

Decisions of the Joint Health Overview and Scrutiny Committee

26 January 2018

Members Present:-

Councillor Alison Kelly (London Borough of Camden) (Chair)
Councillor Pippa Connor, London Borough of Haringey (Vice-Chair)
Councillor Martin Klute, London Borough of Islington (Vice-Chair)
Councillor Danny Beales, London Borough of Camden
Councillor Alison Cornelius, London Borough of Barnet
Councillor Abdul Abdullahi, London Borough of Enfield
Councillor Jean Roger Kaseki, London Borough of Islington
Councillor Graham Old, London Borough of Barnet
Councillor Anne-Marie Pearce, London Borough of Enfield
Councillor Charles Wright, London Borough of Haringey

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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, 26TH JANUARY, 2018** at 10.00 am in Committee Room 4, 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, Samata Khatoon, Graham Old, Anne Marie Pearce and Charles Wright

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 and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. APOLOGIES

No apologies were received.

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

Councillor Pippa Connor declared that she was a member of the RCN. She also declared that her sister worked as a GP in Tottenham.

Councillor Alison Cornelius declared that she was a trustee of the Eleanor Palmer Trust. The Trust operated a care home in Barnet, which was in the process of changing designation to a nursing home.

3. ANNOUNCEMENTS (IF ANY)

It was announced that Items 6 and 8 (LUTS services) would be taken together as the first substantive item, followed by Item 9 (NCL risk register) and then by Item 7 (NCL estates strategy).

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

There were no notifications of any urgent business.

5. MINUTES

Consideration was given to the minutes of the meeting held on 24th November 2017.

RESOLVED –

THAT the minutes of the meeting held on 24th November 2017 be approved and signed as a correct record.

6. DEPUTATIONS (IF ANY)

This item was considered together with Item 8.

7. NCL ESTATES STRATEGY

Consideration was given to a presentation in the supplementary agenda pack.

Helen Pettersen from the NCL CCGs reported that there had not been as much progress made as STP officers would have liked. Estate tended to be owned by hospital trusts, whereas the CCGs did not own property themselves. Property was also owned by PropCo, the NHS property arm.

It was noted the STP was not a statutory body and had no decision making powers, and the Trusts were independent organisations who could therefore make their own decisions about property.

Officers commented that the clinical strategy needed to be developed before the estates strategy, as that would suggest what the balance between hospital and community services and the related estate would be.

Officers reported that the NCL was leading the estates devolution pilot. They said the implications of health estates devolution were yet to reveal themselves, but the ability to retain capital receipts within London would assist in providing modern buildings to deliver services to the residents of North-Central London. There was a particular need for modern primary care facilities.

There was mention of the Naylor Report. Officers confirmed that its recommendations to the health service nationally had not been responded to by the government yet.

Officers informed the meeting that there were services that were being moved to Finchley Memorial Hospital. There was also an ambition to develop more modern facilities at Moorfields.

There was a discussion about the need for affordable housing for health service staff. This was a particular problem in London, and contributed to staffing shortages and recruitment difficulties.

The Chair asked what were the vision and values driving the estates strategy. She said she would like to see them clearly laid out. Officers invited the members of the committee to participate in drawing them up.

Members noted the difficulty in co-ordinating the estates strategy when each Trust was autonomous. They expressed concern that the London Estates Board had not started functioning, which was a possible forum for discussion between health bodies.

Officers informed the meeting that many of the estates development priorities, such as the St Ann's and St Pancras sites, preceded the STP and the focus was to try and deliver these longstanding development plans. Councillor Connor noted that 50% affordable housing was being promised for the St Ann's site, but the definition of 'affordable' was vague. She was disappointed that there did not appear to be one person leading on the process for that site.

The Chair highlighted St Pancras hospital. She was concerned that meetings had been cancelled regarding their site, and felt that there were high risks involved with that project.

Members asked that they be involved and have oversight of the estates strategy. They also wanted information from the Department for Health and Mayor of London on how they would be implementing and monitoring the estates devolution strategy.

RESOLVED –

- (i) THAT the presentation and comments above be noted;
- (ii) THAT the Committee be involved in and have oversight of the NCL estates strategy;
- (iii) THAT information be sought from the Department for Health and the Mayor of London on implementation and monitoring of the London health estates devolution strategy.

8. LUTS SERVICES

Members heard from Professor Malone-Lee, representatives of the LUTS patients' group, and representatives from the Whittington and the NCL CCGs.

Professor Malone-Lee highlighted that the patients he was dealing with had serious, life-changing conditions, and that these were difficult conditions to treat. He expressed the view that commissioners and others were not taking account of the most recent peer reviews in the field and were insisting on him conducting randomised control trials, which he said had not been found to be an effective way of

discovering new information, but was instead a way of testing the effectiveness of particular treatments.

Questions were asked of the Professor about the restrictions placed on the treatment of children, as that had been of particular concern at a previous meeting of JHOSC. He said that he was required to obtain paediatrician approval and for the paediatrician to supervise the treatment given to child patients. This was very demanding of paediatrician time, and so they were not willing to do so.

