

<u>MEETING</u>
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
<u>DATE AND TIME</u>
TUESDAY 12TH FEBRUARY, 2013
AT 7.00 PM
<u>VENUE</u>
HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
6.	Barnet, Enfield and Haringey Clinical Strategy - Ambulance Services BEH Clinical Strategy and London Ambulance Service - Presentation	1 - 8
9.	Members' Items (If Any) – Cllr Kate Salinger – Caesarean Births (Late Item)	9 - 16
11.	Any Other Items that the Chairman Decides are Urgent Barnet Clinical Commissioning Group Update including: Barnet CCG - Finance Report of Health and Well Being Board – Presentation Barnet CCG- Potential Acquisition of Barnet and Chase Farm Hospitals – Presentation	17 - 34

Andrew Charlwood 020 8359 2014 andrew.charlwood@barnet.gov.uk

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North Central London

Barnet Health Overview & Scrutiny Committee

BEH Clinical Strategy and London Ambulance Service
Planning and implementation of the strategy

Presenters : Siobhan Harrington - BEH Clinical Strategy Programme Director
Steve Colhoun - London Ambulance Service

AGENDA ITEM 6

www.ncl.nhs.uk



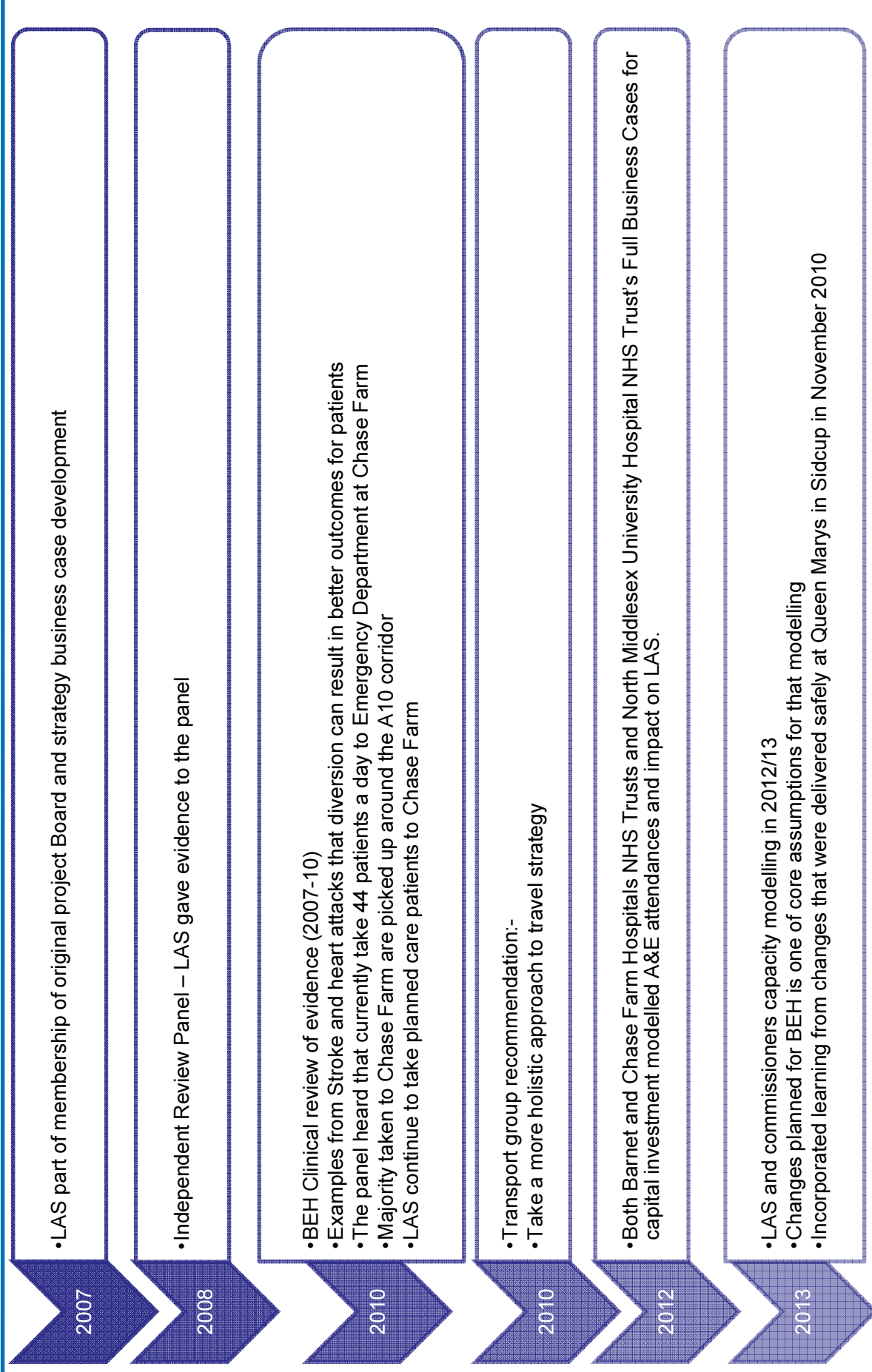
BEH Clinical Strategy

Update February 2013

- Higher quality and safer services
- Implementation plans on track to deliver November 2013
- Building works underway
- Clinical Cabinet conducted Deep Dives into all clinical workstreams
- Workforce detail complete
- Clinical workstreams – Emergency care, maternity and neonates, paediatrics and planned care; implementation plans; constant review of activity and plans
- Urgent care centre being piloted at Barnet Hospital A&E



Planning in relation to– Looking Ambulance Services back





London Ambulance Service
NHS Trust



Average LAS Attendance at Hospitals

- Barnet Hospital 57
- Chase Farm Hospital 40
- North Middlesex Hospital 82



London Ambulance Service
NHS Trust



Barnet PCT Daily Average

- 112 incidents a day
- 40 Immediately life threatening
- 7 Blue lighted in to hospital



April-2012 to January-2013

