 million.

**RESOLVED:** That, subject to the concurrence of the stakeholder event on the 31<sup>st</sup> May, the proposed changes be endorsed.

#### **4 DECLARATIONS OF INTEREST**

Cllr Alison Cornelius declared that she was an Assistant Chaplain at Barnet Hospital but did not consider it to be prejudicial in respect of items on the agenda.

#### **5 MINUTES OF 16 APRIL 2012**

The following comments were made:

*Item 1 (Welcome and Apologies for Absence):* Cllr Alev Cazimoglu and Cllr Anne Marie Pearce advised that their apologies for absence were not minuted.

*Item 8 (Estates Management):* Cllr Winskill requested that “due to the Localism Bill” be included at the end of the second sentence in the second paragraph of Item 8 on page 4.

*Item 4 (Minutes of 27 February 2012):* Outstanding items were noted

1. BEH Clinical Strategy - Implementation: Risk register has been re-circulated
2. Oral Surgery – Quality indicators for intermediate minor oral surgery providers be circulated to the Committee members:

*Item 7 (Transformation Of CAMHS: Update and Education Model):* Request that further statistical evidence regarding the Alliance Model and the effect of the changes on demand for in-patient admission be brought to the July meeting. This request was reiterated.

**Action: Peter Moore (Islington Scrutiny Team)**

A paper on the position of Barnet Council in relation to the future operations of the Pupil Referral unit is being prepared by Brian Davies for L.B.B OSC members and will be circulated to JHOSC members. *Post meeting note: this has been received and circulated.*

Following a previous request to attend a meeting of the YPP Board, it was agreed a date be sought for Cllr Winskill (Haringey) and Cllr Cornelius (Barnet) to attend the YPP board meeting in June or later in the autumn. **Peter Moore (Islington Scrutiny Team)**

*Item 8 (Estates Management):* A response is awaited to the letter sent to the Secretary of State for Health on behalf of the Committee requesting assurances that any local



proposals in respect of the future of former PCT estates be looked at sympathetically by PropCo. *Post meeting note: this has been received and circulated.*

**RESOLVED:** That subject to the above mentioned amendments, the minutes of the meeting on 16 April 2012 be agreed.

## **6 BARNET ENFIELD AND HARINGEY CLINICAL STRATEGY – IMPLEMENTATION**

Caroline Taylor Chair NHS North Central London, Mark Easton Chief Executive Barnet and Chase Farm Hospital, and Clare Panniker Chief Executive North Middlesex University Hospital attended.

- NHS London has approved the Outline Business Cases for capital investment at Barnet and Chase Farm and North Middlesex Hospitals.
- A draft Integrated Implementation Plan, covering all milestones, workstreams and interdependencies has been drawn up.
- TFL have announced the 307 bus will be re-routed to serve Barnet Hospital on 2<sup>nd</sup> June.
- The NHS London feasibility study into the transfer of Chase Farm Hospital to North Middlesex University Hospital NHS Trust came to the conclusion that this it would not be appropriate. This recommendation was accepted by the Secretary of State.
- Primary care developments will support changes in hospital services. There is a 3 year 2012-15 Primary Care investment programme with Borough specific plans. The programme is on track for Autumn 2013 and includes investment in IT in primary care, GP performance and estates. Planned investment – Barnet £11.7m, Camden £7.2m, Enfield £10.7m, Haringey £9.9m, Islington £7.2m.
- Improvements already happening in primary care public health include vascular screening, child immunisation, cancer screening, investment in health visitors in Enfield and Haringey, and Finchley Memorial Hospital is opening in the Autumn. Primary Care developments at Ordnance Road and Highmead in Enfield have been agreed by Enfield Council and NHS.

