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# NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**FRIDAY, 29 JANUARY 2016 AT 10.00 AM**
**COUNCIL CHAMBER, ENFIELD CIVIC CENTRE, SILVER STREET, ENFIELD EN1 3XA**


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**MEMBERS**

Councillor Alison Kelly (LB Camden) (Chair)
Councillor Pippa Connor (LB Haringey) (Vice-Chair)
Councillor Martin Klute (LB Islington) (Vice-Chair)

Councillor Alison Cornelius (LB Barnet)
Councillor Graham Old (LB Barnet)
Councillor Danny Beales (LB Camden)
Councillor Abdul Abdullahi (LB Enfield)
Councillor Anne Marie Pearce (LB Enfield)
Councillor Charles Wright (LB Haringey)
Councillor Jean Kaseki (LB Islington)

Issued on: Thursday, 21st January 2016

# NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 29 JANUARY 2016

**THERE ARE NO PART II REPORTS**

**AGENDA**

**Wards**

**1. APOLOGIES**

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

**3. ANNOUNCEMENTS**

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

**5. MINUTES**

(Pages 5 - 12)

To consider the minutes of the meeting held on 27th November 2015.

**6. MATERNITY SERVICES UPDATE**

(Pages 13 - 24)

To consider a report on maternity and neonatal services in the North-Central London area.

**7. CQC INSPECTION PROCESSES**

To receive a verbal report from the CQC on their inspection process.

**8. NEW MODEL FOR CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)**

(Pages 25 - 36)

To receive information on the new model for Child and Adolescent Mental Health services.

**9. TERMS OF REFERENCE AND PROCEDURAL ARRANGEMENTS FOR NORTH-CENTRAL LONDON JHOSC**

(Pages 37 - 40)

To consider the terms of reference and proceedural arrangements for

the Committee.

## 10. WORK PROGRAMME

(Pages 41 - 42)

To consider the work programme for the Committee.

## 11. DATE OF NEXT MEETING

The next meeting will be on Friday, 11th March 2016 in Camden Town Hall.

## 12. ANY OTHER BUSINESS THE CHAIR CONSIDERS URGENT

**AGENDA ENDS**

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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, 27TH NOVEMBER, 2015** at 10.00 am in the Committee Room 1, Hendon Town Hall, The Burroughs, London NW4 4AX

**Present**

| **Councillors** | **Borough** |
|---|---|
| Alison Kelly (Chair) | LB Camden |
| Pippa Connor (Vice Chair) | LB Haringey |
| Martin Klute (Vice Chair) | LB Islington |
| Alison Cornelius | LB Barnet |
| Graham Old | LB Barnet |
| Abdul Abdullahi | LB Enfield |
| Anne-Marie Pearce | LB Enfield |
| Charles Wright | LB Haringey |
| Jean-Roger Kaseki | LB Islington |

**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

No apologies were received.

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

- Councillor Pippa Connor (LB Haringey) declared that her sister was General Practitioner in Tottenham;

- Councillor Danny Beales (LB Camden) declared that he was a governor of University College London Hospital;

- Councillor Jean-Roger Kaseki (LB Islington) declared that he was a governor of Camden and Islington NHS Foundation Trust.

## 3. ANNOUNCEMENTS

There were no announcements.

## 4. NOTIFICATIONS OF ANY ITEMS OF URGENT BUSINESS

There were no notifications of any items of urgent business.

## 5. MINUTES

Subject to the below correction to the previous minutes of the Joint Health Overview and Scrutiny Committee of 25 September 2015, the Committee **RESOLVED** that the previous minutes of the Committee be approved.

That on page 5 of the agenda report, under Item 2 (Declarations of Interest) the personal interest stated for Councillor Alison Cornelius (LB Barnet) be removed as requested by Councillor Cornelius.
Correction:

~~*Councillor Cornelius declared that she was an Assistant Chaplain at Barnet Hospital.*~~

## 6. DEPUTATIONS

Councillor Alison Kelly (Chair), Chair of the Joint Health Overview and Scrutiny Committee welcomed all attendees to the meeting.

Vice-Chair, Councillor Martin Klute (LB Islington) informed the Committee that, during the past 5-6 week period, he had received a large volume of correspondence from patients who expressed concerns about the closure of the Lower Urinary Tract Symptoms (LUTS) Clinic.

It was noted that this had also raised concerns among the Committee about the way the suspension of services at LUTS Clinic came about as well as the operation of the Clinic.

Councillor Klute reminded Members of the Committee's scope of responsibility and noted that its remit does not include judicial or clinical decision making powers.

The Chair welcomed two speakers to the meeting who outlined the problems that they and other patients had faced as a consequence of the suspension of the LUTS Clinic. The Committee heard that, prior to receiving treatment at the LUTS Clinic, patients had been informed that following initial diagnosis and testing, there had been little evidence for their symptoms to be classified as an infection, which caused frustration among patients as they continued to suffer from painful symptoms.

The Committee were informed that following referral and the treatment received through the antibiotics prescribed by Professor James Malone-Lee, the speakers had been able to manage their lives better and the treatment and care had enabled them to lead a healthier and better quality of life.

The Committee were informed about the symptoms and consequences of living with the condition- a chronic, intracellular bacterial infection of the urinary tract and bladder. The speakers praised the monitoring standards and efforts by Professor Malone-Lee and all staff at LUTS Clinic. The Committee heard about the concerns raised by the speakers in relation to the actions that led to the suspension of the Clinic as well as the lack of engagement and consultation with patients prior to the suspension.

The Committee also heard that as a result of the suspension of the LUTS Clinic, patients had been negatively affected and experienced stress and difficulties in their lives.

The Chair thanked the speakers for the verbal update and presentation to the Committee. Councillor Klute noted the importance of a comprehensive review of the decision which led to the suspension of services at LUTS Clinic.

The Chair invited officers from Whittington Hospital, Siobhan Harrington, Deputy Chief Executive, and Dr Richard Jennings, Medical Director. Dr Jennings informed that there were two similar incidences which raised safety concerns about the service and prescriptions provided to patients at LUTS Clinic.

Ms Harrington noted that Whittington had been in contact with Professor Malone-Lee and that the Clinic had resumed operation as of Monday 23rd November 2015. Dr Jennings also noted that to ensure that LUTS clinic delivers a safe service to all patients, an external review of the service has been commissioned which will take into account patient consultation and views about the future of the service.

In response to a query, Dr Jennings informed the Committee about the circumstances which led to the suspension of services at LUTS Clinic which involved a patient developing organ damage and suffering significant harm as a result of the use of antibiotics. The Committee heard that a different patient had suffered similar health damage as a result of similar circumstances. Dr Jennings noted that the practise restriction imposed was not intended to be permanent but that it was imposed as an urgent temporary measure to prevent possible recurrence of these side-effects.

Following discussion, the Chair requested that updates be reported to the Committee on the following issues:

- Strategic Risk Register
- Patient Engagement
- Patient Care Plan

Siobhan Harrington, Deputy CE at Whittington Hospital, noted the requests and informed the Committee that the Strategic Risk Register is in place and that following the above request, an update will be reported back at a future meeting.

The Vice-Chair, Councillor Martin Klute requested that the following actions and recommendations be agreed. It was **RESOLVED**:

1. **That the Committee be minded to consider any proposal to decommission the LUTS Clinic by local CCGs as a substantial variation to services and that, should such a proposal proceed without comprehensive consultation, the issue be referred to the Secretary of State on the grounds of failure to consult.**

2. **That the committee be sighted on the terms of reference for the external review of the LUTS clinic, that the terms of reference of the review should include the Whittington's actions leading up to the suspension of the service, and that the results and recommendations of the review be presented to a future meeting of the committee prior to any further decisions being taken to decommission.**

3. **That the Committee be updated with the Strategic Risk Register from Whittington Hospital and that the communications strategy and engagements strategies and a responsive action plans are shared with the Committee, to satisfy the Committee that appropriate arrangements are in place should similar circumstances occur in respect of any future urgent actions by the Whittington.**

4. **That letters be sent to both Haringey and Islington CCGs requesting confirmation that they will not be proceeding with their proposed decommissioning of the LUTS Clinic pending the outcome of the Independent Review.**

**Action**:
In relation to the level of treatment and the prescriptions that were carried out at LUTs Clinic, Councillor Pippa Connor, requested that the Committee receive an update on whether any medical studies or reviews were undertaken by UCL about the treatment provided to patients.

