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ISLINGTON

# NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

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FRIDAY, 21 APRIL 2017 AT 10.00 AM  
COMMITTEE ROOM 4, ISLINGTON TOWN HALL, UPPER STREET, LONDON N1  
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## MEMBERS

Councillor Alison Kelly (London Borough of Camden) (Chair)  
Councillor Pippa Connor, London Borough of Haringey (Vice-Chair)  
Councillor Martin Klute, London Borough of Islington (Vice-Chair)  
Councillor Alison Cornelius, London Borough of Barnet  
Councillor Abdul Abdullahi, London Borough of Enfield  
Councillor Jean Roger Kaseki, London Borough of Islington  
Councillor Graham Old, London Borough of Barnet  
Councillor Richard Olszewski, London Borough of Camden  
Councillor Anne-Marie Pearce, London Borough of Enfield  
Councillor Charles Wright, London Borough of Haringey

Issued on: Tuesday, 11 April 2017



# **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 21 APRIL 2017**

**THERE ARE NO PRIVATE REPORTS**

## **AGENDA**

### **1. APOLOGIES**

### **2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA**

Members will be asked to declare any pecuniary, non-pecuniary and any other interests in respect of items on this agenda.

### **3. ANNOUNCEMENTS**

### **4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT**

### **5. DEPUTATIONS (IF ANY)**

### **6. MINUTES**

(Pages 5 - 12)

To approve and sign the minutes of the meeting held on 17<sup>th</sup> March 2017.

### **7. NCL STP: GOVERNANCE**

(Pages 13 - 16)

To note responses to queries raised by members about governance at the 17<sup>th</sup> March 2017 JHOSC meeting and to discuss matters relating to finance and the final plan (which is due to be produced in late April).

### **8. NCL STP: CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)**

(Pages 17 - 22)

To consider a report on the CAMHS aspect of the mental health workstream.

**9. NCL STP: ESTATES STRATEGY**

(Pages 23 - 28)

To note responses to queries about the NCL estates strategy, with particular regard to the St Ann's and St Pancras hospital sites.

**10. TERMS OF REFERENCE**

(Pages 29 - 32)

To consider amendments to the terms of reference of the JHOSC.

**11. WORK PROGRAMME**

(Pages 33 - 36)

To consider the work programme for the joint committee.

**12. DATES OF FUTURE MEETINGS**

Future meetings of the joint committee will be on:

- Friday, 5<sup>th</sup> May 2017 (Enfield)
- Friday, 9<sup>th</sup> June 2017 (Haringey)
- Friday, 22<sup>nd</sup> September 2017 (Barnet)
- Friday, 24<sup>th</sup> November 2017 (Enfield)
- Friday, 26<sup>th</sup> January 2018 (Camden)
- Friday, 23<sup>rd</sup> March 2018 (Islington)

**13. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT**

**AGENDA ENDS**

The date of the next meeting will be Friday, 5 May 2017 at 10.00 am in Conference Room, Enfield Civic Centre, Silver Street, Enfield EN1 3XA.

## THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 17TH MARCH, 2017** at 10.00 am in the Council Chamber, Town Hall, Judd Street, London WC1H 9JE

### MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Pippa Connor (Vice-Chair), Martin Klute (Vice-Chair), Alison Cornelius, Abdul Abdullahi, Jean Kaseki, Graham Old, Richard Olszewski, Anne Marie Pearce and Charles Wright

### OTHER COUNCILLORS PRESENT

Councillor Phil Cohen (LB Barnet)  
Councillor Gideon Bull (LB Haringey)

**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

There were no apologies.

#### 2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Olszewski declared that he was a Camden Council appointee on the Royal Free Hospital Trust's board.

#### 3. ANNOUNCEMENTS

It was announced that deputation requests had been received and accepted from the LUTS patients' group and from NCL STP Watch.

#### LUTS patients' deputation:

The meeting heard from a deputation of patients who had used the LUTS service. Dr Katherine Middleton was the main speaker. The deputees wanted to bring to members' attention that the clinic had not properly re-opened, despite assurances they had received before that the clinic would be operational within a few months.

Dr Middleton said that the treatment she had received from the LUTS clinic had helped her get back to work and that she wanted others to benefit from this too. The

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deputies were concerned that the clinic had not re-opened to new patients and that children suffering from this were being led down a treatment pathway at Great Ormond Street that was not working for them.

The deputation commented that the Royal College of Physicians did not pay attention to the submissions that they had made as patients, and that they had found this frustrating.

Councillor Klute commented that the RCP report had made a number of recommendations that needed to be implemented. He was also concerned that the current arrangements were too dependent on one consultant who was past the normal retirement age.

Simon Pleydell, the Chief Executive of the Whittington Hospital, spoke in response to the deputies. He said that the Whittington had been in discussions with Professor Malone-Lee and with UCLH. The Whittington wanted to see the service being able to recruit clinicians who were interested in cutting-edge research. They felt the RCP report had been helpful.

Mr Pleydell confirmed that the hospital was still employing Professor Malone-Lee and they were meeting prescribing costs. However, progress on the clinic re-opening fully would have to wait for new clinicians to become ready to operate it and for UCLH to become involved. He commented that the new clinician who could take over from Professor Malone-Lee was only likely to become a consultant in June 2018. He also pointed out that, as mentioned in the RCP report, there was no consensus about the treatment.

