

NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **MONDAY JANUARY 16TH 2012** at 10.00 a.m. in the Committee Room 1, Town Hall, Judd Street, London WC1H 9JE

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Cornelius, Barry Rawlings and Graham Old (L.B Barnet), Peter Brayshaw and John Bryant (Vice-Chair) (L.B Camden), Alev Cazimoglu (L.B Enfield), Gideon Bull (Chair) and Dave Winskill (L.B Haringey), and Martin Klute and Alice Perry (L.B Islington)

OFFICERS

Hannah Hutter and Shama Sutar-Smith (L.B Camden), John Murphy (L.B Barnet), Peter Moore (L.B Islington), Rob Mack (L.B Haringey), Sue Cripps (L.B. Enfield)

ALSO PRESENT

Alison Kemp, Independent Consultant
Lee Bojtor, Barnet, Enfield and Haringey Mental Health Trust
Dr Peter Sudbury Barnet, Enfield and Haringey Mental Health Trust
Claire Wright, NHS North Central London
Martin Machray, NHS North Central London
Elizabeth Stimson, NHS North Central London
Sarah Parker, NHS North Central London - Haringey
Andrew Williams, NHS NCL North Central London- Haringey
Donald Peebles, Lead Obstetrician North Middlesex Hospital
Kathryn Collin, NHS North Central London Maternity Services Commissioner
Debbie Gould, UCH, North Central London Maternity Network Lead Midwives
Jenny Gough, Assistant Director of Public Health, NHS Camden
Terence Joe, NHS North Central London
Sue Dart, NHS North Central London Royal Free Hospital
Pat Gould, Royal College of Midwives
Carol King, Royal College of Midwives

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 Joint Health Overview and Scrutiny Committee.

MINUTES

1. WELCOME AND APOLOGIES

Councillor Gideon Bull (Chair) welcomed all those present to the meeting.

An apology for lateness was received from Cllr Martin Klute (L.B Islington).

2. URGENT BUSINESS

There was none.

3. DECLARATIONS OF INTEREST

Councillor Gideon Bull declared that he was an employee at Moorfields Eye Hospital, but did not consider it to be prejudicial in respect of the items on the agenda.

Councillor Peter Brayshaw declared that he was a Governor at University College London Hospital, but did not consider it to be prejudicial in respect of the items on the agenda.

Councillor Alison Cornelius declared that she was a Chaplain's assistant at Barnet Hospital, but did not consider it to be prejudicial in respect of the items on the agenda.

In relation to Item 5, Transforming Community and Adolescent Mental Health Services, Councillor Barry Rawlings declared that he was a part time worker for Community Barnet, but did not consider it to be prejudicial and therefore took part in the consideration of the item.

4. MINUTES

The minutes of the meeting held on 5th December 2011 were agreed, subject to the addition of the word 'provide' in the first sentence on page 7 of the minutes.

It was

RESOLVED –

THAT the minutes of the meeting held on 5th December 2011 be agreed.

TO NOTE: All

Matters arising:

In response to a question regarding the financial arrangements once NHS North Central London had been dissolved, Martin Machray of NHS (NCL) stated that a series of discussions were taking place between the Strategic Health Authority and NHS NCL which had resulted in some positive results. More information would be known by the end of the following week. In the interim, he had agreed with the Chair that the letter that the last meeting agreed would be sent to the Secretary of State on behalf of the Committee concerning this issue should be delayed. Martin Machray would keep the Committee informed of the progress and noted that the London Borough of Camden were keen to receive clarification on the budget as soon as possible.

ACTION BY: Martin Machray, NHS North Central London

5. IMPLEMENTING TRANSFORMING COMMUNITY AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Alison Kemp, Independent Consultant, NHS North Central London made a presentation to the Committee which gave an update on the business case, actions taken since 5th December 2011 and the key issues.

The Committee raised questions in relation to the engagement of young people in the project, whether the Northgate building would be closing, staff redeployment, the future of the on site school and the education model.

In response to questions Alison Kemp made the following points:-

- There is a young people's project board which has begun to meet on a monthly basis. The young people were seeking to involve their peers in the project, and explore, using social media sites such as Twitter and Facebook. The young people were heavily involved with leading the group areas included, policy, estates and crucially feeding directly into the project working group and implementation plan. Most of the young people involved were current service users;
- Assurance was given to the Committee that there was no intention to close the Northgate building. The services which had been provided at the site had stopped. Staff who had previously been working in those services had been redeployed into the community teams and some into New Beginnings. The new in-patient service would run from the Northgate site. The new model would see a shift in the ways in which staff time and skill was used. , the new service model would focus on therapeutic input, thus, it was not anticipated that the staff bill would increase or be reduced, but clearly natural changes in the staff would occur;
- Barnet, Enfield and Haringey all operated different education models, discussion was taking place with each authority regarding how a education package could be built for each child at the on site school. It

was recognised that this was an area which needed monitoring. Feedback was expected in the near future from colleagues in education regarding the contract negotiations between the providers and commissioners. A position statement could be provided for the next meeting of the Committee.

