THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 22ND SEPTEMBER, 2017** at 10.00 am in Hendon Town Hall, The Burroughs, London NW4 4AX

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Pippa Connor (Vice-Chair), Martin Klute (Vice-Chair), Abdul Abdullahi, 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

Apologies for absence were received from Councillors Kaseki and Cornelius. Apologies for lateness were received from Councillor Klute.

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

Councillor Connor declared that she had formerly worked as a nurse and was a member of the RCN. She also declared 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 any items of urgent business.

5. DEPUTATIONS (IF ANY)

A deputation was received from NCL STP Watch. Professor Sue Richards was the lead speaker, and made the following points:

- A report had been prepared by NCL STP watch which was available on their website and had been circulated to Council Leaders and MPs.

- They felt that the process of consultation had not been inclusive of disadvantaged groups of patients – such as older people, people with mental illnesses and people with disabilities.
- They feared that cuts in spending would hurt those who were most in need of health care.
- They wanted to see a pause in the STP process.

Martin Blanchard also addressed the Committee. He was concerned about the procedures of limited clinical effectiveness process which the CCGs were thinking of introducing. He felt that it took away the autonomy of GPs and would damage the doctor/patient relationship.

Professor Richards and Mr Blanchard added that they did not agree with the comments in health service documents that a move to community care would be both better for patients and save money. They said that good quality community care would not deliver savings and that an attempt to deliver savings would result in the downgrading of the skills of staff employed.

6. MINUTES

Consideration was given to the minutes of the meeting held on 7th July 2017.

The Chair mentioned that a special meeting had been held on 19th September. The meeting had heard from the Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health Trust on the mental health estates developments planned for the St Ann's and St Pancras' hospitals' sites. Members had spoken of the need for land that was surplus to health needs to be used for social housing and for key worker housing.

The Chair highlighted that the July meeting had asked to hear more from the Royal Free, and she thanked officers from that Trust for attending this meeting. She also said that officers had been asked to progress the request from the Committee for a joint Health and Wellbeing Board for North-Central London.

Councillor Connor asked that the fourth paragraph down on page 5 of the minutes be amended to read "She wanted to ensure there was still the same mental health provision there […]"

A question was asked about whether a letter had been written to NHS England as noted in resolution (iii) on page 7. The meeting was informed that it had not been, as circumstances were changing and new figures were being agreed for control totals and transformation funding.

RESOLVED –

(i) THAT the minutes be agreed, subject to the amendment above to page 5;

(ii) THAT the comments above be noted.

7. ROYAL FREE LONDON NHS FOUNDATION TRUST FINANCIAL UPDATE

Consideration was given to a presentation from the Royal Free London NHS Foundation Trust on their financial position.

Caroline Clarke, the Deputy Chief Executive and Chief Financial Officer, informed members that the Trust had an underlying deficit of £123m – and, taking into account non-recurring revenue, its deficit was £28m.

She said that a number of other hospitals were in a similar position. The Trust currently had costs which were 3% lower than average, but it had built up its deficit over several years. They anticipated being able to reduce the deficit when savings once the new Chase Farm building came into operation. Ms Clarke added that a driver of the deficit was that prices paid by commissioners had reduced as they had become more cash-strapped.

David Sloman, the Chief Executive of the Trust, said that the organisation was working on consolidating back office services and, as part of this, some staff had been moved to Enfield Town Hall.

Consolidating back office services would reduce the duplication which existed at the moment. In addition, Mr Sloman said that the organisation was tackling unwarranted variation in the way tasks were carried out within different parts of the Trust.

Members asked for reassurance that the proceeds from asset sales would be spend on capital projects rather than revenue expenditure. Mr Sloman confirmed this would be the case.

Members also asked if it would be possible to have a list of assets being sold. Mr Sloman said that this information could be published on the Trust's website.

The meeting was informed that North Middlesex Hospital had joined the Royal Free as a clinical partner. They wanted to leverage benefits from co-working and economies of scale. There was no timetable for the North Middlesex to join the Royal Free London as a full member, however.

Mr Sloman said that they would be working with clinicians on the top 40 clinical pathways and doing benchmarking and gathering the relevant statistics for this.

Members welcomed joint working to learn from best practice. However, there was a concern expressed by some members that primary care needed to be improved before services could be moved off certain sites. Patients needed services to be easily accessible to them geographically.

Members asked if there would be job losses from the Trust as services were consolidated. They were informed that there would be a reduction in posts over time, and that the Trust was in discussion with the trade unions about employment matters.

Royal Free officers invited members to visit the new Chase Farm hospital site.

Mr Sloman said that the control total figures were being revised and that this was likely to improve the Royal Free's financial position. They were also likely to receive some Sustainability and Transformation Fund funding.

