

## Decisions of the Health Overview and Scrutiny Committee

9 May 2013

Members Present:-

Councillor Alison Cornelius (Chairman)  
Councillor Graham Old (Vice-Chairman)

Councillor Maureen Braun	Councillor Bridget Perry
Councillor Geof Cooke	Councillor Barry Rawlings
Councillor Arjun Mitra	Councillor Sury Khatri
Councillor John Hart	(In place of Reuben Thompstone)
(In place of Kate Salinger)	

Also in attendance  
Councillor Helena Hart

Apologies for Absence

Councillor Julie Johnson	Councillor Reuben Thompstone
Councillor Kate Salinger	

### 1. MINUTES

The Chairman updated the Committee in relation to outstanding responses referred to at the 12 February 2013 meeting:

- i) Corrected data relating to A&E attendances by PCT for the years 2011/12 and 2012/13 had been supplied by Barnet and Chase Farm Hospitals NHS Trust;
- ii) Dr Rounce had been contacted by Barnet and Chase Farm Hospitals NHS Trust to discuss the issues she had experienced and had attended a meeting with Rick Strang, General Manager for Emergency Medicine at Barnet and Chase Farm Hospital NHS Trust, on 21 March 2013. It was noted that Dr Rounce had not received a letter detailing the meeting outcomes by the end of April as she had been advised she would by the Trust; and
- iii) Data on maternal and baby deaths at Barnet and Chase Farm Hospitals NHS Trust for the years 2010/11 and 2011/12 had been supplied by the Trust.

**RESOLVED that:-**

1. **the minutes of the meeting held on the 12 February 2013 be agreed as a correct record.**
2. **the Scrutiny Office be requested to obtain the information requested from Health Partners in relation to the following minute items from the 12 February 2013 meeting:**
  - i) **Item 6 (1) – details of the Barnet, Enfield and Haringey Clinical Strategy Transport Assessment**

## ii) Item 9 (1) – Barnet Clinical Commissioning Group Savings Plan

### 2. ABSENCE OF MEMBERS

Apologies for absence had been received from:

- Councillor Kate Salinger (who had been substituted by Councillor John Hart);
- Councillor Reuben Thompstone (who had been substituted by Sury Khatri); and
- Councillor Julie Johnson

### 3. DECLARATION OF MEMBERS' INTERESTS

<b>Member</b>	<b>Subject</b>	<b>Interest declared</b>
Councillor Barry Rawlings	Agenda Item 9 (NHS Quality Accounts – Central London Community Healthcare NHS Trust Quality Accounts 2012/13)	Non-pecuniary interest as Councillor Rawlings participated in the CLCH Reference Group
Councillor Alison Cornelius	Agenda Item 9 (NHS Quality Accounts)	Non-pecuniary interest by nature of being on the chaplaincy team at Barnet Hospital

### 4. PUBLIC QUESTION TIME (IF ANY)

A request to make public comments had been received from Mr Daniel Hope in relation agenda item 9 (GP Services – Brunswick Park Health Centre and Finchley Memorial Hospital). The Chairman advised the Committee that public comments would be taken at agenda item 9.

### 5. MEMBERS' ITEMS (IF ANY)

The Chairman reported that she had agreed for the Committee to consider a Members' Item submitted by Councillor Geof Cooke in accordance with Overview and Scrutiny Procedure Rule 8. She advised the Committee that this item had been circulated with the additional report pack and would be considered at Agenda Item 12 (Any Other Items the Chairman Decides are Urgent).

### 6. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - FUTURE ARRANGEMENTS AND AMENDED TERMS OF REFERENCE

The Overview and Scrutiny Manager presented a report which detailed future arrangements and the amended terms of reference for the North Central London Sector Joint Health Overview and Scrutiny Committee and sought approval to refer these to full Council for adoption.

