



Camden



ENFIELD
Council



ISLINGTON

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**FRIDAY, 20 JULY 2018 AT 10.00 AM
COMMITTEE ROOM 1, HENDON TOWN HALL, THE BURROUGHS, LONDON
NW4 4AX**

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MEMBERS

**Councillor Huseyin Akpinar, London Borough of Enfield
Councillor Tricia Clarke, London Borough of Islington
Councillor Pippa Connor, London Borough of Haringey
Councillor Alison Cornelius, London Borough of Barnet
Councillor Lucia das Neves, London Borough of Haringey
Councillor Clare De Silva, London Borough of Enfield
Councillor Val Duschinsky, London Borough of Barnet
Councillor Osh Gantly, London Borough of Islington
Councillor Alison Kelly, London Borough of Camden
Councillor Samata Khatoon, London Borough of Camden**

Issued on: Thursday, 12 July 2018

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 20 JULY 2018

AGENDA

1. ELECTION OF CHAIR

To elect the Chair for the 2018-19 municipal year.

2. ELECTION OF VICE-CHAIR(S)

To elect the Vice-Chair(s) for the 2018-19 municipal year.

3. APOLOGIES

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

Members will be asked to declare any pecuniary, non-pecuniary and any other interests in respect of items on this agenda.

5. ANNOUNCEMENTS

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

7. TERMS OF REFERENCE

(Pages 7 - 8)

To note the terms of reference of the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC).

8. MINUTES

(Pages 9 -
18)

To approve and sign the minutes of the meeting held on 23rd March 2018.

9. DEPUTATIONS

10. LOWER URINARY TRACT SERVICES (LUTS) UPDATE

To consider an update on the LUTS service.

REPORT TO FOLLOW

11. IMPROVING HEALTH & WELLBEING AND REDUCING INEQUALITIES - SUPPORTING CLINICAL DECISION-MAKING

To consider an update on the work being done on improving health and wellbeing and reducing inequalities by supporting clinical decision making.

12. HEALTH AND CARE DEVOLUTION IN LONDON

(Pages 19 - 34)

To consider a report on health and care devolution in London.

13. ESTATES STRATEGY

To consider information on the NCL estate strategy.

REPORT TO FOLLOW

14. STP STRATEGIC RISKS: FINANCE

(Pages 35 - 40)

To consider a presentation on risk management and finance in the NCL STP.

15. WORK PROGRAMME

(Pages 41 - 48)

To consider the work programme for the Committee.

16. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

17. DATES OF FUTURE MEETINGS

Dates of future meetings:

- Friday, 5th October 2018 (Camden)
- Friday, 30th November 2018 (Enfield)
- Friday, 18th January 2019 (Haringey)
- Friday, 15th March 2019 (Islington)

AGENDA ENDS

The date of the next meeting will be Friday, 5 October 2018 at 10.00 am in
Crowndale Centre, 218 Eversholt Street, London NW1 1BD.

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North Central London Joint Health Overview and Scrutiny Committee (JHOSC)

Terms of Reference

1. To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;
2. To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;
3. To respond to any formal consultations on proposals for substantial developments or variations in health services affecting the area of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;
4. The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;
5. The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and
6. The joint committee will aim work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people.

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THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 23RD MARCH, 2018** 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), Pippa Connor (Vice-Chair), Martin Klute (Vice-Chair), Alison Cornelius, Abdul Abdullahi, Jean Kaseki, Samata Khatoon, 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 were received from Councillor Graham Old.

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

3. ANNOUNCEMENTS

The Chair noted that this would be the last JHOSC meeting for Councillors Abdullahi, Wright and Old as they would not be candidates in the forthcoming borough council elections. She thanked them for their service on the committee.

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

There were no notifications of items of urgent business.

5. MINUTES

Consideration was given to the minutes of the meetings held on 26th January and 6th February 2018.

RESOLVED –

- (i) THAT the minutes of the meeting held on 26th January 2018 be approved and signed as a correct record;
- (ii) THAT the minutes of the meeting held on 6th February 2018 be approved and signed as a correct record.

6. INTEGRATING HEALTH AND SOCIAL CARE

Consideration was given to a presentation from North London CCGs on integration of health and social care.

Dr Josephine Sauvage, Co-Chair of the Health and Care Cabinet, explained that the CCGs were aiming to integrate health and social care for the benefit of patients. However, the system was currently not aligned in this way, and money and resources were in the 'wrong places' for the ambitions and aims they had.

Dr Sauvage highlighted the importance the CCGs' wished to give to preventative services and to parity between the priority given to physical and mental health.

She drew members' attention to the recent successes that had been achieved, including earlier diagnosis of cancer patients.

The Committee was informed that the Joint Strategic Needs Assessment had included the demographic challenges the sub-region faced and had emphasised that there needed to be more thought on the wider determinants of health.

Members commented that they preferred the use of 'residents' to 'patients' as they felt this would emphasise the holistic approach that the CCGs aimed to take. They also queried how people could be best kept safe when dispersed into the community. They wanted to see Healthwatch and local residents involved in the boards that were considering proceeding with changes.

A member commented that hospital trusts were funded on the basis of their patient volume, and so this did not create an incentive to move health services out into the community. They asked whether a transfer of resources would be taking place to align with the priority for community-based services, and were informed that it would be gradual.

