

## **THE LONDON BOROUGH OF CAMDEN**

At a meeting of the **CAMDEN & ISLINGTON JOINT HEALTH SCRUTINY COMMITTEE** held on **TUESDAY, 9TH OCTOBER, 2018** at 6.30 pm in Council Chamber - Crowndale Centre, 218 Eversholt Street, London, NW1 1BD

### **MEMBERS OF THE COMMITTEE PRESENT**

Councillors Tricia Clarke, Osh Gantly, Sara Hyde, Alison Kelly, Simon Pearson, Nazma Rahman, Paul Tomlinson and Kadeema Woodbyrne

### **MEMBERS OF THE COMMITTEE ABSENT**

Councillors Siân Berry, Jilani Chowdhury, Julian Fulbrook, Maria Higson, Anjna Khurana, Martin Klute, Lorraine Revah, Nurullah Turan and Co-opted Member Janna Witt

**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 Camden & Islington Joint Health Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.**

## **MINUTES**

### **1. APOLOGIES**

The Principal Committee Officer opened the meeting.

Apologies for absence were received from Councillors Anjna Khurana, Maria Higson, Jilani Chowdhury and Martin Klute. Councillor Sara Hyde gave apologies for lateness.

Councillor Pat Callaghan, Camden Council's Cabinet Member for Tackling Health Inequality and Promoting Independence also gave apologies for the meeting.

### **2. ELECTION OF CHAIR FOR THE MEETING**

#### **RESOLVED –**

THAT Councillor Alison Kelly be elected as Chair for the meeting and Councillor Osh Gantly be elected as Vice-Chair for the meeting.

### **3. DECLARATIONS BY MEMBERS OF PECUNIARY AND NON-PECUNIARY INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA**

There were no declarations of interest.

**4. TERMS OF REFERENCE**

The Chair queried the need to elect the Chair at the start of each meeting.

**RESOLVED –**

THAT the terms of reference be noted.

**5. ANNOUNCEMENTS**

There were no announcements.

**6. DEPUTATIONS (IF ANY)**

Consideration was given to the deputations by Peter Lyons and Christopher Mason. The Chair commented that officers would respond to the issues raised during their presentation for **Item 8: Response to the proposal to transform mental health services in Camden and Islington** and that Members could then ask questions of the deputees.

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

There was no urgent business.

**8. RESPONSE TO THE PROPOSAL TO TRANSFORM MENTAL HEALTH SERVICES IN CAMDEN AND ISLINGTON**

Consideration was given to the report of the Islington and Camden Clinical Commissioning Group and Camden and Islington NHS Foundation Trust. The consultation document was presented by Tony Hoolaghan, Chief Operating Officer Islington and Haringey CCGs, and by Dr Vincent Kirchner, Medical Director at Camden and Islington NHS Foundation Trust.

**Clinical Services**

Concern was expressed that the vision for mental health care in Camden and Islington excluded young people. It was suggested that Islington had one of the highest suicide rates in the country for young men. The Medical Director agreed that integrated services were desirable but that the Trust was commissioned to provide services for adults of 18 years and over. He also noted that suicide rates in Islington had come down over recent years and were now average for London. The Chief Operating Officer Islington and Haringey CCGs offered to bring information about mental health services for children to the two Health Scrutiny Committees.

**ACTION FOR: Tony Hoolaghan, Chief Operating Officer Islington and Haringey CCGs**

Councillors noted that the Trust was commissioned to provide services for those who were 18 years and over but considered that 18 to 25 year olds were young people and that they had not been listened to as a specific group. It was also unclear how services such as Minding the Gap for young people integrated with the rest of mental health services. The Medical Director commented that hard to reach groups, such as the 18 to 25 year old cohort, would be engaged in co-production of what would go in the buildings.

In response to a question about how many adults and young people were sent out of the area for residential care, the Medical Director stated that Camden and Islington was in a better position than it had been 18 months previously. As of the date of the meeting, there were no acute mental health adult patients in private beds.

Councillors queried why the proposals would result in the same number of beds although there was a significant projected population growth over the next decade. The Medical Director informed the Committee that Camden and Islington had above the national average number of mental health inpatient beds but a limited community offer. There was a need to rebalance the offer and offer effective community support to people in their homes. Councillors noted the need for more community facilities but expressed concern that the Trust was not planning for future population growth by proposing an increase in inpatient beds.

There was concern about the low number of survey responses and it was suggested that the consultation be extended again. Officers noted that there had also been a series of engagement meetings, including with young people. Details of who had been engaged and the feedback from meetings would be brought to the Committee's meeting on 29 November 2018. The survey had been extensively circulated and advertised. The Chief Operating Officer Islington and Haringey CCGs informed the Committee that The Consultation Institute had advised on best practice and also confirmed that the response rate was in line with similar consultations elsewhere.

Councillors considered that Highgate Mental Health Centre was not of a good enough quality to be the standard that the Trust was aiming for. The Medical Director agreed that standards could be better at Highgate Mental Health Centre and that he was passionate about providing a good quality offer for those with mental health illness.

The Medical Director agreed with a suggestion that the new hospital should have a welcoming environment and an area such as a coffee shop for people to gather outside of bedrooms. He stated that these details would be developed through the co-production process with service users.