Councillor Klute said he was concerned that the fact that there were those who disagreed with Professor Malone-Lee's methods was being used to obstruct the restoration of services at the clinic.

The Chair voiced her concerns that the matter had first been brought to the Committee's attention in late 2015 and was still unresolved. Members said they wanted to hear an update from the Whittington and UCLH at the June meeting to see what progress was being made on this matter.

NCL STP Watch:

The meeting received a deputation, led by Vivien Giladi, from NCL STP Watch. Ms Giladi said they were concerned about the democratic deficit involved in the STP, and that senior local authority officers would be pulled away from their work in their boroughs to work on the STP.

Other deputies commented that finance was a key issue for health services and, if there was not more money forthcoming from the Exchequer, improvements in one area would be funded by decreasing spending in other areas. They were also concerned at the lack of representation of the population as a whole in STP

structures. They did not feel that the involvement of Healthwatch was a suitable substitute for the involvement of the public.

Concerns were also voiced about the lack of attention being paid to social care in the STP documentation.

The Chair welcomed their comments and said that the Committee would look at finance at its next meeting.

#### **4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT**

There were no notifications of urgent business.

#### **5. MINUTES**

Consideration was given to the minutes of the NCL JHOSC meeting held on 3<sup>rd</sup> February 2017.

#### **RESOLVED –**

THAT the minutes of the meeting held on 3<sup>rd</sup> February 2017 be agreed as a correct record.

#### **6. SUSTAINABILITY AND TRANSFORMATION PLAN: GOVERNANCE AND TRANSPARENCY**

Consideration was given to the papers in the agenda pack on STP governance.

Members noted there was insufficient opportunity to debate the item in the time the STP officer was able to be present at the meeting, and so it was agreed that officers would respond to questions in writing.

Members made a number of comments. Some members welcomed the idea of independent chairs, but others preferred chairs who were democratically accountable. Members also wished to avoid a 'revolving door' between executive and non-executive positions on the boards.

A member commented that he was concerned about the joint commissioning body and feared it could be unwieldy.

Members wanted to see a greater accountability of organisations in the STP structure. There should be a way of holding organisations to account if failures in how they delivered their services were creating problems for other organisations within the STP.

Members also wanted to know whether the meetings would be open to the public and whether the papers they were considering would be published, as Council papers were.

Councillors Kelly, Olszewski and Connor agreed to meet separately with officers in the STP to discuss their governance concerns.

**RESOLVED –**

THAT the reports and the comments above be noted.

**7. SUSTAINABILITY AND TRANSFORMATION PLAN: COMMUNICATIONS STRATEGY**

Consideration was given to the papers on the communications strategy.

Members heard from Genevieve Ileris, who was the NCL STP Communications and Engagement Lead. She said she would be giving guidance to people involved in the different workstreams about engagement. Engagement was being used to refer to all activities that involved liaising with stakeholders.

Members asked what resources were available to assist with communications on the STP. Ms Ileris said that she was largely reliant on goodwill from the organisations involved and their communications staff. She was working with them via the communications group. Members said that the Committee should advise organisations to set staff time aside for engagement around the STP.

There was a question about the involvement of Healthwatch. Ms Ileris said she was meeting with the five Chief Executives from the Healthwatches from the five different boroughs.

Members asked that the wider voluntary sector be engaged with. She said she was liaising with an officer in Haringey about the approach to take to this. Members added that they should make use of the community contacts that councillors had to liaise with the voluntary and community sector.

Members asked that efforts be made to engage with people for whom English was a second language, such as by the provision of translated material.

A concern was expressed by members that Cabinet Members were being kept better informed of developments than backbench councillors.

Members asked when the plan would be published and the website launched. Ms Ileris said this should be done about 5 or 6<sup>th</sup> April. She also said that there had been consideration of using the name “North London STP” rather than “North-Central London STP” since the public did not tend to use the phrase ‘north-central London’.

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Members tended to the opinion that North-Central London was better as there was a notable part of what was considered central London that fell within Camden and Islington.

Members asked if there were any partner organisations that were not playing as much of a role as others. They were informed that local authorities and CCGs tended to turn up to meetings more than acute providers. Members said they did not want a situation where a small number of organisations were shouldering a disproportionate burden of the work.

A question was asked about how good practice would be shared. Ms Ileris said this would be done through the workstreams.

Concerns were expressed about the loss of localised service delivery. Members were assured this would not be the case, but that attempts would be made to identify best practice and share it and to take advantage of economies of scale.

Attendees from NCL STP Watch said that they did not just want engagement at the service level but at the strategic level too. Ms Ileris agreed to meet with NCL STP Watch. Members echoed the view of NCL STP Watch that there needed to be engagement at the strategic level rather than simply on individual services.

Members felt that the way that STP documents were written was technical and not comprehensible to the public. They felt that the STPs were not known to the public. They suggested that they could be renamed 'Health and Social Care Plans for North Central London' so that people understood what they were focused on.

Concern was also expressed that NHS organisations were not that willing to engage with the local authority scrutiny function. A member from Barnet said they had problems getting the relevant senior officers to attend Barnet's health scrutiny meeting.

Members wanted to see more information on communications and engagement at a future meeting, and asked that a report come back to the Committee in three months' time.

**RESOLVED –**

THAT the reports and the comments above be noted.

**8. WORK PROGRAMME**

Consideration was given to the work programme report.