- Total of **26,245** incidents conveyed in Enfield PCT
- **11,142 (42.5%)** to Chase Farm Emergency Department
- Total of **27,264** incidents conveyed in Barnet PCT
- **14,897 (54.6%)** going to Barnet Emergency Department



London Ambulance Service
NHS Trust



- Increase in Demand.
- Impact of Reconfiguration
 - Referrals
 - Longer Journey times
- Planning
- Workforce



The next 12 months

Implementation

- Individual Trust relationships with LAS continue operationally
- BEH Clinical Strategy Programme
 - Reference Group
 - Emergency Care joint workstream implementation
 - Transport Group
- Close working with LAS both strategically and operationally

Meeting	Health Overview and Scrutiny Committee
Date	12 February 2013
Subject	Member's Item
Report of	Scrutiny Office
Summary	This report informs the Committee of a Member's Item and requests instructions from the Committee.

Officer Contributors	John Murphy, Overview and Scrutiny Office
Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	N/A
Function of	Health Overview and Scrutiny Committee
Enclosures	Appendix A - Health Overview and Scrutiny Framework Effective Scrutiny for Better Outcomes
Contact for Further Information:	John Murphy, Scrutiny Office, Tel: 020 8359 2368

1. RECOMMENDATIONS

- 1.1 The Committee's instructions on the Members' Item are requested.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees/Sub-Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2012/13 Corporate Plan are: –
- Better services with less money
 - Sharing opportunities, sharing responsibilities
 - A successful London suburb
- 3.3 The work of the Health Overview and Scrutiny Committee supports the Corporate Plan 2012/13 objective of supporting residents to live healthy and independent lives through its role as a "critical Friend" reviewing the provision of health and social care services by the council and health partners as they seek to deliver the Health and Well-being Strategy, promoting prevention and the integrated commissioning of services.

