

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 10TH JUNE, 2016** at 10.00 am in the Committee Room 1, Islington Town Hall, Upper Street, London N1 2UD

MEMBERS OF THE COMMITTEE PRESENT

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

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the. North Central London Joint Health Overview and Scrutiny Committee.

MINUTES

1. ELECTION OF CHAIR FOR MUNICIPAL YEAR 2016-17

RESOLVED –

THAT Councillor Alison Kelly be elected as Chair of the Committee for the 2016-17 municipal year.

2. ELECTION OF VICE-CHAIR FOR MUNICIPAL YEAR 2016-17

RESOLVED –

THAT Councillors Pippa Connor and Martin Klute be elected as Vice-Chairs of the Committee for the 2016-17 municipal year.

3. DECLARATIONS OF PECUNIARY, NON-PECUNIARY AND OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Pippa Connor declared that her sister was a GP in Tottenham.

Councillor Richard Olszewski declared that he was on the governing body of the Royal Free Hospital and that he gave communications advice to the Pharmacists' Defence Association.

4. ANNOUNCEMENTS

There were no announcements.

5. NOTIFICATIONS OF ANY ITEMS OF BUSINESS THE CHAIR DECIDES TO TAKE AS URGENT

There were no notifications of any items of urgent business.

6. TERMS OF REFERENCE

RESOLVED –

THAT the terms of reference of the Committee be noted.

7. MINUTES

RESOLVED -

- (a) THAT the minutes of the meeting held on 11 March 2016 be confirmed and the Chair be authorised to sign them, subject to the following amendments –

Minute 2 – Page 7 - Declaration of Interests – amend the words ‘care homes’ in paragraph 3 to ‘one care home in the Borough of Barnet’

Minute 6 – Page 10 – GPs in Care Homes – in the first paragraph, delete the word ‘the’ and insert the word ‘their’ before ‘largest 10 care homes’

ACTION – PETER MOORE (ISLINGTON COMMITTEE SERVICES)

- (b) THAT the Chair, Councillor Kelly, update the Committee at the next meeting on identifying the best way of tackling the issue of the CAMHS service not being person-centred enough

ACTION – COUNCILLOR ALISON KELLY (CHAIR)

8. MINUTES OF BARNET, ENFIELD AND HARINGEY MENTAL HEALTH SUB-GROUP

RESOLVED –

THAT the minutes of the Barnet, Enfield and Haringey Mental Health Sub-Group meeting held on 13 May 2016 be noted.

9. NCL SUSTAINABILITY & TRANSFORMATION PLAN AND ESTATES DEVOLUTION PILOT

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Mike Cooke, Chief Executive of L.B.Camden, and Dr. Jo Sauvage, Chair of Islington CCG, representative of the NCL Transition Group and co-Chair of the NCL Clinical Cabinet, were present for discussion of this item. Ray James, Director of Health, Housing and Adult Social Services at L.B.Enfield was also present.

The tabled presentation was outlined for Members.

During discussion of the report the following main points were made –

- It is important to recognise that financial and performance challenges cannot be met by adopting the same approach as in the past, and that there is a need to develop a more sustainable system, with more of a focus on early intervention and prevention and to recognise that primary care is an important element in this
- NCL is a complex health area and whilst progress is being made, there are important short and long term issues that need to be addressed
- A Clinical Cabinet has been set up and there is good social care input and Finance Directors are also meeting on a regular basis, in order to look at financial challenges and ways of closing the financial gaps
- NHS England was expecting a submission on proposals by the end of June, however it had since been recognised that this would now just be a 'staging' post for interim proposals, but there is a need to continue to develop the planning process with wider engagement from August/October, which would include residents, voluntary and community sector organisations and the community, together with Trusts and Local Authorities
- The NCL organisations were working together, whilst recognising that each borough had different needs. However, there is a collective commitment to deliver a strategic commissioning framework and to have a standardised process for delivery and access to primary care and to look at the areas of inequality
- There is an opportunity to deliver services more effectively and institute better prevention measures, however there is also the need to work more closely with other organisations, such as pharmacies and the voluntary and community sector in delivering services
- In response to a question, it was stated that there were a range of people involved in the Clinical Cabinet, which include Public Health, Directors of Social Services, Directors of Children's Services, etc.
- There will be some areas where all 5 boroughs will need to be involved, other areas where only 1 to 3 boroughs would need to be involved, and some activity at a sub-borough level. NCL are looking to put patients at the centre of their work and the Clinical Cabinet commissioners are looking to have a collective approach
- It was noted that NCL was a large area and complex in comparison to other STP footprints. Effective relationships, mutual trust and strong leadership would be required in order to make the grouping successful. The Committee

considered the challenge that North Central London did not have a strong sense of 'place'

