

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 24TH NOVEMBER, 2017** at 10.00 am in Enfield Civic Centre, Silver Street, Enfield EN1 3XA

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 and Anne Marie Pearce

MEMBERS OF THE COMMITTEE ABSENT

Councillor 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 Councillor Charles Wright and apologies for lateness were received from Councillor Samata Khatoon.

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

Councillor Pippa Connor declared she was a member of the RCN and that her sister worked as a GP in Tottenham. Councillor Alison Cornelius declared that she was a trustee of the Eleanor Palmer Trust, which operated a care home in Barnet.

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. MINUTES

North Central London Joint Health Overview and Scrutiny Committee - Friday, 24th November, 2017

Consideration was given to the minutes of the meetings held on 19th September and 22nd September 2017.

RESOLVED –

- (i) THAT the minutes of the meeting held on 19th September 2017 be approved as a correct record;
- (ii) THAT the minutes of the meeting held on 22nd September 2017 be approved as a correct record.

6. DEPUTATIONS

The Committee heard from a deputation led by Dr Kate Middleton on the LUTS (lower urinary tract symptoms) service.

Dr Middleton stated that the LUTS clinic had stopped taking on paediatric patients. This meant that children were missing out on treatment they could have had. She said that the LUTS patients' group had been contacted by parents who were concerned about their children's infections, which were not responding to other treatments.

Siobhan Harrington, the Chief Executive of the Whittington, responded to the deputation. She reiterated the Whittington's commitment to re-opening the clinic to new patients. However, she said that the treatments Professor Malone-Lee had been offering had not been recognised as evidence-based. She said that there needed to be a proper national research study to develop an evidence base.

Councillor Klute asked whether the adult pathway would be in partnership with UCLH. Ms Harrington said that it would be.

Members asked what would be required for the clinic to re-open. Ms Harrington said the Board and the commissioners would have to be satisfied about safety and governance.

Members queried the differing approaches being taken to adult and children's treatment. Ms Harrington said that Professor Malone-Lee had said he would not treat child patients. The deputees said that this was as a result of the restrictions imposed upon him by the Medical Director at the Whittington Hospital. Ms Harrington responded that the guidance from the RCP (Royal College of Physicians) report had been that children be treated under the guidance of a paediatrician in a tertiary setting such as Great Ormond Street Hospital.

Members noted that organisations other than the Whittington would need to be involved in re-starting the service for new patients and that Paul Sinden, the Director of Performance and Acute Commissioning for North Central London, was responsible for the commissioning of the service. They decided to request that service commissioners and representatives of Great Ormond Street Hospital be

invited to attend a future meeting of the Committee to discuss their approach to the LUTS service.

RESOLVED –

- (i) THAT the deputation and comments above be noted;
- (ii) THAT Great Ormond Street Hospital and commissioners be invited to attend the JHOSC to discuss the LUTS service.

7. WORKING TOGETHER IN NORTH LONDON TO ADDRESS SOCIAL CARE CHALLENGES

Sanjay Makintosh (Programme Lead, North London Councils) and Dawn Wakeling (Director of Adult Social Services, LB Barnet, and Strategic Director for Adults in the NCL STP) addressed the Committee and spoke to their presentation.

They highlighted that there were major social care challenges nationally, and there were staffing shortages which were particularly significant in London.

Mr Makintosh said that there was a drive to secure more nursing home provision. However, one of the difficulties in securing this was the difficulty in recruiting registered nurses to work in nursing homes. There were schemes in place to encourage people with foreign qualifications to sit for UK ones to enable them to be registered.

Councillor Connor commented that although hospitals were keen to move people out of hospital and into care homes, CCG funding often did not move with the patient in sufficient quantities to fund this. She said that care homes were in danger of closing due to insufficient funds, while there was marked demand for their services.

Councillor Cornelius commented that the organisation she was a trustee of was considering turning its care home into a nursing home, as it was running a deficit due to the low price paid for care home provision.

It was noted that the recent budget had allocated £2.8 billion extra to the NHS, with £300 million available for this winter; however officers were not sure yet as to what this would mean in terms of funds for use in North Central London.