**RESOLVED that:-**

1. **the Committee approve the proposed arrangements, amended terms of reference and procedures for the North Central London Joint Health Overview and Scrutiny Committee as set out in the report and refer these to Council for adoption.**
2. **Officers be requested to review the legislation relating to joint health overview and scrutiny committees and provide guidance regarding whether participation in a joint committee affects the entitlement of the individual boroughs health overview and scrutiny committees to hold health partners to account.**

**7. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - MINUTES  
(14 MARCH 2013)**

The Committee considered the minutes of the North Central London Sector Joint Health Overview and Scrutiny Committee (JHOSC) which had taken place on 14 March 2013. The Chairman updated the Committee in relation to the following items:-

Urological Cancer

Members were advised that University College London Hospital (UCLH) had submitted a formal expression of interest to host the specialist centre for bladder and prostate cancer surgery and the Royal Free Hospital had submitted a formal expression of interest to host the specialist centre for renal (kidney) cancer surgery.

Travel Impact - Royal Free Hospital

The Committee noted that the JHOSC had been advised that approximately 170 patients per year would have to make a longer journey to use the Royal Free Hospital. The proposed changes would mean people would have access to a fuller range of services. Local units would provide a comprehensive diagnostic service led by a consultant urological surgeon and would be linked to the specialist centre.

**RESOLVED that the Committee note the minutes of the meeting North Central London Sector Joint Health Overview and Scrutiny Committee held on 14 March 2013 and the updates set out above.**

**8. FRANCIS REPORT - IMPLICATIONS FOR THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

The Overview and Scrutiny Manager introduced a report on the Francis Report and the implications for the Health Overview and Scrutiny Committee.

At the invitation of the Chairman, the Director for People, Kate Kennally, noted the timeliness of the report and emphasised the role of the Committee as the eyes and ears of the borough. Referring to the commentary from Francis in relation to the health scrutiny in Staffordshire, the Director for People emphasised the importance of the Committee not being over-dependent on information from the provider rather than other sources such as patients and the public (paragraph 9.5.2).

The Committee noted the importance of developing relationships with the new HealthWatch. The Chairman requested that representatives from HealthWatch receive a standing invitation to all future meetings of the Committee.

A Member suggested that Officers should consider ways that other forums could make references to the Committee or other bodies, such as the Health and Wellbeing Board, where there were concerns in relation to health services. The Director for People supported this, adding that the Committee should use multiple information sources including data, advice and complaints to support their work.

The Cabinet Member for Public Health advised the Committee that the Health and Wellbeing Board has received a report on 25 April 2013 detailing the actions taken by NHS trusts to respond to the recommendations in the Francis Report. Members were advised that the Clinical Commissioning Group had been receiving bi-weekly updates from the Trust and that a six monthly update would be reported to the Health and Wellbeing Board.

**RESOLVED that:-**

- 1. the Scrutiny Office be requested to prepare detailed responses / actions to the recommendations made in the Francis Report in relation to Patient and Public Involvement and Scrutiny as set out in the Appendix to the report and prepare a further report for submission to the next meeting.**
- 2. the Committee note the update from the Cabinet Member for Public Health on reports received by the Health and Wellbeing Board in relation to the Francis report recommendations as set out above.**
- 3. the Committee receive a report from Barnet HealthWatch on their planned activity for 2013/14 and their response to the Francis Report.**

**9. GP SERVICES - BRUNSWICK PARK HEALTH CENTRE AND FINCHLEY MEMORIAL HOSPITAL**

The Committee received public comments from Mr Daniel Hope, Chairman of the East Barnet Residents Association, in relation to the Brunswick Park Health Centre. Members commended the work of the Association in highlighting this issue and seeking a resolution to enable GP services to return to the Brunswick Park Health Centre.

The Committee welcomed Neil Roberts (Head of Primary Care (North, Central & East London), NHS England) who provided an update on GP services at Brunswick Park Health Centre and Finchley Memorial Hospital.