Members expressed concerns about the workforce and staff shortages. A member said that a greater ability for practice nurses to change their role and to move from practice to practice might help with the recruitment difficulties in the sector.

Members noted that local authorities were having to make social care cuts and public health budgets were also being reduced due to budgetary pressures on Councils. They expressed the fear that the health service might be relying on local authority services for community-based care that were no longer available.

A member from Enfield expressed concerns about funding differentials between boroughs. She was informed that these had been agreed at the national level and was not something the NCL CCGs could alter themselves.

Members had concerns about lines of accountability and noted that the NCL sub-regional structures were not on a statutory basis and individual organisations had their own autonomy.

Members asked for an update on 'Care and Health Integrated Networks' (CHINs) for the next meeting.

Members had concerns about accountable care organisations and what could be seen as 'privatisation by the back door'. They were assured that the NCL CCGs had no plans to establish an accountable care organisation.

RESOLVED –

- (i) THAT the presentation and comments above be noted;
- (ii) THAT an update on integrating health and social care come to a future meeting of the Committee.

7. NORTH LONDON COUNCILS' COLLABORATION ON ADULT SOCIAL CARE

Consideration was given to a presentation from North London Councils.

Dawn Wakeling, Senior Responsible Officer for Adult Social Care for North London Councils, and Sanjay Mackintosh, the Programme Lead, addressed the Committee. They highlighted that they were focussing on nursing care, which was a large proportion of local authority social care expenditure. They were working with the CCGs on quality assurance in nursing care, and also holding events for providers.

The officers said they were keen to see staff development amongst the social care workforce. They wanted social care to be a desirable career and for a career path to be available to the workers providing it. Ms Wakeling said that the government was drawing up a Green Paper on the social care workforce and she would forward it to members via the clerk.

Officers highlighted the direction of government policy was one of shared responsibility for care costs between the state and the individual.

With regard to the social care workforce, members commented that they felt the social care workforce was disadvantaged by not having a professional body to represent it as a profession. Additionally, there were concerns from members about homecare workers not being paid for travel time between visits. Ms Wakeling said

that payment for travel time was a matter for each local authority and the contracts it entered into. She assured members that Barnet did pay staff for travel time between home care visit. She said she would try and find out information from other authorities as to whether it was the case there.

The Chair commented that there was a possibility of broadening the social care workforce by reaching out to BME communities where some people may not speak good English or use the usual social care employment portals but may have hidden talents.

RESOLVED –

THAT the presentation and the comments above be noted.

8. UPDATE ON ST ANN'S AND ST PANCRAS' HOSPITALS' REDEVELOPMENTS

Consideration was given to a presentation from St Ann's and St Pancras hospitals.

Andrew Wright, the Director of Strategic Development (Barnet, Enfield and Haringey Mental Health Trust), addressed the Committee. He informed members that Haringey had recently granted planning permission for their new mental health building, which would have state of the art facilities for patients.

Two-thirds of the site was surplus to requirements and there was therefore going to be residential development on this land. There had been concern from members about the low percentage of affordable housing on the site, and Mr Wright said that, in light of this, there were further discussions taking place about the potential of increasing the amount of affordable housing on the site.

Members were informed that the target date for the completion of the new mental health facilities on the St Ann's site would be the end of 2020.

Malcolm McFrederick, the Project Director (Camden & Islington Foundation Trust), addressed members on the St Pancras hospital plans. He said that they were planning on selling their site and moving the in-patient facilities to the Whittington site. They were looking to develop two new hubs – on Lowther Road and Greenland Road – and they were considering whether a third site would be required.

Mr McFrederick said that the Trust were going to go out for tender for a development partner. This could be on a long lease basis rather than for sale. The matter was also complicated by the fact the Department of Health had a historic interest in the site. Mr McFrederick explained that the site could possibly be sold to Moorfield's Eye Hospital as a replacement for their old site.

The Trust wanted to involve local communities in consultation on the future of the site. Mr McFrederick said that further information would come to both the Camden and Islington health scrutiny committees in June.

Members asked whether London Estates Devolution would apply to the schemes. They were informed that they were not at the stage where estates devolution would apply.

The Chair voiced concerns about the development board for St Pancras not meeting. Mr McFrederick said that the two development boards – one involving stakeholders and one involving providers – were being amalgamated. He assured the Chair that she would be invited to the next meeting.

With regard to the St Ann's site, members raised concern about the definition of 'affordable' being used when people referred to 'affordable housing'. They highlighted that the government definition of rents at 80% of the market rent level as 'affordable' would in fact not be affordable to many people in North-Central London.

Councillor Connor asked that increased bed space be incorporated into the new St Ann's development. She said that with usage of bed space close to 100%, there was a need to increase capacity. Officers said that this was not possible due to the lack of revenue funding for more beds. However, they assured members that there was scope to expand the unit in future.

Councillor Kaseki asked whether there would be training facilities on the new St Ann's site. He was informed that training did take place on the site and the Trust was keen that this continued.

RESOLVED –

THAT the presentation and the comments above be noted.

9. AMBULANCE SERVICES

Consideration was given to reports from the London Ambulance Service and East of England Ambulance Service.

