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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, 25TH NOVEMBER, 2016** at 10.00 am in the Committee Room 1, Hendon Town Hall, The Burroughs, London NW4 4AX

MEMBERS OF THE COMMITTEE PRESENT

Councillor Alison Kelly (LB Camden) (Chair)
Councillor Pippa Connor (LB Haringey) (Vice-Chair)
Councillor Martin Klute (LB Islington) (Vice-Chair)
Councillor Alison Cornelius (LB Barnet)
Councillor Graham Old (LB Barnet)
Councillor Anne Marie Pearce (LB Enfield)
Councillor Charles Wright (LB Haringey)
Councillor Jean-Roger Kaseki (LB Islington)

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

Apologies for absence were received from Councillor Abdul Abdullahi (LB Enfield) and Councillor Richard Olszewski (LB Camden).

2. DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Alison Cornelius (LB Barnet) reported that she was a trustee of a care home in Barnet. Councillor Pippa Connor (LB Haringey) declared that she was a member of the RCN and her sister was a GP in Tottenham.

3. ANNOUNCEMENTS

The Chair reported the following dates had been set for special meetings of the Committee to consider the draft Sustainability and Transformation Plan for North Central London:

- Friday, 9th December 2016 at 9.30am at Camden Town Hall; and
- Wednesday, 14th December 2016 at 5pm at Camden Town Hall.

4. NOTIFICATION OF ANY ITEMS OF BUSINESS THE CHAIR DECIDES TO TAKE AS URGENT

There were no notifications of any items of urgent business.

5. MINUTES

Subject to the correction on page 1 of the minutes, under section 2 to read 'Councillor Cornelius reported that she was a trustee of a care home in Barnet' – the Committee **RESOLVED** that the minutes of the previous meeting held on 30th September 2016 be approved as a correct record.

6. SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

The Chair introduced the item and noted the Committee's responsibility to review whether the STP was realistic and practical in order to deliver its desired outcomes. The Committee had discussed the STP at its last meeting and that, through discussion, it had become evident that further time would need to be spent reviewing the priority areas in further detail.

The Chair welcomed the following guests in connection with this item:

- Dr Jo Sauvage, co-chair NCL Clinical Cabinet, Clinical Chair Islington CCG
- David Sloman, NCL STP convenor, Chief Executive, Royal Free London NHS Foundation Trust
- Mike Cooke, local authority lead for the STP, Chief Executive, LB Camden
- David Stout, Senior Programme Director, NCL STP
- Sue Richards, member of NCL STP Watch
- Siobhan Harrington, Deputy Chief Executive and Director of Strategy at Whittington Hospital

The Chair stated that focus of the meeting would be on transparency, finance, estates and governance.

Mr Sloman presented the item and briefed the Committee about the overall aims of the STP. These were to ensure best value for money and improved productivity, with overall benefits for the local population. There were pronounced health inequalities within the north central London area, which the plan aimed to address. It aimed to provide communities with the optimum opportunity to stay healthy whilst ensuring that the best possible provision of health and social care was available. There was a clear need to switch the focus from illness to prevention. He acknowledged that there had been a lack of public and patient voice within the plans to date.

Dr Sauvage also set out the principles behind the development of the Plan. She highlighted that there was intense clinical scrutiny of them. Demand for health services continued to increase and there was a key role for social care in addressing them. She welcomed discussion on how the STP could begin to address the issues around health and social care, particularly in light of increasing demand and costs.

Transparency

Following a query about engagement from the Committee, Mr Cooke stated that the Plan was at its early stages and noted the limited engagement in the production of the draft plan that there had been so far with elected Members and residents, due to the national process. He also stated that the post of Engagement and Communications Manager had been created and that a candidate had been recruited for the post. Discussions would follow to develop a comprehensive stakeholder engagement plan.

