



ISLINGTON



NOTICE OF MEETING

NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Contact: Robert Mack

Monday 10 September 2012 10:00 a.m.
Professional Development Centre, Laycock
Street, London N1 1TH

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Councillors: Alison Cornelius and Graham Old (L.B.Barnet), Peter Brayshaw and John Bryant (Vice Chair) (L.B.Camden), Alev Cazimoglu and Anne Marie Pearce (L.B.Enfield), Reg Rice (Chair) and Dave Winskill (L.B.Haringey), Martin Klute and Alice Perry (L.B.Islington),

Support Officers: Linda Leith, Robert Mack, Pete Moore, John Murphy and Shama Sutar-Smith

AGENDA

- 1. WELCOME AND APOLOGIES FOR ABSENCE (PAGES 1 - 2)**
- 2. DECLARATIONS OF INTEREST (PAGES 3 - 4)**

Members of the Committee are invited to identify any personal or prejudicial interests relevant to items on the agenda. A definition of personal and prejudicial interests is attached.

- 3. URGENT BUSINESS**
- 4. MINUTES (PAGES 5 - 12)**

To approve the minutes of the meeting of 9 July 2012 (attached).

- 5. BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY - IMPLEMENTATION**

To report on the implementation of the Barnet, Enfield and Haringey Clinical Strategy, with particular reference to the further development of primary care. (TO FOLLOW)

6. REFERRAL MANAGEMENT (PAGES 13 - 14)

To receive a report on the cluster's referral management strategy, with particular reference to borough integrated service proposals.

7. MEDICINES MANAGEMENT (PAGES 15 - 16)

To report on medicines management and the potential for supply chain issues arising.

8. ACUTE TRUSTS - FINANCIAL HEALTH CHECK

To provide an overview of the financial health of acute trusts within NCL cluster, with reference to the implications of PFI contracts. (TO FOLLOW)

9. QIPP UPDATE (PAGES 17 - 18)

To report further on the QIPP outturn for 2011/12 and the respective positions of each PCT.

10. CLINICAL COMMISSIONING GROUPS (CCGS); FINANCIAL REGIME

To receive a verbal briefing on the financial regime in respect of Clinical Commissioning Groups within the cluster.

11. UCLP; ACADEMIC HEALTH SCIENCE NETWORKS (AHSN) - EXPRESSION OF INTEREST (PAGES 19 - 20)

To report on a potential bid to establish an academic health science network covering the north central London cluster.

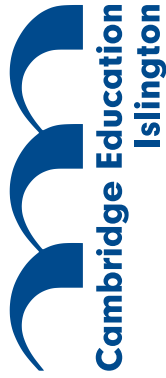
12. FUTURE WORK PLAN (PAGES 21 - 22)

To consider the JHOSC's future work plan (attached).

31 August 2012

Laycock Street | London N1 1TH | 020 7527 5678

Access to the centre is via Highbury Station Road or Laycock Street



Victoria Line to Highbury & Islington
Station (2 min walk)

London Overground to Highbury & Islington Station or Caledonian Road & Barnsbury Station (12 min walk)
WAGN to Highbury & Islington Station