Members noted that there had been a decrease in care home beds in Barnet. Officers said that this had been for a number of reasons, including CQC intervention. Councillor Old said that at one point there had been talk of a planning policy in Barnet to restrict the construction of new care homes in the borough due to the pressure they placed on other services. Additionally, due to the greater number of bed spaces available in outer London boroughs such as Barnet, other local authorities placed people from their borough into Barnet care homes.

Members asked about people being discharged from hospitals to go home and whether they were able to be discharged with the relevant equipment. Ms Wakeling said that there was a community equipment service which was jointly funded by the Council and the CCG. Ms Wakeling stated that provision of equipment was not driving delays. People were more likely to be waiting for a home care package to be arranged or for a residential care place. Of particular relevance was the lack of Occupational Therapists who were able to assess the needs of patients. A member commented that there had been an underspend in the community equipment fund in their borough, and said this may have been in part because of the delays in people being assessed as to what equipment they needed.

Members commented that they would like to hear more about social care finances as well as nursing and care homes, workforce planning and the strategic approach being taken in the sub-region.

RESOLVED –

- (i) THAT the presentation and the comments above be noted;
- (ii) THAT a report come to the JHOSC in six months' time with information about finances, nursing homes, care homes, workforce planning and the strategic approach being taken across the sub-region.

8. PROCEDURES OF LIMITED CLINICAL EFFECTIVENESS

Consideration was given to a report on draft principles of consultation and to a draft consultation paper on Procedures of Limited Clinical Effectiveness (PoLCE).

Will Huxter, Director of Strategy for the North Central London (NCL) Clinical Commissioning Groups (CCGs), introduced the reports. Members commented that they welcomed the principles but had concerns about how information could be conveyed to patients about consultations. There was a danger that the CCGs only heard from a small number of people or groups otherwise.

Members noted that there was a duty on health bodies to consult with health scrutiny committees over a 'substantial variation' of services, and this had to be done over a fixed timescale. If they were unable to resolve their differences with the health bodies over their proposals, health scrutiny committees possessed the power to refer proposals for substantial variations to the Secretary of State.

Members from Enfield reported that Enfield CCG was moving ahead with PoLCE – but that three treatments included in the PoLCE scheme beforehand had been removed. A member of the public commented that they had not been removed but deferred.

North Central London Joint Health Overview and Scrutiny Committee - Friday, 24th November, 2017

Mr Huxter and Jo Sauvage (Chair of Islington CCG and Co-Clinical Lead for North London Partners in Health & Care) said that each borough's CCG was able to progress PoLCE matters in its own way. However, officers in North Central London wanted to avoid inconsistency and so the other four boroughs would have a similar approach to Enfield. They were simply at an earlier stage in the pre-consultation process than Enfield CCG was.

Members noted that the procedures in the original Enfield document which had been removed in the later one were knee replacements, hearing treatments and scarring treatments. Mr Huxter said that if these procedures were to be added back to the PoLCE list, officers would bring it to the relevant scrutiny body.

Members expressed disappointment with the fact that Enfield seemed to be proceeding more rapidly than the other four boroughs with this. They wanted the CCGs to work together to the same timescales. Mr Huxter undertook to raise their concerns with Enfield CCG.

Members of the public present made a number of comments. They said that mention should be made of the financial factors that were causing increasing attention being given to preventing procedures deemed as of limited effectiveness; they also wanted to see the amount of money that would be saved by adding each treatment to the PoLCE list, and to see figures on the number of people who would be affected and how severely. There was also a request for Equalities Impact Assessments (EIAs) to be produced, as there were concerns that disadvantaged groups could be affected negatively by this policy.

Members emphasised the importance of the PoLCE consultation document being in plain English if it was to go to the general public. They expressed the view that defining whether a procedure was of limited clinical effectiveness was a medical question, not a matter that the public or councillors would be able to meaningfully comment on. They asked about the medical opinions sought on this.

Dr Sauvage said that there were differing levels of medical evidence on the PoLCE procedures. The proposals had gone to the Health & Care Cabinet to get their medical views. There was also someone from the National Institute for Clinical Excellence (NICE) at that meeting. Members asked if the PoLCE guidance would differ from the NICE guidance and, if so, why.