4. RISK MANAGEMENT ISSUES

- 4.1 None in the context of this report.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.
- 5.2 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
 - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

6.1 None in the context of this report.

7. LEGAL ISSUES

7.1 The Health and Social Care Act 2012, Part 5, Chapter Two makes amendments to the NHS Act 2006. It includes an amendment concerning the power to make regulations on review and scrutiny of health by local authority overview and scrutiny committees. The amendments enable those regulations to authorize the local authority to arrange for an overview and scrutiny committee to discharge its health scrutiny functions. The health scrutiny functions may involve making reports and recommendations to relevant NHS bodies or relevant health service provider, Secretary of State or the regulator.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.

8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution). The Health Overview and Scrutiny Committee has within its terms of reference responsibility:

- (i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
- (ii) To make reports and recommendations to the Executive and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
- (iii) To invite executive officers and other relevant personnel of the Barnet Primary Care Trust, Barnet GP Commissioning Consortium, Barnet Health and Wellbeing Board and/or other health bodies to attend meetings of the Overview and Scrutiny Committee as appropriate.

8.3 Council Constitution, Overview and Scrutiny Procedure Rules, Paragraph 8.1 states that "Any member of an Overview and Scrutiny Committee shall be entitled to give notice to the Head of Governance that he/she wishes an item relevant to the functions of the Committee to be included on the agenda for the next available meeting of the Committee. On receipt of such a request, the Head of Governance will ensure that the item is included on the next available agenda".

9. BACKGROUND INFORMATION

9.1 Cllr Kate Salinger has requested that a Member's Item be brought to the committee in relation to maternity services in the borough. Cllr Salinger has

requested that NHS partners be requested to provide details of caesarean births in the borough. Specifically Cllr Salinger has requested that the Royal Free London NHS Foundation Trust and Barnet and Chase Farm Hospitals NHS Trust provide responses to the following questions:

1. In 2012 how many Caesarean operations were performed in
 - a) Barnet Hospital
 - b) Chase Farm Hospital
 - c) Royal Free Hospital?
2. In 2012 how many of these Caesarean operations were elected by the patient in
 - a) Barnet Hospital
 - b) Chase Farm Hospital
 - c) Royal Free Hospital?
3. In 2012 how many of these Caesarean operations were recommended by medical staff PRIOR to the patients admittance to give birth at
 - a) Barnet Hospital
 - b) Chase Farm Hospital
 - c) Royal free Hospital?
4. How many inductions were performed at
 - a) Barnet Hospital
 - b) Chase Farm Hospital
 - c) Royal Free Hospital?
5. How many of these inductions led to a caesarean operation at
 - a) Barnet Hospital
 - b) Chase Farm Hospital
 - c) Royal Free Hospital?

9.2 In considering the addition of Member's Items to the work programme of the Committee members are requested to consider the Health Scrutiny Framework as set out in appendix A to ensure that issues chosen for scrutiny should be recognised as being of sufficient importance to the community to warrant expending scarce resources in investigating it. Specifically:

- There should be a clear understanding by everyone concerned of what is being investigated.
- The investigation should be asking questions that have not been asked before. That is to say the issue has not been replicated elsewhere (even if in a slightly different form). This includes other Overview and Scrutiny committees.
- The outcomes from this investigation will make a real difference to the community

10. LIST OF BACKGROUND PAPERS

10.1 None.

Cleared by Finance (Officer's initials)	JH/MC
Cleared by Legal (Officer's initials)	

Health Overview and Scrutiny Framework Effective Scrutiny for Better Outcomes

This framework was originally presented to and discussed by members at the Aging Well Scrutiny Framework workshop on 30 January 2012 and is designed to aid Scrutiny members in deciding and scoping their future work programme. It is based on four principles:

- Issues chosen for Scrutiny should be recognised as being of sufficient importance to the community to warrant expending scarce resources in investigating it.
- There should be a clear understanding by everyone concerned of what is being investigated.
- The investigation should be asking questions that have not been asked before. That is to say the issue has not been replicated elsewhere (even if in a slightly different form). This includes other Overview and Scrutiny committees.
- The outcomes from this investigation will make a real difference to the community.

The framework takes into account Barnet's Ageing Well Strategy, the Centre for Public Scrutiny's work on health and health scrutiny and good practice guidelines for Overview and Scrutiny.