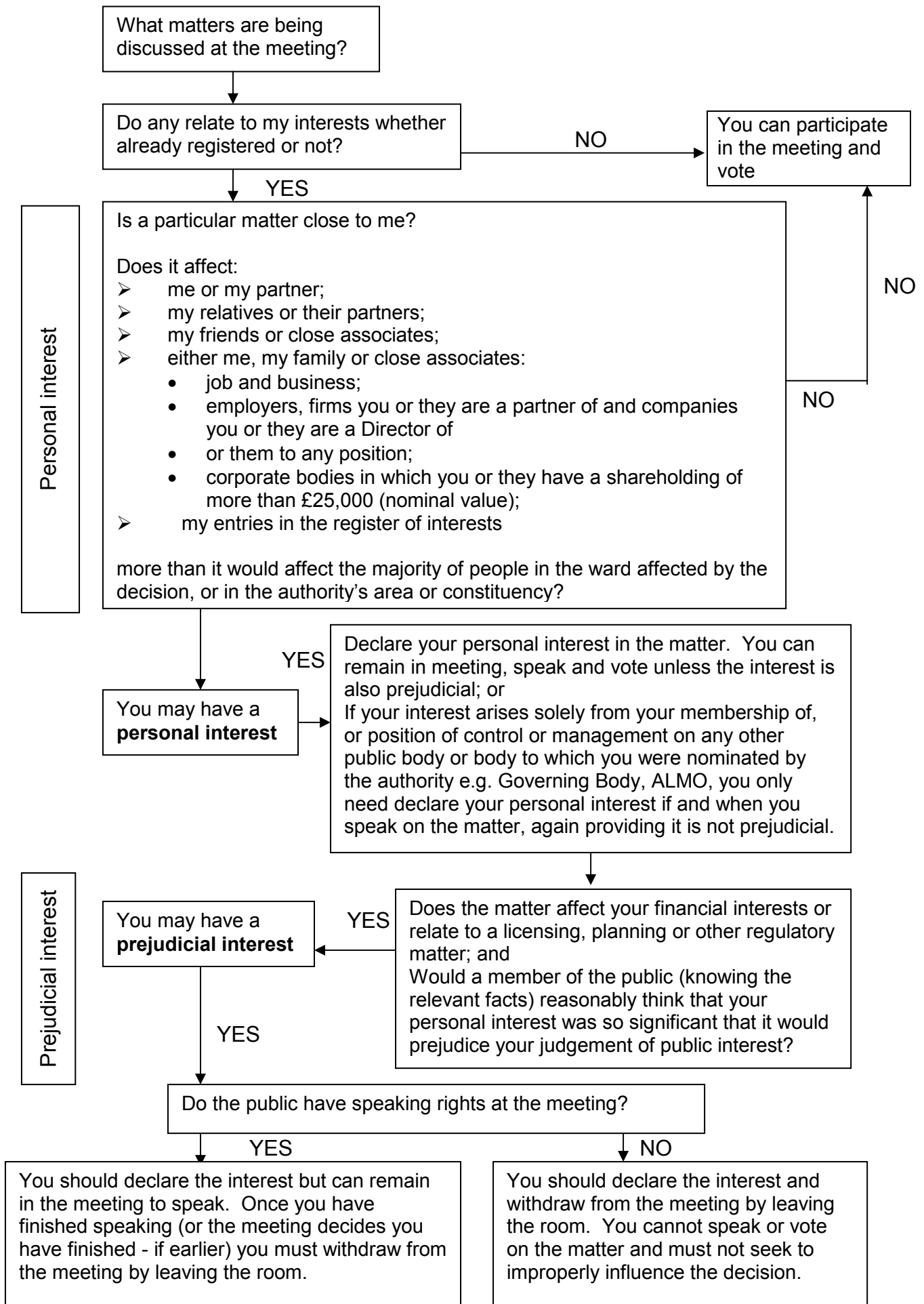
Routes 4, 19, 30, 43, 271, 277 & 393 to
Highbury Corner

There are rails and posts for securing bikes

- I Parking (by arrangement)
- I Building
- I WC

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DECLARING INTERESTS FLOWCHART - QUESTIONS TO ASK YOURSELF



Note: If in any doubt about a potential interest, members are asked to seek advice from Democratic Services in advance of the meeting.

