

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 5TH OCTOBER, 2018** at 10.00 am in Crowndale Centre, 218 Eversholt Street, London NW1 1BD

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Tricia Clarke (Vice-Chair), Pippa Connor (Vice-Chair), Huseyin Akpinar, Alison Cornelius, Lucia das Neves, Val Duschinsky and Julian Fulbrook

MEMBERS OF THE COMMITTEE ABSENT

Councillors Clare De Silva and Osh Gantly

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. APOLOGIES

Apologies for absence were received from Councillor Clare De Silva.

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

Cllr Pippa Connor declared she was a member of the RCN and that her sister worked as a GP in Tottenham.

3. ANNOUNCEMENTS

There were no announcements.

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

Members were notified that a deputation from the LUTS patient group had been accepted.

5. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

The committee received a deputation from Kate Dwyer, on behalf of the LUTS patient group.

Ms Dwyer reported that the clinic could only see 8 new patients a month and so the waiting list was growing. Some doctors were refusing to refer patients, so denying those patients the chance for what could be more effective treatment.

She added that child patients at Great Ormond Street Hospital were not receiving treatment according to the pathway that had been proposed earlier, as paediatricians did not wish to prescribe the antibiotics for treatment in the way that Professor Malone-Lee did in the clinic.

The Chair said that the Committee regretted the pain and distress that patients were going through. She asked that the depute email her with information that could then form the basis of an email to the Great Ormond Street Chief Executive.

6. MINUTES

Councillor Connor asked that more information be provided in the minutes about the back office savings that could result from joint working between the North Mid and Royal Free hospitals.

Councillor Cornelius asked that reference to “North Midds” be changed to “North Mid”.

Councillor Clarke asked that it be noted that it had been said that an increase in population would be likely to add to pressure on hospital services.

Members asked that it be noted that Enfield had stated that it wanted land sold to be used for health purposes.

Members asked that it be noted that the questions document circulated at the meeting was to be sent to the hospitals and be put online.

Members noted that there had been no response to some of the actions requested at the July meeting.

RESOLVED –

THAT the minutes be agreed, subject to the amendments above.

7. EMBEDDING PREVENTION WITHIN NORTH LONDON PARTNERS STP

Consideration was given to a presentation from North London Partners.

Julie Billett, the Director of Public Health for Camden and Islington, introduced the presentation. She highlighted that a significant amount of ill-health was preventable.

There were marked differences in life expectancy between richer and poorer areas. These included significant differences in mortality from cardiovascular and respiratory diseases.

Ms Billett said officers wished to incorporate prevention into every clinical setting. The Memorandum of Understanding on London health devolution had included a prevention component.

Councillor Cornelius commented that there should be more mention of diet as part of the prevention agenda. She added there was a particular need to reach out to the parents of children who were obese, given the increase in childhood obesity.

Councillor Fulbrook emphasised the importance of reducing smoking. He stated that some local authorities in North America imposed by-laws preventing smoking in public parks and too close to building entrances. He asked that consideration be given to similar measures by boroughs in North Central London.

Members asked that consideration be given to air quality in the sub-region. Pollution could have a negative effect on child development and worsen respiratory conditions.

Councillor das Neves asked that consideration be given to the wider social context which meant that some individuals were likely to take up smoking and drinking to excess.

Members asked for data to be collected on which public health interventions on prevention were effective, and that attention be given to lessons that could be learned from public health initiatives abroad.

Ms Billett said that officers were looking at “superzones”, areas around certain schools, and investigating what could be done to improve the environment. Members noted, however, that healthy eating was not a licensing or planning objective and hence councils could not prevent fast food outlets from being opened near schools.

It was also noted that minimum alcohol pricing might discourage excessive alcohol consumption; however this was not currently permitted by legislation in England.

RESOLVED –

THAT the presentation and comments above be noted.

8. RISK MANAGEMENT: WORKFORCE

Consideration was given to a presentation from North London Partners.

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Will Huxter, Director of Strategy (North Central London CCGs), introduced the presentation. He highlighted that the presentation would not cover all workforce initiatives, as many were being done nationally, London-wide or at a local level rather than at the North-Central London level.

It was noted that the health and social care sector workforce was large. About 1 in 8 of London's workforce worked in this sector.

Mr Huxter noted that North-Central London was a high cost of living area, and this contributed to problems with recruitment and retention. The North-London CCGs were undertaking staff engagement to identify staff concerns.

Health sector employers had concerns that there would be difficulties with the continued availability of staff from the EU in the future. They were thinking of how best to use the apprenticeship levy and how it could be used to expand the workforce and improve its skills.

With regard to social care, Mr Huxter said they had worked with care home providers on structured learning and leadership courses for their managers. There was also a social care recruitment portal being developed.

There was discussion about the Capital Nurse programme. Mr Huxter said one of the issues they were investigating was the high rate of nurses over 50 leaving the profession and seeing what could be done to encourage them to stay. He offered to send out more information on the Capital Nurse programme to members.

Members said it was important for London's health system to retain the workforce that it had.

