

MEETING

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

FRIDAY 7TH SEPTEMBER, 2018

AT 10.00 AM

VENUE

CROWNDALE CENTRE, 218-220 EVERS HOLT ST, LONDON NW1 1BD.

**TO: MEMBERS OF JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
(Quorum 3)**

Chairman: Councillor Alison Kelly,

Vice Chairman: Councillor Tricia Clarke and Councillor Pippa Connor

Councillors

Councillor Huseyin Akpinar

Councillor Lucia das Neves

Councillor Alison Cornelius

Councillor Clare De Silva

Councillor Val Duschinsky

Councillor Julian Fulbrook

Councillor Osh Gantly

Governance Services contact: Vinothan Sangarapillai

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ASSURANCE GROUP

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ORDER OF BUSINESS

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Camden



ENFIELD
Council



ISLINGTON

AGENDA ITEM 1

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**FRIDAY, 7 SEPTEMBER 2018 AT 10.00 AM
COUNCIL CHAMBER - CROWDALE CENTRE, 218 EVERSOLT STREET,
LONDON NW1 1BD**

Enquiries to:	Vinothan Sangarapillai, Committee Services
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MEMBERS

Councillor Alison Kelly (London Borough of Camden) (Chair)
Councillor Tricia Clarke, London Borough of Islington (Vice-Chair)
Councillor Pippa Connor, London Borough of Haringey (Vice-Chair)
Councillor Huseyin Akpinar, London Borough of Enfield
Councillor Alison Cornelius, London Borough of Barnet
Councillor Lucia das Neves, London Borough of Haringey
Councillor Clare De Silva, London Borough of Enfield
Councillor Val Duschinsky, London Borough of Barnet
Councillor Julian Fulbrook, Holborn and Covent Garden
Councillor Osh Gantly, London Borough of Islington

Issued on: Thursday, 30 August 2018

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 7 SEPTEMBER 2018

THERE ARE NO PRIVATE REPORTS

AGENDA

1. APOLOGIES

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

Members will be asked to declare any pecuniary, non-pecuniary and any other interests in respect of items on this agenda.

3. ANNOUNCEMENTS

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

5. DEPUTATIONS

6. MINUTES

(Pages 5 -
14)

To approve and sign the minutes of the meeting held on 20th July 2018.

7. JOINT WORKING BETWEEN NORTH MIDDLESEX AND ROYAL FREE HOSPITALS

(Pages 15 -
32)

To consider a report on the North Middlesex Hospital's plans for the future and, in particular, its proposed future relationship and joint working with the Royal Free Hospital. North Middlesex Hospital is currently consulting on these plans and it is important that JHOSC is included within the engagement process before North Middlesex Hospital's Board meet to take a decision.

8. DATES OF FUTURE MEETINGS

Dates of future meetings:

- Friday, 5th October 2018 (Camden)

- Friday, 30th November 2018 (Enfield)
- Friday, 18th January 2019 (Haringey)
- Friday, 15th March 2019 (Islington)

9. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

AGENDA ENDS

The date of the next meeting will be Friday, 5 October 2018 at 10.00 am in
Crowndale Centre, 218 Eversholt Street, London NW1 1BD.

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 20TH JULY, 2018** at 10.00 am in Committee Room 1, Hendon Town Hall, The Burroughs, London NW4 4BG

MEMBERS OF THE COMMITTEE PRESENT

Councillors Tricia Clarke, Pippa Connor, Alison Cornelius, Lucia das Neves, Val Duschinsky, Alison Kelly and Samata Khatoon

MEMBERS OF THE COMMITTEE ABSENT

Councillors Huseyin Akpinar, Clare De Silva and Osh Gantly

ALSO PRESENT

Councillors

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. ELECTION OF CHAIR

Councillor Alison Kelly was nominated as Chair. There were no other nominations.