Stage 1: Scoping Your Review

The first point of consideration for considering an item for scrutiny should be whether or not something has already been identified as an issue. Ideally an issue should not be considered unless it is "exceptional".

What constitutes "exceptional"- why are we embarking on this review?

When considering if something is exceptional we should consider the following points:

- Is the issue relevant or important?
- Is it supported by robust evidence and judged against strict principles?
- Exceptionality could be judged on the basis of whether the issue is referenced in past and current strategies, for example, the Joint Strategic Needs Assessment (JSNA) or Health and Well-being Strategy, national and local research and policy data.
- Exceptionality identifies either fault lines in the construction of these strategies and documents which have led to "gaps" in identifying need and risk, or highlights a new issue that has subsequently arisen.

- As members use the Cabinet Forward Plan, the Corporate Plan and the strategies of local health partners' and other sources such as petitions, and Council motions to construct long and short-list for work programmes, the majority of these would not be considered exceptional.

Therefore in identifying exceptionality members should consider:

- Issues that have a high public interest or where there is severe press/public pressure to investigate an issue not identified within the Corporate Strategies and documents (whether this be as a result of an individual's experience or the failure of a whole service). However, the argument for exceptionality still has to be made.
- Is the level of need/risk exceptional compared to datasets elsewhere?
- Are the conditions within the community exceptional compared to a similar community elsewhere?
- When considering a new or existing service would it/does it differ significantly from a comparable service (either within the Council or elsewhere) in terms of outcomes or benefits to the community?

If these questions can be answered positively then you have a case for exceptionality.

Note: Whenever an issue is put forward for consideration, it is expected that members are already aware of the existing evidence which supported the original identification of the issue (for example, ward deprivation indices, morbidity statistics, level of complaints).

Stage 2: Defining your Question

Once the issue has been identified then *the question* needs to be defined. A common failing of previous scrutiny reviews is that the terms of reference are too broad or that the investigation is complex, lengthy and poorly focused. The resulting recommendations frequently lack robustness, are easily misinterpreted and equally easily rejected.

Your proposed question should clearly identify specific *key lines of enquiry* (KLoE).

Example: Complaints about the provision of dementia nursing care at home, in care and in hospital are rising significantly.

Sample question:

How could the patient journey for dementia sufferers be improved?

Are there specific steps that the Council and its health partners need to make to ensure that early stage dementia sufferers and their carers are adequately supported in the borough?

Sample KLoEs

- What support do sufferers and their carers really want?
- Have organisations, agencies, community, voluntary sector considered provision of this in their operations strategy?
- How could the quality of life be improved and what longer-term savings could be made as a result of adequately supporting this target group?

Stage 3: Is the Health Overview and Scrutiny Committee the Best Means of Investigating the Issue?

HOSC is not always the best route when investigating an issue. It may be that other organisations such as LINK (soon to be healthwatch), Citizen's Advice etc are better placed to collate individuals' concerns and bring them to the attention of the relevant organisation. It could be that the issue has already been considered and addressed by the Acute Health Trust for example, or revised guidelines issued to GPs by the BMA.

