

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY 28TH MARCH 2014** at 10am in the Council Chamber, Town Hall, Judd Street, London, WC1H 9JE

MEMBERS OF THE COMMITTEE PRESENT

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

HEALTH PARTNERS PRESENT

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 NCL Joint Health Overview and Scrutiny Committee.

MINUTES

1. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for lateness were received from Councillors Cornelius and Brayshaw.

2. DECLARATION OF INTEREST

For transparency, Councillor Brayshaw declared that he was a Governor at University College London Hospital.

For transparency, Councillor Cornelius declared that she was an assistant chaplain at Barnet Hospital.

In relation to Item 9, Moorfield Eye Hospital, Councillor Bull declared that he was an employee of the Hospital and would be stepping down from the Committee during the discussion of the item.

3. URGENT BUSINESS

There was no urgent business

4. MINUTES

Consideration was given to the minutes of the meeting held on 7th February 2014. The Committee commented on several action points as follows:

- Page 3, no response had been received from the Royal Free Hospital in relation to the last valuation of Chase Farm Hospital. **ACTION: Secretary to follow up with David Sloman and circulate to the Committee.**
- Page 5, clarification was requested on the review group and lessons learnt. **ACTION: Secretary to seek clarification and circulate the lessons learnt results to the Committee.**
- Page 9, the information requested from on the total spend across the five boroughs on mental health had not been received. Until it was received effective lobbying for increase funding could not take place by the Committee. **ACTION: Secretary to chase Liz Wise for the information.**
- Page 10, the letter to Norman Lamb was currently in the process of being written **ACTION: Secretary to check to ensure that the letter is sent and inform the Committee when this has been done.**

In relation to matters arising from the minutes, the following points were raised:-

- A report tabled at the last Enfield Clinical Commissioning Group by the Programme Director included a recommendation that the review of the implementation of the BEH Clinical Strategy would take place after 100 days. However in the North Middlesex board meeting, it had been stated that the review would take place after six months. It was requested that the timescale be clarified, **ACTION: Secretary.**
- One member of the Committee raised concerns that a planning application had been submitted to the London Borough of Enfield to build 100 homes on the Chase Farm site. The Committee requested a confirmation be sought to get a guarantee that any capital receipt the Royal Free Hospital get for the site be reinvested. **ACTION: Secretary.** The Committee noted that David Sloman of the Royal Free had stated at a meeting of Healthwatch Enfield that money would be reinvested, he was waiting for permission to publish the information.

Following discussion it was,

RESOLVED –

THAT the minutes of the meeting held on 7th February 2014 be signed as a correct record.

5. THE WHITTINGTON HOSPITAL – TRANSFORMATION PLANS

The Committee received an oral report from Steve Hitchens, the Chair of Whittington Health.

Mr Hitchens stated that new services were about to open and patients would start to be taken in from week beginning 31st March 2014. It was further noted that the two year plan would be taken to the Whittington Health Board on 1st April 2014. The business case had been submitted to the NHS Trust Development Authority (TDA). Whittington Health had improved from band four to band six in the Care Quality Commission's recent grading's. Whittington Health also had the lowest mortality rate in England. The Interim Chief Executive would take up the post on 1st April 2014. The Whittington Health's five year plan had been agreed with the TDA. It was stated that currently there was no clear vision for the future of Whittington Health; however the vision would develop over the next few months. The Committee noted that integrated care needed to be designed to meet the needs of the

patients and community. Cabinet Members from Islington and Haringey had attended Whittington Health Board meetings, which had improved communication.

Discussion took place and members of the Committee raised questions and concerns in relation to the departure of the Chief Executive; the requirements for a five year plan; Foundation Trust status; Whittington Health's vision, and employee buy in to the transformation process.

In response to questions and concerns, Mr Hitchens remarked that Dr Koh, the Chief Executive, was leaving her role on 28th March. She had been with the Whittington Hospital for three years. The chief executive vacancy would be advertised before the end of April. There was a requirement for every Trust who were no yet a Foundation Trust to have a five year plan. The five year plan was a visionary statement which would take more time to put together. The timescale for the plan was June 2014. The focus of the hospital was on the upcoming Care Quality Commission (CQC) inspection, the Foundation Trust application was still important, however the main issue was to become an integrated care organisation. In relation to the vision for the Whittington, it was noted that there was no overall big picture about what the integrated care organisation would look like, the hospital needed to be better engaged with its mental health partners and the vision needed to be enunciated by the community.

