

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 23RD MARCH, 2018** at 10.00 am in Committee Room 1, Islington Town Hall, Upper Street, London N1 2UD

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Pippa Connor (Vice-Chair), Martin Klute (Vice-Chair), Alison Cornelius, Abdul Abdullahi, Jean Kaseki, Samata Khatoun, Anne Marie Pearce and Charles Wright

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 were received from Councillor Graham Old.

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

Councillor Connor declared that she was a member of the RCN and that her sister worked as a GP in Tottenham. Councillor Cornelius declared that she was a trustee of the Eleanor Palmer Trust, which operated a residential home in Barnet.

3. ANNOUNCEMENTS

The Chair noted that this would be the last JHOSC meeting for Councillors Abdullahi, Wright and Old as they would not be candidates in the forthcoming borough council elections. She thanked them for their service on the committee.

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

There were no notifications of items of urgent business.

5. MINUTES

Consideration was given to the minutes of the meetings held on 26th January and 6th February 2018.

RESOLVED –

- (i) THAT the minutes of the meeting held on 26th January 2018 be approved and signed as a correct record;
- (ii) THAT the minutes of the meeting held on 6th February 2018 be approved and signed as a correct record.

6. INTEGRATING HEALTH AND SOCIAL CARE

Consideration was given to a presentation from North London CCGs on integration of health and social care.

Dr Josephine Sauvage, Co-Chair of the Health and Care Cabinet, explained that the CCGs were aiming to integrate health and social care for the benefit of patients. However, the system was currently not aligned in this way, and money and resources were in the 'wrong places' for the ambitions and aims they had.

Dr Sauvage highlighted the importance the CCGs' wished to give to preventative services and to parity between the priority given to physical and mental health.

She drew members' attention to the recent successes that had been achieved, including earlier diagnosis of cancer patients.

The Committee was informed that the Joint Strategic Needs Assessment had included the demographic challenges the sub-region faced and had emphasised that there needed to be more thought on the wider determinants of health.

Members commented that they preferred the use of 'residents' to 'patients' as they felt this would emphasise the holistic approach that the CCGs aimed to take. They also queried how people could be best kept safe when dispersed into the community. They wanted to see Healthwatch and local residents involved in the boards that were considering proceeding with changes.

A member commented that hospital trusts were funded on the basis of their patient volume, and so this did not create an incentive to move health services out into the community. They asked whether a transfer of resources would be taking place to align with the priority for community-based services, and were informed that it would be gradual.

Members expressed concerns about the workforce and staff shortages. A member said that a greater ability for practice nurses to change their role and to move from practice to practice might help with the recruitment difficulties in the sector.

Members noted that local authorities were having to make social care cuts and public health budgets were also being reduced due to budgetary pressures on Councils. They expressed the fear that the health service might be relying on local authority services for community-based care that were no longer available.

A member from Enfield expressed concerns about funding differentials between boroughs. She was informed that these had been agreed at the national level and was not something the NCL CCGs could alter themselves.

Members had concerns about lines of accountability and noted that the NCL sub-regional structures were not on a statutory basis and individual organisations had their own autonomy.

Members asked for an update on 'Care and Health Integrated Networks' (CHINs) for the next meeting.

Members had concerns about accountable care organisations and what could be seen as 'privatisation by the back door'. They were assured that the NCL CCGs had no plans to establish an accountable care organisation.

RESOLVED –

- (i) THAT the presentation and comments above be noted;
- (ii) THAT an update on integrating health and social care come to a future meeting of the Committee.

7. NORTH LONDON COUNCILS' COLLABORATION ON ADULT SOCIAL CARE

Consideration was given to a presentation from North London Councils.

Dawn Wakeling, Senior Responsible Officer for Adult Social Care for North London Councils, and Sanjay Mackintosh, the Programme Lead, addressed the Committee. They highlighted that they were focussing on nursing care, which was a large proportion of local authority social care expenditure. They were working with the CCGs on quality assurance in nursing care, and also holding events for providers.

The officers said they were keen to see staff development amongst the social care workforce. They wanted social care to be a desirable career and for a career path to be available to the workers providing it. Ms Wakeling said that the government was drawing up a Green Paper on the social care workforce and she would forward it to members via the clerk.

Officers highlighted the direction of government policy was one of shared responsibility for care costs between the state and the individual.