Patients' representatives said that they felt that the nature and volume of the evidence required by commissioners before approving the commissioning of Professor Malone-Lee's work was acting as a barrier to patients receiving treatment that could alleviate their conditions.

Councillor Klute explained that members were not qualified to comment on the medical evidence, but that they wished to scrutinise the process to ensure that patients could receive the appropriate treatment as soon as possible. He asked the representatives from the Whittington and the CCGs what the route was to the service being re-opened.

They said that it was a commissioned service and that CCGs would look to the Whittington Trust Board to say that it would be able to deliver the service specification.

The Committee was informed that the Whittington Trust Board was meeting in March and would be likely to approve the service specification. They would also want to see a succession plan. Recruitment to a successor would be to a joint post with UCLH, and this would probably take place in September 2018. There were some potential difficulties with recruitment as there were not many people who were qualified to work in this sub-specialism.

The service could be restored for new adult patients once this had happened. There was disagreement about how to proceed with child patients, though, as Great Ormond Street Hospital was not part of the agreement between the Whittington and UCLH to support a joint post. If Great Ormond Street were not willing to proceed, then the only way a service for children could be provided in line with the RCP guidance would be for a paediatrician to work in the clinic.

Members suggested that this item could come back to the July meeting, for an update once the Whittington Board had considered the service specification and succession planning. They were also interested in hearing from commissioners and Great Ormond Street Hospital about the approach being taken to child patients.

RESOLVED –

- (i) THAT an item on LUTS services be considered at the July meeting of the JHOSC;
- (ii) THAT Great Ormond Street Hospital and commissioners be invited to attend to speak on the approach being taken to child patients.

9. NCL RISK REGISTER

Consideration was given to a presentation in the supplementary agenda relating to the NCL risk register.

Simon Goodwin, Will Huxter and Helen Pettersen addressed the Committee. They emphasised that the STP was not a statutory body in its own right and that each organisation had its own governance structure and responsibilities.

Key risks that officers were aware of was the misalignment of regulatory frameworks; the importance of being able to work effectively with local communities and other organisations, and financial constraints.

The Chair commented that regular updates of the risk register were important, given the fast-changing environment the health service and local authorities were operating in. Officers committed to publishing the risk register in April.

Councillor Connor observed that many budgets and documents she scrutinised in her role as a councillor made reference to savings and savings targets. She was of the view that it was not properly explained what those savings were and whether they would be able to meet the targets.

Members also commented that they would like to see a more granular risk register.

Members of the public and Deborah Fowler (Enfield Healthwatch) commented on the document and on risks facing the health service.

It was observed that the UK had fewer hospital beds per capita than many comparable countries. As such, the view was expressed that it would be difficult to move many more patients from hospital to community services, since the UK was already doing a significant amount of this.

Deborah Fowler enquired about communications and engagement. Officers replied that they had appointed an additional communications officer to work alongside the Communications and Engagement Lead. The Chair expressed the view that the health service traditionally had not been as geared up as local authorities to openness and transparency and engagement with the local community. She hoped that the positive aspects of this could be incorporated into health service work.

Members commented on the impact of social care cuts on the health service. Ms Pettersen noted their concerns and said that the health service had to operate in the climate of those budget and workforce constraints.

Councillor Cornelius made reference to wording she had seen about care homes and people not being accepted into them, and asked officers to clarify. Ms Pettersen said that the CQC had embargoed certain care homes and that new residents were therefore not being transferred to them by health services.

RESOLVED –

- (i) THAT the presentation and the comments above be noted;
- (ii) THAT the Committee receives a more detailed update of the risk register in six months.

10. WORK PROGRAMME

Consideration was given to a report on the Committee's work programme.

Members noted that there would be a special meeting on 6th February to consider Procedures of Limited Clinical Effectiveness (PoLCE). They were of the opinion that decisions about PoLCE were for clinicians and were not appropriate for a public consultation in the way originally suggested. They also had concerns that Enfield had moved ahead with the new PoLCE approach before other boroughs. They wanted clarity on governance and who was taking decisions on these matters.

Members considered items for their 23rd March meeting. It was agreed that there be items on:

- Ambulance services (involving London Ambulance Service and East of England)
- An update on the joint commissioning committee
- Adult Social Care
- An STP update (including information about accountable care organisations)
- An update on the St Ann's and St Pancras hospital sites

RESOLVED –

THAT the work programme report be updated to reflect the discussion recorded above.

11. DATES OF FUTURE MEETINGS

RESOLVED –

***North Central London Joint Health Overview and Scrutiny Committee - Friday, 26th
January, 2018***

THAT the dates of future meetings of the Committee be:

- Tuesday, 6th February 2018 (special)
- Friday, 23rd March 2018

In municipal year 2018-19:

- Friday, 20th July 2018
- Friday, 5th October 2018
- Friday, 30th November 2018
- Friday, 11th January 2019
- Friday, 15th March 2019

TO NOTE: ALL

12. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no other business.

The meeting ended at 12.50pm.

CHAIR

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MINUTES END

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