### **Barnet & Chase Farm:**

- £30m capital investment Outline Business Case agreed by NHS London (17.4m at Barnet and 12.8m at Chase Farm) utilising a 24 year loan.
- Additional capacity will be created at Barnet Hospital's A&E, critical care, maternity and paediatrics departments.
- At Chase Farm Hospital the A&E will change to an urgent care centre, a paediatric assessment unit and an older peoples assessment unit. The Chase Farm maternity building will be refurbished for outpatients.
- Leaflets outlining services at each hospital will be distributed to all residents and GP surgeries.
- Full Business Case approval is expected at August 2012 NHS London Board meeting. Approval of the planning application submitted 6-8 weeks ago to Barnet Council forms part of the FBC. Registration of the application by Barnet Council appears delayed.
- B&CF has £11m discretionary capital for enabling works before the FBC is agreed.
- Outline Business Case for Second stage of Chase Farm development will be submitted in June 2013. This will include land sales at Chase Farm.

### **North Middlesex University Hospital:**

- £79m capital investment Outline Business Case agreed in April 2012 by NHS London. This requires Treasury approval. However an £8.5 m early release has

been agreed by the Treasury for enabling works for expansion of women's and children's services and refurbishment of 4 floors of the tower block.

- Full Business Case due at NHS London in August 2012.

Responses were noted following Member questions:

- The timing of the 12 hour of urgent care available at Chase Farm Hospital has not been agreed by the Trust. There will also be a GP led out of hours service on site.
- Members considered that different urgent care services at different times throughout the day and night may cause confusion. This was not considered unusual nationally. A NHS leaflet with details covering this will be distributed.
- Members requested the original risk assessment in relation to urgent care changes. It was stated that the BEH strategy was agreed by the Secretary of State on the basis of the 12 hours urgent care within the consultation. The consultation would not be reopened.
- It was noted that the second stage development at Chase Farm will be predicated on land sales. The Trust will request that proceeds of land sales will be ring-fenced for the second stage at Chase Farm. Receipts from future land sales will not be used to repay the £30m loan for the first stage development. A member suggested that the Secretary of State be written to again asking that land sale receipts at Chase Farm be ringfenced for improvements at the hospital.
- The GUM Clinic is moving to Well House Lane which is just outside hospital site.
- Responding to a question on whether the Primary Care sites have been identified in Enfield, it was stated that across Enfield the PCT is working closely with the Council in respect of their joint priorities. Primary Care Strategy development is jointly sponsored the NHS and Council via a sub-committee of the Health & Wellbeing Board.
- The number of parking spaces and the difficulty encountered by staff and patients parking at Barnet Hospital was discussed. Parking spaces are being reorganised on the existing footprint to provide additional spaces. It was noted that it would not be possible to use land currently vacant at the hospital for parking since it was to be used by contractors during forthcoming construction work on the site. A transport impact assessment should be provided as part of the planning application. A Member asked about the possibility of a double-decker car park. The Chief Executive stated that he was led to believe that Barnet Council would not approve such a car park.
- It was noted that the Primary Care Strategy funding was separate from the funding for new developments at Finchley Memorial Hospital, health visitors in Enfield and Haringey, the Highmead or Ordnance Road developments.

**RESOLVED:** A written summary be provided by NHS North Central London detailing Primary Care Strategy investment within the 3 boroughs, at the 3 hospital sites and clarification of land sales at the hospitals.

## 7 ESTATES MANAGEMENT

Martin Hills from NHS North Central London presented an overview of the changes that will be taking place in estates management.

- The Department of Health issued guidance in August 2011 on Primary Care Trust (PCT) Estates. PCT properties will be transferred to either a NHS provider trust where it provides more than 50% of the clinically significant community healthcare services or to the new NHS 'PropCo' (NHS Property Services Ltd).
- Destination of LIFT properties has not yet been finalised.
- Eligible properties were submitted in October 2011 and the transfer date (which includes staff and termination of previous service contracts) has been agreed as midnight 31 March 2013. In NCL only 3 properties are causing difficulty because of

multiple trusts using the premises. This includes the St Pancras Hospital site and Finsbury Health Centre.