## 7. PRIMARY CARE UPDATE ON THE "CASE FOR CHANGE"

The Chair welcomed three guest speakers, Liz Wise, Programme Director Transforming Primary Care at NHS England, Alison Blair, Chief Officer at Islington Clinical Commissioning Group (CCG) and Fiona Erne Head of Primary Care, North Central and East London, NHS England to the meeting. The Committee received a presentation on Primary Care "Case for Change".

Ms Wise informed the Committee that as part of the London Transforming Primary Care Programme, there would be a continued focus on key challenges by the Workforce programme and the Primary Care Strategy, particularly in light of the need for additional clinicians and nurses.

Ms Blair highlighted the importance of focusing on outcomes, which included the delivery of an effective and sustainable health economy and a focus on improving the health of the population as well as quality of patient care.

The Committee noted that NHS England and north central London (NCL) CCGs had entered into joint commissioning arrangements for primary medical services from 1 October 2015. Following discussion, it was proposed that the report will be submitted to each of the five NCL borough health scrutiny committees and the JHOSC for discussion and agreement at the appropriate juncture.

The Committee were also informed about initiatives to develop pan-London five year plans, and that, by virtue of early indicators, a 90% delivery of Accessible care is expected by April 2018, Coordinated care by April 2018 and Proactive care by April 2019. It was further noted that in relation to partnership working, initiatives are in places to work with Local Authorities, local medical committees (LMCs), local education and training boards (LETBs) and others through a Strategic Oversight Group.

Vice-Chair, Councillor Pippa Connor (LB Haringey) made suggestions for the following recommendations. The Committee therefore **RESOLVED**

1. **That an update report be brought to the Committee with further details of proposals for scrutiny work of the local premises updates and the implications of the updates for NCL CCGs and patients.**

2. **That the Committee receive an update on the work of the Primary Care Teams to co-design approaches to improve the health and wellbeing of the local population.**

3. **That, following consultation with Local Authorities, an update report on the development of an integrated Primary Health Care Strategic Premises Plan be reported to the Committee.**

## 8. JHOSC: FUTURE STRATEGIC ROLE

The Chair introduced the report which sets out proposals for efficient use of the collective scrutiny resource and for the purposes of increasing strategic coordination between the five NCL borough HOSCs and the JHOSC.

The Committee noted the need for consideration of funded officer support role in light of the significant time commitment required to support the Committee and future

officer scrutiny work. Mr Rob Mack, Principal Scrutiny Support Officer, Haringey Council, emphasises the need for close working with other London borough JHOSCs, particularly the South West London JHSOC to share and learn lessons. The Chair also noted the need for revision of the Committee's terms of reference.

It was noted that it is proposed that for future items on the work programme, the Committee focuses on those items that relate to the coordination, collaboration and improvement of the health system across NCL.

**RESOLVED that**

1. **The Committee note the proposed role and focus of the NCL JHOSC and its relationship with the five borough scrutiny committees.**
2. **The Committee agree the proposed approach for determining future JHOSC agendas.**

## 9. NHS 111/OUT OF HOURS GP SERVICES - COMMISSIONING

The Chair welcomed Dr Jo Sauvage (Islington CCG Vice Chair) and Dr Sam Shah (Clinical Lead for the NCL 111/OOH Procurement) to join the meeting. The Board noted that NCL CCGs are commissioning NHS 111 and OOH as an integrated service, which is expected to begin in October 2016.

Following a query from the Committee, Dr Sauvage informed that due to forthcoming National Quality Requirements and changes to details around Key Performance Indicators (KPIs), it has been difficult to release information at this stage on the context of KPI specification.

Dr Shah informed the Committee that currently, as part of OOH services, GPs and other clinicians can offer advice and face-to-face appointments where this is needed. Dr Shah noted that the integrated care services which encompasses NHS 111 and OOH service must also provide consultations with GPs and other clinicians during out-of-hours period.

The Board also heard about plans to provide a range of options for the services aiming to meet the local needs of each borough. In relation to the workforce, the Committee noted that staff training requirement has been expanded to ensure that the service is connected to local practices.

**RESOLVED:**

**That the Committee request an update report to be brought to the JHOSC meeting in March 2016 with details of KPI specification.**

## 10. STROKE PATHWAYS

The Chair welcomed Professor Anthony Rudd (Consultant Stroke Physician) to the meeting. Prof Rudd delivered a presentation to the Committee on Stroke pathways for NCL.

Professor Rudd introduced the item and informed that overall performance is good and that there has been significant improvement to the quality of stroke care being delivered.

Professor Rudd highlighted the following on-going issues and emphasised the importance of working in close partnership with NCL CCGs to improve stroke care services including the availability of hospital beds:

- University Central Hospital encountered difficulties managing their acute hospital beds, in particular during the last winter and that improvements needs to be made on swallow screening, access to speech and language therapy (SALT) and Dietietics.
- Lack of early supported discharge (ESD) service in Haringey and poor 6 month follow up across all areas especially for patients from North Middlesex.

The Chair thanked the Committee for the discussion. Professor Rudd suggested the following recommendations. The Committee **RESOLVED:**

**That JHOSC receive a follow up message from Professor Rudd on the importance of monitoring stroke care services and performance across NCL for further dissemination and that JHSOC consider the following points:**

- **A closer working relationships between Local Authorities and their respective CCGs.**
- **Discharge times of patients and bed blockage issues.**
- **A less bureaucratic way of working for clinicians.**
- **Providing long terms stroke support service**
- **Providing vocational support and rehabilitation**
- **Borough level ambulance response times for stroke patients**

## 11. WORK PROGRAMME

The Committee noted the items listed on the Work Programme for the Joint Health Overview and Scrutiny Committee for forthcoming meetings in 2016.

**Action:** In order to answer queries around due reports and joined working practise with this Committee, the Chair requested that CQC be invited to attend the next meeting in 2016.

The Chair requested that the following items be included to the list of future items (agenda report p101) for discussion at the Committee:

- London Ambulance Service (Camden)
- CQC Update (Camden)
- Maternity Update (Camden)
- CAMHS – New Model (Haringey)

## 12. DATES OF FUTURE MEETINGS

The Committee noted the future meetings taking place on the following dates:

- Friday, 29th January 2016 (Enfield)
- Friday, 11th March 2016 (Camden)

## 13. ANY OTHER BUSINESS THE CHAIR CONSIDERS URGENT

There was no other business the Chair considered urgent.

**Alison Kelly**
**CHAIR**

**Contact Officer:** **Vinothan Sangarapillai**
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**MINUTES END**

NHS
North Central London

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|---|---|
| **NHS NORTH CENTRAL LONDON CCGs** | **BOROUGHS** [: BARNET, CAMDEN, ENFIELD, HARINGEY, ISLINGTON<br>**WARDS:** ALL |
| **REPORT TITLE**: Update from North Central London Maternity Network January 2016 | |
| **REPORT OF**:<br>Julie Juliff, Maternity Commissioning Lead, North Central London CCGs | |
| **FOR SUBMISSION TO:**<br>North Central London Joint Health Overview & Scrutiny Committee | **MEETING DATE: 29th January 2016** |

**SUMMARY OF REPORT:**

Since the last report:

- Systems to support effective outcome monitoring at CCG level have been consolidated
- Priority areas, based on National, regional and local drivers have been identified. The resulting work plan for 2015-16 in progress
- The perinatal mental health strategy for NCL has been developed in conjunction with commissioners and provider. An implementation plan is currently being worked up.

Key areas of work have included:

- Combined maternity dashboard comparison
- Implementation of the Growth Assessment Protocol (GAP) programme designed to support the reduction in stillbirth rate by reducing the number of low birth weight babies
- Perinatal mental health project
- Improving user experience and patient involvement
- Working with colleagues across London to improve clinical outcomes for maternity service users.

This report provides an update on maternity commissioning and on local and regional network work streams on outcomes during 2015-16.