- Concern was expressed at the shortage of GP's and that many older GP's would be retiring over the next few years. It was noted that the shortage of GP's is particularly severe in L.B.Enfield and that this is an issue that NCL would be looking at across the footprint, particularly in terms of projected population growth
- Reference was also made to the lack of GP provision for care homes and that many care homes were rated as requiring improvement or inadequate. If there was better GP provision this could result in fewer admissions to hospital or visits to A&E. There are significant challenges with an increasing elderly population, and that best practice needed to be taken on board in future proposals
- In response to a question as to the process of how issues would be considered at the JOHSC and at individual Borough Scrutiny Committees, the Chair stated that she had asked the L.B.Camden Chief Executive to consider this and report back to a future meeting
- It was stated that there are opportunities to improve system design, in order to establish new processes that will deliver more effectively and make financial savings
- The issue of the frail elderly is a particularly challenging one, and it may well be that hospital services need to provide additional community access, given that more complex needs will need more specialist treatment
- A Member referred to the need to provide more podiatry services in the community for the elderly
- It was stated that there is a need to develop more effective primary care provision and to involve the voluntary and community sector and pharmacies in delivering a more effective health prevention message to the community
- It was noted that the financial resources available for prevention work had decreased in recent years and that a different approach needed to be taken in future. There is a need to look at what is provided and how it is targeted. In addition, whilst prevention tended to provide long terms savings, these were not always taken account of when making shorter term financial planning decisions
- In response to a question, it was stated that there is a need to develop opportunities to do things differently, and whilst a lot of work has been done to identify transactional efficiencies, there is a need to look at transformation of services to deliver financial savings and to work with NHS Trusts on this. One example is delivering a more focused HR workforce that can work across organisations rather than in 'silos' and to look at activity modelling
- It was commented that NCL governance arrangements were complex as it covered several administrative areas. It was suggested that arrangements could be overseen by a joint Health and Wellbeing Board; however detailed proposals on decision-making would need to be developed. The Committee emphasised the importance of transparency, accountability, and embedding cross-borough scrutiny into NCL work

- Concern was expressed that many Trusts had significant funding issues and there needed to be clear proposals for the timescale of the reduction of deficits. It was stated that it was proposed to bring a report to the September JHOSC with a work plan and how the community will be engaged. However, it needed to be recognised that there will be differing views expressed and there may be a need for NHS England to make a decision ultimately on any competing views
- The Chair stated that the key messages were that there is a need to focus on clinical outcomes, proposals needed to be patient centred, and to provide value for money services and to reduce duplication. In addition, clinicians and GPs needed to be in the right place at the right time to deliver the most effective outcomes and early intervention and prevention were key. There is also a need to involve community partners on an equal basis in order to achieve better outcomes
- The view was also expressed that mental health funding should be addressed more equitably across the region and it was unsatisfactory that Enfield and Barnet received substantially less funding for mental health than other boroughs in the NCL region.
- Reference was made to the Barnet, Enfield & Haringey Mental Health Trust site. There was a need for site improvement, and members urged that information be reported back to the JHOSC on this.

RESOLVED:

- (a) That Councillor Anne Marie Pearce write to the Minister for Health expressing concern at the disparity in the provision of funding in LB. Enfield and Barnet for mental health as compared to other Boroughs in the NCL region

ACTION – COUNCILLOR ANNE MARIE PEARCE

- (b) That a progress report on the Sustainability and Transformation Plan be submitted to the September meeting and consideration be given to future routing of reports to JOHSC and individual Borough Scrutiny Committees at a later date

ACTION – MIKE COOKE (L.B.CAMDEN CHIEF EXECUTIVE)

10. WHITTINGTON HEALTH ESTATE STRATEGY UPDATE

Mike Cooke, Chief Executive L.B.Camden stated that NCL partners were looking at an estate strategy generally and it is important that the NCL partners work together, in order to rationalise the estate provision and to ensure that this is used effectively and to inform Trust's decisions on the utilisation of estates.

It was felt that there is an opportunity for key worker housing to be established on NHS estates, which could provide an opportunity for staff to be retained, given the high cost of housing in London, which is causing staff retention problems.

In response to a question as to the St. Anne's site, it was stated that a clearer position could be reported to the JHOSC at the September meeting.

It was stated that there were many disparate NHS estates and that even if some of these were not appropriate, they should not be considered in isolation for disposal, but consideration should be given as whether any other relevant use could be made of them, given the high cost of renting premises in London. It was important therefore that NCL kept an overview of estates.

Discussion took place as to recent selling off of land at Barnet General and that this had not been used to provide key worker housing. However, it was felt that this could be considered in any future land disposal.