**Brunswick Park Health Centre**

Mr Roberts reported that he had attended a meeting with the two displaced practices on 8 May 2013. Members noted that NHS Property Services, the landowners, had been unable to attend. Members noted that NCL London, the body which had been replaced by NHS England as of 1 April 2013, had failed to conclude negotiations in relation to the surgery.

The Committee were informed that NHS England and NHS Property Services had been working on a two track approach to returning services to the Centre. Track one was based on the two displaced practices (Dr Okonkwo and Dr Lakhani) merging, relocating back to the Health Centre and for the premises to be sold to the GPs. Track two was to enter into an arrangement with Dr Okonkwo, with the centre being partially occupied. Members noted that unless the premises was fully occupied there would be an ongoing cost to the practice in relation to void space. It was noted that the preferred option was to enable the two practices to return at the same time.

Members questioned why the GPs were claiming in the local media that they would be subject to additional services charges for moving back into the Centre. Mr Roberts advised the Committee that service charges were governed by premises regulations which were defined by the District Valuer. It was noted that the last time that service charges had been levied was in 2009. Charges had been subject to inflationary increases which had resulted in the increased costs referred to by the GPs. He added that the GPs would be provided with a detailed breakdown of the figures.

### **Finchley Memorial Hospital**

Mr Roberts updated the Committee on GP services at Finchley Memorial Hospital. He reported that the Chief Officer of Barnet Clinical Commissioning Group (CCG) had been updating local practices on the available space, adding that NHS England and NHS Property Services would soon be meeting with them too. Members noted that it was planned that all GP space at the hospital would be used.

Responding to a question regarding planning the location of GP practices, Mr Roberts advised the Committee that mapping software was used to identify local demand and capacity and that these measures were used to identify the preferred location for expanded or new practices. Members noted that the GP premises at Finchley Memorial Hospital were owned by LiftCo not NHS Property Services.

### **RESOLVED that:-**

- 1. the update from NHS England on GP Services and the Brunswick Park Health Centre and Finchley Memorial Hospital as set out above be noted.**
- 2. NHS England be requested to provide the Committee with details of the cost of security at the Brunswick Park Health Centre.**
- 3. NHS England and NHS Property Services provide an update report on the Brunswick Park Health Centre at the next meeting of the Committee.**

## **10. NHS QUALITY ACCOUNTS 2012/13**

### **NORTH LONDON HOSPICE**

The Committee scrutinised the North London Hospice Quality Account 2012/13 and wishes to place on record the following comments:

- The Committee noted the high quality of care provided by the Hospice and welcomed the patient focus.

- The Committee supported the use of volunteers and the training that the Hospice provided for them.
- The Committee noted that a large proportion of the Hospices' income was derived from fundraising activity and commended this.
- The Committee welcomed the participation of the Hospice on the End of Life Care Board and Frail Elderly Group
- The Committee supported the introduction of a target of a 75 – 80% bed occupancy rate for 2013/14.
- The Committee welcomed the decrease in the number of closed bed days from 156 in 2011/12 to 85 in 2012/13.
- The Committee welcomed the Hospice beginning to work within a local five hospice consortium to benchmark performance.
- With reference to Information Governance Assessment, the Committee noted that the Hospice had achieved an overall score of 60% and had been graded 'not satisfactory'. Hospice staff reported that this had been due to issues regarding connecting IT systems to the NHS Intranet which had very high security requirements. Members were advised that was an action plan in place to ensure that the required score of 66% was achieved for 2013/14. The Committee noted the response and supported the actions taken to improve performance.
- The Committee noted that staff had been considering recommendations made in the Francis Report and how the Hospice would respond to these.
- The Committee highlighted the increase in pressure sores (an increase from one in 2011/12 to four in 2012/13) and noted that these were attributable to an increased number of patient days in the hospice and the medical conditions suffered by the patients which made regular movements painful.