**RECOMMENDATIONS:** The Committee is asked to comment on the report for North Central London Maternity Network January 2016

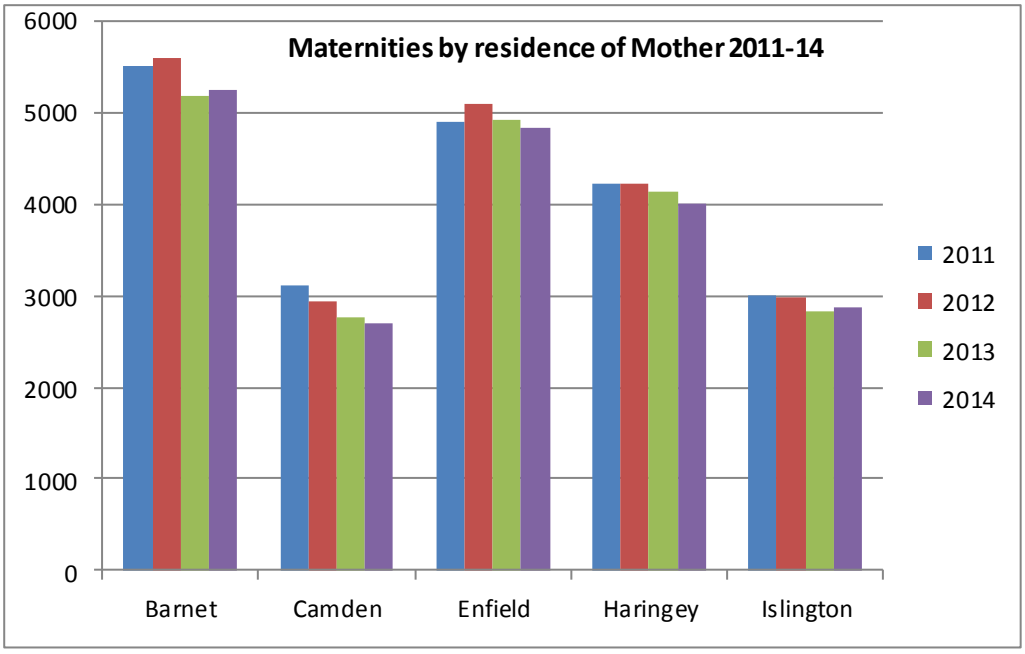
Julie Juliff

Maternity Commissioning Lead, North Central London CCGs

**DATE:** January 2016

**Birth data for North Central London**

Although the population in the North Central London boroughs is expected to grow over the next few years, at present the birth rate is stable. The Office for National Statistics (ONS) published the most recent birth data (2014) in July 2015. The graph below shows births to women living in the 5 NCL boroughs between 2011 and 2014.




**Key Commissioning Work 2015-16**

Monitoring of Performance and Quality Outcomes

All the maternity services report quarterly to their Trust Clinical Quality Review Group, which is chaired by CCG quality leads. Outcomes monitored at these meetings include:

- Maternity Dashboard
- Staffing levels / ratios
- Serious incidents and complaints
- Friends and Family Test

Activity Monitoring

The Commissioning Support Unit (CSU) on behalf of the CCGs monitors activity data across the pathway of maternity care on a monthly basis. The maternity commissioning lead provides expert advice and analysis of this data so that changes in activity and spend can be monitored closely. Where changes in activity are identified, audits are undertaken involving GP leads from the CCGs.

The CQC Maternity Survey 2015

The Care Quality Commission (CQC) published the national maternity survey in December 2015. Responses from 20,000 services users across 133 NHS acute Trusts were analysed. The national response rate was 41%. As previously survey results for London Trusts were poorer than in many other areas. Full analysis of these outcomes is currently being undertaken and each Trust is in the process of developing an action plan to improve patient experience where required.

Working with NHS England to monitor antenatal and New Born screening outcomes

Assessment of a woman's health and social needs during the early weeks of pregnancy is associated with improved outcomes for both mother and baby. Traditionally we have concentrated on monitoring the proportion of women who have received this assessment by 12 completed weeks of pregnancy. However, antenatal screening should be carried out by around 13 weeks of pregnancy, and therefore Trusts are being asked to concentrate on meeting the standard of 'booking' by 10 weeks of pregnancy. Antenatal and New born screening is commissioned and monitored by NHS England, therefore the maternity commissioning lead works closely with the local screening leads to support this work. In order to facilitate this, the NCL maternity network is working on producing a new referral form, which will be part of the GP IT system and can be used electronically. New GP and patient information will be launched to assist in this work.

Development of a strategy for Perinatal Mental Health

In April 2015 a mapping exercise to review current perinatal mental health services in North Central London was completed. This was followed by a workshop, which brought together commissioners and providers across all disciplines (maternity, children's, mental health, and primary care) with the aim of developing a shared vision for future service provision. A strategy has been completed, and the CCGs have agreed to work together to implement this over the coming year. Central funding allocations are anticipated in the near future; however work has already begun to plan the implementation of a specialist service.

The Strategic Clinical Network for perinatal mental health has developed care pathways in conjunction with maternity colleagues; these have been incorporated into the NCL strategy.

A service specification for London is currently being developed and will be in place at the beginning of the 2016-17 commissioning cycle.

**North Central London Maternity Network Progress 2015-16**

Use of the NCL standardised maternity dashboard to compare outcomes across the sector

The NCL performance dashboard has been in place in all NCL Trusts since April 2015, and work has been undertaken to develop a comparison document, which is used to benchmark clinical outcomes for each maternity unit. This data is collected from the Trusts quarterly and then shared back out with the services and commissioners. Key issues that have arisen from this work include:

- Higher than average rates of caesarean section for maternal request particularly at Royal Free, UCLH and Barnet.
- Overall caesarean section rates have reduced at UCLH, but remain a challenge at Royal Free and Barnet.
- Identification of a greater number of 3rd and 4th degree perineal tears at Royal Free Trust. This has led to a programme of education for midwives and obstetric staff at all levels and the procurement of new equipment.
- Data quality issues which artificially raise the rate of induction of labour at some trusts, and have led to changes in how the data is extracted. This will enable assurance that data is of sufficient quality.

Completion of new postnatal patient information

A group of midwives and user members of the MSLC have worked together to review existing patient information provided during the postnatal period. This is currently being completed and will be launched this spring. The group will now move on to a review of antenatal information.

Improving user experience and Patient involvement

Local maternity user groups have been re-established at all 4 Trusts across NCL. These groups meet regularly to enable users of the service to meet with professionals to discuss.

The NCL Maternity Services Liaison Committee has developed and strengthened over the past two years, so that women from across most of the sector, participate. Recently two users visited the postnatal ward at the Whittington on behalf of the MSLC. It is anticipated that this will be repeated for the other maternity units.

The MSLC members have undertaken 'walk the patch' visits to The Whittington, Royal Free and Barnet hospitals with visits to UCLH and North Middlesex planned.

Reduction in Still birth

NCL Trusts are in the process of implementing specific measures designed to reduce still birth rates by detecting babies with restricted growth. This includes ensuring that measurements are taken in a uniform way and plotting these measurements on a customised chart which takes account of the ethnicity, height and weight of the woman. Reduction of smoking in pregnancy and careful monitoring during labour are other elements of this work.

Flu and Pertussis Vaccination

All Trusts have agreed to take on the vaccination of women for pertussis and flu and are currently in the process of recruiting to posts to enable this service to be offered to women during pregnancy. North Middlesex Trust currently offers BCG to babies born within the Trust and this will be rolled out at the Royal Free (both Barnet and Royal Free sites) once staff are in place and training has been completed.

Links with the Neonatal network

Following the last report to this committee, the network obstetric lead and the maternity commissioning lead formulated links with the local neonatal network. The obstetric lead is now a member of the neonatal network and attends meetings regularly. Members of the neonatal network are now members of the maternity network and have contributed to a number of the work streams.

**London Strategic Clinical Network**

The Maternity commissioning lead, several of the clinical staff from the Trusts, and local GPs work with the maternity teams at NHS England to support the work streams that that have been identified as priorities for London. Most of these areas of work are also reflected in the local work streams identified above.

- **Reduction in maternal mortality and severe morbidity** - A new collaborative system for reviewing maternal deaths in London has been launched. It is hoped that this will improve the learning and sharing of information to reduce the number of deaths each year in London
- **Reducing stillbirth** – The SCN has led on the implementation of the GAP programme which is described above, and has supported training of staff locally.
- **Improving user experience of maternity services** by the introduction of new ways of obtaining user experience and evaluating methods to improve maternity services
- **Improving earlier identification of perinatal mental health issues** throughout maternity pathway by working closely with mental health services for vulnerable women and support early intervention
- **Earlier access to maternity services** by development of a generic referral proforma to encourage self-referral and GP referral to midwifery-led services as appropriate
- **Increase number of women accessing midwifery-led settings**, especially for low risk women to enhance user experience
- **Reduction in the number of cases of postpartum haemorrhage** across London

- **Development of a core dataset** in line with the London Quality Standards to improve data collection to support improvements and outcomes from toolkit implementations

Postnatal care continues to be poorly evaluated by women and families who experience it. A new group is currently being established to identify specific areas for improvement and to drive changes to practice. These initiatives will form part of the work plan for 2016-17 within NCL and for local Trusts.

