

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

3 February 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, 3RD FEBRUARY, 2017** at 10.00 am in the Conference Room, Enfield Civic Centre, Silver Street, Enfield EN1 3XA

Minute Item 1

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

Councillor Alison Kelly (LB Camden) (Chair)  
Councillor Pippa Connor (LB Haringey) (Vice-Chair)  
Councillor Alison Cornelius (LB Barnet)  
Councillor Graham Old (LB Barnet)  
Councillor Richard Olszewski (LB Camden)  
Councillor Abdul Abdullahi (LB Enfield)  
Councillor Anne Marie Pearce (LB Enfield)  
Councillor Jean-Roger Kaseki (LB Islington)

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

Councillors Charles Wright and Martin Klute

### **ALSO PRESENT**

Councillor Doug Taylor, Leader of Enfield Council

**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 were received from Councillors Martin Klute (LB Islington) and Charles Wright (LB Haringey).

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

Councillor Olszewski declared that he was a Camden Council representative on the governing body of the Royal Free Hospital. He also declared that he had given advice to the Pharmacists' Defence League.

#### **3. ANNOUNCEMENTS (IF ANY)**

The Chair announced that the London Ambulance Service item (Item 9) would be taken first as the officer was on call, and then the STP item (Item 6); then the Review of Adult Immunisation and Screening Programmes (Item 8), and the final item would be the Royal Free / North Middlesex item (Item 7).

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

There were no items of urgent business.

**5. MINUTES**

Consideration was given to the minutes of the meetings held on 25<sup>th</sup> November, 9<sup>th</sup> December and 14<sup>th</sup> December 2016.

**RESOLVED –**

THAT the minutes of the NCL JHOSC minutes held on 25<sup>th</sup> November, 9<sup>th</sup> December and 14<sup>th</sup> December 2016 be approved as a correct record.

**6. SUSTAINABILITY AND TRANSFORMATION PLAN - RESPONSE TO JHOSC RECOMMENDATIONS**

The Chair thanked members and officers for their work on the JHOSC report and for the Board's response.

David Stout, the Senior Programme Director for the STP, addressed the meeting. He said that it had been a positive process and that they would be updating the documents in light of the work done over the past few months.

He assured members that discussions were taking place on the issues of governance and transparency to address the concerns raised in the report. The STP Board were appointing Helen Petterson as a single accountable officer for the 5 CCGs.

Councillor Connor raised the issue of Child and Adolescent Mental Health Services (CAMHS). There needed to be recognition of the gaps in mental health services for children and young people. She was informed that Jon Abbey from the London Borough of Haringey would be the responsible officer leading on this.

Councillor Abdullahi asked whether commissioning would be streamlined across the five boroughs and the number of commissioning staff reduced. Mr Stout said that there were some services which needed to be sourced locally, but that they hoped to take out non-value-added activity. There were no plans to abolish CCGs.

There was a discussion about new technology and the need to recognise that some people might find it difficult to adjust to a different method of delivering care.

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Members said that there was a need to place NHS services in new developments, as they would be containing residents who needed medical services and the time to provide facilities would be at the beginning when the building work was being done. Councillor Olszewski said that this had been tried with a new development in north-west Camden but they had not been successful in getting the NHS to agree on it. Councillor Pearce said that there was a new development in Enfield that could use an NHS facility, but it was difficult to persuade the relevant authorities to action this.

There was a discussion about the estates strategy. Currently, the process for decision-making around the disposal of sites and around NHS capital receipts and expenditure was complicated. It would be simplified and moved closer to the sub-region as part of the estates devolution pilot when this was started.

There was a discussion about consultation. Mr Stout said that legislation required formal consultation for 'significant changes' to the service and no specific significant changes had been proposed yet in the form that met that criteria.

Genevieve Ileris, the Communications and Engagement Lead for the STP, said that engagement would focus on individual proposals and pieces of work. This was because many consultees would use individual services in a local area and be focused on that, rather than on the entire document. Ms Ileris was liaising with Local Authorities, CCGs and providers' communications teams.

A view was expressed that information did not always percolate its way through organisations, and that even if some staff were aware of what was going on, others – even those in key positions – were not.

