MEETING
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
DATE AND TIME
FRIDAY 23RD MARCH, 2018
10:00 AM
VENUE
COMMITTEE ROOM 1, ISLINGTON TOWN HALL, UPPER STREET, LONDON N1 2UD

Enquiries to: Vinothan Sangarapillai, Committee Services

E-Mail: vinothan.sangarapillai@camden.gov.uk
Telephone: 020 7974 4071 (Text phone prefix 18001)
Fax No: 020 7974 5921

MEMBERS

Councillor Alison Kelly (London Borough of Camden) (Chair)
Councillor Pippa Connor, London Borough of Haringey (Vice-Chair)
Councillor Martin Klute, London Borough of Islington (Vice-Chair)
Councillor Alison Cornelius, London Borough of Barnet
Councillor Abdul Abdullahi, London Borough of Enfield
Councillor Jean Roger Kaseki, London Borough of Islington
Councillor Samata Khatoon, London Borough of Camden
Councillor Graham Old, London Borough of Barnet
Councillor Anne-Marie Pearce, London Borough of Enfield
Councillor Charles Wright, London Borough of Haringey

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	AGENDA AND REPORT PACK	3 - 124

FACILITIES FOR PEOPLE WITH DISABILITIES
The venue has access for wheelchair users including lifts and toilets. If you wish to let us know in advance that you will be attending the meeting, please telephone ov.uk. People with hearing difficulties who have a text phone, may telephone our minicom number on 020 8203 8942.

FIRE/EMERGENCY EVACUATION PROCEDURE
If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by Committee staff or by uniformed custodians. It is vital you follow their instructions. You should proceed calmly; do not run and do not use the lifts. Do not stop to collect personal belongings Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions. Do not re-enter the building until told to do so.

Public Document Pack

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

FRIDAY, 23 MARCH 2018 AT 10.00 AM
COMMITTEE ROOM 1, ISLINGTON TOWN HALL, UPPER STREET, LONDON N1 2UD

Enquiries to:	**Vinothan Sangarapillai, Committee Services**
E-Mail:	**vinothan.sangarapillai@camden.gov.uk**
Telephone:	**020 7974 4071 (Text phone prefix 18001)**
Fax No:	**020 7974 5921**

MEMBERS

Councillor Alison Kelly (London Borough of Camden) (Chair)
Councillor Pippa Connor, London Borough of Haringey (Vice-Chair)
Councillor Martin Klute, London Borough of Islington (Vice-Chair)
Councillor Alison Cornelius, London Borough of Barnet
Councillor Abdul Abdullahi, London Borough of Enfield
Councillor Jean Roger Kaseki, London Borough of Islington
Councillor Samata Khatoon, London Borough of Camden
Councillor Graham Old, London Borough of Barnet
Councillor Anne-Marie Pearce, London Borough of Enfield
Councillor Charles Wright, London Borough of Haringey

Issued on: Thursday, 15 March 2018

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 23 MARCH 2018

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. MINUTES (Pages 7 - 20)

To approve and sign the minutes of the meetings held on 26th January and 6th February 2018.

6. INTEGRATING HEALTH AND SOCIAL CARE (Pages 21 - 38)

To consider a report from the North London CCGs on the work being done on integration of health and social care.

7. NORTH LONDON COUNCILS' COLLABORATION ON ADULT SOCIAL CARE (Pages 39 - 46)

To consider a presentation updating members on work since November 2017 on collaboration between North London Councils on Adult Social Care.

8. UPDATE ON ST ANN'S AND ST PANCRAS' HOSPITALS' REDEVELOPMENTS (Pages 47 - 74)

To consider a presentation on the development of St Ann’s and St

Pancras' hospitals.

9. AMBULANCE SERVICES

(Pages 75 - 86)

To consider reports from the London Ambulance Service and from the East of England Ambulance service on performance statistics and cross-border working.

10. ADULT ELECTIVE ORTHOPAEDIC SERVICE REVIEW

(Pages 87 - 98)

To consider a report on a planned review of Adult Elective Orthopaedic Services in North Central London.

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

(Pages 99 - 112)

To consider a report on the NCL CCGs' plans to improve health services by supporting clinical decision-making.

12. WORK PROGRAMME

(Pages 113 - 122)

To note the work done by the Committee in municipal year 2017-18 and its work programme for 2018-19.

13. DATES OF FUTURE MEETINGS

The dates of future meetings of JHOSC are:

- Friday, 20th July 2018 (Barnet)
- Friday, 5th October 2018 (Camden)
- Friday, 30th November 2018 (Enfield)
- Friday, 18th January 2019 (Haringey)
- Friday, 15th March 2019 (Islington)

14. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

AGENDA ENDS

The date of the next meeting will be Friday, 20 July 2018 at 10.00 am in Committee Room 1, Hendon Town Hall, The Burroughs, London NW4 4AX.

This page is intentionally left blank

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 26TH JANUARY, 2018** at 10.00 am in Committee Room 4, Town Hall, Judd Street, London WC1H 9JE

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Pippa Connor (Vice-Chair), Martin Klute (Vice-Chair), Alison Cornelius, Abdul Abdullahi, Jean Kaseki, Samata Khatoon, Graham Old, Anne Marie Pearce and Charles Wright

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. APOLOGIES

No apologies were received.

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

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

Councillor Alison Cornelius declared that she was a trustee of the Eleanor Palmer Trust. The Trust operated a care home in Barnet, which was in the process of changing designation to a nursing home.

3. ANNOUNCEMENTS (IF ANY)

It was announced that Items 6 and 8 (LUTS services) would be taken together as the first substantive item, followed by Item 9 (NCL risk register) and then by Item 7 (NCL estates strategy).

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

There were no notifications of any urgent business.

5. MINUTES

Consideration was given to the minutes of the meeting held on 24th November 2017.

RESOLVED –

THAT the minutes of the meeting held on 24th November 2017 be approved and signed as a correct record.

6. DEPUTATIONS (IF ANY)

This item was considered together with Item 8.

7. NCL ESTATES STRATEGY

Consideration was given to a presentation in the supplementary agenda pack.

Helen Pettersen from the NCL CCGs reported that there had not been as much progress made as STP officers would have liked. Estate tended to be owned by hospital trusts, whereas the CCGs did not own property themselves. Property was also owned by PropCo, the NHS property arm.

It was noted the STP was not a statutory body and had no decision making powers, and the Trusts were independent organisations who could therefore make their own decisions about property.

Officers commented that the clinical strategy needed to be developed before the estates strategy, as that would suggest what the balance between hospital and community services and the related estate would be.

Officers reported that the NCL was leading the estates devolution pilot. They said the implications of health estates devolution were yet to reveal themselves, but the ability to retain capital receipts within London would assist in providing modern buildings to deliver services to the residents of North-Central London. There was a particular need for modern primary care facilities.

There was mention of the Naylor Report. Officers confirmed that its recommendations to the health service nationally had not been responded to by the government yet.

Officers informed the meeting that there were services that were being moved to Finchley Memorial Hospital. There was also an ambition to develop more modern facilities at Moorfields.

There was a discussion about the need for affordable housing for health service staff. This was a particular problem in London, and contributed to staffing shortages and recruitment difficulties.

The Chair asked what were the vision and values driving the estates strategy. She said she would like to see them clearly laid out. Officers invited the members of the committee to participate in drawing them up.

Members noted the difficulty in co-ordinating the estates strategy when each Trust was autonomous. They expressed concern that the London Estates Board had not started functioning, which was a possible forum for discussion between health bodies.

Officers informed the meeting that many of the estates development priorities, such as the St Ann's and St Pancras sites, preceded the STP and the focus was to try and deliver these longstanding development plans. Councillor Connor noted that 50% affordable housing was being promised for the St Ann's site, but the definition of 'affordable' was vague. She was disappointed that there did not appear to be one person leading on the process for that site.

The Chair highlighted St Pancras hospital. She was concerned that meetings had been cancelled regarding their site, and felt that there were high risks involved with that project.

Members asked that they be involved and have oversight of the estates strategy. They also wanted information from the Department for Health and Mayor of London on how they would be implementing and monitoring the estates devolution strategy.

RESOLVED –

(i) THAT the presentation and comments above be noted;

(ii) THAT the Committee be involved in and have oversight of the NCL estates strategy;

(iii) THAT information be sought from the Department for Health and the Mayor of London on implementation and monitoring of the London health estates devolution strategy.

8. LUTS SERVICES

Members heard from Professor Malone-Lee, representatives of the LUTS patients' group, and representatives from the Whittington and the NCL CCGs.

Professor Malone-Lee highlighted that the patients he was dealing with had serious, life-changing conditions, and that these were difficult conditions to treat. He expressed the view that commissioners and others were not taking account of the most recent peer reviews in the field and were insisting on him conducting randomised control trials, which he said had not been found to be an effective way of

discovering new information, but was instead a way of testing the effectiveness of particular treatments.

Questions were asked of the Professor about the restrictions placed on the treatment of children, as that had been of particular concern at a previous meeting of JHOSC. He said that he was required to obtain paediatrician approval and for the paediatrician to supervise the treatment given to child patients. This was very demanding of paediatrician time, and so they were not willing to do so.

Patients' representatives said that they felt that the nature and volume of the evidence required by commissioners before approving the commissioning of Professor Malone-Lee's work was acting as a barrier to patients receiving treatment that could alleviate their conditions.

Councillor Klute explained that members were not qualified to comment on the medical evidence, but that they wished to scrutinise the process to ensure that patients could receive the appropriate treatment as soon as possible. He asked the representatives from the Whittington and the CCGs what the route was to the service being re-opened.

They said that it was a commissioned service and that CCGs would look to the Whittington Trust Board to say that it would be able to deliver the service specification.

The Committee was informed that the Whittington Trust Board was meeting in March and would be likely to approve the service specification. They would also want to see a succession plan. Recruitment to a successor would be to a joint post with UCLH, and this would probably take place in September 2018. There were some potential difficulties with recruitment as there were not many people who were qualified to work in this sub-specialism.

The service could be restored for new adult patients once this had happened. There was disagreement about how to proceed with child patients, though, as Great Ormond Street Hospital was not part of the agreement between the Whittington and UCLH to support a joint post. If Great Ormond Street were not willing to proceed, then the only way a service for children could be provided in line with the RCP guidance would be for a paediatrician to work in the clinic.

Members suggested that this item could come back to the July meeting, for an update once the Whittington Board had considered the service specification and succession planning. They were also interested in hearing from commissioners and Great Ormond Street Hospital about the approach being taken to child patients.

RESOLVED –

(i) THAT an item on LUTS services be considered at the July meeting of the JHOSC;

(ii) THAT Great Ormond Street Hospital and commissioners be invited to attend to speak on the approach being taken to child patients.

9. NCL RISK REGISTER

Consideration was given to a presentation in the supplementary agenda relating to the NCL risk register.

Simon Goodwin, Will Huxter and Helen Pettersen addressed the Committee. They emphasised that the STP was not a statutory body in its own right and that each organisation had its own governance structure and responsibilities.

Key risks that officers were aware of was the misalignment of regulatory frameworks; the importance of being able to work effectively with local communities and other organisations, and financial constraints.

The Chair commented that regular updates of the risk register were important, given the fast-changing environment the health service and local authorities were operating in. Officers committed to publishing the risk register in April.

Councillor Connor observed that many budgets and documents she scrutinised in her role as a councillor made reference to savings and savings targets. She was of the view that it was not properly explained what those savings were and whether they would be able to meet the targets.

Members also commented that they would like to see a more granular risk register.

Members of the public and Deborah Fowler (Enfield Healthwatch) commented on the document and on risks facing the health service.

It was observed that the UK had fewer hospital beds per capita than many comparable countries. As such, the view was expressed that it would be difficult to move many more patients from hospital to community services, since the UK was already doing a significant amount of this.

Deborah Fowler enquired about communications and engagement. Officers replied that they had appointed an additional communications officer to work alongside the Communications and Engagement Lead. The Chair expressed the view that the health service traditionally had not been as geared up as local authorities to openness and transparency and engagement with the local community. She hoped that the positive aspects of this could be incorporated into health service work.

Members commented on the impact of social care cuts on the health service. Ms Pettersen noted their concerns and said that the health service had to operate in the climate of those budget and workforce constraints.

Councillor Cornelius made reference to wording she had seen about care homes and people not being accepted into them, and asked officers to clarify. Ms Pettersen said that the CQC had embargoed certain care homes and that new residents were therefore not being transferred to them by health services.

RESOLVED –

(i) THAT the presentation and the comments above be noted;

(ii) THAT the Committee receives a more detailed update of the risk register in six months.

10. WORK PROGRAMME

Consideration was given to a report on the Committee's work programme.

Members noted that there would be a special meeting on 6th February to consider Procedures of Limited Clinical Effectiveness (PoLCE). They were of the opinion that decisions about PoLCE were for clinicians and were not appropriate for a public consultation in the way originally suggested. They also had concerns that Enfield had moved ahead with the new PoLCE approach before other boroughs. They wanted clarity on governance and who was taking decisions on these matters.

Members considered items for their 23rd March meeting. It was agreed that there be items on:

- Ambulance services (involving London Ambulance Service and East of England)
- An update on the joint commissioning committee
- Adult Social Care
- An STP update (including information about accountable care organisations)
- An update on the St Ann's and St Pancras hospital sites

RESOLVED –

THAT the work programme report be updated to reflect the discussion recorded above.

11. DATES OF FUTURE MEETINGS

RESOLVED –

THAT the dates of future meetings of the Committee be:

- Tuesday, 6th February 2018 (special)
- Friday, 23rd March 2018

In municipal year 2018-19:

- Friday, 20th July 2018
- Friday, 5th October 2018
- Friday, 30th November 2018
- Friday, 11th January 2019
- Friday, 15th March 2019

TO NOTE: ALL

12. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no other business.

The meeting ended at 12.50pm.

CHAIR

Contact Officer: **Vinothan Sangarapillai**
Telephone No: **020 7974 4071**
E-Mail: **vinothan.sangarapillai@camden.gov.uk**

MINUTES END

This page is intentionally left blank

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **TUESDAY, 6TH FEBRUARY, 2018** at 2.00 pm in Committee Room 1, Town Hall, Judd Street, London WC1H 9JE

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Pippa Connor (Vice-Chair), Abdul Abdullahi, Jean Kaseki, Samata Khatoon, Graham Old and Anne Marie Pearce

MEMBERS OF THE COMMITTEE ABSENT

Councillors Martin Klute, Alison Cornelius and Charles Wright

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. APOLOGIES

Apologies for absence were recived from Councillors Martin Klute and Alison Cornelius.

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

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

3. ANNOUNCEMENTS

There were no announcements.

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

There were no notifications of urgent business.

5. DEPUTATIONS (IF ANY)

There were no deputations.

6. PROCEDURES OF LIMITED CLINICAL EFFECTIVENESS (POLCE)

Consideration was given to a presentation from health officers circulated in the supplementary agenda.

Dr Josephine Sauvage, Joint Clinical Lead for Using NHS Money Wisely, North Central London CCGs introduced the item. She explained that the CCGs had reviewed the approach they were taking to the PoLCE matter. As the issues related to clinical decision-making, then there was not a need for the formal consultation that would need to take place if there was to be a 'substantial variation of services'.