In response to concerns from the Committee regarding the engagement of young people, it was suggested that Councillors Alison Cornelius and Gideon Bull be invited to attend the young people's project board next meeting as observers. It was agreed this request would be taken back to the young people.

It was requested that a paper outlining an education model, including how it worked with health, and signed off by all three education authorities, be provided to the Committee.

ACTION BY: Alison Kemp, NHS North Central London

RESOLVED –

THAT the report be noted.

TO NOTE: All

6. MATERNITY SERVICES IN LONDON

The Committee gave its consideration to an annual report of the Local Supervising Authority of NHS London on how standards set within the Midwives Rules and Standards (2004) had been met.

Kathryn Collin, North Central London, Senior Maternity Manager, Professor Donald Peebles, Lead Obstetrician North Middlesex Hospital and Debbie Gould, UCH, North Central London Maternity Network Lead Midwives gave a presentation to the Committee which informed the Committee of the work of the North Central London Maternity and Newborn Network.

Kathryn Collin described the network structure and the partnership between the commissioners and providers. It was stated that there was commitment to the Network from all five of the authorities which make up the North Central London Cluster. The Network was chaired and led by senior clinicians, who had been in discussions with NHS London sharing the good practice demonstrated by the Network.

Donald Peebles addressed the Committee and spoke about the requirement to have senior experience on the labour ward. All units in the Cluster were now achieving the minimum of 60 hours of consultant presence. He also informed the Committee of how the caesarean section rate had steadily been increasing. He stated that the Network promoted normal births and that a daily review of caesarean sections had

been introduced. However, this contradicted the newly updated NICE guidance which recommended that women without medical indications should be offered a caesarean on request following advice and support on a normal birth. He wished to make it clear that sector policy was not to offer routine Caesareans apart from in exceptional cases.

Debbie Gould spoke about the models of care group and how the reporting figures of midwife to birth ratio were calculated. It was noted that the ratios could not easily be compared as there was no standardisation of how the figures were collected.

Further discussion took place regarding the future challenges and issues surrounding maternity services. The following points were noted:-

- UCLH had introduced care rounds which ensured that midwives could collect real time feedback on the service. The feedback was entered on a daily basis and it was highlighted that the compliments outweighed the negatives. If there was a complaint it would be dealt with immediately and on an individual basis.
- The quality of relationships between the midwife and patient was measured using a net promoters score used by private marketing companies. All women would be asked two questions at the end of their post natal care.
- The cluster was delivering above the 90% national care standards. Only 4% of women, when in labour, were left in the delivery room without a midwife/medical professional when they did not want to be.
- It had been identified that more work needed to be carried out on improving early access to maternity services. The national target for seeing women by the 12th week of pregnancy was 90% the cluster were currently achieving 75%. There were many factors which contributed to not achieving 90%, which included the cultural differences in the population, which impacted upon the amount of women who still did not present to their GP until after week 12. Examples given were the North Middlesex hospital (NMUH) had particular population challenges as 30% of women who booked late were not in the country during the first 12 weeks of pregnancy, and in the Whittington some orthodox Jewish women did not wish to use maternity services.
- Work was being undertaken to reach and educate different parts of the community, such as working with pound shops to provide information when customers were buying pregnancy tests, working with religious leaders, children centres and community centres.
- An action plan had been implemented to carry out work around maternal deaths. It was highlighted that the reporting on maternal deaths were misleading as not all maternal deaths were related directly to pregnancy. It was felt that there needed to be differentiation between those figures.

- If a trust was operating from a single site and the service had to be suspended, it would be recorded as a serious untoward incident (SUI). However, if a trust was operating units on multiple sites and only one site had to be closed, it would not be recorded as a SUI. This meant that a closure of one of the two sites that were part of Barnet and Chase Farm hospitals would not be recorded as long as the other site remained open, even though women in labour might be transported between sites. The Committee were of the view that this might disguise issues at particular sites and that the suspension of a service should be recorded for each hospital unit that was closed rather than merely for each trust.
- There was a set list of classifications for a serious incident on a maternity ward. One example would be if there was not enough staff to operate the service safely, then the service would close which would be classed as serious. A serious incident didn't mean that something serious had to happen before the service would be suspended;
- The shortage of midwives, across the cluster and London was concerning. Retirement eligibility was amongst existing midwives with 18% of midwives eligible for retirement now, and a further 11% will become eligible for retirement by 2017. It was questioned whether midwives were counted as key workers as in the report, housing costs were cited as a barrier to recruitment. A letter should be raised through the LSN to NHS London citing concerns about the retention policy.
- There were additional complexities of providing midwifery services in London including complex populations, high birth rates and busy units.
- Supervisors of midwives played a key role in improving professional practice, and often supervisors were called back to the front line in busy units. Protection of the role was varied, and was best where there was good leadership in the unit, and the role was clearly defined. The Committee welcomed the work undertaken by the Network and requested that the midwife to birth ratio figures for the cluster be circulated to the Committee, and that further details of the number of closures of the maternity unit at Chase Farm and Barnet be provided.

ACTION BY: Kathryn Collin, North Central London, Senior Maternity Manager

RESOLVED

–

THAT the report be noted.

