THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 29TH JANUARY, 2016** at 10.00 am in the Council Chamber, Enfield Civic Centre, Silver Street, Enfield EN1 3XA

MEMBERS OF THE COMMITTEE PRESENT

Councillor Alison Kelly (LB Camden) (Chair)
Councillor Pippa Connor (LB Haringey) (Vice Chair)

Councillor Graham Old (LB Barnet)
Councillor Alison Cornelius (LB Barnet)
Councillor Charles Wright (LB Haringey)
Councillor Jean Kaseki (LB Islington)
Councillor Ann-Marie Pearce (LB Enfield)
Councillor Abdul Abdullahi (LB Enfield)

OTHERS IN ATTENDANCE

Andy Ellis, Scrutiny Officer, LB Enfield
Jane Juby, Scrutiny Officer, LB Enfield
Rob Mack, Principal Scrutiny Support Officer, LB Haringey
Vinothan Sangarapillai, Committee Services LB Camden
Jonathan Hampston, Public Affairs and Consultation Manager, North and East London Commissioning Support Unit
Julie Juliff, Maternity Commissioning Lead, North Central London CCGs
Laura Andrews, Patient and Public Engagement Manager, Enfield CCG
Claire Wright, Enfield CCG
Catherine Swaile, Haringey CCG and LB Haringey
Nicola Wise, Head of Hospital Inspection, CQC

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 Danny Beales, Councillor Martin Klute and from Cllr Alison Cornelius for lateness.

2. DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

The Declarations of Interest made at previous meetings were **NOTED.** There were no further Declarations of Interest.

3. ANNOUNCEMENTS

The Chair reported that the Chief Executive of the Whittington Hospital had been due to attend the meeting to update on the Lower Urinary Tract Review but, as the review was still in progress, it was felt to be better that he attend at a later date.

Cllrs Beales and Kelly had been due to visit the University College Hospital Stroke Unit but this had been postponed. Thanks were expressed to Cllr Pearce for the recent meeting regarding stroke services which had provided useful information to take back to individual boroughs.

4. NOTIFICATIONS OF ANY ITEMS OF BUSINESS THE CHAIR DECIDES TO TAKE AS URGENT

There were no notifications of items of urgent business.

5. MINUTES

The Minutes of the Meeting held on Friday 27 November 2015 were **AGREED** as a correct record.

6. MATERNITY SERVICES UPDATE

Julie Juliff gave the following update, the key points of which were as follows:

- The purpose of the report was to ensure Value for Money and safe services were the key priorities.
- The birth rate seemed to have levelled off at present; however the Royal Free, Barnet and University College Hospitals were reporting increased activity this year. It was not yet clear why this was the case, whether growth is from our boroughs or that people from outside the NCL boroughs accessing the service may be contributing to the situation.
- JJ's role is to assist the North Central London CCGs (Clinical Commissioning Groups) to commission and monitor outcomes , as well as participate quarterly reviews into maternity for each Trust.
- A maternity dashboard had been implemented this year which indicated Trusts' performance. All outcomes put onto the dashboard were now being reported on.
- Data for the third quarter would shortly be available.
- There would also shortly be enough comparative data to analyse.

- Referring to the recent CQC (Care Quality Commission) Maternity Survey, it was noted that London generally had lower levels of patient satisfaction. A presentation was available which gave further details and could be circulated **ACTION: Rob Mack**
- All Action Plans were being collated at the moment.
- At the time of the CQC Survey, the North Middlesex University Hospital's new Head of Midwifery had not yet been in post and this may have impacted upon results.

The following questions and comments were then taken:

Cllr Kelly, based on a meeting with the Trust, noted that throughput at the Whittington Hospital was a concern as there were a lower number of births at this hospital than at others and so there was concern that not enough experience was being built up there. Councillors questioned whether there was a view that there were too many providers in the North Central London area. Julie did not feel this was a concern currently.

CQC Maternity Survey 2015

Q: Why did the CQC Survey take so long to complete?
A: The CQC would have been responsible for these timescales.

Cllr Old commented that the results of the Survey were disappointing and worrying in respect of the North Middlesex University Hospital, given that he had recently visited the Hospital with Cllr Bull and morale appeared to be high after the recent move of maternity services from Chase Farm.

