North Central London Sector Joint Health Overview and Scrutiny Committee
14 March 2013

Minutes of the meeting of the NCLS Joint Health Overview and Scrutiny Committee held in the Conference Room, Enfield Civic Centre on 14 March 2013

Present

Councillors	**Borough**
Martin Klute (Chairman)	LB Islington
Dave Winskill (Vice Chairman)	LB Haringey
Reg Rice	LB Haringey
Alison Cornelius	LB Barnet
Barry Rawlings	LB Barnet
Alev Cazimoglu	LB Enfield
Anne Marie Pearce	LB Enfield

Support Officers

Rob Mack	LB Haringey
Peter Edwards	LB Islington
Andrew Charlwood	LB Barnet
Linda Leith	LB Enfield

1. **WELCOME AND APOLOGIES FOR ABSENCE**
Apologies for absence were received from Councillors John Bryant (LB Camden), Graham Old (LB Barnet) and Alice Perry (LB Islington)

2. **DECLARATIONS OF INTEREST**
Councillor Cornelius declared that she was an assistant chaplain at Barnet Hospital but did not consider it to be prejudicial in respect of items on the agenda.

3 **URGENT BUSINESS**
There was none.

4. **MINUTES OF THE 17 JANUARY 2013**
The minutes of the meeting on the 17 January 2013 were agreed with the following amendments

Item 6 Barnet and Chase Farm Hospitals NHS Trust Update –
Para 1 – '…developments at the Trust in relation to its potential transaction with the Royal Free London NHS Foundation Trust' - the words 'transaction with' to be replaced by 'acquisition by'

Para 2 – '…the Trust made contact with possible partner organisations operating within a 25 mile radius of the Trust's Enfield location' - the word "mile" to be replaced by kilometre

Matters Arising
The Chair reported that a reply had been received from the Secretary of State to the letter sent on behalf of the JHOSC regarding the transfer of NHS properties to NHS

Property Services Ltd. This had been circulated to JHOSC Members. The Minister appeared to be sympathetic to the issues raised although he had been non committal about the retention of capital receipts for local use when properties were disposed of.

The Chair also reported that he had received correspondence from the Chief Executive of NHS North Central London regarding the developments at Barnet and Chase Farm Hospitals. This had stated that the plans by the Trust to seek an external partner had been discussed at the Enfield Health and Wellbeing Scrutiny Panel in October 2012. Reference had been made to the potential transaction between the Royal Free Hospital and Chase Farm Hospital and it had been confirmed that this was not a private takeover of services.

A site visit had been requested to Whittington hospital, anyone wishing to take part should contact the Chair.

5. **UROLOGICAL CANCER**

Neil Kennett-Brown (Programme Director, Change Programmes) together with Mr John Hines (Consultant on Urology & Cancer, Whipps Cross and Barts) provided the JHOSC with an update on proposed changes to urological cancer surgical services and the review currently being led by London Cancer, which represented all hospitals providing urological cancer services in north central London, north east London and west Essex.

They highlighted the following points:

- The area covered by this review covered a population of 3½ million people
- London Cancer's report – published January 2013 referred to the need to change the way services were currently arranged in order to maximise the delivery of the highest quality of care, research and training. The report had been widely circulated to patient groups, community organisations, LINks, councils, MPs, CCGs and clinicians.
- There were no proposals to close any of the units that currently provided services but London Cancer was recommending that all complex surgery be consolidated in one specialist centre for bladder and prostate cancer and one specialist centre for kidney cancer.
- Less complex surgery would continue to be provided at local units. 95% of care would still be carried out locally and overall standards of care would also be improved.
- Evidence demonstrated a clear link between higher surgical volumes and better patient outcomes. On clinical grounds, it was thought better to have two separate specialist surgical centres. Each surgical centre should serve a population of at least two million.
- Recommendations following the submission of formal expressions of interest were for University College London Hospital (UCLH) to host the specialist centre for bladder and prostate cancer surgery and for the Royal Free hospital to host the specialist centre for renal (kidney) cancer surgery
- The engagement process included meetings with patient groups and CCGs. They had also offered to attend all LINk meetings. Comments and feedback were welcomed at cancer@elc.nhs.uk

The following issues were raised by JHOSC and answers provided

Travel impact - Royal Free hospital

From data, it would appear 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, for example there were 9 different treatment options available for prostate cancer. An advantage of having specialist surgical centres was that they would attract the most talented staff and increase the skill of the team. Clinicians would work in both specialist and local urological units. Local units would provide a comprehensive diagnostic service led by a consultant urological surgeon and linked to the specialist centre.