Dr Sauvage highlighted the need to ensure that NHS money was spent effectively, and that there was consistency in the way residents were treated in neighbouring boroughs. She said that there were some conditions, the example given was chalazions on the eye, where non-surgical treatment would be most appropriate – and in the vast majority of cases they would clear up without the need for surgery.

Members asked about how referral management would operate. Dr Sauvage said that different boroughs had different systems for referral management, and some used clinical-decision making-software. She assured the meeting that the aim of referral management was not to have managers acting as gate-keepers. The process would be clinician-led, but in line with what was seen as best practice.

Members asked what drove changes in what were considered Procedures of Limited Clinical Effectiveness. Dr Saivage said that these changes were driven primarily by NICE and occasionally by peer-reviewed evidence from specialist bodies.

Dr Jahan Mahmoodi, the Medical Director of Enfield CCG, addressed the Committee. He said that Enfield CCG had received legal advice that a public consultation was not required, but that Enfield CCG had engaged in consultation in light of the views they had received from Enfield's Health Scrutiny Committee that engagement was desirable.

Members asked why Enfield had moved forward more quickly on this matter than the other four CCGs. Dr Mahmoodi said they were under instructions to evaluate certain pathways as Enfield CCG was referring more people to secondary care than equivalent boroughs. Thirteen areas where this was the case had been identified initially.

Members noted that some of the procedures identified had been removed from the final PoLCE list. They asked why this had happened.

Dr Mahmoodi said this was the case for hearing aids and for knee surgery. He said that the hearing aid consultation had resulted in a large volume of submissions, many of which were from people outside of the borough. He said that they had not been able to move forward on changing the pathway for knee procedures as there were difficulties with access to physiotherapy on the social care side.

He said that Enfield CCG wanted to see standardisation, equity between patients and avoiding a 'postcode lottery'.

Members asked how much money would be saved as a result of the PoLCE measures. They were informed the estimate was £744,000.

Members asked why there was currently variability in the way GPs operated to a degree that it was felt necessary by the CCG to have specific policies on procedures which were of limited clinical effectiveness.

Dr Sauvage said that GP surgeries were small organisations and some were not good at administration, found it difficult to recruit practice nurses, had shortages of staff and were reliant on locums. She also said that some GPs may lack confidence or may have been trained many years ago and may not be up-to-date with the latest professional views on what was clinically effective.

Members asked about how support was given to doctors and how information was disseminated to them. Dr Sauvage said there was an appraisal process for GPs which could provide peer review and peer support. Dr Mahmoodi said that Enfield CCG had tried to engage with doctors through organising meetings in different parts of the borough and members of the Board making visits to surgeries. This had taken place over a seven-month period, both before and during the PoLCE consultation period in the borough.

Members highlighted it was important that efforts be made to engage with GPs and to ensure that they were aware of what was taking place and of the latest professional guidance. They wanted to see this as a continuous process, not solely prior to and during Enfield's public consultation.

Representatives of Healthwatch were present. They raised concerns about the importance of measuring the outcomes of implementing the PoLCE policy and the in ensuring that patient feedback was taken on board.

They also expressed concerns about equalities, as a large number of the conditions mentioned in the PoLCE policy were those disproportionately suffered by older people. Healthwatch did not want to see older patients lose out as a result of this.

Members said that they felt it was important that the process was clear and transparent and that patients were able to challenge a decision if they felt it was having a negative impact on them and their quality of life. A procedure may be as effective carried out later than earlier (if the condition did not clear up from non-surgical intervention) but the patient could be in pain and discomfort during the period.

Members of the public present made comments. They sought assurance that rationing of healthcare would not be taking place and that further procedures which could be considered PoLCE would come back to the committee before CCGs acted.

Members of the Committee made a number of recommendations as to what they would like NCL CCGs to do. They recommended that there be a plan for GP engagement about clinical changes prior to rolling out the PoLCE policy. They wanted outcomes measured and feedback gathered from patients.

The Committee also wanted clarity on what criteria would be used to decide what future updates to the PoLCE policy would be submitted to JHOSC.

Members commented that Equality Impact Assessments were important and should be assessed as part of service changes.

RESOLVED –

(i) THAT the presentation be noted;

(ii) THAT the following recommendations be made to the CCGs:

a. A special GP engagement plan be drawn up around clinical changes prior to the implementation of the policy;
b. The CCGs should provide clarity on how the outcomes of the new policy and feedback from patients would be monitored;
c. Clarity should be provided to the Committee on what criteria would be used to decide which variations to the policy would come back to JHOSC for future consideration;
d. Information should be provided on Equality Impact Assessments and how they were being examined as part of service change.

7. DATES OF FUTURE MEETINGS

It was noted that the dates of future meetings were:

- Friday, 23rd March 2018 (Islington)
- Friday, 20th July 2018 (Barnet)
- Friday, 5th October 2018 (Camden)
- Friday, 30th November 2018 (Enfield)
- Friday, 11th January 2019 (Haringey)
- Friday, 15th March 2019 (Islington)

8. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no other business the Chair considered urgent.

The meeting ended at 3.50pm.

CHAIR

Contact Officer: **Vinothan Sangarapillai**
Telephone No: **020 7974 4071**
E-Mail: **vinothan.sangarapillai@camden.gov.uk**

MINUTES END

This page is intentionally left blank

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**
REPORT TITLE Integrating Health and Social Care in North Central London	
FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 23rd March 2018
SUMMARY OF REPORT To consider a presentation on the work being done as part of the STP to integrate health and social care in North Central London. **Contact:** Dr Jo Sauvage Chair Islington CCG Co-Chair, Health and Care Cabinet	
RECOMMENDATIONS To note and comment on the presentation.	

This page is intentionally left blank

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Integrating health and social care in North Central London

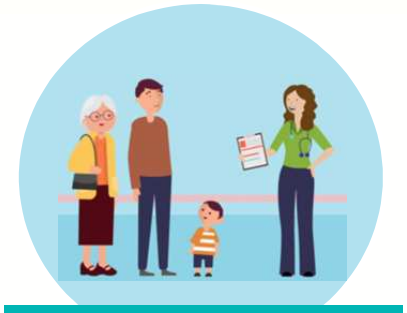
Dr Josephine Sauvage
Chair, Islington CCG
Co-chair, Health & Care Cabinet

NCL JHOSC 23 March 2018

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

Collective ambition of the STP

NHS



Ambition for the STP is built on existing values and strategy

Improve the health & wellbeing of the local population

Reduce health inequalities

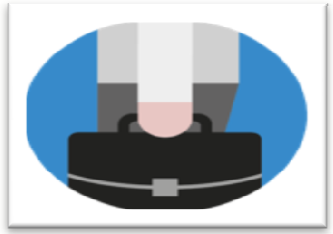
Maximise care out of hospital

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

Collective Challenges

NHS

GP services



Social Care

Prevention

Consistency

Recruitment

Whole population

Mental Health

IT solutions

(Un)planned healthcare

Interface/DTOC

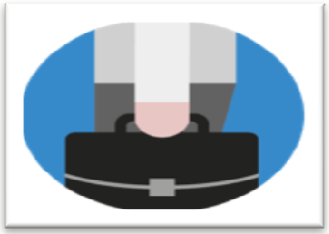
Financial

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

Are Collective Challenges universally shared?

NHS

GP services



Social Care

Prevention

Consistency

Recruitment

Whole population

Mental Health

IT solutions

(Un)planned healthcare

Interface/DTOC

Financial

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

Collective partnership

NHS

- To take forward integration, we will need to develop broader networks of partners

- Changing focus, changing ways of working, changing culture so NCL unites all to deliver the very best care & health and wellbeing outcomes for residents across NCL

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

Collective partnership

NHS

Partners
Acute Trusts
Mental Health Trusts
5 CCGs
5 Local Authorities
Public Health
Health Education England North Central East London
NHS Strategic bodies
JHOSC

NLP Integration workshop
March 2018

Other partners (work in progress)
Health watch
GP Federations
Citizens' reference groups
Advisory Board/Health & Wellbeing Boards
Community Providers
(Other)

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

Collective ambition of the STP

NHS

'Sounds bites'
NLP Integration workshop
March 2018

System responsibility to address prevention and proactive care

Vision of transformation; £ and model

Neighbourhood model for the delivery of services

Improving value for money; Better use of shared resource

Who is missing?

Strive to achieve commitment to partnership between health, social care, voluntary and community sectors for the benefit of residents

Listening and learning from residents about what is needed

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

How are we doing? Recent successes

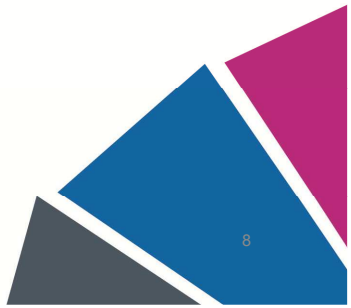
NHS

- Successful bid for Core24 mental health liaison service for UCLH 17/18, and NMUH 18/19
- Workplace wellbeing – bespoke training across health and social care for champions across wider workforce
- Adult Social Care as core work stream of the STP

- One of the first areas nationally to launch the new Integrated Urgent Care model, including warm transfers for mental health and "star divert numbers" for clinical professionals
- The NCL specialist Perinatal service went live in October 2017 following a successful first wave bid for national funding
- NCL wide work on suicide prevention underway
- Agreed model of care for single point of access for End of Life Care

- Clinical Advice and Navigation model progressing with good engagement across primary and secondary care
- Brought together primary and secondary care clinicians to redesign clinical pathways
- NCL **extended access primary care** hubs operational since April 2017: appointments 8-8 7 days per week
- Single NCL-wide referral form for Rehab (Discharge to Assess pathway 2)
- NHS England funding for Health Information Exchange and Population Health Management approved March 2018

- Live with pilot Discharge to Assess pathways (D2A) at end of Oct for all providers
- Opening of Women's Psychiatric Intensive Care Unit at C&I November 2017
- First NCL **Quality Improvement** Network held 9/11; developing NCL specification for Quality Improvement Support Teams
- Workplace wellbeing – bespoke training across health and social care for champions across wider workforce



NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

More to do on…

NHS

- Listening and learning from residents about what is needed
- Being clear about outcomes to be achieved, and what benefits these will bring for local residents
- Long term sustainability, and transformation: how will things be different in 5-10 years?
- Ensuring that all partners really aligned around this vision
- Prioritisation
- Demonstrating results from what we have already done
- Reducing inequalities/delivering consistent services

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

What do we know about population needs?

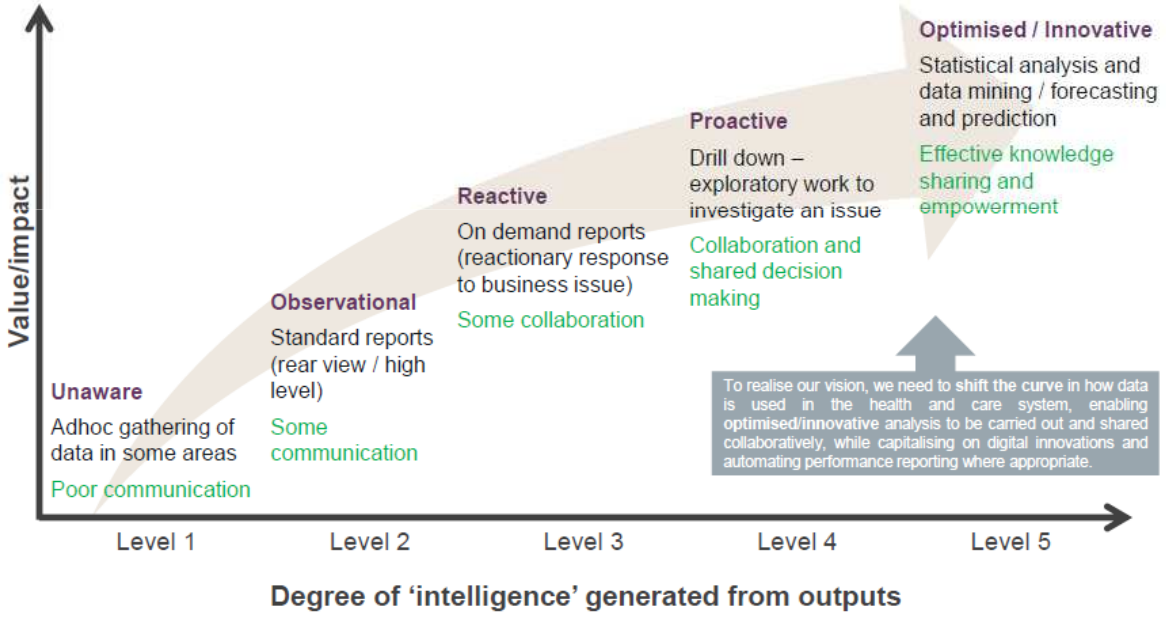
NHS

- Demographic challenges described for each borough in the local Joint Strategic Needs Assessment
- Need to think about wider determinants
- Significant challenges to delivery of integrated care across wide range of statutory and non-statutory providers
- Health Information Exchange and Population Health Management approach across all NHS and local authority partners: fundamental to meeting the needs of our residents

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

How can we accelerate understanding of population need through use of data? Our STP journey to data maturity

NHS



(Gartner, 2008)

NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

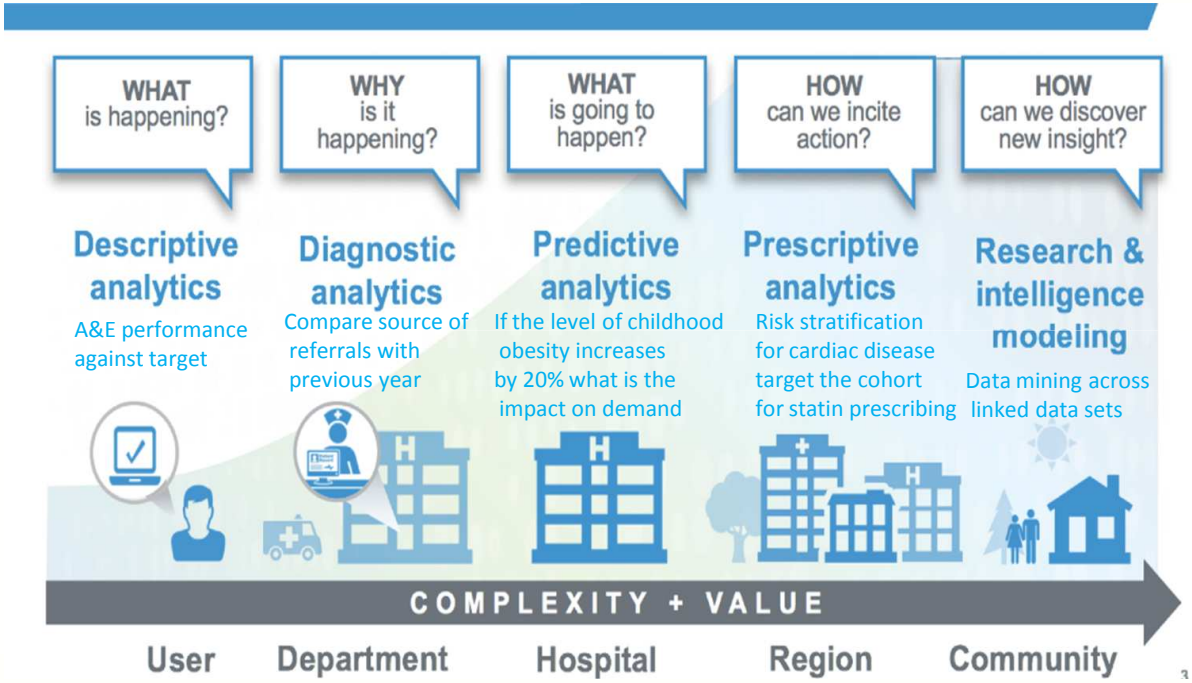
What is population health data management?