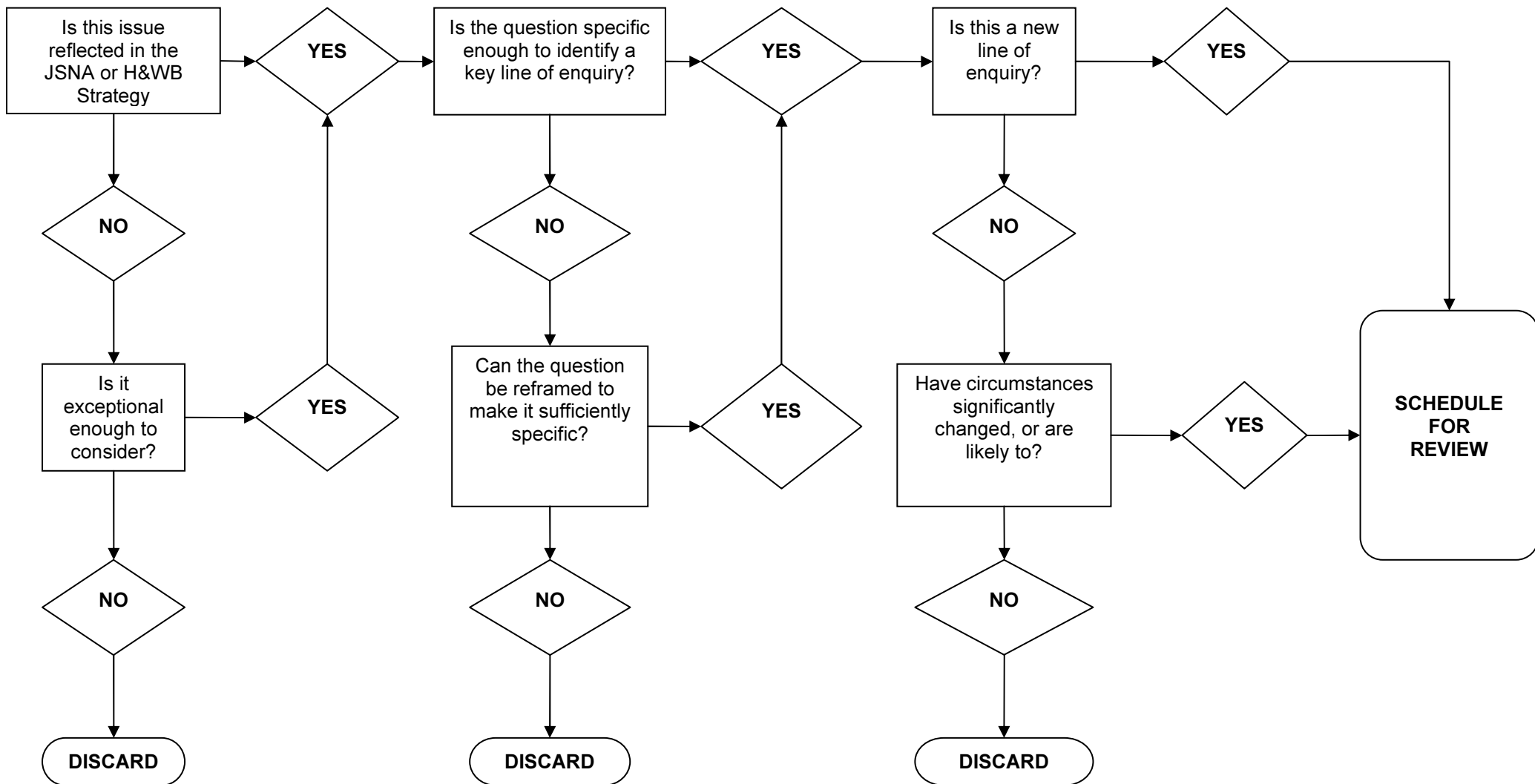
Your time and resources are limited so focus on questions that have not been asked before either by the Council or its partners. That way you can be sure that you will make a difference.

The flow chart below provides a visual guide for helping you evaluate the appropriateness of issues to be taken forward to Scrutiny.

Stage 4: Start Your Review

By following this process you would have already done a significant amount of the groundwork required for good scoping of your investigation. You will be presenting issues and topics for scrutiny that have not been duplicated elsewhere and help ensure that the council delivers one of the key corporate objectives of delivering better services with less money.

Issue Evaluation Flow Chart



Meeting	Health Overview and Scrutiny Committee
Date	12 February 2013
Subject	Barnet CCG - Status Update
Report of	Overview and Scrutiny Office
Summary	The HOSC will receive a verbal update from the Barnet Clinical Commissioning Group setting out their progression towards formal authorisation.

