THE LONDON BOROUGH OF CAMDEN

At a meeting of the **HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE** held on **TUESDAY, 23RD JANUARY, 2024** at 6.30 pm in Council Chamber, Town Hall, Judd Street, London WC1H 9JE

MEMBERS OF THE COMMITTEE PRESENT

Councillors Larraine Revah (Chair), Nasim Ali, Anna Burrage, Judy Dixey, Rebecca Filer and Lorna Greenwood

MEMBERS OF THE COMMITTEE ABSENT

Councillors Ajok Athian and Gio Spinella

ALSO PRESENT

Councillors Anna Wright and Jenny Headlam-Wells

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 Health and Adult Social Care Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. APOLOGIES

Apologies for absence were received from Councillor Gio Spinella and apologies for early departure were received from Councillor Nasim Ali. Councillor Anna Wright, Cabinet Member for Health, Wellbeing and Adult Social Care had given apologies for late arrival.

2. DECLARATIONS BY MEMBERS OF STATUTORY DISCLOSABLE PECUNIARY INTERESTS, COMPULSORY REGISTERABLE NON-PECUNIARY INTERESTS AND VOLUNTARY REGISTERABLE NON-PECUNIARY INTERESTS IN MATTERS ON THIS AGENDA

There were no declarations of interest.

3. ANNOUNCEMENTS

Broadcasting

The Chair announced that the meeting was being broadcast live by the Council to the Internet and could be viewed on the website for twelve months after the meeting. After that time, webcasts were archived and could be made available upon request. Those who were seated in the Council Chamber or participating remotely were

deemed to be consenting to having their contributions recorded and broadcast and to the use of those sound recordings and images for webcasting and/or training purposes.

4. DEPUTATIONS (IF ANY)

There were no deputations.

5. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no items of urgent business.

6. MINUTES

RESOLVED –

THAT, subject to sentence “A few virtual wards were enabled with remote technology” being rephrased as “A number of virtual wards in North Central London were enabled by remote monitoring technology”, the minutes of the meeting held on 18th December 2023 be approved and signed as a correct record.

7. NORTH CENTRAL LONDON INTEGRATED CARE SYSTEM: START WELL PROGRAMME - PUBLIC CONSULTATION

Consideration was given to the report of the North Central London Start Well Programme Director, presented by Anna Stewart (Start Well Programme Director, North Central London Integrated Care Board (NCL ICB)), Tim Hodgson (Medical Director Specialist Hospitals Board, UCLH), Mike Greenberg (Medical Director, Barnet Hospital, Royal Free London), and Chloe Morales Oyarce (Assistant Director Communications and Engagement, NCL ICB).

In response to a request from the Chair for the Committee to see the feedback on the consultation prior to a decision being taken, the Start Well Programme Director stated that the independent consultation outcome report would be published and brought to the North Central London Joint Health Overview and Scrutiny Committee.

It was confirmed that Camden Council colleagues had been involved in the options appraisal and that, on balance, there were more positives for Option A, retaining maternity and neo-natal service at Whittington Hospital. This was due to fewer staff needing to move to a new location from the closure of maternity and neo-natal services at the Royal Free Hospital. Modelling of patient outflows also indicated greater capacity in North West London for women who would have attended Royal Free Hospital than in North East London should the services at Whittington Hospital be closed.

There were questions about the number of labour ward and neonatal beds per 1000 female population of childbearing age in North Central London and how many there

would be in the two options, as well as how this compared to the rest of England. The Programme Director agreed to provide the data after the meeting.

ACTION: Start Well Programme Director, NCL ICB

Reassurance on the time and resources spent on the Start Well programme to close maternity services that could have been spent more productively on other areas such as screening programmes was also requested.

The Programme Director responded that capacity would not be reduced but redistributed. The case for change was set out in slide 9 (page 31 of the agenda pack) and included the rationale for reducing the number of units. This had been developed over time through discussions with clinical leaders and detailed modelling. A report on the case for change had been published 18 months previously. There was a declining birth rate in North Central London but increased complexity of service users. Staffing levels did not always meet best practice in some units and there were high vacancy rates. There was low occupancy at the Level 1 Unit at the Royal Free Hospital. This led to clinical risk, with challenges in maintaining clinical competencies. Additional consultants mitigated risks but this was not a sustainable approach. There were issues with the maternity and neonatal estate at the Whittington Hospital. There were also declining numbers of women choosing to use the Edgware Birth Centre. Modelling had been conducted on the number of babies needed in neonatal units in North Central London for all units to be a minimum of a Level 2 and the staffing required. The modelling indicated this could only be provided safely and equitably across four units rather than across five.