RESOLVED –

THAT Councillor Alison Kelly be elected as Chair of the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC) for the municipal year 2018-19.

2. ELECTION OF VICE-CHAIR(S)

Councillors Pippa Connor and Tricia Clarke were nominated as Vice-Chairs of the Committee.

RESOLVED –

THAT Councillor Pippa Connor and Councillor Tricia Clarke be elected as Vice-Chairs of JHOSC for the municipal year 2018-19.

3. APOLOGIES

Apologies for absence were received from Councillors Julian Fulbrook, Osh Gantly, Clare de Silva and Huseiyn Akpinar.

Councillor Samata Khatoon was attending as a substitute member on behalf of Councillor Julian Fulbrook.

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

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

Councillor Cornelius declared that she was a trustee of the Eleanor Palmer Trust, which operated a care home in Barnet.

5. ANNOUNCEMENTS

There were no announcements.

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

There were no items of urgent business.

7. TERMS OF REFERENCE

Consideration was given to the terms of reference. It was suggested that explicit mention should be made of 'social care' in the terms of reference; however it was noted that any changes to the terms of reference would have to be agreed by all five local authorities formally at their Full Council meetings, which would be a complex and lengthy process.

RESOLVED –

THAT the terms of reference be noted.

8. MINUTES

Consideration was given to the minutes of the meeting held on 23rd March 2018.

A Member asked whether the Green Paper on the social care workforce had been produced by the Government. Officers said that it had not.

RESOLVED –

THAT the minutes of the meeting held on 23rd March be approved and signed as a correct record.

9. DEPUTATIONS

Deputation 1:

A deputation was received from Ruth Appleton and Suzanna Mitchell. The deputees outlined their concerns about the 'signing' of the STP by CCGs (Clinical Commissioning Groups). They also expressed dismay about what they saw as the 'breaking up' of the NHS and the increasing role of private companies in it. They said that reorganisations of services were costing a great deal, and they asked that these be delayed. They objected to the sale of NHS land.

Will Huxter, the Director of Strategy for the NCL CCGs, responded to the deputation. He said that he could not comment on individual matters to do with the Royal Free or Camden & Islington Foundation Trusts. However, with regard to the North Central London sub-region, he said that different health organisations were working together in the STP as they felt that co-operation would improve health outcomes. He said that there had been improvements in mental health liaison services and perinatal mental health; and they were working on recruiting and retaining the right staff.

Officers said that there was not a formal 'signing' of the STP but that CCG boards had agreed reports that endorsed participation in it.

Members made reference to the letter sent early in 2017 by the then Leaders of the five North Central London Councils to the then Secretary of State, which had expressed reservations about the STP. They asked what communication had been received since then.

Officers said that a reply had been received from the NHS England Regional Director, but that no new money had been made available. They said that local health officers met with Council Leaders and Chief Executives to ensure they heard their concerns and shared information. They would provide members with information on the outcome of the Leaders' letter.

ACTION: Will Huxter (Director of Strategy, NCL CCGs)

Deputation 2:

A deputation was received from Kate Middleton and Kate Dwyer. The deputees were concerned about the slow pace at which the LUTS clinic had resumed following its suspension. They welcomed the appointment of a new consultant and the fact that the clinic was accepting referrals of new patients. However, they were concerned that patients had to go through a long process to be referred and that they still were not accepting paediatric patients.

With regard to adult patients, the deputies said that people were having to wait for treatment because some CCGs did not accept consultant-to-consultant referrals. People had to write directly to their CCGs in such cases to be referred to the LUTS clinic, which was difficult for those people at what was a stressful time.

With regard to child patients, the restrictions on treatment being applied meant that the children could not benefit from the full LUTS method, as this was not something that was offered by Great Ormond Street Hospital. They argued this meant that children afflicted with lower urinary tract infections were suffering pain and discomfort, when a treatment similar to the ones adults were receiving at the LUTS clinic might be able to cure them. They asked that a paediatrician be recruited to attend the LUTS treatment to approve the treatment for children.