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North Central London Joint Health Overview and Scrutiny Committee 9th July 2012

Minutes of the meeting of the Joint Health Overview and Scrutiny Committee held at Hendon Town Hall, The Boroughs, Hendon, London, NW4 4BG on 9 July 2012 at 10.00am

Members of the Committee present: Cllr Martin Klute (Chairman), Cllr Alison Cornelius, Cllr Graham Old and Cllr Barry Rawlings (L.B. Barnet), Cllr John Bryant (L.B. Camden), Cllr Alev Cazimoglu and Cllr Anne-Marie Pearce (L.B. Enfield), Cllr Dave Winskill (Vice-Chairman) and Cllr Reg Rice (L.B. Haringey). Cllr Arjun Mittra (L.B. Barnet) present in the audience

Officers present: Rob Mack (L.B. Haringey), Mike Ahuja (L.B. Enfield) and Rachel Stern (L.B. Islington) and Andrew Charlwood (L.B. Barnet)

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 Joint Health Overview and Scrutiny Committee (JHOSC).

MINUTES

1 WELCOME AND APOLOGIES

The Chairman, Cllr Klute, welcomed the attendees to the meeting.

Apologies for late arrival were received from Cllr Reg Rice (L.B. Haringey) and Mark Easton, Chief Executive Barnet and Chase Farm Hospitals NHS Trust.

Apologies for absence were received from Cllr Peter Brayshaw (L.B. Camden) and Cllr Alice Perry (L.B. Islington).

2. DECLARATIONS OF INTEREST

Cllr Alison Cornelius (L.B. Barnet) declared a personal but non-prejudicial interest in the items on the agenda as she was an assistant chaplain at Barnet and Chase Farm Hospital.

3. URGENT ITEMS

The Chairman reported that, as requested at the last meeting of the Committee, NHS North Central London had provided information on the Primary Care Investment Strategy within Barnet, Enfield and Haringey with particular reference to the three hospital sites and clarification of land sales at the hospitals.

The Committee noted that this information had been tabled at the meeting. Members agreed that there had been insufficient time to consider the information contained therein and that the tabled report was not as comprehensive as had been expected. It was moved that consideration of the item be deferred and that a full report be presented to the September meeting.

RESOLVED:

- 1) that NHS North Central London be requested to provide a full report to the September meeting of the Committee on the Primary Care Investment Strategy within Barnet, Enfield and Haringey with particular reference to the three hospital sites and clarification of land sales at the hospitals.
- 2) that NHS North Central London be requested to submit the above report in time for publication of the agenda for the meeting to enable the Committee to give due consideration to the information contained therein.

4. MINUTES – 28 MAY 2012 MEETING

- *Estates Management (Item 7):* The Committee noted that NHS North Central London had provided further details on sites, their current ownership, whether the site would be retained or transferred and, if transferred, the provisional transferee. Members considered that the list of sites did not provide all the information requested as percentage occupation figures were missing.

It was noted that the Chair had written to the Secretary of State to express concern that a joint application by the three trusts currently on the St Pancras Hospital site to be granted the building had been turned down on a technicality.

RESOLVED;

- 1) That a copy of the letter from the Chair to the Secretary of State regarding the St. Pancras site be circulated to Committee Members.
- 2) That, when appointed, the lead officer for NHS Property Services Limited (PropCo) for London be invited to the JHOSC and local health overview and scrutiny committees.

- *Barnet, Enfield and Haringey Clinical Strategy – Implementation:* Cllr Alison Cornelius (L.B. Barnet) raised concerns that the Transport Impact Assessment for the Barnet Hospital site has only identified a requirement for an additional 21 car parking spaces. She reported that at the previous meeting Mark Easton, Chief Executive Barnet and Chase Farm Hospitals NHS Trust, had stated that a multi-storey car park could not be accommodated on the site. The Committee were informed that this had not been discussed with the L.B Barnet Head of Planning and she requested that the minutes of the 28th May 2011 meeting be amended to reflect Mr Easton's comment.

The Committee were informed that there had been no consultation so far with local Members on the planning application. It was noted that Cllr Alison Cornelius and Cllr Graham Old had undertaken a site visit at Barnet Hospital on 3rd July 2012 and had identified that the staff car park was full and 150 staff were parked in visitor parking bays. Due to the shortage of parking on site, staff were being forced to park outside of the site, in some cases illegally.

