**North Central London Joint Health Overview and Scrutiny Committee**
**15 July 2011**

Minutes of the meeting of the Joint Health Scrutiny Committee held at the Town Hall, Upper Street, Islington, N1 2UD on 15 July 2011 at 10.00am.

**Present:** **Councillors:** Councillor Gideon Bull (Chair) (L.B.Haringey), Councillor Peter Brayshaw (L.B.Camden), Councillor John Bryant (Vice-Chair) (L.B.Camden), Councillor Alison Cornelius (L.B. Barnet), Councillor Kate Groucutt (L.B.Islington), Councillor Martin Klute (L.B.Islington), Councillor Andrew McNeil (L.B. Barnet), Councillor Anne Marie Pearce (L.B. Enfield) and Councillor Dave Winskill (L.B.Haringey).

**Officers:** Rob Mack (L.B.Haringey), Peter Moore, Heather Scowby (L.B.Islington), Linda Leith (L.B. Enfield) and Melissa James (L.B. Barnet) Shama Sutar-Smith (LB Camden)

**1 WELCOME AND APOLOGIES FOR ABSENCE (Item 1)**

Councillor Gideon Bull welcomed everyone to the meeting. Members of the Committee and officers introduced themselves.

Apologies for absence were received from Councillor Alev Cazimoglu (L.B. Enfield). Councillor Andrew McNeil substituted for Councillor Maureen Braun (L.B. Barnet).

Apologies for lateness were received from Councillor Peter Brayshaw (L.B.Camden).

**2 URGENT BUSINESS (Item 2)**

None.

**3 DECLARATIONS OF INTEREST (Item 3)**

Councillor Gideon Bull declared an interest in that he was an employee at Moorfields Eye Hospital, but did not consider it to be prejudicial in respect of the items on the agenda.

Councillor Peter Brayshaw and Councillor Kate Groucutt declared that they were Governors at University College London Hospital, but they did not consider the interest to be prejudicial in respect of items on the agenda.

Councillor Alison Cornelius declared that she was an Assistant Chaplain at Barnet Hospital, but did not consider it to be prejudicial in respect of items on the agenda.

**4 MINUTES (Item 4)**

That the minutes of the meeting on 27 May 2011 be agreed, subject to the following -

- That the declarations of interest on page 3 of the minutes be amended to read that Alison Cornelius was 'Assistant' Chaplain at Barnet Hospital.
- That the typographical errors in the title of item 9 on page 8 of the minutes be amended to read 'Islington' rather than 'Lisington' and 'Trust' rather than 'Turst'.

**5 TRANSFORMING CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) IN-PATIENT SERVICES FOR YOUNG PEOPLE LIVING IN BARNET, ENFIELD & HARINGEY (Item 5)**

Emma Stevenson, NHS North Central London, Eric Karac, Clinical Director, Barnet Enfield and Haringey Mental Health Trust, Tony Theodolou, Assistant Director Children's Services L.B. Enfield, Julia Britton, Co-Director Open Door, Shaun Collins, Assistant Director, Barnet Enfield and Haringey Mental Health Trust and young service users representing the Northgate Clinic were present for the discussion of this item.

The Chair stated that the Committee would hear from a group of young people comprising of patients and ex-patients of the Northgate Clinic.

The Committee was shown a short video-clip which introduced the Northgate Clinic, which had been put together by the young people from the Clinic.

The young people made a submission to the Committee, during which the following main points were

made -

- It was important to recognise the difference between adolescent and adult mental health services and ensure that an appropriate service for adolescents was retained. Young people valued the approach that included peer support which differed from models for adult therapies.
- Units such as the Northgate Clinic were crucial for the recovery of young people with complex mental health issues and its closure would devastate the young people concerned. The clinic provided a safe place for young people to recover and be properly supported. Young people valued the residential aspect of the programme that offered them a period of protection from their home environment and did not leave them unsupported following therapy sessions.
- There had been suicide attempts amongst inpatients upon hearing that the Northgate Clinic could close in the future.
- It was difficult to understand how the same therapies could be delivered using the proposed Alliance model as only three members of staff had been employed to co-ordinate the care.
- Service providers at the Northgate Clinic would find it difficult to implement the changes proposed due to the uncertainty of the new model.