NHS

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

How can population health data help us deliver?

NHS



NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

Residents' views are key

NHS

- We get direct feedback from Patient Participation Groups in primary care, national and local surveys of satisfaction with individual providers and services (eg cancer), complaints and comments received
- Resident narrative for integration has been documented
- This needs to be revised and restated for the benefit of North London Partners
- Need to strengthen our approaches to securing residents' views in defining what success looks like for them

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

Evolution & Progress

NHS

- Listening and learning from residents, service users and colleagues- strengthen & align our processes to consult & understand
- Clarity around what we are to deliver
  - Purpose and brand- e.g.: Care and Health Integrated Networks
  - How will this achieve the desired outcome for residents
  - How do we align as a partnership
  - Strategic risks involved
- Strengthen focus on prevention as a system
- Strengthen focus on supporting self management
- Effective strategy and networks-being aware we may need different approaches for different things
  - Mental health
  - Early years
  - Children and young people
- Shared workforce development, development of residents and service users
- Financial arrangements not about organisational silos but about outcomes for residents
- Good governance, including transparency and public accountability
- Risk management

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

Next steps

NHS

- Lots done, lots still to do
- Keen to get initial views from JHOSC on this presentation
- This can feed into the outputs of the Integration workshop
- We welcome invitation to future meetings to develop plans to take forward work on integrated care

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**

REPORT TITLE

North London Councils' Collaboration on Adult Social Care

FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 23rd March 2018

SUMMARY OF REPORT

Members are asked to consider a presentation updating the Committee on work since November 2017 on collaboration between North London Councils on Adult Social Care.

Contact Officers:

Dawn Wakeling
Strategic Director for Adults, Communities and Health (LB Barnet)
SRO for North London Councils' Adult Social Care Programme

Sanjay Mackintosh
Programme Lead, North London Councils

RECOMMENDATIONS

To note and comment on the presentation.

This page is intentionally left blank

North London Councils
Collaboration on Adult Social Care (Update)

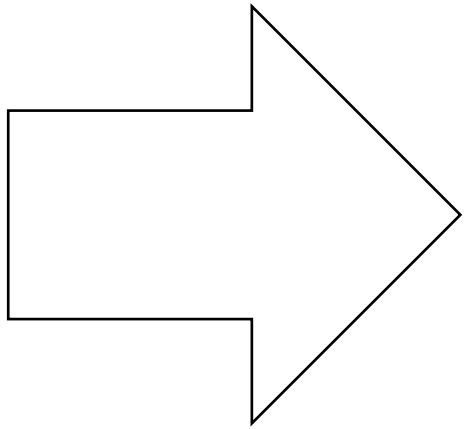
JHOSC – 23 March 2018

Dawn Wakeling
Strategic Director for Adults, Communities and Health, Barnet Council
SRO for North London Councils Adult Social Care Programme

Sanjay Mackintosh
Programme Lead, North London Councils

We last came to JHOSC in November 2017 and set out the evidence base and approach for working together as five Councils to tackle shared challenges in adult social care. To achieve positive impact in 2018/19, we have prioritised our focus on two areas – the nursing care market and the social care workforce.

- Hospital discharge processes
- Over 65s nursing care market
- Brokering packages of care
- Workforce
- Learning disabilities



The Nursing Care Market

1. Rationalising purchasing of beds
2. Adding more nursing supply
3. Sharing approaches to quality assurance

Workforce

1. New recruitment and retention models
2. High quality training, development
3. New health and social care career pathways

Nursing care market – working together with the five CCGs in North London, we want to align our purchasing of nursing care beds, add capacity to the market and increase quality. We will involve the residential and nursing care market in the process, starting with a provider event in April 2018.

	1. Nursing Home Provision	2. Quality Assurance	3. Pricing Collaboration
AIM	Increase the amount of high quality nursing provision in North London	To promote consistent quality improvement practice between Councils and CCGs	Develop a shared pricing strategy for nursing care between CCGs and Councils
OUTCOME	• Better health and care for older adults in their own home • Increased number of nursing care options for commissioners in North London	• Higher quality provision • Improved quality of service provided (e.g. via shared embargoes), better intelligence sharing between Councils and CCGs	• Clearer prices for nursing market • Less competition for beds between CCGs and Councils. • Potential savings to Councils and CCGs
AREAS OF FOCUS IN 2018/19	• Engage with providers on nursing supply issue and options for sector development. Develop a new dialogue of collaboration, taking our relationship beyond the transactional commissioning-focused engagement • Identifying suitable sites, providers and models of nursing care to meet the future need of the population • Develop care home strategy for NCL, identifying sub-regional supply gap and outlining preferred means of addressing this (e.g. re-designation, new supply etc.)	• Develop and establish shared quality standards, with consistency between commissioners • Identify and agree scalable/achievable actions in quality improvement • Develop information/intelligence sharing and coordinated provider failure approach for NCL	• Complete data analysis of spend and fees across 5 boroughs and CCGs • Engage providers on the prospect of a shared pricing approach and to inform methodology • Develop options appraisal and agree between Councils and CCGs on preferred option for pricing structure

Workforce - our goal is to support social care providers to increase capacity and quality in key roles such as nursing and home care. We want to improve recruitment and retention, training and development and develop new career pathways for health and social care. The Capital Nurse Programme is already running a leadership programme for Nursing Home Managers, and Health Education England have given us funding to develop the homecare market. We will be gathering homecare providers together in May 2018 to involve them in this work

	1. Raising the profile of care roles	2. Increasing capacity in the market	3. Developing a highly skilled workforce
AIM	Raise the profile & prestige of roles & careers in social care	The sector increases capacity by adjusting their recruitment & retention practices	The workforce has the skills needed to help residents live well at home and prevent unnecessary escalation of need
OUTCOME	Care role are attractive career options with prospects and development pathways	Reduce turnover & improved stability in Homecare & Care Home workforce	Skilled workforce providing quality care, support & enablement to residents
AREAS OF FOCUS IN 2018/19	• Engagement with schools and colleges • Non traditional sources of groups targeted for Homecare e.g. Men; older workers; semi-retired; ex-forces. • Development of career pathways for health and social care • Training and development mapped to pathways, so as to make career journeys clear • Development of a shared recruitment portal for social care providers – similar to Devon's 'Proud to Care' portal	• Homecare providers engaged and represented in current forums • Provider engagement events in April and May 2018 • Care home strategy developed and includes approach to workforce development • Recruitment & retention strategies that work to reduce turnover • Mechanisms developed to encourage providers to use more apprenticeships and rotations through care settings • Providers using Capital Nurse and Nursing qualification transfer initiatives to increase skills in the workforce and develop future leaders	• Res. homes in Barnet & Enfield included in skills training to support timely discharge & avoid admissions • Res. homes in Haringey included in Last Phase of Life project, part of UEC • Inclusion of NL Care Homes in HEE funded "Learn and Earn" to agree career pathway; develop clinical skills • Launch of Nurse Associate & Nurse Apprenticeships within Care Homes. • An overarching system wide pathway i.e. Care at Home; CC2H; Acute & Res. • The use of training passports explored

Summary

- Resident involvement and improving outcomes for local people remains at the heart of what we are doing

- We have a focused programme of work on adult social care, which will begin to deliver benefits to the social care and health system in 2018/19

- We are working together with local NHS leaders where it is clear that the system must combine effort to deliver better outcomes for local people

This page is intentionally left blank

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**
REPORT TITLE **Update on St Ann's and St Pancras' hospitals' redevelopments**	
FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 23rd March 2018

SUMMARY OF REPORT

Members are asked to consider a presentation from St Ann's and St Pancras' hospitals on their estate development.

Contact Officers:

Andrew Wright
Director of Strategic Development
Barnet, Enfield and Haringey Mental Health Trust

Malcolm McFrederick
Project Director
Camden and Islington Foundation Trust

RECOMMENDATIONS

Members are asked to note and comment on the presentation.

This page is intentionally left blank

nden and Islington NHS
NHS Foundation Trust

Barnet, Enfield and Haringey
Mental Health NHS Trust

NHS
Camden
Clinical Commissioning Group

NHS
Haringey
Clinical Commissioning Group

Mental Health Matters

We want to support people in North London to stay mentally well and to recover from mental ill health and thrive. Having services in modern 21st century fully compliant buildings supports this vision.

North Central London JHOSC

23 March 2018

Update on redevelopment of St Ann's Hospital, Haringey

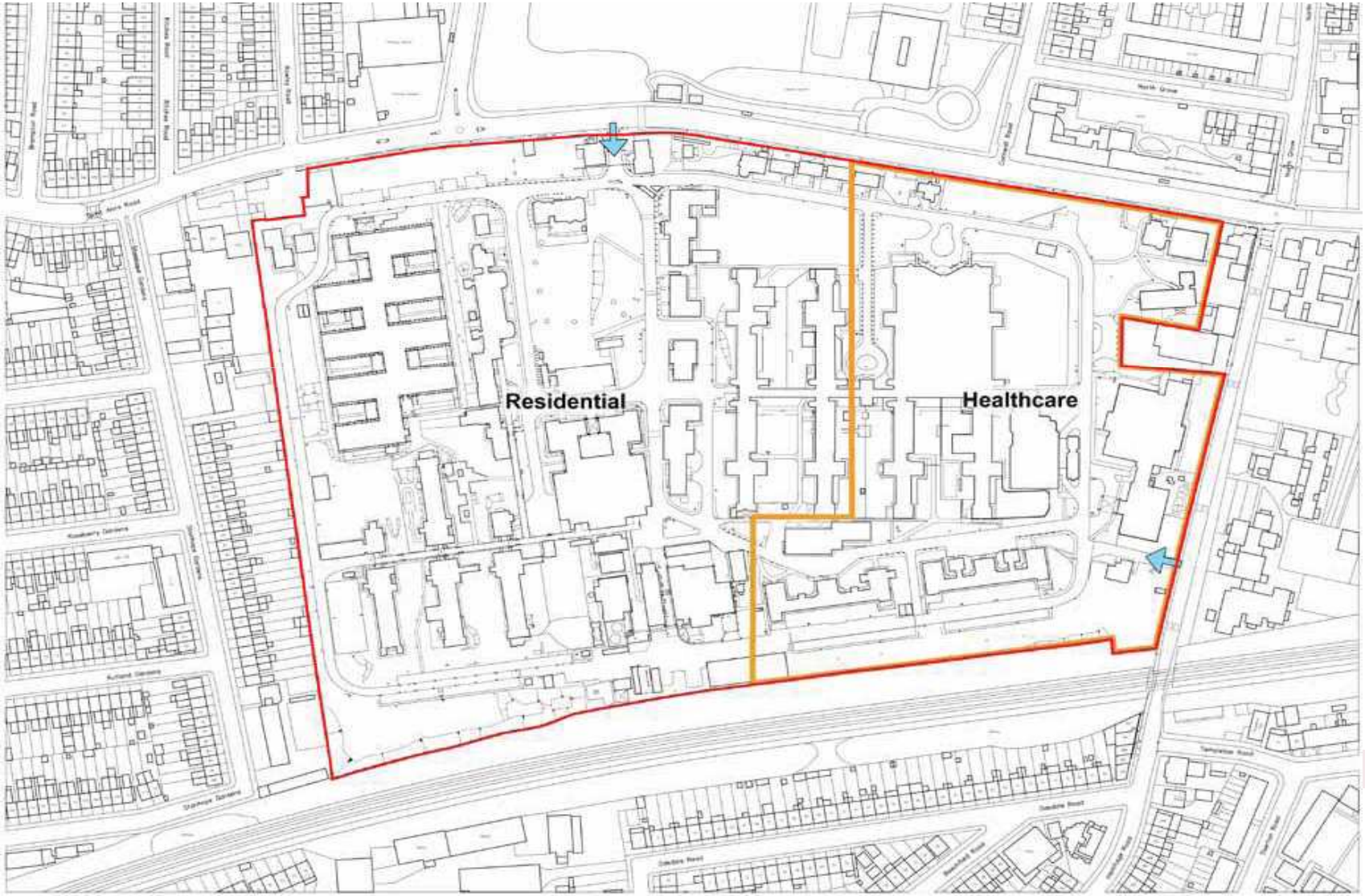
Andrew Wright

Director of Strategic Development, BEH-MHT

Introduction

- St Ann's scheme is well-advanced, outline planning approval was obtained in 2015 and final planning approval for the new healthcare building is due from Haringey Council soon
- Widespread support for the plans from Haringey Council and CCG and wider stakeholders, following two extensive public consultations and an ongoing stakeholder engagement process
- Plans involve the sale of surplus land on the current site no longer needed for healthcare, for residential development
- Surplus land sale proceeds will be reinvested to build brand new mental health inpatient wards and other improvements
- Project is affordable in capital terms and revenue terms
  - no additional costs to Trust or NHS commissioners

Summary of the plans



New mental health inpatient building

New mental health inpatient building

Inpatient environment

Potential future health campus development

Latest on residential development

- New mental health facilities will be fully funded from the sale of the surplus land, there is no other source of the capital required
- Trust's original residential scheme secured outline approval from Haringey Council in 2015. This involved 470 housing units, of which 14% had to be affordable
- Trust is progressing negotiations on the sale of the surplus land – an update will be given at the meeting
- Potential to significantly increase the proportion of affordable housing units on the site

Latest timetable

- **March**
  - Trust's Planning application for new mental health building considered by Haringey Council
- **July**
  - Approval of Trust's Full Business Case by NHS Improvement and DH
- **Autumn 2018**
  - Commencement of construction of new mental health facilities
- **Late 2020**
  - Completion of new mental health facilities

Camden and Islingto
NHS Foundation Tr

St Pancras Redevelopment

The best **care** for local people
The best **research** for the world

Your partner in
care & improvement

Our vision

- Provide excellent, therapeutic mental health facilities across Camden and Islington
- Invest in and move more of our services into the community, enabled by creation of vibrant and welcoming community facilities
- Build excellent, clinically-proven, warm and welcoming inpatient facilities
- Create world-class research facilities to help us deliver the very best care

Background/ Case for Change

- The Trust has roughly 30 sites including:
  - Inpatient beds at St Pancras Hospital and Highgate Mental Health Centre
  - Community facilities, offering a wide variety of clinical services across multiple sites
- Many of our buildings are old, not fit-for-purpose and highlighted as a problem by the CQC
- Our St Pancras site, which includes pre-war buildings, was never designed for mental health inpatient beds
- It is no longer viable to bring our existing St Pancras buildings up to 21st century standards
- Our community services do not facilitate integrated multi-agency working
- Our community facilities may not be in the best places for our service users