Mark Easton tabled a briefing on the current status of the planning application and parking at the site. He advised the Committee that they had been working with the L.B Barnet planning department on planning considerations including parking and the development of a Green Travel Plan. He added that if planning permission was not achieved by 29th August 2012, there would be an impact on the November 2013 service transfer date. Members were informed that parking, including the possibility of having a multi-storey car park, was an issue that was being considered regularly by the Board. The Committee would be updated with any progress on this issue.

The Chairman advised the Committee that Barnet and Chase Farm Hospitals NHS Trust were considering a merger to enable NHS Foundation Trust status to be achieved. The Committee were disappointed that this information had been obtained via the media rather than directly from the Trust. It was noted that the full report commissioned by NHS London on the feasibility of Chase Farm Hospital merging with the North Middlesex Hospital had not been made public as yet. Members requested further information on the changes that had led to Barnet and Chase Farm Hospitals to seek a merger. In addition, they felt the implications for the North Middlesex Hospital needed to be taken into account.

Mr. Easton reported that the board of Barnet and Chase Farm Hospitals were considering possible merger partners in the light of an external review that had been commissioned by them on future options. The conclusion had been reached that the Trust would not be able to achieve foundation trust status as a single entity. There were likely to be considerable financial challenges in the forthcoming years and, in particular, commissioners were likely to require large cost savings. A detailed report on this issue would be

considered by their board on 12 July. If the board agreed to proceed, there would be an options appraisal on possible merger partners. Preferred partners would be identified by October 2012. A full consultation would take place if a formal merger was proposed as a result of the options appraisal.

RESOLVED:

- 1) that the NHS London Director of Finance, Hannah Farrah, be invited to the September meeting of the Committee to provide an update on the financial viability of NHS Trusts within the cluster, with particular reference to the implications of PFI contracts.
- 2) that the minutes of the meeting held on 28th May 2012 be agreed.

5. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES – TRANSFORMATION OF IN-PATIENT SERVICES IN BARNET, ENFIELD AND HARINGEY

Ceri Jacob, Acting Borough Director, NHS NCL Barnet, Phil DiLeo, Head of Additional Needs and Disabilities Service, Haringey and Brian Davis, Principal Educational Psychologist, L.B. Barnet presented reports on: Barnet, Enfield and Haringey Child and Adolescent Mental Health Services (CAMHS) Tier 4 Service Development; and Achieving an Education Model Integrated with CAMHS Provision.

Ceri Jacob advised the Committee that the Trust were implementing the Integrated CAMHS 3.5/4 Service. She added that the Young Peoples Board (YPB) continued to meet and were being supported at the current time by NHS NCL Communications Team. It was noted that the YPB were assisting in developing an evaluation framework. Members were informed that there were three representatives on the YPB and they met every two months.

Brian Davis presented a report which had been tabled on the maintenance of education provision for children and young people with serious emotional wellbeing and mental health concerns as CAMHS reforms were being implemented. The Committee were informed that there was uncertainty regarding future funding arrangements at the Northgate Pupil Referral Unit as a result of the loss of the clinic which had seen a reduction in funding of £115,000. It was noted that there had been a recent agreement with Haringey regarding joint block commissioning and that Enfield would possibly join in 2013 when the new funding model was implemented.

The Committee emphasised the importance of collaborative working between education and health to ensure that current service provision was not destabilised.

RESOLVED that detailed funding and service models proposed for the PRU at Edgware Hospital Barnet be presented to a future meeting of the Committee.

6. NHS NORTH CENTRAL LONDON STRATEGIC COMMISSIONING AND QIPP PLAN

Sylvia Kennedy, Associate Director Strategy and Planning, NHS NCL and Nick Day, Head of Programme Office NHS NCL delivered a presentation on the NHS NCL Commissioning Strategy and QIPP Plan 2012/13 to 2014/15.