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# Appendix:
# Neonatal services: Booked Place of Delivery (95% Booking ratio) for the North East and Central London Operational Delivery Network (NECL ODN)

**Rationale:** The Toolkit for High-Quality Neonatal Services states that "Each network should have the capacity able to provide all levels of neonatal care for at least 95% of babies born to women booked for delivery in the network"[1].

**Description:** This report aims to measure the performance of **North East and Central London Operational Delivery Networks** (NECL ODN) against this principle from the Toolkit for High quality neonatal services by addressing two questions.

a. **Did babies born to mothers booked to deliver in NECL ODN hospitals receive all of their neonatal care within London neonatal units?**
b. **Did babies born to mothers booked to deliver in a NECL ODN hospital receive all of their neonatal care within the NECL ODN?**

**Babies included in this analysis:** Babies admitted to neonatal care with a final neonatal discharge for the time period 01 April 2014 - 31 March 2015 have been included in this report. This criterion has been chosen as the questions relate to 'all of their neonatal care'.

**Results**

a. **Did babies born to mothers booked to deliver in NECL ODN hospitals receive all of their neonatal care within London neonatal units?**

Table 1 shows that 7492 babies of mothers booked to deliver in NECL ODN hospitals were discharged from neonatal care within the period. Of these babies, 98.9% (7408/7492) received all of their neonatal care within London neonatal units and 0.6% (45/7492) received some of their care within London neonatal units but also received care in non-London units. The remaining 0.5% (39/7492) of babies received all of their care in non-London neonatal units. 97.6% of babies booked to be born in a NECL ODN unit received all their care within the NECL ODN.

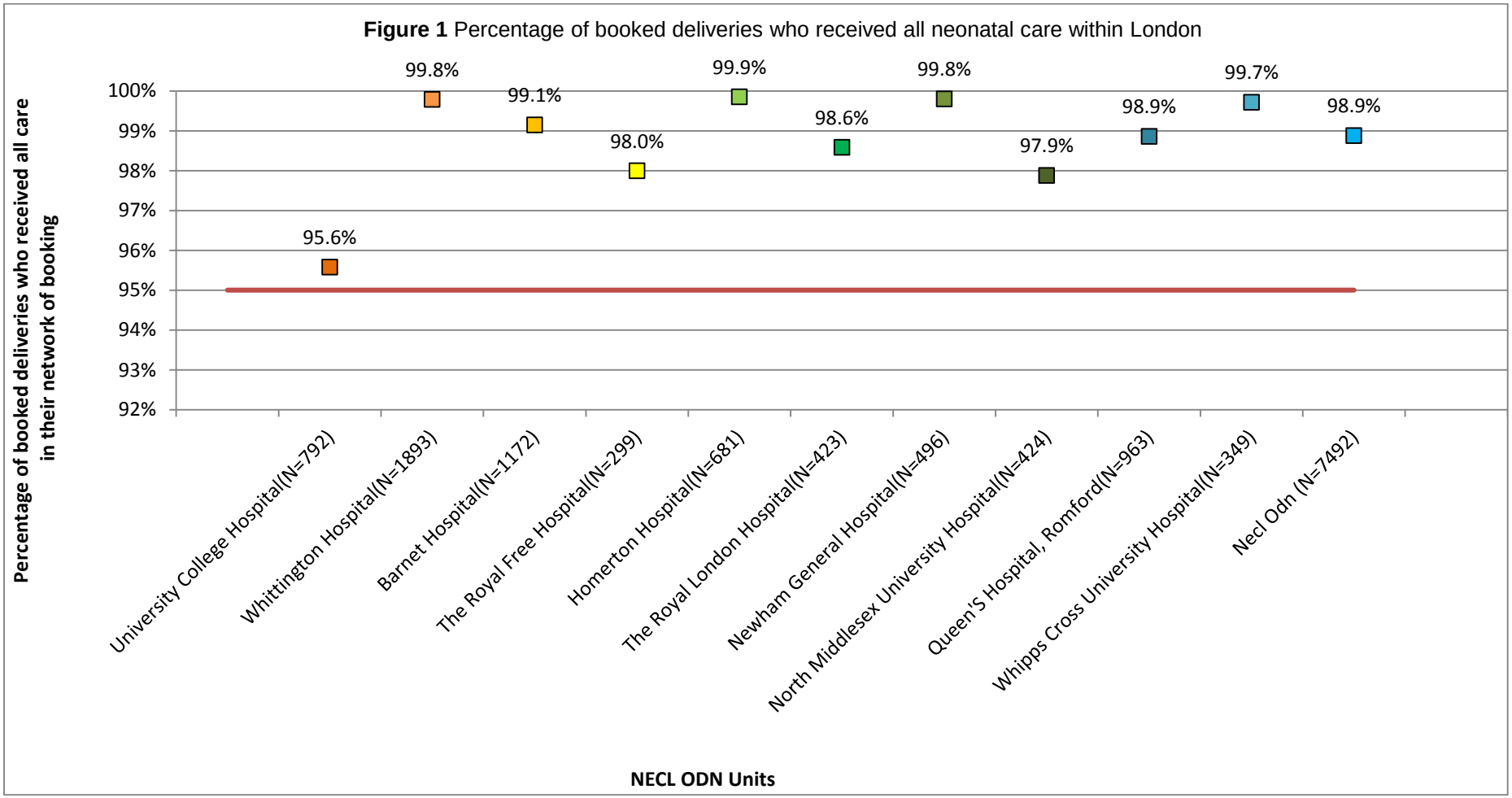
**Table 1** Neonatal care provision for babies of mothers booked to deliver in NECL ODN hospitals and discharged between 01 April 2014 and 31 March 2015.

| Key | Criteria | Number of babies |
|---|---|---|
| 1 | Mother booked in NECL ODN and baby received ALL neonatal care within London | **7408** |
| 2 | Mother booked in NECL ODN and baby received SOME neonatal care within London | **45** |
| 3 | Mother booked in NECL ODN and baby received NO neonatal care within London | **39** |
| 4 | Total | **7492** |
| 5 | Mother booked In NECL ODN and baby received ALL care within the NECL ODN | **7313** |

| | |
|---|---|
| % of booked deliveries into NECL ODN who received ALL neonatal care within London (1/4) | **98.9%** |
| % of booked deliveries into NECL ODN who received ALL neonatal care within NECL ODN (5/4) | **97.6%** |

[1] NHS & Department of Health. Toolkit for High Quality Neonatal Services. London, 2009