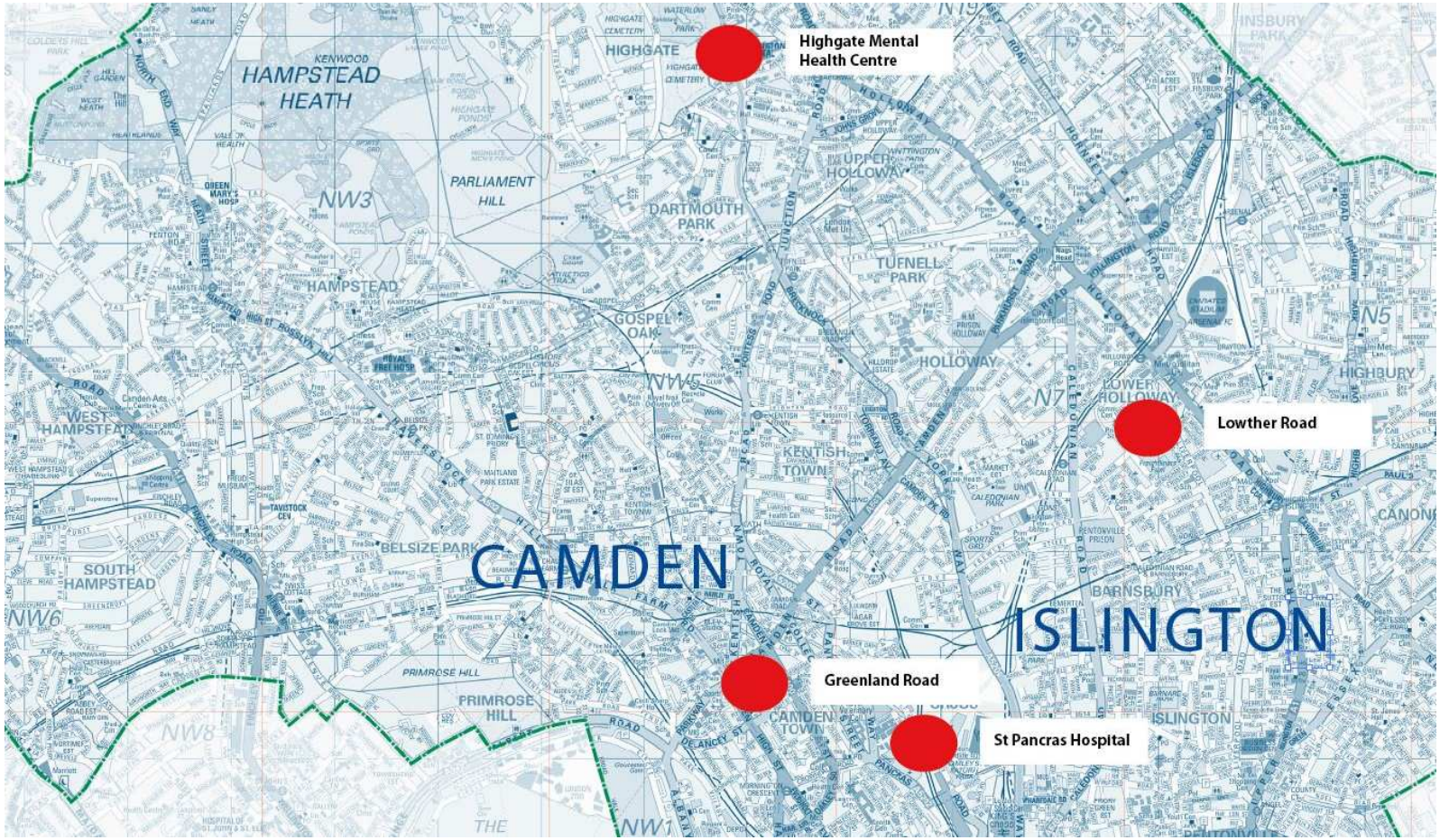
Current facilities

Informal engagement so far has included talking to (amongst others):

Inpatients and outpatients
Nubian Users' Forum
Service Users' Alliance
iBug and cBug
Women's Strategy Group
Camden and Islington Carers
Somers Town Neighbourhood Forum
St Pancras Community Association
Camden and Islington Healthwatch
Council of Governors
St Pancras Old Church
Camden Voluntary Action Group

Local MPs
Islington and Camden CCGs
Camden and Islington Councils
Trust staff
Rethink Mental Illness
Royal Free
CNWL
NOCLOR
Local MPs
UNISON
Frontline
Mind

Our proposal



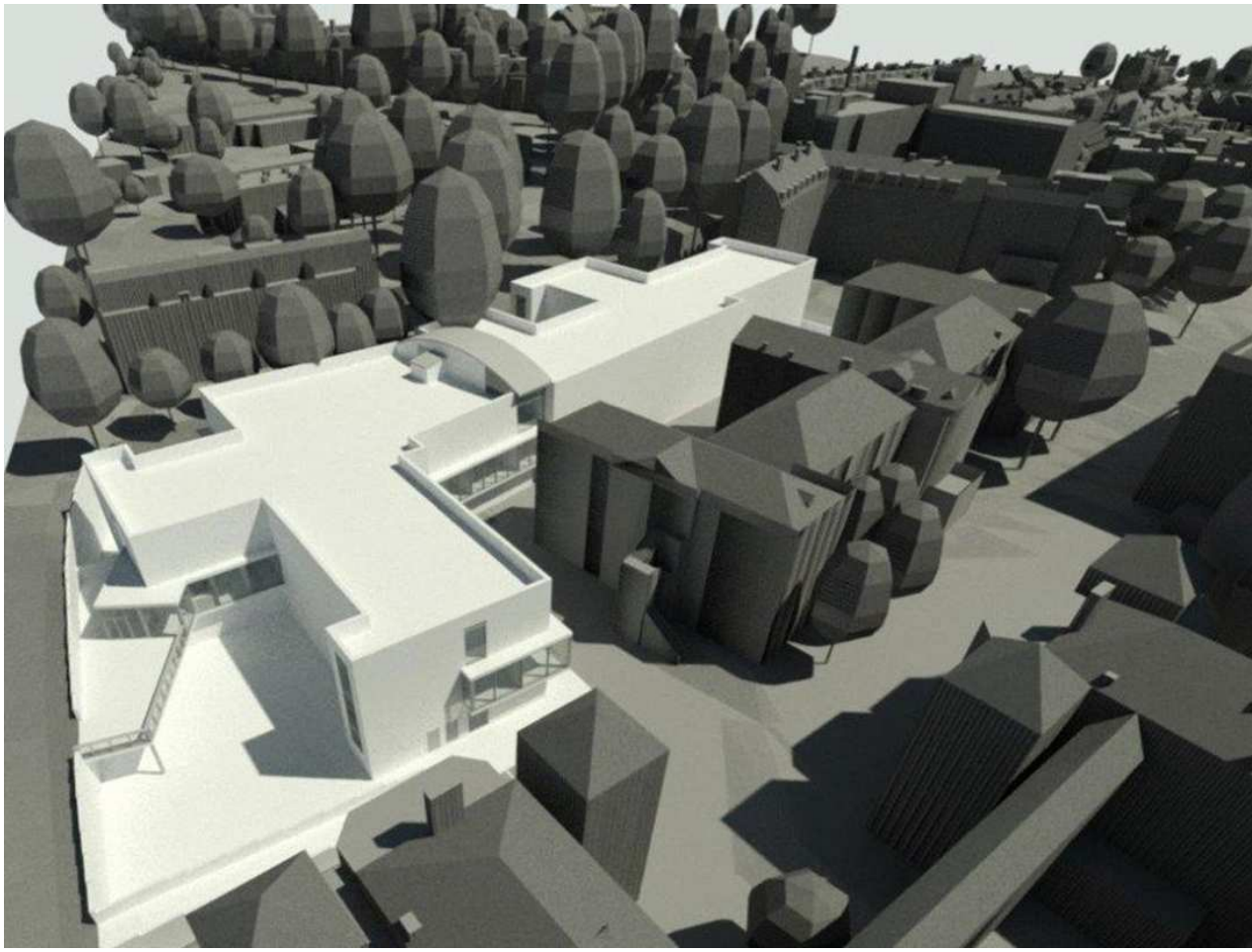
Our proposal

Inpatient facility

A new build inpatient facility – located at Whittington Hospital. The inpatient facility will be a 3 storey new build surrounded by landscaped gardens with car parking available at our neighbouring Highgate Mental Health Centre

The new facility will have 84 beds, supported by 606 m^2 of support space, an external courtyard or garden space and consulting rooms for each ward

The new facility will be fully accessible, will have a BREEAM excellent rating and present an attractive, therapeutic and welcoming environment for staff and service users



ur proposal

mmunity hubs

e vision for our community hubs is that service users and ers will have a familiar, non-stigmatising, easily accessible ce where they can access a variety of services that promote stic care. They will include spaces for service users and ers which are co-designed by them. This will be delivered by ocating C&I teams, breaking down barriers between teams, couraging holistic care and eliminating duplicate essments. There is great potential to dramatically scale up stic care by co-locating physical health, local authority and untary sector services

storey community hub at the Trust's existing site in eenland Road, in the London Borough of Camden

storey community hub at the Trust's existing site at Lowther ad in the London Borough of Islington, replacing the existing ding

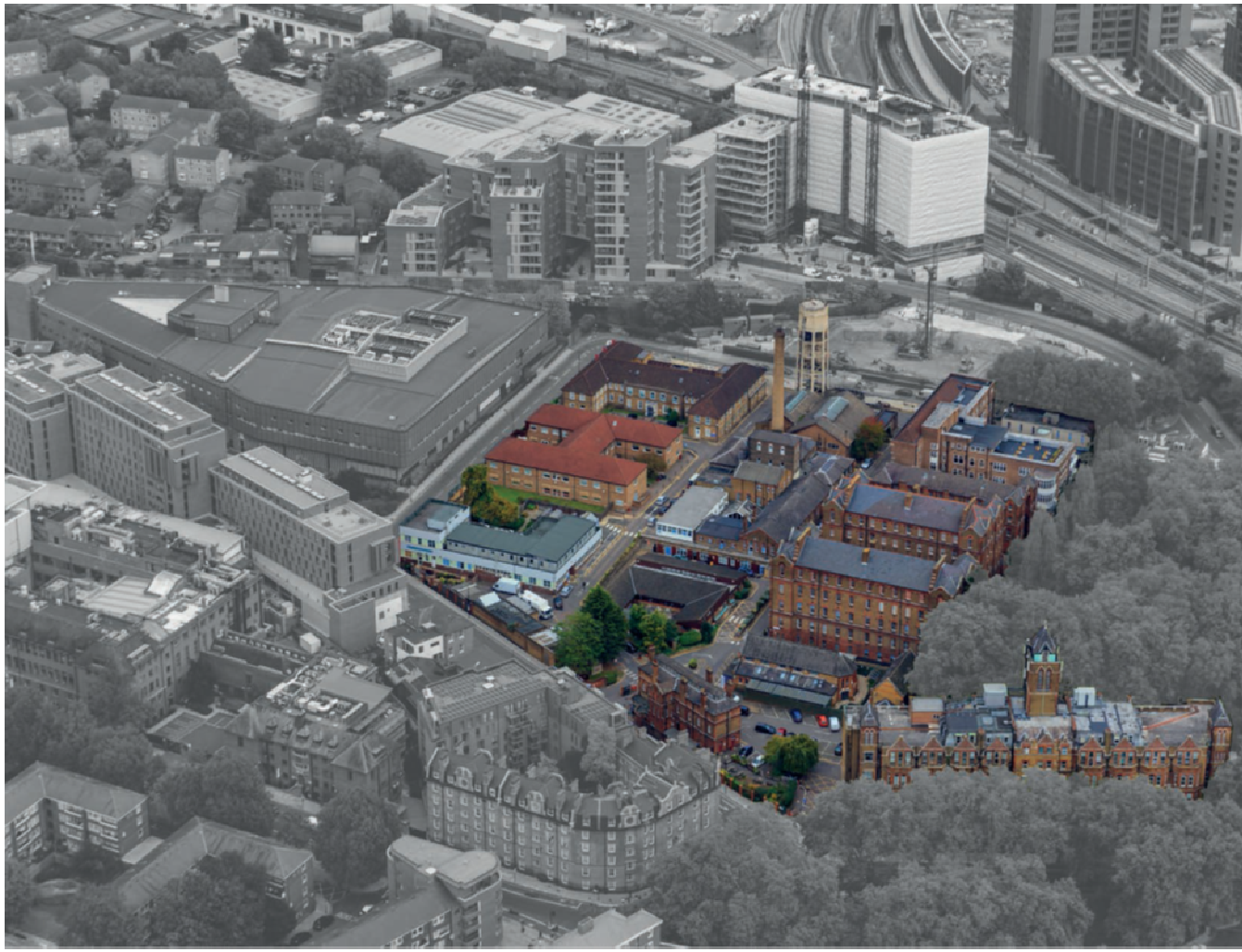
ur proposal

ancras Hospital – our new facilities

e SPH site will be redeveloped to provide otal of 2,187m2 of accommodation for e Trust

e Trust accommodation will include a the community hub and consist of nsulting rooms, meeting rooms, training cilities and the Recovery College. The ecovery College includes space for both nical delivery and support facilities for the nical teams

the same building we intend to host a w **Institute of Mental Health** with our CL partners which will take up proximately the same space



Our guidance to potential developers (Developed with the help of Camden colleagues)

- Trust to retain an active presence for service users at the St Pancras site
- To create a new environment that contributes positively to community wellbeing and mental health recovery
- Redevelop surplus property across the estate to include a mix of affordable and other housing, subject to viability
- Provide for the potential relocation of Moorfields Eye Hospital on up to two acres of the St Pancras Hospital site
- Modern health facilities and services to meet Camden and Islington and London's future needs
- Comprehensive redevelopment and refurbishment to achieve the most effective and efficient use of land and buildings

The Approvals Process

- Public Consultation
- NHS (Improvement)
- NHS (England)
- Department of Health and Social Care
- HM Treasury
- London Health and Care Devolution

ervices Based at the St Pancras Hospital Site

unkley Ward
affan Ward
osewood Ward
uby Ward
lontague Ward
utherland Ward
omplex Depression, Anxiety and Trauma Service
amden & Islington Psychodynamic Psychotherapy Service
exual Problems Team
outh Camden iCope

- Traumatic Stress Clinic
- NHS Transition, Intervention and Liaison Veterans' Me Health Service (formally known as LVS)
- ADHD Team Attention Deficit Hyperactivity Disorder
- Adult Autism Clinic
- Camden Mental Health Assessment and Advice Team
- Islington Practice Mental Health Team
- South Camden Crisis Resolution Home Treatment
- Acute Day Unit (Jules Thorn)
- The Rivers Crisis House
- Approved Mental Health Professional Service
- Recovery College

Non CIFT services
Rehabilitation inpatient wards (Central and North West London Foundation Trust) Provides treatment and support for patients whose physical abilities have been reduced through illness, such as a stroke, or a fall or a musculoskeletal condition.
Kings Cross GP Practice (AT Medics)
Evergreen Ward (University College London Hospital) A ward for predominantly care of the elderly
Kidney dialysis clinic (Royal Free Hospital)
Ophthalmology clinic (Royal Free Hospital)
GP out of hours service (London Central & West Unscheduled Care Collaborative)

ext steps for St Pancras Hospital proposals

amden CCG and Islington CCGs lead on public consultation in rtnership with CIFT. Under the NHS Act 2006, CCGs have a duty to lead public consultation and involvement*.

oing to the Camden and Islington HOSC in June 2018 (tbc) with the llowing:

- Proposed consultation document (including an easy read version)
- Proposed consultation methodology
- Equalities Impact Assessment
- Quality Impact Assessment

ource -NHS England

Thank you and Questions

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**
REPORT TITLE Statistics on response times and handover times from the London Ambulance Service (LAS)	
FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 23rd March 2018
SUMMARY OF REPORT To note statistics from the LAS. **Contact Officer:** Peter Rhodes Assistant Director of Operations London Ambulance Service NHS Trust Peter.rhodes@lond-amb.nhs.uk	
RECOMMENDATIONS To note the statistics in the report.	