Officers agreed with the importance of staff retention. They also emphasised the importance of improving staff skills so that patients could receive advice from the most easily accessible health professional. In some cases, patients could receive an answer to their health queries from an informed pharmacist, for example.

Members emphasised the importance of paying the London Living Wage to workers in the care sector. It was demanding work and they wanted workers to be paid fairly for it.

Officers noted the desire to increase the range of workers covered by the London Living Wage, but pointed out that it was difficult to impose this requirement on private providers in many cases. Members asked that it be put into the contracts that public authorities made with private providers.

A member commented on the detrimental effects on health of working night shifts. As many health workers were having to work shifts, this could be affecting their health and making them more likely to leave the sector.

There was also discussion by members of how stress or bullying or “change fatigue” could be pushing experienced workers out of the sector.

Councillor Clarke mentioned that there was no representative of the workforce or the private sector in North London Partners. She thought that representatives of these groups should be invited to participate.

Members asked for more information on the apprenticeship levy and how it was being used. They also asked for feedback from the care home provider workshop and the evidence base for new ways of working.

RESOLVED –

- (i) THAT the presentation be noted;
- (ii) THAT information be provided to members on the apprenticeship levy and its use
- (iii) THAT feedback from the care home providers workshop be provided
- (iv) THAT the evidence base relating to the introduction of new ways of working be provided
- (v) THAT the Committee recommend the London Living Wage be included as a requirement in all contracts with private providers
- (vi) THAT the Committee recommend that there be a care workers’ representative on the Local Workforce Board
- (vii) THAT North London Partners be asked to place increased emphasis on the training and support for care workers.

9. PROCEDURES OF LIMITED CLINICAL EFFECTIVENESS (POLCE)

Members expressed disappointment with the paper received. They felt that it did not answer the questions that members had had.

Members noted that the information on page 10 of the supplementary pack was incorrect. They had not given guidance at the 6th February meeting that there not be a formal public consultation.

Members noted that it was unclear whether proposals on this constituted a service change that required engagement and consultation or were just clinical advice to clinicians on best practice to guide them in decision making. The Haringey Scrutiny Policy Officer advised that the Independent Reconfiguration Panel (IRP) advised the Secretary of State for Health in cases where HOSCs have referred contentious

proposals by NHS bodies to him/her. It can also provide informal independent advice to NHS bodies and others on service change.

Jo Sauvage, the Chair of Islington CCG, said the emphasis of the work on PoLCE was to give guidance to GPs on how best to care for patients. It was about evaluating the clinical evidence, and work was being done on this nationally and locally. There was also the need to ensure value for money in the services provided. Dr Sauvage said there was a huge variation in the numbers of certain procedures carried out throughout the country.

Members expressed concern were different numbers of procedures listed nationally, London-wide and sub-regionally. They wanted to see consistency in this process.

The Chair added there needed to be democratic accountability if decisions were being made that affected residents, and that the democratic voice for elected members in the sub-region was the JHOSC.

Councillor Akpinar expressed concern about the quality of life of patients if recommendations were being made to not carry out treatments.

Members also asked that more information be provided about the budgetary constraints facing CCGs and the cost savings from the reduction in the use of certain procedures.

Councillor das Neves echoed the concerns about potential negative impacts on the quality of life of patients. She also asked that an Equality Impact Assessment be carried out, as certain groups might be more disadvantaged than others by the PoLCE approach.

Councillor Connor asked for more information about communications with GPs.

RESOLVED –

THAT JHOSC make the following recommendations:

- (i) Future reports to the Committee be delivered on time and on the subject requested
- (ii) PoLCE guidance must be evidence-based
- (iii) There needs to greater co-ordination between PoLCE work locally, London-wide and nationally
- (iv) Information is to be provided on Equality Impact Assessments of PoLCE recommendations

- (v) Information is to be provided on the financial implications of PoLCE recommendations.
- (vi) Advice is to be sought by the relevant health organisations from the Independent Reconfiguration Panel on whether this is a substantial service change that requires formal consultation.

10. WORK PROGRAMME AND ACTION TRACKER 2018-19

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

The Chair asked that information be provided by health officers by the next meeting on what money from NHS land sales was being used for.

With regard to the maternity services item scheduled for November, members noted that the November agenda was rather large and so agreed to move that item to January 2019.

Members asked that the integrating health and social care item include public health.

Members agreed to postpone the “Best Start in Life” priority theme update as they felt it was unclear.

Members noted that there might be an item on Moorfields coming soon. The view was expressed that it could go to the joint Camden & Islington scrutiny committee as it related to the work being done on the St Pancras site.

With regard to the Child and Adolescent Mental Health item, Councillor Connor asked that information be provided on changes to the Children’s Safeguarding Board and any financial implications.

RESOLVED –

- (i) THAT the maternity services item be postponed to the January meeting
- (ii) THAT the Best Start in Life item be postponed
- (iii) THAT it be recommended that the Moorfields item go to the Camden & Islington joint health scrutiny committee

The meeting ended at 12pm.

CHAIR

*North Central London Joint Health Overview and Scrutiny Committee - Friday, 5th
October, 2018*

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MINUTES END