Peter Rhodes, the Assistant Director of Operations at the London Ambulance Service, spoke to the statistics in the report. He said that the LAS was doing fairly well compared to other regions when measured against the national targets. Handover times were better in 2017-18 than in 2016-17. The handover processes were good at all North Central London hospitals, but delays happened when A & E departments were full.

Members asked about callers who phoned for an ambulance when they did not need one. Mr Rhodes said that this caused management challenges, however the 111 non-emergency number and the "hear and treat" programmes were able to resolve

some of these cases. There was also a question about frequent callers. Mr Rhodes said that these were often individuals with complex needs and needed intervention from other agencies, such as social services.

An attendee asked for borough-level data about response times. Mr Rhodes said they should be able to provide data in April about this.

Members asked about the placement of ambulances. Mr Rhodes said that the number and location of ambulances was under review.

Alan Whitehead from the East of England Ambulance Service was present to speak to members about his service. He said that his service was looking to employ more staff to alleviate staff shortages.

He asked members to note that Barnet Hospital was one of the hospitals that was the local hospital for some residents of his region. He said that the East of England Ambulance Service took an average of 20 patients per day there. There had been a decrease in 8% in the number of patients taken to Barnet compared with last year. He said that a circumstance in which there would be increased transport of patients to Barnet compared to the normal figure would be when Watford Hospital was put on a divert. However, this had not happened recently.

Members asked that an update on the situation with regard to the ambulance services be provided for members at a future meeting. The Chair added that it would be beneficial to hear from the ambulance services what they felt it would be useful to scrutinise, such as in regard to which data gave the most accurate picture of their service.

RESOLVED –

THAT the reports and the comments above be noted.

10. ADULT ELECTIVE ORTHOPAEDIC SERVICE REVIEW

Consideration was given to a presentation on Adult Elective Orthopaedic Services.

Members heard from David Stout and Rob Head on the proposed review. The North-Central London sub-region currently had 12 different sites which provided orthopaedic services; there was an aim to concentrate these services on fewer sites.

Officers assured the Committee that they were committed to open and transparent engagement. The review would be clinically led by Fares Haddad and there would be patient and public representation. They wanted to reduce variation in services – and to reduce the number of cancellations, infections and subsequent re-admissions which had to take place. They were also thinking of separating urgent and scheduled operations.

Members welcomed the commitment from the health officers. Councillor Klute asked officers to note that increased travel times in the event of the relocation of services were a concern for many patients and for relatives who wanted to visit them. Members also felt there was a danger of destabilising smaller hospitals and making them unviable if services were taken away from them.

The Committee asked that an update on the review be provided to it in November.

RESOLVED –

- (i) THAT the presentation and comments above be noted;
- (ii) THAT an update come to the Committee in November 2018.

11. IMPROVING HEALTH & WELLBEING AND REDUCING INEQUALITIES - SUPPORTING CLINICAL DECISION MAKING

Consideration was given to the presentation from the NCL CCGs.

Dr Jo Sauvage and Donal Markey spoke to the Committee about this item, which was an update to the information provided at the February meeting.

Dr Sauvage highlighted that the NCL CCGs wanted a transparent process which would improve clinical decision-making and ensure that patients throughout the sub-region were receiving the same service.

Changes to the guidance on clinical decision-making would be clinically-led and be based on updates from NICE (National Institute for Clinical Excellence) and the Royal Colleges. The CCGs would communicate with GPs and aim to engage them in the process. Patients would also be able to feed into the process.

Members noted that some GPs did not read some of the material they were sent and urged that methods other than the usual channels for communication be used. Mr Markey assured members that social media and other means of communication would also be used.

Members asked for clarity on what issues would be submitted to the JHOSC and what would not be. They also wanted to have sight of EIAs.

Members said that there was a need to distinguish between clinical and financial factors for taking particular courses of action. They wanted decisions on which procedure was of limited effectiveness to be taken on clinical grounds rather than on financial ones. Officers assured them that clinical priorities would be paramount.

The Enfield members voiced concern that Enfield CCG had taken action on this earlier than the other CCGs. They felt this was inconsistent.

Councillor Connor asked that a future meeting receive: a GP engagement plan update, information about financial risks, information on patient feedback, and there be JHOSC involvement in the scrutiny of the terms of reference.

Members asked about the timeline for the next iteration of the policy and were informed that it was likely to be available in July.

RESOLVED –

- (i) THAT the presentation and comments above be noted
- (ii) THAT an update come to the next meeting of the Committee.

12. WORK PROGRAMME

Consideration was given to a report on the work programme for the Committee.

Members agreed to postpone the 111 item from the July 2018 meeting to give time to discuss other items. They wanted to have an item on clinical decision-making and one on integrated care.

They also wished to have an update report on health developments from the local authority point of view.

RESOLVED –

THAT the work plan for 2018-19 be agreed, subject to the amendments above.

13. DATES OF FUTURE MEETINGS

It was noted the dates of future meetings of JHOSC would be:

- Friday, 20th July 2018 (Barnet)
- Friday, 5th October 2018 (Camden)
- Friday, 30th November 2018 (Enfield)
- Friday, 18th January 2019 (Haringey)
- Friday, 15th March 2019 (Islington)

14. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

The meeting ended at 1pm.