Councillor Klute referred to the Whittington Estates strategy in particular, and that the Trust's previous estates strategy had not been a success and that he was concerned that the Whittington Board had recently disbanded the shadow Board of Governors. Councillor Klute added that he hoped that this was not an attempt to stifle discussion on this issue and that there would be genuine engagement on any proposals.

Councillor Klute added that he felt that the JHOSC should write an open letter to the Whittington NHS Trust asking them to engage more directly on their plans with NCL, the JHOSC and the L.B. Islington Health and Care Scrutiny Committee. The needs of the community needed to be paramount in any proposals.

RESOLVED -

- (a) That Councillor Klute be requested to draft an open letter to the Whittington Hospital on behalf of the Committee outlining the concerns raised above and this be circulated to Members for comment
- (b) That Councillor Klute be requested to circulate the letter he has received from the Chair of the Whittington Trust, Steve Hitchins, in response to his letter concerning the disbanding of the Whittington NHS Trust shadow board of Governors

ACTION – COUNCILLOR MARTIN KLUTE

11. LONDON AMBULANCE SERVICE QUALITY IMPROVEMENT PLAN

Peter Rhodes, Assistant Director of Operations, and Sean Brinicombe, Stakeholder Engagement Manager at the London Ambulance Service, were present for discussion of this matter and made a presentation to the Committee.

During discussion the following main points were made –

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- The Trust was placed in special measures in late 2015 following a CQC inspection, and the inspection had identified issues related to staffing levels, working culture, medicines management, governance and resilience functions
- Additional support has been provided to the Trust to strengthen its executive team, with an Improvement Director appointed
- A buddying mechanism has been formed with Defence Medical Services to provide training and development to senior and middle management
- Specialist expertise is being given in the areas of organisational development, medicines management, culture and governance and a new Chair of the Trust has been appointed
- Progress against the plan has been good with 717 new staff being appointed in 2015/16. The Trust met its recruitment target to hit full establishment of 3,169 at the end of March 2016
- 246 managers have been trained in risk management and risk reporting mechanisms have been modernised
- A 'Vehicle Make Ready' pilot is underway in the NE sector. There has been communication to front line staff to outline the professional requirements on medicines management and to clarify policies and increased clinical audits. It was noted that medicines management was a particular challenge due to risks associated with holding medicines on vehicles
- Phase 1 of the cultural management programme is complete and by 1 April 2016 over 280 managers had been trained in avoidance and understanding of Bullying and Harassment. A bullying hotline had been established, however due to minimal use this had been amalgamated with a more general HR helpline
- The profile of the fleet was changing with 60 new fast response units on the road by the end of June 2016 and 104 new ambulances in production. By the end of March 2017 half of the fleet vehicles will be under 2 years old
- Manager briefing sessions have taken place on the progress plan and progress is being relayed on the intranet and a campaign strategy is to be launched
- Demand for the service has risen significantly; in 2015/16 the LAS attended 20,000 more incidents than in 2014/15
- Performance increased from 59.2% in 2014/15 to 63.3% in 2015/16 for Cat A8 calls and performance in April 2016 was 64.75%
- In response to a question it was stated that although additional support is being provided this is connected to changing the culture in the organisation rather than providing additional financial resources. The service was undergoing unannounced mock inspections in readiness for a CQC inspection and management was confident that the service would be taken out of special measures
- There were significant delays in ambulances being able to deliver patients into A&E departments, such as Barnet and North Middlesex and the Royal Free, which had resulted in ambulances being stuck at hospitals waiting to unload patients for significant periods. Peter Rhodes stated that he would supply the specific figures to the JHOSC for this to be followed up by Members.

Discussion took place with hospitals regularly on this issue; however there is increased pressure on A&E due to the high number of patients requiring treatment, particularly the number of patients self-presenting to A&E. The service was reviewing flow processes with hospitals to identify bottlenecks and to ensure that the handover of patients is as streamlined as possible

- There is difficulty in increasing paramedics due to the high cost of housing in London, however targeted recruitment of foreign paramedics has meant that some staff had been enabled to transfer from Central London to lower cost housing areas in outer London and the suburbs. One challenge associated with this was managing staff visa requirements. It was commented that the service had recently recruited many Australian staff, as there was a strong demand from Australians to work in London
- It was noted that the difficulty of patients being able to get a GP appointment has led to more people accessing A&E
- In response to a question as to whether the outflow of paramedics to join the 111/Out of Hours system had been reduced it was stated that a huge recruitment drive has taken place and there will be a large number of paramedics graduating from University from 2017 onwards. It was hoped that closer partnership work with the 111/Out of Hours service would enable the LAS to supply paramedics to the service, whilst allowing the LAS to retain staff
- Members generally welcomed the progress outlined since the CQC inspection
- The morale of staff and training has been felt to have improved but a staff survey is due to take place shortly
- Reference was made to the fact that public awareness could be increased if ambulance stations were more accessible by having open days etc. however it was noted that this is more difficult in the North Central London region due to the increased number of ambulance station locations, and also that ambulances are on the road constantly and are rarely out of use
- There is a pan-London A&E contract commissioned by Brent.
- Crews are localised as far as possible due to their knowledge of their local areas, however ambulances will move across London throughout the day and staff may cover shifts outside of their local area as required
- Members expressed the view that as the CQC is expected to come back in early 2017 for a re-inspection the JHOSC would wish to consider the results at its March meeting and also to follow up the admission to A&E delay figures referred to earlier. In addition, the JHOSC would wish to consider the issues LAS feels it still needs to work on and the ongoing strategy for dealing with this