With regard to the social care workforce, members commented that they felt the social care workforce was disadvantaged by not having a professional body to represent it as a profession. Additionally, there were concerns from members about homecare workers not being paid for travel time between visits. Ms Wakeling said

that payment for travel time was a matter for each local authority and the contracts it entered into. She assured members that Barnet did pay staff for travel time between home care visit. She said she would try and find out information from other authorities as to whether it was the case there.

The Chair commented that there was a possibility of broadening the social care workforce by reaching out to BME communities where some people may not speak good English or use the usual social care employment portals but may have hidden talents.

RESOLVED –

THAT the presentation and the comments above be noted.

8. UPDATE ON ST ANN'S AND ST PANCRAS' HOSPITALS' REDEVELOPMENTS

Consideration was given to a presentation from St Ann's and St Pancras hospitals.

Andrew Wright, the Director of Strategic Development (Barnet, Enfield and Haringey Mental Health Trust), addressed the Committee. He informed members that Haringey had recently granted planning permission for their new mental health building, which would have state of the art facilities for patients.

Two-thirds of the site was surplus to requirements and there was therefore going to be residential development on this land. There had been concern from members about the low percentage of affordable housing on the site, and Mr Wright said that, in light of this, there were further discussions taking place about the potential of increasing the amount of affordable housing on the site.

Members were informed that the target date for the completion of the new mental health facilities on the St Ann's site would be the end of 2020.

Malcolm McFrederick, the Project Director (Camden & Islington Foundation Trust), addressed members on the St Pancras hospital plans. He said that they were planning on selling their site and moving the in-patient facilities to the Whittington site. They were looking to develop two new hubs – on Lowther Road and Greenland Road – and they were considering whether a third site would be required.

Mr McFrederick said that the Trust were going to go out for tender for a development partner. This could be on a long lease basis rather than for sale. The matter was also complicated by the fact the Department of Health had a historic interest in the site. Mr McFrederick explained that the site could possibly be sold to Moorfield's Eye Hospital as a replacement for their old site.

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The Trust wanted to involve local communities in consultation on the future of the site. Mr McFrederick said that further information would come to both the Camden and Islington health scrutiny committees in June.

Members asked whether London Estates Devolution would apply to the schemes. They were informed that they were not at the stage where estates devolution would apply.

The Chair voiced concerns about the development board for St Pancras not meeting. Mr McFrederick said that the two development boards – one involving stakeholders and one involving providers – were being amalgamated. He assured the Chair that she would be invited to the next meeting.

With regard to the St Ann's site, members raised concern about the definition of 'affordable' being used when people referred to 'affordable housing'. They highlighted that the government definition of rents at 80% of the market rent level as 'affordable' would in fact not be affordable to many people in North-Central London.

Councillor Connor asked that increased bed space be incorporated into the new St Ann's development. She said that with usage of bed space close to 100%, there was a need to increase capacity. Officers said that this was not possible due to the lack of revenue funding for more beds. However, they assured members that there was scope to expand the unit in future.

Councillor Kaseki asked whether there would be training facilities on the new St Ann's site. He was informed that training did take place on the site and the Trust was keen that this continued.

RESOLVED –

THAT the presentation and the comments above be noted.

9. AMBULANCE SERVICES

Consideration was given to reports from the London Ambulance Service and East of England Ambulance Service.

Peter Rhodes, the Assistant Director of Operations at the London Ambulance Service, spoke to the statistics in the report. He said that the LAS was doing fairly well compared to other regions when measured against the national targets. Handover times were better in 2017-18 than in 2016-17. The handover processes were good at all North Central London hospitals, but delays happened when A & E departments were full.

Members asked about callers who phoned for an ambulance when they did not need one. Mr Rhodes said that this caused management challenges, however the 111 non-emergency number and the "hear and treat" programmes were able to resolve

some of these cases. There was also a question about frequent callers. Mr Rhodes said that these were often individuals with complex needs and needed intervention from other agencies, such as social services.

An attendee asked for borough-level data about response times. Mr Rhodes said they should be able to provide data in April about this.

Members asked about the placement of ambulances. Mr Rhodes said that the number and location of ambulances was under review.

Alan Whitehead from the East of England Ambulance Service was present to speak to members about his service. He said that his service was looking to employ more staff to alleviate staff shortages.