Julie Juliff replied that the Survey had been undertaken in February of last year and that she expected that the situation had improved since then. However, the intention was to look into this further. It was also important to note that comparisons had been made against national, rather than London, data.

It was also noted that the fabric of a building surveyed may well have affected results on cleanliness; and it was difficult to deep clean an older building.

Maternity Dashboard

Cllr Kelly referred to the maternity dashboard, and asked if any additional indicators should be added.

Julie Juliff replied that the purpose of the dashboard was primarily to monitor clinical outcomes to help clinicians understand their performance.

Antenatal Screening and Caesarean Sections

It was noted that current focus was on ensuring antenatal screens were carried out by 12 weeks of pregnancy; however, it was now recognised that screening should be carried out at 10 weeks for Sickle Cell anaemia and Thalassaemia and 13 weeks for Downs Syndrome.

Monitoring of the Caesarean Section rate needed breaking down further to understand what proportion of them were for first time mothers and how many were planned or emergency procedures. There was potentially too high a proportion of elective C-Sections and these were being checked to ensure all NICE (National Institute of Health and Care Excellence) guidance was being followed in this respect.

A resident commented that it should be recognised that North Middlesex University Hospital was situated in a very diverse community and there were particular pressures on its services that should be taken into account. He also raised the issue of un-booked deliveries which would place extra, unforeseen pressure on maternity services and thought these could be better managed.

It was then asked how the North Central London area compared to other areas in respect of antenatal screening.

Julie Juliff responded that the area compared favourably with the rest of London, especially given the greater mobility of the population. It was not known, however, how it compared with other large cities, such as Manchester as this data is no longer collected nationally. Work was ongoing with GPs to improve referral rates and a research project was also being conducted with East London University to determine what may prevent women from booking screens – cultural issues may be a factor.

Un-booked Deliveries

Cllr Kelly asked whether there was any data on un-booked deliveries, particularly for the North Middlesex University Hospital, to understand better the circumstances around these.

Julie Juliff replied that one factor could be that such mothers did not have a registered GP and this may be because of their residency status. It was important to note however, that maternity care could not be withheld if someone was unable to pay for that care.

Cllr Kelly suggested that there should be further work undertaken with local community groups to reassure and work with such mothers.

Perinatal Mental Health

Julie Juliff reported that important work was ongoing in this area for mothers during and after pregnancy.

It had been recognised that there had not been a fully formed service up until now, and workshops had recently been held with commissioners to develop a strategy.

Implementation of the strategy was now under consideration. It had been agreed that the service at the Whittington Hospital would be the starting point for development going forward and that the aim was to create a single North Central London service with one central referral point and clearer pathways.

Development work would continue through 2016/17; an update was proposed for a future meeting.

Cllr Cornelius commented that she felt there was a particular issue with providing effective perinatal mental health services at the North Middlesex University Hospital. The new service should provide clinical specialities at all hospitals across all Boroughs and should be consistent.

Julie Juliff commented that, in addition, all maternity staff were currently receiving training in order to better identify potential patients in need of the service.

It was asked if anyone identified as needing the service transferred to the Whittington Hospital. Julie Juliff responded that those with severe issues could be referred to the Mother and Baby Unit at the Homerton.

Cllr Cornelius expressed concern at how support would be provided until the full, new service was up and running and asked what 'safety net' was in place during the transition period?

Julie Juliff replied that Haringey CCG had recently released funds to the Barnet, Enfield and Haringey (BEH) Mental Health Trust to increase the level of service it could provide in this regard in the meantime.

The Committee **AGREED** that an update on 'Stop Gap' services be provided to them in 6 months' time **ACTION: Vinothan Sangarapillai**

It was further **NOTED** that as yet, comprehensive figures for perinatal mental health cases were not available; but these would be collected in the near future. It was also acknowledged how significant an impact mental health issues in the mother could be upon a child's psychological health. It was also **NOTED** that 50% of those women who had an existing mental health condition were likely to relapse during pregnancy but this was often difficult to predict.

The issue of specialist units to deal with patients developing psychosis was raised. It was **NOTED** that the Mother and Baby Unit at the Homerton Hospital was the primary service point for this, and this was operated by NHS England (not the CCG). It was **AGREED** that mothers should be referred to this Unit wherever possible, rather than standard adult psychiatric care.

