

Public Document Pack

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 15TH MARCH, 2019** at 10.00 am in Committee Room 1, Islington Town Hall, Upper Street, London N1 2UD

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Tricia Clarke (Vice-Chair), Huseyin Akpinar, Alison Cornelius, Lucia das Neves, Val Duschinsky, Julian Fulbrook and Osh Gantly

MEMBERS OF THE COMMITTEE ABSENT

Councillors Pippa Connor and Clare De Silva

SUBSTITUTE MEMBERS PRESENT

Councillor Eldridge Culverwell

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 were received from Councillors Pippa Connor and Clare De Silva. Councillor Eldridge Culverwell was attending as a substitute for Councillor Connor.

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

There were no declarations of interest.

3. ANNOUNCEMENTS (IF ANY)

The Chair announced that Item 8 (Ambulance Service Update) would be heard first.

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 Sue Richards and Vivien Giladi on the topic of Procedures of Limited Clinical Effectiveness (PoLCE).

They expressed concern about procedures being rationed via PoLCE. They did not feel that initiatives like "London Choosing Widely" had the standing to impose restrictions on whether certain procedures could be carried out.

The deputees were particularly concerned about the application of PoLCE to hip and knee replacements and cataract surgery. They expressed the view that these procedures were being cut back on funding grounds and that there should be a full consultation on the issue.

6. MINUTES

Consideration was given to the minutes of the meeting held on 18th January 2019.

Councillor Cornelius asked that the word 'figures' be added to the last sentence under Item 6 on page 2. She also asked that the name of the Barnet committee mentioned under Item 10 on page 6 be correctly recorded as 'Barnet Health Overview & Scrutiny Committee'.

RESOLVED –

THAT the minutes be approved and signed as a correct record, subject to the amendments above.

7. NORTH CENTRAL LONDON PROCEDURES OF LIMITED CLINICAL EFFECTIVENESS (POLCE) POLICY UPDATE - ENSURING EVIDENCE BASED CLINICAL POLICIES

Consideration was given to a report of North London Partners in Health and Care.

Dr Jo Sauvage, the Chair of Islington CCG and of the Health & Care Cabinet for North-Central London, addressed the Committee. She highlighted that there was huge variation in the approach that different practitioners took to similar conditions. The intention of North London Partners was to take an evidence-based approach to which treatments were effective and to improve the consistency of approach that doctors were taking.

In light of the comments made by the deputees, Dr Sauvage said she was open to meetings with councillors or with spokespeople from Keep Our NHS Public over specific issues they had concerns with the clinical guidance for.

Members said that they wanted consistency to be about offering consistent treatment to patients, not consistently refusing them. Members commented on cases where hip and knee replacements had been beneficial to their relatives.

Dr Sauvage said that the detail of the individual case was important with regard to discussions on hip replacement or cataract surgery. She said that there had been discussions with Moorfields about the criteria being used in PoLCE for cataract surgery and they have agreed with it.

She said that in some cases of PoLCE, there were alternatives such as physiotherapy which doctors should consider before going ahead with operations as surgery carried with it a risk. Members expressed the view that there might not be enough capacity to refer more people to physiotherapy and they might face long waiting lists.

Members expressed concerns that there could be a deterioration in people's quality of life if they had to wait longer for treatment. Pain might also hamper their ability to take measures like exercise which would improve their overall health.

Members expressed concern about decisions being budget-driven. Dr Sauvage responded that commissioners did have to manage health services within budget, but that the drive behind PoLCE was not about preventing people receiving care but ensuring that procedures which were not effective were not carried out – thus avoiding money being spent ineffectively.

Members were concerned that there might be negative equalities impacts from PoLCE, particularly as some of these procedures were mostly carried out on older patients. Will Huxter said that officers had offered to meet with Haringey Healthwatch to discuss their concerns about equalities impacts.

Deborah Fowler, Enfield Healthwatch, said that she felt consultation was not being fully undertaken. She also wanted patients to be clearly advised of their ability to obtain a second opinion.

The Chair commented that the governance process needed improvement. A PoLCE policy had been adopted without going out for consultation, and only after it had been adopted had people become aware of it.

Members asked that details be provided to a future meeting on the guidance for hip, knee and cataract operations and what had changed.

ACTION: North London Partners

Members also asked that this process not be repeated and that JHOSC and the public be consulted beforehand if similar issues of policy-making arose in future.

RESOLVED –

- (i) THAT the notes and the comments above be noted;

- (ii) THAT information be provided on the guidance for hip replacement, knee replacement and cataract surgery and on what had changed as a result of PoLCE;
- (iii) THAT governance processes be improved to ensure that the Committee and the public were consulted before measures such as PoLCE were introduced.

8. AMBULANCE SERVICE UPDATE - HOSPITAL HANDOVERS IN NORTH CENTRAL LONDON

Consideration was given to a report of the London Ambulance Service (LAS).

