MEETING

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

FRIDAY 17TH MARCH, 2017

AT 11.00 AM

VENUE

CAMDEN

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	3 - 6

Rob Mack, London Borough of Haringey 020 8489 2921 Email: rob.mack@haringey.gov.uk

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Comments on Papers for the Joint Health Overview and Scrutiny Committee,

17 March 2017 AGENDA ITEM 1

Vivien Giladi and Alan Morton, NCL STP Watch

The NCL STP governance paper

Lack of public accountability

1. Local government is being swamped by NHS. The only place for elected local government is at the top of the system, and it is unlikely that strategic direction will flow from there. It is more likely that it will be driven by the level below, which is officer dominated and primarily staffed from the NHS. In practice this will mean that the STP remains an NHS initiative and the promise of better integration across NHS / local government lines will not be fulfilled
2. Officers of local government are being drawn away from their focus on their local area and their accountability to elected members, being drawn into a process which focuses on the whole 5 Borough footprint. This is a threat to the accountability system within local government and could easily damage the effectiveness of the local authority.
3. The incorporation of the Joint Health Overview and Scrutiny Committee in the governance diagram suggests that the committee is party to the changes, rather than an independent scrutiny body acting on behalf of citizens in the five boroughs.
4. The paper does not mention any positions for members of the public or staff representatives on the boards and committees which are driving the STP despite the principles for Governance set out on Page 22 of your agenda,
   "**Participation**: Representation and ownership from health and social care organisations, local people and lay members to clearly demonstrate collaborative and representative decision making."
   and
   "Engagement*:* Local people will be engaged and involved in the NCL STP governance to ensure their feedback and views are considered in the decision making processes. This engagement should operate at 2 levels; individual level and organisational level (i.e. via patient representative forums and other local community groups)."

   The paper implies that Healthwatch can stand in as a representative of the public. While there may be good people fulfilling Healthwatch roles, their own structure and governance *prevents* them from representing public views as this would be regarded as 'political'. Healthwatch officers are appointed by the authorities, and are moreover a paid cohort, rather than through any democratic mandate so cannot possibly stand in to represent the public.

Interests in common

5. There is a false assumption that all five local authorities have enough interests in common to enable them to be part of the same 'whole system'. However, councillors are elected by the people in their borough to serve the needs of those people. Transferring resources across borough boundaries is hardly likely to be in the

interests of the citizens who are losing service. It is very clear that part of the intention behind creating footprints with a mixture of inner and outer London boroughs is to justify robbing Peter to pay Paul. The leaders of Inner London boroughs will find they are damaged electorally if they agree to this pooling of resources in favour of outer London. We would argue that there are good reasons in the higher cost base of the service, and that if outer London boroughs need more money this should come from the central exchequer. We understand a figure of £5.8m has been discussed in London Borough of Enfield as the sum likely to be gained in the pooling of budgets, at the expense of Camden and Islington. Local authority leaders in North Central London have already indicated that they will not endorse the STP until they have seen the full financial details and are convinced that the changes will be to the benefit of their citizens. It seems unlikely that the leaders of the inner London boroughs in the footprint will be able to give their assent.

6. All commissioning decisions for acute care will be done at a footprint level, with CCGs giving up their autonomy in those services. We are not convinced that the benefits of this will outweigh the disadvantages. There will be some efficiencies to be gained by having one rather than five contracting processes, but we fear that future closure decisions will be impacted by this approach, and that it leaves the Whittington looking vulnerable because of its geographical location. The relationships formed in boroughs between CCGs and local authorities to protect local services and look after the population of those boroughs will be weakened. We argue that such commissioning should not be done on a footprint basis but remain with the CCGs, which are the statutory authorities until the law is changed.
7. The governance principle that decisions will be made in favour of the population as a whole in the footprint will be used to defend against local protests against cuts and closures in particular areas. This will undermine consultation being made about changes to individual services. Defenders of those services may be able to show that the current users will lose out badly through the changes, but the STP Board will always have a trump card whereby they can claim that it will be better for people in the footprint as a whole. Catch 22. The principle of serving the interests of the whole needs to be modified to allow for the fact that the loss of existing services impacts on people more heavily than the promise of some future provision elsewhere.
8. P 27, the document states:
   "Note: A review of social care input to the STP is currently underway along with consideration of possible additional workstreams (specialised services, new delivery vehicles). These are not included in the above structure chart."
   Given the importance of social care and its difficulties in NCL Boroughs, this outlines a major gap in the documents. What Governance and Communications arrangements apply to this review of social care which will affect the lives of many NCL residents?

Estates

9. The proposals for the governance of estates gives a glimpse of a major shake-up in this vital component of health and social care services. As the SRO for this workstream, Dawn Wakeford, indicated to the committee in her evidence in early December, at present there is little incentive to dispose of assets as the processes

for getting clearance and arrangement for sharing the proceeds are opaque. What is indicated in the section of the paper on the governance of estates is that all of this is likely to be streamlined through devolution of the function to the Mayor of London. When / if that happens, disposals will be much easier, but the governance of estates as set out in the document presents as separate and semi-autonomous, with insufficient involvement of top stakeholders and the public. Unless changes are made to this part of the governance structure, an alarming process for unlocking of NHS sites for their development potential may be unleashed with wholly inadequate public involvement.

The NCL STP communications paper

1. What is reported in this document as a consultation on the STP was in fact regarded by those who attended as about service developments, with no mention at all of financial matters.
2. Also at the last meeting of JHOSC we called – as did Doug Taylor, Leader of Enfield - for consultation on the STP at a *strategic* level as well as at service level. We request this consultation be included in the communications programme in line with the Governance document, p.28
   "The key responsibilities of the NCL STP Advisory Board are:
   To ensure the perspectives of our local communities are considered at every phase of STP development and delivery"
3. Appendix 2 – the list of consultation meetings within the workstreams is missing. What this highlights is that we have not yet seen the documents describing the detailed workstreams. As the success or failure of the NCL STP will hinge on these workstreams it is essential that JHOSC – and we – have the opportunity to engage with these.
4. The communications paper again implies that consulting Healthwatch is equivalent to consulting the public. We do not agree.

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