Cllr Kelly then asked how maternity services were co-designed with users. Julie Juliff responded that it had been difficult up to now to find service users willing to participate but that the Maternity Services Liaison Committee did involve them. It was **AGREED** that there was room for improvement in this regard.

Cllr Abdullahi raised the issue of substance misuse among pregnant women and asked how big a problem this was. The figures for this would be obtained **ACTION: Julie Juliff.** More information on how local authorities currently worked with DAATs (Drug and Alcohol Teams) was also requested **ACTION: Julie Juliff.**

Referring to the final pages of the report, the Committee acknowledged that much positive work had been done across both local and London wide networks in reducing the numbers of stillbirth.

Members of the Committee then expressed concern that there may be, in fact, too much provision and that consequently, this may impact on overall safety.

Julie Juliff responded that there was no evidence this was the case and that all services were NICE compliant, with staffing levels as they should be.

Cllr Kelly asked if safety was less of a concern in larger units. Julie Juliff responded that this was debateable and that a unit needed to be of significant size in order to ensure 24 hour cover. In addition, larger units may not be what patients wanted; proximity may be more of a concern. Development of services going forward was essentially about creating the right models, rather than the right buildings.
Cllr Wright asked if Ms Juliff undertook commissioning across the whole sector. Julie Juliff responded that she worked for the Lead CO for maternity, on behalf of all CCGs, and did commission across the whole sector. At present, each CCG commissioned their own services but were looking to increase joint commissioning.

Referring to mortality rates in childbirth, the Committee requested further data in this regard (data was published annually both nationally and by Borough) **ACTION: Julie Juliff.**

Referring to the Appendix provided by Imperial College, London, the Committee expressed concern at the data provided for Great Ormond Street Hospital. Cllr Kelly commented that Imperial College had been invited to the meeting, but were not available.

In conclusion, the three key strategic risks for maternity services across the North Central London area were identified as being:

a) Perinatal mental health;
b) Ensuring value for money whilst maintaining patient safety;
c) Patient experience.

The Committee made the following **RECOMMENDATION:**

1. That further work be undertaken to improve the involvement of local people in co-designing services.

7. CQC INSPECTION PROCESSES

The Chair introduced Nicola Wise, Head of Hospital Inspection and reiterated the wish of the Committee to receive **written** reports in future rather than presentations.

Nicola Wise outlined the CQC inspection process as follows:

- The CQC carried out both inspection programmes and enforcement;
- There had been a significant shift from short, one day inspection visits to comprehensive reviews carried out by a team of inspectors over a number of days.
- Certain experts were sometimes also engaged to support inspections.
- The inspection programme covered three main areas:
    - Hospitals;
    - Mental Health services; and
    - Adult Social Care.
- Primary medical services were also inspected.
- Inspection concentrated on determining if services were:
    - Safe;
    - Effective;
    - Caring;
    - Responsive; and
    - Well led.
- Inspections looked at, for example, fundamental staffing standards, staff interaction with patients, management awareness of issues and how organisations approached learning.
- Inspections did not try to 'catch people out' but helped to identify areas of good practice and aimed to work with organisations.
- There were two further Comprehensive Inspection Reviews planned for University College Hospital, London and the Royal Free Hospital. Camden and Islington Mental Health Trust also had an upcoming inspection.
- In addition to planned inspections, the CQC could also undertake an inspection in response to specific concerns. Follow-up inspections after these ensured appropriate action had been taken.
- Inspections resulted in the following ratings:
    - 1 – Outstanding;
    - 2 – Good
    - 3 – Required Improvement;
    - 4 – Inadequate.

- If an organisation received a 3 or 4 rating, a 'Quality Summit' meeting would be held with that organisation to ensure plans were in place and a warning notice would be issued. A follow-up inspection would also be undertaken after 6 months.
- Nicola Wise expressed the wish of the CQC to work more closely with bodies such as the JHOSC to share information and create a working dialogue.

The following comments and questions were then taken:

Cllr Kelly asked if the CQC had approached the relevant Lead Members for Health regarding the upcoming University College Hospital and Royal Free Hospital inspections. It was felt that there was a lack of clarity as to who was involved with and aware of such inspections.