The Chair welcomed the comments and highlighted the need for effective engagement with residents, service users, communities and Members. The following comments were raised by Members of the Committee:

- The need to issue an informative statement in a clear and concise way on what the STP is, and how communities can engage and comment on plans. The Committee also felt that improved consultation would enhance efficiency at the implementation stage.
- The need to draw a distinction between public engagement and statutory consultation.
- Given the diversity of communities within the NCL area and the statutory duty to have regard to protected characteristics under the Equalities Act 2010, Cllr Jean-Roger Kaseki asked whether consideration had been given to the way the plans will affect this duty.
- Councillor Anne Marie Pearce requested further information about plans for care in the community and possible closures of hospitals within NCL.
- Councillor Alison Cornelius made a suggestion to approach local newspapers, local Healthwatch websites for publication of regular informative STP articles with links for further information on a weekly basis.
- The Committee made a request for information on the timelines for engaging with local authorities and Councillors – Councillor Pippa Connor noted the need for clarity on a detailed public consultation plan, involving not just patients but also populations and community groups.

Mr Sloman reiterated the commitment towards engagement using language which was clear, particularly as Members had commented that the language used was often challenging for lay people. There would be various engagement stages and that a statutory consultation might also need to take place although there were currently no plans. Mr Cooke also acknowledged the need for further partnership work on how to best engage, which would in turn inform future consultation and engagement initiatives.

Dr Sauvage stated that the development of the plans had been progressed with attention being given towards equalities across the system. As part of this, national evidence was considered to note what was working well, particularly for local areas and to take lessons forward. There was an issue with inconsistency as different areas were undertaking different processes. This would be of particular importance

when considering support for GP practices in relation to how the 'care closer to home' model could be delivered.

Mr Sloman noted that the process for communication, consultation and engagement would be a long term process for the next 2-3 years. There were currently a number of work streams in place which were progressing through various working groups and work on engagement plans would continue.

Finance

The Chair noted that this was a critical aspect to the working of the STP and reiterated the message around the extra costs facing councils' social care budgets. It was noted that this message could be emphasised more strongly collectively.

Mr Stout reported that there was a potential funding gap of around £900 million in health care funding should no action be taken to address it by partners. Although funding had been increased, the growth in this had been slower than the increase in demand and costs. In addition there was the potential for a gap in social care funding of £300 million in 2021. Taking in account the proposals in the STP, there still remained a gap of £75 million that still needed to be filled. The financial assumptions were based on the reduction in demand for acute care. There was a strategic transformation fund of £105 million to assist with the implementation of the STP by 2020/21 but only around £50 million of this was as yet guaranteed for 2017/18. Further work was needed to balance the plan and it would continue to be progressed as far as possible, along with discussions with partners, until the end of the year.

The Committee expressed concerns over the inherent reliance made in the plans on social care, which was currently facing funding challenges. Mr Stout noted that the proposals had not been specifically modelled around pressures from social care budget savings but that cost growth modelling had been based on pressures faced in previous years which included the impact of social care budgets' reductions. He also stated that there was recognition of the scale of the significant financial problem facing local authorities. He noted the need for addressing the issues by considering different ways in which services could be delivered and to reduce unnecessary costs.

Committee Members raised the following queries:

- Councillor Jean-Roger Kaseki asked that as part of the proposals how much time was being committed towards considering mental as well as physical health services.
- Given the possible structural changes to CCGs, Councillor Graham Old asked whether the increased administrative and financial burden had been taken into account as part of the proposals.

Mr Sloman stated that there was a need for serious consideration of the productivity agenda and a different and more efficient way of working – by, for example, avoiding

duplication of back office work. In relation to the issue of the workforce, Sue Richards noted that the proposed investment was crucial to up-skilling people and the development of the current workforce. Dr Sauvage informed the Committee about the Workforce Advisory Board and the planning it was doing to try to ensure that the workforce the NHS had in NCL would reflect its needs.