Members noted that there were a significant number of items on the agenda for the 21<sup>st</sup> April meeting. It was agreed to move the dementia pathway item to the June meeting.

Members were also of the view that consideration of the quality accounts would take a significant amount of time and so should have a special meeting set aside for it. Alternative dates would be explored for that meeting, with the caveat that the quality accounts needed to be submitted by mid-May.

Councillor Cornelius asked that missed GP appointments be added to the list of items for future consideration.

**RESOLVED –**

- (i) THAT the work programme be amended as detailed above;
- (ii) THAT officers investigate scheduling an extra meeting in late April or early May to consider the quality accounts.

**9. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT**

There was no other business.

**10. DATES OF FUTURE MEETINGS**

Future meetings would be on:

- Friday, 21<sup>st</sup> April 2017 (Islington)
- Friday, 9<sup>th</sup> June 2017 (Haringey)
- Friday, 22<sup>nd</sup> September 2017 (Barnet)
- Friday, 24<sup>th</sup> November 2017 (Enfield)
- Friday, 26<sup>th</sup> January 2018 (Camden)
- Friday, 23<sup>rd</sup> March 2018 (Islington)

The meeting ended at 12.45pm

**CHAIR**

**Contact Officer: Vinothan Sangarapillai**

**Telephone No: 020 7974 4071**

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March, 2017*

**E-Mail:**                    **vinothan.sangarapillai@camden.gov.uk**

**MINUTES END**

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**North Central London Joint Health Overview & Scrutiny Committee  
(NCL JHOSC)**

<p><b>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</b></p>	<p><b>NCL JHOSC</b></p>
<p><b>REPORT TITLE</b></p> <p>NCL Sustainability and Transformation Plan: Governance</p>	
<p><b>FOR SUBMISSION TO:</b> NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW &amp; SCRUTINY COMMITTEE</p>	<p><b>DATE</b> 21<sup>st</sup> April 2017</p>
<p><b>SUMMARY OF REPORT</b></p> <p>The report contains responses to questions raised by members about NCL STP governance arrangements at the 17<sup>th</sup> March 2017 JHOSC meeting.</p> <p><b>Contact Officer:</b></p> <p>Gen Ileris NCL STP Communications and Engagement Lead 5 Pancras Square London N1C 4AG <a href="mailto:Genevieve.Ileris@camden.gov.uk">Genevieve.Ileris@camden.gov.uk</a></p>	
<p><b>RECOMMENDATIONS</b></p> <p>Members are asked to consider the report.</p>	

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## North Central London STP governance Response to JHOSC comments

### Introduction

The North Central London (NCL) Joint Health Overview & Scrutiny Committee (JHOSC) considered the governance arrangements for the NCL Sustainability & Transformation Plan (STP) at its meeting on 17<sup>th</sup> March 2017.

As there was limited time for discussion at the meeting, the JHOSC produced a number of questions and comments which are set out below together with an initial response produced on behalf of the STP.

### Outcomes and sustainable impact

- *Members noted it does not clearly set out what the STP will achieve and that it would be helpful to add this to the introduction alongside health statements and how they will be measured e.g. what will they be seeking to achieve in a set period of time.*
- *Members noted that it was process heavy with too few outcomes defined.*

The intended outcomes from the STP and how they will be achieved are laid out in the updated STP itself which will be published in April. The governance arrangements should be read as part of the wider STP plan.

### Roles, responsibilities, decision making including managing risks

- *Members noted it was NHS dominated; and could benefit from greater ASC representation.*

Each organisation within the STP is represented on the Advisory Board on an equal basis. The Programme Delivery Board has three specified local authority representatives and the NHS has six specified representatives. All other members are SROs for individual workstreams – these roles can be filled by either local authority or NHS leaders.

- *Members raised concern about the joint commissioning body and feared it could be unwieldy.*

The intention of the joint committee is to streamline decision-making on specified issues to avoid decisions having to be taken in five different governing bodies. The practicalities of the committee will be kept under review.

- *Some members welcomed the idea of independent chairs, but others preferred chairs who were democratically accountable. Members also wished to avoid a 'revolving door' between executive and non-executive positions on the boards.*

The option of appointing an independent chair for the Advisory Board will be discussed at its first meeting. The expectation is that members of the Advisory Board will be non-executive, but the nomination for representation will be left to each organisation.

### **Culture, values and behavior**

- *Members noted that the JHOSC STP report recommended principle of 'putting people at the centre of everything you do' was not included.*

This statement is included in the STP strategic narrative which the governance arrangements support.

### **Capacity**

- *Members raised a concern that local government officers could be pulled away to work with the STP which reduces their responsibility to local politicians and their ability to undertake their substantive duties*

Participation in the STP is on a voluntary basis and is at the discretion of each organisation. Local government officers remain accountable to local politicians.

- *Members noted that strategic level of STP should include lay representation from the local population and the workforce in addition to Healthwatch for each work stream; concerns were raised that it was not clear where the public views were coming from.*

Effective engagement with the public and users of services is vital to the success of the STP. The approach to communications and engagement was discussed at the March JHOSC meeting. Each workstream has an engagement plan as part of this approach. The membership of the Advisory Board will be reviewed at its first meeting.

