

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, 13TH MARCH, 2020** 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), Pippa Connor (Vice-Chair), Alison Cornelius, Lucia das Neves and Freedman

MEMBERS OF THE COMMITTEE ABSENT

Councillors Boztas, Clare De Silva, Osh Gantly and Samata Khatoun

ALSO PRESENT

Councillors

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 Sinan Boztas and Clare De Silva.

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

Councillor Cornelius declared in relation to item 8 (North Central London Care Homes) that she was the Vice-Chair of Eleanor Palmer Trust which was located in High Barnet.

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.

3. ANNOUNCEMENTS

The Chair requested item 7 – Implementing NCL’s NHS Estate for Local People should be considered as the first item on the agenda as the presenting officer would have to leave the meeting after an hour due to another appointment.

Resolved: That item 7 be considered as the first substantive item on the agenda by the Committee.

4. DEPUTATIONS

The Chair informed the Committee that a deputation had been received from Phillip Richards on how patients' data was used and made available to partners outside the NHS. This related to item 10 on the agenda and would be considered in conjunction with that item.

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

None.

6. MINUTES

RESOLVED –

THAT the minutes of the meeting held on 31st January be approved and signed as a correct record subject to amending the spelling of 'David Slowman' minute 6 to David Sloman.

7. IMPLEMENTING NORTH CENTRAL LONDON'S NHS ESTATE FOR LOCAL PEOPLE

Consideration was given to the estates strategy update report.

Nicola Theron, STP Director of Estates, Richard Dale Programme Director NCL STP and Tim Jaggard from UCLH were present and introduced the paper informing the committee that the paper provided an update on the Estates work stream following the last presentation to JHOSC in June 2019.

Committee members commented that the paper was a difficult paper to understand and queried in relation to the unfunded projects who decided what was needed, who the target in relation to £570m on page 28 of the agenda was for, what the assigned sites referred to in the papers were and a list of the disposal sites.

Responding to questions the STP Director of Estates, Programme Director NCL STP and UCLH Officer gave the following information to the Committee:

North Central London Joint Health Overview and Scrutiny Committee - Friday, 13th March, 2020

- The Estates Strategy 2018 had been further developed with significant progress in 2019. Considerable discussion had taken place at regional and local levels between the partners at the Trust, STP, CCG's, local authorities, Healthwatch in Haringey on how to better link estates to clinical outcomes.
- A main headline was that NCL was assigned a target share of disposal receipts of £570m which was 21% of the national target
- The intention was for Clinical leadership, working alongside partners to channel and prioritise that spend and to create a much more coherent plan to deliver at the local level for residents.
- The NHS Estates plan had progressed in 2019 and had generated strategic successes with significant investment in the acute estate and progress of projects such as BEH St Ann's redevelopment Phase 1 which was on time to deliver a new inpatient facility in 2020 with 400 homes, 119 beds at RNOH delivered under budget on time and £14m RFL acute decontamination reconfiguration had been completed.
- Page 27 of the agenda detailed the NCL investment programme and the focus going forward which would include looking at the current state of the 53 live investment projects.
- There were a variety of funding sources including the Department of Health public dividend capital, each of the funding sources had reinvestment pressures and there was the need to ensure projects were affordable;
- The smaller projects were heavier on risk and the approval processes for each of the projects were considerable.
- A business case was produced for where the funds would go and project it would be invested in. New investment in NCL did not necessarily directly relate to the disposal opportunity.
- A business case had been gone through with all the provider leads in order to prioritise projects. This included considering NHS values.
- Members requested that the Business case criteria could be included in future Estates Strategy reports to the Committee

ACTION BY - STP Director of Estates

- There were a number of projects in Haringey where the NHS was looking to participate in regeneration schemes related to general determining of health.
- There was now a strategy and delivery plan to shape what that engagement looked like. This was being worked on at the borough partnership level.

Tim Jaggard UCLH informed members that he had been involved in some of the STP meetings specifically from a tax payer perspective. He commented that:

- Part of the strategy was to achieve long term financial sustainability and disposals could fit into that.
- Revenue had been propped up for a number of years by capital receipts and this had been encouraged by the NHS. This had been assisted by more money coming in from capital receipts. The rules had changed now preventing capital receipts being used to offset revenue.