Officers spoke with reference to the paper at item 10, and highlighted that they had been liaising with the patient group and had opened the LUTS clinic for new adult patients. The alignment with UCLH was putting the framework in place for a regional service. They highlighted that there was mixed clinical opinion on the service and, as GOSH was a children's hospital, it was the appropriate home for a service for child patients. They said that GOSH representatives had been unable to attend due to clinical commitments, but that they had met patient groups earlier in the week.

They added that patients who were 'waiting' for treatment were not on the service's waiting list as they were under the care of their own doctors. They said that consultant-to-consultant referrals should be permitted in urgent cases or where it was a natural progression in a pathway.

Members asked that information come back to a future meeting on the policy for consultant-to-consultant referrals and if it was working in NCL. They would also like an update from GOSH, and to hear from the commissioners and the patient groups.

**ACTION: NCL CCGs
Great Ormond Street Hospital**

10. LOWER URINARY TRACT SERVICES (LUTS) UPDATE

This item was considered at Item 9 above.

**11. IMPROVING HEALTH & WELLBEING AND REDUCING INEQUALITIES -
SUPPORTING CLINICAL DECISION-MAKING**

This item was not considered at the meeting, as officers will be reviewing this issue in light of the recently published NICE guidelines and will be updating the Committee on this at a later date.

12. HEALTH AND CARE DEVOLUTION IN LONDON

Consideration was given to a presentation on health and care devolution.

Will Huxter, Director of Strategy for the NCL CCGs, introduced the presentation and drew the meeting's attention to the structure outlined on page 24.

Members asked who the members of each board were and if meetings were held in public and their papers were published online. Mr Huxter undertook to provide this information.

ACTION: Will Huxter (Director of Strategy, NCL CCGs)

A Member expressed concern that the Memorandum of Understanding was setting up a structure which would not have meaningful scrutiny from local authorities, public and patient groups.

Members criticised the sale of assets without a long-term assessment of property needs for health services.

As the health devolution was to London as a whole, some Members expressed the view that scrutinising it at a London-wide level should be a GLA function. If the GLA was not undertaking this, then it was suggested that it could be done by the pan-London JHOSC. However, it was noted that health scrutiny powers legally sat with boroughs not the GLA.

Members asked that information come to them about the role, purpose, membership and attendance at the boards, and case study information about where health devolution had been beneficial. The Chair also suggested that this was a matter which could be discussed further at the pan-London JHOSC.

ACTION: Will Huxter (Director of Strategy, NCL CCGs)

RESOLVED –

- (i) THAT the presentation be noted;
- (ii) THAT the Committee be provided with information about the role, purpose, membership and attendance at the boards responsible for London health governance and delivery.

13. ESTATES STRATEGY

Consideration was given to a paper on the estates strategy that was circulated in the supplementary agenda.

Simon Goodwin, Chief Finance Officer for the NCL CCGs, introduced the paper and said that it incorporated comments made from the informal meeting with JHOSC

members. The estates plan had had to be submitted to the London Estates Board by 13th July.

Members noted that there was no public involvement on the London Estates Board. They felt it was important that there be a public-facing summary of it, and that officers work with residents to make sure that the summary was clear.

Members queried the quantity of the surplus made from asset sales that realised more than the book valuation of them and what happened to it.

Mr Goodwin said that £102.8m was made in 'profits' from disposals. Trusts were able to spend this money as part of their general budget. Additionally, £88m of non-recurring STP money was available to the health sector in North Central London.

The Committee expressed concern that one-off capital receipts from disposals were being used for meeting the current costs of health services. They felt that this was not prudent.

Members expressed their views that councillors were not having a meaningful role in the estates strategy. Information was presented to them after the decision-making point and so they felt they were merely noting reports rather than playing an active part in the process.