### **Engagement with stakeholders, open accountability and transparency**

- *Members wanted to see a greater accountability of organisations in the STP structure and that there should be a way of holding organisations to account if failures in how they delivered their services were creating problems for other organisations within the STP.*

The Programme Delivery Board will oversee implementation of the STP once agreed. This will include holding organisations to account for their contribution to delivery and problem solving where difficulties are encountered.

- *Members commented on the role of JHOSC and asked how will the delivery board be aligned to the JHOSC to fulfil its function to scrutinise at the delivery level (not advisory level)?*

We would be happy to work with the JHOSC to agree a practical approach to scrutiny of implementation of the STP

- *Members wanted to know whether meetings would be open to the public and whether the papers they were considering would be published, as Council papers were.*

We are fully committed to openness and transparency. The updated STP will be discussed in public at the NHS boards and governing bodies across NCL and also at the local Health & Wellbeing Boards. It will also be scrutinised at the JHOSC. Public engagement on detailed elements of the plan will be ongoing. While the Programme Delivery Board and Advisory Board meetings will meet in public, papers will be published on the STP website once that is in place by early May 2017.

**North Central London Joint Health Overview & Scrutiny Committee  
(NCL JHOSC)**

<p><b>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</b></p>	<p><b>NCL JHOSC</b></p>
<p><b>REPORT TITLE</b></p> <p>NCL Sustainability and Transformation Plan: Child and Adolescent Mental Health Services (CAMHS)</p>	
<p><b>FOR SUBMISSION TO:</b> NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW &amp; SCRUTINY COMMITTEE</p>	<p><b>DATE</b> 21<sup>st</sup> April 2017</p>
<p><b>SUMMARY OF REPORT</b></p> <p>To receive information on the CAMHS aspect of the mental health workstream.</p> <p><b>Contact Officer:</b></p> <p>Gen Ileris NCL STP Communications and Engagement Lead 5 Pancras Square London N1C 4AG <a href="mailto:Genevieve.Ileris@camden.gov.uk">Genevieve.Ileris@camden.gov.uk</a></p>	
<p><b>RECOMMENDATIONS</b></p> <p>Members are asked to note and comment on the information provided about CAMHS.</p>	

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## NCL Mental Health Workstream – CAMHS (Child and Adolescent Mental Health Services)

21<sup>st</sup> April JHSOC

### Background

Children and young people’s mental health and wellbeing and perinatal mental health have been identified as a key priority within the STP. This recognises the fact that 50% of all mental illness in adults begins before 14 years of age and 75% by 18<sup>1</sup> and that these areas are key to improve the long term mental health outcomes for our population. They are also seen as areas of inequalities and areas for improvement.

Across the 5 boroughs of NCL there are varying rates of mental ill health prevalence, and varying services and outcomes across the 5 boroughs; such as:

- Three of our boroughs have the highest rates of child mental health admissions in London<sup>2</sup>
- There is limited perinatal community service in NCL, with no specialist team in the North and in the southern boroughs the service does not meet national standards<sup>3</sup>
- Most of the liaison psychiatry and CAMHS services in hospitals in NCL do not see children within one hour at weekends and overnight<sup>4</sup>.

### Priority areas

In order to address variation and improve care for our population, as well as to meet the requirements set out in the Five Year Forward View for Mental Health, and Future in Mind the 5 NCL Boroughs will be working together on 8 areas which will also form the NCL STP CAMHS and Perinatal initiative.

These areas do not represent the totality of work on CAMHS across NCL and other work was included in the Children and Young Person Local Transformation Plan refreshes that were submitted in October 2016 for each borough. The full Transformation Plans for each borough can be found on their websites.

National funding for the Transformation Plans has been issued to the CCGs in their baselines to support delivery. Across NCL the national funding amounts to:

£2,747,659 for 15/16

£3,890,251 for 16/17

£4,438,351 for 17/18

It was agreed that the STP would have oversight of those initiatives in the Transformation Plans which were shared across the NCL patch. The 8 areas are:

1. **Shared Dataset** - to enable comparison and shared learning across the 5 boroughs

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<sup>1</sup> Cavendish Square Group

<sup>2</sup> Fingertips 2014/15

<sup>3</sup> Maternal Mental Health Everyone’s Business

<sup>4</sup> Mental health crisis care ED audit, NHS England 2015

2. **Eating Disorders** - dedicated eating disorder teams in line with the waiting time standard, service model and guidance
3. **Workforce** - planning for the workforce in order to meet the mental health and psychological well-being needs of children and young people in NCL; including CYP IAPT workforce capability programme
4. **Transforming Care** - supporting children and young people with challenging behaviour in the community, preventing the need for residential admission
5. **Perinatal Mental Health** - to develop a specialist community perinatal mental health team that serves the NCL population and the physical health acute trusts within NCL
6. **Child House Model** - following best practice to support abused children in NCL
7. **Crisis Pathway** - 24/7 urgent and emergency mental health service for children and young people with care delivered as close to home as possible for children in crisis; this includes local commissioning of Tier 4 CAMHS to eliminate out of area placements for non-specialist acute care by 2020/21; and review of S136
8. **Youth Justice** - working with NHS E to develop co-commissioning model for youth justice

In the development of the NCL CAMHS work, the principles of THRIVE will be used as an overarching approach with the aim of at least 32% of children with a diagnosable condition being able to access evidence-based services by April 2019 as set out in the Mental Health Taskforce. THRIVE is a population approach to children and young people's mental health developed by the Tavistock and Portman Foundation Trust and Anna Freud Centre which aims to replace the traditional tiered model with one which tailors the response of services to the presenting needs and expressed preferences of young people.