North Central London Joint Health Overview and Scrutiny Committee - Friday, 13th March, 2020

- At present there was no indication that money made from NCL disposals would go out of NCL, this however could change.
- The Disposal of Euston Dental Site on Gray's Inn Road- as part of Estates Strategy was to move closer to the UCLH main campus to create a new combined facility.
- The strategy involved selling at the right time to the right partner. It was sold to UCLH which was carrying out a big government assignment in relation to research. In terms of timing of disposal it was to maximise opportunities.
- In the last month a set of financial rules had been agreed to ensure NCL systems were in place to maximise opportunities.
- There was now a need to consider the other part of the strategy to ensure patients were cared for closer to home. The combined work had been agreed by the CEO and was coming together.
- The intention was to provide support to organisations and help them learn.
- Estate was a function which supported all the organisations. It encouraged a more collaborative approach to supporting projects. There was a need to find ways to manage those risks- the systems and organisational risks and how these were linked together. Then taking some of that learning and influencing what was on the ground.
- Through insight into stakeholder reference groups this would start to happen
- The information relating to the individual estates was not currently available and had not yet been provided because this had not yet been signed off. This was likely to occur in 3 to 4 months' time.

The chair commented that she was impressed by the work UCLH had done and the journey being made, there was however still a lot of work to be done. There appeared to be some organisations that sold off huge sites which appeared to have no vision, purpose or value for money behind it.

The Independent Chair of the CCG commented that although it appeared contradictory that the NHS worked in the way that it did there was the need to work within those parameters for the benefit of residents. This included supporting the case for change to ensure the optimum capital could be obtained for NCL. There was the need to build the business case for change in order to ensure a strong a case as possible was presented.

Answering further questions, officers commented that:

- In terms of investment – conversations had begun around what else could the land be used for.
- In relation to Community Investment levy (CIL) and S106 look at what has happened locally and make use of best practice with local councils working together, identifying areas of good practice and those areas that work together with CIL. Barnet was cited as a good example of working together with CIL, where significant S106 funds were used to support 4,000 new homes in Colindale. Similar work could be done with other boroughs on that same process.

North Central London Joint Health Overview and Scrutiny Committee - Friday, 13th March, 2020

- There was also the case of building shaping and influencing the behaviour of the wider team, discussion between local authorities, GLA to try to shape demand and how this would come together.
- In terms of how engagement and consultation with local residents and who to contact regarding questions about the Estates Strategy took place, the Local Estates Forum was an important place where local conversations and accountability took place. It was agreed that the Local Estates Forum membership and who questions could go too about the Estates Strategy would be circulated to Committee members.

ACTION: Nicola Theron (Director Estates, NCL CCGs)

The Chair requested that officers considered and took on board the Good Governance Principles which the Committee had adopted at its meeting in June 2019 and to provide a timeline when a further update would be reported back to the Committee.

ACTION: Nicola Theron (Director Estates, NCL CCGs)

RESOLVED –

THAT the

- (i) Report and comments above be noted;
- (ii) Business case criteria be included in future Estates Strategy reports to the Committee
- (iii) Membership of the Local Estates forum and who questions on Estates could go to be circulated to the Committee, and
- (iv) An update on the estates strategy come to a future Committee meeting.

ACTION: Nicola Theron (Director Estates, NCL CCGs)

8. NORTH CENTRAL LONDON CARE HOMES

Consideration was given to the report of the North Central London Partners

Richard Elphick Adult Social Programme Lead North London Councils, Richard Dale Programme Director NCL STP and Dan Windross Assistant Director Community and Transformation, Islington CCG were present and introduced the paper informing the committee that the paper provided an update on the work done so far by the NCL Partners, and the opportunity for joint working between the NHS and local authorities to improve outcomes for care home residents in NCL. They were looking for a steer from the Committee on how it would like opportunities for future development to be taken forward.

