

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 21ST JUNE, 2019** at 10.00 am in Committee Room 2, Hendon Town Hall, The Burroughs, London NW4 4AX

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Tricia Clarke (Vice-Chair), Pippa Connor (Vice-Chair), Boztas, Alison Cornelius, Lucia das Neves and Freedman

MEMBERS OF THE COMMITTEE ABSENT

Councillors Clare De Silva, Osh Gantly and Samata Khatoon

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. ELECTION OF CHAIR

Councillor Alison Kelly was nominated as Chair. There were no other nominations.

RESOLVED –

THAT Councillor Alison Kelly be elected as Chair of the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC) for the municipal year 2019-20.

2. ELECTION OF VICE CHAIR(S)

Councillors Pippa Connor and Tricia Clarke were nominated as Vice-Chairs of the Committee.

The Chair welcomed all newly appointed members to the Committee.

RESOLVED –

THAT Councillor Pippa Connor and Councillor Tricia Clarke be elected as Vice-Chairs of JHOSC for the municipal year 2019-20.

3. APOLOGIES

Apologies for absence were received from Councillors Clare De Silva, Osh Gantly and Samata Khatoon.

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

Councillor Connor declared that she was a member of the Royal College of Nursing (RCN) and that her sister worked as a GP in Tottenham.

5. ANNOUNCEMENTS / DEPUTATIONS

The Chair informed the Committee that a deputation had been received from Phillip Richards and Jan Pollock on the new joint contract for non-emergency patient transport service. The item would be considered when Peter Ridley Chief Finance and Compliance Officer was available to provide a response.

The deputation expressed concern that vulnerable patients, who may have accessed the service previously would now be denied in order to make savings, particularly, as Royal Free London would be managing the eligibility and call centre services. The case of a vulnerable patient with severe mobility problems was read out which highlighted the issues of concern.

In response, Caroline Clarke Chief Executive Royal Free NHS Foundation Trust explained that transport procurement was undertaken by the Trusts, however it was an item to be included on the agenda for consideration across North Central London. The organisation did not always get it right, the national eligibility criteria had not changed but the organisation was trying to get it to work. Essentially it was not a universal service, however she would get more information on the issue of patient transport and would come back to a meeting later in the year on behalf of NCL to provide a fuller response.

It was highlighted that in Enfield a number of issues were being raised, it was requested that some of those examples should be sent in.

Information was also requested on who was delivering those services when it came back.

RESOLVED:

That the issue of patient transport in North Central London be considered at the September meeting to include information on who delivered this service.

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

None.

7. TERMS OF REFERENCE

Consideration was given to the terms of reference.

RESOLVED –

THAT the terms of reference be noted.

8. MINUTES

Consideration was given to the minutes of the meeting held on 15th March 2019.

RESOLVED –

THAT the minutes of the 15th March 2019 meeting be approved and signed as a correct record.

9. GOOD GOVERNANCE PRINCIPLES

Consideration was given to a report from the Chair.

The Chair proposed that the set of good governance principles contained in the report be used by the committee as a guide to ensure effective public scrutiny and the principles sent to members of the public sending in petitions and officers responding to petitions.

There was a suggestion that explicit reference should be made to holding people to account, also the Francis Report into the failings of Mid Staffordshire NHS Trust highlighted the need for scrutiny committees to obtain evidence from a range of sources and not be over reliant on information provided by NHS officers.

The Committee also commented on the use of acronyms particularly, in reports received from the Clinical Commissioning Group and asked that report authors write the word out in full before using abbreviations.

There was a discussion about the principles of good governance and the Committee asked that the chair in consultation with officers made the required amendments to the good governance principles document. The good governance principles once amended should be sent to all officers responding to petitions.

ACTION BY: Chair, Principle Scrutiny Support Officer and Principle Committee Officer.

RESOLVED –

THAT the report and the comments above be noted.

10. ADULT ELECTIVE ORTHOPAEDIC SERVICES REVIEW

Consideration was given to a presentation on the Adult Orthopaedic Services review.