## **Hubs**

The Chair expressed concern about the location of the proposed hub in Greenland Road. It was considered that this was the wrong place for a community hub, being in the middle of Camden Town, in a heritage area, with drug taking and criminality.

Due to the heritage issues, the site was more expensive. It was also considered that the site was not big enough. The Chair queried what discussions had been undertaken with key partners before the proposals were agreed for consultation. The Chief Operating Officer Islington and Haringey CCGs responded that there had been discussions and that these were ongoing through the consultation. The results of the consultation so far showed support for the Greenland Road site. It was noted that there were no concerns amongst Committee members about the proposed community hub on Lowther Road.

The Healthwatch Camden representative informed the Committee of a recent consultation session with people with learning disabilities. They had expressed concerns about the site including that it was difficult to access and that there were drug users around the area. The CCGs and the Trust were encouraged to talk further with people with learning disabilities.

The Medical Director assured the Committee that it was realistic to state that service users would be able to choose which of the three hubs they would attend. The hubs would be big enough, with enough consulting rooms so that capacity would not be an issue.

The Chair commented that the whole community should be involved in the co-design of new services. The Chief Operating Officer Islington and Haringey CCGs responded that the Trust had experience of co-designing services and was going to great lengths to involve the community.

The Committee Chair highlighted Camden Council's community hubs and suggested that patients would like to be treated on a site that was not focussed solely on mental health services. The Trust welcomed the opportunity to integrate more with local authority hubs and agreed that many people would like to be treated at a multi-service site. However, some patients would not be comfortable with that approach.

The Medical Director recognised the different opinions amongst the Committee over whether transport was an issue for the Greenland Road site. Transport mapping had indicated that the site was accessible, with 95% of people in Camden able to reach it within 25 minutes during the worst times for traffic.

## **Estates**

Committee members noted that they did not want to lose the St Pancras site as a public asset.

Concern was expressed that the Estate Strategy was addressed in a single page within the consultation document. It was queried what the vision, values and core principles were for the St Pancras site. It was also questioned what success would look like and if this included retaining the site as a public asset. It was further queried whether the recent announcement that restrictions on borrowing for council housing would be reduced had been considered in relation to the proposals for the St Pancras site. The Chief Operating Officer Islington and Haringey CCGs

responded that the Estates Strategy sought to ensure that mental health illness was treated in safe spaces and ensured dignity for patients. There had been a long term question regarding what to do with the St Pancras Hospital site. It was suggested that the Estates Strategy be considered by the Camden and Islington Health Scrutiny Committees.

**ACTION FOR: Tony Hoolaghan, Chief Operating Officer Islington and Haringey CCGs**

The Medical Director informed the Committee that the Trust owned 5.4 acres on the St Pancras Hospital site. It was proposed to retain one acre for services and to agree a long lease with other NHS services for two acres. A further 2.4 acres would be redeveloped for housing. Some of this would be prioritised for NHS staff. It was anticipated that planners would request some mixed use on site. The redevelopment would enable the provision of a new hospital. It was also noted that retaining the St Pancras Hospital site was not a cost neutral option.

The Chair noted that the Trust had a Certificate of Immunity for the St Pancras Hospital site that would expire in 2020. This prevented local people from seeking a preservation order for the site. Concern was expressed that the Trust was under pressure to proceed with the proposals before the Certificate expired. The Medical Director agreed that the expiration of the Certificate of Immunity would add risk to the development but noted that the site was within a conservation area. This meant that planners retained powers over the future of the building. The Trust was working with planners and the community to retain what was of value on site.

There were no proposals to upgrade the south wing of the St Pancras Hospital as part of this consultation. Concern was expressed about parts of the site continuing to be unsuitable for patients.

The Chair commented that Camden Council had experience of development through its work on the Community Investment Programme and could support the Trust with its proposals. The Medical Director commented that the Trust had been working with developers which had the expertise to deliver the proposed redevelopment.

The Committee supported the provision of social housing with affordable rents within the development. It was noted that both Camden and Islington Councils had a track record of delivering large number of social housing. It was also pointed out that housing was important for mental health.

Councillors encouraged the Trust to establish a construction working group with local residents and service users to ensure co-design of the development.

**RESOLVED –**

THAT the Committee would make the following recommendations as its response to the consultation:

- (i) The number of beds should meet current and future needs, with sufficient provision that patients would never be sent outside the area for residential services;
- (ii) Further consideration should be given to the use of the St Pancras Hospital site in the event that Moorefield Eye Hospital does not relocate to the site, with appropriate consultation;
- (iii) The current approach to the Greenland hub should be halted until further work was undertaken with the local councils, CCG, voluntary organisations and residents;
- (iv) There should be a greater commitment, rather than just an aspiration, to 50% social housing on the redeveloped St Pancras Hospital site;
- (v) Further clarification was needed on the vision, values and core principles of the Estate Strategy for the St Pancras site, including an assessment of what success would look like and if this included retaining the site as a public asset; and
- (vi) Further separate consultation needs to be undertaken on the Estates Strategy.

**ACTION FOR: Ally Round, Senior Policy and Projects Officer**

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

There was no urgent business.

The meeting ended at 9.40 pm.

**CHAIR**

**Contact Officer: Cheryl Hardman**

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**MINUTES END**