MINUTES OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON MONDAY 5 DECEMBER 2011 AT 10.00 AM IN COMMITTEE ROOM 1, HENDON TOWN HALL, THE BURROUGHS, HENDON NW4 4BG

Present: Councillors Gideon Bull (Chair) (L. B of Haringey), John Bryant (Vice Chair) (L.B. of Camden), Alev Cazimoglu (L. B. of Enfield), Alison Cornelius (L. B. of Barnet), Maureen Braun (L.B. of Barnet) Martin Klute (L. B. of Islington), Graham Old (L.B. of Barnet), Anne Marie Pearce (L. B. of Enfield),

Officers: Mike Ahuja (L. B. of Enfield), Sally Masson (L. B. of Barnet)

Also present: Martin Machray, Liz Wise (NHS North Central London), Erik Karas, (Barnet, Enfield and Haringey Mental Health Trust (BEH MHT)).

1. **WELCOME AND APOLOGIES FOR ABSENCE (Item 1)**
   The Chairman welcomed all those present to the meeting. Apologies for absence were received from Councillor Peter Brayshaw (L.B. of Camden) and Alice Perry (L. B. of Islington)

2. **URGENT BUSINESS (Item 2)**
   There were none.

3. **DECLARATIONS OF INTEREST (Item 3)**
   Councillor Gideon Bull declared an interest 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 Alison Cornelius declared an interest 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.

4. **MINUTES (Item 4)**

   RESOLVED:
   That the minutes of the meetings held on 31st October and 14th November 2011 be agreed.

5. **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC) – TERMS OF REFERENCE (Item 5)**

   Members discussed whether there should be one vote allocated to each borough or whether a vote should be given to each borough representative who attended the committee.

   The Committee's terms of reference stated:

   'Due to the need for recommendations and reports to reflect the views of all authorities involved in the process, one vote per authority was agreed as more

*appropriate then each individual Members being given a vote. It is nevertheless to be emphasised that decisions by the joint committee should be reached by consensus rather than a vote. Every effort should therefore have been made to reach agreement before a vote is taken.' (*Each borough is entitled to a single vote irrespective of the number of representatives present at the meeting).

RESOLVED:
That the current voting system, as outlined within the terms of reference for the Committee, be maintained.

6. <u>TRANSFORMING CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) IN PATIENT SERVICES FOR YOUNG PEOPLE LIVING IN BARNET, ENFILED AND HARINGEY (Item 6</u>)

Eric Karas presented an introduction to the proposed new model of service. He also addressed some of the issues that had been raised by the committee over the course of the year. Concerns from the committee have included;

- The type of clinical evidence that is needed to underpin the new proposals:
- How BEH MHT will deliver clear pathways of care including local consultations; and
- What the possible impact might be after the redesign of the service and how the service will be implemented.

National research recommended that CAMHS is most effective when it is offering community based services which have good links with other support networks with mainstream mental health care and inpatient residential services.

Minimising the length of stay in an inpatient facility and promoting an integrated return to community based services was felt to be the best way forward. There was much research to support this way of delivering care. Having patients treated within community based service provision ensures that the patient stays in touch with family and other support networks, minimising the disruption to lessons at school for instance.

The Committee felt that they should be monitoring the pilot implementation and any further developments that may result as a consequence. The Committee also felt that young people should be involved more when planning treatment programmes to be delivered through local services. There needed to be some assurance that the new plans were working before any substantial investment was committed. For instance, consideration needed to be given to whether there were enough young people accessing this model of care to make it viable and were enough young people being involved in the service design.

It was discussed as to whether Barnet could manage the financial implications of the changes and Members wanted more detail regarding the financial arrangements to come from the Mental Health NHS Trust.

Members felt that there were justified concerns around the commitment to compress the timeframes of delivery and the redeployment of staff. Members also sought feedback from the focus group which had been set up at the time of

service planning. Members of the focus group were to be invited to come to the JHOSC to share their views.

Erick Karas explained to the Committee that long inpatient stays in the Northgate and 'New Beginnings' facilities had been a problem with patients getting stuck around the transition stages. In intensive community teams, trained therapists acted as care co-ordinators through the system, drawing service users back into the community wherever possible, using assessments to provide intensive treatments at home where appropriate. Mentalisation Based Therapy was the therapeutic model which will underpin the whole service. The sorts of treatments available would be varied and include:

- Systemic Family Therapy
- Cognitive Behavioural Therapy
- Solution Focused Therapy
- Psychodynamic Therapy
- Medication and other therapy approaches.

Education will be integrated into the treatment programmes.

Members wanted to know more about the refurbishment of the Northgate site which will host acute and inpatient units. The presumption was that the average length of stay in these units should be reduced, with treatment being completed between 8 – 16 weeks depending on needs. It was noted that in Hunter Coomb Treatment Centre, which was provided by the private sector, individuals were often staying longer than would be expected for their required needs and the new model set out to ensure that no individual was staying longer than necessary, when their needs would be best addressed in a more holistic, community based setting.