The following points were noted in relation to questions:

- In some areas, GPs were not fully complying with their Personal Medical Services (PMS) or General Medical Services (GMS) contracts. Analysis of PMS contracts were currently being undertaken to detail costs in specific areas. Post 2013, these would transfer to commissioning and support services. The Committee agreed that JHOSCs and HOSCs should be consulted to consider whether contracts had been commissioned correctly.
- Budget allocations for CCGs would not be available until October. It was reported that financial plans were being based on current PCT budget allocations. Members were informed that CCGs and local authority public health functions would individually commission services. Other services would be commissioned by a Central Board. The Committee highlighted the importance of all commissioning bodies signing up to a co-ordinated plan.
- The Committee queried whether there would be a review of GP contracts and whether this information would be made available to the National Commissioning Board.
- GPs would commission two types of GMS contracts – standard or enhanced services (such as increased hours). Commissioning would be informed by patient participation groups.

RESOLVED: that referral management, with particular reference to borough integrated service proposals and issues relating to the re-tendering of services, be discussed at a future meeting.

7. PRIMARY CARE STRATEGY; UPDATE

Dr Henrietta Hughes, Acting Medical Director, NHS NCL and Denise Tyrrell, Programme Director Primary Care Strategy, NHS NCL presented a written summary on the Primary Care Investment Strategy for the north central London cluster.

The following points were noted in relation to Members questions:

- In relation to the commissioning strategy for blood tests, it was expected that tests would be undertaken close to where the patient lived.

- To address the issue of overtrading of acute services and preventing hospital admissions, post-graduate salaried GPs would be deployed to look at groups of patients (e.g. in care homes) to ensure that medicines were being managed appropriately and that there was communication between carers. GP networks would share good practice.
- Funding allocations were based on the number of GP practices and this would be reflective of population size.

RESOLVED that NHS NCL be requested to take account of concerns relating to medicines management with particular regard to shortage as a result of supply chain issues.

8. INTEGRATED CARE

Sylvia Kennedy, Associate Director Strategy and Planning, NHS NCL and Graham McDougal, Associate Director of Integrated Care, NHS NCL delivered a presentation on integrated care in North Central London.

The following points were noted in relation to Members questions:

- In relation to cultural barriers that had historically prevented service integration, the Committee were advised that there were some elements of services that could be integrated effectively. Sylvia Kennedy reported that service providers were taking a more systematic approach and it was recognised that long-term solutions were required.
- Managing multiple care pathways would be dependent on the conditions being managed. Enhanced levels of collaborative working would be required for patients with complex or multiple conditions. Approaches would need to change as the patient moved through the system. The Committee emphasised the importance of having coordinated care plans.
- Integrated services would be governed by strict information sharing protocols. Only direct care providers would have access to patient records.

9. TRANSITION UPDATE

Patsy Ryan, NHS NCL Interim Deputy Director of Communications presented a paper updating the committee on developments within North Central London as part of the NHS national transition process.

The Committee noted that:

- Anne Rainsberry, the NHS Commissioning Board's London's Regional Director, would be visiting NHS North Central London on 12 July for a session with staff, the executive team and CCG chairs.

- Proposals for joint Harrow and Barnet public health functions and for joint Camden and Islington public health functions will be discussed at the NHS North Central London's Joint PCT Board meeting on 20 July.
- Development of the Full Business Plan (FBP) for the Commissioning Support Service covering North Central London was now underway for submission to the NHS Commissioning Board in August 2012.
- Accountable Officers had been appointed by Camden Clinical Commissioning Group (CCG), Enfield CCG and Islington CCG. The posts for Barnet and Haringey CCG were being advertised nationally currently.

RESOLVED:

- 1) that NHS NCL be requested to provide a half day briefing to JHOSC Members in November 2012 on:
 - CCG transitional arrangements; and
 - The role of CSS and NCB London regional office so that the Committee is able to consider its future role
- 2) that a further update be provided at the next meeting of the Committee.

10. FUTURE WORK PLAN

The Committee were asked to consider the future work plan. It was agreed that the items referred to above be added to the Committee's work programme.