- NHS Property Services Limited (PropCo), announced on 25 January 2012 by the Secretary of State, is a government owned limited company. It will take ownership of and manage part of the PCT estates not transferring to the NHS community care providers. Property surplus to NHS requirements can be sold off. Existing tenants are protected by lease.
- Committee members preferred the promotion of a local solution rather than transfer to PropCo. Some flexibility of 50% rule is needed to allow the best solution locally. A letter to the Secretary of State has been sent and a reply received, reinforcing the request to maintain control locally – ACTION: to be copied to London Scrutiny Network accordingly.
- High land values and rising property prices were of concern to Members. Members were told of a claw back option for the Secretary of State that will protect assets if providers want to sell properties. Properties cannot be sold off by the destination provider trusts to cash in on high land values.
- Members wanted to know where money from Prop Co land sales would go. There is no guarantee where the money will be reinvested at the present time. PropCo have advertised a senior post in order to oversee these issues. As part of both sets of transfers, existing tenants will be protected by leases.
- The Committee were provided with a list of relevant properties in each borough. Members requested a breakdown of percentages calculated for each site and the final destinations.

**RESOLVED:** That NHS North Central London be requested to provide additional detail to the lists of estate, including percentage occupation figures calculated for each site and a list of destinations.

**RESOLVED:** That the Chair write to the Secretary of State on behalf of the Committee reinforcing the request to promote local control and copy to the London Scrutiny Network.

## **8 QIPP OUTTURN 2011/12 (QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION)**

Lorraine Robjant Assistant Director of Service Transformation, Financial Recovery and PMO, NHS North Central London attended to present a report on the QIPP Outturn for 2011/12.

- NCL year end position, a £15.4m surplus, is better than expected.
- An overview was given of each PCT. All five PCTs overachieved their agreed income and expenditure budgets.
- A shortfall turned into an overall surplus due Camden PCTs revenue investment underspend.
- An overall shortfall in NHS NCL QIPP programme of £45.3m was noted.
- The 2011/12 programme was challenging, contained too many small projects and targets were highly aspirational. It was noted that problem was consultant to consultant referrals.
- The 2012/13 QIPP will have 4 strategic programmes.
- Responding to a question it was noted that there was buy-in from the acute hospitals. Targets were set in conjunction with the acute providers. QIPP was agreed in advance of negotiated agreed contracts causing a 17.5m disalignment which was offset by the NHS. There are ongoing negotiations, including further cap and collar contracts.

- Members enquired as to who will inherit the deficit or surplus. The expectation is that deficits will not go to CCGs. Funding for CCGs still under discussion and an answer cannot be provided yet.
- The Enfield position of £30m deficit is now £17m because of other Boroughs. There is no improvement from last year and local CCG authorisation is not progressing at the speed of the other boroughs. Commissioning could therefore go to the NHS Commissioning Board.

**RESOLVED:** To invite the NHS NCL Director of Finance to discuss CCG funding.

## **9 ACUTE COMMISSIONING**

Jeremy Burden Director of Contracts NHS NCL attended to report on NCL 2011-12 Acute Contracts.

- NCL is the lead commissioner with acute providers in the sector and also commissions from out of sector providers.
- The level of over performance payments is £21m -1.9% of the plan. This is a significant improvement on previous years. There has been a slower rate of growth but not a reversal yet.
- There are cap and collar contracts at some acute trusts where the trust will swallow the excess costs. Payment by results is the default position, the standard NHS contract. Cap and collar could not be enforced on provider trusts. Once agreements are made and the value of the cap and collar are exceeded, this does not stop patients accessing the service.
- The main pressure was UCLH as a result of patient choice. UCLH does not agree with restrictions on Payment by Results.
- Acutes need to look at run rates i.e. activity such as referrals. Cap and collar is not looking at underlying problems of service delivery and productivity.
- Haringey will receive the same cap and collar system in 12/13 which will provide protection. NCL have not concluded all commissioning negotiations with Trusts. Next year the Commissioning Support Group covering NCL and NEL will be contracting with acute providers.
- It was stated that contractual arrangements do not get in the way of patient choice. Haringey patients are not ushered away from UCLH towards Whittington and North Middlesex Hospitals.