CHAIR

***North Central London Joint Health Overview and Scrutiny Committee - Friday, 23rd
March, 2018***

Contact Officer: Vinothan Sangarapillai
Telephone No: 020 7974 4071
E-Mail: vinothan.sangarapillai@camden.gov.uk

MINUTES END

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<p align="center">North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)</p>	<p align="center">London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</p>
<p>REPORT TITLE</p> <p>Health and Care Devolution in London</p>	
<p>FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE</p>	<p>DATE 20th July 2018</p>
<p>SUMMARY OF REPORT</p> <p>To consider a presentation on health and care devolution in London.</p> <p>Contact Officer:</p> <p>Richard Elphick Programme Lead Adult Social Care North Central London 5 Pancras Square London N1C 4AG Richard.elphick@camden.gov.uk</p>	
<p>RECOMMENDATIONS</p> <p>Members are asked to note and comment on the presentation.</p>	

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Health and Care Devolution in London

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London's Journey to Devolution

National milestones

NHS Five Year Forward View
A shared vision for transforming health and care



Better Care Fund
Transformation in integrated health and social care

Public health transfer to local government

Health and Social Care Act passed

2012

London Health Board formed

2013



to improve health and healthcare in London

2014

New Care Models Programme

London Health Devolution Agreement

Greater Manchester's health and social care devolution deal

Sustainability and Transformation Plans (STPs) announced

2015

London Health Board refreshed

London Health and Care Collaboration Agreement



Better Health for London:

Healthy London Partnership established



Better Health for London: One Year On

2016

Cities and Local Government Devolution Act 2016

Next Steps for the Five Year Forward View

London Health and Care Devolution MoU signed

2017

London Health and Care Strategic Partnership Board formed

London Health and Care Devolution Programme established

Devolution pilots underway in Haringey, Hackney, Lewisham, Barking & Dagenham, Havering and Redbridge and North Central London

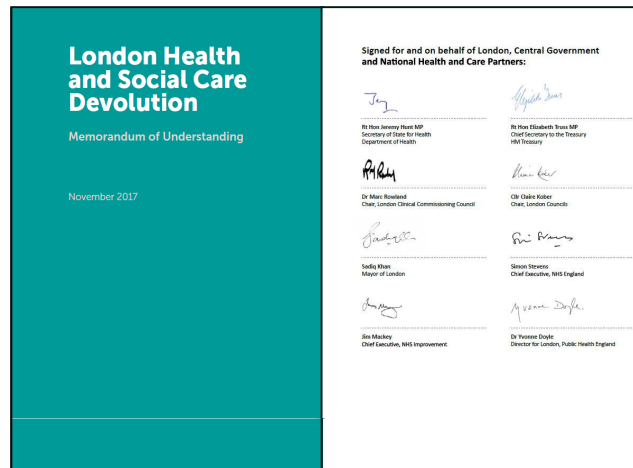
Five London Sustainability and Transformation Plans developed

London milestones



London Health and Care Devolution Agreement

The MoU was signed in November 2017, and includes different types of commitments from London and national partners.



Commitments relating to movement of decision-making or resources

Either:

- from national to London; or
 - from national/London to local or sub-regional
-
- Use of **synthetic devolution** (i.e. internal delegations within organisations to London representatives). New governance gives wider London partners a 'seat at the table' for decisions, but the legal decision-maker remains the same
 - **No use of the Devolution Act** to date
 - Some exploratory commitments, which may look at different mechanisms of devolution/delegation

New ways of working together

- New ways of working within London and with national partners (includes new governance and delivery mechanisms)
- New governance at London level to administer devolved functions
- Greater collaboration and better alignment of decision-making



London Governance and Delivery

Governance




Delivery

Healthy London Partnership (HLP)

HLP is the pan-London delivery vehicle which supports system transformation and pan-London governance. HLP:

- Brings together partners to provide a mechanism to pool resources and work towards common goals.
- Tackles issues best solved 'once for London'.
- Supports local delivery and builds on local approaches/successes.
- Promotes sharing of learning and best practice.

Key work areas for 2018/19 include 5YFV priorities (e.g. primary care, cancer, adult mental health, urgent and emergency care and digital) and wider partnership priorities (e.g. health and care integration, workforce, estates, prevention, children and young people and homeless health).



London governance and delivery interfaces with **local and sub-regional** governance and delivery through STP and local system leaders

5 STPs



Each STP contains smaller borough and multi-borough partnerships



Estates: Key Commitments

Governance and delivery

- London Estates Board (LEB) with delegations of capital investment decisions
- London Estates Delivery Unit (LEDU)
- Support for development of sub-regional governance.

Capital investment and release

- London retaining capital receipts, and re-investing in line with system capital plans.
- Approach for NHSPS and CHP assets and sales which aligns national and London priorities.
- Ensuring that when surplus NHS sites are released, this considers wider opportunities.
- All health and care capital cases which are best considered jointly will be brought to the LEB.

