

## **Decisions of the Joint Health Overview and Scrutiny Committee**

21 April 2017

Members Present:-

Councillor Alison Kelly, London Borough of Camden  
Councillor Graham Old, London Borough of Barnet  
Councillor Alison Cornelius, London Borough of Barnet  
Councillor Anne-Marie Pierce, London Borough of Enfield  
Councillor Charles Wright, London Borough of Haringey  
Councillor Pippa Connor, London Borough of Haringey  
Councillor Jean Kaseki, London Borough of Islington  
Councillor Martin Klute, London Borough of Islington

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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, 21ST APRIL, 2017** at 10.00 am in the Committee Room 4, Islington Town Hall, Upper Street, London N1 2UD

Minute Item 1

### **MEMBERS OF THE COMMITTEE PRESENT**

Councillors Alison Kelly (Chair), Pippa Connor (Vice-Chair), Martin Klute (Vice-Chair), Abdul Abdullahi, Jean Kaseki, Graham Old, Richard Olszewski, Anne Marie Pearce and Charles Wright

### **MEMBERS OF THE COMMITTEE ABSENT**

Councillor Alison Cornelius

### **ALSO PRESENT**

Councillor Phil Cohen

**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.**

## **MINUTES**

### **1. APOLOGIES**

Apologies for absence were received from Councillor Alison Cornelius. Apologies for lateness were received from Councillor Richard Olszewski.

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

For reasons of transparency, Councillor Connor declared that her sister worked as a GP in Tottenham. Councillor Olszewski declared that he was a governor of the Royal Free Hospital Trust.

### **3. ANNOUNCEMENTS**

The Chair declared that she had received a letter from a member of the public highlighting their concerns about a matter and was seeking legal advice on the best approach to take in dealing with the issue.

### **4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR**

## **CONSIDERS URGENT**

There were no notifications of any items of urgent business.

### **5. DEPUTATIONS (IF ANY)**

There were no deputations.

### **6. MINUTES**

Consideration was given to the minutes of the meeting held on 17<sup>th</sup> March 2017.

## **RESOLVED –**

THAT the minutes of the meeting held on 17<sup>th</sup> March 2017 be approved and signed as a correct record.

### **7. NCL STP: GOVERNANCE**

Consideration was given to the written responses provided to queries raised at the last meeting.

David Stout, Senior Programme Director, for the STP, addressed the panel and highlighted that publication of the new draft STP may be subject to purdah and so not take place until after the general election.

With regard to finance, he highlighted that the figures were based on a complex set of assumptions and that there was likely to be a £110m deficit vis a vis the “control total”, which would need to be filled. This figure was factoring in a 3% increase in demand due to factors such as demographic change, and 4.5% estimated efficiency savings from health service bodies.

The Chair highlighted her concern that the Joint Commissioning Committee was dealing with a high risk area and that it was something that the scrutiny committee should focus on.

Members asked when the advisory board would meet. They were informed that it would meet in June and that its first meeting would consider whether its membership was suitable or whether to change it.

Members were keen to see information on service user involvement. Councillors Wright and Connor also asked that they have sight of the website content once the draft version was ready.

**ACTION: Gen Ileris (STP Communication and Engagement Lead)**

A member asked if there was a date for national submission and sign-off of the revised STP. The meeting was informed by Mr Stout that there had been no specific date set by NHS England.

With regard to the earlier mention of patient involvement, a member of the public said that there should be scope for involvement by people who were not currently patients. The suggestion was made by members that mention of 'residents' rather than 'patients' would be better in most contexts.

The meeting was informed that the Programme Delivery Board and the Advisory Board would not be meeting in public, but that their papers would be available.

**RESOLVED -**

THAT the response and the comments above be noted.

**8. NCL STP: CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)**

Consideration was given to a report on Child and Adolescent Mental Health services (CAMHS).

Officers explained that CAMHS formed part of the mental health workstream but that consideration was also being given to mental health in the children's workstream. There had been a growth in demand for children's mental health services. They were aiming to share intelligence and best practice across the system.

Members were informed that 'Tier 4' in-patient beds were currently commissioned nationally. This meant that children in need of acute care from the North Central London sub-region were sometimes sent to units outside of London and children from outside of London ended up being allocated beds in London if those were the ones that were free at the time. They were trying to move back to local commissioning.

There was involvement of service users in co-production of CAMHS services. They were hearing from 'experts by experience'.

Jon Abbey, who was the Director of Children's Services in Haringey, highlighted that Directors of Children's Services from North-Central London met regularly and that he was the STP Lead for Children. They were aiming to share best practice from their authorities.

Concern was voiced that access to services varied from area to area and borough to borough. Officers said that they were aiming to improve equity of access.

Members were informed of the work being done on perinatal mental health and the efforts being made to tackle postnatal depression.

Pilot funding had been made available to fund link workers in some schools. Given that children spent much of their time in schools, it was a good way to reach children in need of help. If the prevalence of mental ill-health among the child population was extrapolated to one class – there would be 3 children per class suffering from a degree of mental ill-health. Members welcomed this, and thought this would be a good way of reaching children before they reached a crisis point in their personal mental health. Concern was voiced by members who were school governors that schools were having to make cuts in their spending due to the introduction of the new national funding formula for schools and so would not be able to continue projects when the pilot funding ran out.