He asked members to note that Barnet Hospital was one of the hospitals that was the local hospital for some residents of his region. He said that the East of England Ambulance Service took an average of 20 patients per day there. There had been a decrease in 8% in the number of patients taken to Barnet compared with last year. He said that a circumstance in which there would be increased transport of patients to Barnet compared to the normal figure would be when Watford Hospital was put on a divert. However, this had not happened recently.

Members asked that an update on the situation with regard to the ambulance services be provided for members at a future meeting. The Chair added that it would be beneficial to hear from the ambulance services what they felt it would be useful to scrutinise, such as in regard to which data gave the most accurate picture of their service.

RESOLVED –

THAT the reports and the comments above be noted.

10. ADULT ELECTIVE ORTHOPAEDIC SERVICE REVIEW

Consideration was given to a presentation on Adult Elective Orthopaedic Services.

Members heard from David Stout and Rob Head on the proposed review. The North-Central London sub-region currently had 12 different sites which provided orthopaedic services; there was an aim to concentrate these services on fewer sites.

Officers assured the Committee that they were committed to open and transparent engagement. The review would be clinically led by Fares Haddad and there would be patient and public representation. They wanted to reduce variation in services – and to reduce the number of cancellations, infections and subsequent re-admissions which had to take place. They were also thinking of separating urgent and scheduled operations.

Members welcomed the commitment from the health officers. Councillor Klute asked officers to note that increased travel times in the event of the relocation of services were a concern for many patients and for relatives who wanted to visit them. Members also felt there was a danger of destabilising smaller hospitals and making them unviable if services were taken away from them.

The Committee asked that an update on the review be provided to it in November.

RESOLVED –

- (i) THAT the presentation and comments above be noted;
- (ii) THAT an update come to the Committee in November 2018.

11. IMPROVING HEALTH & WELLBEING AND REDUCING INEQUALITIES - SUPPORTING CLINICAL DECISION MAKING

Consideration was given to the presentation from the NCL CCGs.

Dr Jo Sauvage and Donal Markey spoke to the Committee about this item, which was an update to the information provided at the February meeting.

Dr Sauvage highlighted that the NCL CCGs wanted a transparent process which would improve clinical decision-making and ensure that patients throughout the sub-region were receiving the same service.

Changes to the guidance on clinical decision-making would be clinically-led and be based on updates from NICE (National Institute for Clinical Excellence) and the Royal Colleges. The CCGs would communicate with GPs and aim to engage them in the process. Patients would also be able to feed into the process.

Members noted that some GPs did not read some of the material they were sent and urged that methods other than the usual channels for communication be used. Mr Markey assured members that social media and other means of communication would also be used.

Members asked for clarity on what issues would be submitted to the JHOSC and what would not be. They also wanted to have sight of EIAs.

Members said that there was a need to distinguish between clinical and financial factors for taking particular courses of action. They wanted decisions on which procedure was of limited effectiveness to be taken on clinical grounds rather than on financial ones. Officers assured them that clinical priorities would be paramount.

The Enfield members voiced concern that Enfield CCG had taken action on this earlier than the other CCGs. They felt this was inconsistent.

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Councillor Connor asked that a future meeting receive: a GP engagement plan update, information about financial risks, information on patient feedback, and there be JHOSC involvement in the scrutiny of the terms of reference.

Members asked about the timeline for the next iteration of the policy and were informed that it was likely to be available in July.

RESOLVED –

- (i) THAT the presentation and comments above be noted
- (ii) THAT an update come to the next meeting of the Committee.

12. WORK PROGRAMME

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

Members agreed to postpone the 111 item from the July 2018 meeting to give time to discuss other items. They wanted to have an item on clinical decision-making and one on integrated care.

They also wished to have an update report on health developments from the local authority point of view.

RESOLVED –

THAT the work plan for 2018-19 be agreed, subject to the amendments above.

13. DATES OF FUTURE MEETINGS

It was noted the dates of future meetings of JHOSC would be:

- Friday, 20th July 2018 (Barnet)
- Friday, 5th October 2018 (Camden)
- Friday, 30th November 2018 (Enfield)
- Friday, 18th January 2019 (Haringey)
- Friday, 15th March 2019 (Islington)

14. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

The meeting ended at 1pm.

CHAIR

*North Central London Joint Health Overview and Scrutiny Committee - Friday, 23rd
March, 2018*

Contact Officer: Vinothan Sangarapillai
Telephone No: 020 7974 4071
E-Mail: vinothan.sangarapillai@camden.gov.uk

MINUTES END