## **10 TRANSITION UPDATE by Helen Pettersen**

The Committee received an update report on the emerging organisations within the new healthcare system and how NHS North Central London (NHS NCL) as a “sending” organisation intends to enable the transition of functions and staff from PCTs to these new “receiving” organisations.

- Health and Social Care Bill passed the Parliamentary stages and has now received Royal Assent.
- A transition programme drawn up in August 2011 includes four workstreams: People Transition, Communication and Stakeholder Engagement, Transition Finance, and Legacy Handover and Closedown.
- An update was given on each of the new organisations.
  - NHS Commissioning Board Authority will become a statutory body in October 2012. It will hold clinical contracts and be responsible for specialised commissioning. A London Regional Director has been appointed - Dr Anne Rainsberry.
  - Local public health transition plans are developing in each of the five boroughs. Public Health staff will go to local authorities but also to CCGs and Public Health England.

- The NHS North Central London Cluster (NCL) and North East London and the City cluster (NELC) have established a single Commissioning Support Service (CSS) - the North Central and East London CSS. It will deliver commissioning support to 12 clinical commissioning groups (CCGs), representing a population of 3.3 million residents. The CSS Outline Business Case has been agreed. .
- Clinical Commissioning Groups are also recruiting for the senior operating officer (Accountable Officer, non-clinical Chief Executive of CCG organisation). Most have delegated (shadow) budgets, authorisation processes are underway. CCGs will hold a lot of budget, rest goes to National Commissioning Board (Primary Care) and provider side budget.

The following points were noted in response to member questions.

- Major Acute services will be commissioned by CCGs (CSS will contract on their behalf).
- Members were concerned that if staff are being seconded to new organisations how will existing services will be covered. It was noted that double running will be needed and some staff will have to do both roles to start with. Staff changes during the transition may be a threat to services.
- Members were unclear who will be the accountable bodies. CCGs will hold a significant budget and also the National Commissioning Board. The NCB and its London Regional Director, Dr Anne Rainsberry will have the budget for Primary Care. Major acute services will be commissioned by CCGs. A briefing is needed on these emergent groups. A pan London JHOSC may be required particularly with regard to acute hospital reconfigurations. It was suggested that a member of the NCL invited to the JHOSC in the autumn to clarify roles.
- The role of private sector companies was raised by Members. IT is already outsourced to a private company at NHS North Central London. CAPITA have a specific role to play with regard some time limited organisational development work in NCL but not on an ongoing basis.

**RESOLVED:** Invite member of NHS North Central London to an autumn meeting to clarify accountability.

## 11 FUTURE WORK PLAN

The Committee were asked to consider the JHOSC's future work plan and it was agreed that the following issues require further consideration:

- Invite the Director of Finance to discuss QIPP
- Hold an away-afternoon or away-day to discuss and clarify issues relating to new organisations.

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## **NHS North Central London Transition Update Report Report to the Joint Overview and Scrutiny Committee v0.4**

**26 June 2012**

### **1. Executive Summary**

Members of the Joint Health Overview and Scrutiny Committee have received regular updates on the progress of the Transition Programme in NHS North Central London since January 2012.

In January 2012, the Committee was updated on the progress of the NCL Transition Programme and provided with specific information about the delegation of responsibilities to Clinical Commissioning Groups (CCGs).

In February, an update paper focused on three of the key 'receiving' organisations within the new system: the emerging NHS Commissioning Board, Public Health transition to Local Authorities and Public Health England and the Commissioning Support Service in North Central and North East London.

Following the focus of the previous report, the June transition update reflected progress and developments of each of these three key 'receiving' organisations.

The purpose of future updates - including this July report - is to provide an overview of the latest developments relating to each of the key receiving organisations, as well as sight of the work the PCT Cluster is doing to enable the appropriate legacy, handover and closedown arrangements of NHS North Central London. Members are invited to reflect on how the transition could impact on their role in scrutiny.

