

Decisions of the Joint Health Overview and Scrutiny Committee

17 March 2017

Members Present:-

Councillor Alison Kelly, London Borough of Camden
Councillor Graham Old, London Borough of Barnet
Councillor Alison Cornelius, London Borough of Barnet
Councillor Anne-Marie Pierce, London Borough of Enfield
Councillor Charles Wright, London Borough of Haringey
Councillor Pippa Connor, London Borough of Haringey
Councillor Jean Kaseki, London Borough of Islington
Councillor Martin Klute, London Borough of Islington

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THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 17TH MARCH, 2017** at 10.00 am in the Council Chamber, Town Hall, Judd Street, London WC1H 9JE

Minute Item 1

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Pippa Connor (Vice-Chair), Martin Klute (Vice-Chair), Alison Cornelius, Abdul Abdullahi, Jean Kaseki, Graham Old, Richard Olszewski, Anne Marie Pearce and Charles Wright

OTHER COUNCILLORS PRESENT

Councillor Phil Cohen (LB Barnet)
Councillor Gideon Bull (LB Haringey)

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. North Central London Joint Health Overview and Scrutiny Committee.

MINUTES

1. APOLOGIES

There were no apologies.

2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Olszewski declared that he was a Camden Council appointee on the Royal Free Hospital Trust's board.

3. ANNOUNCEMENTS

It was announced that deputation requests had been received and accepted from the LUTS patients' group and from NCL STP Watch.

LUTS patients' deputation:

The meeting heard from a deputation of patients who had used the LUTS service. Dr Katherine Middleton was the main speaker. The deputies wanted to bring to members' attention that the clinic had not properly re-opened, despite assurances they had received before that the clinic would be operational within a few months.

Dr Middleton said that the treatment she had received from the LUTS clinic had helped her get back to work and that she wanted others to benefit from this too. The

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deputies were concerned that the clinic had not re-opened to new patients and that children suffering from this were being led down a treatment pathway at Great Ormond Street that was not working for them.

The deputation commented that the Royal College of Physicians did not pay attention to the submissions that they had made as patients, and that they had found this frustrating.

Councillor Klute commented that the RCP report had made a number of recommendations that needed to be implemented. He was also concerned that the current arrangements were too dependent on one consultant who was past the normal retirement age.

Simon Pleydell, the Chief Executive of the Whittington Hospital, spoke in response to the deputies. He said that the Whittington had been in discussions with Professor Malone-Lee and with UCLH. The Whittington wanted to see the service being able to recruit clinicians who were interested in cutting-edge research. They felt the RCP report had been helpful.

Mr Pleydell confirmed that the hospital was still employing Professor Malone-Lee and they were meeting prescribing costs. However, progress on the clinic re-opening fully would have to wait for new clinicians to become ready to operate it and for UCLH to become involved. He commented that the new clinician who could take over from Professor Malone-Lee was only likely to become a consultant in June 2018. He also pointed out that, as mentioned in the RCP report, there was no consensus about the treatment.

Councillor Klute said he was concerned that the fact that there were those who disagreed with Professor Malone-Lee's methods was being used to obstruct the restoration of services at the clinic.

The Chair voiced her concerns that the matter had first been brought to the Committee's attention in late 2015 and was still unresolved. Members said they wanted to hear an update from the Whittington and UCLH at the June meeting to see what progress was being made on this matter.

NCL STP Watch:

The meeting received a deputation, led by Vivien Giladi, from NCL STP Watch. Ms Giladi said they were concerned about the democratic deficit involved in the STP, and that senior local authority officers would be pulled away from their work in their boroughs to work on the STP.

Other deputies commented that finance was a key issue for health services and, if there was not more money forthcoming from the Exchequer, improvements in one area would be funded by decreasing spending in other areas. They were also concerned at the lack of representation of the population as a whole in STP

structures. They did not feel that the involvement of Healthwatch was a suitable substitute for the involvement of the public.

Concerns were also voiced about the lack of attention being paid to social care in the STP documentation.

The Chair welcomed their comments and said that the Committee would look at finance at its next meeting.

4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no notifications of urgent business.

5. MINUTES

Consideration was given to the minutes of the NCL JHOSC meeting held on 3rd February 2017.

RESOLVED –

THAT the minutes of the meeting held on 3rd February 2017 be agreed as a correct record.

6. SUSTAINABILITY AND TRANSFORMATION PLAN: GOVERNANCE AND TRANSPARENCY

Consideration was given to the papers in the agenda pack on STP governance.

Members noted there was insufficient opportunity to debate the item in the time the STP officer was able to be present at the meeting, and so it was agreed that officers would respond to questions in writing.