This page is intentionally left blank

Report to North Central London JHOSC – March 2018

Latest figures for ambulance times, both response times across the NCL and information on handover at hospital.

The Trust moved to a new way of reporting response times on 31/10/16, moving from Red 1 and Red 2 performance to Categories 1-4 with nationally mandated response times. The expectation is that these times are routinely achieved across English ambulance services by September 2018. Further details can be found at:

https://www.england.nhs.uk/2017/07/new-ambulance-service-standards-announced/

https://www.londonambulance.nhs.uk/calling-999/17086-2/

The most recent validated STP response time data are from January 2018:

January 2018 STP Position	C1 Mean (00:07:00)	C1 90th Centile (00:15:00)	C2 Mean (00:18:00)	C2 90th Centile (00:40:00)	C3 90th Centile (02:00:00)	C4 90th Centile (03:00:00)
North Central	00:07:12	00:11:47	00:21:08	00:43:25	03:07:06	02:31:46
North East	00:07:14	00:11:55	00:21:23	00:43:40	02:27:52	02:52:32
North West	00:07:00	00:11:32	00:20:10	00:41:25	02:26:58	02:12:23
South East	00:07:14	00:12:08	00:19:17	00:40:15	02:04:47	02:00:31
South West	00:07:04	00:11:16	00:19:51	00:41:22	02:02:28	01:56:58

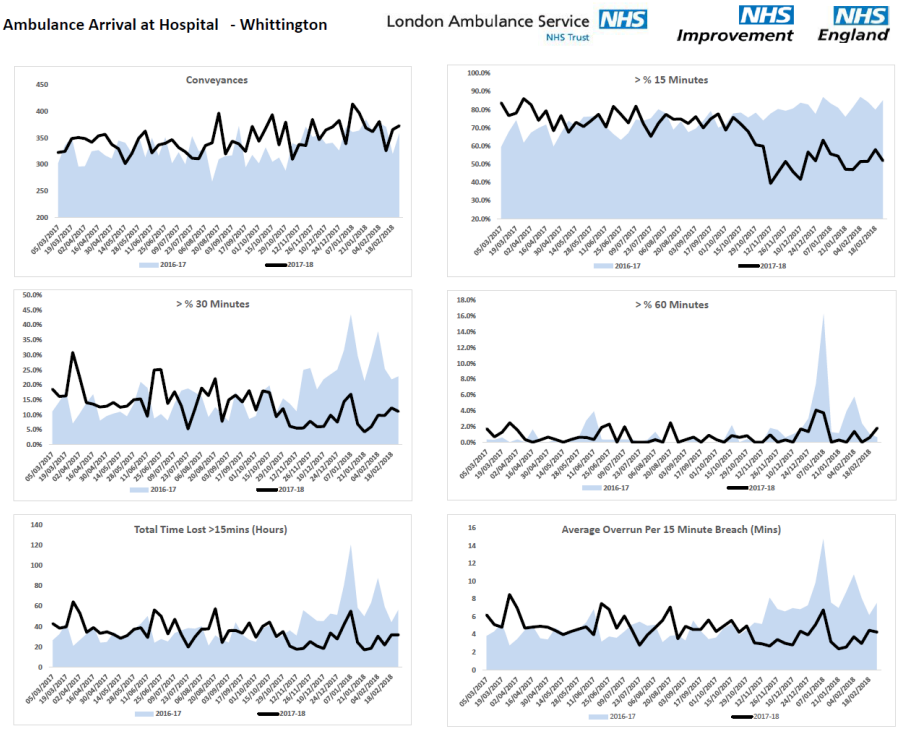
…and the most recent national data are from December 2017:

December 2017	Category 1	Category 1	Category 2	Category 2	Category 3	Category 4
National Standard	00:07:00	00:15:00	00:18:00	00:40:00	02:00:00	03:00:00
England	00:08:52	00:15:25	00:29:41	01:03:14	03:06:35	04:07:35
East Midlands	00:09:38	00:17:11	00:39:29	01:26:08	03:59:57	04:42:22
East of England	00:09:12	00:16:44	00:32:04	01:05:07	04:40:34	05:14:02
London	00:07:24	**00:12:04**	00:24:11	00:51:11	02:58:56	**02:51:49**
North East	00:06:57	00:12:10	00:28:52	01:00:23	05:17:41	03:36:38
North West	00:11:17	00:18:37	00:44:49	01:43:58	02:54:47	03:33:35
South Central	00:07:42	00:14:27	00:19:08	00:39:01	02:53:18	04:09:38
South East Coast	00:08:31	00:15:16	00:18:41	00:34:58	03:47:52	05:59:15
South Western	00:10:20	00:18:38	00:37:06	01:16:59	03:37:01	04:55:31
West Midlands	00:07:03	00:12:10	00:13:12	00:24:16	01:32:56	02:46:15
Yorkshire	00:08:12	00:14:19	00:27:58	01:00:47	02:41:47	04:22:05
Isle of Wight	-	-	-	-	-	-

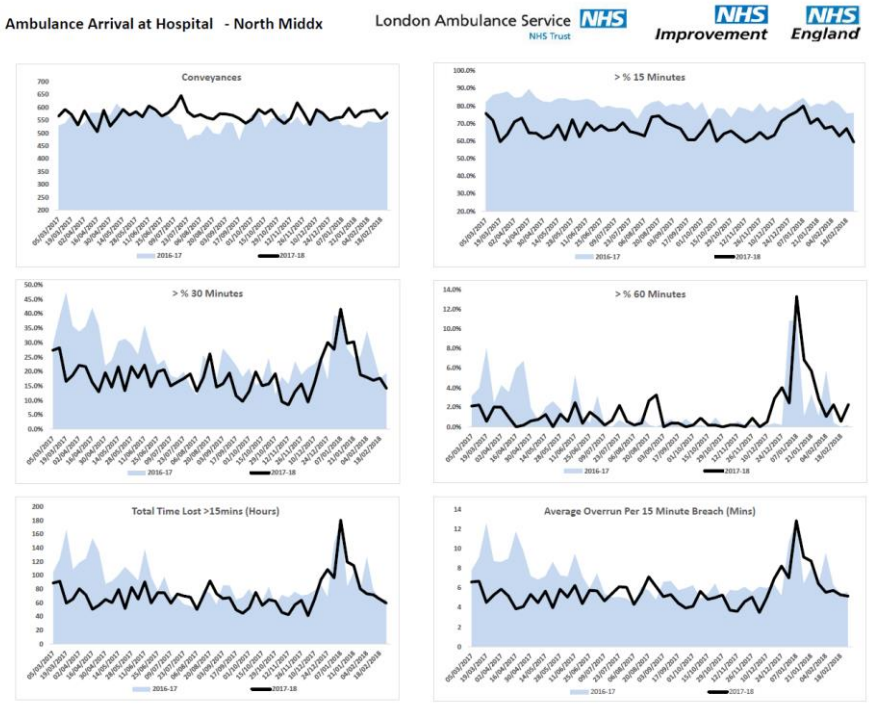
Fig 4.2

How the information on latest response times and handovers compare to that provided in the report that the LAS presented to the Committee last February.

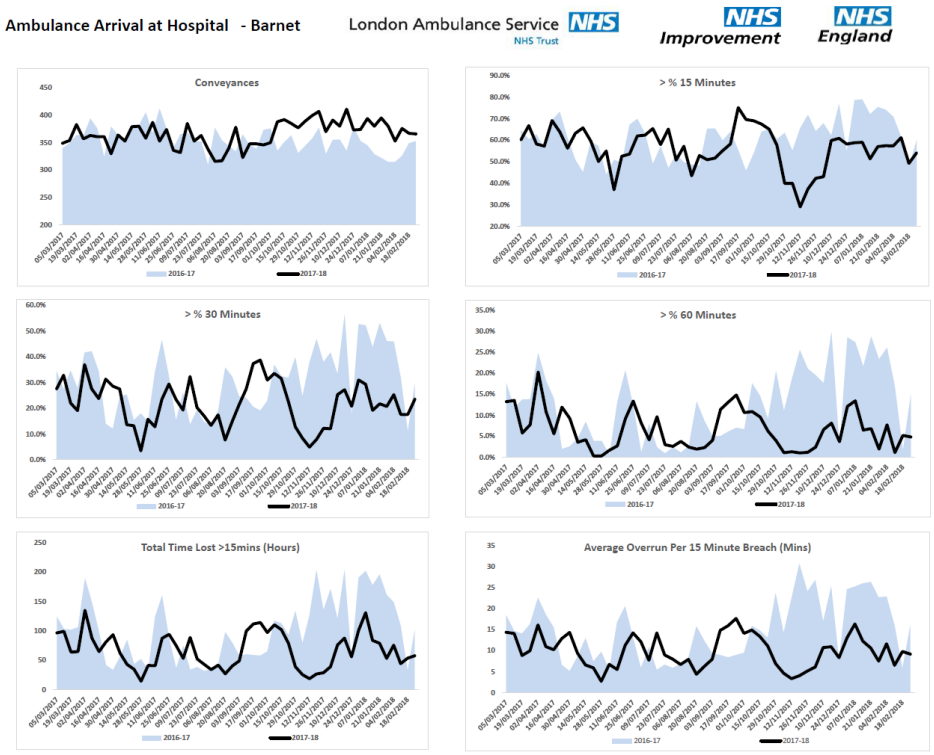
Hospital Handovers – the Whittington



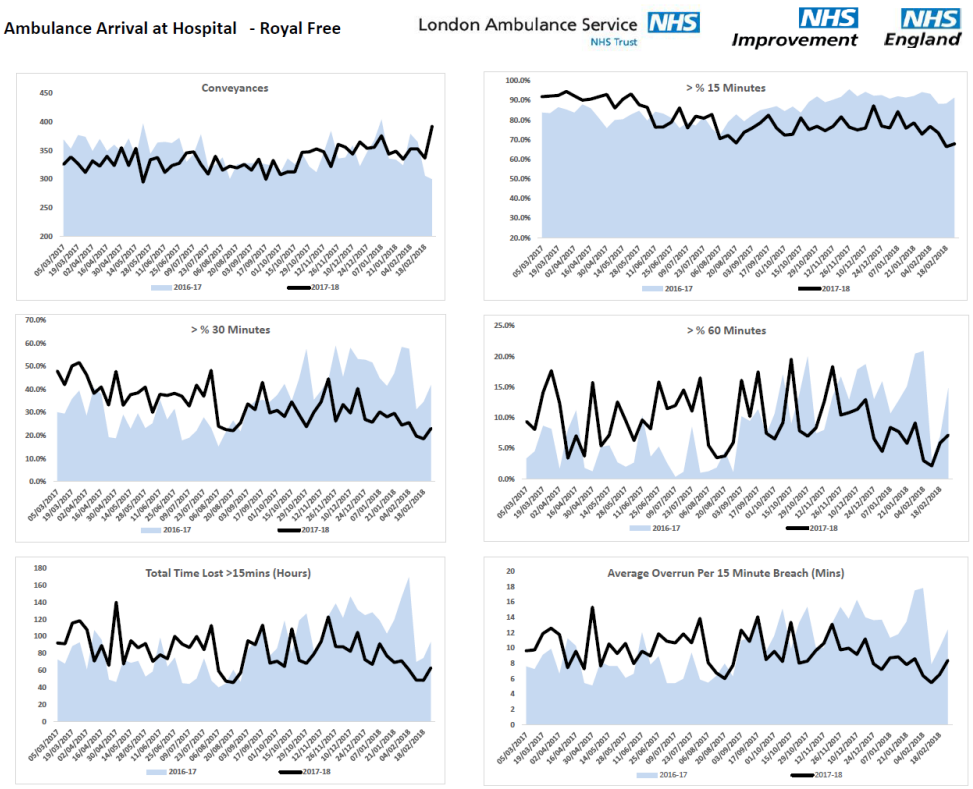
Hospital Handovers – North Middlesex



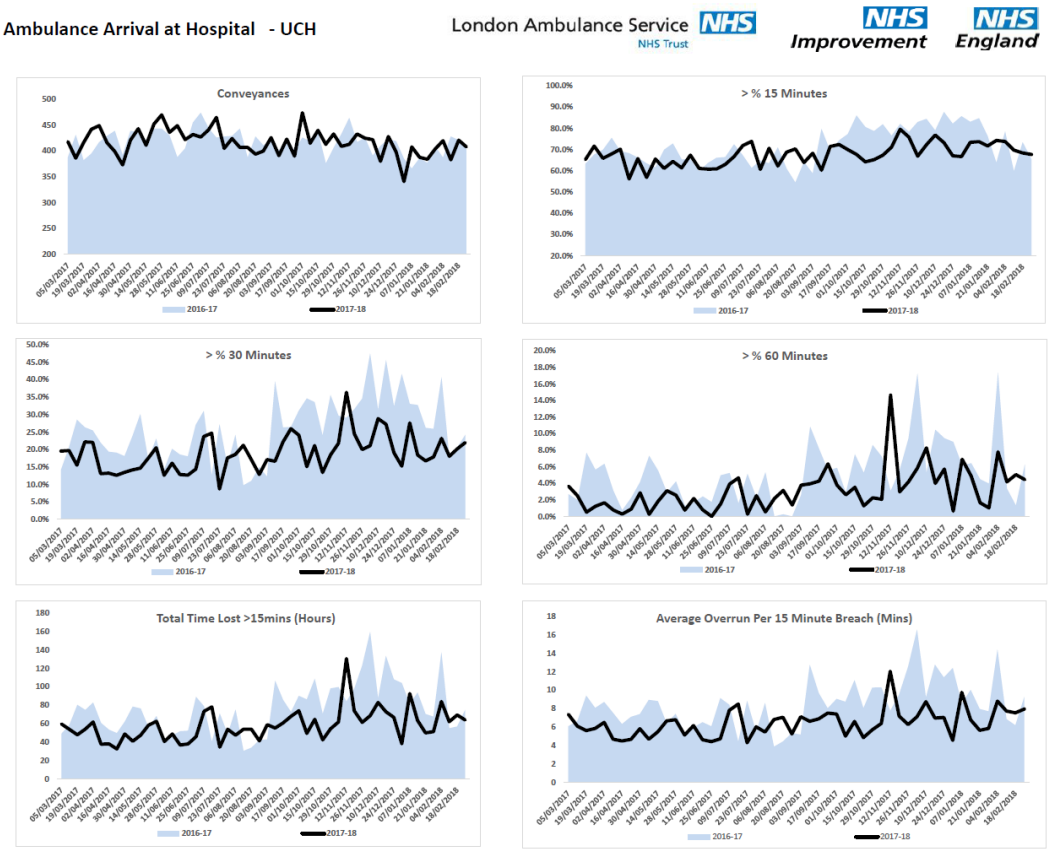
Hospital Handovers – Barnet General



Hospital Handover – The Royal Free, Hampstead



Hospital Handovers – UCH



It should be noted that the overall trend across North Central London is a decrease in handover delays from 2016/17 to 2017/18. We have worked closely with the Acute Trusts over the year, and also with the Emergency Care Improvement Programme (ECIP) to resolve flow issues and refine handover processes.