The Chair highlighted the importance of the health service working in partnership with local authorities. She made reference to a case where a hospital was deciding on the location of a 'community hub'; it could not do so on its own. She said that there needed to be a set of values underpinning decisions on the sale of land and relocation of services.

Members asked for information on who was attending which meetings relating to the London Estates Board.

ACTION: Simon Goodwin (Chief Finance Officer, NCL CCGs)

The Chair asked that information on the estates strategy come back to the Committee as regularly as possible.

RESOLVED –

- (i) THAT the report and comments above be noted;
- (ii) THAT an update on the estates strategy come to a future meeting.

ACTION: Simon Goodwin (Chief Finance Officer, NCL CCGs)

14. STP STRATEGIC RISKS: FINANCE

Consideration was given to a report on finance in the North Central London sub-region as well as supplementary papers relating to the Royal Free Hospital's financial position.

Members noted that there was a significant deficit position at the Royal Free Hospital. The Chair wondered if the Royal Free would have such a budget gap if it was funded at the same level as UCLH.

Members asked if there was a 'recovery plan' for the Royal Free's finances and were informed that there was.

It was noted that there was a 'surplus' of £92m in the NCL region, but that this was due to one-off revenue from the disposal of assets.

Members were informed that in 2018-19, there would be a growth in funding allocation of £67m – but planned demand and cost pressures would be more than three times that sum. This required £245m of savings to be made to bring the financial position in balance.

Members noted health officers' comments that cost pressures were coming from medical advances, population growth, and an aging population.

One Member observed that, when attending a diabetes awareness day in Brent Cross, she had become aware of how many people were already diabetic or pre-diabetic. There would be an increased demand for diabetes services over the next few decades from these residents.

The Chair asked that the Committee have sight of the balance sheets for each NHS provider. Members wanted to see the sources of income of these bodies, what was happening to their disposals income – for 2017/18 and for the year-to-date in 2018-19 - and their long-term financial strategy.

Mr Goodwin stated that it was not possible to do long-term projections of finances for individual bodies as it depended on funding allocations and on NHS pay awards for staff.

Members noted that hospitals needed to have patients using them in order to receive monies. However, this conflicted with the imperative of prevention and of acting early to treat patients outside of a hospital setting.

RESOLVED –

- (i) THAT the report and supplementary presentation be noted;
- (ii) THAT income and balance sheet information be provided for NHS providers in the sub-region.

ACTION: Simon Goodwin (Chief Finance Officer, NCL CCGs)

15. WORK PROGRAMME

Consideration was given to the work programme report.

Members noted that the “Improving Health and Wellbeing by Supporting Clinical Decision-Making” item would be going to the October meeting.

The Committee identified lead members for the different reports. Councillor Connor would lead on the safeguarding report; Councillor Clarke on estates; Councillor das Neves on engagement, participation and health inequalities and Councillor Kelly on governance and finance.

Councillor Connor suggested that a Children’s Safeguarding item go to the January 2019 meeting. This would be an appropriate time for it, particularly if the related items on the STP maternity priority theme and the ‘best start in life’ theme would have to be delayed from the November meeting.

Members noted these suggestions and agreed that there would be a review of items for the January and March 2019 meetings at the October meeting.

RESOLVED –

- (i) THAT the report be noted;
- (ii) THAT the amended work programme be agreed.

ACTION: Ally Round (Strategy & Change)

16. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no other business.

17. DATES OF FUTURE MEETINGS

It was noted that the dates of future meetings were:

- Friday, 5th October 2018 (Camden)
- Friday, 30th November 2018 (Enfield)
- Friday, 18th January 2019 (Haringey)

***North Central London Joint Health Overview and Scrutiny Committee - Friday, 20th
July, 2018***

- Friday, 15th March 2019 (Islington)

The meeting ended at 12.40pm.