Members made a number of comments. Some members welcomed the idea of independent chairs, but others preferred chairs who were democratically accountable. Members also wished to avoid a 'revolving door' between executive and non-executive positions on the boards.

A member commented that he was concerned about the joint commissioning body and feared it could be unwieldy.

Members wanted to see a greater accountability of organisations in the STP structure. There should be a way of holding organisations to account if failures in how they delivered their services were creating problems for other organisations within the STP.

Members also wanted to know whether the meetings would be open to the public and whether the papers they were considering would be published, as Council papers were.

Councillors Kelly, Olszewski and Connor agreed to meet separately with officers in the STP to discuss their governance concerns.

RESOLVED –

THAT the reports and the comments above be noted.

7. SUSTAINABILITY AND TRANSFORMATION PLAN: COMMUNICATIONS STRATEGY

Consideration was given to the papers on the communications strategy.

Members heard from Genevieve Ileris, who was the NCL STP Communications and Engagement Lead. She said she would be giving guidance to people involved in the different workstreams about engagement. Engagement was being used to refer to all activities that involved liaising with stakeholders.

Members asked what resources were available to assist with communications on the STP. Ms Ileris said that she was largely reliant on goodwill from the organisations involved and their communications staff. She was working with them via the communications group. Members said that the Committee should advise organisations to set staff time aside for engagement around the STP.

There was a question about the involvement of Healthwatch. Ms Ileris said she was meeting with the five Chief Executives from the Healthwatches from the five different boroughs.

Members asked that the wider voluntary sector be engaged with. She said she was liaising with an officer in Haringey about the approach to take to this. Members added that they should make use of the community contacts that councillors had to liaise with the voluntary and community sector.

Members asked that efforts be made to engage with people for whom English was a second language, such as by the provision of translated material.

A concern was expressed by members that Cabinet Members were being kept better informed of developments than backbench councillors.

Members asked when the plan would be published and the website launched. Ms Ileris said this should be done about 5 or 6th April. She also said that there had been consideration of using the name “North London STP” rather than “North-Central London STP” since the public did not tend to use the phrase ‘north-central London’.

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Members tended to the opinion that North-Central London was better as there was a notable part of what was considered central London that fell within Camden and Islington.

Members asked if there were any partner organisations that were not playing as much of a role as others. They were informed that local authorities and CCGs tended to turn up to meetings more than acute providers. Members said they did not want a situation where a small number of organisations were shouldering a disproportionate burden of the work.

A question was asked about how good practice would be shared. Ms Ileris said this would be done through the workstreams.

Concerns were expressed about the loss of localised service delivery. Members were assured this would not be the case, but that attempts would be made to identify best practice and share it and to take advantage of economies of scale.

Attendees from NCL STP Watch said that they did not just want engagement at the service level but at the strategic level too. Ms Ileris agreed to meet with NCL STP Watch. Members echoed the view of NCL STP Watch that there needed to be engagement at the strategic level rather than simply on individual services.

Members felt that the way that STP documents were written was technical and not comprehensible to the public. They felt that the STPs were not known to the public. They suggested that they could be renamed 'Health and Social Care Plans for North Central London' so that people understood what they were focused on.

Concern was also expressed that NHS organisations were not that willing to engage with the local authority scrutiny function. A member from Barnet said they had problems getting the relevant senior officers to attend Barnet's health scrutiny meeting.

Members wanted to see more information on communications and engagement at a future meeting, and asked that a report come back to the Committee in three months' time.

RESOLVED –

THAT the reports and the comments above be noted.

8. WORK PROGRAMME

Consideration was given to the work programme report.

Members noted that there were a significant number of items on the agenda for the 21st April meeting. It was agreed to move the dementia pathway item to the June meeting.

Members were also of the view that consideration of the quality accounts would take a significant amount of time and so should have a special meeting set aside for it. Alternative dates would be explored for that meeting, with the caveat that the quality accounts needed to be submitted by mid-May.

Councillor Cornelius asked that missed GP appointments be added to the list of items for future consideration.

RESOLVED –

- (i) THAT the work programme be amended as detailed above;
- (ii) THAT officers investigate scheduling an extra meeting in late April or early May to consider the quality accounts.

9. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no other business.

10. DATES OF FUTURE MEETINGS

Future meetings would be on:

- Friday, 21st April 2017 (Islington)
- Friday, 9th June 2017 (Haringey)
- Friday, 22nd September 2017 (Barnet)
- Friday, 24th November 2017 (Enfield)
- Friday, 26th January 2018 (Camden)
- Friday, 23rd March 2018 (Islington)

The meeting ended at 12.45pm

CHAIR

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MINUTES END

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