North Central London Joint Health Overview and Scrutiny Committee - Friday, 13th March, 2020

Responding to questions the Adult Social Programme Lead (North London Councils), Programme Director NCL STP and Assistant Director Community and Transformation Islington gave the following information to the Committee:

- In order to provide a quality social care workforce there was a commitment among partners to put in place progression pathway and provide opportunities for local residents so they could get jobs in the care sector.
- There were currently 122,000 Care Home vacancies, 18% of the work force was made up from EU nationals, from the Care Home perspective it was difficult to bring people over to work for a year.
- The Princes Trust was working with young people to build a local partnership, this was borough driven and a lot of work was going into getting that as part of the Community Care build programme.
- In relation to GPs and provision, historically this had not been easy to enforce as the funding arrangements meant that a person did not necessarily move.
- There was a jointly funded provider reference group to support Care homes in planning, problem solving and designing solutions to issues such as poor level of care in care homes and making use of the available data to influence contractors.
- In relation to the Covid-19 pandemic – this was a live issue and a working group had been set up from the CCG side. National guidance was expected today. All Care Homes would be contacted to share good practice. The issue of supplies of personal protective equipment (PPE) to care homes would also be looked into.
- There was work on going to understand what contingencies were in place if staff members were to fall ill. Care home providers were meeting up to discuss what they had been doing.
- In terms of joining up fragmented data, work was underway with Councils and CCG working in the same room to join up information and intelligence. By collaborating with each other would help bring the information together. The partners would develop a shared set of data approach.
- In relation to the prevention of a bidding war an important part of the joined up working between Councils and the CCG was to work with the Care Homes to prevent a bidding war, to provide best value and a sustainable market.
- The CCG would review all the key roles relating to the termination of the expanded End of Life Care Service.

The Committee requested for a list of the residential Care Homes in NCL by borough.

Action By: Richard Elphick Adult Social Programme Lead North London Councils

Answering further questions officers commented that:

North Central London Joint Health Overview and Scrutiny Committee - Friday, 13th March, 2020

- The 11% reduction in patients that had died in hospital referred to on page 47 of the agenda related to those patients that had been admitted 3 times or more in the last 90 days of their life.
- The Care Home partnership worked well when there was time to go in and work, the issue was how to use the time in the best possible way as there were lots of people that wanted to be proactively supported

Officers were asked to come back in autumn to provide an update to the Committee.

ACTION BY: Richard Elphick Adult Social Programme Lead North London Councils, Richard Dale Programme Director NCL STP and Dan Windross Assistant Director Community and Transformation, Islington CCG

RESOLVED –

THAT

- (i) The report and comments above be noted;
- (ii) A list of the residential Care Homes in NCL by borough be provided to the Committee, and
- (iii) An update report be brought back to the Committee in the autumn.

ACTION: Richard Elphick Adult Social Programme Lead North London Councils, Richard Dale Programme Director NCL STP and Dan Windross Assistant Director Community and Transformation, Islington CCG

9. NORTH CENTRAL LONDON MENTAL HEALTH - SUPPORTING RESIDENTS AND REDUCING ATTENDANCE AT ACCIDENT & EMERGENCY

Consideration was given to the report of the North Central London Partners

Jaime Cross, Programme Director Mental Health, North London Partners, Sharif Mussa North Middlesex University Hospital NHS Trust and Hywell George, North Middlesex University Hospital NHS Trust were present and introduced the paper informing the Committee that the report was an update on the presentation to the Committee in September 2019 where they were asked to provide tangible actions being taken to support residents and reduce attendance at A&E by people with mental health conditions. The paper set out the NCL priorities on mental health and details of services that provide support to people with mental health conditions.

Responding to questions the Programme Director Mental Health and North Middlesex University Hospital NHS Trust Officers gave the following information to the Committee:

Reducing attendance at A&E by people with mental health conditions was being achieved by:

North Central London Joint Health Overview and Scrutiny Committee - Friday, 13th March, 2020

- Expansion of community teams to provide more support to assist people to stay at home and to help them on to more specialist services.
- Funding had been provided to enable access to specialist at the point of contact in crisis cafes rather than through hospital admission
- A new nurse led children and young person's crisis service had started in summer 2019 at Barnet Hospital, North Middlesex and Royal Free Hospital for evenings and weekends this offered crisis assessment and brief response to Children and Young People attending A&E out of hours.
- New health based places of safety services had been established such as the Highgate Mental Health Centre in Camden and Chase Farm Hospital in Enfield where service users and their carers are seen and treated with dignity. Patients were transported to these centres where specialist workers were available throughout the night.
- The Lambeth model provided services for people with complex needs and involved long term sustained assistance in getting people back into work. NCL Partners were looking at the Lambeth model and looking to receive feedback NCL Partners were taking on board learning and good practice from elsewhere.
- There had been expansion of provision of adult services at all five acute trusts.
- Transformation funding was being made available to support individuals presenting at A&E departments by having mental health assessment within 1 hour and care plans within 4 hours.