11. PFI FUNDED HOSPITAL DEVELOPMENTS

The Committee had requested information on any PFI schemes that were currently in operation within the cluster and, in particular, any that were a source of concern in respect of their long term affordability. It was noted that NHS North Central London did not hold such information. However, NHS London and the Department of Health would have access to it. Information was available on the Treasury website although there appeared to be some omissions. It was noted that the North Middlesex Hospital had a PFI scheme and that concerns had already been expressed about its long term affordability in the event of there being issues with the implementation of the BEH Clinical Strategy. It was also noted that both the Whittington and Barnet and Chase Farm Hospitals also had PFI funded developments.

CLOSE 13.00 hrs

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NHS NORTH CENTRAL LONDON	BOROUGHs: BARNET, CAMDEN, ENFIELD, HARINGEY, ISLINGTON WARDS: ALL
PRESENTATION TITLE: Referral Management in NHS North Central London	
PRESENTATION OF: Dr Henrietta Hughes, Acting Medical Director, NHS North Central London	
FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee	MEETING DATE: 10 September 2012
<p>EXECUTIVE SUMMARY OF REPORT:</p> <p>Referral management is a system by which GP referrals to community or secondary care services are reviewed by a peer in order to ensure that the correct referral pathway is being used.</p> <p>New pathways are being developed to enable care closer to home, to improve the patient experience and to deliver better value for money within the NHS. For example, musculoskeletal pathway for lower back pain. Patients referred to this service are initially reviewed by a senior physiotherapist who determines whether further investigations such as MRI scan and onward referral is made to Rheumatology or Orthopaedics. In addition, referral to certain specialist clinics will derive more benefit from the initial appointment if a set of investigations has been carried out prior to the referral. For example, when referring for investigation of infertility, this would include investigations such as blood tests, ultrasound scan and semen analysis. With this information the Gynaecologist is able to initiate and plan treatment.</p> <p>Certain referrals are excluded from referral management systems. These include maternity, two-week wait referrals for suspected cancer and some locally determined referrals.</p> <p>Referral management systems are used in Camden, Enfield and Barnet and are being considered in Islington. Haringey has a triaging system for community pathway referrals. The emphasis is on quality improvement of referrals. Where systems are more recent there may also be cost savings. The Borough Directors and the CCGs lead on this work.</p> <p>Demand management is a different issue which is not addressed through referral management systems. This is managed in the consultation by exploring the patient's ideas, concerns and expectations and by explaining options for investigation and referral based upon the clinical findings and evidence based medicine.</p> <p>CONTACT OFFICER: Dr Henrietta Hughes, NHS North Central London</p>	
<p>RECOMMENDATIONS: The Committee is asked to comment on the information above and the slides.</p> <p>Attachments include: PowerPoint presentation</p>	
<p>Dr Henrietta Hughes Acting Medical Director DATE: 30 August 2012</p>	

NHS NORTH CENTRAL LONDON	BOROUGHES: BARNET, CAMDEN, ENFIELD, HARINGEY, ISLINGTON WARDS: ALL
PRESENTATION TITLE: Supply of Medication in NHS North Central London	
PRESENTATION OF: Dr Henrietta Hughes Acting Medical Director NHS North Central London	
FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee	MEETING DATE: 10 September 2012
EXECUTIVE SUMMARY OF REPORT: <p>The supply of medications can be affected by a range of issues from manufacturing by a pharmaceutical company, supply chain problems, to factors relating to the international exchange rate of Sterling. This report summarises the supply issues identified and the ways that NHS North Central London, the Department of Health, the Medicines Healthcare products Regulatory Agency (MHRA) and the All Party Pharmacy Group have mitigated the risks.</p> <p>The All Party Pharmacy Group published a report on 15 May 2012 summarising the current situation. Certain medications face a worldwide supply shortage due to manufacturing problems for example Immunoglobulins. The situation for other, high cost, medications which do not have manufacturing problems are related to the current exchange rate and the cost of drugs in different EU countries. Under EU legislation, free trade exists between member states and this also includes medication. Medication purchased in one EU country and exported to another is described as 'Grey Exportation' or 'Parallel Exportation'. This is commonly carried out by smaller wholesalers. The effect of the current exchange rate is that there may be a net exportation of medication leading to supply shortages in the UK.</p> <p>Manufacturers mitigate this risk by using exclusive wholesalers for distribution of medication, ensuring that the supply matches patient need. For example, the pharmacist faxing the prescription before the medication is delivered and using a quota system to reduce the movement of medications.</p> <p>The Department of Health has issued guidance to the wholesalers advising that the interests of UK patients should override all other considerations. A holder of a wholesale dealer's license could be in breach of the Regulations if they chose to trade medicines for export that were in short supply in the UK and that they could face regulatory action against their license, and/or criminal prosecution. The Department of Health have announced that the MHRA would be taking a "proactive, targeted programme of inspection of holders of wholesaler dealer licenses".</p>	