### Progress to date

1. **Shared Dataset**
  - Shared dataset has been agreed
  - Quarterly reporting to begin from Q1 17/18 which will allow for comparison across NCL
2. **Eating Disorders**
  - To date work has been undertaken on confirming metrics, for 17/18 plan to complete self-assessment, take the quality network forward and make improvements on admission reduction
3. **Workforce**
  - Currently commissioning support to undertake workforce mapping to be complete by the end of June
4. **Transforming Care**
  - In 2016/17 we established admission avoidance registers, and began to deliver Care and Treatment Reviews (CTRs) for those at risk of admission to hospital.
  - Plan for 17/18:
    - Single process for CTRs admission avoidance register
    - To develop an Intensive Behaviour Support Service to support children and young people and their families where challenging behaviour means the family are at risk of breakdown and a young person requiring a residential placement
    - Shared learning workshop

## 5. Perinatal Mental Health

- Were successful for national perinatal mental health money to deliver a specialist community perinatal mental health service across NCL
- Project manager recruited, and recruitment under way for clinical teams. A workshop was held to build up interest for the seconded roles and there have been a lot of high calibre applications
- Psychiatry sessions will be allocated based on birth rates across the different boroughs
- Memorandum of understanding being developed to ensure continuity of service when after 2 years budget moves into CCG baselines
- Will bid for second wave in the summer to enhance service

## 6. Child House Model

- Data mapping report commissioned by NCL Commissioners to inform planning process has been completed
- Clinical, psychology, sexual health funded by health
  - Commissioners are collaborating to agree a trajectory to increase funding for CAMHS staffing as demand for services increases.
  - Commissioners have identified funding to extend the current service funded by a 1 year department of health bid, to provide a WTE CAMHS worker into existing child sexual assault clinics and advocacy.
- Building due to open in December
- Lead provider agreed

## 7. Crisis Pathway

- In June 2016 we bid for local commissioning of Tier 4 CAMHS, were shortlisted but unsuccessful due to level of savings anticipated and the plan for a phased roll out with an initial small footprint, however were encouraged to reapply. Since then have been working across to develop the model and the bid ready to submit when the guidance is issued which is expected shortly. Evidence from NWL has shown that local commissioning of Tier4 CAMHS can deliver 10% savings through reduction in LOS and admissions. We would invest these savings back into the outreach offer.
- Work is underway to look at how extended hours crisis care can be delivered across NCL

## 8. Youth Justice

- Work is underway with NHS England specialist commissioning to plan for local commissioned youth justice pathway
- Camden, Islington and Haringey have Liaison and Diversion officers to screen young people who are at risk of offending. Both Enfield and Haringey are jointly working to screen young people at the Wood Green Custody Suite.

## What's worked well?

- NCL CAMHS commissioners have worked co-operatively over the last year and pulled together the NCL wide work streams with cross partner participation from Trusts and Local Authorities
- Trusts have been working well together to agree joint delivery of clinical services
- Experts by experience engagement for perinatal mental health has been supported by Cocoon Family Support which has proved very insightful. We need to improve experts by experience engagement across the CAMHS initiative. For the adult mental health workstreams we do have an experts group (EbyE Board) who meets monthly and is represented on the Steering Group.
- Getting commissioners, mental health providers and physical health providers across NCL working together to deliver a shared vision

## What's not worked so well?

- Has been complexity in changing ways of working where existing services already exist that need to be integrated into new NCL wide services
- IT and HR systems have caused delays when trying to deliver single services across multiple providers. This has generated learning that will help for the implementation of other NCL services
- For Perinatal Mental Health NHS E has changed the requirements of what is to be included in the service after granting the service. We will need to bid for more money in the second wave of bids in order to be able to strengthen our service
- Initial STP focus has been on adult mental health. Going forward the CAMHS project board will ensure greater focus on CAMHS and development of the work areas.

## Working with the Children's Workstream

Since February 2017 Carmel Littleton, Islington Director of Children's Services, has been on the membership of the NCL Mental Health Steering Group but unfortunately to date has not been able to attend a meeting. Going forward the meetings are to be held on the 4<sup>th</sup> Wednesday of the month.

Going forward a CAMHS commissioner is going to sit on the Children's workstream programme.

**North Central London Joint Health Overview & Scrutiny Committee  
(NCL JHOSC)**

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<p><b>FOR SUBMISSION TO:</b> NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW &amp; SCRUTINY COMMITTEE</p>	<p><b>DATE</b> 21<sup>st</sup> April 2017</p>
<p><b>SUMMARY OF REPORT</b></p> <p>The report contains responses to queries about the NCL estates strategy, with particular regard to the St Ann’s and St Pancras hospital sites.</p> <p><b>Contact Officer:</b></p> <p>Gen Ileris NCL STP Communications and Engagement Lead 5 Pancras Square London N1C 4AG <a href="mailto:Genevieve.Ileris@camden.gov.uk">Genevieve.Ileris@camden.gov.uk</a></p>	
<p><b>RECOMMENDATIONS</b></p> <p>Members are asked to consider the report.</p>	

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**JHOSC 21 April 2017**  
**10:00am, Islington Town Hall**

**NCL STP update – Estates**

**JHOSC comments/questions:**

- i) The Committee has had numerous verbal reassurances that the St Ann's and St Pancras sites were being looked into as a top priority: The Committee would like an update on where this is at both in terms of estates and services that would be going into the sites as these are both intertwined.

