

## Decisions of the Health Overview and Scrutiny Committee

12 February 2013

Members Present:-

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

Councillor Geof Cooke	Councillor Barry Rawlings
Councillor Julie Johnson	Councillor Reuben Thompstone
Councillor Arjun Mittra	Councillor Sury Khatri (In place of Kate Salinger)

Also in attendance

Councillor Helena Hart – Cabinet Member for Public Health

Apologies for Absence

Councillor Maureen Braun	Councillor Kate Salinger
Councillor Bridget Perry	

### 1. MINUTES

**RESOLVED that the minutes of the meeting held on the 11 December 2012 be agreed as a correct record.**

The Chairman updated the Committee in relation to the following minute item:

Item 6 (Barnet and Chase Farm Hospitals NHS Trust – Maternity and Accident & Emergency Services Update) –

- i) the corrected data relating to the attendances by PCT had not been supplied by the Trust;
- ii) the issues raised by Dr Rounce had not been formally responded to by the Trust;
- iii) details of still births and how the Trusts figures compared with the rest of London had not been provided; and
- iv) the number of staff who had undertaken Alzheimer's training was 1207

**RESOLVED that Scrutiny Office be instructed to request the information detailed at i) to iii) above from Barnet and Chase Farm Hospitals NHS Trust.**

### 2. ABSENCE OF MEMBERS

Apologies for absence had been received from Councillors Maureen Braun, Bridget Perry and Kate Salinger. Councillor Kate Salinger had been substituted for by Councillor Sury Khatri.

### 3. DECLARATION OF MEMBERS' PECUNIARY AND NON-PECUNIARY INTERESTS

<b>Member</b>	<b>Subject</b>	<b>Interest declared</b>
Councillor Barry Rawlings	Agenda Item 7 (Central London Community Healthcare (CLCH) NHS Trust Foundation Trust Application – Stakeholder Engagement)	Non-pecuniary interest as Councillor Rawlings participated in the CLCH Reference Group
Councillor Alison Cornelius	Agenda Item 6 (Barnet, Enfield and Haringey Clinical Strategy – Ambulance Services)	Non-pecuniary interest by nature of being on the chaplaincy team at Barnet Hospital

### 4. PUBLIC QUESTION TIME

None.

### 5. MINUTES OF THE NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 22 OCTOBER 2012

The Committee considered the minutes of the North Central London Sector Joint Health Overview and Scrutiny Committee (JHOSC) which had taken place on 22 October 2012.

Members noted that the main item of business related to the closure of the Northgate Clinic and the subsequent impact on the Northgate Pupil Referral Unit due to the New Beginnings Clinic reaching capacity.

The Committee noted a JHOSC Transition Workshop had been held on 28 November 2012 where it had been agreed continue with the current joint scrutiny arrangements for a further year. Members were advised that the next JHOSC would be taking place on 14 March 2013 in Camden.

**RESOLVED that the Committee note the minutes of the meeting North Central London Sector Joint Health Overview and Scrutiny Committee held on 22 October 2012.**

### 6. BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY - AMBULANCE SERVICES

The Committee welcomed Dr Nick Losseff (Medical Director at NHS North Central London), Siobhan Harrington (BEH Clinical Strategy Programme Director) and Steve Colhoun (Ambulance Operations Manager at the London Ambulance Service).

In presenting the item Siobhan Harrington advised the Committee that BEH were on track to deliver the Clinical Strategy in November 2013. The Committee were informed

that building was taking place on the Barnet Hospital site and the clinical team were undertaking 'deep-dives' into each area and obtaining workforce detail.

In relation to performance of the London Ambulance Service, Steve Colhoun informed the Committee that Barnet generated approximately 112 calls per day from a London-wide total of 3,000. Referring to the implementation of the Clinical Strategy, Mr Colhoun considered that ambulance services would not be adversely affected by the service reconfiguration. He added that the Ambulance Service would work with commissioners to analyse the impact of the Chase Farm accident and emergency department converting to an urgent care centre and any subsequent impact on performance. The Committee noted that ambulance paramedics would determine the most appropriate care pathway for patients which, in some instances, required transfers to different specialist centres across London. It was noted that performance targets related to ambulance response times, rather than patient transfer times to hospitals.

