

Decisions of the Health Overview and Scrutiny Committee

4 July 2013

Members Present:-

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

Councillor Geof Cooke	Councillor Barry Rawlings
Councillor Julie Johnson	Councillor Brian Schama
Councillor Arjun Mitra	Councillor Sury Khatri
Councillor Bridget Perry	(In place of Maureen Braun)

Also in Attendance

Councillor Helena Hart – Cabinet Member for Public Health

Apologies for Absence

Councillor Maureen Braun Councillor Kate Salinger

1. MINUTES

The Chairman updated the Committee in relation to minute items from the 9 May 2013 meeting as follows:

- i) Item 1 (Minutes) – Dr Rounce had now received a letter following her meeting on 21 March 2013 with three members of the Barnet and Chase Farm Hospitals NHS Trust management team. It was noted that a reply had been promised by 30 April 2013, but had not been received until June 2013.
- ii) Item 10 (Quality Accounts) – the Committee were advised that Barnet, Enfield and Haringey Members had met on 28 May 2013 to agree a joint submission on the Barnet, Enfield and Haringey Mental Health NHS Trust Quality Accounts 2012/13 and that this had enlarged upon the Barnet submission agreed on 9 May 2013.
- iii) Item 10 (Quality Accounts) – the Committee noted that it was hoped that scrutiny of the 2013/14 Quality Accounts of the Barnet, Enfield and Haringey Mental Health NHS Trust and Royal Free London NHS Foundation Trust would take place at the North Central London Sector Joint Health Overview and Scrutiny Committee, rather than at an individual borough level.

RESOLVED that the minutes of the meeting held on the 9 May 2013 be agreed as a correct record.

2. ABSENCE OF MEMBERS

Apologies for absence had been received from Councillor Maureen Braun who had been substituted for by Councillor Sury Khatri.

An apology for absence had been received from Councillor Kate Salinger.

3. DECLARATION OF MEMBERS' INTERESTS AND PREJUDICIAL INTERESTS

Member	Subject	Interest declared
Councillor Barry Rawlings	Agenda Item 12 (Healthwatch Barnet – Update and Response to the Francis Report)	Pecuniary interest as Councillor Rawlings worked for CommUNITY Barnet the Barnet Healthwatch host organisation
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

Details of the questions asked of, and the answers given by the Chairman, were circulated at the meeting, made available to the public questioners in advance of the meeting and published online with the agenda papers for the meeting. Verbal responses were given to supplementary questions asked at the meeting.

At the invitation of the Chairman, the Cabinet Member for Public Health advised the Committee that she had written to the Mayor of London regarding the issue of bus services at Finchley Memorial Hospital. She reported that she had received a response stating that the Mayor would look into the issue personally and the Committee would be updated on any progress.

5. MEMBERS' ITEM - DIABETES SCREENING

Councillor Geof Cooke presented his Members' Item which related to diabetes screening rates in Barnet. He reported that the Diabetes UK publication titled 'The NHS Health Checks Programme – Lets Get it Right' identified that the estimated percentage of undiagnosed diabetes patients in Barnet was 27.8%.

The Director of Public Health, Dr Andrew Howe, advised the Committee that the NHS Health Checks programme had been rolled out in Barnet approximately six months ago when responsibility for public health transferred to the Council. Members noted that targets for Q4 2012/13 had been met with 4,758 checks undertaken. Whilst the improved performance was welcomed by the Committee, there was a concern about the level of resources in place in GP practices to support second and third phase interventions.

A Member identified that private pharmacies were offering screening services and questioned whether these were linked into other areas of the health service. Dr Howe advised the Committee that diabetes screening was not offered universally in GP practices and other settings and was a targeted approach based on other risk factors. He undertook to investigate the pharmacy chain in question and its links to the Health Checks programme.

The Committee requested that performance information be presented as a moving annual total to allow meaningful comparisons to take place. It was noted that the Council had a new Corporate Plan target 'to increase the number of eligible people who receive an NHS Health Check to 7,200.' As a result, ongoing performance would be monitored by the Corporate Performance Team which would improve data quality.