The Committee would also like an update on:

- ii) How far are the estates' development of St Ann's, Camden & Islington NHS Foundation Trust, and The Whittington being guided and held to account in relation to the JHOSC recommendations

*Estates recommendations: The Transformation Board needs to:*

- *Integrate estates planning with the rest of the STP process so it focuses on delivering better health and wellbeing outcomes and full staffing and VFM*
- *Put pressure on Central Government so all decisions about NHS estates in London are taken by London NHS commissioners, providers and London councils working together, with devolved powers, for the good of local people*
- *Provide assurance that no estates disposals will take place unless the full benefit goes to the NCL community or is retained for their future use.*
- *Explore options to maximise the potential of community hubs e.g. expanding GP settings with Keeping Well facilities, the voluntary and community sector, council services and funding mobile clinics.*

- iii) What controls are there around estates' development and the need to keep the resources for public benefit in the long-term?
- iv) How far the Whittington is bound by the controls / desired outcomes as the other local developments?

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- i) **The Committee has had numerous verbal reassurances that the St Ann's and St Pancras sites were being looked into as a top priority: The Committee would like an update on where this is at both in terms of estates and services that would be going into the sites as these are both intertwined**

## **Response:**

### **St Ann's redevelopment**

Barnet, Enfield and Haringey Mental Health Trust's (BEH-MHT) plans for the redevelopment of St Ann's Hospital in Haringey aim to address the urgent need to modernise the site, in particular, the current mental health wards. The Trust has undertaken considerable patient, carer, staff and wider public engagement in developing its plans over the last few years, including two formal public consultations.

In March 2015, the Trust secured outline planning permission from Haringey Council for a proposal to build a new, purpose-built inpatient mental health facility, to consolidate the site's current health services onto a reduced footprint, and to develop housing (including a proportion of affordable housing) on the part of the St Ann's site that will be surplus to NHS needs.

Following this, the Trust has been working with partners in the local health economy to ensure that the plans for St Ann's Hospital fit strategically with the wider NHS estates plan for North Central London which is being developed as part of the local Sustainability and Transformation Plan (STP). This includes the potential for some services currently based at St Pancras Hospital in Camden to be relocated to the St Ann's Hospital site, in a separate, but complementary development.

The Trust has now received approval from NHS Improvement for its Strategic Outline Case (SOC) and is moving forward to the next stage. This involves developing the detailed design for the new inpatient building and securing final Planning approval for the new inpatient building from Haringey Council. It also involves preparing for the sale of the surplus land on the site and developing an Outline Business Case (OBC), which is the next stage in the NHS approvals process. It is planned that all these stages will be completed by autumn 2017 and then, subject to final approvals, it is expected that building work on the new mental health buildings will commence by early summer 2018, with completion by late 2019.

The Trust continues to work closely with colleagues from Camden and Islington Mental Health NHS Foundation Trust to ensure that the plans for the redevelopment of the St Ann's and St Pancras sites are coordinated. However, BEH-MHT's proposed redevelopment at St Ann's Hospital is not dependant in any way on the redevelopment of St Pancras Hospital. BEH-MHT is progressing the plans for the urgent re-provision of its current mental health inpatient facilities at St Ann's, but is ensuring that, in doing this, it does not constrain possible further developments on the St Ann's Hospital site in the future, if these are agreed and funded.

- ii)a*     **Integrate estates planning with the rest of the STP process so it focuses on delivering better health and wellbeing outcomes and full staffing and VFM**

### **WH Response:**

WH estates strategy objectives fully support the aims of the STP, in particular the reorganisation and reinvestment in community premises to support care closer to home.

WH is an active member of the NCL Estates Working Group and the Haringey and Islington Estates Group: ensuring that the development of the WH estates delivery plan is fully

integrated with the wider pan-NCL estates agenda, and the more local development of primary care and CHINs.

WH is in the process of procuring a Strategic Estates Partner who will support the Trust with commercial and estates expertise offering the following:

- Strategic planning services to develop long term estates solutions that maximise value for the Trust, staff and patients
- Ability to raise or contribute capital to implement projects and support the Trust to generate capital
- Ability to maximise value for money by acting as a partner in procuring services for the Trust
- Ability to manage projects in partnership with the Trust.

It is anticipated that the WH Strategic Estates Partnership will be in place by September 2017, enabling WH to move at pace to fully develop and finalise, through stakeholder engagement and consultation, an estates masterplan.

- ii)b **Put pressure on Central Government so all decisions about NHS estates in London are taken by London NHS commissioners, providers and London councils working together, with devolved powers, for the good of local people**

**WH Response:**

WH is an active and supportive member of the NCL Estates Working Group

The NCL Estates Group is working as part of the London devolution programme to pilot devolved powers in relation to the health and care estate. As part of this, NCL is asking for:

- local prioritisation and investment of capital receipts, including those that would otherwise be retained nationally.
- NHS capital business case approval to be accelerated and consolidated through the implementation of a jointly owned and collaborative NCL / national process (or devolved to sub-regional or London-level).
- developing local flexibilities in terms and conditions for the primary and community health estate to improve quality and utilisation.