RESOLVED –

- (a) That a report be submitted to the March meeting, following the re-inspection in early 2017 by the CQC and the strategy to be adopted by the LAS for moving forward

ACTION – PETER RHODES (LAS)

- (b) That the figures for delay in transferring patients to hospitals, referred to above be circulated to Members for this to be followed up

ACTION – PETER RHODES (LAS)

12. WORK PROGRAMME

RESOLVED:

- (a) That the following work plan be agreed –

30 September

Lower Urinary Tract Clinic – Lead – Councillor Martin Klute
NCL Strategic Transformation Programme – Lead – Councillor Alison Kelly
GP provision in Care Homes – Lead – Councillor Abdul Abdullahi
Dementia Pathway – Lead – Councillor Graham Old

25 November

Royal Free – Relationship with North Middlesex

24 March

Health Tourism at the Royal Free – Lead – Councillor Alison Cornelius
UCLH – Lead – Councillor Alison Kelly
CAMHS – Lead – Councillor Pippa Connor
LAS

ACTION – VINOTHAN SANGARAPILLAI – (CAMDEN COMMITTEE SERVICES)

- (b) That there be a standing agenda item on all future agendas on the Whittington Estates strategy

ACTION – VINOTHAN SANGARAPILLAI – (CAMDEN COMMITTEE SERVICES)

Consideration of Quality Accounts

The Chair stated that she was concerned at fact that Quality Accounts from Trusts were not being submitted to Health Scrutiny Committees in suitable time to enable them to comment and that this had recently been the case with the Whittington NHS Trust Quality Account.

The Chair added that she felt that the JHOSC should work with the Trusts to establish a suitable timeframe in order that views can be submitted; however she recognised that there is only a short timeframe whereby Trusts have to submit their accounts.

It was noted that the Barnet, Enfield and Haringey Mental Health Trust Quality Accounts were scrutinised by a JHOSC sub-group consisting of the members from those three boroughs.

RESOLVED:

- (a) That the following Quality Accounts be scrutinised by the JHOSC –
- Royal Free,
 - UCLH,
 - Whittington
- (b) That other Quality Accounts are intended to be scrutinised as follows –
- Barnet General – to be led by L.B.Barnet
 - North London Hospice – to be led by L.B.'s Camden, Barnet, Haringey
 - Camden & Islington Mental Health Trust – to be led by L.B.'s Camden and Islington
 - North Middlesex – to be led by L.B's Enfield and Haringey

ACTION – VINOTHAN SANGARAPILLAI (CAMDEN COMMITTEE SERVICES)

- (c) That the Chair set up a scoping group to look at the timing for consideration of Quality Accounts and engage with the relevant Trusts, to ensure that these fit in with the JHOSC/individual borough scrutiny committee timetables, and if necessary the scheduled March meeting of the JHOSC be rearranged to fit in with the timetable agreed

ACTION – COUNCILLOR ALISON KELLY (CHAIR)

- (d) That a report be submitted to the September meeting on the future support arrangements for the JHOSC

ACTION – MIKE COOKE (L.B.CAMDEN CHIEF EXECUTIVE)

13. ANY OTHER BUSINESS THE CHAIR DECIDES TO TAKE AS URGENT

There was no urgent business.

14. DATES OF FUTURE MEETINGS

The Committee noted the proposed dates of future meetings and suggested that the March 2017 meeting be rescheduled, if necessary, to May 2017 to allow for the scrutiny of Quality Accounts.

It was noted that at present, subject to any possible amendment of the March meeting, the following dates were scheduled for future meetings of the Committee:

- 30 September 2016 (Haringey)
- 25 November 2016 (Barnet)
- 3 February 2017 (Enfield)
- 24 March 2017 (Camden)

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June, 2016***

The meeting ended at 1.05pm.

CHAIR

Contact Officer: Vinothan Sangarapillai

Telephone No: 020 7974 4071

E-Mail: vinothan.sangarapillai@camden.gov.uk

MINUTES END