## **ROYAL FREE LONDON NHS FOUNDATION TRUST**

The Committee scrutinised the Royal Free London NHS Foundation Trust Quality Account 2012/13 and wishes to place on record the following comments:

- The Committee welcomed that all targets, with the exception of C.difficile infection cases, had been met for 2012/13. The Committee noted that the Infection Control Team had been undertaking detailed analysis of cases and steps were being taken to address this increase.
- The Committee welcomed the move towards patient rather than clinician defined performance metrics.
- The Committee noted that the hospital had been found to be non-compliant with one outcome relating to medicine management following a CQC inspection in October 2012 and that an action plan was being implemented to address this area of improvement.
- The Committee noted work being undertaken by the Trust to ensure there was sufficient capacity for emergency operations.

## **CENTRAL LONDON COMMUNITY HEALTHCARE NHS TRUST**

The Committee scrutinised the Central London Community Healthcare NHS Trust Quality Account 2012/13 and wishes to place on record the following comments:

- The Committee welcomed the continuing involvement of the Quality Stakeholder Group.
- The Committee commended the award winning work of the Central London Community Healthcare NHS Trust staff.
- The Committee supported work of the Trust to introduce technology to improve clinical record keeping and increase the amount of staff to patient time.

However, the Committee wished to express concern in relation to the following:-

- The Committee commented that the Patient Survey Results indicated a lower performance for Barnet than in other boroughs and sought assurance that Barnet residents were not receiving a lower standard of service.
- The ideal of having interdisciplinary meetings for individual patients' treatment is splendid. However, there is no mention in the Quality Account of how this will happen.

## **BARNET AND CHASE FARM HOSPITALS NHS TRUST**

The Committee scrutinised the Barnet and Chase Farm Hospital NHS Trust Quality Account 2012/13 and wishes to place on record the following comments:-

- The Committee welcomed the positive developments set out in the Quality Accounts and were encouraged by the Trust's improved performance on Priority Three: Pressure Ulcers.
- The Committee were pleased to note the improvements that had been made in respect of Priority Five: Liverpool Care Pathway and the emphasis on dignity, respect and compassion.
- The Committee noted the Trust's intention to improve record keeping.
- The Committee congratulated the Trust in relation to their work on Priority One: Dementia Services.

However, the Committee wished to express concern in relation to the following:-

- The Committee questioned why the Trust had not contributed to this year's National Diabetes Audit and expressed concern that the data held on the Trust's existing system was not adequate or specific to the audit. The Committee were reassured to hear that the software required to contribute to this audit had been purchased and that the Trust intended to contribute to next year's audit.
- The Committee noted the number of large scale projects on-going at the Trust (including the response to the Francis Report, the business case for the acquisition of the Trust by the Royal Free London NHS Foundation Trust and delivering the objectives set out in the Quality Accounts) and expressed concern at the ability of the Trust to manage and prioritise these projects. The Committee noted that the Trust were aware of the risks in balancing a number of projects and received assurance that they would monitor Key Performance Indicators closely.
- The Committee expressed concern at the Clinical Coding Error Rate and questioned what action would be taken to improve these figures.
- The Committee raised concern over the performance for MRSA instances in 2012/13 and noted that the target of four cases had been breached, with seven MRSA cases occurring within the period. The committee noted that root cause analysis of the cases had shown that the cases had not been a result of cross-contamination.

- The Committee raised concerns that five “never” events had taken place during 2012/13, and sought assurance that appropriate action would be taken.
- The Committee expressed great concern that the target to see patients at Accident and Emergency within four hours had been breached in five months out of 12 during 2012/2013, especially in light of the changes due to be implemented in November 2013 as part of the Barnet, Enfield and Haringey Clinical Strategy.

## **BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST**

The Committee scrutinised the Barnet, Enfield and Haringey NHS Trust Quality Account 2012/13 and wishes to place on record the following comments:

- The Committee welcomed that emergency readmissions to the Barnet, Enfield and Haringey Mental Health Trust were lower than the national average.