CHAIR

Contact Officer: Vinothan Sangarapillai

Telephone No: 020 7974 4071

E-Mail: vinothan.sangarapillai@camden.gov.uk

MINUTES END

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<p>North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)</p>	<p>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</p>
<p>JOINT WORKING BETWEEN NORTH MIDDLESEX AND ROYAL FREE HOSPITALS</p>	
<p>FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE</p>	<p>DATE 7 September 2018</p>
<p>SUMMARY OF REPORT</p> <p>A presentation on the North Middlesex Hospital's plans for the future and, in particular, its proposed future relationship and joint working with the Royal Free Hospital is at Appendix A. North Middlesex Hospital is currently consulting on these plans and this discussion provides JHOSC with an opportunity to be involved in the engagement process, before North Middlesex Hospital's Board meet to take a decision in early October.</p> <p>Contact Officer:</p> <p>Ally Round Senior Policy and Projects Officer London Borough of Camden ally.round@camden.gov.uk 020 7974 5118</p>	
<p>RECOMMENDATION</p> <p>The Committee is asked to consider and comment on the North Middlesex Hospital's proposals for future joint working with the Royal Free Hospital.</p>	

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North Middlesex Hospital Case for Change

Maria Kane
Chief Executive

July 2018



North Middlesex **NHS**
University Hospital
NHS Trust

Why are we creating a Case for Change?

Our Vision and Objectives

Our vision

Our vision is to provide outstanding care for local people.

Our objectives

Our objectives are:

- Excellent outcomes for patients
- Excellent experience for patients and staff
- Excellent value for money.

We are currently a clinical partner in the Royal Free London group, and are considering closer working partnership with them in the future.

Key priorities for NMUH

Trust Board has identified following as key priorities to address:

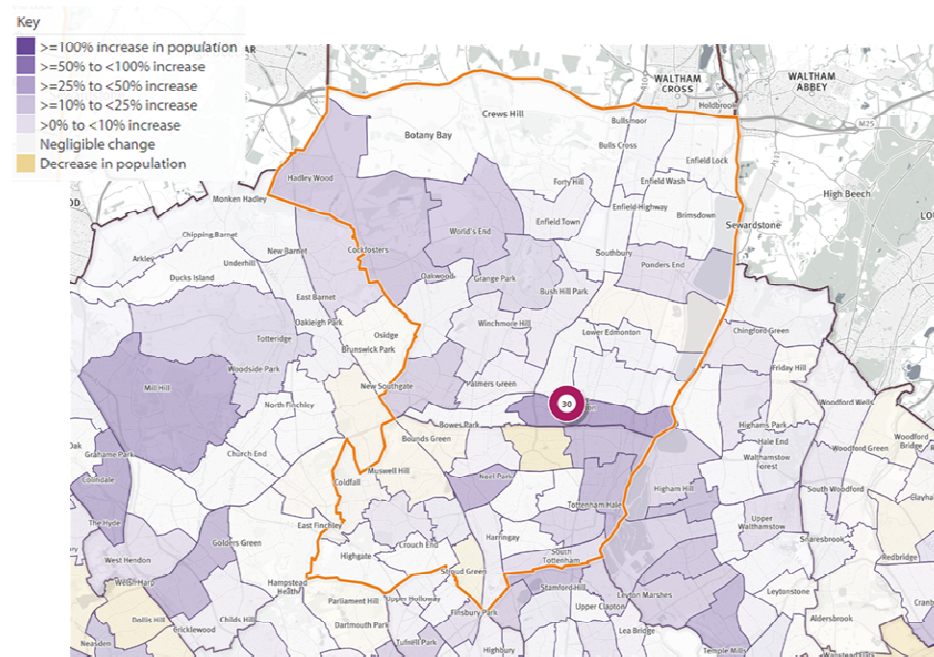
- Culture
- Recruitment & Retention
- Safely deliver standards (access, outcomes etc)
- Value for money
- Clinical & Corporate Governance

‘Standing still’ is not an option – we must respond to the changing needs of our local population.