NCL wants to use devolution as an opportunity to accelerate the development of the estate needed for care closer to home, securing greater utilisation of community estate and capital for redevelopment from disposals of surplus estate

- ii)c **Provide assurance that no estates disposals will take place unless the full benefit goes to the NCL community or is retained for their future use.**

**WH Response:**

As detailed in

ii)b above, NCL is seeking devolved powers to ensure local prioritisation and investment of capital receipts, including those that would otherwise be retained nationally.

- ii)d Explore options to maximise the potential of community hubs e.g. expanding GP settings with Keeping Well facilities, the voluntary and community sector, council services and funding mobile clinics.

**WH response:**

WH is actively working with Haringey and Islington CCGs, and the London Boroughs of Islington and Haringey, to understand and support the full potential of community hubs, including: the model(s) of service delivery; the delivery options from existing estate; potential options from regeneration plans; and the information technology that will support implementation.

WH believes that the establishment of a Strategic Estates Partnership will significantly enhance the Trust's capacity to support and maximise the potential of the estate to support the delivery of community hubs.

- ii) **What controls are there around estates' development and the need to keep the resources for public benefit in the long-term?**

**WH response**

The development of the WH estate will be subject to existing NHS and local government planning controls. These include existing approval processes for business cases, town planning controls, and governance processes for any change in use of assets.

These processes will incorporate any STP requirements.

- iii) **How far the Whittington is bound by the controls / desired outcomes as the other local developments?**

**WH Response**

WH is an integral part of the NCL STP and an active member of NCL-wide and local service planning. WH supports the desired outcomes of the NCL STP.

As described in ii) above, WH is also subject to a number of external controls and approval processes that will influence any estates projects.

## **North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)**

<b>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</b>	<b>NCL JHOSC</b>
<p><b>REPORT TITLE</b></p> <p>Terms of Reference for North Central London Joint Health Overview and Scrutiny Committee</p>	
<p><b>FOR SUBMISSION TO:</b> NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW &amp; SCRUTINY COMMITTEE</p>	<p><b>DATE</b> 21<sup>st</sup> April 2017</p>
<p><b>SUMMARY OF REPORT</b></p> <p>To consider amendments to the terms of reference of the JHOSC.</p> <p><b>Contact Officer:</b></p> <p>Vinothan Sangarapillai Committee Services Camden Town Hall Judd Street London WC1H 9JE 020 7974 4071 <a href="mailto:Vinothan.sangarapillai@camden.gov.uk">Vinothan.sangarapillai@camden.gov.uk</a></p>	
<p><b>RECOMMENDATIONS</b></p> <ul style="list-style-type: none"> <li>(i) The Committee is asked to consider amendments to the terms of reference ; and</li> <li>(ii) To make a recommendation to each of the Councils that they delegate formally the right of referral to the Secretary of State in responding to formal consultations involving all of the Councils in the JHOSC pursuant to Regulation 23(9) of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013</li> </ul>	

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

**21st April 2017**

### **Terms of Reference**

#### **1. Introduction**

- 1.1 At its meeting on 29 January 2016, the JHOSC agreed updated terms of reference as well as a proposed role, focus and relationship with the five health scrutiny committees of the individual boroughs and that these be subject to review in a years' time.
- 1.2 The need has been identified for a small addition to the terms of reference to ensure the maintenance of the role of the JHOSC in considering referrals to the Secretary of State when responding to formal consultations on substantial developments or variations to local health services on behalf of the Councils who have formally agreed to delegate this power to it.
- 1.3 Any amendment to the JHOSC's terms of reference will be subject to the agreement of each of the Councils of the London Borough of Barnet, Camden, Enfield, Haringey and Islington.

#### **2. Recommendation**

- 2.1 It is recommended that:
- (i) the proposed amendment to the terms of reference, as outlined in paragraph 3.5 of the report, be agreed in principle subject to agreement of the Councils
  - (ii) a recommendation be made to each of the Councils that the necessary arrangements be undertaken for the amended terms of reference to be approved formally by each Council;
  - (iii) a recommendation be made to each of the Councils that they delegate formally the right of referral to the Secretary of State in responding to formal consultations involving all of the Councils in the JHOSC pursuant to Regulation 23(9) of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013; and
  - (iv) That the terms of reference, scope and administrative arrangements be subject to further review at the start of the 2018/19 municipal year.

#### **3. Background**

- 3.1 The JHOSC agreed the following terms of reference at its meeting on 29 January 2016:
- 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 to work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people.”

#### *Power of Referral*

- 3.2 The updated terms of reference removed a reference to a power of referral to the Secretary of State in responding to formal consultations concerned with the North Central London Service and Organisation Review. There was no intention to omit a power of referral from the JHOSC in the revised agreed terms of reference though. It had previously been the practice that *both* local authorities and joint health overview and scrutiny committees that they were a part of had the power to make referrals to the Secretary of State in responding to formal consultations. The omitting of the specific reference to referrals would, in these circumstances, not have been of significance as the power would have been implicit within the JHOSC’s power to respond to formal consultations.
- 3.3 However, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 stipulate that if a local authority has delegated this power to a joint overview and scrutiny committee, then they may not subsequently exercise the power of referral. This is also reflected in the Local Authority Health Scrutiny statutory guidance of 2014. Therefore local authorities can now choose to either delegate their power of referral or retain it. This remedied the previous situation where local authorities could make a referral both through a joint committee that they were part of as well as individually, which was considered to be an anomaly.
- 3.4 As only joint committees have the power to respond to formal consultations involving more than one borough, it would appear appropriate for the JHOSC to retain its referral powers. Not delegating the power, although possible, would be likely to cause delay in responding to consultations and reduce the effectiveness of the JHOSC in responding to formal consultations where these involve all of the five boroughs.
- 3.5 It is therefore recommended that the JHOSC recommends to each of the individual boroughs that are part of it that they delegate formally the right of referral in responding to formal consultations to the JHOSC and that the following amended wording be approved to the terms of reference (addition in italics):

“2. To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the areas of Barnet, Camden, Enfield, Haringey and Islington and to decide *whether to use the power of referral to the Secretary of State for Health* on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC.”