There was a discussion about the ‘child house’ for treatment in North-Central London. Members were informed that it would be in Camden, as travel to Camden would be easier for children from than travelling to an outer borough.

There was concern about the transition from child to adult services at 18. Members expressed concern about the transition being too rapid and poorly-managed. They wanted to see a smooth movement from services for under-18s to those for the 18-25 young adult age group.

Members voiced their concerns about the link between child poverty and mental ill-health. A member also noted that the benefit cap was causing families affected to move to outer boroughs and, if the children of those families were in need of CAMHS services, this put additional pressures on services in these boroughs. Officers noted these comments and added that there was a link between domestic violence and incidence of child poverty and mental ill-health as well.

There was a discussion about workforce planning and training. Members were informed that staff were being trained by ‘Young Minds’, an external training provider and measures were being taken to address skills gaps.

Councillor Connor asked when would be a suitable time for the item to return to the Committee for further consideration, and it was suggested that it could do so in about 8 months’ time.

**RESOLVED –**

THAT the report and the comments above be noted;

THAT CAMHS be added to the work programme for about 8 months in the future.

**9. NCL STP: ESTATES STRATEGY**

Consideration was given to a paper on the NCL estates strategy and to supplementary information that was tabled.

Members heard from Dawn Wakeling, who was a senior Barnet officer and the Co-Chair of the NCL estates board. The aim was to ensure that capital and estates were aligned with the STP priorities.

A memorandum of understanding had been signed regarding London estates devolution. This would mean more capital receipts could be retained locally. There was also a London-wide estates board which was meeting in a shadow form and had representation from the Treasury.

Members expressed concern about the assets held by NHS property companies and what would happen to receipts if they sold assets. They also noted that there was currently no incentive for the property firms to charge affordable rents rather than market rents to health providers who wanted to lease their buildings as they would receive rental revenue from the CCGs whether or not GPs could afford to lease that premises.

There was a view that public authorities had been too naïve in some of the deals and arrangements they had reached with private developers. This needed to be avoided in future, and the public sector should look at entering into “non-traditional” arrangements. Members also commented that they preferred health organisations owning property rather than leasing it or entering into PFI deals.

It was noted that the Naylor report had identified £10bn of capital need within the health service. This was far more than the funds available. The report had also suggested that a nationwide NHS Property Board be established. Members felt that this was too broad-brush an approach would reverse the long-awaited good work that was being done about estates devolution.

The Chair said that it was important that updates on estates come back to the JHOSC. She asked members to liaise with her about scoping the report. Councillor Pearce indicated an interest in working with her on scoping a future report.

#### **RESOLVED –**

- (i) THAT the information provided and the comments above be noted.
- (ii) THAT an update report be provided to a future meeting of JHOSC.

#### **10. TERMS OF REFERENCE**

Consideration was given to a report on the JHOSC terms of reference.

Members agreed to recommend to each local authority which sent members to the JHOSC that they delegate formally to the joint committee the right of referral to the Secretary of State.

Members were also of the opinion that the terms of reference should include give the JHOSC the power to consider issues that arose at the local level that had strategic implications for the NCL sub-region. Given the move towards joint working between health and social care they wanted to have reference to 'social care' in the JHOSC's scope. It was noted that wording would need to be agreed between all five boroughs through their own processes before this could take place.

**RESOLVED –**

- (i) THAT the JHOSC recommend to Barnet, Camden, Enfield, Haringey and Islington Councils that they delegate formally the right of referral to the Secretary of State in responding to formal consultations involving all of the Councils in the JHOSC pursuant to Regulation 23(0) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- (ii) THAT consideration be given to expanding the terms of reference to include considering issues that arose at a local level and had strategic significance and to include social care.

**11. WORK PROGRAMME**

Consideration was given to a report on the JHOSC work programme.

Members noted that the quality accounts from UCLH, Whittington and the Royal Free would go to the next meeting (5<sup>th</sup> May). The meeting after that was scheduled for 9<sup>th</sup> June. However, given the general election would be the day before, members agreed to move that meeting to 7<sup>th</sup> July.

The 7<sup>th</sup> July meeting would consider STP items on finance and the joint commissioning board. The dementia pathway paper would also be an item for that meeting.

Members asked that accountable care organisations be an agenda item for a future meeting.

Members also noted that update papers on CAMHS and estates had been requested earlier in the meeting and they wanted to receive those later in 2017-18.

**RESOLVED –**

THAT the work programme and the amendments above be noted.

**12. DATES OF FUTURE MEETINGS**



***North Central London Joint Health Overview and Scrutiny Committee - Friday, 21st April, 2017***

Members agreed that the 9<sup>th</sup> June meeting be moved to 7<sup>th</sup> July 2017. The dates of future meetings of the JHOSC would therefore be:

- Friday, 5<sup>th</sup> May 2017 (Enfield)
- Friday, 7<sup>th</sup> July 2017 (Haringey)
- Friday, 22<sup>nd</sup> September 2017 (Barnet)
- Friday, 24<sup>th</sup> November 2017 (Enfield)
- Friday, 26<sup>th</sup> January 2018 (Camden)
- Friday, 23<sup>rd</sup> March 2018 (Islington)

**13. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT**

There was no urgent business.

The meeting ended at 12.45pm.

**CHAIR**

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**MINUTES END**

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