Response times cannot be compared between 2016/17 and 2017/18 due to a change in reporting.

Examples of best practice at a particular hospital that could assist with the handover process at other hospitals.

The issue at Acute Trusts is largely unrelated to handover processes, more flow through the Emergency Department into the main hospital, and discharge of patients once medically fit for discharge. We have worked closely with the ECIP team on handover initiatives at North Middlesex (fit to sit chair area), the Royal Free (new ED entrance and triage process) and UCH (new ED entrance and flow processes).

Any action plan that the LAS has developed to address the findings of the most recent inspection.

We are currently being re-inspected by the CQC in relation to their well-led domain, with a view to the Trust being removed from Special Measures.

Peter Rhodes, Assistant Director of Operations, 12/3/18

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**

REPORT TITLE

Ambulance services cross border working (from East of England Ambulance Trust)

FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 23 March 2018

SUMMARY OF REPORT

A report from the East of England Ambulance service on working arrangements for ambulance services cross-border working

Contact Officer:

Isabel Cockayne, Director of Communications and Engagement for East of England Ambulance Trust
Isabel.cockayne@eastamb.nhs.uk

RECOMMENDATIONS

To note and comment on the report.

Introduction

The East of England Ambulance Service covers Hertfordshire, Bedfordshire, Cambridgeshire, Norfolk, Suffolk and Essex, and responds to approximately 1 million calls every year. It supports those sickest patients who need urgent help, and also has mechanisms to give advice and treatment without the need to take people into hospitals.

The Trust works closely with its bordering ambulance services to support their work, and there are mechanisms in place to support hospital trusts during periods of extreme pressure.

This report sets out for members our cross-border work and gives data on numbers of diversions to North Central London Hospitals.

Cross border effects

EEAST does not have internal boundaries which means that each 999 call receives the nearest and most appropriate response for the population living in its 7,500 square mile area. This is in line with other Trusts nationally and provides the best service for our communities regionally. It is possible that ambulances can be drawn within our region from one area of lower demand to a neighbouring area of higher demand and this dynamic is a normal way of working.

There are times when ambulances convey patients into different areas, within or outside or our operating areas, such as when a specialist hospital can better support the patient when there is a major trauma, stroke, cardiac or specific complication which the patient is experiencing. Some hospitals sit on the borders of ambulance trusts which means some patients are nearest to, or most appropriately conveyed to a hospital outside of our response area. Barnet is an example of this.

Ambulances are most commonly diverted to different hospitals during periods of high pressure at the request of the hospital and with the agreement of the local commissioner. This means patients still get rapid treatment at hospital if that is required, and allows time for the hospital to manage those people who are within its emergency department. The guidance on this may be different between NHS regions.

Ambulance services operate a cross border deployment arrangements which is a national memorandum of understanding. This means that when there is a life-threatening emergency that could be reached on a border quicker by another ambulance Trust, a nearer resource could be sent.

When a major incident occurs, such as the fire at Grenfell Tower, ambulances will attend that incident, with others automatically diverted to help make sure clinicians can get to other emergency calls in the area. Under the Trust major incident plans, mutual aid would be considered.

For your interest, under specific circumstances the Military Aid to Civil Authorities (MACA) may be considered https://www.gov.uk/government/publications/2015-to-2020-government-policy-military-aid-to-the-civil-authorities-for-activities-in-the-uk/2015-to-2020-government-policy-military-aid-to-the-civil-authorities-for-activities-in-the-uk. All requests for military help by civil authorities are made through the MOD Operations Directorate and will require specific ministerial approval. As there are no standing military forces for these tasks, military support is not guaranteed.

On a related issue we have reported that hospital arrival to handover delays are the most significant factor impacting on our ability to get back out to the patients waiting in the community. It also impacts on a crews ability to finish when they should and have proper meal breaks. While we all continue to work as hard as we can to improve, the fact remains that we have a gap between capacity and demand and when severe or extreme pressure emerges, patients experience delayed responses.

This is why the Independent Service Review (IRP) is an important step in getting from good to beyond. In 2017, NHS England and NHS Improvement commissioned an independent service review into EEAST. This review was commissioned to better understand what resources, funding and staffing EEAST require to meet patient demand over the next few years. It also examined the efficiency of the service and the current contracting model. This review has been finalised and needs to be formally agreed by our regulators and clinical commissioning groups. Notwithstanding, it will form the basis of future contract discussions with and our regulators.

EEAST flow into London from the East of England

The data below shows EEAST have taken fewer patients to Barnet compared with last year and the previous year. EEAST have reduced flow into London by 8.3% when comparing this financial year to last year. This is a 1.7% reduction from 2015 data.

The data shows the two areas that are the biggest exporter of patients into Barnet Hospital is Potters Bar and Borehamwood. It is worth noting that while these are the two largest exporters year on year, that they are also the 3rd and 4th largest drivers behind the reductions.

EEAST data from 2015 Year to Date

Fiscal Year 2015			Shift FY 2015 to FY 2016	Fiscal Year 2016			Shift FY 2016 to FY 2017	Fiscal Year 2017		
Postcode District	Postcode Description	Patient Journey Count		Postcode District	Postcode Description	Patient Journey Count		Postcode District	Postcode Description	Patient Journey Count
AL1	St Albans (Central)	21	-5	AL1	St Albans (Central)	16	3	AL1	St Albans (Central)	19
AL2	St Albans (South)	83	-1	AL2	St Albans (South)	82	-13	AL2	St Albans (South)	69
AL3	St Albans (North West)	6	-2	AL3	St Albans (North West)	4	0	AL3	St Albans (North West)	4
AL4	St Albans (North East)	37	2	AL4	St Albans (North East)	39	-12	AL4	St Albans (North East)	27
AL5	Harpenden	0	2	AL5	Harpenden	2	-1	AL5	Harpenden	1
AL6	Welwyn	1	0	AL6	Welwyn	1	1	AL6	Welwyn	2
AL7	Welwyn Garden City (East)	17	-1	AL7	Welwyn Garden City (East)	16	6	AL7	Welwyn Garden City (East)	22
AL8	Welwyn Garden City (West)	5	1	AL8	Welwyn Garden City (West)	6	2	AL8	Welwyn Garden City (West)	8
AL9	Hatfield (Rural)	229	39	AL9	Hatfield (Rural)	268	-30	AL9	Hatfield (Rural)	238
AL10	Hatfield (Central)	229	-41	AL10	Hatfield (Central)	188	-2	AL10	Hatfield (Central)	186
CB1	Cambridge (South Central)	1	-1	CB1	Cambridge (South Central)	0	0	CB1	Cambridge (South Central)	0
CB5	Cambridge (East)	0	0	CB5	Cambridge (East)	0	0	CB5	Cambridge (East)	0
CB8	Newmarket	0	0	CB8	Newmarket	0	1	CB8	Newmarket	1
CM1	Chelmsford (North)	1	-1	CM1	Chelmsford (North)	0	0	CM1	Chelmsford (North)	0
CM2	Chelmsford (South)	1	-1	CM2	Chelmsford (South)	0	0	CM2	Chelmsford (South)	0
CM3	Chelmsford (East)	0	0	CM3	Chelmsford (East)	0	1	CM3	Chelmsford (East)	1
CM7	Braintree	2	-2	CM7	Braintree	0	0	CM7	Braintree	0
CM13	Brentwood (South)	1	-1	CM13	Brentwood (South)	0	0	CM13	Brentwood (South)	0
CM16	Epping	0	0	CM16	Epping	0	1	CM16	Epping	1
CM20	Harlow (North)	2	-2	CM20	Harlow (North)	0	0	CM20	Harlow (North)	0
CM21	Sawbridgeworth	0	1	CM21	Sawbridgeworth	1	-1	CM21	Sawbridgeworth	0
CM23	Bishop's Stortford	2	-1	CM23	Bishop's Stortford	1	-1	CM23	Bishop's Stortford	0
CO2	Colchester (South)	1	-1	CO2	Colchester (South)	0	0	CO2	Colchester (South)	0
CO7	Colchester (East)	0	0	CO7	Colchester (East)	0	1	CO7	Colchester (East)	1
CO9	Halstead	0	0	CO9	Halstead	0	0	CO9	Halstead	0
CO10	Sudbury	1	-1	CO10	Sudbury	0	0	CO10	Sudbury	0
CO15	Clacton-On-Sea (East)	2	-2	CO15	Clacton-On-Sea (East)	0	0	CO15	Clacton-On-Sea (East)	0
D6	N/A	0	1	D6	N/A	1	-1	D6	N/A	0
E4	London (Chingford)	0	1	E4	London (Chingford)	1	-1	E4	London (Chingford)	0
EN1	Enfield (Central)	1	-1	EN1	Enfield (Central)	0	0	EN1	Enfield (Central)	0
EN2	Enfield (West)	7	6	EN2	Enfield (West)	13	2	EN2	Enfield (West)	15
EN3	Enfield (East)	3	-2	EN3	Enfield (East)	1	0	EN3	Enfield (East)	1
EN4	Barnet (East)	74	2	EN4	Barnet (East)	76	-13	EN4	Barnet (East)	63
EN5	Barnet (West)	67	-3	EN5	Barnet (West)	64	-24	EN5	Barnet (West)	40
EN6	Potters Bar	1853	167	EN6	Potters Bar	2020	-78	EN6	Potters Bar	1942
EN7	Waltham Cross (Cheshunt West)	484	74	EN7	Waltham Cross (Cheshunt West)	558	-112	EN7	Waltham Cross (Cheshunt West)	446
EN8	Waltham Cross (Cheshunt East)	500	119	EN8	Waltham Cross (Cheshunt East)	619	-163	EN8	Waltham Cross (Cheshunt East)	456
EN9	Waltham Abbey	2	3	EN9	Waltham Abbey	5	0	EN9	Waltham Abbey	5
EN10	Broxbourne	49	-14	EN10	Broxbourne	35	3	EN10	Broxbourne	38
EN11	Hoddesdon	6	-3	EN11	Hoddesdon	3	-1	EN11	Hoddesdon	2
HA7	Stanmore	2	0	HA7	Stanmore	2	3	HA7	Stanmore	5
HA8	Edgware	1	-1	HA8	Edgware	0	0	HA8	Edgware	0
HP2	Hemel Hempstead (North)	2	-2	HP2	Hemel Hempstead (North)	0	3	HP2	Hemel Hempstead (North)	3
HP3	Hemel Hempstead (South)	1	0	HP3	Hemel Hempstead (South)	1	0	HP3	Hemel Hempstead (South)	1
HP4	Berkhamsted	0	1	HP4	Berkhamsted	1	0	HP4	Berkhamsted	1
IP4	Ipswitch (North East)	0	1	IP4	Ipswitch (North East)	1	-1	IP4	Ipswitch (North East)	0
IP30	Bury St Edmunds	0	0	IP30	Bury St Edmunds	0	1	IP30	Bury St Edmunds	1
MK40	Bedford (Central)	1	-1	MK40	Bedford (Central)	0	1	MK40	Bedford (Central)	1
MK45	Bedford (Ampthill+South)	0	2	MK45	Bedford (Ampthill+South)	2	-2	MK45	Bedford (Ampthill+South)	0
N3	London (Finchley)	0	0	N3	London (Finchley)	0	1	N3	London (Finchley)	1
NR3	Norwich (North)	0	0	NR3	Norwich (North)	0	1	NR3	Norwich (North)	1
NR19	Norwich	1	-1	NR19	Norwich	0	0	NR19	Norwich	0
NR30	Great Yarmouth South	1	-1	NR30	Great Yarmouth South	0	0	NR30	Great Yarmouth South	0
NR32	Lowestoft (South)	1	-1	NR32	Lowestoft (South)	0	0	NR32	Lowestoft (South)	0
NR34	Beccles	2	-2	NR34	Beccles	0	0	NR34	Beccles	0
NW7	London (North)	0	1	NW7	London (North)	1	-1	NW7	London (North)	0
NW9	London (West)	0	1	NW9	London (West)	1	-1	NW9	London (West)	0
RM16	Thurrock (Greys)	1	-1	RM16	Thurrock (Greys)	0	0	RM16	Thurrock (Greys)	0
RM17	Thurrock (Greys)	0	0	RM17	Thurrock (Greys)	0	0	RM17	Thurrock (Greys)	0
SG1	Stevenage (North)	2	-1	SG1	Stevenage (North)	1	-1	SG1	Stevenage (North)	0
SG3	Knebworth	1	-1	SG3	Knebworth	0	0	SG3	Knebworth	0
SG4	Hitchin (East)	0	0	SG4	Hitchin (East)	0	1	SG4	Hitchin (East)	1
SG5	Hitchin (West)	2	-2	SG5	Hitchin (West)	0	1	SG5	Hitchin (West)	1
SG12	Ware (South)	1	1	SG12	Ware (South)	2	0	SG12	Ware (South)	2
SG13	Hertford (South)	17	7	SG13	Hertford (South)	24	-9	SG13	Hertford (South)	15
SG14	Hertford (North)	1	0	SG14	Hertford (North)	1	2	SG14	Hertford (North)	3
SG19	Sandy	0	0	SG19	Sandy	0	1	SG19	Sandy	1
SS1	Westcliff On Sea	1	-1	SS1	Westcliff On Sea	0	0	SS1	Westcliff On Sea	0
SS2	Southend on Sea	1	-1	SS2	Southend on Sea	0	0	SS2	Southend on Sea	0
SS6	Rayleigh	1	-1	SS6	Rayleigh	0	0	SS6	Rayleigh	0
SS11	Wickford	1	-1	SS11	Wickford	0	0	SS11	Wickford	0
SS13	Basildon	0	2	SS13	Basildon	2	-2	SS13	Basildon	0
SS15	Basildon	1	-1	SS15	Basildon	0	0	SS15	Basildon	0
SS16	Basildon	0	0	SS16	Basildon	0	0	SS16	Basildon	0
SS17	Stanford-Le-Hope	0	1	SS17	Stanford-Le-Hope	1	0	SS17	Stanford-Le-Hope	1
Unknown	Unknown	0	1	Unknown	Unknown	1	1	Unknown	Unknown	2
WD3	Rickmansworth	1	-1	WD3	Rickmansworth	0	1	WD3	Rickmansworth	1
WD4	Kings Langley	0	3	WD4	Kings Langley	3	-3	WD4	Kings Langley	0
WD5	Abbots Langley	1	0	WD5	Abbots Langley	1	0	WD5	Abbots Langley	1
WD6	Borehamwood	2506	93	WD6	Borehamwood	2599	-103	WD6	Borehamwood	2496
WD7	Radlett	219	-1	WD7	Radlett	218	9	WD7	Radlett	227
WD17	Watford (Town Centre)	4	-3	WD17	Watford (Town Centre)	1	-1	WD17	Watford (Town Centre)	0
WD18	Watford (West)	1	4	WD18	Watford (West)	5	-4	WD18	Watford (West)	1
WD19	Watford (South / Oxhey)	2	2	WD19	Watford (South / Oxhey)	4	0	WD19	Watford (South / Oxhey)	4
WD23	Bushey	21	-10	WD23	Bushey	11	-2	WD23	Bushey	9
WD24	Watford (North Central)	1	0	WD24	Watford (North Central)	1	1	WD24	Watford (North Central)	2
WD25	Watford (North / Garston)	1	1	WD25	Watford (North / Garston)	2	4	WD25	Watford (North / Garston)	6
Total		6487	419	Total		6906	-531	Total		6375

Additional information about ambulance services

Following the largest clinical ambulance trials in the world, NHS England has begun transition to new ambulance standards across the country known as the *Ambulance Response Program (ARP)* in response to the issue that most aspects of UK ambulance services have changed beyond recognition:

- a large number of responses now focus on the frail elderly rather than traditional medical emergencies,
- half of all calls are now resolved by paramedics without the need to take patients to hospital,
- for specialist care the focus of the ambulance service is increasingly on getting patients to the *right* hospital rather than simply the nearest.