Cllr Connor commented that the North Middlesex University Hospital, after its inspection, had seemed uncertain as to the time frame for follow-up action. Cllr Connor endorsed Cllr Kelly's view that there should be improved consideration of who should be involved both before and after inspections and there needed to be improved feedback to stakeholders such as the JHOSC.

Cllrs Kelly and Cornelius also commented that there was also a lack of appropriate notification around Quality Summit meetings.

Cllr Pearce enquired as to how many days and how big a team was required to undertake an inspection. Nicola Wise responded that a Comprehensive Inspection usually took 3-4 days with a team of 30-50 people. An analyst was sometimes also engaged to work on the team who may put forward data requests prior to the visit. After the inspection visit was completed, a report would then be drafted and this would usually take up to 2 weeks. If very serious issues of concern were found during the inspection, a follow-up visit would take place at a much sooner date than the usual 6 months.

Cllr Kelly acknowledged that it was a difficult task to remain consistent in approach with all hospitals across the country and recognised the CQC's work in this regard.

A resident attendee asked if hospitals were aware that an inspection was due to take place.

Nicola Wise responded that for a Comprehensive Inspection, hospitals would be notified.

The resident responded that false impressions could be created if a hospital was aware of an inspection and suggested that unannounced inspections, during the day and evening, should be undertaken.

The Committee **RECOMMENDED** that:

1. A letter be sent to the London Scrutiny Network to ascertain if there was a national framework for engagement and public local accountability, especially with regard to Quality Summits;
2. That information be provided on the level of spend per hospital (to include Great Ormond Street and the Camden and Islington Mental Health Trust) in preparing for an inspection.

Nicola Wise would also circulate the presentation for this item **ACTION: Nicola Wise.**

8. NEW MODEL FOR CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Claire Wright, Enfield CCG and Catherine Swaile, Haringey CCG and Haringey Council, introduced the new model for CAMHS as follows:

- The Government's Autumn Statement had provided new money for CAMHS services, initially to fund a number of pilot projects. Two pilot projects had been successful in obtaining funding in the North Central London area; these aimed to create closer links between schools and statutory services.
- The remaining funding would be disaggregated to Boroughs via CCGs.
- A standard 'blanket' formula for disaggregating funding had been applied which had not recognised Borough profiles.
- Across the North Central London area there were currently a variety of providers of CAMHS which had resulted in a complex overall picture.
- Individual Boroughs were therefore working on Transformation Plans to improve and develop more coherent services.
- Some services operated as shared services across Boroughs, for example, those for Eating Disorders. Boroughs in these cases were therefore working together to ensure the right level and parity of investment.

The following questions and comments were then taken:

Q: Why are CCGs providing services for eating disorders; was this not originally provided by NHS England?
A: Community services are provided by CCGs.

Q: There is a minimum standard for all services but there appears to be different offers in different Boroughs. Does this not lead, in effect, to a 'postcode lottery'?
A: There is an acknowledged lack of parity, where this is the case funding is being targeted locally to ensure improved standards. These are outlined in each borough's Transformation Plan.

Q: How are the funding allocations determined?
A: These are determined by NHS England, devolved to CCGs.

Q: Is it the case that the North Central London area has one of the highest numbers of mental health cases and, consequently, why investment by the corresponding CCGs is quite high?
A: There is a concern that, in some areas, levels of spend are actually lower than they should be; for example, in Haringey.

Members of the Committee expressed a wish to see in further detail how spend was allocated across boroughs and whether there were any historical reasons for this. Cllr Old, however, felt that this may be of limited value and that it may be better to focus more on outcomes.

It was **NOTED** that national minimum data sets would be available from February and outcomes could be determined more clearly from these.

The issue of mental health services within schools was then discussed. It was **NOTED** that spend within schools was not included in current captured data. Ofsted regulations had imposed some duties on schools to offer emotional support; but there was a lack of clarity as to what this should be.

It was suggested that it might be useful to undertake an audit of schools to determine what services they provided and their expenditure. Such information could be obtained from the local authority; or directly from the school if it was not local authority maintained.