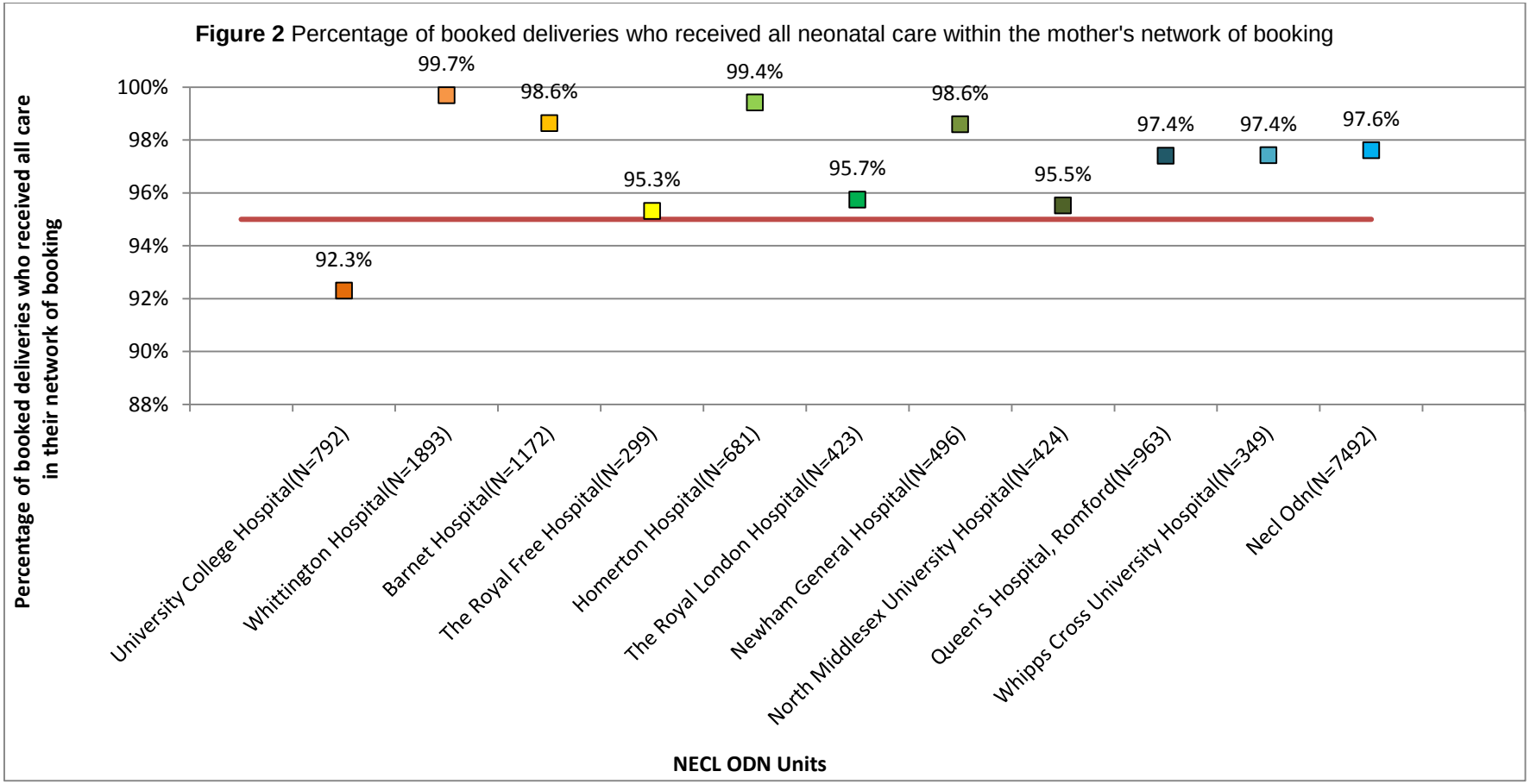
**Figure 1** shows the percentage of babies who received all of their care in London neonatal units by the mother's booking hospital within the NECL ODN for the time period 01 April 2014 - 31 March 2015. At least 95.6% of babies from each unit across the NECL ODN received all of their care within the London ODNs and 98.9% of babies across the NECL ODN received all of their care within the London ODNs. The red line denotes the national standard of 95%.[2]




[2] UCLH – see note to Fig.2

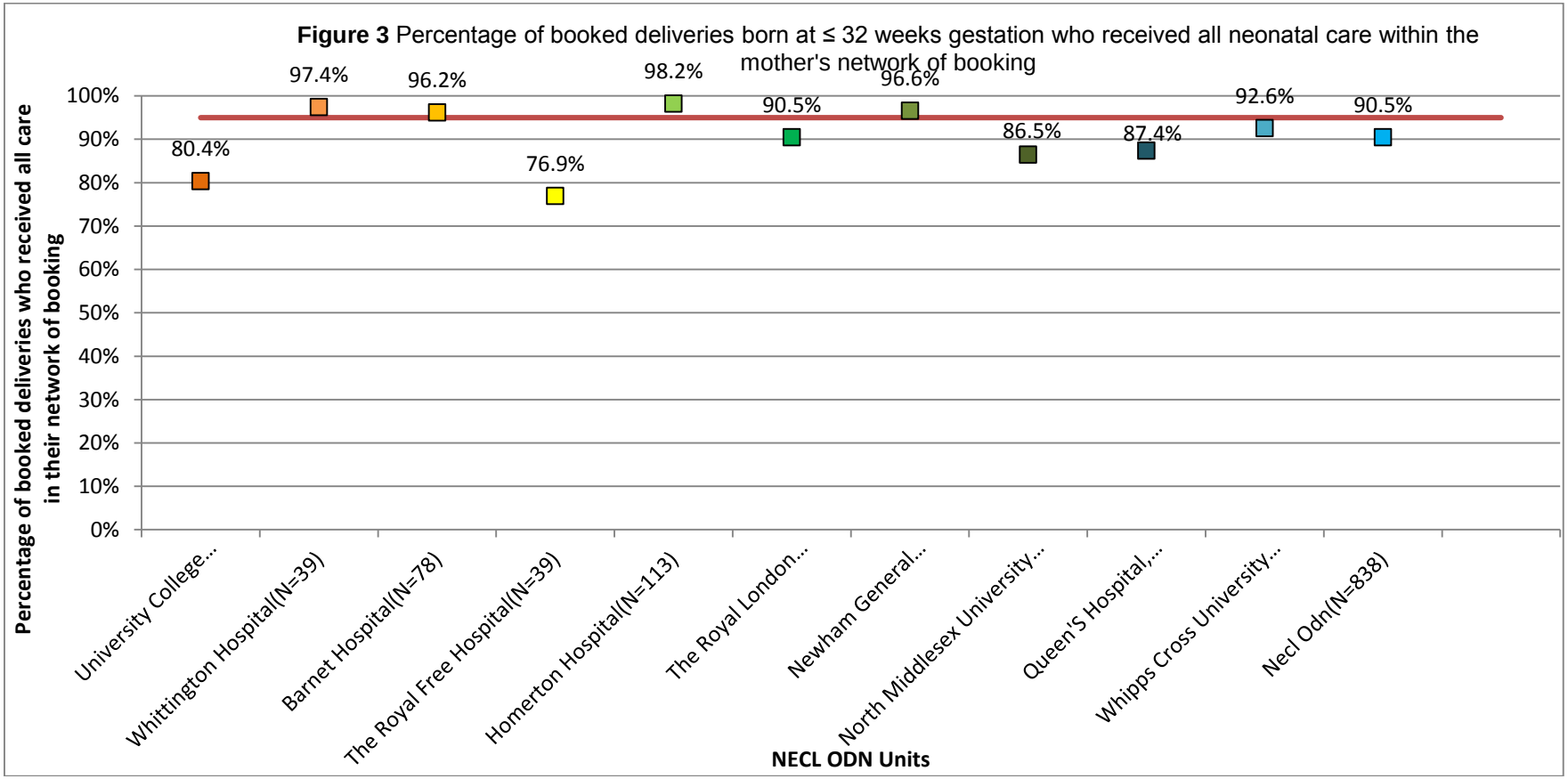
**Did babies born to mothers booked to deliver in a London hospital receive all of their neonatal care within that hospital's ODN?**

**Figure 2** shows the percentage of babies who received all of their care in the NECL ODN by the mother's hospital of booking for the time period 01 April 2014 and 31 March 2015. Across all NECL ODN neonatal units, 97.6% of babies received all of their care within this ODN. At least 92.3% of babies received all their care within the NECL ODN across all the units. The red line denotes the national standard of 95%.[3]




[3] Why does UCLH show a smaller percentage of babies born to mothers booked there receiving all their care in the NECL ODN, compared with other hospitals? This is due to the large numbers of women from outside the NCL sector who book their antenatal care at UCLH, usually because it is close to their workplace and highly accessible, they then transfer their care for delivery closer to their home and this is reflected in the figures