NMUH Case for Change

Excellent outcomes for patients

- The population within our catchment area is predicted to rise sharply in the next five years
- We serve a large, diverse population and this can result in pressure on our Accident & Emergency department

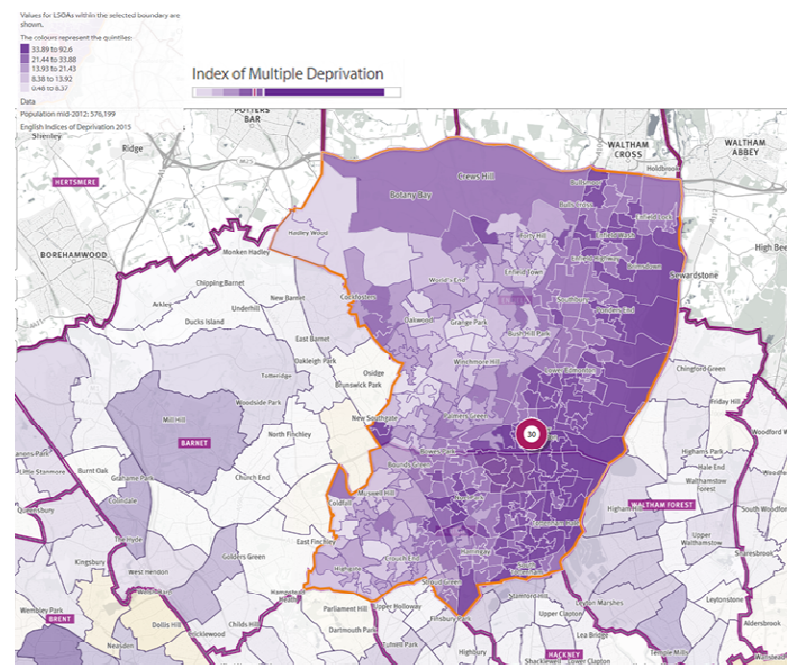


Map showing predicted population increase in Enfield/Haringey

NMUH Case for Change

Excellent outcomes for patients

- The population we serve has a high rate of long-term conditions such as Diabetes
- The population we serve covers some of the most and least deprived wards in the country
- Life expectancy differs by 6.6 years across different parts of Haringey
- Mental health is also an issue, with up to 20,000 people living with an undiagnosed mental health condition in Enfield



Map showing deprivation in Enfield/Haringey

NMUH Case for Change

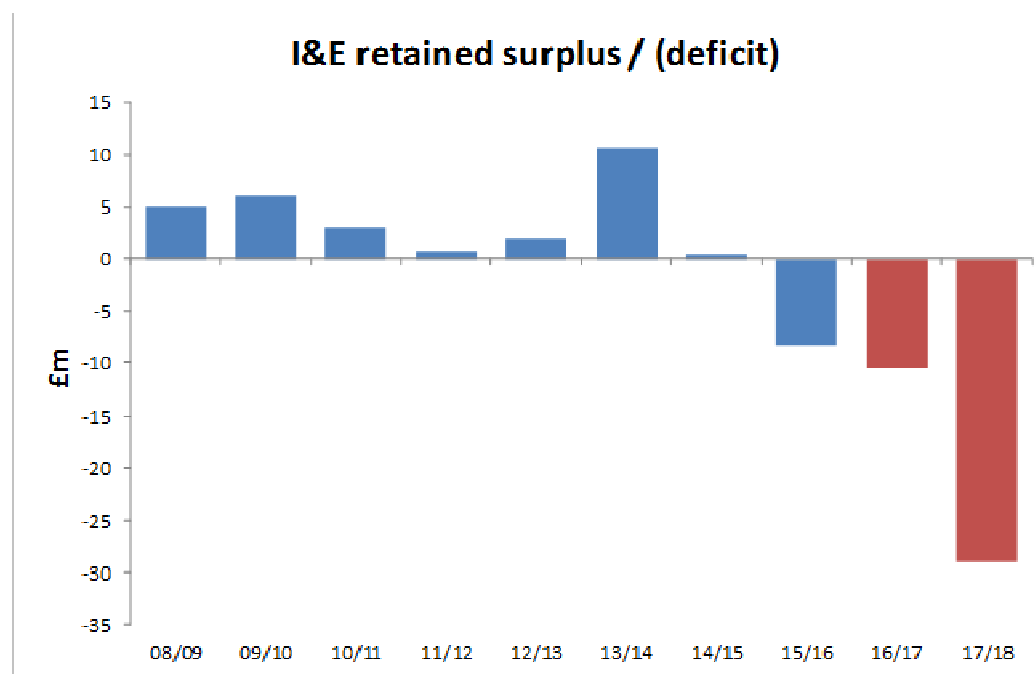
Excellent experience for patients and staff