Utilisation

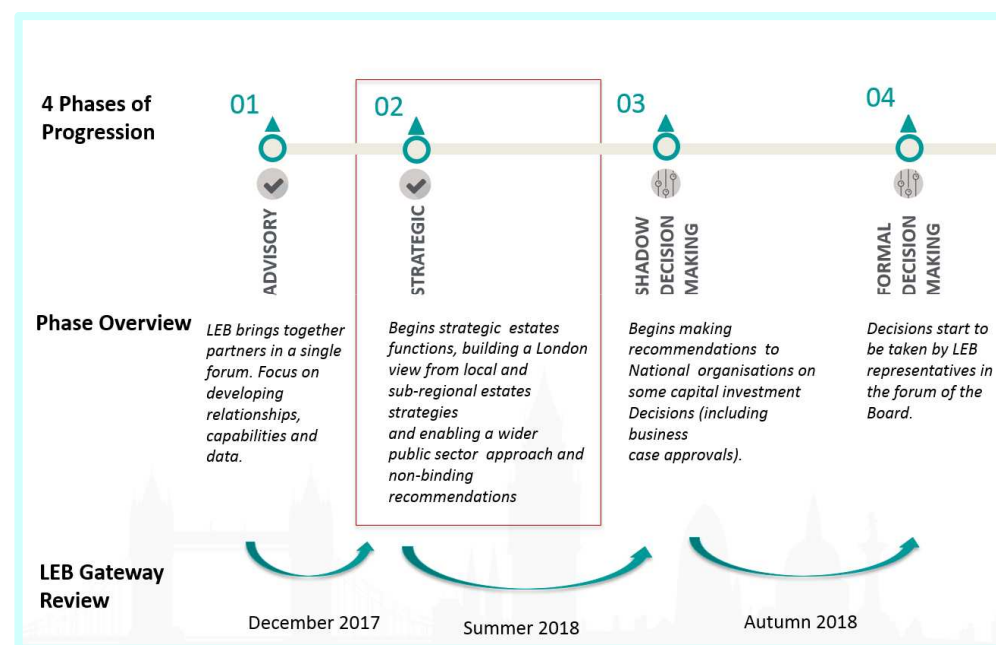
- Optimising estate utilisation

Opportunities

- Identifying opportunities for 'marriage value'
- Streamlined business case approvals process and transparency regarding sites that are under consideration by regulators
- Support to develop capital plans and deliver sites, and make the most of One Public Estate approaches and funding
- Clarity of capital availability, needs and pipelines to enable more effective health and care capital investment.
- London using its collective resources/assets to deliver housing

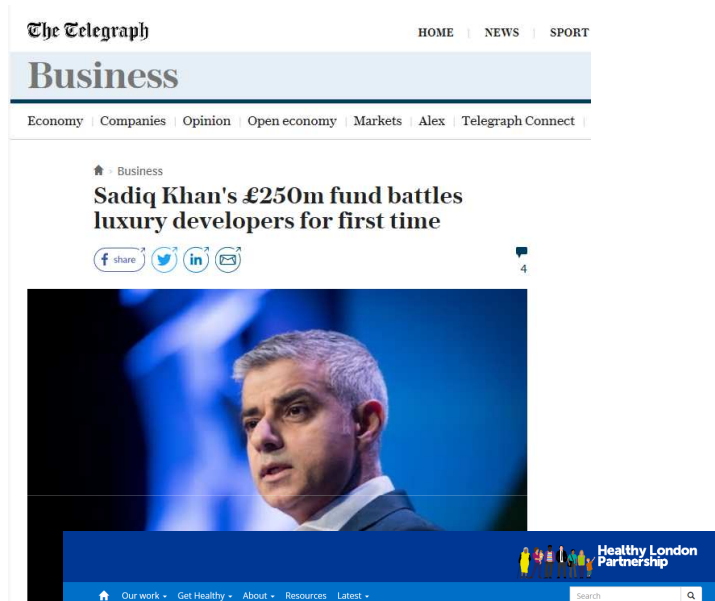


London Estates Governance and Phasing





London Estates: Partnership Working



During the first phases, the board and the delivery unit have enabled a wider partnership approach to estate. For example:

- Both have been instrumental in supporting investment into health through the One Public Estate programme – a national programme that focuses on getting more from the public sector's collective assets. Since the start of the estates devolution work, almost £1 million has been invested directly into health projects in London by One Public Estate. This represents almost 40% of One Public Estate's public sector investment in London.
- This partnership approach has also recently enabled the GLA purchase of a site at St Ann's Hospital in Haringey, a deal which will enable the redevelopment of the hospital (including a new mental health inpatient building) and provide hundreds of new affordable homes.
- To address national challenges around homes for NHS staff, a London pilot focussing on early win exemplar sites that can be brought forward to deliver new affordable homes for NHS staff is proposed. This is being co-ordinated through the LEDU.



London Estates Strategy



The physical footprint of London's hospitals occupy around **1000 acres of land** - three times the size of Hyde Park.



The book value of the estates is more than **£11 billion**, with around 70% belonging to acute hospital trusts.



5 STPs



33 London Boroughs



32 Clinical Commissioning Groups



39 Acute Trusts (both local and national remit)



Population expected to increase to 10 million by 2030.



Rise projected across all ages over the period. Largest proportional increase in the older population.



33% increase expected in East London. In 10 years equivalent to the size of Plymouth



New Care Models



Integration of Care



Technology



Financial Sustainability



Estate Challenges

- Age and Backlog
- Utilisation
- Ownership Structures



Institutional

- Organisation
- Approvals and decision making
- Incentives



Integration: Key Commitments

Contracting and payments

- Delegation of London's fair share of transformation funding
- Exploring changes to commissioning and delivery arrangements
- Support to develop new payment models.