TO NOTE: All

7. NHS NORTH CENTRAL LONDON TRANSITION UPDATE REPORT

Consideration was given to a report of NHS North Central London updating the Committee on the progress of the Transition Programme, which would see the transition to the new structure, replacing the roles and responsibilities of PCTs within the cluster.

Martin Machray, NHS North Central London, summarised the main points of the report and stated that the Health and Wellbeing Boards would be key in helping the transition take place.

During discussion members expressed their interest in retaining the Joint Committee after the North Central London Cluster disbanded. Further discussion took place regarding the support services for the Clinical Commissioning Groups (CCG). Four CCG's were going for partial budget delegation, and Camden was going for full delegation of the relevant parts of the PCT budget. It was noted that a commissioning support organisation prospectus had been published. The organisation would be hosted by the NHS Commissioning Board until 2016 when it was expected that the support services organisations would operate independently. A not for profit social enterprise model was expected, but they would have to compete in an open market and aspects such as informatics might also be purchased from different providers. When the CCG's became statutory bodies, they would have three options open to them, they could buy in all commissioning support; provide some or all support in house; or buy services from the open market. The CCG's would have restrictions when considering what option to choose, as the incentive funding allocations to the CCGs to buy support were estimated at £25 per head of population served by the group, which was the same allocation in London as in the North of England. To date, none of the clusters in London were able to provide services for less than £25 per head.

Further discussion took place regarding commissioning services across organisations. It was noted that discussions were taking place between councils and strategic health authorities on an integrated commissioning approach.

Concerns were raised regarding the transparency of the commissioning process, especially when a decision had to be taken on choosing a provider for services. The Committee highlighted the importance scrutiny added to the process and how it would have an enhanced role in bringing transparency to the process in the future.

In response to questions Martin Machray made the following points:-

- Budget figures, when allocations were confirmed, for the five CCGs would be circulated to the Committee. **ACTION BY: Martin Machray;**
- In terms of accountability, there would be a clear channel of responsibility to Caroline Taylor, Chief Executive NHS North Central London, until the CCG's became a statutory body;
- NHS NCL had expressed an interest in providing commissioning support for all the NCL clusters, but it would need to operate over a much larger area

including Outer North East and East London and include up to 19 CCG's to be financially viable at that price. Three commissioning support agencies for London were being proposed, with another one covering North West London, and a third covering South and South west London. ;

- Guidelines have been published from the Department of Health regarding conflicts of interests in relation to GPs on CCGs, this information would be shared with the Committee. **ACTION BY: Martin Machray.**

The Committee were concerned that the indicative funding of £25 per head of population would not be sufficient for London. The Committee felt that for London the funding should also have a London premium attached. It was agreed that a letter should be sent to London Councils asking them to take up this concern.

ACTION BY: Rob Mack (Scrutiny Officer)

Following discussion, it was

RESOLVED –

THAT the report and recommendations be noted.

TO NOTE: All

8. TUBERCULOSIS: DEVELOPING SERVICES FOR THE FUTURE FOR NORTH CENTRAL LONDON

The Committee gave its consideration to a report of NHS North Central London. Jenny Gough, NHS North Central London introduced the report which detailed the current tuberculosis (TB) service provision, and gave an update on the review and development of services for TB across North Central London cluster. TB was spread through prolonged contact with an infected person, but was preventable and treatable. It could be incubated from two to five years. Hospital treatment of TB was offered even to people who were not entitled to free NHS treatment in primary care including illegal immigrants and visa overstayers. Despite targeted outreach, the Somali community has not engaged with TB treatment and more needed to be done to break down stigma and promote that TB was treatable.

Terence Joe, NHS North Central London, gave a presentation to the Committee which outlined the proposed TB services model of care across North Central London, and, the process of service development adopted to date. The Committee noted that the change in service model would see the creation of two key TB hubs. The North hub would be located at North Middlesex Hospital, the South hub location was still to be confirmed, but a recommendation had been made to the project group that the Whittington Hospital would be the best site. The changes based on research would increase opening hours, offer greater flexibility and reduce waiting times.

A concern was made by a Member of the Committee regarding travelling to the Whittington Hospital by residents who were living in the west part of Camden.

The Committee also recommended that translation services would be important in the new model.

The Committee thanked the officers for the report and Terence Joe for a very good presentation

RESOLVED –

THAT the report and presentation be noted, and they supported the recommendations.

TO NOTE: All

9. FUTURE WORK PLAN

The Committee gave its consideration to a report outlining its future work plan.

The Committee requested that it receives copies of the letters sent to North Central London regarding the QIPP. **ACTION BY: Rob Mack, Scrutiny Officer**

The Committee were informed that there was a meeting taking place with NCL London at Stevenson House on 30th January 2012 regarding CAMIDOC.

The future meeting dates were as follows;

27th February - Islington

16th April – Haringey

28 May - Enfield

9th July (moved from 16th July) - Barnet

RESOLVED

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

TO NOTE: All

The meeting ended at 1.14pm

CHAIR: Councillor Gideon Bull

MINUTES END