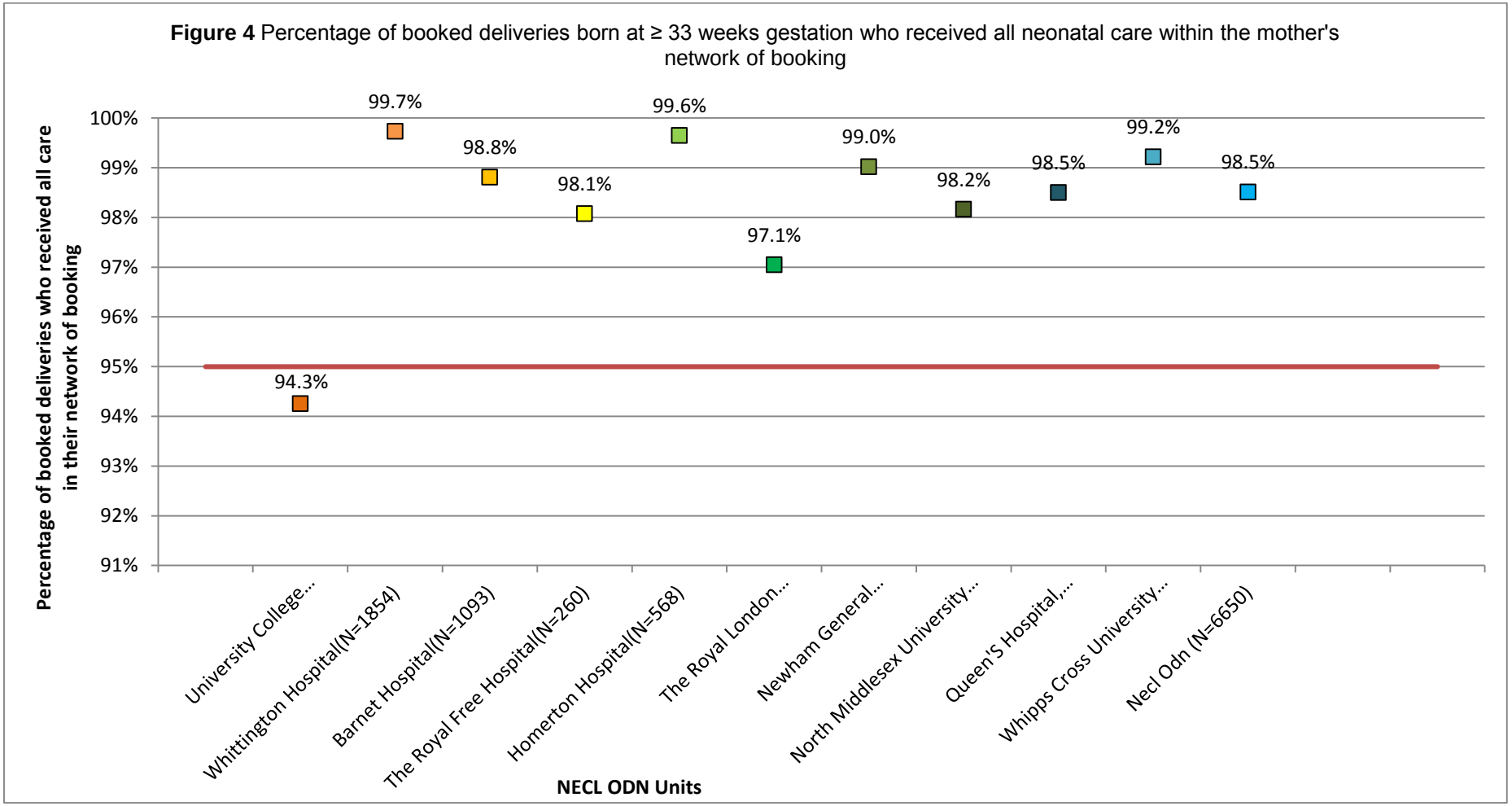
**Figure 3** shows that 90.5% of babies booked in the NECL ODN and born at ≤ 32 weeks completed gestational age at birth received all of their care within the NECL ODN for the time period 01 April 2014 and 31 March 2015. At least 76.9% of babies born at ≤ 32 weeks completed gestational age at birth that were booked into the NECL ODN neonatal units received all of their care within the ODN. The red line denotes the national standard of 95%.[4]




[4] Why are some NCL hospitals below the national standard for babies born at ≤32 weeks to mothers booked there receiving all their care in the NECL ODN? In reality the NCL pathway is highly functioning with almost all babies born <27 weeks (whose mothers are resident in NCL) being transferred in-utero to UCLH for their care. NCL has very few ex utero transfers which supports this data. Of course like all areas in London NCL cot capacity remains tight so sometimes it is difficult to repatriate babies to a lower level of care to free up a NICU cot and this is being addressed by the ODN and NHS England (London). In November 2014 King George's hospital (NEL) closed their SCBU which reduced capacity across the sector. The ODN and NHSE remain committed to reinstating this capacity across NCEL going forward. Nursing shortages also impact on our ability to care for the sickest babies within their own sector.

**Figure 4** shows that 98.5% of babies booked into NECL ODNs and born at ≥ 33 weeks completed gestational age at birth received all of their care within the ODN of the mother's booking hospital for the time period 01 April 2014 and 31 March 2015. At least, 94.3% of babies born at ≥ 33 weeks completed gestational age at birth received all of their care within the NECL ODN on a per unit basis. The red line denotes the national standard of 95%.[5]

**Figure 4** Percentage of booked deliveries born at ≥ 33 weeks gestation who received all neonatal care within the mother's network of booking




[5] UCLH – see note to Fig.2

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# Update on CAMHS Transformation Plans Across NCL

Claire Wright, Enfield CCG

Catherine Swaile, Haringey CCG and Haringey Council

# CAMHS: Child & Adolescent Mental Health Services

Child and Adolescent Mental Health Services comprises the broad range of provision targeted at improving the emotional wellbeing and mental health of children and young people.

CAMHS is commissioned by NHS England, Clinical Commissioning Groups, Local Authorities and Schools

Across NCL there a number of NHS providers:

- Barnet, Enfield and Haringey Mental Health Trust
- Tavistock and Portman NHS Foundation Trust
- Whittington Hospital NHS Trust
- Royal Free NHS Foundation Trust

There are also a range of voluntary sector providers such as

- The Brandon Centre
- Open Door
- Mind
- Kidstime

***National Statistics:***

*9.6% of children and young people aged between 5 and 16 years have a mental disorder*

*7.7% children aged 5-10 years have a mental disorder*

*11.5% of young people aged between 11 and 16 years have a mental disorder*

*In an average class of 30 school children 3 will suffer from a diagnosable mental health disorder*

*(Future in Mind, 2015)*

# Future In Mind Overview

In 2015 the Department of Health published Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing

Five **key themes** provide the structure of the report :

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Participation and collaboration identified as a core principle - services designed in collaboration with children, young people and families to meet their needs

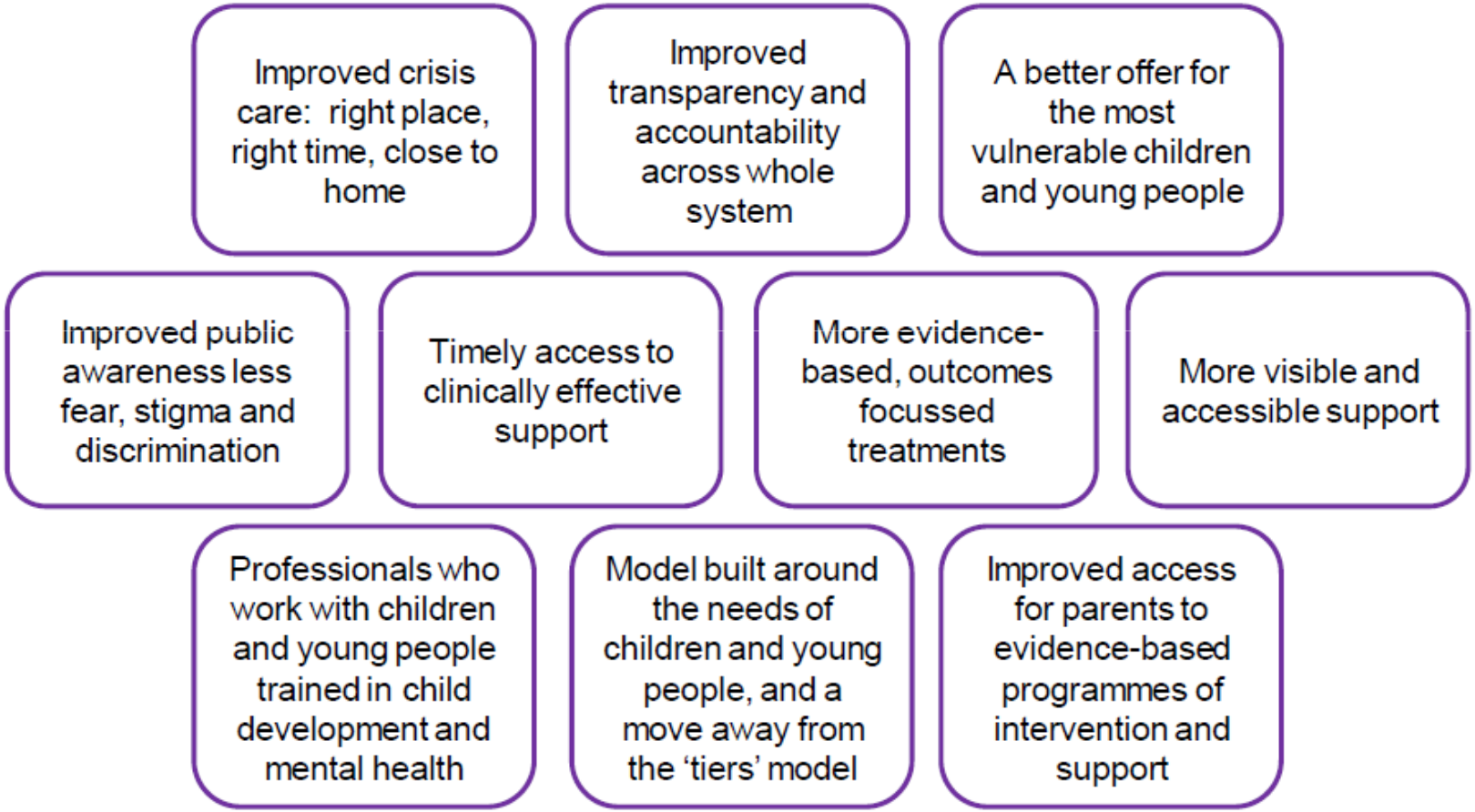
**49 proposals** to transform the design and delivery of a local offer of services for children and young people with mental health needs