Regulation and oversight

- Closer working at London level for CQC, NHSI and NHSE
- Consideration of joint roles across NHSE and NHSI.
- System-based regulation and oversight

Workforce

- London Workforce Board
- A London-wide workforce delivery system
- Exploring issues relevant to integrated working
- Exploring London weighting, in the context of challenges around recruitment and retention.

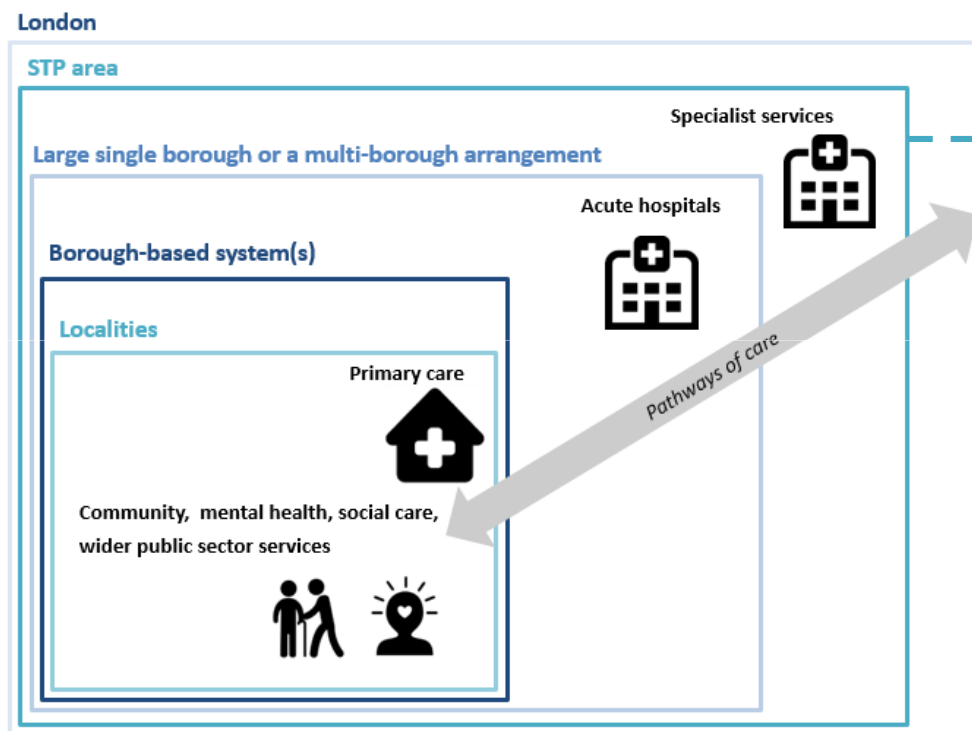
Opportunities

- Building partnerships and models of care from the bottom-up, delivering community based care and keeping people out of hospital
- Investing transformation funding in a way that meets London's unique needs
- A joined up approach to payments and regulation
- Co-developing workforce reforms, to enable the delivery of joint health and care training and workforce development, and supporting combined roles or closer working across health and care.



Integration of Health and Care in London

London partners work at multiple different spatial levels



Partners are considering how the current structures work with the **Integrated Care System (ICS)** model.

In March 2018, the Strategic Partnership Board discussed principles for ICSs in London, including:

- ICSs **will support local approaches** and only aggregate functions where necessary;
- The benefit of the scale of the ICS is that **partners have the levers to take collective responsibility for the total health and care needs of their population**;
- **Prevention will be a fundamental part of the shared vision**;
- The ICS will integrate primary care, mental health, social care and hospital services using population health approaches to redesign care around people at risk of becoming acutely unwell. **The ICS partnership will focus on 'horizontal integration' of providers across boroughs and 'vertical' integration which supports a variety of borough-based approaches.**



Prevention: Key Commitments

Action on unhealthy habits

- Exploring the evidence base for initiatives, including action on illicit tobacco; gambling; impact of planning policy.
- Establishing a borough-led London-wide illegal tobacco and counterfeit alcohol enforcement team.
- Ensure the effective coordination of programmes which aim to combat childhood obesity (including soft drinks industry levy).
- Exploring options to further restrict the advertising and marketing of unhealthy food and drink in specific locations based on health harm.

Employment & health

- Transfer of Work & Health Programme funding to London
- Working with DWP and DH to test improvements to Fit for Work

Opportunities

- Focused and collaborative action on prevention and demand management
- Tackling the wider determinants of health – including employment, planning and housing - and addressing health inequalities.



A key areas of focus this year is childhood obesity

- In London, **one in 5 children in reception and around 2 in 5 children in year 6 are overweight or obese**. There are around 22,000 obese 4-5 year olds and 33,000 obese 10-11 year olds in London.
- This is higher than other regions of England and global cities such as New York.
- There is significant variation across London **and health inequalities are a significant factor**, with ethnic minorities and the most deprived boroughs showing higher levels of childhood obesity.



- London's Prevention Partnership Board continues to support Londoners to stay healthy.
- London has determined childhood obesity as a particular area of focus.
- Recent successes include the Mayoral announcement of a proposed TfL advertising ban on unhealthy food/drink and the fast food exclusion zones near schools supported through the London Plan.