RESOLVED that:

- 1. The Committee receive the final report of the joint Barnet / Harrow NHS Health Checks Task and Finish Group at the 12 December 2013 meeting.**
- 2. The Committee requested that the NHS Health Checks Task and Finish Group review give specific consideration to diabetes screening rates as referred to in the Members Item and the preamble above.**

The Chairman announced a variation in the order of the agenda. Agenda item 8 (Barnet, Enfield and Haringey Clinical Strategy) would be considered before agenda item 7 (GP Services). Agenda item 6 (Joint Health Overview and Scrutiny Committee – Minutes) would be considered after agenda item 10 (Update on NHS Transition).

Agenda item 11 (Maternity Services – Caesarean Births) had been withdrawn from the agenda at the request of Councillor Kate Salinger and would be considered at the next meeting of the Committee.

6. BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY

The Committee welcomed Dr Nick Losseff, Medical Director for the Barnet, Enfield and Haringey (BEH) Clinical Strategy, Siobhan Harrington, BEH Programme Director, and Fiona Smith, Director of Operations at Barnet and Chase Farm Hospitals NHS Trust who delivered a presentation on the BEH Clinical Strategy.

Dr Losseff advised the Committee that the BEH Clinical Strategy was a quality and safety programme which would improve standards across Barnet, Chase Farm and North Middlesex hospitals. Members were advised that Chase Farm hospital would not be closing, adding that a large majority of patients would continue to be treated there. The Committee were advised that the following services would continue to be provided: planned elective surgery (disaggregated from emergency surgery), outpatients, paediatrics and older people assessment units, blood tests, x-ray and pre and post-natal services. Chase Farm would have an urgent care centre, with accident and emergency services provided from Barnet Hospital. Responding to a question, it was clarified that the following services would be transferred from the Chase Farm site: maternity deliveries, accident and emergency, paediatric inpatients and complex operations. The greater specialisation on planned care at Chase Farm would ensure greater efficiency and less likelihood of cancelled appointments. The Committee noted that as part of the Clinical Strategy, modelling had been undertaken to assess where the 7,090 accident and emergency patients at Chase Farm would be disbursed to. It was expected that patients would present at the following hospitals for services instead: Princess Alexandra Harlow, Barnet, North Middlesex and West / North Hertfordshire.

The Committee were advised that staff consultation on the proposed changes were currently taking place, along with deep dives into clinical workstreams to ensure services

were fit for purpose. The BEH Clinical Strategy Programme Office had been working with NHS England in advance of presenting the final proposals to the Barnet, Enfield and Haringey Clinical Commissioning Groups in September, with implementation taking place in November.

As part of a drive to ensure that patients presented in the correct setting, an urgent care pilot was taking place at Barnet Hospital which was seeking to reduce the 30% of people presenting at accident and emergency incorrectly. As part of the pilot, audits would be undertaken to assess presentations at accident and emergency and urgent care. Members were advised that reception areas for accident and emergency and the urgent care centre receptions were now co-located. Patients would be triaged by staff when they presented at reception and would be referred to accident and emergency or the urgent care centre as appropriate. It was noted that as part of the pilot, extended GP cover would be provided a peak times to manage demand. The Committee noted that Barnet Hospital had missed the 95% target for seeing accident and emergency patients within four hours, with current performance at 86%. Members were informed that this was chiefly on account of the current building works to expand the unit which were scheduled to complete in August 2013. Fiona Smith acknowledged the issue and emphasised that the pilot scheme was seeking to address this issue.

The Committee referred to an article in the local media which alleged that a patient an accident and emergency patient at Barnet Hospital had not been seen for 16 hours. Fiona Smith identified that delays could be attributed to the different assessment phases that needed to be completed. She added that redesigned pathways and reconfigured services would mean that patients had a much quicker referral to a specialist that would have previously been the case.

Members commented that accident and emergency presentations could often be attributed to a lack of availability of GPs and noted that a whole systems approach was required to reduce admissions. The Committee expressed support for the Clinical Strategy and emphasised the importance of effective communications with patients regarding service reconfigurations. They were advised that an extensive marketing campaign was being planned and that there had already been a bus campaign about the maternity changes.

In relation to delayed discharge, Fiona Smith reported that there were some systems issues which were being discussed with Barnet and Enfield Clinical Commissioning Groups and social care services which were seeking to reduce the length of stays and ensure that the right staff were in place to support the end of placements.