However, the Committee wished to express concern in relation to the following:-

- The Committee noted that, following the attendance of a Committee Member at the Barnet Clinical Commissioning Group Board meeting, there was awareness that the patient “crisis line” was not fully operational. The Committee expressed concern that the telephone line had not been working to the expected standard and highlighted the need for improvement.
- The Committee expressed concern that Members had received reports that the “GP Line” had not been answered when called.
- The Committee identified that comments submitted by the North Central London Sector JHOSC in relation to the 2011/12 Quality Accounts (which requested that more information on the absolute number of patients and the different types of treatment given be included within the Trust’s Quality Account to give those reading the report a clearer impression of the work of the Trust) had not been addressed. The Committee requested that this information be added to the final version of this year’s Quality Accounts.

The Committee noted that it was proposed that the boroughs of Barnet, Enfield and Haringey meet collectively to consider the Barnet, Enfield and Haringey Mental Health Trust Quality Accounts 2012/13 and that the submission outlined above may be superseded by a joint submission from the three boroughs. *(Note: Members of Barnet, Enfield and Haringey Health Overview and Scrutiny Committees met on 28 May 2013 and agreed a revised submission).*

### **RESOLVED that:-**

- 1. That the above mentioned comments by the Committee be noted by the North London Hospice and individual Trusts and incorporated into the final versions of their Quality Accounts for 2012/13.**
- 2. The Royal Free Hospital NHS Foundation Trust be requested to provide the Committee with details of changes to the National Patient Survey and the impact on measuring performance against key quality objectives.**

3. **NHS partners be requested to present a six month update to the Committee on actions taken to respond to the comments by the Committee when considering the Quality Accounts.**
4. **Barnet and Chase Farm Hospitals NHS Trust be requested to provide details to the Committee on actions taken to address performance issues in relation to the Clinical Coding Error Rate.**

## **11. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME**

The Cabinet Member for Public and Director for Public Health advised the Committee that a Public Health / Health Improvement Month would be held during June. As part of this, a Member Induction Session would be held introducing the Public Health team, introducing the Health & Wellbeing Strategy and setting out commissioning intentions.

The Overview and Scrutiny Manager reported that the Council had been successful in obtaining support from the Centre for Public Scrutiny for scrutinising the NHS Health Checks programme. It was noted that this would be joint project with Barnet and Harrow.

### **RESOLVED that:**

1. **The Health Overview and Scrutiny Committee Forward Work Programme be noted.**
2. **The Committee receive reports at their next meeting on 4 July 2013 on the following items (as referred to above):**
  - **report from Barnet HealthWatch on their planned activity for 2013/14 and their response to the Francis Report**
  - **NHS England and NHS Property Services provide an update report on the Brunswick Park Health Centre at the next meeting of the Committee.**
3. **The Committee receive a report at their meeting on 3 October 2013 on Health and Social Care Integration projects**

## **12. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT - MEMBERS' ITEM**

Councillor Geof Cooke presented a Members' Item in relation to bus services at Finchley Memorial Hospital. Councillor Cooke requested an update on discussions between the relevant NHS body and Transport for London (TfL) regarding the need for a bus service calling at Finchley Memorial Hospital in view of the distance from existing stops including the distance from the entrance in Granville Road to the hospital building. In particular, he requested that consideration be given to providing a service by a small hopper type bus similar to that operating elsewhere in the borough.

Councillor Cooke also requested an update on any previous consideration by the Health Overview and Scrutiny Committee on bus services in the context of reorganisation of health services between Barnet Hospital and Chase Farm Hospital, in particular the complete lack of any direct TfL service from any part of Barnet to Chase Farm.

**RESOLVED that the Committee receive a full report at the next meeting of the Committee on 4 July 2013 to include an update on any discussions between the GLA Member for Barnet and Camden (Andrew Dismore AM) and Transport for London on this issue.**

The Vice-Chairman, Councillor Old, thanked the Chairman, Councillor Alison Cornelius, for her work during the 2012/13 municipal year.

The meeting finished at 10.00 pm