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	N/A
Function of	Health Overview and Scrutiny Committee
Enclosures	None
Contact for Further Information:	John Murphy, Overview and Scrutiny Officer, Tel: 020 8359 2368

1. RECOMMENDATIONS

- 1.1 That the Committee note the information provided by health partners.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Health Overview and Scrutiny Committee – 11 December 2012 – Agenda Item 16 – Barnet and Chase Farm NHS Trust – Maternity and Accident and Emergency Services Update

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees/Sub-Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2012/13 Corporate Plan are: –
- Better services with less money
 - Sharing opportunities, sharing responsibilities
 - A successful London suburb
- 3.3 The work of the Health Overview and Scrutiny Committee supports the Corporate Plan 2012/13 objective of supporting residents to live healthy and independent lives through its role as a "critical Friend" reviewing the provision of health and social care services by the council and health partners as they seek to deliver the Health and Well-being Strategy, promoting prevention and the integrated commissioning of services.

4. RISK MANAGEMENT ISSUES

- 4.1 None in the context of this report.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
 - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
 - The Council is required to give due regard to its public sector equality duties as set out in the Equality Act 2010 and as public bodies, health partners are also subject to equalities legislation; consideration of equalities issues should therefore form part of their reports.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 None in the context of this report.

7. LEGAL ISSUES

- 7.1 The Health and Social Care Act 2012, Part 5, Chapter Two makes amendments to the NHS Act 2006 and the Government is reviewing the need for consequential amendments with regard to scrutiny functions. Amongst other things, the amendments concern the power to make regulations on review and scrutiny of health by local authority overview and scrutiny committees. The amendments enable those regulations to authorize the local authority to arrange for an overview and scrutiny committee to discharge its health scrutiny functions. The health scrutiny functions may involve making reports and recommendations to relevant NHS bodies or relevant health service provider, Secretary of State or the regulator.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

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 - (iii) To invite executive officers and other relevant personnel of the Barnet Primary Care Trust, Barnet GP Commissioning Consortium, Barnet Health and Wellbeing Board and/or other health bodies to attend meetings of the Overview and Scrutiny Committee as appropriate.

9. BACKGROUND INFORMATION

- 9.1 At the Health Overview and Scrutiny Committee meeting of the 11th December 2012 the Committee requested that Barnet CCG attend the next meeting of the Committee to provide an update on their progress towards formal authorisation.

10. LIST OF BACKGROUND PAPERS

- 10.1 None.

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Cleared by Legal (Officer's initials)	HP

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Barnet Clinical Commissioning Group

NHS Barnet Clinical Commissioning Group

Finance Report for Health and Well-being Board

31st January 2013



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- CCG has a statutory duty to set a balanced budget
- The planning assumption was a Barnet CCG budget of £500m with a deficit of £30m
- The NHS allocations were issued on 18th December and this position changed to a budget of £430m and a deficit of £50m
- The budget for 2013/14 currently sits at a deficit of £45.4m before risks and opportunities





Barnet CCG Financial Plan 2013/14

	2013/14 CCG Budget
Revenue Resource Limit	
Baseline Allocation	415,489
Other Allocations	3,269
Running Cost Allowance	9,320
Inter Authority Transfers - to be actioned in 13/14	-5,027
Inter Authority Transfers - not yet agreed	3,437
2% topslice (12/13 only)	0
Sub Total RRL	426,488





Barnet CCG Financial Plan 2013/14

Spend	2013/14 CCG Budget
Acute and Integrated Care	254,637
Acute Other	25,889
Mental Health	35,890
Continuing Care	26,048
Community	41,479
Specialist Commissioning	0
Prescribing	49,166
Primary Care	2,541
Other Commissioning	10,247
Public Health	0
Corporate / Running Costs	10,451
2% Headroom (wef 13/14)	8,310
Reserves	5,152
Unallocated QIPP	0
Contingency	2,077
Total Spend	471,888
Surplus/ - Deficit	-45,400
Surplus Target (1%)	4,155
Surplus/- Deficit after Surplus Target	-49,555



Barnet Clinical Commissioning Group

QIPP Programme

This is prior to any QIPP that will be generated during the year

The plan for QIPP is in the order of £18.6m

Full year effect of current 12/13 QIPP	£ 0.4m
Embellished and extended current year schemes	£ 6.2m
New schemes	<u>£12.0m</u>

Total 13/14 QIPP	£18.6m
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Barnet CCG Financial Plan 2013/14

