North Central London Sector Joint Health Overview and Scrutiny Committee
Friday 19th July 2013

Minutes of the meeting of the **NCLS Joint Health Overview and Scrutiny Committee** held at 10:00a. m on **Friday 19th July 2013** at London Borough of Camden Town Hall, Council Chamber, Judd Street , London WC1H 9JE

Present:

Councillors	**Borough**
Gideon Bull (Chair)	LB Haringey
John Bryant (Vice Chair)	LB Camden
Peter Brayshaw	LB Camden
Alison Cornelius	LB Barnet
Jean-Roger Kaseki	LB Islington
Martin Klute	LB Islington
Graham Old	LB Barnet
Anne-Marie Pearce	LB Enfield

Support Officers

Harvey Collins	LB Camden
Rob Mack	LB Haringey
Linda Leith	LB Enfield
Leah Mooney	LB Enfield

1. WELCOME AND APOLOGIES

Councillor Bryant (Vice Chair) welcomed everyone and advised that he would be chairing the meeting until Councillor Bull (Chair) arrived.

Apologies for absence were received from Councillor Alev Cazimoglu and apologies for lateness had been received from Councillors Bull and Cornelius.

2. DECLARATION OF INTEREST

There were no declarations made.

3. URGENT BUSINESS

There was no urgent business

4. MINUTES

The minutes of the meeting held on 6th June 2013 were agreed as a correct record.

5. THE WHITTINGTON HOSPITAL- TRANSFORMATION PROGRAMME AND FOUNDATION TRUST STATUS UPDATE

The JHOSC received the briefing presentation that had been included in the agenda papers for the meeting and a further presentation on the Whittington Health Clinical Strategy. The presentations provided information on the transformation programme and progress towards foundation trust status.

Members thanked the Whittington for the very detailed information that had been provided in the presentations and raised the following points:

- Members were pleased to note that the clinical strategy was driving the estate strategy but wanted further information on the timescales for the renewed bid for foundation status.
- There was significant discussion in the documents about delivering more services in the home and members expressed some concern that this would result in local authorities being relied on to provide additional services.
- What examples were there of technological innovations in health care working?
- What progress had there been on reducing agency staff?
- How effective had smoking cessation programmes been?
- Was the Whittington working with other hospitals as a training provider?
- Would GPs be taking over the clinical care of patients when they were discharged from hospital?
- Not everyone had computers, how would patients without them access information?
- How many Community Matrons were there?
- The strategy was very discursive but did not include a great deal of information about bed numbers and staffing levels which made it difficult to make any assessment of the implications of the strategy. When would more detailed information be available about the number of beds and staffing levels?

The following information was provided in response to the above points:

- A great deal of work had taken place at the Whittington to extend best practice and develop an integrated care model across all aspects of the hospital's work. There was a new timetable from the National Trust Development Authority with more focus on quality and operational excellence. There would be an assessment of the hospital's position with the aim of being on track for Foundation Status at the end of 2014.
- These were challenging times but the Whittington would be working with partners on a strategy for community engagement, an equalities impact assessment and a clinical strategy.
- There would be close working with CCG colleagues to ensure that current services would continue to be provided by the health service and would aim to deliver them more strategically.
- Best practice on the use of patient portals would be shared and its introduction at the Whittington would be revolutionarily transformational in the provision of care. The system being introduced would link social care, the Whittington, the community and GPs and be known as Whittington Health. The aim was that there would be a carers portal at a later stage.
- Targets on smoking cessation were not monitored for individual effectiveness

- A bank of agency staff was used to ensure standardisation and a quality of service and had proved to be financially beneficial.
- Partnership in education was key in the relationship with UCLH and Middlesex University Hospital and the Whittington wanted to continue to be a top training provider in London.
- The models of care were being redefined and the individual patient needs in each case would be assessed and adjustments made.
- Information on the number of community matrons was not to hand but would be made available.
- The clinical strategy was still at the development stage and so detailed figures were not yet available. In the next 18 months there would be a reduction in beds and there would be a further review of bed numbers after the ambulatory care arrangements had been in place. Changes in procedures had already resulted in a reduction in the length of stay in hospital but the JHOSC was assured that there would always be enough beds in the hospital to meet the demand for them and that there would be a report back from the Whittington in the Spring on the implementation of the ambulatory system.
- The Whittington would be developing an engagement plan that would be considered by the hospital's trust board in the autumn and it was agreed that draft plan would be considered by relevant health scrutiny committees

RESOLVED

1. That the engagement plan for the transformation programme be submitted to relevant health overview and scrutiny committees in the area during the Autumn;

2. That the Whittington Hospital Trust be asked to provide further information on community matrons, including how were employed; and

3. That a further report be submitted to the JHOSC in Spring 2014 by the Whittington on progress with the transformation programme.

(Councillor Bull Chaired the meeting from this point.)

6. LEADERSHIP OF SERVICE CHANGE IN THE NEW NHS

Consideration was given to a briefing that provided details about structure and leadership of service change in the NHS were organised at local and London level. The interface between the NHS and the Health Overview and Scrutiny committees was also described was well as the role of NHS England in Direct Commissioning and the interface with Public Health England and Clinical Commissioning Groups. There was also a presentation in support of the briefing, with a further explanation of:

- Planning and system leadership in the new NHS
- Role of NHS England in planning and system leadership in the new NHS
- Other stakeholders who would play an important role
- To enable the public to be involved
- Building a stronger relationship with health overview and scrutiny

The previous leadership models were more dispersed and unclear and it was hoped that these arrangements would provide more clarity.