The Medical Director, Barnet Hospital, Royal Free London, explained that a Level 1 unit cared for babies of 34 weeks gestation and above. A city like London did not need a Level 1 unit, it was of more use in a rural area. With low occupancy in a Level 1 unit, clinical skills to handle emergency situations would become degraded. Staff would not want to work in a unit where they could not develop themselves. The Medical Director Specialist Hospitals Board, UCLH, suggested there was room for improvement in all North Central London maternity units. As a clinical team, colleagues felt they could provide better quality of care if the service was rationalised.

It was queried whether specific risks such as to Black women in childbirth was included in the options appraisal criteria. The Programme Director noted the data on Black women giving birth and differential outcomes. There was work underway to address differential experiences of childbirth in maternity and neonatal services.

In response to questions about whether pregnant women would be able to reach a maternity unit fast enough in the event of a premature delivery, the Programme Director commented that the units worked in partnership. If a woman was likely to give birth before 33 weeks, she would be directed to book at a different maternity unit to Royal Free Hospital as it only had a Level 1 co-located neonatal unit. Where a woman gave birth at the Royal Free Hospital and the baby required specialist care unexpectedly, the woman would stay and the baby transferred. Clear feedback had

indicated the distress this caused and supported the move to provide a minimum of Level 2 units.

With regard to the impact on residents in the North West of Camden, there had been an integrated impact assessment. Increased antenatal and postnatal care locally was being pursued to improve community provision and reduce travelling across the period. There would only be a small increase in travel time for the local population to reach the closest maternity unit. There would still be a range of choices available. In response to a question about why an option to improve services at both Royal Free Hospital and Whittington Hospital was not included, the issue was the need to meet minimum volume levels in order to meet best practice standards and quality of care. It was noted that travel time in some parts of the UK could be up to 45 minutes.

In response to questions about community antenatal and postnatal provision, it was clarified that further detailed work would be undertaken once a decision had been taken on which option to take forward. With regard to the impact on populations outside Camden, it was explained that representatives of North West London ICB, North East London ICB and Hertfordshire ICB had sat on the Programme Board and participated in the options appraisal.

Concern was expressed about the impact on the Jewish community should the Royal Free Hospital maternity services be closed. The Programme Director confirmed that the Integrated Impact Assessment had identified Jewish women as a group to be engaged with on the potential impact and mitigations. It was suggested that the Start Well Programme could talk to the community partnerships team at the Council for a list of relevant voluntary and community groups. The Programme Director proposed sharing the existing list used for engagement with the Committee to enable Members to identify any gaps and propose further voluntary and community groups.

ACTION: Start Well Programme Director, NCL ICB

The Chair thanked officers for participation in the meeting.

RESOLVED –

THAT the update on the programme be noted and feedback as to how to raise awareness of the consultation with Camden residents and encourage participation provided as summarised above.

8. UPDATE OF THE CABINET MEMBER FOR HEALTH, WELLBEING AND ADULT SOCIAL CARE

Consideration was given to the report of the Cabinet Member for Health, Wellbeing and Adult Social Care.

In response to questions about care staff who were employed by the Council, where staff preferred to be on a guaranteed hours contract the Council sought to offer that.

This was not required from external contractors as many care staff preferred zero hours contracts, providing them flexibility. The care and support at home transformation programme included an exploration of different contractual forms to give care staff more guarantees while supporting flexibility.

In response to questions about individual cases reported in the press but not part of the papers, the Cabinet Member for Health, Wellbeing and Adult Social Care offered to discuss this outside of the meeting.

RESOLVED –

THAT the report be noted.

9. HEALTH AND WELLBEING STRATEGY IMPLEMENTATION: COMMUNITY CONNECTEDNESS AND FRIENDSHIPS

Consideration was given to the report of the Director of Health and Wellbeing, introduced by Kirsten Watters (Director of Health and Wellbeing) and Sue Hogarth (Public Health Consultant).

In response to questions about whether the community connectedness work would be included in the neighbourhood model, bringing a network of activities addressing various issues together at a community level, the Public Health Consultant confirmed that work in neighbourhoods and family hubs was being monitored. Staff have notified that it was difficult to identify who was lonely and isolated due to stigma. Questions had been developed enabling staff to ask residents about connections. The population health approach meant that staff from neighbourhoods, family hubs and others services were being upskilled to think about social isolation and connectedness and to tap into existing assets within Camden. A communications campaign aimed to destigmatise loneliness and raise awareness of existing assets.