Referring to destinations for ambulance patients, the Committee questioned how decisions were made by the Ambulance Service. Steve Colhoun reported that patients would be transferred to the nearest accident and emergency department, unless that department was under pressure. Dr Nick Losseff added that it was the responsibility of the NHS Trust to keep the accident and emergency department moving and address any system blockages. He advised the Committee that NHS Trusts worked closely with Clinical Commissioning Groups regarding moving patients on at the appropriate stage. Siobhan Harrington reported that capacity management at the front-end would be important in demand management; it was anticipated that up to 40% of accident and emergency patients would be treated in urgent care centres.

The Committee questioned what the outcome of the BEH Clinical Strategy Transport Committee meeting (which had taken place in January 2013) had been. Siobhan Harrington reported that the Transport Committee meeting had been chaired by Tim Peachey (Interim Chief Executive of Barnet and Chase Farm Hospital NHS Trust). The Committee had received the draft Transport Impact Assessment and further work had been commissioned to strengthen this. It was noted that representatives from Barnet, Enfield, Haringey and Transport for London had been in attendance at the meeting. Members questioned whether longer journeys for patients and residents would have an impact on patient care. Dr Nick Losseff advised the Committee that clinical evidence supported service reconfigurations which would lead to reduced mortality and morbidity.

Members questioned how the London Ambulance Service had been addressing the issues of ambulances not having the correct equipment and whether the current number of ambulances were sufficient to meet demand. Steve Colhoun informed the Committee that the Service had introduced improved procedures regarding equipment management and that he was confident that London Ambulance Service would continue to provide the same level of service following implementation of the BEH Clinical Strategy.

Referring to the Care Quality Commission inspection of the London Ambulance Service in December 2012 and their finding that the Service was facing higher demand than they could meet, Members questioned how this issue was being addressed. Steve Colhoun acknowledged that the Service had struggled with the demand profile and resourcing was an issue. He added that in meeting their targets relating to life threatening patients, other areas had suffered. The Committee noted that the BEH Clinical Strategy had considered resourcing and there was a commitment from commissioners to invest in the Service.

Responding to a question regarding commissioning of ambulance services during 2012/13 following closures of accident and emergency departments, the Committee were informed that the National Commissioning Board held this information. Steve Colhoun reported that for the BEH Clinical Strategy, ambulance service requirements had been defined through joint modelling.

The Chairman referred to a case where an ambulance had been called to two incidents, but had failed to attend in a reasonable time. In the event, the families had been required to take the patients to hospital. Steve Colhoun advised the Committee that he couldn't comment on specific cases and suggested that the patient be referred to the Patient Experience Team. He added that at times, there were more incidents than resources available. Emergency call handlers were required to triage calls and place patients into one of four categories which would require either a 10, 20, 30 or 40 minute response time.

**RESOLVED that:–**

- 1. The Committee be provided with details of the final version of the BEH Clinical Strategy Transport Impact Assessment.**
- 2. The Committee note the information provided by health partners in relation to the Barnet, Enfield and Haringey Clinical Strategy and ambulance services as set out in the committee report, presentation and the oral submissions as set out above.**

During consideration of the item above, Councillor Thompstone left the meeting at 7.30pm

**7. ROYAL FREE HOSPITAL - POTENTIAL ACQUISITION OF BARNET AND CHASE FARM HOSPITALS**

The Committee welcomed Dr Tim Peachey (Interim Chief Executive of Barnet and Chase Farm Hospital NHS Trust) and Dr Sue Sumners (Chairman of NHS Barnet Clinical Commissioning Group) who provided an update on the potential acquisition of Barnet and Chase Farm Hospitals NHS Trust by the Royal Free Hospital NHS Foundation Trust.

Dr Sue Sumners reported that a clinical working group had been established with representatives from the five Clinical Commissioning Groups (CCGs) in the North Central London cluster. The Outline Business Case for the acquisition had been focussing on the 10 principals for establishing the new organisation. The Committee expressed concern that the terms of the acquisition would be detrimental to Barnet and Chase Farm Hospitals.

Dr Tim Peachey advised the Committee that the Royal Free Hospital NHS Foundation Trust Board would be considering the Outline Business Case on 28 February 2013. If this was approved, it would be presented to the Barnet and Chase Farm Hospital NHS Trust Board in March 2013. The Committee noted that the acquisition would enable the new Trust to provide a wider range of services than were currently available across the combined hospital sites.