John Lipetz and Sue Richards from NCL STPwatch asked that consultation be on the principle of the STP and whether service changes and reconfigurations should happen as well as on the detail. They said people would want to comment on the entire document and say whether they agreed or disagreed with it. Officers said that this would be possible and that they would give people an opportunity to comment on the whole issue, as well as individual services and specialisms.

The Chair said that it would be useful if there was a Health and Wellbeing Board for the whole sub-region, given the sub-regional nature of the STP. This was something she had raised with colleagues in Camden and she asked other members to raise it with their own Health and Wellbeing Boards.

John Lipetz asked if the operating plans that had been sent to NHS England would be publicly available. Mr Stout said that the intention was to update them and publish them in April 2017.

Doug Taylor, the Leader of Enfield Council, was in attendance and spoke to the Committee. He praised the work the North-Central London JHSOC had done and said that it was an exemplar of the process local authorities should follow. He said he

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worked with the other four Leaders in the sub-region and they were trying to articulate residents' concerns. He shared JHOSC members' concerns about the lack of transparency.

He noted that health care was a holistic service, so primary care needed to be co-ordinated with acute care and with social services. He said that no local authorities had endorsed the STP, as they shared the concerns that many councillors and residents had.

Members agreed a number of recommendations. They wished to see consideration given to a joint Health and Wellbeing Board to ensure democratic input, a good consultation and engagement strategy, and information about the finances and communications strategy to come to a future meeting.

**RESOLVED –**

- (i) THAT the report and comments above be noted;
- (ii) THAT a report on finance and on the communications strategy come to a future meeting of the JHOSC;
- (iii) THAT consideration be given by members and boroughs to the creation of a joint Health and Wellbeing Board for North-Central London

**7. ROYAL FREE - RELATIONSHIP WITH NORTH MIDDLESEX**

Councillor Abdullahi reported on the presentation that Enfield's Health Scrutiny Committee had received on the topic.

North Middlesex Hospital had been found to have been performing poorly and so it had been looking to partner with other organisations. The partnership board they had formed with the Royal Free Group met monthly and it had CCG representation as well. The hospital would join the Royal Free Group in the autumn.

Enfield councillors had been particularly concerned that merger might lead to the loss of the A & E service in the future. They also wanted key performance indicators to be site-specific, so it was still possible to monitor how the North Middlesex site was performing. This was a view echoed by Healthwatch.

Members commented that the idea of the North Middlesex and the Royal Free working together had pre-dated some of the worst problems at the North Middlesex A & E, but that had given an impetus to the process.

Councillor Olszewski said that, in light of the expansion of the Royal Free Group, it was reviewing its governance arrangements.

**RESOLVED –**

THAT the presentation and the information provided be noted.

## **8. REVIEW OF ADULT IMMUNISATION AND SCREENING PROGRAMMES**

Members heard from a number of presenters – Matthew Bazeley, Maggie Luck, Catherine Heffernan and Jeff Lake – on the adult immunisation and screening programmes in North-Central London.

Members had been concerned at the low levels of adult immunisation and screening in the sub-region. Officers said that they echoed this concern and were trying to increase the rates. There had been some good work around the diabetic eye screening programme, which had identified thousands of people at risk of diabetes-related sight loss.

There was a lot of ‘churn’ amongst residents in the sub-region, with many people moving house within the sub-region and moving in or out of it. The NHS and Public Health England were reliant on GPs to deliver immunisation services.

Officers acknowledged that there was not a good relationship between their team and CCGs and providers. They wanted to change this and take a partnership approach to them. It was noted that there was a screening advisory group, but no equivalent for immunisations.

It was noted that immunisation and screening rates did not vary that much by ethnic group, based on the figures available, but varied significantly between GP practices. Officers noted that there was a great deal of difference in the capacity of GP practices and the way in which they dealt with patients.

Officers reported on service improvements that had taken place. There was new screening for bowel cancer taking place, and breast screening was now being advertised to women three months before the scheduled date. There were also text message reminders closer to the time to ensure there were fewer non-attendees.