In terms equality of access a Committee member requested to see the figures for members of BAME community that had accessed the facilities.

Action By: Jaime Cross, Programme Director Mental Health, North London Partners,

RESOLVED –

- (i) THAT the report and comments above be noted; and
- (ii) Provide figures for members of BAME community that had accessed the facilities

Action By: Jaime Cross, Programme Director Mental Health, North London Partners,

10. IMPLEMENTING ELECTRONIC PATIENT RECORDS - BENEFITS REALISATION (ROYAL FREE LONDON NHS FOUNDATION TRUST)

Consideration was given to implementing Electronic Patient Records report which had previously been considered by the Committee in January 2019 and the deputation of Mr Richards referred to in item 4.

The deputation raised concerns about the manner in which patients' data was used and made available to organisations outside the NHS, a number of IT related incidents in the past year which had impacted on patients such as management of waiting lists, delays to patient letters being sent out and appointment slot issues. He also queried whether the Committee had been consulted on the implementation in NCL of the Health Information Exchange which collected health data and was being implemented across NCL.

Responding to questions from members Chief Digital Officer (Glen Winteringham) Chief Nursing Officer (Katie Trott) and Hannah Heales (Lead Pharmacist for Clinical Informatics) gave the following responses:

- In implementing Electronic Patient Records (EPR) Royal Free London (RFL) had not worked together with University College Hospital London (UCLH) because RFL historically used Cerner and the new Model Content EPR was deployed as part of the Global Digital Exemplar. Following a competitive tender, UCLH selected EPIC to provide their EPR solution. However, there was work collaboratively across all health and social care providers in NCL to share data using two common platforms, Health Information Exchange (HIE) for real time views of shared care records, and Population Health Management (Healtheintent) to proactively identify and manage patient cohorts/disease registers so they received the right care in the most appropriate setting.
- In terms of the delay in patient follow up letters, investigations were going on into exactly what happened and measures would then be put in place to prevent such occurrences happening again.
- In terms of data going outside the NHS, it was standard practise with the NHS to use private sector services when the service were not available in house.
- The NHS had a long history of partnering with companies that had considerable IT experience.
- Each company was checked, underwent annual audits and had to put together a plan for Information Governance.
- The companies were checked to ensure there was compliance with the law, the Information Commissioner was required to be informed of any changes that were put in place to determine if it complied with the law.
- Having health information available instantly was of great benefit to GP's and the patient.
- All GP's and social care providers in NCL were now moving to access to the health information exchange solution.

North Central London Joint Health Overview and Scrutiny Committee - Friday, 13th March, 2020

- UCLH had its own digitalised patient records. Individual trusts had a viewer where patient information could be seen.
- There was work ongoing with clinical partners outside of Royal Free London to create patient pathways
- These Pathways reduced unwanted clinical variation, improving outcomes for patients and improving systems.
- The strategy was to standardise treatment and outcomes for service users.
- MASH digital lead, this was the multidisciplinary group that would lead around safeguarding.

The Committee asked for a report back in June on how Royal Free London NHS Foundation Trust worked with UCLH on implementing electronic patient records and to include a response to the concerns raised around the deputation in the presentation.

RESOLVED:

THAT

- (i) The report and the comments be noted; and
- (ii) To report back in June on how Royal Free London NHS Foundation Trust worked with UCLH on implementing electronic patient records and to also include a response to the concerns raised around the deputation in the presentation.

ACTION BY: Chief Nursing Officer (Katie Trott) and Hannah Heales (Lead Pharmacist for Clinical Informatics (Hannah Heales

11. WORK PROGRAMME AND ACTION TRACKER

Consideration was given to the work programme and action tracker.

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

- Orthopaedic Services Review
- Update on Digital programme – response to concerns raised in deputation
- Children and Young People Integrating Care

It was agreed that supporting residents with allergies would be included on the Work Programme once the report on incident in Haringey came out. The informal meeting to be hosted by the Independent Chair NCL CCG merger should also be included on the Work Programme.

*North Central London Joint Health Overview and Scrutiny Committee - Friday, 13th
March, 2020*

RESOLVED –

THAT the work programme be amended, as detailed above.

12. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

None.

The meeting ended at 12.30 pm.

CHAIR

Contact Officer: Sola Odusina
Telephone No: 020 7974 6884
E-Mail: sola.odusina@camden.gov.uk

MINUTES END

This page is intentionally left blank