The Adults and Communities Director, Dawn Wakeling, updated the Committee on social care services at Barnet and Chase Farm Hospitals. Members were advised that social care teams from Barnet, Enfield and Hertfordshire were based at the hospital sites, adding Barnet social care has a good track record with hospital discharges. Members noted that there were approximately 117 discharges per month and during the last 16 months, there had only been 14 delayed discharges from Barnet and Chase Farm hospitals which were attributable to social care delays. Dawn Wakeling reported that there had been no delayed discharges from the Royal Free Hospital this year and advised the Committee that social services would learn from experiences and apply these practices in Barnet and Chase Farm hospitals.

RESOLVED that:-

- 1. The Committee note the update on the implementation of the Barnet, Enfield and Haringey Clinical Strategy as set out in the presentation and as referred to above.**
- 2. The Committee receive a further update on the Barnet, Enfield and Haringey Clinical Strategy at the next meeting on 4 October 2013.**
- 3. The Committee receive an update on delayed discharges and the ongoing work of social care services, clinical commissioning groups and NHS trusts as part of the report on Health and Social Care Integration at the next meeting of the Committee on 4 October 2013.**

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

Councillor Andreas Ioannidis addressed the Committee in relation to GP services at the Brunswick Park Health Centre. He advised the Committee that he been in discussion with the Divisional Director of NHS Property Services, Tony Griffiths, who had advised him that services could be reinstated within four to six weeks of the lease being signed. He added that NHS England and NHS Property Services had been in discussions with the GP practices and their legal representatives regarding possible lease terms. He expressed disappointment at the length of time it was taking to reinstate services at the Medical Centre and the cost of providing security at the premises.

The NHS England Deputy Head of Primary Care – North Central and East London, Fiona Erne, and the NHS Property Services Associate Director Estates and Facilities, Martyn Hill, updated the Committee on GP services at Brunswick Park Health Centre and Finchley Memorial Hospital.

Brunswick Park Medical Centre

In relation to the Brunswick Park Health Centre, the Committee were advised by Ms Erne that there were two issues in relation to the reinstatement of services. Firstly, there was the issue of entering into a lease agreement with Dr Okonkwo. Secondly, there was the issue of the possible purchase of the Medical Centre by Dr Lakhani. Discussions had taken place regarding the property issues with both practices. The Committee were informed that Dr Okonkwo had concerns regarding the proposed fees and the financial viability of the practice following a move into Brunswick Park Health Centre. It was noted that financial assistance from NHS England had been discussed.

Mr Hill reported that there had been an initial meeting between Dr Okonkwo and NHS Property Services. Members were advised that the main issue was the financial impact on the practice, rather than the lease terms. It was noted that there may also be slight delays with the installation of the IT system and medical equipment.

Mr Hill advised the Committee that Dr Lakhani had withdrawn from negotiations with NHS England and NHS Property Services as he was primarily interested in purchasing the Medical Centre and was not interested in entering into a lease arrangement. Following this withdrawal, NHS Property Services had commenced discussions with another practice regarding a possible co-location.

The Committee received public comments from Mr Daniel Hope, Chairman of the East Barnet Residents Association, in relation to the Brunswick Park Health Centre.

Responding to questions from the Committee regarding the potential for part of the practice to be empty if Dr Okonkwo moved back into the premises, Mr Hill advised the Committee that following the fire in 2010, the premises had been expanded and enhanced with a view to increasing turnover, improving services, delivering economies of scale and developing synergies. He added that there was room for two or three practices on site, with Dr Okonkwo expected to be using between 33 – 40% of the available space.

Referring to lease charges, the Committee questioned whether Dr Okonkwo would be required to subsidise empty space in the practice. Mr Hill advised Members that the Clinical Commissioning Group (CCG) were being recharged for empty space. It was noted that NHS Property Services were paying for the cost of security at the building.

Finchley Memorial Hospital

Ms Erne updated the Committee on GP services at Finchley Memorial Hospital. The Committee were advised that a financial assistance package had been agreed and that a Task and Finish Group would be established to facilitate the two practices moving in. It was anticipated that services would commence operations in approximately six months time.

