

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL
MONDAY, 29 JULY 2013**

Councillors Adamou (Chair), Bull, Erskine, Stennett and Winskill

Co-Optee Pam Moffat (HFOP)

Apologies Councillor

LC1. WEBCASTING

LC2. APOLOGIES FOR ABSENCE

None received.

LC3. URGENT ITEMS

None received.

LC4. DECLARATIONS OF INTEREST

Cllr Winskill declared that he is currently using the services of Whittington Health.

LC5. DEPUTATIONS/ PETITIONS/ PRESENTATIONS/ QUESTIONS

None received.

LC6. TERMS OF REFERENCE OF THE PANEL

Noted.

LC7. BEH CLINICAL STRATEGY - BOROUGH UPDATE

The panel received a presentation on the BEH Clinical strategy.

Key points noted:

- The strategy makes changes to maternity services and A&E.
- The drivers for change are patient safety and quality standards.
- Chase Farm isn't closing, it is changing.
- The programme is on track.
- The North Middlesex Hospital is growing and needs to recruit about 400 members of staff for the changes to go ahead, this is in progress.
- Barnet and Chase staff have been consulted and staff are currently being told the outcome of this consultation.
- Key aspects of the programme are consulting and engaging people about the changes.

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- The North Middlesex Labour Ward currently has 60 hrs consultant cover per week. Under changes this will increase to 90 hours per week.
- Midwives to patients ration is also improving.

In response to questions by the Panel it was noted:

- There is a directive from the Secretary of State to make the changes in the BEH Clinical Strategy.
- Clinical Commissioning Groups (CCG) will meet in September to make a judgement on when these changes will take place.
- The programme is currently working towards the changes taking place in November.
- The CCG decision in September will be based on clinical safety.
- If the changes do not go ahead it would have a significant impact on Haringey residents.
- The Royal Free Hospital is keen for the changes to go ahead.
- There is a potential legal challenge from Enfield Council with regards to the changes going ahead, and work is being done by the BEH clinical strategy team around this. The legal challenge is based on access to primary care.
- The recruitment and workforce changes need to be in place to ensure the changes to services are successful and go ahead.
- There is a Quality and Safety Scorecard which is monitored regularly.
- NHS England are due to visit both sites.

The Panel was invited to visit the North Middlesex Hospital to see the how the buildings works are being developed and accepted the invitation.

Agreed:

- The Panel would visit North Middlesex Hospital.
- The Panel supports the BEH Clinical strategy changes going ahead.

LC8. MENTAL HEALTH AND WELLBEING

The Panel received a presentation (as attached).

Key points noted:

- 48% of Employment and Support allowance claimants whose condition is “mental and behavioural disorders”.
- There is an improving picture around independent living.
- Suicide rates are higher than the national average and are higher in the East of the Borough.
- Suicide rates are also higher in men aged between 25-44 years of age.
- There are high rates of mental health needs in Haringey.
- The No Health without Mental Health strategy and the New Economic Foundation both say that prevention is key.
- Population approach to mental health – there is a need to focus on the 11% classed as ‘languishing’ and move to ‘good mental health’. This means those with symptoms which are not diagnosed.
- Life course events are important.

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- Factors which impacts/influences a child's mental health:
 - Family environment
 - Disability
 - Adults in employment
 - Involvement in the criminal justice system
- We rely on national research and prevalence data to estimate local needs.
- Looked After Children in Haringey are one of the best nationally for good wellbeing.
- A longitudinal study in New Zealand (over 20 years) showed that those with mental health needs are three times as likely to commit suicide.
- There is a higher number of boys with autism in the East of Haringey and a difference between prevalence and referral rates. This needs to be looked at in more detail to understand the reasons behind this.
- Adults are more likely to have mental health needs if they are living alone.
- Homelessness is also a risk factor, and you are also more likely to be homeless if you have mental health needs.
- Women are more likely to access IAPT (Improving Access to Psychological Therapies). This is linked to 'health seeking behaviour' rather than prevalence.
 - IAPT has employed staff from a range of communities to attempt to increase uptake across the borough.
- People with mental health needs are being placed within the borough, and subsequently need services.
- Haringey is in the top 3 in London for rate of psychosis.
- It is estimated that only about 50% of people with dementia in the borough are diagnosed.