Cllr Wright commented that there appeared to be a significant stream of funding and commissioning of CAMHS within schools that were as yet not fully known and that these were likely to be early intervention services that were critical to children's ongoing development.

Cllr Abdullahi asked how the transition from CAMHS to adult mental health services was currently managed and how it would be further developed. Were CCGs confident that transition was happening successfully?

Claire Wright responded that development plans in this respect had been detailed in Enfield's Transformation Plan for next year but that it was in fact the overriding intention to avoid the need for transition completely i.e. that mental health issues were resolved before adulthood. There was no current evidence that where transition was necessary, this was not being managed successfully in Enfield; however, Cllr Abdullahi was invited to report any concerns to them.

Cllr Cornelius commented that she felt Haringey's Transformation Plan appeared to be redeveloping services 'from the beginning' and thought that some of this work should have already taken place.

Catherine Swaile replied that there were overall good services being provided in Haringey but that the Transformation Plan identified gaps. There would be greater focus on using evidence bases nationally to help improve outcomes. This was not to say, however, that outcomes were not already good.

Cllr Kaseki asked what provision was or would be, in place for the most vulnerable patients.

Claire Wright and Catherine Swaile responded that the Future in Mind initiative would cover 5 areas which included care for the most vulnerable (for example, those on the Autistic Spectrum). The 5 year plan had just commenced to establish current provision and performance, and develop on these.

It was then asked whether services were being co-designed with the community.

Claire Wright and Catherine Swaile replied that this was a key tenet of the Transformation Plans and that the Plans had undergone an assurance process to check that community had been appropriately engaged. It was also confirmed that GPs had been engaged in the process.

The Committee made the following **RECOMMENDATIONS:**

1. To keep CAMHS a priority and a partnership;
2. That prevention be looked at as a key element of the service;
3. That each Borough's appropriate Scrutiny Panel see and review their Transformation Plans in more detail.
4. That CAMHS be brought back to the Committee for review of initial outcomes of the Transformation Plans and any learning within the next year.
5. That data on schools be collated to identify the types of services and spend thereon.
6. That the Risk Registers for each Borough be circulated.

9. TERMS OF REFERENCE AND PROCEDURAL ARRANGEMENTS FOR NORTH-CENTRAL LONDON JHOSC

It was proposed that a list of services commissioned by NHS England should be included as a rolling programme for agenda items entitled 'Specialised Commissioning' **ACTION: Rob Mack**

It was **NOTED** that, as the borough which currently provided the Chair, LB Camden was required to provide officer support to the Committee but that it did not have allocated support in additional to general administrative support from Committee Services.

It was **RESOLVED** that LB Camden work with the other participating authorities to ensure an appropriate level of support for the Committee, and that a letter would be drafted for the Chair in this regard **ACTION: Vinothan Sangarapillai**

10. WORK PROGRAMME

11 March 2016

Primary Care Update on the 'Case for Change' – it was **AGREED** that the Islington CCG lead and NHS England representative be invited for this item **ACTION: Rob Mack/Vinothan Sangarapillai**

NHS/111 Out of Hours GP Services – Commissioning – it was **AGREED** that the Islington CCG lead and NHS England representative be invited for this item **ACTION: Rob Mack/Vinothan Sangarapillai**

North Central London CCG Strategic Planning Group – It was **AGREED** that an Enfield CCG representative be invited for this item **ACTION: Rob Mack/Vinothan Sangarapillai**

Potential Future Items

It was **AGREED** that the following be added:

- GP Care for Older People in Care Homes;
- Whittington Hospital – Estate Strategy
- Sexual Health Update

It was **AGREED** that the GP Care for Older People in Care Homes item be brought to a future meeting, that Cllr Abdullahi draft proposed questions for the Committee on this item and that an Enfield CCG representative be invited in this regard **ACTION: Rob Mack/ Vinothan Sangarapillai**

11. DATE OF NEXT MEETING

It was noted that the next meeting would be on 11th March 2016 at Camden Town Hall.

12. ANY OTHER BUSINESS THE CHAIR CONSIDERS URGENT

It was **AGREED** that a meeting on the BEH MHT Quality Accounts should be held. It was **AGREED** that Cllr Cornelius chair this meeting.

The meeting ended at 1pm.

CHAIR

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MINUTES END