Questions



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<p align="center">North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)</p>	<p>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</p>
<p>REPORT TITLE</p> <p>NCL STP: Risk Management – Finance</p>	
<p>FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE</p>	<p>DATE</p> <p>20th July 2018</p>
<p>SUMMARY OF REPORT</p> <p>To consider a presentation on health and care devolution in London.</p> <p>Contact Officer:</p> <p>Simon Goodwin Chief Finance Officer, North London CCGs Simon.goodwin1@nhs.net</p>	
<p>RECOMMENDATIONS</p> <p>Members are asked to note and comment on the presentation.</p>	

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Risk management: Finance

North Central London sustainability and transformation partnership

Joint Health Oversight and Scrutiny Committee
20th July 2018

Simon Goodwin, Chief Finance Officer
North Central London CCG

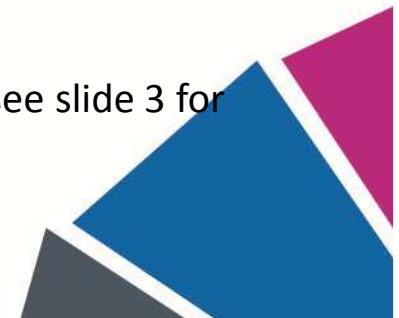


Strategic risk management: Finance

- At a JHOSC meeting in January 2018 we outlined the key risks for the programme and the process for managing these.
- One of these risks was financial: regarding risk that plans do not enable the health sector to meet its control total.

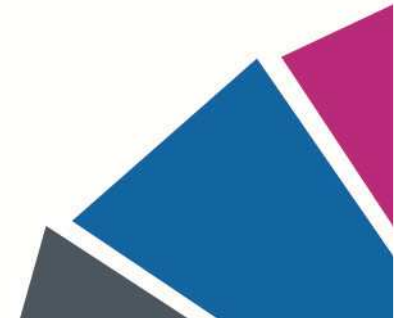
Risk	Category	Likelihood	Impact	Owner
Plans do not enable sector to meet control total	Financial	4	3	Simon Goodwin

- This paper is designed to provide an high level update on how the programme will continue to actively manages risk and current mitigations in place.
- Last financial year the health sector over achieved against its control total.
- Plans for 2018/9 across the health sector, have been developed, but contain risks that need to be actively managed. At a high level, these are:
 - Delivery of system transformation plans and organisational efficiencies (see slide 3 for active management measures)
 - Royal Free Recovery Plan



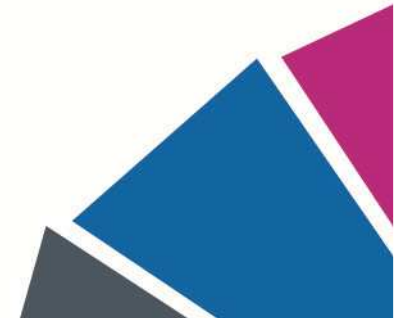
Strategic risk management: current systems in place

- Across the NCL STP, there are a shared set of clinically led delivery plans which are overseen by an STP programme delivery board. This has representation across partner organisations via board level senior responsible officers for priority areas. Operational delivery is delegated to clinically led workstream boards - with commissioners and providers as equal partners in these forums.
- The North Central Health and Care Cabinet meets monthly, to provide clinical and professional steer, input and challenge to provide oversight and scrutiny of plans across the STP. Membership consists of the five CCG Chairs, the eight Medical Directors, clinical leads from across the workstreams, three nursing representatives from across the footprint, Pharmacy and Allied Health Professions representatives, a representative for the Directors of Public Health and representatives for the Directors of Adult Social Services and the Directors of Children's Services respectively.
- In addition, there is a system wide finance and activity forum with senior provider and commissioner representation across NCL. This is attended by the Finance Directors from all organisations (commissioners and providers). This group meets monthly, to develop a shared approach to managing system financial risks and developing a system wide financial strategy for the STP.
- In addition, there are now NCL wide committees in place for CCG decision making with delegated powers in the following areas that manage risks across the CCGs work.
 - Joint Acute Commissioning (public meeting)
 - Primary care commissioning (public meeting)
 - Audit and risk



Strategic risk management: ongoing work to strengthen plans

- To enable effective management of the financial risks, over the summer we will be revisiting the original case for change financial projections to ensure we are focussing on reducing system costs.
- This is being worked on by a senior finance group from across North Central London Partner organisations. The aim is to have a refreshed set of numbers by October.
- Alongside this, the current plans are being scrutinised to:
 - Risk assess delivery and take action to mitigate/strengthen plans appropriately
 - Ensure clinical buy in and engagement with public on priority change areas
 - Review of any work that can be brought forward/accelerated



NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington
REPORT TITLE Work Programme and Action Tracker 2018-19	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	DATE 20 July 2018
SUMMARY OF REPORT This paper provides an outline of the 2018-19 work programme and action tracker of the North Central London Joint Health Overview & Scrutiny Committee. Local Government Act 1972 – Access to Information No documents that require listing have been used in the preparation of this report. Contact Officer: Ally Round Senior Policy and Projects Officer London Borough of Camden, 5 Pancras Square, London N1C 4AG 020 7974 5118 ally.round@camden.gov.uk Daisy Beserve Programme Manager London Borough of Camden, 5 Pancras Square, London N1C 4AG 020 7974 8803 Daisy.Beserve@camden.gov.uk	
RECOMMENDATIONS The North Central London Joint Health Overview & Scrutiny Committee is asked to: <ul style="list-style-type: none"> a) Note the contents of the report; and b) Agree the work programme for the remainder of 2018-19 	