Broxbourne - Consultation Area

It was confirmed that the Broxbourne area had been included in the consultation. However it was explained that this was not a full formal consultation exercise. An engagement process was being undertaken at this stage as proposals were not considered to constitute a substantial change. While the proposals would affect a wide geographical area, the number of patients which would need to travel to a different hospital for complex surgery was small. It was considered that the service provided was not being reduced. The only change was in the location from where some of the services would be provided.

Waiting time

The national standard was for 62 days for referral to see a specialist from when a patient had been diagnosed by a GP. The waiting time for treatment at one of the local centres should remain unchanged but it was anticipated this could be reduced for treatment at the specialist surgery centres.

The number of specialist centres

Concerns were expressed that proposals for only one specialist centre for bladder and prostate cancer surgery and one for renal cancer surgery were being put forward and that these were both in central London. The Committee noted that there were nevertheless some other surgical centres elsewhere and patients could choose to use these if they so wished.

Future provision of the service at Chase Farm hospital

It was asked if the urological service would continue at Chase Farm hospital if and when it merged with the Royal Free hospital and what would happen to the robotic equipment currently used at Chase Farm for urological procedures. It was thought the less complex surgery procedures would remain at Chase Farm. However the robotic equipment currently used was not the latest model and patients would be able to access the newest robotic equipment available following implementation of the changes.

Expression of interest for specialist service for prostate cancer at UCLH

It was questioned why only one expression of interest had been received for this specialist service. Confirmation was given that every Trust Board had been contacted but only UCLH felt they were able to fulfil all requirements specified for provision of the service.

Parking and Transport links – Royal Free Hospital
Confirmation was given that additional designated parking spaces would be available and this was being monitored.

Engagement process
The Committee noted that if major concerns were voiced about the proposals, consideration could be given by the NHS Commissioning Board to undertaking a formal consultation.

A member of Proactive (a prostate cancer support group) thought there were flaws in the engagement process – he stated that he was of the opinion that patient choice was being restricted and there had been insufficient consultation. The response was that a number of groups were being consulted in April and commissioners would consider other forms of engagement such as focus groups. He also questioned whether there might be a need for two surgical centres based on the population that the services would cover. The response was that if additional centres were commissioned, they might not be able to achieve the "critical mass" necessary to ensure the high level of service quality aspired to.

Resolved that –
Legal advice be sought from LB Islington legal officers on the legal requirements for a public consultation exercise to be taken on this issue.

6. **UPDATE ON THE NHS COMMISSIONING BOARD**
Peter Coles, Interim Delivery Director, gave an update on the NHS Commissioning Board (NCB) and referred to the new commissioning arrangements that would be operational from 1 April 2013. He reported that Paul Bennett was the new Delivery Director who would attend future meetings of the JHOSC.

The following issues were highlighted:

- NHS Commissioning Board (NCB) was responsible for commissioning £25 billion worth of services, including primary care, some public health services and specialised health services.
- The NCB had responsibilities for establishing and authorising Clinical Commissioning Groups (CCGs) and helped to support them by advising on effective commissioning arrangements.
- NCB had responsibility for consultations and also developing relationships and agreements with delivery partners at national level and locally through the health and wellbeing boards. It led on the development of strategy and vision for the NHS and set policies and standards for the NHS.
- A document was circulated which included a table listing the 'National Outcomes Framework Indicators for CCG' for the London boroughs. Rankings showed the areas which were of particular concern for local areas. Indicators within the red dotted lines showed the most significant challenges faced.

The following issues were raised by JHOSC and answers provided-

Role of NCB
In answer to the question whether the service was commissioning or overseeing

CCGs, it was confirmed that they would be carrying out both functions. CCGs would not be 'performance managed' by NCB but must show that they are 'fit for purpose'. Regular meetings would be held with them to support them in this task.

Underspends
It was thought likely that it would be possible to retain some 'underspends' for the year resulting from the Barnet, Enfield and Haringey Clinical Strategy. Members of the Committee felt that it was critical for Enfield that this should happen. It was noted that meetings were taking place to discuss 'carry forwards'.