- Our 2017 Inpatient Survey shows that we need to improve the experiences of patients who we care for, especially in ensuring that patients are listened to
- Annual staff survey results show that we need to do better at providing opportunities for career progression and recognising the value of our staff
- One of the most important issues facing us is recruitment and retention of our staff
- We need to work with our local community to address issues such as nursing recruitment – several successes already e.g. our apprenticeship programme

NMUH Case for Change

Excellent Value for Money

- Like many trusts, NMUH is under significant financial pressure
- In the past three years, costs have grown significantly faster than income
- Our commissioners in Enfield and Haringey are also under significant financial pressure



Why are we speaking to you today?

What do we mean by engagement?

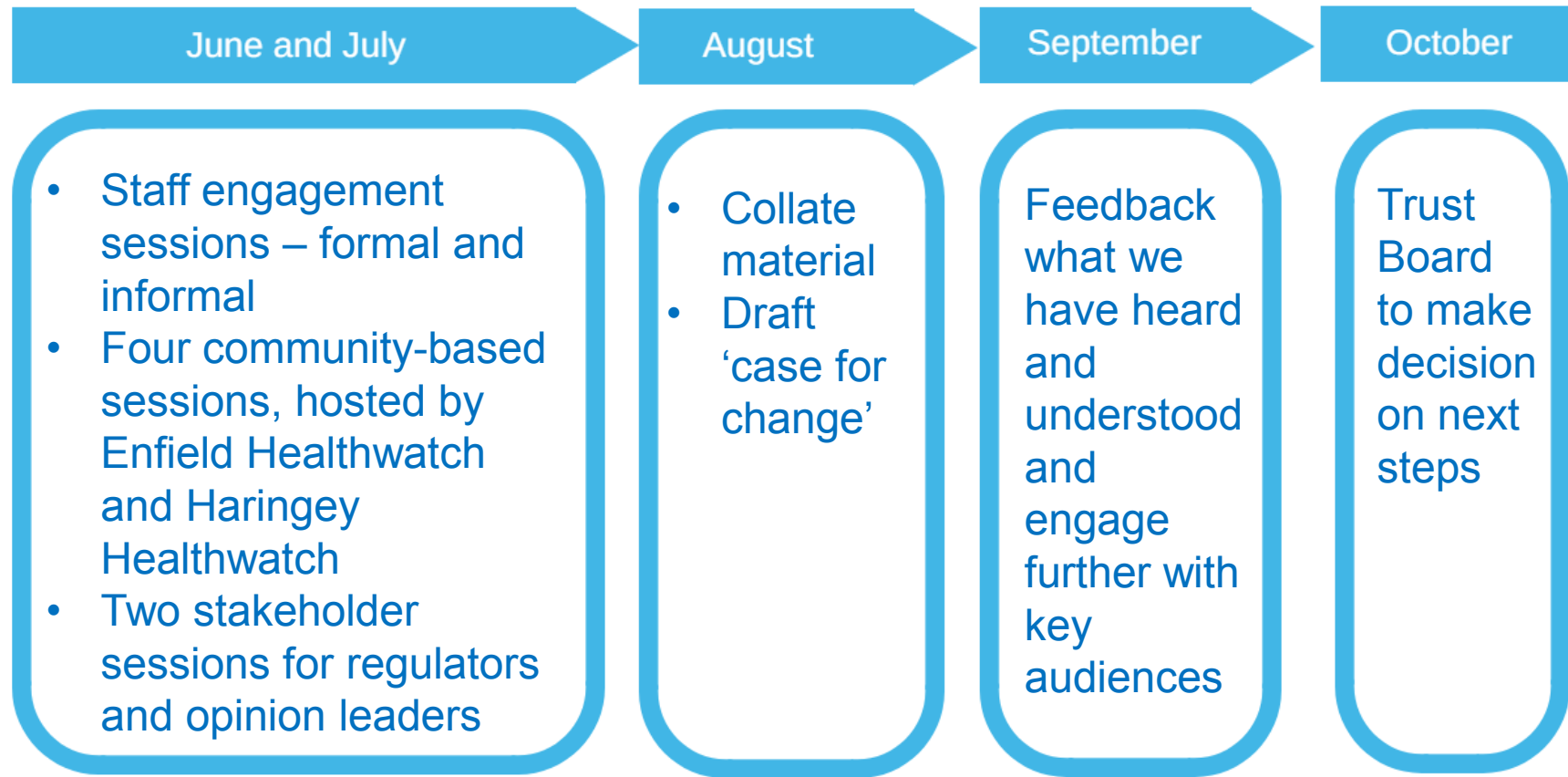
- **Informing** stakeholders so that they are aware of current issues
- **Collaborating** with stakeholders when making decisions
- **Involving** stakeholders at all points so that we can understand their concerns and aspirations
- **Empowering** stakeholders by giving them a say in the final decision