It was noted that young people aged 16-24, including students and international students, were among the initial target groups but that there were significant challenges in reaching them. Officers acknowledged the challenges but highlighted close contacts between the service and universities who were encouraged to think about social isolation in their mental health work. A communications expert had been embedded in Public Health to support the work. Information on a deep dive communication strategy for young people aged 16-24 could be shared outside of the meeting.

ACTION: Communications and Engagement Lead – Camden Health and Wellbeing

In response to questions about whether there was funding for the voluntary and community sector (VCS) to develop new initiatives, it was clarified that there was no funding attached to the project but there was some funding available for communications work. It was noted that there was already a lot of existing activity in the VCS that could be better used by the Council to enhance connectedness.

Officers confirmed that older people were also a target group for the project.

It was agreed to share data on boroughs experiencing migration from other countries, including Afghanistan and Ukraine.

ACTION: Public Health Consultant

It was queried what success would look like and what measures and targets were in place over the long-term for the project. The Public Health Consultant explained that activities were being considered and agreed. Measures would be developed based on the activities and in collaboration with services. An evaluation framework would be developed for the communications campaign.

Concerns were expressed about digital exclusion and the risks of digital services to connections for older people. Officers confirmed that the Digital Inclusion Lead was involved in the project. Information would not just be relayed via a website but through upskilling staff to know what assets were available.

The Chair highlighted the vast range of people who can be impacted by social isolation and loneliness. Monica Riveros, Age UK, confirmed that the organisation had been participating in the project. The organisation offered visiting and a Telefriends service. The Chair requested that officers provide a list of groups that the project was working with so that Members could identify any gaps and propose further groups.

ACTION: Public Health Consultant

RESOLVED –

THAT the ongoing work under the Community Connectedness and Friendships priority be noted.

10. THE REDEVELOPMENT OF ST PANCRAS HOSPITAL SITE, WHAT THIS MEANS TO CURRENT CAMDEN SERVICES, AND HOW THIS RELATES TO WIDER CAMDEN HEALTH AND CARE SYSTEM TRANSFORMATION

Consideration was given to the report of the St Pancras Transformation Programme Director (Camden and Islington NHS Foundation Trust), Director of Property (RFL Property Services Ltd), Divisional Clinical Director (Royal Free London NHS Foundation Trust), Director of Integration (Camden borough, NCL ICB) and Director of Financial Performance and Deputy CFO (Royal Free London NHS Foundation Trust). The report was introduced by Alison Edgington, St Pancras Transformation Programme Director.

Questions were asked about which service users at the Peckwater Health Centre had been consulted about proposals to relocate services and where they were expected to go, in particular the users of the wheelchair and dementia services. It

was noted that there was no information on this in the report as the focus had been on viability of the building for the dialysis unit. The questions raised by the deputation to the previous meeting had also not been responded to.

The St Pancras Transformation Programme Director had been an option for the relocated dialysis unit for a number of years but now was considered the only option. There was a significant challenge in finding affordable accommodation in London for NHS services. The preference was to find the best location for services at the best cost. It was acknowledged that more could have been done to engage primary care colleagues on options. There was a range of community and mental health services at the Peckwater Health Centre. Unlocking the value of the land was an important consideration for the project but not the only consideration. The review of where the existing services at Peckwater Health Centre could be relocated had not been completed but the aim was that services remained local and accessible with the volume and quality of service provision retained. Engagement with service users had been stepped up, with a group established before Christmas to ensure the project was engaging with all stakeholders. Service users would be involved in the development of future proposals for an integrated service including dialysis and there had been a strong input from service users on the mental health perspective of the transformation programme.

In response to a question about why locations in the other boroughs impacted had not been explored, the St Pancras Transformation Programme Director explained that it had been very difficult to find a suitable place for the dialysis service. A design team including clinicians, nurses, doctors and technical experts had looked at a range of options. It was hoped that the dialysis unit would not be an unwelcome addition wherever it was relocated to. The project wanted to work with partners. It was agreed that a further written response to the deputation's questions would be provided.

ACTION: St Pancras Transformation Programme Director

The Chair highlighted that existing service users would require support to access relocated services and not just signposting. The St Pancras Transformation Programme Director commented on the desire to improve local services for communities using an integrated neighbourhood hub model. New models of delivery could offer improvements to services. New technologies could be used by clinicians in patients' homes and patients given support to gain digital skills.