1. Purpose of Report

- 1.1. This paper provides an outline of the proposed areas of focus for the Committee for 2018-19. This has been informed by topics highlighted by the previous Committee and a review of key health and care strategic documents that impact on North Central London. Throughout the municipal year, as the Committee considers other areas of interest, these will also be added to the work programme, either for discussion in the current municipal year or in subsequent years.
- 1.2. The report also includes an action tracker for the Committee, appendix B. This will be populated with actions from each Committee meeting. It is intended to help the Committee effectively track progress against recommendations and requests for further information.

2. Terms of Reference

- 2.1. In considering topics for 2018-19, the Committee should have regard to its Terms of Reference:
 - To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;
 - To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;
 - To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the areas of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;
 - The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;
 - The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and

- The joint committee will aim to work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people

3. **Appendices**

Appendix A – Outline 2018/19 Work Programme

Appendix B – Action tracker

REPORT ENDS

Appendix A: Work Programme 2018/19

20 July 2018 (Barnet)

Item	Purpose	Lead organisation
Lower Urinary Tract services (LUTs)	Update on the development of the adults' service and discussion on a way forward for the children's service	NCL Partners
Improving health & wellbeing and reducing inequalities - supporting clinical decision making	Update on the clinical decision-making policy, including: GP engagement plan update, information about financial risks, information on patient feedback	NCL Partners
Health devolution	An introduction to the health and care devolution agreement and the possible risks, opportunities and benefits for NCL	NCL Partners
STP strategic risks and issues	Update on the financial position and forecast	NCL Partners
Estates strategy	Update on the strategy following feedback by members of the Committee	NCL Partners

5 October 2018 (Camden)

Item	Purpose	Lead organisation
Screening and immunisation	Update following a report to the committee in February 2017	NCL Partners
STP prevention priority theme update	Update report on the progress against the prevention priority theme within the STP, including progress to date, milestones, risks and issues.	NCL Partners
STP strategic risks and issues	Update on workforce, including progress to date, key milestones, risks and issues	NCL Partners

STP strategic risks and issues	Update on the financial position of the Royal Free Hospital	Royal Free Hospital
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30 November 2018 (Enfield)

Item	Purpose	Lead organisation
STP maternity priority theme update	Update report on the progress against the maternity priority theme within the STP, including progress to date, milestones, risks and issues.	NCL Partners
STP best start in life priority theme update	Update report on the progress against the best start in life priority theme within the STP, including progress to date, milestones, risks and issues	NCL Partners
Integrating health and social care	Progress update on integrating health and care across NCL and impact of national and regional developments, including the London devolution agreement	NCL Partners
Adult Elective Orthopaedic Services	Update on the review of the service	NCL Partners

18 January 2019 (Haringey)

Item	Purpose	Lead organisation
STP mental health priority theme update	Update report on the progress against the mental health priority theme within the STP, including progress to date, milestones, risks and issues	NCL Partners
Dementia pathways update	Update on dementia services across the five boroughs, following on from a report to the committee in September 2017. The report will provide further information on areas such as: joint working, update on care homes, a shared service specification and service monitoring	NCL Partners

Child and adolescence mental health services	Update on the CAMHS service following report to the Committee in April 2017	NCL Partners
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15 March 2019 (Islington)

Item	Purpose	Lead organisation
STP social care priority theme update	Update report on the social care priority theme following a report to the Committee in March 2018	NCL Partners
STP health and care closer to home priority theme update	Update report on the progress against the care closer to home priority theme within the STP, including progress to date, milestones, risks and issues	NCL Partners
Ambulance service performance	Performance update report on response and handover times	London Ambulance Service East of England Ambulance Service
Reducing A&E attendance	NHS, local providers and councils working together to reduce attendance at A&E	NCL Partners

Appendix B: Action Tracker

Item and Action	Action by	Progress
23rd March 2018		
INTEGRATING HEALTH AND SOCIAL CARE The Committee requested that an update on this item be brought to a future meeting.	Programme Manager	Item added to the work programme for November 2018
NCL ADULT SOCIAL CARE UPDATE The Committee asked for further information on whether local authorities paid staff for travel times between homecare visits	Senior Responsible Officer for Adult Social Care for North London Councils	Information emailed to the Committee
ADULT ELECTIVE ORTHOPAEDIC SERVICES The Committee requested that an update on this item be brought to its November meeting.	Programme Manager	Item added to the work programme for November 2018
LONDON AMBULANCE SERVICE AND EAST OF ENGLAND AMBULANCE SERVICE The Committee requested that an update on this item be brought to a future meeting.	Programme Manager	Item added to the work programme for March 2019
IMPROVING HEALTH AND WELLBEING AND REDUCING INEQUALITIES – SUPPORTING CLINICAL DECISION MAKING The Committee requested that an update be brought to its next meeting	Programme Manager	Item on the agenda for the meeting in July 2018

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