Camden

Submission of Camden Health Scrutiny Committee to The Joint Overview and Scrutiny Committee on Healthcare for London

Camden Health Scrutiny Committee welcome this opportunity to contribute to the JOSC, and our comments are given below.

1. **Consultation document**

The consultation document is not clear to follow as it asks respondents to choose between items where the response may be both. Our understanding of Healthcare for London is that services provided locally will need to vary to meet local needs.

2. **Staying Healthy**

The Committee welcome the development of an NHS that promotes a ‘health service’ as well as a ‘sickness service’. From our scrutiny of public health in Camden we recognise that promoting health requires joint work with all sectors of the community especially the local authority. The consultation document states that more money needs to be spent on preventing ill health. We are not clear how the NHS or central government will financially contribute to health activities they would like partners to deliver.

Our Committee have been working with Camden PCT to extend GP opening hours. We agree extended hours are important for working people and for the many adults and children who need relatives to help them to attend health services.

We also recognise the range of places in the community that people can learn about being healthy.

3. **Maternity and newborn care**

The committee welcomes that the proposals move towards women centred maternity services based in the community, and consistent midwife contact.

The consultation asks whether having a doctor led unit is more important than having a midwife led unit or being able to choose a home birth. A range of integrated provision across several boroughs, as we have in the north central region of London, could offer a choice to women and their families depending on the level of risk in their pregnancy and their housing conditions. While we recognise the improved outcomes community based midwife led services bring, there must also be hospital based services to support women through complex pregnancies. We would like to see a network of services that can respond to the differing needs of each pregnancy to allow women to make an informed choice. Having a good

transport strategy with trained staff linked to a doctor led unit is more important than having sites co-located.

We also value the important work midwives do in engaging vulnerable women and in assisting with child protection through home visits. Therefore we think midwives should continue to do at least one home visit for each woman, and have flexibility to do more as required. Midwives often operate in close partnership local authority services and might be co-located with family based services such as Sure-Start.

The Committee have concerns over the shortage of experienced midwives in London to deliver a quality service, and pathways to assist newly trained midwives to gain experience, employment and affordable housing.

4. **Children and young people**

We welcome the decision to form a separate working group to address children's health. Much of children's health and staying healthy is carried out in collaboration with local authority children, schools and families departments, and we would expect that the working group includes appropriate local authority partners.

5. **Mental health**

As London has significantly higher levels of mental ill health than other parts of the country we were concerned that mental health was not covered by the working groups. Mental health services have not seen the significant additional funds recently pumped into the NHS. We fear that the proposed budget for Healthcare for London will be insufficient to deliver the proposals yet to be indentified by the mental health working group.

Reducing inpatient admissions will require an increase in prevention services as well as support in the community. There has been insufficient detail on how much of this is expected to be met from Local Authority social care budgets and where additional resources will come from.

6. **Urgent Care**

We have some concerns about the ability of a centralised urgent care call centre to offer to book primary care appointments. GP's currently operate as private business partnerships, and we have found that they have incompatible telephone or appointment systems. It can be difficult for the public to book advance appointments with their GP of choice as GP's must meet their targets to offer appointments within 48 hours. Targets for Gp's must be compatible with the requirements of this call centre. Integrated IT systems and booking systems are also needed to make this proposal work.

The Committee think that joining GP surgeries to minor surgery or

'polyclinics' needs to be developed by each PCT in consultation with local residents, based on the effectiveness of existing services, opportunities and local priorities for partnerships and the distance to hospital care for local people. We would like to see new developments targeted strategically to improve the level of resources in wards of high deprivation and health inequality.

7. **Acute care**

The Committee agree with the arguments for more specialised services especially the improvements that can be delivered in areas such as stroke care. However we have concerns about the risk of transporting patients across London in the rush hour, and there needs to be a robust transport strategy to support this. During busy times transferring patients to local hospitals may be a safer in which case local hospital staff will need to be suitably trained and equipped.

8. **Planned care**

While we agree that local day surgery can be safer than a hospital admission for older people, providing aftercare increases the pressure on carers. Many people living alone who require surgery will not meet the eligibility criteria for social care services. Introducing charges might increase health inequalities. More detail needs to be developed in close consultation with social care commissioners about what aftercare services will be required and how these will be funded. One of the weaknesses of these proposals, as a whole, is a failure to give sufficient consideration to the impact they will have on social care services.

9. **Long term conditions**

We agree that people with long term conditions such as diabetes and asthma should be supported in the community to use new technologies to monitor their own health. There should be support in place for people who are vulnerable or have difficulty using technology.

10. **End of life care**

We welcome proposals to allow people to choose to end their life at home. In developing the end of life service providers, the NHS needs to work closely with commissioners in the local authority to complement rather than duplicate existing care packages.

11. **Where care is provided**

We think different polyclinic configurations need to be strategically negotiated by each PCT to target local health inequalities and use this opportunity to improve the quality or location of existing health services. The Committee is very concerned that the personal relationship between patients and GPs should not be undermined. Therefore we have not

selected our ‘top 5’ services to be included in a polyclinic.

A ‘hub and spoke’ model will be more suitable than a polyclinic in some areas to maintain existing GP patient relationships and location.

It could be too expensive to offer x-rays in polyclinics that are not co-located within a hospital due to the cost of building a leaded room.

12. Vision into reality

Costs

We have concerns that the costs do not specify the resources required from partners, especially local government. As children and mental health recommendations are still in progress, the estimated costs cannot be reliable.

Tackling inequality

We think the proposal could do more to improve access to health care for disadvantaged groups. Healthcare for London is an opportunity to address historical inequalities in health provision. It should work closely with the voluntary and community sector to engage hard to reach groups.

Mental health is an area where disadvantaged groups are over represented, yet this section is incomplete. The committee think proposals could include raising awareness and tackling stigma, and early intervention/prevention services targeted at disadvantaged groups.

Children are another group where proposals are incomplete and we hope that children will be consulted on changes affecting services for them.

IT systems

While we welcome the aim of improving service through integrated IT systems we urge caution in developing data sharing protocols given the recent failures to securely transport confidential personal data held electronically by public organisations.

Camden Health Scrutiny Committee
5th March 2008