The terms of reference will therefore now read:

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 areas of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;
  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 to work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people
- 3.6 It is mandatory for local authorities to set up joint committees to respond to formal consultations regarding substantial developments or variations. However, these are required to include all of the local authorities affected. The JHOSC is therefore able to respond to changes that just affect all the boroughs that are a part of it. Should formal consultations be necessary on changes that affect different configurations of local authorities, a separate joint committee would need to be established that reflects this. A separate decision would also need to be undertaken by each local authority in establishing it on the delegation of the power of referral.

<b>NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW &amp; SCRUTINY COMMITTEE</b>	<b>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</b>
<b>REPORT TITLE</b> North Central London Joint Health Overview and Scrutiny Committee: Work Planning 2016-17	
<b>REPORT OF</b> Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
<b>FOR SUBMISSION TO:</b> NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	<b>DATE</b> 21 <sup>st</sup> April 2017
<b>SUMMARY OF REPORT</b>  This paper provides an outline of the 2016-17 work programme of the North Central London Joint Health Overview & Scrutiny Committee  <b>Local Government Act 1972 – Access to Information</b>  The following document(s) has been used in the preparation of this report:  No documents that require listing were used in the preparation of this report  <b>Contact Officer:</b>  Sarah Moyies Senior Officer Strategy and Change London Borough of Camden, 5 Pancras Square, London N1C 4AG T. 020 7974 4129 Email: sarah.moyies@camden.gov.uk	
<b>RECOMMENDATIONS</b>  The North Central London Joint Health Overview & Scrutiny Committee is asked to: <ul style="list-style-type: none"> <li>• Note the contents of the report</li> <li>• Agree the work programme for the remainder of 2016-17</li> <li>• Reflect on its work of the last year and whether there are any particular areas further to those listed in Appendix B under its terms of reference it wishes to explore in 2017-18</li> </ul>	

## **1. Introduction**

1.1. This paper provides a summary of the work undertaken by the North Central London Joint Health Overview and Scrutiny Committee (JHOSC) during the current municipal year and provides an outline of key areas of interest for the 2017-18 work programme.

## **2. Terms of Reference**

2.1. The Committee has been set up with the following terms of reference:

- 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;
- 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;
- 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;
- 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;
- 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
- 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.

## **3. Meeting dates for 2017-18**

3.1. The following dates have been scheduled for the committee's meetings in 2017-18

- Friday, 9<sup>th</sup> June 2017 (Haringey)
- Friday, 22<sup>nd</sup> September 2017 (Barnet)
- Friday, 24<sup>th</sup> November 2017 (Enfield)
- Friday, 26<sup>th</sup> January 2018 (Camden)
- Friday, 23<sup>rd</sup> March 2018 (Islington)

## Appendix A: Committee agenda

### Friday, 21st April 2017 (Islington)

Item	Lead Organisation
NCL Sustainability and Transformation Plan: Children and Adolescent Mental Health Services (CAMHS); Lead - Councillor Pippa Connor	NCL STP Project Management Office
NCL Sustainability and Transformation Plan: Estates strategy (St Pancras and St Anne's sites); Lead - Councillor Alison Kelly	NCL STP Project Management Office
NCL JHOSC Terms of Reference	Haringey Committee Services

### Friday, 5<sup>th</sup> May 2017 (Enfield)

Item	Lead Organisation
University College London Hospital Quality Accounts	UCLH
The Whittington Hospital Quality Accounts	The Whittington Hospital
The Royal Free Hospital Quality Accounts	The Royal Free

### Friday, 9<sup>th</sup> June 2017 (Haringey)

Item	Lead Organisation
NCL Sustainability and Transformation Plan: Final plan including finance; Lead - Councillor Alison Kelly	NCL STP Project Management Office
Dementia Pathway: To report following a meeting between borough commissioners to share good practice on provision within each borough including relevant statistics and work with acute providers; Lead – Councillor Graham Old	Borough CCGs and joint commissioners;

**Appendix B: Additional areas of interest suggested at previous meetings for future consideration:**

- NCL STP moving forward
- Health devolution
- Patient safety
- NMUH – Achievement of Foundation Status
- 7 day NHS
- Stop Gap Services (Maternity)
- Sexual Health Services
- NHS Providers
- Whittington Hospital – Development of Estates: Update; Lead – Councillor Martin Klute
- Health Tourism at the Royal Free; Lead – Councillor Alison Cornelius
- LAS including handover procedures and times following trial in A&E; NHS England
- Ambulance private providers
- Out of hours
- 111
- GP service in care homes
- Screening and immunisation follow up including working with local authorities