Members said they would like to receive an update on the situation in the Royal Free in 6 months' time.

RESOLVED –

(i) THAT the presentation be noted;
(ii) THAT a visit be arranged for the Committee to the Chase Farm site;
(iii) THAT a report come to a future meeting of the Committee in six months' time to update members on the financial position of the Trust.

8. NCL STP: STAFFING AND WORKFORCE

Consideration was given to a presentation on the STP staffing workstream.

Dr Sanjiv Ahluwalia, the Chair of the Local Workforce Action Board, addressed members and said that health partners were coming together to discuss workforce issues. They also recognised that they needed to work with the social care workforce too.

Officers said they recognised that there was a challenge in recruiting and retaining health and social care staff. Claire Johnston, the Project Director of Capital Nurse, said that London only retained 52% of its nurses after 6 years.

The largest falls in staffing were seen amongst the 25-29 age group. Ms Johnston said that they were working on projects to boost retention. One was a rotation scheme to give people a variety of experiences and show them the options for employment portability within the London nursing workforce.

Councillor Connor said that, as a former nurse, in conversation with former colleagues, she had heard concerns about not feeling supported and about poor staffing ratios – as well as concerns about pay, although that was often not the main concern. She also said that it was difficult to return to nursing after a career break, and that this needed to be addressed.

Julia Tybura, the Interim Programme Director (Workforce), informed members that an IPSOS-MORI survey would be being conducted on retention, and she could share information with members when it was available.

Members expressed concern about the cost of transport and of housing for staff in London. Additionally, the view was expressed that Brexit would have an impact on the health workforce as many health workers were from EU member states.

A question was asked about whether the work on recruitment in the nursing workforce would include practice nurses. Ms Johnstone said that it would – and that 200 extra practice nurses had been recruited who could reduce the deficit in practice nurses in North Central London.

Sue Lister from the Royal College of Nursing (RCN) was invited to comment. She said that a concern that the organisation had was that nursing students now had to pay for training. This would deter people from undertaking courses to join the profession.

Ms Johnstone said that efforts were being made to encourage people to return to nursing; however she acknowledged that more could be done. She also said that some ancillary staff in healthcare had overseas qualifications, and work was being done to encourage them to take conversion courses to take up more senior posts within the UK system. She offered to answer further questions members might have in writing.

Members agreed that the staffing workstream should come back to a future meeting of the Committee for further discussion. Councillor Connor agreed to lead on scoping the report.

RESOLVED –

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

(ii) THAT a report come to a meeting of the Committee in six months' time on the staffing workstream and progress made.

9. NCL STP: ENGAGEMENT UPDATE

Consideration was given to a presentation on engagement.

Gen Ileris, NCL STP Communications and Engagement Lead, addressed members. She pointed out that there had been resource constraints on the public engagement work she could carry out; however more funding had recently been made available and she was obtaining more digital support.

Members asked about the use of the term “North London Partners in Health and Social Care” and were informed that it was the branding used for co-operative work in the area. The Chair said that she preferred the use of the term “listening and learning” to engagement.

Ms Ileris said she aimed for the engagement strategy to be co-produced with local people. She was keen to have a coalition of willing participants locally who would be able to feed into this. She said she had already had meetings with the RCN and with Jewish Care.

The Chair suggested that officers liaise with Tenants and Residents’ Associations locally.

Ms Ileris said that she would come back to the January meeting with more information on the co-produced engagement strategy.

RESOLVED –

(i) THAT the presentation be noted;
(ii) THAT a report updating members on the engagement strategy be submitted to the 26th January 2018 meeting.

10. NORTH CENTRAL LONDON APPROACH TO COMMISSIONING PROCEDURES OF LIMITED CLINICAL EFFECTIVENESS

Consideration was given to a report from the North London CCGs.

Mark Eaton, the Director of Recovery from Enfield CCG, presented the report to members. He informed the meeting that Dr Jo Sauvage was the clinical lead on the matter, but was not able to make this meeting.

He highlighted the work that had been done by Enfield CCG on this topic, including the process of public consultation that was undertaken. Enfield CCG had considered the clinical evidence for 13 procedures to determine 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). This included investigating whether the procedures should only be authorised for treatment to go ahead if specified clinical criteria were met. Following the consultation and on reviewing additional evidence that was presented during this period, Enfield CCG decided to go ahead with implementing the revised criteria for 11 of these procedures. Enfield CCG wanted to ensure that, given the risk that existed for surgery and invasive procedures, they were only carried out where there was a high chance of the procedure proving effective for the patient.