### **2. Transition programme overview – July 2012**

June's report included details of how the North Central London Transition Programme is structured to manage the transition from PCT Clusters to new receiving organisations. In an often uncertain and frequently changing environment, the Transition Programme continues to focus on the areas of least uncertainty, such as the development of the local Commissioning Support Service (CSS), where control and/or influence can be optimised to shape the future of healthcare locally.

It should be noted that the transition period will run until at least April 2013. To ensure effective delivery of outcomes and benefits intended, it will remain vital to ensure the programme progresses at a sustainable pace during this time. Clear leadership, management input and local ownership will be critical to the success of the programme.

The Transition Programme will continue to maintain strong links with the pan-London System Transition Group, and wider developments in the healthcare system to ensure it is sighted on and prepared for national developments as they occur.

### 3. NHS Commissioning Board Authority (NHS CBA)

The NHS Commissioning Board Authority is beginning to take shape, appointing to key senior roles, and developing its organisational structure. Appointments have now been made to each of the four Regional Director posts with further appointments in June to four Non-Executive Director roles.

A pan-London design group has been established to consider options for the design and development of the organisation structure of the London regional team. The group includes representation from NHS North Central London on direct commissioning.

The NHS CBA is becoming increasingly involved in the development of the emerging CSSs and CCGs, particularly in assuring CSS business planning. We expect this to continue and extend as the CBA continues to develop over the coming months.

Further information about the NHS Commissioning Board Authority, including the proposed organisation structures can be found on its website – [www.commissioningboard.nhs.uk](http://www.commissioningboard.nhs.uk) - which is regularly updated with developments as they take place.

Anne Rainsberry, the CBA's London's Regional Director, is visiting NHS North Central London on 12 July for a session with staff, the executive team and CCG chairs.

### 4. Public Health

Transition plans have now been developed by all five public health teams in NHS North Central London and work has started to deliver the transition. This includes preparing role specifications, defining and agreeing future operating models, and developing local information asset registers. Refinement of plans is currently underway, supported by on-going Cluster assurance including ensuring the alignment of local plans with wider Cluster HR activities.

The Department of Health consultation on a proposed public health workforce strategy closed for comments at the end of June. Further details can be found on the DH website: [www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_133219](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_133219).

In Barnet the Council have agreed to share a public health function and a single Director of Public Health with Harrow. The proposal was approved by both of the Council's Cabinets in June. Work to develop the future operating model for this shared working arrangement is ongoing.

In Camden and Islington, both Councils have approved the proposed plans for a shared public health function across the two boroughs. A joint Project Manager for this work is in place, and will be working closely with the teams to develop a joint transition plan. Work to agree a process for selecting a single Director of Public Health is ongoing.



The proposals to join Harrow and Barnet and Camden and Islington public health functions will be discussed at the NHS North Central London's Joint PCT Board meeting on 20 July.

In Enfield, work is underway to develop the future structure, which will be enabled by further guidance required on the scope of the NHS Commissioning Board and Public Health England when it becomes available. Activities are also underway to determine the specific Public Health Intelligence elements.

In Haringey, draft structure and job descriptions have been developed. As with Enfield, these will be informed by further guidance on the scope of the NHS Commissioning Board and Public Health England. Scoping activity around the contracts held by the public health function has been undertaken and consideration of the approaches for contract transfer is now in train.

### **5. Commissioning Support Service (CSS)**

As the Committee was informed at the meeting in February, North Central London and North East London and the City Clusters are collaborating to develop a single Commissioning Support Service.

The CSS successfully passed through business planning 'checkpoint two' in March, where the Outline Business Plan (OBP) was positively received by the Business Development Unit at the NHS Commissioning Board. Development of the Full Business Plan (FBP) is now underway ahead of submission in August.