Will Huxter and Rob Hurd introduced the item reminding members that this was last considered by the committee at its meeting in November 2018 and was an update on progress made.

The review was conducted to improve the adult elective orthopaedic surgery in North Central London by consolidating services onto fewer sites to ensure that every adult in North Central London that required elective orthopaedic surgery, received consistent, high-quality care, avoiding long waits or cancellations.

The review has had extensive clinical involvement with nurses, doctors, surgeons, physiotherapists and other allied health professionals - alongside members of the public - involved in shaping how this kind of care could be delivered in the future.

A Programme Board made up of all key stakeholders was overseeing the work of the review. Clinical commissioners in Barnet, Camden, Enfield, Haringey and Islington (or joint arrangement with other commissioners, via committees in common) would make the final decisions on where and how future services were shaped.

The review so far:

- The Committee was informed that the review was a multi-stage process that had been designed to ensure that all available options were open to pursue in future, it drew on the expertise of those delivering the services both locally and nationally and involved patients at each stage.
- The reasons for the review and early thoughts of the North London Partners had been shared by publishing a draft case for change.
- Feedback had been received on the draft case for change which had been independently evaluated and the outputs from clinical design workshops had been presented.
- The feedback from engagement had been taken on board and had influenced the next step of the review for example feedback from patient experience the options appraisal had included a scored section on vulnerable patients within the patients experience section. For the continuity of care, providers were

asked to give detailed consideration of how they would deliver both pre-operative assessment and patient education in their proposals.

- The governance arrangements for stage two of the review had been set out and the Joint Commissioning Committee (JCC) had made a decision about final contract form.
- A 'clinical delivery model' had been developed – which included a description of how services could be managed in future.
- The 'options appraisal process' had been set out which described how the different options from NHS healthcare providers (such as local hospitals) would be evaluated.
- Regular updates were provided to interested stakeholders.

The next steps

- The Clinical Delivery model was reviewed and agreed by the JCC and following this, potential providers of the service would be invited to make proposals about how they might deliver the service in future.
- Over the summer an options appraisal process would determine the final options for consultation.
- The current plan was to consult in autumn 2019.

The Committee asked officers from the North London Partnership to come back to its September meeting to describe the consultation process and its outcome.

ACTION BY: Director of Strategy NCL CCGS and Chief Executive, RNOH

Responding to questions from the Committee the presenting officers commented that:

- In relation to issues of transport for patients and location of hospitals, they could not evaluate the transport impact and how it would affect patients because a decision had not been made on where the Hubs would be located. As part of the options appraisal providers would be asked to set out how transport arrangements would be managed for patients.
- Barnet General had not been included in the map on page 41 of the agenda, however officers at this point did not yet know which sites would be closed.
- Officers were asked to come back to the Committee to explain the issues of transport impact and locations that would be closed.

ACTION BY: Director of Strategy NCL CCGS and Chief Executive, RNOH

- The service would not only cater for private patients there where a significant number of NHS patients, the service model would be the NHS model which would have to deal with complex cases also. The aim was that the service provision would carry on, but less fragmentation across fewer sites.

- Intensive rehabilitations would be standardised across the service setting post-operative pathways to become a world class service and this would be achieved by having less fragmentation.
- There would be opportunities for staff to train across all areas.
- The North London Partnership had drawn heavily on learning from the South West London Elective Orthopaedic Centre which had been in operation for 15 years and where surgeons from local hospitals used the centre for all their planned routine procedures. It was a helpful relationship.
- In terms of diversity and engagement particularly, with groups found harder to engage with, there were plans to meet with Healthwatch and also engage with local GPs to generate more public awareness.
- In terms of Adults with special needs there had been meetings with the Adult Social Care Joint Partnership Board and local authority representatives had membership on the Programme Board. There was a clear need to look at the programme all the way through to ensure that there was equal access to treatment for all.

Officers expressed every confidence that the changes would improve the quality of care delivered to patients.

RESOLVED –

- (i) THAT the presentation and the comments above be noted.
- (ii) THAT a report come to the Committee in September providing more information on the outcome of the consultation, the transport impact on patients and locations that would be closed.