In NHS North Central London, the Medicines Management team work closely with the community pharmacists and GPs to inform of potential delays, ensure that patients are not put at risk due to supply chain issues, and assist with alternative prescriptions if required.

Delay of production of Flu Vaccination 2012

Two manufacturers of the Flu Vaccine have identified delays of 2-4 weeks in the production and availability of the vaccine. The many alternative manufacturers do not report any delays to production. NHS North Central London has addressed this by communicating with the manufacturers, the Local Medical Committee and affected practices. A central supply of Flu Vaccines is available for cold chain collection by practices. Practices have come forward to offer supplies and are working in a collaborative way to address the temporary shortfall. Housebound patients will not be affected by this.

CONTACT OFFICER:

Dr Henrietta Hughes
NHS North Central London

RECOMMENDATIONS: The Committee is asked to comment on the information above and the slides.

Attachments include: PowerPoint presentation

Dr Henrietta Hughes
Acting Medical Director
DATE: 30 August 2012

NHS NORTH CENTRAL LONDON	BOROUGHS BARNET, CAMDEN, ENFIELD, HARINGEY, ISLINGTON WARDS: ALL
PRESENTATION TITLE: QIPP 2012-13 Update	
PRESENTATION OF: Lorraine Robjant Assistant Director, Service Transformation, Financial Recovery and QIPP NHS North Central London	
FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee	MEETING DATE: 10 September 2012
EXECUTIVE SUMMARY OF PRESENTATION: <ul style="list-style-type: none"> • This presentation provides the JHOSC with an update on progress of the 2012-13 QIPP Programme • Most QIPP schemes within the overall programme are forecast to deliver at or very close to their target • Two schemes are rated Red and two Amber • NHS North Central London and the PCTs continue to manage and mitigate for the following risks: <ul style="list-style-type: none"> ○ NHS Transition leading to staff turnover in key QIPP delivery areas ○ Completeness and accuracy of reported data ○ There is a degree of slippage against the target; however work continues to identify means to close this gap. This includes proposals being worked up in the following areas: <ul style="list-style-type: none"> ▪ Pain Management ▪ Comprehensive Falls System ▪ Review of Elective Activity for BEH ▪ Preventing Alcohol-Related Admissions ▪ Patient Navigator Scheme 	
CONTACT OFFICER: Nick Day Head of PMO NHS North Central London	
Lorraine Robjant Assistant Director, Service Transformation, Financial Recovery and QIPP DATE: 30 August 2012	

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UCLPartners: An Academic Health Science Network in development**Introduction**

This paper refers to the call by the Department of Health to establish Academic Health Science Networks, and summarises the local response to this call, which is led by UCLPartners. A brief summary of UCLPartners is also provided.

The Joint Overview and Scrutiny Committee is asked to:

- comment on the proposal to create an local Academic Health Science Network
- comment on the early priorities
- consider supporting UCLPartners AHSN and encouraging Local Authorities in the area to become members.