During the discussion amongst the Committee, the following main points were made –

- The delivery of alternative therapies, such as psychodrama, should be explored, to address the concerns that the Northgate Clinic was based on an out-dated model of care
- It was questioned as to why the Alliance model had only been piloted in Enfield and was not being trialled alongside the other boroughs within the North Central London Cluster
- Group therapy was a valued model of care that should continue to be practised going forward however it was not as suitable in a home setting
- The consultation process began in May 2011. The initial consultation document on the proposals for the new service model was only available in PDF format initially which meant that it had been impossible to fill out electronically. In addition, an address had not been provided for the return of the form via post. The deadline for returning consultation forms had been extended by a further two weeks to address this problem and was now available in Microsoft Word format
- The proposals for a new model had been advertised via a press release, a discussion at youth parliament and by holding focus groups amongst current and ex-patients of the Northgate Clinic. Options for further engagement opportunities were being explored. The Committee were of the view that the schedule of consultation should be published for the purpose of transparency
- The Northgate Clinic was still operational. However, when the consultation had begun, it had been closed to new admissions and clinical staff had been asked to calculate when the patient's care packages would end. The unit could not operate group sessions below a certain capacity so a plan had been put in place to support the remaining patients in the community.
- The Chair stated that the clinic should not have closed as the consultation process was ongoing and that this sent out the impression that a decision had been made, which was not fair on the young people or the staff at the clinic
- The Alliance model had been adopted in other parts of the country and was based on clinical evidence. It demonstrated a positive impact on decreasing the inpatient admission rate whilst supporting people in the community
- It was stated that the proposed number of 15 beds for the new model was felt to be adequate. Although the combined number of beds for the Northgate and New Beginning Clinics was 24, the Northgate Clinic did not often reach full capacity. There was also additional beds at Simmons House
- There was no reference to the education element of the clinic or mention of the school in the report and it was essential that the school was retained
- The New Beginning Clinic provided support to young people in acute crisis and it would not be clinically safe to close it down rather than the Northgate Clinic
- The whole care pathway encompassing tier 3 was being reviewed, not just the services at the Northgate Clinic
- Concern was expressed that the Northgate Clinic was being closed whilst a new model of care was being developed and the effect the gap in provision of care would have on young people
- Staff from Northgate would be reallocated amongst the adolescent mental health teams in the three boroughs and some staff would transfer to New Beginnings

- Barnet, Enfield and Haringey commissioned services differently to Camden and Islington. The differences between the demographics of the population and the mental health needs of the boroughs were recognised. The community based model would reach the needs of the diverse population and it was agreed that work across the whole sector would need to be looked at for continuity and best practice
- Tony Theodolou, Assistant Director-Children & Families, Enfield stated that initially concerns about the proposals were shared however they were broadly supportive of a move towards a community based model of practice
- Julia Britton, Co-Director Open Door, stated that she was broadly in favour of enhanced community care and that initially she shared concern regarding the Alliance model but had learnt that although there were only three members of staff they were not a stand alone service, and it would provide integrated packages of services.
- Barnet PCT owned the building occupied by the Northgate Clinic.

**RESOLVED:**

1. That, in view of the flaws in the consultation process and in order to facilitate further meaningful engagement with stakeholders, patients and the public, the consultation period be further extended and, in keeping with the Cabinet Office Code of Practice on Consultation, August is not included in any additional consultation period that is allowed.

2. That, in the interests of transparency, a full schedule of the consultation process should be provided.

3. That, in order that the Committee can be convinced that the new arrangements are in the interests of the local health service, the following clarification and further information be submitted to its next meeting:

    - The arrangements for the schooling of the young people and how the changes will impact on this;

    - Information on the new care pathway for vulnerable young people so that the Committee is able to have a better understanding of how it is proposed that the new arrangements will operate in practice; and

    - Further evidence on how resources freed up by the reconfiguration will be re-invested appropriately and on the transitionary arrangements.

4. That the concern of the Committee at the effective closure of the Northgate Clinic prior to the start of consultation period be noted by commissioners. .

The Chair thanked everyone for attending and the Committee agreed that the item should be included for discussion at the next meeting.

**6 QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION (QIPP) PLAN (Item 6)**

Loraine Robjant, NHS North Central London, Dr Tony Grewal, London LMCs and Graham MacDougall, NHS North Central London were present for the discussion of this item.

**(i) Update**

Lorraine Robjant gave a presentation which provided an update on commissioning plans that had been developed across the NHS in North Central London and outlined the current financial position.