In its 18-month trial phase, the ARP covered over 14 million calls, testing a new operating model and new set of targets. The East of England Ambulance Service NHS Trust (EEAST) started using the new standards on 18th October 2017. There is a national expectation that this model will be fully embedded by 2019/2020.

Author: Isabel Cockayne, Director of Communications and Engagement for East of England Ambulance Service NHS Trust.

This page is intentionally left blank

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**
REPORT TITLE Adult Elective Orthopaedic Services Review	
FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 23rd March 2018
SUMMARY OF REPORT To consider a presentation on a planned review of Adult Elective Orthopaedic Services in North Central London. **Contact Officer:** David Stout Senior Programme Director NCL David.stout3@nhs.net	
RECOMMENDATIONS To note and comment on the presentation.	

This page is intentionally left blank

NORTH LONDON PARTNERS in health and care

Adult Elective Orthopaedic Service Review:
Achieving the Best Care for Patients

Joint Health Overview & Scrutiny Committee

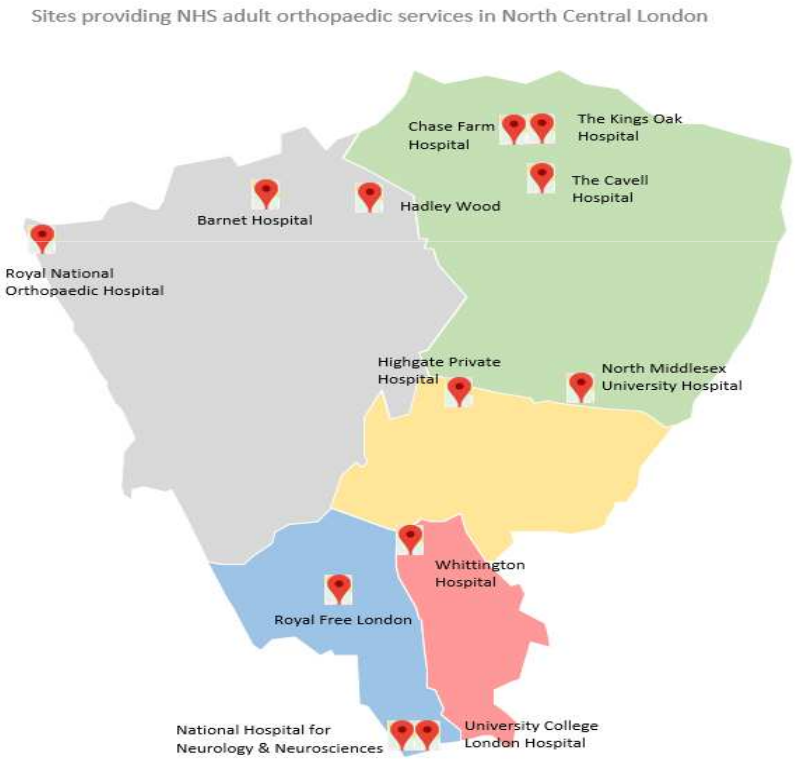
23 March 2018

NORTH LONDON PARTNERS in health and care

What do we mean by adult elective orthopaedic services?

- A range of elective surgical procedures are in scope:
  - Lower Limb Surgery and Arthroplasty including revision
  - Upper Limb Surgery and Arthroplasty including revision
  - Hand and wrist
  - Foot & Ankle
  - Spinal (Surgery & Injections)
  - Peripheral Nerve Injury
  - MSK tumours (soft tissue and bone including sarcomas)
- Out of scope:
  - Paediatric services
  - Trauma services

We currently provide elective orthopaedic services from 12 sites in North Central London (and more outside the patch)



- Royal National Orthopaedic Hospital
- University College London Hospitals - University College Hospital
- University College London Hospitals – National Hospital for Neurology & Neurosurgery
- Whittington Health - Whittington Hospital
- North Middlesex University Hospital
- Royal Free London – Royal Free Hospital
- Royal Free London - Barnet Hospital
- Royal Free London - Chase Farm Hospital
- Royal Free London - Hadley Wood
- Highgate Private Hospital (Aspen)
- The Cavell Hospital (BMI Healthcare)
- The Kings Oak Hospital (BMI Healthcare)

While services are generally good, there is variation in quality across our current services

- Clinical quality
  - Patient reported outcome measures (PROMs);
  - % undergoing knee replacements less than 1 year following arthroscopy;
  - Revision rates;
  - Length of stay;
  - Readmissions within 30 days of elective surgery; and
  - Infection rates.
- Patient experience
  - Waiting times
  - Cancelled operations

We believe that providing these services from fewer sites may improve outcomes for patients, quality of care and efficiency

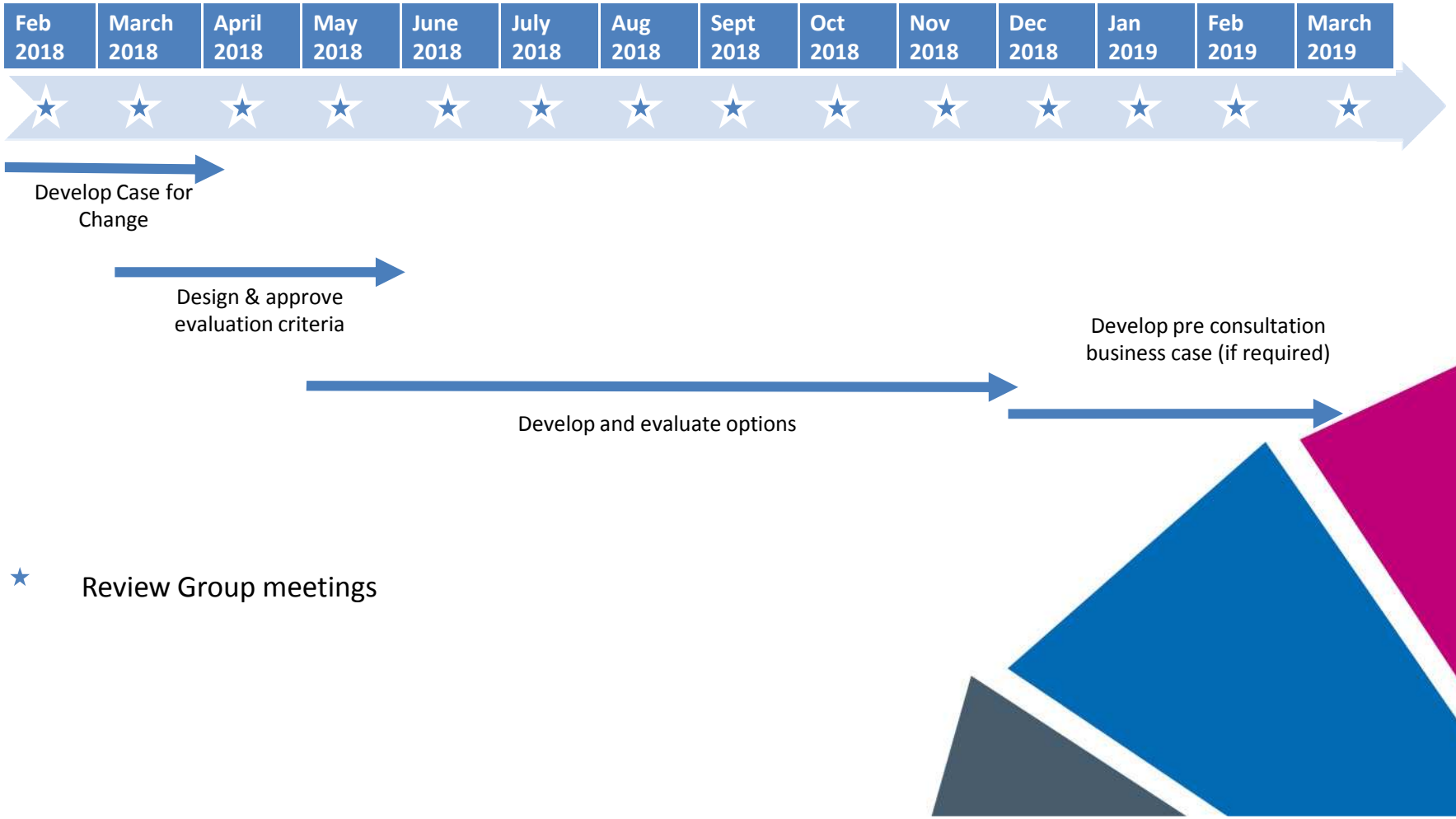
- Evidence that separating ‘cold’ and ‘hot’ services may improve both services (e.g. fewer cancelled operations)
- Potential for greater standardisation of care leading to improved quality and less variation e.g. South West London Elective Orthopaedic Centre rated outstanding by CQC
- May be opportunities for improved efficiency and so better value for money

But we need to review options to ensure that the benefits of change outweigh any negative impact (e.g. longer travel times)

- We will undertake an option appraisal over the next year
- Key steps:
  - Developing the case for change
  - Agreeing what factors are most important – the 'evaluation criteria'
  - Identifying realistic alternative options for configuration of services: the 'shortlist'
  - Testing the pros and cons of each shortlisted option
  - Identifying a preferred option

NORTH LONDON PARTNERS in health and care

Adult Elective Orthopaedic Services Review – High level timeline



The review will be clinically led

- Professor Fares Haddad from UCLH will chair the review
- Clinical leads from all main local providers and the CCGs will sit on the Review Group
- The Review Group will make recommendations to the CCGs' Joint Commissioning Committee which is made up of the clinical chairs of each CCG where final decisions will be made

And the review will be underpinned by strong engagement with patients, the public and staff

- There will be 2 patient & public representatives as full members of the Review Group (to be appointed by the local Healthwatch organisations)
- We will open & transparent with each stage of the process to ensure patients, the public and staff can comment
- We will actively engage on this:
  - Webpage
  - Monthly bulletins
  - Public meetings
- If, at the end of the review, change is proposed, there will be full public consultation

Discussion

- Can JHOSC recommend how best to engage patients & the public during the review process?
- What sort of information will help ensure that this engagement is meaningful?
- What kinds of issues should we anticipate during the review?

For more information see the website:

http://www.northlondonpartners.org.uk/about/review-of-adult-elective-orthopaedic-services.htm

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**

REPORT TITLE

Improving Health & Wellbeing and Reducing Inequalities: Supporting Clinical Decision-Making

FOR SUBMISSION TO:	**DATE**
NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	23rd March 2018

SUMMARY OF REPORT

To consider a presentation on the NCL CCGs' plans to improve health services by supporting clinical decision-making.

Contact Officers:

Dr Jo Sauvage
Chair Islington CCG
Co-Chair, Health and Care Cabinet

Donal Markey
Programme Director
Planned Care
North Central London CCGs

RECOMMENDATIONS

To note and comment on the presentation.

This page is intentionally left blank

NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

NHS

Improving Health & Wellbeing and reducing inequalities

Supporting Clinical Decision Making

Doctor Josephine Sauvage – Joint Clinical Lead for Using NHS Money Wisely , North Central London CCGs

Donal Markey – Programme Director, Planned Care, North Central London CCGs

JHOSC March 23rd 2018

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Collective ambition of the STP

Improve the health & wellbeing of the local population

Ambition for the STP is built on existing values and strategy

Maximise care out of hospital

Reduce health inequalities

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Summary to date

Following our discussions around consultation on Procedures of Limited Clinical Effectiveness

- Extraordinary meeting of JHOSC February 2018
- Agreed actions we are addressing
- Developing a clear & transparent methodology to include public scrutiny and to achieve the best outcomes for our local population

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

New Governance Process to support:

- Promotion of best clinical practice
- Clear and transparent processes
- Development of criteria
  - Selection of items to come (or not) to JHOSC
  - JHOSC role in debate & scrutiny
- Engagement plan for GP/Hospital Doctors
- Strengthen working with patients/citizens and residents

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Promotion of best clinical practice:

- Good Clinical care is maintained when clinicians are able to refer to clinical guidelines with recommendations around best practice.
- Policies and protocols require updates with advancing evidence
- Updates result in changes to recommended clinical practice
- Best clinical practice should be followed by everyone
- Patients all want to access the same level of care no matter where they live
- We must design and maintain a robust version control policy
- Ask CCGs and Hospitals across NCL to review how they currently host policy(ies) and what processes they have in place to manage policy updates.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Transparency in Decision making:

- PoLCE Steering Group of Clinicians guiding policy development
- STP Health & Care Cabinet at the heart of the governance process
  - providing review and challenge
  - approving the changes
  - making recommendation to STP Programme Delivery Board
- New Governance process approved by Health & Care Cabinet in Feb 2018
- Developing a handbook defining the process; to include terms of reference, group membership, clinician recruitment , committee roles & responsibilities, supporting procedures etc.
  Timeline is April 2018.
- Clarity to achieve the desired outcomes we all want

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Engagement with for GP/Hospital Doctors

- Communication Plan – supporting a single approach to issuing the policy and highlight new sections
- Responsibility of individual CCGs & Hospitals to ensure Doctors are aware of changes
- Clinicians within the process will support engagement
  - PoLCE Steering Groups,
  - PoLCE Task and Finish Groups,
  - Health & Care Cabinet,
  - other Planned Care Workstreams

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Key role of JHOSC

- To co-produce the development of criteria for when to review clinical guidelines and protocols
  eg: Where evidence promotes a change which patients may perceive as significant or in need of debate
- To facilitate public scrutiny of change in order to demonstrate an open and transparent process to decision making
- To make recommendation based on the above
- Updates to be presented up to twice a year (balance between work required to process vs. capacity to successfully communicate and implement recommended changes).