Dr Kevin Clarkson, Managing Partner of the Caversham Group Practice, was representing all the GP practices in Kentish Town who had come together to oppose the loss of the primary care estate through the proposal before the committee. The plan in Kentish Town had been to grow services that were already there and build the Integrated Care Team through co-location of services. The Peckwater Health Centre was a purpose-built space and was the only site that could accommodate the number of people required to deliver a co-located service. Alternative sites had been sought with the Integrated Care Board (ICB) but none had been found that could include all the services required. Kentish Town residents had not been consulted

about the loss of the integrated service at the Peckwater Health Centre and its potential. Having analysed the scoring, if the financial criteria were removed, Peckwater Health Centre would not be the best site for the dialysis unit. The programme had been asked to consider funding the dialysis unit more effectively from within the project.

The Chair noted that the North Central London Joint Health and Overview Scrutiny Committee (JHOSC) had received a report on the NHS Estate a few months previously but this relocation had not been mentioned. The St Pancras Transformation Programme Director explained that the ICB was trying to facilitate a way forward between the primary care estate needs and the transformation programme. The issues around stakeholder engagement were acknowledged and would be fed back to colleagues.

The St Pancras Transformation Programme Director stated that, while Peckwater Health Centre was the preferred option for relocating the dialysis unit, it was not the end of the process. The Programme would work with primary care and the ICB on the solution. Both integrated hubs and the transformation programme would bring better services to Camden. In response to Dr Clarkson, it was suggested that there was no place on site that the dialysis unit could be relocated and if it were to remain on site, it would need to be temporarily moved out while facilities were constructed.

The Chair requested that a report on the Estate Strategy be brought to the Committee.

ACTION: Senior Policy and Projects Officer

The Chair also requested that the response to the deputation's questions include the options that had been considered and rejected.

ACTION: St Pancras Transformation Programme Director

The Cabinet Member for Health, Wellbeing and Adult Social Care expressed support for the deputation's comments at the previous meeting and stressed the need for analysis of the impact of relocating services from Peckwater Health Centre to conducted urgently and consulted on fully. There was concern at the loss of opportunity for integrated care. A productive meeting had been held with NHS colleagues since the previous meeting and there was an ongoing conversation about the Council working in partnership with the NHS to unlock resources not available to the health service alone. It was understood that there was value in considering dialysis as a community service to be provided within an integrated hub. There was a conversation to be had about what community services could remain and be offered alongside dialysis were the dialysis unit be relocated to the Peckwater Health Centre.

In response to questions about a timeline, the St Pancras Transformation Programme Director commented that it was difficult to set timescales for a range of reasons. Many of the dates set early in the programme had slipped for a range of

reasons that had resulted in land values falling and the cost of construction rising. An appraisal of the Peckwater option had been shared with the GP practice and the Patient Participation Group (PPG) and could be shared with the Committee.

ACTION: St Pancras Transformation Programme Director

A further report on the proposed timeline for the dialysis unit relocation could be provided to the committee when there was greater clarity.

ACTION: St Pancras Transformation Programme Director

Roderick Alison, who had brought the deputation to the previous meeting, highlighted that there had been no assessment of the impact of relocating the dialysis unit to the Peckwater Health Centre on existing users of services there or suggestion of where the services would be moved to. Consultation on the St Pancras transformation programme had not mentioned relocation of the dialysis unit and the PPG had only been consulted through the Scrutiny Committee discussion on December 2023. It was also noted that the options appraisal appeared to have been driven by financial concerns. The Chair requested that these further points be responded to by the programme.

ACTION: St Pancras Transformation Programme Director

The St Pancras Transformation Programme Director was thanked for attending the meeting.

RESOLVED –

THAT the update on transformation of St Pancras hospital, the specific impact on the Mary Rankin Dialysis Unit (MRDU), the process to identify a new home for the service, and the work undertaken to manage any prospective change robustly, be noted.

11. HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE WORK PROGRAMME AND ACTION TRACKER

Consideration was given to the report of the Executive Director Adults and Health.

Members noted the importance of monitoring developments of the Start Well Programme and the relocation of the Mary Rankin Dialysis Unit.

RESOLVED –

(i) THAT the work programme for 2023-24 (Appendix A) be noted, with amendments agreed as summarised above; and
(ii) THAT the Committee's Action Tracker (Appendix B) be noted.

12. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no urgent business.

The meeting ended at 8.55 pm.

CHAIR

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MINUTES END