The presentation outlined –

- QIPP workstreams
- QIPP plan
- QIPP plan progress
- Additional opportunities

- Building the next 4 year QIPP Plan

During the discussion, the following main points were made -

- A breakdown of the individual projects in the QIPP plan should be provided in accordance with the rag rating system. 117 projects were still in the design and planning stage and 128 projects had been implemented
- The NCL QIPP plan for 2011/12 totalled £137.4m. £14.6m of the previously unidentified £25m stretch had been provided for within current acute contracts, reducing the stretch target to £10.4m
- A member expressed concern at the number of projects in red and amber and it was reported that they were already 4-5 months into the financial year and there was a challenge ahead. It was stated that the rag ratings for each of the projects in the plan were updated regularly
- Discussions were being held with the acute hospitals in North Central London and contract negotiations had been agreed
- The prediction of people staying longer in hospital due to the effects of the Local Government cuts was something that was being taken into account as part of the QIPP planning and budgeting process

**(ii) LMC concerns**

During the discussion, the following main points were made -

- GPs were being asked to justify referrals to hospitals to address the issues of over-referring but this posed a threat of further delays in the already bureaucratic referral process - this could be detrimental to the GP/patient relationships
- Pump priming the primary and community care infrastructure was necessary. Discussions had taken place with all borough teams and agreement to expand across the NCL those service developments already operational within some of the boroughs, in particular - cardiology, ENT, gynaecology and oral surgery
- The biggest challenges going forward were the cleansing exercises of patient lists and to have the necessary resources in primary care to take on services currently provided in hospitals.

**(iii) Care Closer to home**

Graham MacDougall introduced the report on the current Care Closer to Home programme.

During the discussion, the following main points were made -

- The vast majority of initiatives in the Care Closer to Home programme were driven by local authorities, GP commissioners and clinicians in hospital
- The Care Closer to Home programme could be separated into three key elements – admissions avoidance, long term conditions and planned care
- Care Closer to Home aimed to make savings from the initiatives of £4.922m and the programme had been asked to realise a further £1.5m savings from additional initiatives
- Services could be commissioned via one of three routes – contract variation with current provider, any willing provider or invitation to tender
- Monitoring of activity and finance for both the community based services and the remaining acute Trust based service would be undertaken as part of a wider monitoring tool to ensure savings were being realised. The monitoring tool included elements of the non-financial benefits of those initiatives to ensure a full QIPP approach
- When looking at the progress for each initiative within each borough the savings made by Haringey since April 2011 were substantially lower than for other boroughs
- The role of pharmacists should be looked at and enhanced and this was being looked at
- Concern was expressed that community based clinical facilities, such as at Stevenson House and Hornsey Neighbourhood Health Centre, might not be being fully utilised.

**RESOLVED:**

1. That the update on the QIPP Plan be noted and a further update be provided to the November meeting with a breakdown of the projects in accordance with the “RAG” rating.
2. That a specific and substantive item be placed on the agenda for a future meeting of the Committee on care closer to home.

**7 THE ROYAL FREE HOSPITAL - RESPONSE TO CARE QUALITY COMMISSION REPORT INTO DIGNITY AND NUTRITION FOR OLDER PEOPLE (Item 7)**

David Sloman – CEO, Dominic Dodd, Chair, Prof. Steve Powis – Medical Director and Debbie Sanders – Director of Nursing, Royal Free Hampstead were present for the discussion of this item.

David Sloman introduced the report. During the discussion, the following main points were made -

- An immediate response to the concerns raised by the Care Quality Commission (CQC) inspection was being undertaken
- Compliance in all areas had been reviewed and confirmed to be safe
- An action plan had been drawn up which comprised of 34 interventions to address the issues raised
- An opportunity for learning had been created and there would be a drive to improve the performance across the wider organisation by implementing best practice, with a particular focus on self certification and the patient experience
- In terms of self certification, a standard inspection regime had been drawn up which mirrored the standards of the CQC inspections. Three mock inspections had been held over a six day period, the outcomes of which had been positive
- Privacy and dignity audits, nutrition audits and documentation audits would be undertaken alongside reviews of patient survey results
- One to one sessions between patients and staff were being held to learn directly from patients about their experiences and for staff to develop greater empathy and further develop staff self awareness of behaviour that may compromise patients privacy and dignity
- The 'too posh to wash' culture amongst staff was not an issue at the hospital and the most senior staff often washed patients to convey the right attitude
- They had been in discussions with Age UK following their invitation to the Camden HSC earlier this week, and consulted other experts and independent advocates in the voluntary sector for nutrition advice. The number of volunteers trained had increased to further support patients in eating
- Nurse rounding which ensured that patients were sitting comfortably in preparation for meal times was appropriate to ensure that the food did not go cold by the time it was served and that patients were ready to eat.
- It was noted that patient satisfaction levels for acute providers in north central London were in the bottom quartile nationally.

**RESOLVED**

That the response from the Royal Free NHS Trust on the CQC inspection report be noted and that it be noted that the Camden Health Scrutiny Committee would be receiving further updates on the implementation of the action plan.

**8 RE-COMMISSIONING OF DIABETIC RETINAL SCREENING (DRS) (Item 8)**

Archna Mathur, NHS North Central London and Quentin Sandifer Director Public Health for Camden were present for the discussion of this item.