ACTION: North London Partners

11. ROYAL FREE LONDON FINANCIAL UPDATE

Consideration was given to a presentation on the Royal Free London Trust's finances.

Peter Ridley (Chief Finance and Compliance Officer, RFL) and Caroline Clarke (Chief Executive, RFL) addressed the Committee on behalf of the Royal Free. They explained that they were working to reduce their underlying deficit and the reference costs of the Trust had fallen.

In response to questions from members about the reasons for the deficit, the Committee was informed that from 2013 there had been considerable price reductions which had included a reduction in the amount of income received from patients seen. The Royal Free Hospital had experienced large reductions in the amount of income particularly on its Hampstead site.

Responding to further questions about the Royal Free Hospital London position within the North Central London aggregated position concerning increasing deficit and patient waiting times, Ms Clarke commented that the RFL was trying to be more and more efficient by coming together and working together as a group which had enabled it to reduce costs.

In 2018/19 RFL had not been able to agree its control total as it was undeliverable. As a result RFL had the largest single variance which was partially offset by positive variances in other providers. For the current year, RFL had agreed its control total with a requirement to deliver a £61.4m deficit target, if this target was achieved additional funding of £31.8m would be available. To achieve this a savings programme of £49.5m was required. This involved changing the way things were done including working with regulators on a three year plan to achieve the targets of RFL and system sustainability.

Responding to further questions about the Care Quality Commission (CQC) ratings, the Committee was informed that in terms of cost efficiency it was in a really favourable position compared to the London average as RFL in terms of relative unit costs and increase in quality was 10% more efficient.

In terms what was different now than before given that RFL had portrayed an equally positive picture 12 years ago, the Committee was informed that there was much more scrutiny now than previously, Central Government checked everything to ensure compliance with good governance principles.

Responding to further questions, Ms Clarke commented that in terms of the impact of the changes on patient experience there had already been an impact on time patients were waiting for services because even if there was more money available the workforce was not available. It was important to have an ambition and direction of travel and the ambition was to aspire to reach the Kingston model. There was a lot of work being done on variation over a three to five year period. Viability of services was contingent on having a social and health care system that worked.

In terms of the amount spent on agency staff, it was previously £2m a month this had now reduced to £1.2m a month there was a real focus on further reducing this.

In terms of the amount owing for NHS treatment by overseas visitors who were not entitled to NHS treatment, the figures were not immediately available, information on this could be circulated to members.

Action By: Chief Executive RFL

It was important to identify overseas visitors early as it was difficult to pursue after the fact. A lot had been done at regional level to train staff.

The Chief Executive RFL agreed to come back to the Committee in November to provide an update on the CQC inspection.

Action By: Chief Executive RFL

Members asked about the confidence officers had in future estimates, and projections and asked for continued openness and transparency. Ms Clarke assured members that the projections in the report were robust and that they had to submit them to the NHS regulator on a monthly basis, officers would continue to be open and transparent.

RESOLVED –

- (i) THAT the report and the comments above be noted.
- (ii) THAT information on how the amount owed by overseas visitors not entitled to NHS treatment was pursued would be circulated to the Committee.
- (iii) THAT the Chief Executive RFL would come back to the Committee in November to provide an update on the CQC inspection.

12. 2019/20 OPERATING PLANS OVERVIEW: FINANCE AND RISKS

Consideration was given to a report and supplementary papers on the finance plans and risk management across North Central London.

Simon Goodwin (Chief Finance Officer, NCL CCGs) addressed the Committee, informing members that:

- In the 15th May 19/20 Operating Plan resubmissions, NCL STP reported a £33.5m adverse variance against control total, with the variance entirely on CCG plans. All NCL Trusts were able to sign-up to, and planned to deliver, their control totals for the year.
- The aggregate CCG 19/20 plan position had improved by £18.3m (from £59.3m deficit to £41.0m deficit) since the previous submission on the 4th April.
- With the exception of NHS Islington that was expected to break even, NCL CCGs were currently in deficit and had adverse variances to control totals. All Trusts were planning to achieve their control totals. This included three Trusts (UCLH, Royal Free and RNOH) that had deficit control totals.
- The combined 2019/20 deficit position was £82.7m compared to £5.9m surplus in 2018/19. The CCGs deficit in 2019/20 was £41m compared to £50.5m in 2018/19 and the Trust deficit in 19/20 was £41.8m compared to £56.5m surplus in 18/19.