In relation to land ownership, Dr Peachey clarified that the Barnet and Chase Farm hospital sites were wholly owned by the Trust and would not be transferred to PropCo. The Committee were informed that Finchley Memorial and Edgware hospital sites were owned by PropCo. Members sought assurance that following the acquisition, the new Foundation Trust would be able to retain capital receipts from land sales to repay debts.

**RESOLVED that the Committee note the update on the potential acquisition of Barnet and Chase Farm Hospitals NHS Trust by the Royal Free Hospital NHS Foundation Trust as set out in the presentation and the oral update detailed above.**

## **8. CLCH FOUNDATION TRUST APPLICATION - STAKEHOLDER ENGAGEMENT**

The Committee welcomed Murray Keith (Director of Strategy and Business Development and Central London Community Healthcare NHS Trust). Mr Keith advised Members that Central London Community Healthcare (CLCH) NHS Trust were undertaking a refresh of their consultation regarding their Foundation Trust application between 18 February and 3 April 2013. A refresh of the public consultation was required because there was a proposal to revise the proposed make-up of the Council of Governors. In addition, best practice states that if trusts have not achieved Foundation Trust status within a year of conducting their initial public consultation, then they needed to refresh the consultation to ensure it provides a more up to date picture of the views of stakeholders.

Responding to a query regarding the make-up of the Council of Governors, Mr Keith reported that there would be representation from the three core boroughs, with additional representation from other fringe boroughs. Members noted that the Trust had been experiencing difficulty in recruiting to the Council of Governors because of the community based nature of the services provided.

**RESOLVED that:**

- 1. The Committee note the update on Central London Community Healthcare (CLCH) NHS Trust Foundation Trust application as set out in the report and above.**
- 2. The Committee review their previous submission to CLCH NHS Foundation Trust on the Foundation Trust application and make any amendments necessary before resubmission.**

## **9. BARNET CLINICAL COMMISSIONING GROUP - FINANCE UPDATE**

The Committee received an update from Dr Sue Sumners (Barnet Clinical Commissioning Group Chairman), Bev Evans (Interim Cluster Finance Director for North Central London) and Maria O'Dwyer (Assistant Director, Service Development and QIPP, Barnet Clinical Commissioning Group) on the Barnet Clinical Commissioning Group (CCG) Financial Plan for 2013/14. Members were informed that from a total expenditure of £500 million, the CCG were anticipating a £30 million deficit in 2013/14. Maria O'Dwyer reported that the CCG were developing plans to recover the position over a one to four year period. Dr Sumners advised the Committee that there was a track record of delivering transformational changes as both a Primary Care Trust and a CCG.

Members expressed concern regarding the projected deficit and sought assurance that the QIPP (Quality, Innovation, Productivity and Prevention) Plan would not result in reductions in the number of frontline staff. Ms Evans advised the Committee that staffing reductions were not an option, with the focus being on the best and efficient use of resources. Members commented that QIPP savings targets needed to be identified and actions taken to achieve savings early in the financial year otherwise there was a significant risk of them not being achieved. Maria O'Dwyer reported that early work was being undertaken to identify efficiencies (e.g. cardiology and respiratory services reconfiguration, admissions avoidance, rehabilitation and local authority reviews of care homes).

**RESOLVED that:**

- 1. The Interim Cluster Finance Director for North Central London be requested to provide the Barnet CCG savings plan to the Committee.**
- 2. The Committee receive updates at future meetings on the financial status of Barnet CCG.**

**10. PUBLIC HEALTH TRANSITION**

The Committee welcomed the Cabinet Member for Public Health, Councillor Helena Hart, and the Director for People, Kate Kennally, to the meeting to present a report on the development of a shared Public Health function between the London Boroughs of Barnet and Harrow. The Committee were requested to give consideration to the draft report to Cabinet on 25 February 2013 and make comments and/or recommendations on the proposals contained therein.

The Cabinet Member for Public Health reported that the Council had successfully lobbied to have the resource allocation from the Department of Health increased from £13.799 million per annum to £14.355 million per annum. It was emphasised that Barnet had received the third lowest settlement in London. The Committee noted the concern that health checks undertaken after service transfer might result in an increased need for services. With reference to the London Borough of Barnet Commissioning Intentions for 2013/14, the Committee were advised that the Council would be developing an additional priority of 'Supporting First Time Mothers'.