The following points were made in response to the briefing:

- Were these new arrangements essentially the creation of a strategic health authority?
- NHS England was still in the process of appointing staff, was there capacity there to support all this work?
- Health needs in London were very different to the rest of the country, was this being addressed in the strategy?
- It was key to these new arrangements that the changes were implemented with more momentum. There did not appear to be any specific new pathways proposed and no significant initiatives.
- Who was responsible for the strategic overview of health areas? There were a number of networks but how do these transfer into action?
- Councillors had seen a number of housing development proposals where it was not clear if they had been linked to any strategic look at health provision
- What is the role of Patient Participation Groups in these new arrangements and was there any information that could be provided to members?
- What were the governance arrangements and what transparency was there around board accountability and decision making?
- There was concern from JHOSC members that £500m was a large sum for an individual to be able to make a budgetary decision on.
- What opportunities were there for comments from the public to be heard?

In response the JHOSC was advised that:

- The new organisational structure and leadership had resulted in changes in responsibilities to those previously but were a much more strategic approach and there was accountability within the new structures.
- NHS England was aware of large planned developments. The specialist community role within NHSE would ensure that CCGs fulfilled their roles to provide hospital and GP services that were responsive to the needs of their communities. There would also be a key role for Health and Wellbeing Boards in this work.
- Information on Patient Participation Groups was being collated and would be available in the next few months.
- It was advised that under the new arrangements there was a main board for NHS England and a regional London team. Processes for decision making were being established and all governance arrangements were not yet in place. Regional directors had been delegated authority to manage contracts up to £500m.
- The London region was structured differently with one Area Director responsible for the North Central and East London Areas, with three sub regional areas sitting below the NC/EL areas.
- The new arrangements had only been in place for fifteen weeks and there would be opportunities for the public to participate and for their voices to be heard.

RESOLVED

That the briefing and presentation be noted

7. FAILING GP PRACTICES

The JHOSC received a presentation about the arrangements to address failing GP practices, which looked at the following:

- Background information
- GP contracts in this part of NCEL
- Managing GP Performance
- How do we identify poor performance?
- New national arrangements being developed - what had been produced and was in place contractually for the individual performer
- Position from GPOS Summary (Dec 2012 data)
- GP Live Performance Cases Summary (July 2013)
- Individual Performance
- Contractual or practice matter?
- Absolute failure of a practice
- Changes between the old and new practices

The following points were then made in response to the presentation:

- The huge demand on Accident and Emergency Services was an indication of the lack of access to GPs. The need for more services had been identified by the CCGs as the route of a number of health service problems. Primary care service should be more responsive to the public need for the service.
- A potential strength of the new structure was that it would be able to look locally at the needs of each CCG
- A particular issue in Enfield had been the transport links between primary care services.
- In work that it was undertaking, Islington HOSC had identified a huge diversity in appointment systems at GP practices and people in the borough were struggling to navigate the appointment processes. With little common ground in the systems, trying to scrutinise the issues for patients had raised more questions than had been answered. Islington members of the JHOSC were asked to share their findings on this issue.
- Quality, performance and the mechanisms to generate improvement were issues that needed to be reviewed
- Out of hours services was another area generating complaints from users who were unclear about the provision and dissatisfied with the service being provided.

RESOLVED

That the presentation and the points raised by the JHOSC be noted.

8. CANCER AND CARDIAC SERVICE RECONFIGURATIONS

The JHOSC considered a report that provided information on the:

- Engagement on urological cancer surgical services
- Background to the cancer proposals
- Cancer pathways
- Cardiovascular Services and conclusions.

Following on from the responses that had been received as part of the Engagement, NHS England had agreed that the proposals would benefit from a formal consultation exercise, which was expected to be launched later in the year along with further development of the proposals for specialist cancer services across North East and North Central London. No significant changes to the location of services would take place without further consultation.

During consideration of the report the following points were made:

- The cross party working taking place at scrutiny committees had worked but there was some concern about party politics coming into play in the run up to the local elections in May 2013. It was advised that the consultation would be taking place late November to late February and so would be completed well before the local elections in May 2013.
- Consideration would need to be given as to how health overview and scrutiny committees would feed into to consultation process. Whilst there was a statutory requirement to set up a joint committee to respond to NHS consultations, it was possible that the three joint committees covering north and north east London could fulfil this function. Legal guidance would be taken on this issue and liaison would take place between the JHOSC and the joint committees for inner and outer north east London.

RESOLVED

That a meeting be arranged between the Chair and the Chairs of the Inner North East London (INEL) and Outer North East London JHOSCs, relevant support officers and NHS Officers to discuss the consultation process and engagement with health overview and scrutiny committees.

9. WORK PLAN AND DATES FOR FUTURE MEETINGS

Consideration was given to the work plan report that outlined proposed items for discussion.

In addition, the issue of women not entitled or eligible for maternity care accessing services was raised. In response it was requested that further information be sought about what period of residency in the UK was required in order to receive care. Also what reciprocal arrangements were there between member states of the European Union and was it the case that pre-existing conditions had to be treated in the patient's home country?

Members of the JHOSC agreed that they would be mindful of the dates and items that would be considered at the scheduled meeting close to the local council elections in May next year and to purdah period restrictions.

The following meeting dates were also noted:

- 29th November 2013 (Barnet)
- 7th February 2014 (Enfield)
- 28th March 2014 (Islington).

RESOLVED

That a briefing be submitted to a future meeting of the Committee on the arrangements for reimbursement of costs incurred in NHS treatment of non UK residents.

Minutes End