- The plan was to improve the underlying position from £210m deficit in 2018/19 to £174m deficit in 2019/20, an improvement of £36m;
- The CCG underlying position is improving from a £42m deficit in 2018/19 to a £41m deficit in 2019/20, an improvement of £1m;
- The Trust underlying positions is improving from £168m deficit in 2018/19 to a £133m deficit in 2019/20, an improvement of £35m.

The Committee was informed that the information above provided a summary of the overall position.

Responding to a members question about the impact the CCG deficit would have on local authorities, it was commented that the immediate impact could not yet be determined but it would need to be considered at some point in the future, particularly how this would affect integration.

The medium term financial strategy aimed to achieve financial balance against system control totals for NCL over a number of years, by adjusting and adapting systems to support cost reduction and focus on improved quality of care to reduce demand for services. The aim was to deliver the strategy by adopting a more collaborative approach to planning across organisations.

RESOLVED –

THAT the report and the comments above be noted.

13. ESTATES STRATEGY UPDATE

Consideration was given to the estates strategy update report.

Nicola Theron, Director of Estates, introduced the paper informing the committee that the paper provided an update on the Estates work stream following the last presentation to JHOSC in July 2018.

Members commented and raised a number of questions about the Estates Strategy including the redevelopment site proposals relating to the Camden and Islington Foundation Trust and why they had not been included in the strategy.

In terms of collaboration, members queried how the Estates Strategy was assisting with the provision of mental health services in North Central London and in terms of accountability what were the governance and decision making structures around the Estate Strategy.

Members commented that there was the need to ensure public assets were used for the public good and not for making private gain and there was the need to ensure that public assets were preserved and protected as much as possible. Members

remarked that Estates was a long term programme which worked within a national policy it would be more appropriate to provide a revised update in the autumn to include information on the disposal of assets and where the money had been allocated for all the providers.

ACTION: Nicola Theron (Director Estates, NCL CCGs)

The Chair asked that information on the estates strategy come back to the Committee in November.

RESOLVED –

- (i) THAT the report and comments above be noted;
- (ii) THAT an update on the estates strategy come to the November meeting.

ACTION: Nicola Theron (Director Estates, NCL CCGs)

14. DIAGNOSTICS RE-PROCUREMENT

Consideration was given to a report from North London Partners.

Will Huxter (Director of Strategy NCL CCG) introduced the report informing the Committee of the approach being taken by NCL CCGs to procure a provider of routine diagnostic testing in community settings and mobile units, as an alternative to patients being tested by local hospitals.

Responding to questions, the Committee was informed that the proposals was for a three year contract with the facility to extend the contract, there were proposals to bring the contract back in house during the lifetime of the new contract and there was a provision to develop workforce capacity locally.

RESOLVED –

THAT the report and the comments above be noted.

15. NORTH CENTRAL LONDON SUSTAINABILITY AND TRANSFORMATION PLAN

The briefing was noted.

16. WORK PROGRAMME

Consideration was given to the work programme, action tracker and to the comments on the Quality report 2018/19.

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

- Adult Elective Orthopaedic Services Review
- Patient Transport
- Mental Health Programme
- Briefing on the future nature of clinical commissioning

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

With regard to the Quality Report 2018/19 the Committee asked that all the comments made on the quality accounts should be published including a summary of the minutes of the meeting.

RESOLVED –

THAT the work programme be amended, as detailed above.

17. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

None.

18. DATES OF FUTURE MEETINGS

Dates of future meetings of NCL JHOSC:

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

The meeting ended at 12.37 pm.

CHAIR

***North Central London Joint Health Overview and Scrutiny Committee - Friday, 21st
June, 2019***

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MINUTES END