In relation to the performance of services that the Council were taking over responsibility for providing, the Committee were informed that there were a number of areas where Barnet currently had significantly lower performance than regional and/or national averages. There was a requirement to work closely with the Barnet CCG to deliver improvements in these areas.

The Committee noted that, due to the funding uncertainties, not all public health programmes had been identified in advance of the transfer of the public health function to the Council.

In considering the public health contracts transferring to the Council (Appendix 2), Committee Members emphasised the importance of effective procurement via the shared service to ensure value for money. The Committee noted that the London Borough of Harrow would be the lead authority for commissioning and an associate commissioner would be working with the NHS to understand the year 1 baseline position. Re-

procurement decisions for services delivered in Barnet would be taken via the Shared Service Governance Board.

A Member of the Committee expressed concern regarding the split of executive responsibilities and how the audit function would be conducted in the shared service. Officers advised that they were working with the Director of Assurance regarding executive decision making and auditing of the shared function.

Members noted the overlap of some of the public health functions with some service areas that fell within the DRS service cluster (e.g. Environmental Health and Trading Standards). The Committee were assured that close working would continue with these services in the new organisational model.

**RESOLVED that the Committee support and endorse the proposals set out in the Public Health Transition report to Cabinet.**

During consideration of the item above, Councillor Julie Johnson left the meeting at 9.34pm.

#### **11. MEMBERS' ITEMS - MATERNITY SERVICES (CAESAREAN BIRTHS)**

The Committee considered a Member's Item in the name of Councillor Kate Salinger which related to maternity services in the borough. Councillor Salinger requested that NHS partners be requested to provide details of caesarean births in the borough, specifically the Royal Free London NHS Foundation Trust and Barnet and Chase Farm Hospitals NHS Trust who were requested to provide responses to the following questions:

1. In 2012 how many Caesarean operations were performed in:
  - a) Barnet Hospital
  - b) Chase Farm Hospital
  - c) Royal Free Hospital
2. In 2012 how many of these Caesarean operations were elected by the patient in:
  - a) Barnet Hospital
  - b) Chase Farm Hospital
  - c) Royal Free Hospital
3. In 2012 how many of these Caesarean operations were recommended by medical staff PRIOR to the patients admittance to give birth at:
  - a) Barnet Hospital
  - b) Chase Farm Hospital
  - c) Royal free Hospital
4. How many inductions were performed at:
  - a) Barnet Hospital

- b) Chase Farm Hospital
  - c) Royal Free Hospital
5. How many of these inductions led to a caesarean operation at:
- a) Barnet Hospital
  - b) Chase Farm Hospital
  - c) Royal Free Hospital

**RESOLVED that the Director of Public Health be requested to investigate the issues outlined above and prepare a report for the next meeting of the Committee on 9 May 2013 detailing: comparative London statistics; any abnormal trends; and reasons for inductions (local and national).**

## **12. HEALTH OVERVIEW AND SCRUTINY FORWARD PLANNING**

Members considered the current Health and Well Being Board Forward Work Programme, current published Advanced Notice of Proposed Decisions under Executive Functions and the Committees Forward Work Programme.

The Cabinet Member for Public Health highlighted that a major item at the Health and Well Being Board on 25 April 2013 would relate to the Francis Report which had been published following the public inquiry into patient care provided by the Mid-Staffordshire NHS Trust. Councillor Hart advised the Committee that she had written to the Chairman of the four health trusts requesting details of actions that the trusts will be taking in response to the findings.

The Committee noted that the Francis Report had also made specific comments about the role of the Local Involvement Network and local health scrutiny committee. Officers undertook to review these findings and recommendations and report them to the next meeting of the Committee.

**RESOLVED that:**

- 1. The Health Overview and Scrutiny Committee Forward Work Programme be noted.**
- 2. The Committee receive a briefing on the findings and recommendations of the Francis Report at the next meeting on 9 May 2013.**
- 3. Following the receipt of a representation from a member of the public, the Committee receive a report on the Brunswick Park Health Centre at the next meeting on 9 May 2013.**
- 4. The Committee receives updates on Health and Social Care Integration projects be added to the Forward Work Programme for reporting to a future meeting of the Committee.**



**13. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT**

The Scrutiny Office was requested to collate Members availability (including the Cabinet Members for Education, Children & Families and Adults) for a visit to Finchley Memorial Hospital.

The meeting finished at 9.58 pm