The Committee requested that the Committee receive a note clarifying where Whittington Health was in the integrated care process. It was further requested that the five year plan be brought to a future meeting before it was sent to the TDA.

**ACTION BY: Steven Hitchens (Chair Whittington Health)
Secretary**

In response to the request, it was noted that everything the Committee had previously seen was still relevant. However, what was needed was a document which gave the big picture and brought everything together. No date would be given in relation to when Foundation Trust status was planned for, there was no government timetable, therefore the CQC inspection was the main focus.

Further discussion took place in relation to the rebranding of Whittington Health, the staff survey and the hospital's website.

Following a lengthy discussion it was

RESOLVED –

THAT the report be noted.

TO NOTE: All

6. PRIMARY CARE - FUNDING

The Committee received a presentation from Alex Manu of NHS England. It was stated that Primary care generally meant GP services, which received 60-70% of the funding. The other services were community services, dental and ophthalmology. The primary medical services need modelled using the Carr-Hill formula, which took account of age-gender mix of registered patient lists, as well as factors in relation to health status of the population.

Discussion took place and Members of the Committee raised questions in relation to rents for GP premises; monitoring of performance for practices and GPs; and, the formulas used and whether they were or would be reappraised. In response to questions it was stated that the premises would be assessed on its current market rate and that's what the premises payment would be based on. The NHS would not pay more than what a district valuer valued rent and rates. Some small improvement grants were available, GPs submitted bids to receive the funding, however, the funding was not guaranteed, there were NHS guidelines. Not everything was 100% funded. Funding was only give to those areas being used to deliver primary care services. In relation to publication of GP earnings it was noted that GP average earnings were published, due to GPs being self-employed it was not strictly salaries. CQC inspections and the Quality Outcome Framework (QOF) was in place to ensure performance management of practices and individual GPs. Funding was based on list size and population health statistics. NHS England did have concerns about the reliability of GP lists as a basis of funding. It was not known if QOF points were publically available. It was stated that this point would be checked and the Committee informed.

**ACTION BY: Alex Manu (NHS England)
 Secretary (Rob Mack)**

Further discussion took place in relation to performance and it was noted that the Clinical Commission Groups were responsible for strategy and the improvement of general services whereas NHS England were responsible for performance. In response to questions about mental health grants, it was noted that there was a gap in understanding about mental health conditions by GPs. In response to concerns about the reduction in primary care funding in London, it was noted that primary care funding was not just about the funding formula it was also about what primary care could do differently in the future to ensure it was sustainable and high quality.

Following a detailed discussion the Committee thanked Mr Manu for the presentation and it was

RESOLVED –

THAT the report be noted.

TO NOTE: All

7. PRIMARY CARE - CASE FOR CHANGE

Consideration was given to a report of NHS England. Jemma Gilbert introduced the report and stated that GP practices were feeling financially challenged as well as in terms of

capacity. It was felt that not all practices were fit for patients either. A great foundation of primary care had been built which was highly regarded domestically and internationally, however it need to built on. Scale would be a very important factor in developing primary care such as practices coming together collaboratively to solve sustainability issues. It was noted that the Call to Action had been published in January 2014, since the publication engagement work had been undertaken.

Discussion took place in relation to the timeframe for the case for change, it was noted that the delivery timeframe was five years, the first year was about describing the changes and getting the modelling right. An incentive was trying to be created for London practices which would encourage them to deliver change as a collective for their populations. Further discussion took place in relation to proactive care, it was noted that the proactive care worked with Public Health and Health and Wellbeing Boards, it recognised the need to co-develop services with the local community.

The consensus from the Committee was that it was a positive document however, five years was too long to deliver, there needed to be quick wins. The Committee also felt that the document needed to be lobbying for more money in primary care. In response to concerns in relation to the variation between practices it was noted that it was a statutory requirement of the Clinical Commissioning Groups around peer support, for them to create forums where practices could come together to share systems and outcomes and to learn from each other.

The Committee thanked Ms Gilbert for attending the meeting and requested that the development of the case for change be put as a standing item on the Committee's work programme.

ACTION BY: Secretary (Rob Mack)

RESOLVED –

THAT the report be noted.