Members welcomed the service improvements and the use of community pharmacies to deliver flu jabs. They noted that there were significant health inequalities within boroughs and urged that more be done to reach “hard-to-reach” groups.

The Chair asked that a report be provided updating members in six months’ time. She wanted to see it more clearly written, as some of the figures and descriptions were hard to follow.

### **RESOLVED –**

- (i) THAT the report and the comments above be noted;

- (ii) THAT a report be submitted to the Committee in six months' time on immunisation and screening.

**9. LONDON AMBULANCE SERVICE REPORT ON HOSPITAL HANDOVER TIMES IN NC LONDON**

Peter Rhodes presented the report on behalf of the London Ambulance Service (LAS). He explained that patients in Hertfordshire were covered by the East of England Ambulance Service.

Ambulances from the East of England, particularly those attending calls in Hertfordshire, were diverted to the North Middlesex and Barnet General hospitals, if those hospitals were closer or if Hertfordshire hospitals' Accident & Emergency departments were closed to new patients due to a high volume of patients. The fact that there were East of England ambulances queuing at Barnet General and the North Middlesex then meant that LAS ambulances were going to the Whittington and Royal Free, having been diverted by the LAS' "Intelligent Conveyancing" system which guided LAS ambulances to the hospitals with fewer delays.

The Chair expressed her disappointment that information had not been provided by the East of England Ambulance Service on the issue.

Members were concerned at the long waits that patients faced for an ambulance and, when in an ambulance, how long it took them to be transferred to a hospital. In one week, an eighth of the ambulances that went to Barnet General had to wait for more than an hour to hand over their patient.

The LAS had been providing a hospital support team to help smooth the inbound flow of patients into Barnet General and North Middlesex. However, this was taking staff away from their frontline duties of responding to 999 calls.

Mr Rhodes said that the target was to transfer patients to hospitals within 15 minutes of arrival. After 15 minutes, the patients were strictly speaking the responsibility of the acute trusts. However, it was often not possible to meet this target.

Mr Rhodes brought members' attention to a shortage of skilled staff available for the ambulance service to recruit. As a result of this staff shortage, a large percentage of the workforce were from Australia and New Zealand and working on a temporary basis.

Councillor Cornelius highlighted that the diversion of patients from Hertfordshire to Barnet General and the North Middlesex contributed to delayed discharges. For patients in need of social care, officers from Hertfordshire would have to travel to those hospitals to assess them prior to discharge, and this was often not done promptly.



The Chair stated that she believed NHS Improvement should be involved in this issue, as it was a cross-regional problem and so not possible for the LAS on its own to solve.

**RESOLVED –**

- (i) THAT the report and the comments above be noted.
- (ii) THAT a further report from NHS Improvement, working with the London and East of England Ambulance Services be submitted to the committee.

**10. WORK PROGRAMME**

Consideration was given to the Committee's work programme.

Councillor Cornelius asked that the suggested item on health tourism at the Royal Free be amended to cover health tourism throughout North-Central London.

Councillor Old mentioned that a dementia report would be going to Barnet's Health Scrutiny Committee and that this could feed into the discussion on the dementia item at the next meeting.

It was suggested that the CAMHS item could be delayed from the March to the April meeting.

It was noted that the Committee wished the financial information relating to the STP to come to the April meeting as well. Members noted that the April meeting was likely to have a packed agenda, with the quality accounts, CAMHS and the STP finance items.

Councillor Cornelius asked that missed GP appointments be added as an item for consideration in future. There seemed to be a significant number of missed appointments, which caused inconvenience for doctors and other patients.

There would be a special meeting, involving the members from Barnet, Enfield and Haringey, to consider the quality accounts for the mental health trust.

**RESOLVED –**

THAT the amended work programme be agreed.

**11. ANY OTHER BUSINESS THE CHAIR CONSIDERS URGENT**

There was no urgent business.

**12. DATES OF FUTURE MEETINGS**

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February, 2017***

The dates of future meetings would be:

- Friday, 17<sup>th</sup> March 2017 (Camden)
- Friday, 21<sup>st</sup> April 2017 (Islington)
- Friday, 9<sup>th</sup> June 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)

The meeting ended at 12.50pm

**CHAIR**

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**MINUTES END**