Mr Hill reported that NHS Property Services had been working with the Hospital on estates utilisation, adding that he was aware of the issues with void spaces. The Committee expressed disappointment that there had been no agreement before the hospital had been constructed regarding services that would be provided from the site.

Cabinet Member for Public Health – Submission on GP Services in Barnet

At the invitation of the Chairman, the Cabinet Member for Public Health, Councillor Helena Hart, addressed the Committee on all the work that had been undertaken to try and facilitate the re-opening of the Brunswick Park Health Centre and the proper utilisation of the GP space at Finchley Memorial Hospital. Councillor Hart emphasised that the failure to re-open the Brunswick Park Health Centre and to utilise the GP space at Finchley Memorial Hospital were Estates issues which needed to be resolved by NHS England and NHS Property Services. She added that both situations have significant implications for Barnet's residents and the CCG.

The Committee were advised that the Health and Well Being Board would be examining the progress being made to address Estates issues in the context of the CCG's Recovery Plan. It was noted that as both NHS England and the CCG were represented on the Health and Well Being Board, the Board was well placed to examine how the wider NHS Estate was used to support the delivery of the Health and Well Being Strategy and to deliver value for the taxpayer.

RESOLVED that:-

- 1. The Committee note the update on GP services at Brunswick Park Medical Centre and Finchley Memorial Hospital as set out in the agenda and as detailed above.**

- 2. The Committee encourage NHS England and NHS Property Services to continue efforts to reinstate GP services at the Brunswick Park Medical Centre as soon as possible.**
- 3. The Committee note the financial impact to the Barnet Clinical Commissioning Group and request that the Health and Well Being Board monitor progress on the provision of GP services at the Brunswick Park Medical Centre and Finchley Memorial Hospital as part of their wider review of the estates issue.**

8. TRANSPORT SERVICES - FINCHLEY MEMORIAL HOSPITAL

The Committee considered a report which outlined issues with transport services at Finchley Memorial Hospital. The Vice-Chairman, Councillor Old, updated the Committee on discussions that had been held with Transport for London (TfL) where they had indicated that it was unlikely that any existing routes would be re-routed. He advised the Committee that the walk from the bus stop to the hospital entrance (approximately 400 meters) was an issue for patients and suggested that an interim measure should be sought while negotiations were ongoing with TfL.

The Cabinet Member for Public Health, Councillor Helena Hart, informed the Committee that she had written to the Mayor of London on this issue. In her representation she had stated that public transport links to Finchley Memorial Hospital were a key element of the redevelopment proposals. Her letter had also stated that there should be a firm commitment to equal and inclusive access to services. The Committee were advised that the Mayor had responded and had undertaken to personally look into this matter. Councillor Hart undertook to update the Committee on any response received from the Mayor's office.

It was noted that a number of other local politicians and groups had also been lobbying the Mayor and TfL on this issue.

A Member highlighted that executive responsibility for TfL rested with the Mayor of London and expressed disappointment at the lack of cooperation from TfL on this issue. It was suggested that re-routing a bus service into the site or providing a shuttle bus from the hospital entrance would address the problem.

RESOLVED that:-

- 1. The Committee note the update on Transport Services at Finchley Memorial Hospital as set out in the report and as outlined above.**
- 2. The Chairman be requested to submit a formal representation to the Greater London Assembly Transport Committee on this issue, with any feedback reported to the Committee in due course.**
- 3. Officers be instructed to invite representatives from Transport for London to the next meeting of the Committee on 4 October 2013 to update the Committee regarding ongoing discussions and possible options for transport services at Finchley Memorial Hospital.**

9. UPDATE ON NHS TRANSITION

The Committee welcomed the NHS Barnet Clinical Commissioning Group (CCG) Chief Officer, John Morton, who was in attendance to provide an update on the transition to new NHS structures. He reported that the CCG had been authorised on 1 April 2013 with nine conditions which were monitored every three months. He added that it was expected that five of the conditions would shortly be removed. The Committee noted that the budgets of the former primary care trusts had been distributed between CCGs, public health and NHS England. The Barnet CCG had a budget of approximately £430 million which was primarily for commissioning hospital, mental health and community services. Mr Morton identified that there had been underinvestment in mental health and community services in the past which the CCG were seeking to address. It was noted that there were financial challenges which were being addressed by the CCG.