Archna Mathur gave a presentation which provided an update on current diabetic retinal screening (DRS) services in Barnet, Camden, Enfield, Haringey and Islington and the options being considered for their re-commissioning across the NHS North Central London Cluster.

The presentation outlined –

- Background
- Current services
- Why change
- Impact on patients
- Re-commissioning options
- Preferred option – option two
- Who will benefit from a single Cluster-wide programme?
- Proposed engagement
- Views

During the discussion, the following main points were made -

- Feedback from the External Quality Assurance (EQA) visits had demonstrated a need to make

improvements to existing programmes, contracts of which were due to end on 31 March 2012. There was a particular need to increase uptake.

- There was an opportunity to commission a single, larger screening service as recommended by the National Screening Programme.
- Currently patients could only access services in the borough where they were registered with their GP, resulting in low access figures there would need to be a site in central London
- A single screening list would ensure that patients could access services from multiple sites across the five boroughs, irrespective of where they were registered
- Of the three proposed options, the preferred option was to commission a single North Central London Cluster-wide programme and one programme office, the benefits of which included cost savings through better management of resources, more control over service improvements and benefits for both patients and staff
- Engagement on the re-commissioning process was proposed to include contact with patients via a questionnaire on the website and writing letters to LINKs, Diabetes UK and the Local Optometric Committee (LOC)
- Diabetic retinal screening (DRS) was a specialized service therefore could not be undertaken by high street opticians, unless they had the right expertise
- Expanding the number of people who could practice DRS would be useful to improve uptake and access to screening by patients and the target was to have a 80-90% take up in the NCL cluster
- Work was being undertaken to understand why the current budget for the three contracts was so varied, with the Camden and Islington Budget nearly double the budget for Barnet. This would involve a breakdown of what each of the expenses were, such as overheads, sites, capacity and staffing requirements
- Under option 2, there would be a need to undertake competitive tendering for the service contract due to procurement rules. Providers would need to demonstrate that they provide quality services
- There were no plans to decrease the number of sites providing DRS services
- Committee Members were concerned at the possible implications of competitive tendering but were reassured that patient safety and the provision of equality in the service would be critical elements within the procurement process.

**RESOLVED**

That the preferred option (option 2) be supported in principle by the Committee and the need for appropriate safeguards in respect of patient safety be fully taken into account within any procurement process that might be required.

**9 OUT OF HOURS GP SERVICES - RE-TENDERING OF CONTRACT (Item 9)**

Tony Hoolaghan, Associate Director of Primary Care, NHS North Central London was present for the discussion of this item.

Tony Hoolaghan gave a presentation and introduced the report which outlined the current and planned arrangements for the Out of Hours (OoH) GP services in Camden, Islington and Haringey in 2011/12, including a provisional timetable for the re-tendering of the contract for the services.

The presentation outlined –

- Background
- Harmoni contract
- OoH procurement
- OoH procurement provisional timetable

During the discussion, the following main points were made -

- The contract with the existing provider of the OoH (Camidoc) service ended on 30 September 2010 and Harmoni had been appointed as an emergency provider for the period of 1 October 2010 to 28 February 2011 and this had been extended on an ongoing two-month rolling basis from March 2011
- Procurement in the longer term would be led by NHS North Central London, with input from key stakeholders, including local GP Consortia and patients/LINks
- The re-tender of the contract exercise would include provision of OoH services across Camden,

Islington and Haringey. It was not as yet clear whether Hackney and City would also be included in the procurement process. It was possible that they could elect to make their own arrangements.

- Barndoc provided services for Barnet and Enfield residents and it was not planned to tender for OoH services until 2013
- The contract with Harmoni was constantly monitored to ensure complaints were addressed and further information could be provided following the meeting if required.
- Concern was expressed about poor attendance at the monitoring committee. It was noted that attendance had deteriorated during the recent changes that had taken place across the sector but this has now been addressed and appropriate medical directors should now be attending.
- In respect of Camidoc, preliminary agreement had been achieved into releasing the executive summary of the independent report that had been commissioned into their financial problems prior to their demise. This would be made available to the Committee in due course.

**RESOLVED**

1. That the update on the current and planned arrangements for the Out of Ours (OoH) GP services in Camden, Islington and Haringey be noted
2. That further information on the monitoring of OoH complaints process be circulated to the Committee.

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**10 NEW ITEMS OF URGENT BUSINESS (Item 10)**

None.

**11 DATE AND VENUE OF NEXT MEETING (Item 11)**

The date for the next meeting was provisionally set for 12 September 2011 at Enfield.

**FINISH:**

The meeting closed at 13:30 pm.

**CHAIR:**