Members were concerned that there was not yet a business case available for the proposed new service and felt that they could not commend fully the proposals without sight of it.

Councillor Cornelius requested further information on how the refurbishments to the Northgate Clinic, which had been closed for a total of 9 months now, were going. She also wanted to know what had happened to the Holly Oak building.

RESOLVED:

1. That BEH MHT and service commissioners be requested to bring a business case to the JHOSC meeting on 16th January to review the financial implications of the proposed changes in service delivery and how these fit in with the clinical model, such as the resourcing of out of borough placements.

2. That Members of the focus group be invited to the JHOSC to provide feedback to the Committee on service planning.

3. That BEH MHT to update the Committee on the refurbishment of the Northgate and what was happening to the Holly Oak building.

7. STRATEGIC AND QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION PLAN (QIPP) (Item 7)

Liz Wise, the Quality, Innovation, Productivity and Prevention Director, NHS North Central London gave a presentation on the QIPP Plan Performance.

Members were concerned about what would happen to the debt once the North Central London cluster disappeared. The Committee noted that any debt pre April 2011 will not be carried over to CCGs. However, any debt incurred after April 2011 would be carried over to CCG organisations. Liz Wise stressed there was a complete commitment not to hand over organisations with debt to CCGs in April 2013.

The Chair said that he would draft a letter to obtain clarity from government on what the financial arrangements would be once the NCL had been dissolved. Liz Wise said that the CCGs would be the authorisation point and the Commissioning Groups Guidance would be commissioning the spend.

Members wanted to know how the CCGs are to be organised across the 5 boroughs and how the contracts were to be managed. Members were also keen to understand how the JHOSC could get involved.

RESOLVED:

That the Chair write to the Secretary of State for Health requesting clarity on what the financial arrangements would be in place, including the treatment of any outstanding debt, once the NCL cluster had been dissolved.

8. QIPP PLAN – UNSCHEDULED CARE (Item 8)

Liz Wise Quality, Innovation, Productivity and Prevention Director, NHS North Central London gave a presentation on the QIPP Unscheduled Care aims.

The aim of the plan was to develop the way people experience and access integrated care and prevention services. A&Es needed good continuity of care and integration to avoid a perception of a chaotic service. Urgent Care Centres were needed with adequate opening hours and the right treatment for what service users needed.

The presentation detailed the following aims: to transform unscheduled care by the development and the commissioning of integrated services, increasing levels of unplanned secondary care through the enhancement of integrated working between GP practices, out of hours services, unscheduled care provision, community services and social care. The national priority was to establish a single point of access.

Liz Wise outlined the NHS 111 Service. This service was set out to assist the public with accessing urgent healthcare and to assess callers during their first contact, directing them to the right local service. The service was set to be in operation in 2013. Members wanted more information on secondary users. NCL NHS cluster agreed to provide the committee with more information.

RESOLVED:

That NHS NCL be requested to Members with more information on secondary users with regard to the new NHS 111 service.

9. QIPP PLAN - CONTINUING CARE

Members had concerns around the 'Capacity to make the Decision' section of the Continuing Care document. *'Where a personal welfare deputy has been appointed by the Court of Protection under the mental Capacity Act or a Lasting Power of Attorney with powers extending to healthcare decisions has been appointed then the PCT will consult with that person and obtain a decision from the appointed person on the preferred care option.'*

The Committee wanted to know if there was any arbitration or an independent advocate embedded into the procedure. It was felt that end of life care needed an advocate to ensure that the patients interests were represented, especially where there was not an appropriate family member to help. It was very important that an advocacy service played a part in the structuring of care, particularly where there were mental health issues. It was also felt that it was important that patients received the right kind of care at end of life and that advocacy support played a part in helping deliver that care. It was noted that the LINk was involved with this aspect of care provision.

Members wanted to see that, where there might be disagreement between carers, clinical staff and/or patients, there were clear legal pathways set out. Members also wanted to see that there were measures to deliver the right kind of care through the courts if necessary and that the process was robust.

It was noted that Continuing Healthcare is delivered through the hospitals multi disciplinary teams with GP, primary care involvement along with specialist teams for end of life care.

10. FUTURE WORK PLAN (item 10)

Members considered the Work Plan for future meetings of the Committee.

16th January 2012

RESOLVED:

1. That BEH MHT bring a business Case and members of the focus group to the Committee.

2. That the issue of specialist commissioning of TB services be discussed.

27th February 2012

RESOLVED:

1. More exploration of the Consultant/consultant rates – management of the acute contract.

2. Update on Primary care review.

3. Transition of commissioning support (CCGs) – New landscape in public health commissioning.

11. <u>ANY OTHER BUSINESS</u>

There was none.

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Chairman **Date**

MJE/JHO&SC 5.12.2011