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

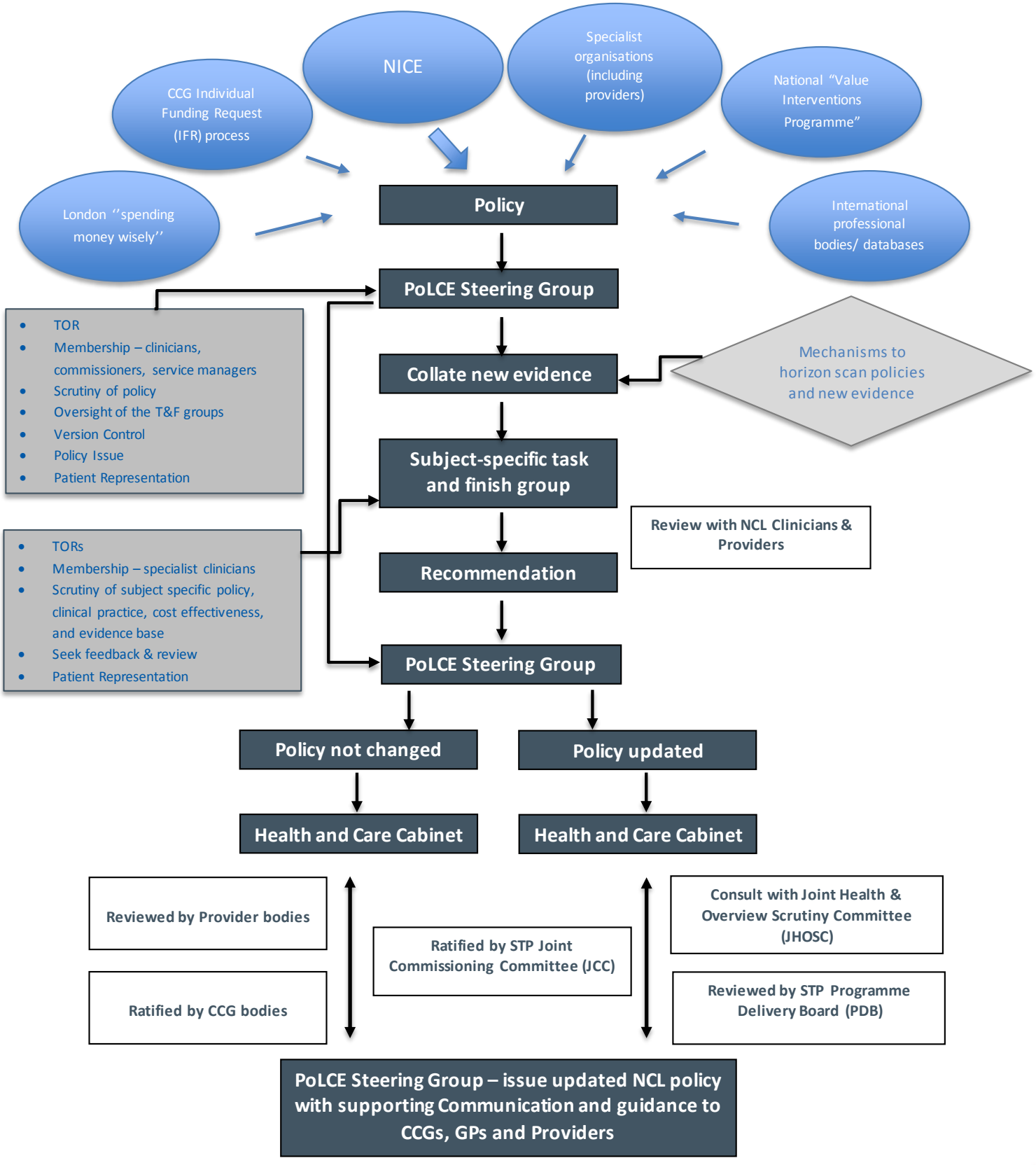
NHS

Working with patients, citizens and residents

- Governance Process will define patient representation in groups within the process
- NICE Guidance will already have been subject to patient engagement & consultation where appropriate
- Patient Engagement still responsibility of individual CCGs & Hospitals to be strengthened and aligned to NCL work
- Engagement – supporting a single approach to issuing the policy and highlight new sections, providing an opportunity for patients to feedback on the policy

This page is intentionally left blank

Using NHS Money Wisely
Procedures of Limited Clinical Effectiveness (PoLCE) Governance Process



This page is intentionally left blank

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**

REPORT TITLE
Review of 2017-18 Work Programme and Draft Outline Work Programme 2018-19

REPORT OF
Committee Chair, North Central London Joint Health Overview & Scrutiny Committee

FOR SUBMISSION TO	**DATE**
NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	23 March 2018

SUMMARY OF REPORT

This paper reviews the work which the North Central London Joint Health Overview and Scrutiny Committee has undertaken in 2017-18 and sets out a draft outline work programme for 2018.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

Contact Officer:
Ally Round
Senior Policy and Projects Officer
London Borough of Camden, 5 Pancras Square, London N1C 4AG
020 7974 5118
ally.round@camden.gov.uk

Daisy Beserve
Programme Manager
London Borough of Camden, 5 Pancras Square, London N1C 4AG
020 7974 8803
Daisy.Beserve@camden.gov.uk

RECOMMENDATIONS

That the committee:

a) Considers the summary of work undertaken in 2017-18 and reflects on any learning that may be useful in planning the 2018/19 work programme.

b) Consider and agree its draft outline work programme for 2018-19 (Appendix A), and identify any further items it may wish to include.

1. Purpose of Report

1.1. As the joint committee has now completed its work programme for 2017/18, Members have an opportunity to review the work they have undertaken during the year and consider any learning that may be useful in planning the 2018/19 work programme.

1.2. The committee also has an opportunity to consider its draft outline 2018/19 work programme (Appendix A) and to identify any further items it may wish to consider.

2. Terms of Reference

2.1. In both reviewing its work during 2017-18, and considering topics for 2018-19, the Committee should have regard to its Terms of Reference:

- To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;

- To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;

- To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the areas of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;

- The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;

- The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and

- The joint committee will aim to work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people

3. Review of work undertaken in 2017-18

3.1 The following is a review of the work undertaken by the committee in 2017-18, set out by meeting.

3.2 At its meeting on 7 July 2017, the committee considered:

- A deputation led by Dr Kate Middleton, a former Lower Urinary Tract (LUTs) clinic patient, who highlighted patients' concerns about the future of the service. The committee also considered a response from Siobhan Harrington, Deputy Chief Executive of the Whittington. The committee noted there were particular concerns about paediatric patients and considered that, if the matter was not resolved, it would be helpful to have attendance from Great Ormond Street Hospital at a future meeting to discuss this issue.

- The North Central London (NCL) Sustainability and Transformation Plan (STP) Final Plan. The committee noted concerns expressed by Keep Our NHS Public and evidence regarding the relatively poor financial situation across the five boroughs. It agreed that:

    - Local authority Leaders and Chief Executives would be invited to speak to the JHOSC in January 2018.
    - The Chair would write to NHS England outlining the committee's concerns about the loss of national revenue funding in the event control total targets were missed.
    - A paper on delayed discharges would be circulated.
    - Information on mental health services in primary care would be considered at a future meeting.
    - A sub-group would meet to consider the disposals of parts of the health estate in Camden, Haringey and Islington.

- A report on the establishment of an NCL STP CCGs' Joint Commissioning Committee with a remit of acute hospital services, integrated urgent care and learning disability services. The committee agreed to receive a further update on this issue in six months' time.

3.3 At its meeting on 19 September 2017, the committee received updates on:

- The St Ann's Hospital site redevelopment. The committee raised concerns about the lack of provision of key worker housing and the amount of affordable housing provided on the site. It requested that the full business case for the redevelopment would be considered once available.

- The St Pancras Hospital site redevelopment. The committee expressed some concern about the availability of key worker housing, which they felt was important to recruit and retain staff. However, it welcomed the proposals to move beds to the Whittington, which it considered a suitable site. It agreed to consider the final business case at a future meeting.

3.4 At its meeting on 22 September 2017, the committee considered:

- A presentation on the financial situation at the Royal Free London NHS Foundation Trust, which had an underlying deficit of £123m and, if taking into account non-recurring revenue, a deficit of £28m. The committee agreed to arrange a visit to the Chase Farm site and to consider a further report on this issue in six months' time.

- A presentation on NCL STP staffing and workforce. Members expressed concern about the cost of transport and of housing for staff in London and about Brexit potential to impact the health workforce, as many health workers were from EU member states. The committee agreed to receive a further update on this issue in six months' time.

- A presentation on NCL STP engagement strategy. The committee agreed to receive a further update in six months' time.

- A report on North Central London's approach to commissioning procedures of limited clinical effectiveness. This included work and consultation which had already been undertaken by Enfield CCG to consider the clinical evidence for 13 procedures, to ascertain whether, in certain circumstances, the benefits to patients did not outweigh the risk of harm and whether they could be considered as Procedures of Limited Clinical Effectiveness (PoLCE). The committee requested a further paper outlining the consultation process, including who would be consulted, and what information would be provided as part of that process.

- Reports from the five boroughs on dementia pathways. The committee noted that, in members' experience, there was significant variation in the care homes they had visited. The committee requested an update in six months' time on progress in joint working, care homes, a shared service specification, interactions with GPs, sharing learning from each other, monitoring of services and GPs in care homes.

3.5 At its meeting on 24 November 2017, the Committee:

- Received a further deputation from Dr Kate Middleton on the LUTs service, raising concerns that the clinic had stopped taking paediatric patients, and also considered a response from Siobhan Harrington, the Chief Executive of the Whittington. The Committee agreed to invite Great Ormond Street Hospital and commissioners to a future meeting to discuss the LUTs service.

- A presentation on collaboration in North London to address social care challenges. The committee asked for a report the in six months' time, which would provide information about finances, nursing homes, care homes, workforce planning and the strategic approach being taken across the sub-region.

- Considered the consultation draft principles and a consultation paper in relation to PoLCE. The committee:

    - Expressed its disappointment that Enfield CCG was proceeding more rapidly than the CCGs in the other four boroughs and requested that CCGs work together, to the same timescales.
    - Raised significant concerns about the draft consultation paper and the approach being taken by the CCGs.
    - Agreed to consider a further report, which would set our GPs' views and the information from Equality Impact Assessments on the PoLCE proposals.
    - Asked to receive the outcome of the response to the public consultation before agreeing its response.

- A report on the NHS estate in North Central London. The committee expressed concern that the Whittington seemed to be taking its own individual approach to estates, as did the Camden and Islington NHS Foundation Trust. It wanted to see more alignment of the estates strategies of different organisations and also wanted to see senior Local Authority officers having a 'greater line of sight' into the NHS estates process. The committee asked for a further report to be brought to its January meeting.

3.6 At its meeting on 26 January 2018, the committee considered:

- A further update on the NCL estates strategy. The committee noted the difficulty in co-ordinating the estates strategy when each Trust was autonomous. It expressed concern that the London Estates Board had not started functioning, which was a possible forum for discussion between health bodies. The committee asked for further clarity regarding the vision and values driving the estates strategy and agreed that it should oversee the strategy's development. The committee also requested that information be sought from the Department for Health and the Mayor of London on implementation and monitoring of the London health estates devolution strategy.

- A further update on the LUTs. It was informed that the Whittington Trust Board was likely to approve the service specification in March and to recruit a successor through a joint post with UCLH, which would probably take place in September 2018. However, there was disagreement about how to proceed with child patients, as Great Ormond Street Hospital was not part of the agreement to support a joint post. If Great Ormond Street were not willing to proceed, then the only way a service for children could be provided was for a paediatrician to work in the clinic. The committee agreed to consider an item on LUTs at its July meeting and to invite Great Ormond Street Hospital and commissioners to speak about the approach being taken to child patients.

- The NCL risk register. The Committee commented that it would be helpful to see a more detailed version of the risk register and also expressed concern about the impact of reductions in social care funding on the health service. It

agreed to consider a more detailed version of the risk register in six months' time.

3.7 The committee held a special meeting on 6 February 2017 to consider a presentation on PoLCE. It agreed to make the following recommendations to CCGs:

- A special GP engagement plan be drawn up around clinical changes prior to the implementation of the policy;
- The CCGs should provide clarity on how the outcomes of the new policy and feedback from patients would be monitored;
- Clarity should be provided to the committee on what criteria would be used to decide which variations to the policy would come back to JHOSC for future consideration;
- Information should be provided on Equality Impact Assessments and how they were being examined as part of service change.

3.8 Throughout the year, the committee also reviewed its work programme as a regular item at each meeting.

4. Draft Outline Work Programme for 2018/19

4.1 The draft outline work programme for 2018-19 has been developed from the list of items which have previously been identified by the committee. The draft outline work programme for 2018/19 is attached at Appendix A.

5. Appendices

Appendix A – Draft 2018/19 Work Programme

REPORT ENDS

Appendix A: Draft Outline Work Programme 2018/19

20 July 2018 (Barnet)

Item	Purpose	Lead organisation
Lower Urinary Tract services (LUTs)	Update on the development of the adults' service and discussion on a way forward for the children's service	Whittington Hospital NHS Foundation Trust
Integrated Urgent Care Service (NHS 111 and Out-of-hours GP services)	Update on the service, including progress to date, performance and key risks and issues	NCL CCGs
Health devolution	Update on progress with health devolution and what it means for NCL	NCL CCGs
STP risk register	Regular six-monthly update on the management of key strategic risks	NCL CCGs

5 October 2018 (Camden)

Item	Purpose	Lead organisation
Screening and immunisation	Update following a report to the committee in February 2017	NCL CCGs
STP staffing and workforce update	Follow up report on the workforce enabling theme of the STP, including progress to date, key milestones, risks and issues	NCL CCGs
Health tourism across NCL	Report on health tourism, including its impact on local health services	NCL CCGs

30 November 2018 (Enfield)

Item	Purpose	Lead organisation
STP prevention priority theme update	Update report on the progress against the prevention priority theme within the STP, including progress to date, milestones, risks and issues.	NCL CCGs
STP maternity priority theme update	Update report on the progress against the maternity priority theme within the STP, including progress to date, milestones, risks and issues.	NCL CCGs
STP best start in life priority theme update	Update report on the progress against the best start in life priority theme within the STP, including progress to date, milestones, risks and issues	NCL CCGs

18 January 2019 (Haringey)

Item	Purpose	Lead organisation
STP mental health priority theme update	Update report on the progress against the mental health priority theme within the STP, including progress to date, milestones, risks and issues	NCL CCGs
Dementia pathways update	Update on dementia services across the five boroughs, following on from a report to the committee in September 2017. The report will provide further information on areas such as: joint working, update on care homes, a shared service specification and service monitoring	NCL CCGs
Child and adolescence mental health services	Update on the CAMHS service following report to the committee in April 2017	NCL CCGs
STP risk register	Regular six-monthly update on the management of key strategic risks	NCL CCGs

15 March 2019 (Islington)

Item	Purpose	Lead organisation
STP social care priority theme update	Update report on the social care priority theme following a report to the committee in March 2018	NCL CCGs
STP health and care closer to home priority theme update	Update report on the progress against the care closer to home priority theme within the STP, including progress to date, milestones, risks and issues	NCL CCGs
Ambulance service performance	Performance update report on response and handover times	London Ambulance Service East of England Ambulance Service
Reducing A&E attendance	NHS, local providers and councils working together to reduce attendance at A&E	NCL CCGs

This page is intentionally left blank