Mr Eaton said that the work undertaken by Enfield CCG now needed to be considered as part of a North Central London (NCL) programme. He outlined that the remaining four CCGs would be engaging in a 90-day consultation on the programme

and would like it to be considered by the NCL JHOSC rather than individual borough health scrutiny committees.

Mr Eaton explained that the NCL Programme had other elements to it, including work to update the existing PoLCE Policy based on the revised evidence that had been published since the policy was first agreed. A further workstream looking at a wider range of procedures and treatments that are being considered at a London-wide level although implementation would continue to be locally driven in NCL.

Members expressed concern about the granting of authority to referral managers in this policy. They were of the view that GPs were better placed to make decisions that were best for their patient in terms of referring them for treatment. They expressed concern that financial considerations were the driver behind empowering referral managers and this might have a negative impact on patients in cases where a GP wanted a referral to go ahead but the referral manager prevented it.

Mr Eaton said that the referral management service was clinically led with decisions made by experienced local GPs and that managers did not make decisions on individual patient referrals. He also said that should a doctor consider that a patient would benefit from a treatment despite not meeting the criteria there would remain the opportunity for the GP to make an Individual Funding Request (IFR).

Members from Enfield expressed concern that Enfield CCG would be implementing the PoLCE policy first, in advance of the other four CCGs. Mr Eaton outlined that the CCG's Governing Body had agreed to implement the proposals as soon as possible after approval on the basis that the clinical evidence demonstrated that there was a need to implement them.

The Chair asked that more information come to members about the consultation that was taking place about the PoLCE policy. Members wished to receive another paper outlining the consultation process, including who would be consulted, and what information would be provided as part of that process. The Chair and Councillor Connor would work with officers on scoping this paper to ensure it met the requirements of JHOSC.

Members noted that, depending on legal advice and the views of the constituent boroughs, the PoLCE item could come to a future meeting of JHOSC or a future meeting which was made up of the 4 boroughs other than Enfield (which had gone through a consultation process first) or to the individual health scrutiny committees.

RESOLVED –

(i) THAT the report and the comments above be noted.

(ii) THAT officers submit an outline of the intended consultation strategy to the Committee, as detailed above.

11. DEMENTIA PATHWAY

Consideration was given to the reports on dementia.

Councillor Old introduced the item and highlighted the increasing demand for dementia care in an aging society. He said he saw some common threads in the work officers in the five NCL boroughs were undertaking.

Members noted that, from their experiences, there was significant variation in the care homes they had visited. There were some which were good and some which were bad. They wanted to see effective monitoring taking place. They also wanted to see good practice shared.

Officers said that boroughs did have teams that visited care homes and they were trying to make monitoring more consistent.

A member commented that early diagnosis was important for dementia and that it was concerning that the figures on rates of diagnosis varied between boroughs. It was noted that there were 'dementia navigators' who was being introduced to help people once they were diagnosed.

Councillor Connor praised Islington's work with carers. She said it was important to pay attention to the needs of carers and ensure they were supported.

Members asked that more information come to them in approximately six months' time on progress in joint working, an update on care homes, a shared service specification, interactions with GPs, on learning from each other and and on monitoring of services. Reference was also made to a previous report on GPs in care homes which had come to an earlier meeting of the Committee, and members said it would be helpful to have an update on this topic.

RESOLVED –

(i) THAT the reports and comments made above be noted;

(ii) THAT a report be submitted to the Committee in six months' time on the progress made on the issues mentioned above.

12. WORK PROGRAMME

Consideration was given to the work programme of the Committee.

Members noted that they had agreed to ask for updates on the Royal Free's financial position, on the STP staffing workstream, the engagement strategy, the Procedures

of Limited Clinical Effectiveness (PoLCE) consultation strategy, a GPs in care homes update and the dementia pathway. These would be added to the workplan.

Members agreed having lead members for specific items worked well. They asked that the work programme be sent electronically for members to express interest in leading on reports.

Members asked for a further update on the NCL STP financial position as a whole, similar to that laid out on page 19 of the agenda pack, as they recognised that this was a fast-changing situation and wanted to see what the situation now was.

RESOLVED –

(i) THAT items on the Royal Free's financial position, the STP's staffing workstream, the NCL engagement strategy, Procedures of Limited Effectiveness consultation strategy, GPs in care homes update and dementia services be added to the work programme.

(ii) THAT the work programme be circulated to Members for expressions of interest in leading on particular items.

(iii) THAT information be circulated on the financial position of the NCL STP.

13. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no other items of business.

14. DATES OF FUTURE MEETINGS

Future meetings of NCL JHOSC would be held on:

- Friday, 24th November 2017 (Enfield)
- Friday, 26th January 2018 (Camden)
- Friday, 23rd March 2018 (Islington)

The meeting ended at 12.45pm.

CHAIR

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MINUTES END