We cannot base the care we provide around local communities if we do not listen to them.

Who have we engaged with?

- Engagement with internal and external stakeholders
- Internal staff sessions – open sessions and specific meetings
 - Over 400 staff participated in sessions
 - Feedback forms recorded and logged with main themes and views
- External stakeholders
 - MP briefings
 - Presentation to Enfield and Haringey Health & Wellbeing Boards
 - Board to Board session with Haringey & Enfield Clinical Commissioning Groups
 - 4 workshops organised & facilitated by Healthwatch Enfield & Healthwatch Haringey
 - Invitation to workshop for local community groups

Timetable for 'case for change'



What does this mean for NNUH?

Current Status

- There is an absolute need for a strong, efficient hospital on our site which delivers high-quality services to the local community
- We are currently a Clinical Partner in the Royal Free Group, which includes initiatives such as Clinical Practice Groups (CPGs) and the GDE Programme
- The case for change seeks to establish the benefits of working even closer with Royal Free London

What does this mean for NMUH?

Future Options

- We have a range of options open to the Trust ranging from maintaining a close alliance as a preferred partner with RFL, to becoming a full member such as Barnet or Chase Farm Hospitals
- The benefits may include greater opportunities for our staff to develop skills & knowledge in different clinical areas. This could improve recruitment & retention of staff
- Closer working with Royal Free London however may remove some of the potential for local leadership and local decision making
- Full membership for instance would likely mean that Trust Board decisions are no longer made at North Middlesex Hospital
- Ultimately the decision is in the hands of NMUH, and the Trust Board will meet to make a decision on the 4th of October

Questions for consideration

We have outlined 5 key challenges for the organisation. Do they capture for you the key issues for NMUH into the future? If not, what else should we consider?

Are there any particular aspects you think any future partnership needs to include, in order to address the challenges we face?

Are there any particular conditions or requirements you want us to bear in mind?

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