Academic Health Science Networks

In June 2012, the Department of Health launched a call for the establishment of Academic Health Science Networks (AHSNs) across the country¹.

Each AHSN is expected to bring together a broad range of organisations to work collaboratively for the benefit of a population of approximately 3 – 5 million. Members of an AHSN are expected to include: the local NHS and providers of NHS funded care (e.g., independent and third sector), the local authority, higher education and research institutions, industry, and patient and carer organisations.

The functions of an AHSN include but are not limited to:

- driving service improvement and the use of proven innovations
- facilitating better education and training for the current and future workforce
- sharing information with patients and with different parts of the health and social care system
- promoting involvement in research
- embedding research discoveries and learning into practice
- working with industry to develop, test and commercialise new ideas for economic benefit

The national designation process for AHSNs involves the submission of an Expression of Interest by 20th July 2012 and a full Prospectus by 30th September 2012. Panel interviews will take place during October/ November 2012. Designation announcements for AHSNs will be made at the end of November 2012.

UCLPartners

UCLPartners was designated as an Academic Health Science Centre (AHSC) by the Department of Health in April 2009. AHSCs have related functions to AHSNs but AHSCs are of a smaller scale (in terms of geography and number of organisations) and they focus more on new discoveries rather than embedding research findings and proven innovations in to practice.

UCLPartners (UCLP) is currently a partnership of 16 NHS provider Trusts and 3 Universities serving 3.5m people across north central and north east London. Its purpose is to deliver measurable health gain for patients and populations – in London, across the UK, and globally – through innovation in healthcare delivery, new discoveries through research, and improved education and training.

¹ <http://www.dh.gov.uk/health/files/2012/06/Academic-Health-Science-Networks-21062012-gw-17626-PDF-229K.pdf>

UCLPartners – An Academic Health Science Network in development

In response to the call for the establishment of AHSNs, UCLP began a process of co-producing an Academic Health Science Network which will serve a population of 5.5million across north central and north east London, south and west Hertfordshire, south Bedfordshire, and south and west Essex. This geography reflects historical patient and trainee flows between providers in the different counties.

UCLP will continue to develop our culture of collaborative partnership working by building upon our currently stated UCLP values:

- Patient-led, organising care around patients' needs and preferences
- Population-focused, taking a system-wide view to drive improved health outcomes at speed and scale
- Drawing on academic expertise across disciplines in biomedicine and beyond
- Working across boundaries, spanning primary, secondary and tertiary health care, social care, public health, industry and third sector organisations

The principal strategic goals will be to:

- Support and facilitate **measurable improvements** in health and wellbeing of our population, recognising the importance of reducing health inequalities
- Enhance **economic gain** for the population through better health, innovation and its implementation into practice

The early priorities for UCLP AHSN will be aligned the most pressing needs of the population and the system:

- **Early diagnosis and prevention** of the causes of premature death in our population, most notably cancer and cardiovascular disease which together contribute to two-thirds of premature deaths
- **Long-term conditions** which affect an increasing number of lives and accounts for 70% of health care spend. The initial focus will be people living with multiple chronic conditions, and with mental illness.

UCLP submitted a successful Expression of Interest² and is now consulting with its members to submit a full Prospectus by 30th September 2012.

² http://www.uclpartners.com/lotus/wp-content/uploads/2012/07/UCLP_AHSN_EOI.pdf

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

10 September 2012

Future Work Plan

1. Introduction

1.1 This report outlines the work plan for future meetings of the JHOSC.

Next Meeting

1.2 Potential items for the next meeting of the Committee, which will take place on 22 October in Camden, are currently as follows:

- Estates – Prop Co
- Transition
- QIPP – Update
- A&E Admissions – waiting times

1.3 Dates for future meetings are as follows:

- 3 December (Haringey).

Transition Seminar

1.4 In addition to the above-mentioned regular meetings, a seminar on transition and the shifts in responsibilities and accountability from the current structure to the new is currently being arranged to take place in November. Further details will be circulated in due course.

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