Peter Rhodes, the Assistant Director of Operations at the LAS, presented the report to the Committee.

He noted that the Committee had expressed concerns over handover times when it had previously discussed the issue. The LAS had been working with hospitals to tackle delays in being able to transfer patients, and had had a number of successes – notably at Barnet General and at the North Mid.

Mr Rhodes reported that the most serious call-outs (Category 1) were being dealt with within national target times. There were longer waits than the targets for lower priority (Categories 2 and 3) calls. He said that this was in part due to staff shortages. It was difficult to recruit enough skilled staff to meet service demand, and there was a limited capacity of training places to grow the service. Additionally, UK ambulance staff tended to want to work outside of London, and so there was recruitment from Australia by the LAS.

Members queried the seasonal variation in ambulance handover delays. Mr Rhodes said this was due to a greater number of people falling ill in January, due to the aftermath of Christmas and the cold weather. The health service did have plans to deal with the winter surge and so delays were smaller than in previous years.

Members queried whether there were more alternative means of hospital transport rather than ambulances which could be used for the lower priority call-outs.

RESOLVED –

THAT the report and the comments above be noted.

9. INTEGRATED CARE - WORKING WITH OUR COMMUNITIES

Consideration was given to a report of North London Partners in Health and Care.

Will Huxter, the Director of Strategy for the NCL CCGs, presented the item to the Committee. He said that some residents were currently receiving a good joined-up

service and he wanted this to be extended to others. This would require closer co-operation between Councils and NHS bodies.

Mr Huxter said that engagement with stakeholders on the integrated care strategy would begin shortly.

Members said that the strategy should start from resident experience. They also queried the question on page 55 of the agenda pack, which they thought was unclear.

Mr Huxter said that engagement would be mainly on the borough level, but that officers wanted to know if there were any specific ideas that members had which they felt should be done at the NCL sub-regional level.

The Chair said that the key issue for her was the identification of strategic risks and ways of mitigating them. Other members added that they would like more attention paid to the use of private providers. A member added that she was concerned about people receiving personal care packages and what would happen as funds ran out.

Doubt was expressed as to whether integration could be carried out at the speed that central government wished.

Members recommended that the focus of North London Partners be on how to ensure a positive resident experience from integration, and that strategic risks be identified and mitigated. They also asked that they investigate how governance and communications could be improved.

RESOLVED –

THAT the report and the comments above be noted.

10. CLINICAL PRIORITY WORK AREAS

Consideration was given to a report of North London Partners in Health and Care.

Will Huxter introduced the report. The Chair noted that page 67 of the report made reference to problems with maternity services. She said she was disappointed in the maternity paper and presentation that had come to the last JHOSC meeting as it had not mentioned these points, and so had given members a misleading impression.

Members discussed which workstreams they wished to focus on. They agreed that they would focus on:

- Maternity services
- Adult Social Care

- Mental Health
- Health & care closer to home

RESOLVED –

- (i) THAT the report and the comments above be noted;
- (ii) THAT the Committee focus on the maternity services, adult social care, mental health and health & care closer to home workstreams in its future work.

11. WORK PROGRAMME AND ACTION TRACKER

Consideration was given to the work programme, action tracker and to the information on capital disposals provided by hospitals.

Members agreed that items they wanted to consider at the June meeting were:

- Care homes
- Adult Orthopaedic Services
- An update on the estates strategy
- Reducing A & E attendance

They also indicated they would be interested in receiving an information paper on screening and immunisation.

With regard to the disposals information in Appendix 3, members said that they would like to see links to hospital accounts to understand the impact of the disposals revenue.

The Chair asked that the strategic risk register be appended to the work programme.

ACTION: North London Partners

Officers highlighted that there might need to be a special meeting of the JHOSC to consider the Moorfields' consultation on the reconfiguration of their service. With regard to this, the JHOSC agreed to invite members from other local authorities who had residents who were patients at Moorfields.

With regard to the Moorfields and St Pancras sites, members noted that Camden's own health scrutiny committee was focusing on the St Pancras site and Islington's was focusing on the Moorfields' site.

RESOLVED –

THAT the work programme be amended, as detailed above.

12. NORTH CENTRAL LONDON ADULT ELECTIVE ORTHOPAEDIC SERVICES REVIEW - UPDATE BRIEFING

The briefing was noted.

13. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no other business.

14. DATES OF FUTURE MEETINGS

It was noted that the dates of meetings in the municipal year 2019-20 would be:

- Friday, 21st June 2019 (Barnet)
- Friday, 27th September 2019 (Camden)
- Friday, 29th November 2019 (Enfield)
- Friday, 31st January 2020 (Haringey)
- Friday, 13th March 2020 (Islington)

The meeting ended at 12.10pm.

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