

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 18TH JANUARY, 2019** at 10.00 am in Committee Rooms 1 & 2, Haringey Civic Centre, High Road, London N22 8LE

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Tricia Clarke (Vice-Chair), Pippa Connor (Vice-Chair), Alison Cornelius, Lucia das Neves and Clare De Silva

MEMBERS OF THE COMMITTEE ABSENT

Councillors Huseyin Akpinar, Val Duschinsky, Julian Fulbrook 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 Councillors Huseyin Akpinar, Val Duschinsky and Osh Gantly.

Apologies for early departure 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

There were no declarations of interest.

3. ANNOUNCEMENTS

There were no announcements.

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

There were no notifications of urgent business.

5. DEPUTATIONS (IF ANY)

There were no deputations.

6. MINUTES

Consideration was given to the minutes of the meeting held on 30th November 2018.

The Chair expressed concern of behalf of the Committee that they had not received figures on how capital receipts were being spent in North-Central London. She said she had been offered figures from the Royal Free but not any which were for the whole sub-region.

RESOLVED –

THAT the minutes of the meeting held on 30th November 2018 be approved and signed as a correct record.

7. NORTH LONDON PARTNERS MENTAL HEALTH PROGRAMME

Consideration was given to a report from North London Partners.

Chris Dzikiti (Mental Health Lead, NCL STP) and Will Huxter (Director of Strategy, NCL CCGs) presented the report to the Committee.

They highlighted that there was a significant unmet need for mental health services in the North Central London (NCL) area. They also mentioned the links that existed between mental illness and other forms of ill-health. There was a lower life expectancy among those with mental illness than in the general population; and individuals with mental health conditions were often frequent users of A & E services.

Officers were aiming for a model of care which was based around primary care in the community. They did not want hospitals to be seen as a 'home from home' for people with mental health conditions; they wanted them to receive the acute treatment they needed and then be able to return home. They wanted to see greater mental health awareness in primary care so that they could help individuals with mental health conditions and alleviate them in the way that they alleviated people's physical health conditions.

Mr Huxter and Mr Dzikiti said that perinatal mental health was a priority for the NCL mental health workstream. They had achieved a success with a Female Psychiatric Intensive Care Unit and had managed to eliminate out of area placements for that group.

Mr Dzikiti said that out of area placements remained a significant issue for patients in NCL. The sub-region had the 10th highest number of placements of young people out of area.

Members expressed disappointment that there was not data made clearly available in the report and presentation. They wanted to see data on matters such as out of area placements by borough and hospital and the costs incurred.

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Members discussed the issue of people being taken to a place of safety under Section 136 of the Mental Health Act. Councillor Clarke said that she was aware of a constituent who had been injured by a patient who was mentally ill when they were visiting a relative in hospital. She felt that two mental health beds were not sufficient for S136 need.

Councillor das Neves raised the issue of the need for the Police to triage cases where individuals were displaying problematic behaviour but may have mental health difficulties and physical health problems too.

Mr Dzikiti informed the meeting that a 5-bed unit was being built at Highgate that could provide a place of safety for individuals who needed it when they were in a mental health crisis.

Members noted the importance of mental health services linking with other services in the community, such as housing, to help their service users.

A member from Islington raised the fact that Islington had one of the highest rates of suicide in the country and that she felt more suicide prevention work was required. Mr Dzikiti said that they were working on suicide prevention with the two mental health trusts and had a target to reduce it by 10%.

Members expressed concern about the differential occurrence of mental illness among various BME communities.

Councillor das Neves raised concerns about the links between poor mental health and crime. She noted that a study of 20 prolific young offenders had shown that there had been a high prevalence of mental health problems in their families.

Members also were concerned about the difficulty of young people accessing treatment. They mentioned cases they had come across where people had been told they were below the threshold for treatment; even though they had been through bad experiences and were displaying symptoms of mental illness.

Councillor Connor asked how the national plans to have 3000 mental health therapists co-located in primary care were progressing. She also highlighted that there was a loss of school counsellors due to budget cuts. She asked NCL partners to make contact with Network Learning Communities to ensure provision for schools.

Councillor Connor added that she did not want the opportunity to provide more beds on the St Ann's site to be missed.

Members wanted to see more mention of the voluntary and community sector in the documents. They felt that NCL partners could achieve more by working with them.

Members repeated their requests for more data. They wanted to see information on out of area placements, their costs and where the individuals being placed out of area came from and went to. They also asked for statistics on suicide, broken down by sex and age.

RESOLVED –

- (i) THAT the report and the comments above be noted.
- (ii) THAT the data requested by Committee members be provided.

8. NORTH LONDON PARTNERS MATERNITY PROGRAMME UPDATE

Consideration was given to a report from North London Partners.

Kaye Wilson (Head of Maternity Commissioning, NCL CCGs) and Rachel Lissauer (Director, Wellbeing Partnership, Haringey & Islington) addressed the Committee.

They explained that maternity services were provided on 4 hospital sites and 1 birth centre. There was a slightly decreasing but variable birth rate and the complexities of births were rising. They said that the number of 'complex' births were rising due to factors such as rising average maternal age and an increasing number of mothers with a high BMI.