The process for appointing the Managing Director of the CSS is being co-ordinated at a national level and is well underway. However, further clarity is required around the timeframes and approach for the wider recruitment process.

The CSS Programme Migration Board has been established since May, with regular sessions focusing on implementing the new organisation including the development of its products and services.

### **6. Development of Clinical Commissioning Groups (CCGs)**

As described in the report to the Committee in June, once CCGs have secured delegation of eligible budgets, they will need to prepare to take on full accountability and management of these budgets from 2013 onwards when they will become 'authorised'. CCG Authorisation Guidance released earlier this year provided greater clarity around the process by which each CCG will seek to secure authorisation.

The full authorisation guidance can be found on the NHS Commissioning Board [website](#).

Authorisation will be approached in waves, staggered during the course of the year. CCGs in North Central London are sitting within the following waves:

- Wave one – Islington CCG
- Wave three – Barnet, Camden CCG and Haringey CCG

- Wave four – Enfield CCG

Progress continues to be made in the delegation of responsibility to emerging CCGs. Barnet CCG secured delegation for all eligible budgets in June. Enfield CCG has secured sign off for the delegation of the prescribing budget, and plans are in place to achieve delegation for all eligible budgets later this year.

Recruitment to senior posts in CCGs in North Central London began in May, with two appointments to Accountable Officer posts made in Islington and Enfield CCGs. Chief Financial Officer posts have been advertised and interviews are expected to take place in July.

As described in detail in previous reports to the Committee, during the transition year (April 2012 – April 2013), CCG performance will be monitored by the Cluster acting as the NHS Commissioning Board.

A number of tools have been made available nationally to support CCGs in their development. Benefits derived from a recent one day 'learning by doing' event attended by six CCGs from across the country including Enfield CCG has resulted in proposals for a further session for CCGs in North Central London. This event is planned for August/September and scoping is currently underway to ensure CCGs get the most from the day.

## **7. Recommendations**

The Joint Health Overview and Scrutiny Committee is asked to:

- 1 Note the contents of this report and consider the implications of what this might mean for the overview and scrutiny function in the future;
- 2 Note the latest development status of the NHS Commissioning Board Authority, Public Health transition and Commissioning Support Service.

## **Joint Health Overview and Scrutiny Committee (JHOSC) for North Central London Sector**

**9 July 2012**

### **Future Work Plan**

#### **1. Introduction**

1.1 This report outlines the work plan for future meetings of the JHOSC.

#### **Next Meeting**

1.2 Items for the next meeting of the Committee, which will take place on 10 September at Islington, are currently as follows:

- Estates
- Commissioning Support
- Transition
- QIPP – Finance Issues

1.3 Dates for future meetings are as follows:

- 22 October (Camden);
- 3 December (Haringey).

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## North Central London

<b>MEETING:</b>	Joint Overview and Scrutiny Committee
<b>DATE:</b>	9 <sup>th</sup> July 2012
<b>TITLE:</b>	Update on Barnet Enfield and Haringey CAMHS Tier 4 service development
<b>LEAD DIRECTOR:</b>	Andrew Williams: Borough Director (Haringey)
<b>AUTHOR:</b>	Ceri Jacob: Associate Director of Joint Commissioning (Barnet)
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### SUMMARY:

This paper provides an update to the JOSC on progress with implementation of a redesigned CAMHS Tier 4 service for Barnet, Enfield and Haringey. This paper encompasses work with the Young Peoples Project Group but excludes work on the Pupil Referral Unit which is discussed in a separate paper.

### SUPPORTING PAPERS:

None.

### RECOMMENDED ACTION:

The JOSC is asked to:

- **NOTE** this report.

### Objective(s) / Plans supported by this paper:

The strategic aims of NHS NCL that are supported by this paper are:

- Provide children with the best start in life;
- Ensure patients receive the right care, in the right place, first time and;
- Deliver the greatest value from every NHS pound invested.