Members asked if referral managers were involved in the process. Dr Sauvage said different CCGs had different methods of handing referrals. However, the aim was to ensure consistency amongst GPs and to encourage them to broach the issue of non-surgical interventions with patients.

Members wanted to see effort made to obtain the views of a range of GPs on the PoLCE policy and their professional views on why there was 'undue variation' in the approach taken to these procedures. Members also wanted to see engagement with

community and voluntary sector organisations and efforts made to contact hard-to-reach groups if the public were being consulted.

Members had significant concerns about the draft consultation paper and the approach being taken by the CCGs. They asked that information come back to the JHOSC about the views of GPs and the EIAs for the proposals. This might be able to take place at the March meeting or it might require a special meeting to be called to fit in with the 12-week timescale for formal consultations if a formal consultation was initiated. In addition, they wished to receive the outcome of the response of the public consultation before agreeing their response, and this would need to be arranged following the end of the consultation period.

RESOLVED –

- (i) THAT the reports and the comments above be noted;
- (ii) THAT a report come back to the JHOSC giving the views of GPs and the information from Equality Impact Assessments on the PoLCE proposals.

9. ESTATES STRATEGY

Consideration was given to a report on the NHS estate in North Central London.

The Chair expressed disappointment with the lack of information in the paper. Another member commented that the appendix was 18 months old and that he hoped matters had moved on since then.

Members expressed concern that the Whittington seemed to be taking its own individual approach to estates, as did the Camden and Islington NHS Foundation Trust. They wanted to see more alignment of the estates strategies of different organisations.

Members said that they wanted to see a link between NHS estates and the housing strategy. They were concerned about the need to improve the provision of housing for staff and residents.

Councillor Klute expressed concern that the Department for Health was presuming that £2 billion of estates would be sold. This seemed a high target.

The Chair commented that she welcomed the commitment David Sloman had made at a previous meeting that the Royal Free NHS Foundation Trust would be reinvesting the revenue from land sales.

Officers highlighted that a memorandum of understanding had been reached on estates devolution, which would mean that revenue from the sale of NHS estate in

London, even if it was not owned by foundation trusts, could be used within the capital.

Members of the public spoke on this item. One individual expressed disappointment that the report did not mention the Naylor Report. He said there was pressure for sales of NHS land and buildings in London because of the high land values in the city. He argued that surplus NHS estate should be used for primary care facilities or for affordable housing. There was concern that only 14% of the housing on the St Ann's site would be 'affordable housing'.

Members wanted to see senior Local Authority officers having a 'greater line of sight' into the NHS estates process. They did not feel this was happening at the moment.

The Committee wanted to see a more detailed report on estates at its January meeting.

RESOLVED –

- (i) THAT the report and the comments above be noted;
- (ii) THAT a report come to the 26 January 2018 JHOSC meeting on the NHS estate in North-Central London.

10. WORK PROGRAMME

Consideration was given to the Work Programme report.

Members agreed that the agenda items for the January 2018 meeting would be:

- Risk Register
- NHS estates
- LUTS services (involving Great Ormond Street and commissioners)

Councillor Kelly would lead on the risk register and estates items and Councillor Klute would lead on the LUTS item.

Items for the March meeting would be:

- Ambulance Services
- Joint Commissioning
- Adult Social Care
- PoLCE consultation (if available at that time and if a special meeting is not required for it).

Councillor Abdullahi would lead on ambulance services, Councillor Kelly on joint commissioning and Councillor Connor on adult social care.

***North Central London Joint Health Overview and Scrutiny Committee - Friday, 24th
November, 2017***

It was suggested that the July 2018 meeting have items on GP services in care homes and the NHS 111 out-of-hours service.

RESOLVED –

THAT the amended work programme be agreed.

11. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no other items of business.

12. DATES OF FUTURE MEETINGS

Future meetings of the JHOSC will be on:

- Friday, 26th January 2018 (Camden)
- Friday, 23rd March 2018 (Islington)

The meeting ended at 1pm.

CHAIR

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MINUTES END