The Chair said that there was a rumour that maternity units would be being consolidated because some of them dealt with too few births to be viable. Ms Wilson said that the Royal College did not recommend a set size for maternity units. However, continuity of care was important in delivering a good service and that was sometimes difficult in large units. She said that about 6000 births per year was probably an optimal size; beyond that level there would be likely to be more difficulties in continuity of care.

Ms Wilson noted that C-section rates were high. She explained that, if a woman had had one C-section, she would normally have to have one for her subsequent pregnancies. As such, effort was going in to preventing the need for women to have a first C-section.

The Chair noted the CQC maternity inspection data on page 69. She would like to have seen the figures from the Royal Free Group broken down by site. She asked what was being done for those aspects that were down as 'requires improvement'. Officers said that there was an action plan in place that was reviewed at regular quarterly clinical governance group meetings.

Ms Wilson and Ms Lissauer stated that NCL's aims were in line with the National Maternity Transformation Programme. They aimed to reduce stillbirths and neonatal deaths by 20% by 2020-21.

Officers highlighted that more women wanted to give birth in midwife-led units than actually did. They were aiming to ensure that they could facilitate this choice.

A member asked about home births and whether health providers were supporting the desire of some women to give birth at home. Ms Wilson said that, in the past, some organisations had been reluctant to facilitate home births but now that was an option that was open to women who were assessed as being 'low risk' deliveries.

Members asked about continuity of care and how it worked. Officers said that it was about continuity by a team, not just one midwife, as the workload would be too high if placed on one individual. They wanted staff to be able to 'follow' women to the relevant maternity unit or birth centre to provide this continuity.

There was a discussion about the need for a properly located bereavement room in the Royal Free. Councillor Cornelius commented that it needed to be near obstetric care while also not on the same ward as those who had recently given birth.

RESOLVED –

THAT the report and the comments above be noted.

9. UPDATE AND DISCUSSION TO PLAN FOR MOORFIELDS CONSULTATION

Consideration was given to a report on the planning for Moorfields' consultation.

Will Huxter (Director of Strategy, NCL CCGs), David Probert (Chief Executive, Moorfields) and Denise Tyrrell (Programme Director, NCL CCGs) addressed the Committee.

They explained that Moorfields' Eye Hospital served patients from a wide geographical area. They were coming to NCL JHOSC as their old premises and their proposed new St Pancras site were in the area of the JHOSC.

Members praised the report and welcomed the fact that it identified key risks and ways of mitigating them.

The Chair asked what the turnover of Moorfields was. She was informed it was £240m per year.

Members asked if the money from the sale of estates would be being used for revenue spend. They were assured it would not be. It would be spent on capital investment in the new site and, in addition, income from philanthropic sources would also go towards the capital spend.

Councillor Clarke asked about what would happen to the old City Road site. Mr Probert said that it would be sold on the open market. She said that there were some

concerns locally about the use of the site, and people would prefer that it was used for community benefit.

Members asked about liaison between Moorfields and local authorities. Mr Pobert said that they were building relationships with local MPs, leaders of the relevant councils, and the ward councillors.

Members asked about who would be leading on the consultation process. They were advised that Camden CCG would lead on it on behalf of Islington CCG.

Officers observed that, because of the wide dispersal of patients, a range of local authorities could be said to have a need to be consulted on the measures. It might be best to consult with the local JHOSCs for the areas that had the largest number of patients using the facility.

RESOLVED –

THAT the report and the comments above be noted.

10. ELECTRONIC PATIENT RECORDS

Members noted the report on Electronic Patient Records. They expressed concern that patient records were being held by a US-based firm which was owned by Google. They said authorities needed to ensure that this data was kept separate from other data which Google might hold.

Councillor Connor said she would like to hear whether patients and health staff had benefitted from this new system. Councillor Cornelius expressed disappointment that there was not more information in the report, and said that Barnet Health Scrutiny Committee had received a more detailed presentation on this topic.

Members asked that a report on the topic come back to a future meeting which identified the benefits from the scheme and measures being taken over data security. They added that they wanted to hear from officers involved and ask questions of them rather than simply receive an information report.

RESOLVED –

THAT a report on Electronic Patient Records come back to a future meeting of the JHOSC, with the information requested by members.

11. WORK PROGRAMME AND ACTION TRACKER

Consideration was given to the work programme report.

Members confirmed that they wanted to receive reports on Integrating Health and Social Care, Ambulance Service performance and Care Homes at their March

meeting. Members said they wanted the care homes report to say more about sharing best practice. The Chair also asked that there be a quarterly update report on NCL activities – starting in March.

Members agreed the following items for the June meeting:

- Estate Strategy
- Adult Orthopaedic Services
- Screening and immunisation
- Reducing A & E attendance

RESOLVED –

- (i) THAT the report be noted;
- (ii) THAT the proposed agenda for the March meeting be agreed;
- (iii) THAT the proposed agenda for the June meeting be agreed.

12. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no other items of business.

13. DATES OF FUTURE MEETINGS

It was agreed that the dates of future meetings would be:

- Friday, 15th March 2019 (Islington)
- Friday, 21st June 2019 (Barnet)
- Friday, 27th September 2019 (Camden)
- Friday, 29th November 2019 (Enfield)
- Friday, 31st January 2020 (Haringey)
- Friday, 13th March 2020 (Islington)

The meeting ended at 12:35pm.

CHAIR

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January, 2019*

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MINUTES END