### Background

The CAMHS tier 4 service redesign forms part of the NHS NCL QIPP plan for 2012/13 and builds on work undertaken in 2011/12. It is an integrated model of care that encompasses clinic based care and enhanced community teams, who in turn work with the young person within the inpatient unit on any given admission. Rather than separating inpatient provision into different units, there will be the resources available in a single unit to meet; high dependency, crisis, acute and treatment needs. A young person will need different inputs

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during an admission and this care will be flexed around them, without them needing to move unit or bed. In addition they will retain their enhanced community team key worker if admitted to an inpatient bed. The key worker will ensure the young person has a clear discharge plan on admission, facilitating appropriate transfer to the community when clinically ready.

Benefits of the new service are expected to include improved continuity of care, care provided in the least restrictive environment, shorter inpatient stays, and a reduction in the number of young people placed outside of the three boroughs. These improvements will lead to improved outcomes and experience for young people using the service.

Evaluation of the service will be carried out in an ongoing basis utilising activity and admission data alongside service user experience as set out below.

### **Activity and outcomes of Alliance Service – Enfield**

The Alliance team consists of 3 mental health nurses who have extensive experience in working with young people and their families in crisis. In July 2010 the Alliance team began to operate alongside the SAFE team and, two generic CAMHS teams in Enfield. The main aims of the Alliance team are to respond to those young people who are or have been at risk of admission to a Tier 4 hospital service. Early outcomes from this service informed development of the BEH CAMHS Tier 4 service.

Latest data from the service demonstrates a reduction in Tier 4 bed days used by Enfield CAMHS over the past 3 years as a result of the Alliance service.

- 2008-2009: Total 3112 bed days averaging 8 admissions per month.
- 2009-2010: Total 3485 bed days (an increase of 373 from the previous year) averaging 9.3 admissions per month.
- 2010-2011 Total 2135 bed days (a decrease of 1350 bed days from previous year) averaging 5.8 admissions per month.

### **Patient & Public Involvement (PPI):**

There is a Young People's Project Group that is supported by the NHS NCL Communications Team. This group meets regularly with a Trust Assistant Director (the Service Lead) and the Associate Director for Joint Commissioning (Barnet). These meetings help to ensure that there is a strong service user voice in development plans for the new service.

The group is represented at the Trust Service Implementation Group, will sit on interview panels for new staff in the service, have inputted into the service specification and are commenting on the referral criteria.

In addition to their involvement in service development they will also be co-producing with commissioners and the Trust the service user experience element of the service evaluation process. The NHS NCL Communication Team is supporting the group with this work which will include a workshop with other service users. This project is seen as key to overall

evaluation of effectiveness of the service and will ensure the service user voice remains strong once the service is up and running.

### **Equality Impact Assessment:**

An equality impact assessment was undertaken by the Trust in relation to this service. No adverse impacts were noted.

### **Risks:**

There is a risk that the service will not be implemented to the expected timescales. This risk is mitigated through a Trust led Implementation Group and regular reporting to the Joint Mental Health QIPP Programme Board. This meeting includes representation from the three Clinical Commissioning Groups, the Trust and NHS NCL commissioners.

There is a risk that the service will not lead to a reduction in young people placed out of borough. The risk also exists during the transition period. This risk will be mitigated through the use of a transition planning panel consisting of NHS NCL Children's Commissioners and Trust Service Leads.

There is a risk that the new service will not deliver the anticipated benefits. This is mitigated through a robust evidence base underpinning the service redesign and the development of an evaluation process that will include service user experience.

### **Resource Implications:**

The business plan was approved in May and financial implications included in the overall contract between the Trust and NHS NCL commissioners.

### **Next Steps:**

Progress with implementation of the service will be reported to and monitored by the Joint Mental Health QIPP Programme Board.

The staff consultation and engagement process has commenced and will conclude on 20<sup>th</sup> July. Training for staff will commence in August and the new community teams and treatment hub will be in place from September. It is noted that the HDU (High Dependency Unit) will follow a slightly later timescale as building works will need to be completed first.

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