Movement in 13/14 Forecast	£m	Notes
Authorisation schedules	Movement	
FOT 13/14 Authorisation	-9.9	As presented
Running cost allowance	-3.5	We receive £6.9m to run CCG but £10.5m running cost
Loss of positive variance to NHS CB	-3.7	
Loss of positive variance to PH LA	-3.2	Public health loss
Loss of positive variance other	-0.7	Other
Non recurrent challenges	-1.8	Challenges included that NCL don't think we will receive benefit
Non recurrent metrics	-2.6	For example Caps & Collars
Growth assumption - Non demographic movement	-0.4	Mainly up coding to the tune of £(4.41)m additional cash to trusts
Growth assumption movement - Rest	-5.7	Includes CQUIN increase cost from 1.5% to 2.5%
Take out risks and opportunities	6.7	Benefit from over prudence initially
Add in mandatory contingency (0.5%)	-2.1	Not utilised in the current year so an opportunity
	-26.9	



Barnet Clinical Commissioning Group

Potential Acquisition of Barnet and Chase Farm Hospitals

Presented by John Morton Chief Officer
Barnet CCG



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10 Principles for our merger *Draft for discussion*

These 10 principles will guide everything we do both during the process of joining the two trusts and afterwards.





Our principles for a successful new organisation

Build the new organisation from our complementary strengths; ensure we are stronger together

Focus on driving improved outcomes for patients at a lower cost to the taxpayer

Reward people on merit, without bias to the organisation they come from.

Ensure those implementing plans understand the rationale for change and their role.

Maintain a firm adherence to these principles in all parts of the organisation





Ways of working during the transaction

Ensure fast, pragmatic and sensible decision-making based on facts that, where appropriate, are backed by independent assessment, to ensure we reflect on choices and identify trade-offs

Communicate openly, honestly and frequently; engage our stakeholders, including BCF, in constructive, two-way dialogues

Manage the transaction as a discrete process – separate from the day job and separate from existing change programmes, e.g. the BEH strategy

Manage the cultural integration with the same discipline and rigour as the operational and financial integration

Start as we mean to go on – clearly planning the future of the three hospitals from the outset – not just once we have created the new organisation





The Transaction should achieve the following benefits:

- The creation of a larger organisation with the critical mass to improve outcomes for patients, and to provide care for patients more effectively.
- To enable BCF to be part of a successful FT
- To support the delivery of the Barnet, Enfield and Haringey (BEH) Clinical Strategy and in the medium term to help stabilise the local health economies
- Following a rigorous evaluation process, BCF has identified the royal Free as its preferred partner to ensure that BCF is part of an NHS Foundation trust (FT)





Business Need

Definition of the problem:

Government policy is that every NHS Trust must be, or become part of an NHS FT by April 2014. NHS London's tripartite formal agreement (TFA) process requires all London Trusts to have identified their route to achieve this objective.

An external review commissioned by BCF as part of an FT viability project initiated by NHS London demonstrated strong evidence that BCF was not financially viable as an FT based on current assumptions and its current configuration. Specifically it found that the cost improved programme (CIP) challenge facing the Trust would make a standalone FT application very unlikely to satisfy the SHA and monitor assessment process.





Barnet Clinical Commissioning Group

There are two guiding principles that have been put forward for the integration:

- To take the best from both organisations
- To ensure that the new organisation is greater than the sum of its parts



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January 2014.

DATE	MILESTONE
July 2012	Board approval to proceed
July/August 2012	Soft market testing
September 2012	Options appraisal
October 2012	Finalise SOC and Board sign-off Confirm commissioner support Submission of SOC to SHA
22 nd November 2012	Approval of SOC by NHS London CIC
December 2012	Establish transaction project board Mobilise transaction Team
Jan 2012/Mar 2013	Complete OBC and Trust Board sign-off
April 2013	OBC approvals (SHA)
May/June 2013	Phase 1 CCP Review*
May/July 2013	Complete FBC
August/September 2013	FBC approvals (SHA/DHTB/SoS)
October 2013	FT authorisation