In response to questions from the Panel it was noted:

- The higher incidence of autism in the East of the borough doesn't necessarily mean there is a higher autism rate, just that they are more likely to be diagnosed and receive support.
 - It is difficult to say what the true prevalence is as evidence is not there to support it.
- Diagnosis of depression is by GP surgery, not by a person's postcode.
- GP Practice size will have an impact on figures.
- Data suggests that you are more likely to develop mental health needs if you live with someone who has mental health needs themselves.
- People with mental health needs are more likely to die on average ten years earlier than average.
- Getting a person reconnected to power can take weeks, this has an impact on a person being discharged from acute care.
- There is a need to improve access to other accommodation so that people are not unnecessarily in expensive acute beds.
- What does the community think they need in terms of mental health services? For example in relation to housing. This would include asking patients and carers as well as the wider community - Dr Djuretic noted that it would be a useful aspect for the panel to consider.

LC9. MENTAL HEALTH PROJECT SCOPING

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The Panel agreed to undertake two projects focusing on mental health:

1. Access to accommodation for people with mental health needs, including on discharge from acute care.
2. The link between physical health and mental health.

It was agreed that both of these projects would have a specific BME strand to them.

ACTION:

Panel Members would send any specific objectives or areas they would like included in the scope to the Scrutiny Officer.

LC10. WHITTINGTON HEALTH - TRANSFORMING HEALTHCARE FOR TOMORROW

Key points noted:

- The Whittington Health Clinical Strategy is the main driver to changes, with other strategies following this.
- Integrated care is a way of thinking for example Enhanced Recovery
 - Systematic with patient at the centre.
 - Getting people up and about quickly.
 - Multi-disciplinary case conferences.
- Ambulatory care is about keeping people moving/walking and not in beds for long periods of time.
- Aim to make decisions on care needs faster so that patients aren't admitted just because the decision maker isn't available at the time.
- If you lie down for long periods of time your fitness deteriorates very quickly.
- Maternity - The aim is to have 4,700 births per year.
- Bed numbers - Any reduction in bed numbers will only take place if there is a reduction in activity.
 - Best estimate is that the number of beds will be stable for at least the next 18 months.
- Whittington Health recognise that they upset the community in the way that they consulted previously.
- Following the listening exercise changes have been made to the Estates Strategy.

In response to questions from the Panel it was noted:

- When NHS organisations became Trusts they could not take any surplus properties with them. Any surplus properties were taken back to the Secretary of State.
- There is an ongoing discussion with Haringey on integrated care and pooled budgets.
 - There is a Transformation Board which has member of the CCG and Whittington Health on it. The Council is due to be invited onto this.
- The Panel asked whether they would be able to see notes of these meetings and was informed that these would be send.

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Cllr Adamou noted that she is happy that there is no cap on maternity and raised concerns about ensuring that older people are not moved out of hospital too soon.

Action

- Dr Battle to send notes of the Transformation Board to the Panel.

The Chair thanked representatives for her recent visit to the Whittington Hospital site which she found very useful.

LC11. WORK PROGRAMME 2013/ 14

The Panel queried how their role fits with private residential homes.

The Panel felt that more information was needed on the Corporate plan for example:

- What is the background and context?
- Where have the priorities come from?
- What consultation took place?
- What are the current performance figures in relation to the targets?

AGREED:

- The Corporate Plan would form an agenda item on the Overview and Scrutiny Committee work plan.
- Cllr Winskill would be invited to informal meetings between the Chair of the Panel and Healthwatch Haringey.

ACTIONS:

- Scrutiny Officer to check scrutiny's role in relation to private residential homes.

LC12. MINUTES

The Panel queried when the training mentioned by the Cabinet Member on the Health and Wellbeing Board would be taking place.

The minutes were agreed.

ACTION:

- Scrutiny Officer to follow up when the Member training will be on the Health and Wellbeing Board.

LC13. JHOSC MINUTES

Cllr Bull invited the Panel to the forthcoming 111 call centre visit.

Minutes were noted for information.

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LC14. LGG TRAINING SLIDES - 'THE NEW HEALTH LANDSCAPE'

Noted.

LC15. FEEDBACK FROM AREA CHAIRS

None received.

LC16. NEW ITEMS OF URGENT BUSINESS

None received.

LC17. DATE OF FUTURE MEETINGS

Noted.

Clr Gina Adamou

Chair