The £280 million Transformation funding for CAMHS announced in the 2014 Autumn budget has been top sliced to support a number of pilots and national developments. Additionally each area has been given a proportion to implement local transformation plans.

Haringey Council

NHS
Haringey
Clinical Commissioning Group

# The Government's aspirations are that by 2020 we would see:



# CAMHS Financial Summary

| Service Line | Barnet CCG | Enfield CCG | Haringey CCG | Camden CCG | Islington CCG | TOTAL |
|---|---|---|---|---|---|---|
| Local Authority | £1,141,823 (Inc. Tavistock Portman) | £1,252,661 | £768,489 | **£1,093,000** | **£1,429,836** | £4,592,809 |
| CCG | £4,483,282 (Inc. Tavistock and RF) | £3,310,831 | £3,645,198 (exc. Paediatric Liaison in acute tariff ) | **£6 309,760** | **£3,884,500** | £15,323,811 |
| Future in Mind | £740,636 Inc. CYP IAPT | £593,428 (Exc. CYP IAPT) | £515,325 (Inc. CYP IAPT) | £468,843 | £473,529 (exc CYP IAPT) | £2,322,895 |
| NHS England 2014/15 (London) Specialist Commissioning | | £711,525 | £941,602 | | | £1,653,127 |
| Mental Health pilots (2015/16) | | | £150,000 | **£50,000 (school link pilot)** | | £150,000 |
| Other | | | | | **£664,783** (inc. Schools and Schools Forum) | **£664,783** |
| **TOTAL** | **£6,365,741** | **£5,868,445** | **£6,020,614** | **£7,921,629** | **£5,979,119** | **£24,557,425** |

# Barnet - Transformation Plan

**Generic CAMHs**

- Reduce the number of children and young people needing CAMHS and de-stigmatising provision
- Improve access – when they do need it building on the single point of access
- Moving from tiers to a needs based approach (possibly THRIVE) & using CAYP IAPT

**Eating Disorders**

- Improve the number of children being able to access services when needed
- Managing more children, young people and their families in community – preventing admission to hospital

**Self Harm**

- Crisis and Out of Hours
- Preventing C&YP self-harming
- Improving access to emotional support – self-help, family help & professional referral and support

**CAMHs in Schools Early Identification, Prevention and Support**

- Skilled Workforce training – families, school staff, children and young people
- Drop-in – being scoped by Children and young people
- Peer support

**Perinatal Mental Health**

- How to access a service
- Building a community service

**Applying Technology to Delivery of Effective CAMHs**

- To enable self-care
- To enable access
- To follow-up following treatment

# Enfield - Transformation Plan

A CCG and Council led process, in conjunction with BEH MHT, with clinical leadership from clinicians and engagement of children young people and families.

We want ensure that mental health is 'everyone's business' and to co-produce a whole system approach to emotional wellbeing and mental health in Enfield, which transforms provision by 2020. Key elements are:

- A focus on prevention through awareness raising and destigmatisation,
- Co-production with children, children young people and families including peer education,
- A whole system approach to early identification and intervention further building on work currently take place in children's centres and schools, and developing work in primary care,
- A common understanding of available support and development a single point of access to ensure that the right care is given in the right first time,
- Priority to be given to self harm and crisis intervention and implementation of a THRIVE type model which is more responsive to children and young people's needs,
- Additional targeted support where necessary for children and young people who are more vulnerable,

Implementing NICE and best practice guidance and an ongoing focus on outcome measures will be embedded as part of CYP IAPT implementation.

Priorities for 15/16 – establishing the platform for future development through a waiting list initiative, backfill to support service development, IT infrastructure and recruitment of additional staff to support self harm and crisis intervention, parent and infant mental health and implementation of the autism pathway.

Priorities going forward – implementation of a THRIVE type model, accessed through a single point of entry, supported by CYP IAPT implementation.

# Haringey - Transformation Plan

Our Transformation Plan follows a full Review of our local CAMHS system, from universal to inpatient provision. There are over 50 identified workstreams to meet the following six recommendations:

- Develop and implement a joint commissioning model which allows us to develop a whole system approach to child and adolescent mental health and emotional wellbeing,
- Ensure evidence-based, quality assured services which promote participation of children, young people and their families in all aspects of prevention and care,
- Develop an early intervention approach that is embedded across the whole system,
- Transform the model of care to improve access, deliver seamless care, improve outcomes and promote enablement,
- Ensure that all groups of children and young people are able to access appropriate support, and that those where there are higher vulnerabilities have tailored support to their needs,
- Promote the recognition of emotional health and wellbeing across the wider children and young people's workforce, ensuring staff are engaged in transformation,

Priorities for 2015/16 are:

- Establishing a framework for joint commissioning and implementation of the Plan
- Developing the infrastructure (IT and systems) for a modern efficient CAMHS
- Developing the workforce through the provision of mental health training to a broad range of professionals
- Piloting new approaches including:
  - Face to face non-stigmatised single point of access to reduce waiting times
  - Treatment services for looked after children to improve support through transition periods
  - Increased resource to support the YOS
  - Post diagnostic psychological support for neurodevelopmental disorders

# Camden - Transformation Plan

Camden's transformation plan identifies 11 local priority schemes under the three themes of Future in Mind

**Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people**

LPS 1 Mental health promotion in schools

LPS 2Community mental health promotion

LPS 3 Perinatal mental health

**Improving access to support – a system without tiers**

**LPS 4** Implementation of THRIVE model

LPS 5 CAMHS & Schools Link Pilot Scheme

LPS 6 Mental health peer education

LPS7Community CAMHS restructure, crisis care, extended opening hours and improved response and waiting times

LPS 8Community eating disorder service

**Care for the most vulnerable**

LPS 9 All age Autistic Spectrum Disorder (ASD) strategy

LPS 10Restructure of CAMHS and parental mental health support to services in Children, Schools & Families (CSF) Directorate of the Council

LPS 11Embedded mental health support to the Young People's Pathway (supported accommodation)

# Islington - Transformation Plan

**Islington Transformation plan identifies 12 Local Priority Schemes for 15/16 and 16/17**

**LPS 1:** Consolidate and sustain work being undertaken across all Islington schools to promote resilience and emotional well being.

**LPS2:** Improve access to Peri Natal Mental Health (an NCL focus)

**LPS3:** review of Parental Mental Health Services to ensure better coherence and best use of resources, meeting need based on the best quality evidence

**LPS4:** Urgent waiting list initiative

**LPS 5:** Develop crisis care services. Establish a flexible accessible CAMH service with extended opening hours with flexible service delivery model, ensuring that we can respond to young people in crisis and who are at risk of self harm.

**LPS 6:** Implementation of the Crisis Care Concordat

**LP7:** Developing services delivered by the Voluntary and Community sector to improve access and take up of services, with a focus on delivery of outreach services.