TO NOTE: All

8. CANCER AND CARDIOVASCULAR SERVICES UPDATE

The Committee gave its consideration to a report of NHS England. Neil Kennett-Smith from North East London Commissioning Support Unit highlighted the key aspects. It was noted that further engagement was to take place from the 28th April 2014 following the approval of the initial business case. A short plain English leaflet on the proposals would also be developed and distributed to all stakeholders.

Members of the Committee raised questions in relation to transitional funding and the engagement process. In response, Mr Kennett-Smith remarked that PricewaterhouseCoopers had been appointed. They were working with three partners to understand the financial impacts. There would be a £94 million benefit over the next three to four year period. Although it would deliver financial benefits the main move to this model was for clinical outcomes. It was further noted that the plain English leaflet was currently being developed, it would go out with the engagement packs on 28th April, which would be after the final commissioner decisions on 25th April. Stakeholders would have six weeks in

which to respond to the engagement information. Deborah Fowler of Healthwatch Enfield commented that six weeks was adequate to respond, but it did depend on how much consultation was being done elsewhere.

Further discussion took place in relation to the timescale for the transition of services, it was noted that everything should be in place by early 2015, however there would be further capital development during 2015 and 2016, therefore everything would be completed by the end of 2016. In relation to the compensation payment to the University College London Hospital from Barts Hospital it was noted that it was normal practice to seek compensation when a Trust would lose a service that generated a financial surplus. It was requested that a financial clarification on the position of compensation be sent to Members of the Committee.

**ACTION BY: Neil Kennett-Smith, NELCSU
Secretary (Rob Mack)**

One Member of the Committee remarked that it did appear to be a short engagement period, however he acknowledged that the Committee had been kept well informed. Mr Kennett-Smith lastly stated that the engagement report for phase one had been published on 11th March and the recommendations in the report were subject to final decision on 25th April 2014.

Following discussion, it was

RESOLVED –

THAT the report be noted.

TO NOTE: All

9. MOORFIELD EYE HOSPITAL; PROPOSALS FOR RE-LOCATION

(The Chair left the meeting for consideration of this item and Councillor Bryant took the Chair)

The Committee gave its consideration to a report from Moorfields Eye Hospital NHS Foundation Trust. Tim Fry, Project Director, highlighted the key aspects of the report and gave a brief history of the project. He highlighted that with a new research, education and clinical care centre a better standard of care could be delivered. It was stressed that there was no intention for Moorfields to relocate further than the King's Cross St Pancras area.

Discussion took place and councillors from the London Borough of Islington stated that from and Islington Health Scrutiny perspective as the relocation was only a couple of miles away there was not a great deal of concern, if however it was to move further than King's Cross that would be considered a major change.

In response to questions from the Committee Tim Fry remarked that there were a number of sites being looked into, one building was currently being used for health services the other building was not. Due to the commercially sensitive nature of the process no further information could be given to the Committee at this time. It was not known what proportion

of patients currently arrived at the hospital via public transport, Tim Fry would find out that information and circulate it to the Committee.

**ACTION BY: Project Director, Moorfields Eye Hospital (Tim Fry)
Secretary (Rob Mack)**

The Committee remarked that it broadly supported the process to date, but it did highlight the importance of maintaining information. The Committee further stated that it was not a substantial change in service provision, subject to the relocation being local as set out in the report and past papers.

Following discussion, it was

RESOLVED –

THAT the report be noted.

TO NOTE: All

10. MEETING OF BARNET, ENFIELD AND HARINGEY MEMBERS

The Committee noted a statement from Barnet, Enfield and Haringey CCGs that stated that the Mental Health Strategies report would be going through Clinical Commissioning Group Boards in relevant boroughs during May and would not be publically available until after the local government elections. Members were concerned that this might mean that they were unable to influence budget decisions on mental health services for the forthcoming year and requested that Enfield CCG, as lead commissioner, be approached to request earlier sight of the report. In addition, they also proposed that a meeting of JHOSC Members from Barnet, Enfield and Haringey be arranged to take place on 2 May to discuss the issue further. It was noted that this would be subject to confirmation by participating boroughs that meeting at this time would be consistent with local guidance regarding activity during the Purdah period before the local government elections.

ACTION BY: Secretary (Rob Mack)

11. WORK PLAN AND DATES FOR FUTURE MEETINGS

The Chair thanked the Members and Officers for their support over the year.

It was noted that the next meeting of the Committee would take place on 27th June at Islington Town Hall.

Minutes End