Responding to a question, Mr Morton reported that the three legal directions were in place due to the scale of the budget challenge. He added that the CCG were taking a five year approach to addressing financial issues.

As referred to in minute item 7, the Committee expressed concern at the approximate £4 million annual cost to the CCG relating to under utilised estates. Mr Morton echoed these concerns and advised the Committee that the CCG were working to address these issues. Ongoing monitoring of estates issues would be taking place at the Health and Well Being Board.

RESOLVED that the Committee note the update from Barnet Clinical Commissioning Group on the transition to new NHS structures as set out in the report and above.

10. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - MINUTES

The Committee considered the minutes of the North Central London Sector Joint Health Overview and Scrutiny Committee (JHOSC) which had taken place on 6 June 2013 and the minutes of the informal meetings held on 24 April and 28 May 2013.

The Chairman highlighted that on 6 June 2013, the JHOSC had received an update in relation to the 111 service and had received assurance that an additional 202 spaces would be provided at the Barnet Hospital site. She added that the JHOSC would be holding a workshop in October 2013 on the Francis Report to which all Health Overview and Scrutiny Committee Members would be invited to attend.

RESOLVED that the Committee note the minutes of the meeting of the North Central London Sector Joint Health Overview and Scrutiny Committee held on 6 June 2013 and the minutes of the informal meetings held on 24 April and 28 May 2013.

11. MATERNITY SERVICES (CAESAREAN BIRTHS)

Item withdrawn for considered at the next meeting of the Committee on 4 October 2013.

12. BARNET HEALTHWATCH

The Committee welcomed the Chief Executive of CommUNITY Barnet, Julie Pal, who was in attendance to present a report to the Committee on Healthwatch Barnet. She referred the Committee to the activities undertaken during the Healthwatch start-up period (section 9.2.1) and active projects which included an Enter and View programme and introduction of the Information, Advice and Signposting Service (section 9.2.4).

Members emphasised the importance of the Enter and View programme and questioned whether there were a sufficient number of trained volunteers to undertake the visits. Ms Pal highlighted that the change from the LINK to Healthwatch had been a major transfer. Whilst some volunteers had transferred over from LINK to Healthwatch, others were newly recruited and required training before undertaking visits.

The Committee requested that the members of Barnet LINK, particularly Gillian Jordan, be commended for their work.

RESOLVED that the Committee note the Healthwatch Barnet update and response to the Francis Report as outlined in the report and detailed above.

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

The Overview and Scrutiny Manager presented a report which provided a detailed response to the recommendations in the Francis Report which related to the Health Overview and Scrutiny Committee.

RESOLVED that:-

- 1. The Committee endorse the detailed responses to the recommendations in the Francis Report which relate to the Health Overview and Scrutiny Committee.**
- 2. An item be added to the Forward Work Programme detailing the performance of NHS Trusts against the NHS Outcomes Framework (to be reported bi-annually).**

14. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME

RESOLVED that:

- 1. The Health Overview and Scrutiny Committee Forward Work Programme be noted.**
- 2. The Committee receive the following reports at future meetings:**
 - Barnet, Enfield and Haringey Clinical Strategy – to receive an update from the BEH Clinical Strategy Programme Office on the progress of the BEH Clinical Strategy (4 October 2013)**
 - Finchley Memorial Hospital Transport Services – to receive an update on progress made and to receive a submission from TfL (4 October 2013).**

- **Maternity Services (Caesarean Births) – to consider the item deferred for consideration at this meeting (4 October 2013)**
 - **Diabetes Screening – to receive a report from the Director of Public Health on diabetes screening (12 December 2013)**
 - **NHS Health Checks Task and Finish Group (TFG) – to consider the report of the NHS Health Checks TFG (12 December 2013)**
 - **NHS Trusts Performance – to receive a report on the performance of NHS Trusts against the NHS Outcomes Framework (12 December 2013)**
- 3. The Committee request that the item on Health and Social Care Integration due to be considered at the 4 October 2013 make specific reference to hospital discharges as detailed in minute item 6.**

15. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

None.

The meeting finished at 9.50 pm