**LPS 8:** Community Eating Disorder Service ( an NCL focus)

**LPS 9:** Eating Disorder / Self Harm post to work with GPs in primary care

**LPS 10:** Development of a specific Learning Disability pathway for children and young people with learning disabilities including those with a diagnosis of Autism.

**LPS 11:** New ways of working to support children and young people at risk of child exploitation

**LPS 12:** IT infrastructure to support the development of CYP IAPT information database.

# Areas of collaboration across NCL

Although we have individual CAMHS transformation plans; there are clear opportunities for alignment & collaboration across NCL. Commissioners from all five boroughs meet monthly to discuss areas of joint working and share learning.

Areas of current collaboration:

- Eating Disorder Services from the Royal Free are jointly commissioned across NCL
- A joint strategy is being developed across the five boroughs for perinatal mental health and parent/infant work
- We are currently working on a joint response to the outcomes of the Child Sexual Assault pathway review completed by NHS England, which highlighted the need for more integrated emotional support
- We continue to review and develop cross-borough protocols to make accessing services straight forward for families
- Linking mental health and physical health through integrated pathway development, e.g. for diabetes

Additionally where contracts are shared across commissioners we often hold joint meetings, for example there are monthly tri-borough commissioner meetings around the Barnet, Enfield and Haringey Mental Health Trust contract.

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**North Central London Joint Health Overview and Scrutiny Committee**

**29 January 2016**

**Terms of Reference, Scope and Administrative Arrangements**

## 1. Introduction

1.1 At its last meeting, the JHOSC agreed to work together more collaboratively as well as a proposed role, focus and relationship with the five borough scrutiny committees. In addition, the Committee agreed an approach for determining future agendas. In the light of this, the terms of reference and procedural arrangements have been updated.

## 2. Recommendation

1. That the proposed arrangements, amended terms of reference and procedures be agreed and implemented from the start of the 2016/17 municipal year;

2. That they subject to review in a year's time; and

3. That the necessary arrangements for the updated terms of reference to be approved formally by each Council be undertaken by participating boroughs.

## 3. Background

3.1 The JHOSC provides an opportunity for Councils in the north central London area to use their health scrutiny resources more effectively by collaborating where there are matters that affect all participating boroughs. Collaboration can also increase the influence of health scrutiny by enabling boroughs to speak with one voice on relevant health issues. In addition, the JHOSC can also enable more effective use of NHS resources by enabling engagement by NHS health services with Health Overview and Scrutiny Committees (HOSCs) on relevant issues to be undertaken jointly rather than separately.

3.2 In order to achieve these benefits, it is important that the JHOSC focuses its attention on specific areas where it is able to exert the most influence and avoids duplication of work undertaken by local HOSCs. It has therefore been agreed that it should focus on issues that relate to the coordination, collaboration and improvement of the health system across North-Central London.

3.3 Examples of such issues are as follows:

- London devolution proposals;
- Integrated commissioning of NHS 111 and Out of Hours GP services;
- Primary care co-commissioning;
- NCL collaborative working/commissioning;
- Whole system collaboration;
- Better Care Fund;
- Clinical Pathways; and

- Strategic Planning/Resilience Groups.

3.4 In addition, it is proposed that the JHOSC continue its role in scrutinising specialised services that are commissioned across the whole of the north central London area. These are services for which there are comparatively small numbers of patients in each local authority area and are therefore commissioned jointly. Overall responsibility for this currently rests with NHS England.

3.5 Where NHS organisations propose substantial variations or reconfigurations of services, there is a requirement for a joint committee to be set up of all the local authorities affected. It is proposed that the JHOSC continue to perform this role in respect of any proposals affecting north central London. It may also be necessary in such instances to also involve any other local authorities that are affected. Agreement of this role for the JHOSC will remove the need to establish a fresh joint committee each and every time there is a need for formal consultation on a substantial variation or reconfiguration of NHS services affecting the area, which can be a time consuming process that causes delay.

3.6 Health overview and scrutiny committees also have a responsibility to scrutinise NHS acute providers. Those within the north Central London area all provide services for patients from a number of different boroughs. Whilst each borough can carry out scrutiny of such trusts separately, collaboration between different HOSCs represented on the JHOSC may represent a more effective means of fulfilling this responsibility, both in terms of cost and exerting influence. It is therefore proposed that this is undertaken either by the JHOSC as a whole or by sub groups of interested boroughs established by the JHOSC for this purpose.

## 4. Revised Terms of Reference

4.1 It is proposed that the revised terms of reference for the JHOSC be as follows:

1. “To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;

2. To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;

3. To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the area of Barnet, Camden, Enfield, Haringey and Islington;

4. The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities,

although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;

5. The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and

6. The joint committee will aim work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people."

## 5. Procedural Arrangements

5.1 In terms of the procedural arrangements, the following is proposed:

*Representation*

Each borough will be entitled to two representatives on the Committee. In the event of a Member being unable to attend, a deputy may be appointed by the borough concerned.

*Chair*

A Chair and a Vice Chair for the JHOSC shall be appointed at its first meeting of each Municipal Year. The Chair and the Vice Chair shall come from different boroughs.

Q*uorum*

The quorum for the JHOSC will be one Member from four of the five participating authorities. In the event of a meeting being inquorate, it can still proceed on an informal basis if the purpose of the meeting is merely to gather evidence. However, any decision making is precluded.

*Voting Rights*

Recommendations and reports from the JHOSC shall reflect the views of all participating boroughs. The JHOSC shall therefore aim to operate by consensus if at all possible. A vote shall therefore only be taken after every effort has first been taken to reach agreement.

*Dissent and Minority Reporting*

It is recognised that issues that emerge during the work of the JHOSC may be contentious and there therefore might be some instances where there are differences of opinion between participating boroughs. The influence of the JHOSC will nevertheless be dependent on it being able to find a consensus. Some joint committees have had provision for minority reports but these

powers can, if used, severely undermine the committee's influence. Whilst such provision can be made for the JHOSC, the use of it will only be made as a last resort and following efforts to find a compromise.

*Writing Reports and Recommendations*

The responsibility for drafting recommendations and reports for the JHOSC will be shared amongst participating authorities.

*Policy and Research Support and Legal Advice to the Joint Committee*

This will be provided jointly by all of the participating authorities. Each authority is responsible for supporting its own representatives whilst advice and guidance to the JHOSC will be provided, as required, through liaison between relevant authorities. Support to the Chair of the JHOSC will be provided by the borough from which the Chair is from.

Consideration could be given by the JHOSC, in due course, to the provision of external independent advice and guidance, should it be felt necessary. This could be of benefit if it enables the joint committee to more effectively challenge the NHS and may be of particular assistance in addressing issues of a more technical nature, where lack if specific knowledge could put the joint committee at a disadvantage.

*Administration*

Clerking responsibilities are shared between participating Councils, with the borough hosting a particular meeting also providing the clerk.

*Frequency and location of meetings*

Meetings will rotate between participating authorities for reasons of equity and access. The JHOSC will meet four times per Municipal Year. However, an additional meeting may be called by the Chair in consultation with the Vice Chair or if requested by at least four participating boroughs.

*Servicing costs*

In the current financial climate, it is unlikely that it will be possible to meet any costs arising from the work of the JHOSC except on an exceptional basis. Any such financial commitments will need to be agreed beforehand and the cost split between the participating authorities.

# Joint Health Overview and Scrutiny Committee (JHOSC) for North Central London

## 29 January 2016

**Future Dates/Work Plan**

**1. Future Dates**

1.1 Future meetings of the Committee are scheduled as follows:

- 11 March 2016 (Camden).

**2. Work Plan**

*11 March 2016 (Camden):*

- Primary Care Update on the "Case for Change"; To include details of local authority involvement in the development of plans and proposals for collaboration as well as measures of success for the Primary Care strategy.

- NHS 111/ Out of Hours GP Services – Commissioning; To receive an update on the procurement process including details of key performance indicators.

- North Central London CCG Strategic Planning Group: Update on Development of Five-Year Strategic Plan

*Potential Future Items*

Members are requested to consider potential items for future meetings of the Committee. Issues already identified as potential future items for meetings are currently as follows:

- Dementia;

- NMUH – Foundation Status;

- Whittington Hospital – further development;

- Public Health indicators;

- Patient safety;

- 7 day NHS;

- LAS – Progress with response to CQC Inspection report.