Mr Sloman thanked the Committee for the comments and noted the challenges facing NCL and the development of the STP. He also noted the financial gap set out within the plans. He also emphasised the need to consider the system as a whole and the importance of the proposals for integrated care outside of the hospital setting. The plan had targeted those areas with the potential for delivering the most immediate impact. There was a particular need to reduce demand for acute care, which was very expensive.

Mr Cooke also welcomed the comments from Members. Time and investment were needed to ensure that robust plans were in place for implementation, in light of the pressures facing adult social care over the next five years. The Chair also requested that partners consider other routes for voicing the concerns facing NCL as a system, particularly social care budget pressures.

Estates

Following a query from the Chair about proposals for Whittington Health and its sites, it was suggested that a separate session be held for detailed discussion on Whittington Health, sites and hospital infrastructure.

Siobhan Harrington, Deputy Chief Executive and Director of Strategy at Whittington Hospital stated that, at the end of the six month period, there would be a business case for Whittington Health which would go through the NHS approval process and inform the STP. It was agreed that this topic would be considered in further detail at a future session.

Governance

In relation to governance, the Chair commended the partnership work undertaken by local authorities and CCGs and the good progress achieved. She stressed the need for a linkage with communities and acute providers. In terms of the delivery of the plan, the Chair queried whether an oversight group including lay people and non-executive directors of trusts should be put together to ensure there was transparency and oversight of the plans.

Mr Cooke noted that current governance proposals which were being discussed through the relevant organisations included the setting up of a joint committee with representation from local authorities, public and participation groups. The Committee noted that, despite the closer co-operation between commissioners and providers of NHS health services that had taken place in putting the STP together,

the CCGs nevertheless had a statutory role in respect of the commissioning of services.

The Chair thanked the Committee for the discussion and requested that reports be brought back to the Committee setting out the:

- Estates strategy
- Governance system proposals

RESOLVED:

That the comments above be noted and specific consideration be given by the Committee in further discussions on the STP to the Estates Strategy and proposals for the governance system.

7. LUTS CLINIC UPDATE

Councillor Martin Klute (Vice Chair) introduced the report noting the background to the service at the LUTS Clinic.

Ms Siobhan Harrington, Deputy Chief Executive and Director of Strategy at Whittington Hospital reported on the recommendations aimed at patient safety within the recent report on the LUTS service that had been undertaken by the Royal College of Physicians (RCP). The Committee noted that services were still not fully functional but that good progress had taken place.

The Chair also noted the importance of including children and young people in provision of services. Ms Harrington noted that, as soon as the evidence had been reviewed, the clinic would be reopened and this might take up to May next year.

Councillor Charles Wright requested clear communication on timelines so that any potential funding or commissioning issues were addressed and clarified. Ms Harrington informed the Committee of the plans to consult with the commissioners early next year about funding and transitional issues.

The Committee requested that a one page summary be circulated to them by the patients' group on the response that they were working on to the RCP report.

RESOLVED

That the report be noted.

8. WORK PLAN

The Committee agreed that for its meeting on 3rd February 2017, the STP item would consider the Governance and Transparency aspects. It was also agreed that the item on Dementia Pathways be moved to the 24th March 2017 agenda. The

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Committee agreed to move the UCLH item from its March meeting to a later date in order to consider the STP item in more detail.

The Committee wished to consider the item on the interaction of the London Ambulance Service and East of England Ambulance Service at a future session.

RESOLVED:

That, subject to the comments and amendments above, the work plan be approved.

9. DATES OF FUTURE MEETINGS

The Committee noted that future meetings of the JHOSC would be held on:

- Friday, 9th December 2016 at 9.30am at Camden Town Hall (Special meeting to consider the STP);
- Wednesday, 14th December 2016 at 5pm at Camden Town Hall (Special meeting to consider the STP);
- Friday, 3rd February 2017 at 10am at Enfield Civic Centre;
- Friday, 24th March 2017 at 10am at Camden Town Hall

The meeting ended at 1pm.

CHAIR

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MINUTES END

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