Conflicts of Interest.
Reference was made to recent media coverage about links that GPs have with private health companies. It had been stated that more than a third of GPs involved in CCGs had links to private firms which stood to make money treating NHS patients. Mr Coles reported that this was a concern and had resulted in additional 'lay' members being enlisted to help with the decision making process. It was noted that GPs were required to ensure that they declared any interests they had. If any further advice was given about this issue, it would be reported back to the Committee.

Health Visitors and School Visitors
Mr Coles reported that these would be commissioned by the NCB but transferred to local authorities in the next financial year.

Key strategic issues for North Central London
Pressures for London were well known but it remained important that work was undertaken with HOSCs and health and wellbeing boards. It was noted that it was not the intention of the NCB to exert control over local issues. Local strategies required local ownership but they also needed to be aligned over several boroughs.

The focus for change
NHS London had been looking at findings related to strokes, which had shown a significant improvement. However, it was currently unclear how this issue and similar strategic issues would be addressed in future. Greater clarity was necessary to show where the focus will be for change under the new arrangements. Mr Coles stated that it would be the responsibility of the NCB to take forward strategic change.

Holding Clinical Commissioning Groups and providers to account
One of the 10 design principles of the NCB was to enable assumed autonomy. The NCB was also required to hold Clinical Commissioning Groups and providers to account and ensure performance remained high. It was asked how the NCB intended to do this.

Mr Coles stated that CCG clinicians would start from a position of independence, but should there be any reason to change this view, the NCB could trigger a 'directions to CCG' instruction which would require that they would then need to seek approvals from the NCB.

Service demand

It was asked if money would be returned to Enfield if a service demand was not being met. Mr Coles responded that if a demand was not being covered, a new course of action could be developed.

Complaints handling

The Francis report referred to the need for a clear complaints process. It was thought essential for the NCB to ensure a transparent complaints process existed and was well advertised.

Mr Coles was thanked for his presentation and for the diagrams circulated with the presentation notes which

a) listed the 'National Outcomes Framework Indicators for CCG' - rankings for the London Boroughs and
b) showed the 'NHS landscape from April 2013' which showed the funding and accountability lines under the new NHS arrangements

Resolved that-

1. The NCB be recommended to ensure the structures for overseeing CCGs are reliable to monitor any 'conflict of interest' contentions that may arise.

2. As service develops, further monitoring would be beneficial of complaints publicity.

7. **MATERNITY SERVICES**

Fiona Laird Head of Midwifery NMUH and Suzanne Sweeney Acting Maternity Network Manager gave an update on the provision of maternity services in north central London.

It was noted that the Maternity Network would cease to exist from 1st April. Key issues that had previously been raised by the JHOSC were:

- work force planning in response to the ageing midwife population
- maternity unit suspensions (diverts) where women in labour have needed to be transferred to an alternative hospital and
- standardisation of the midwife to birth ratios

The following issues were highlighted

- It was anticipated that maternity services would be moved from Chase Farm to Barnet Hospital in November 2013
- All trusts in the NCL had undertaken workforce planning. There was a disparity in the age of the workforce in each unit so a programme for training and mentoring to enable junior midwives to become clinically competent earlier had been introduced.
- There had previously been a difference in the way the midwife to birth ratios had been calculated between the trusts. All units had now standardised the way in which this data was collected and figures would be regularized by end of the year. NHS London recommended a ratio of 1:30 for London units.
- There were 158 intra-trust diverts at Barnet and Chase Farm Hospital Trust (transfer of women in labour between Barnet and Chase Farm hospitals) for 2012.

The following issues were raised by JHOSC and answers provided-

Capacity of birth centres and number of nurses

Concerns were expressed that there was insufficient capacity for the number of births expected following the transfer of this service from Chase Farm hospital, especially considering the high birth rate in the area. There was particular concern for those women who had needed to be transferred between Chase Farm and Barnet hospitals, often when they were in the first stages of labour. It was also mentioned that midwives also had to be diverted between the two hospitals. It was asked if adequate measures were in place at both hospitals, such as the request for a greater number of ambulances to assist with this problem. It was noted that when transfers took place, the patient should be accompanied by a midwife in an ambulance. Concern was expressed that this might not always be happening

It was noted that the country was losing 213 nurses a month and it was asked if this was impacting on the midwifery. Although NHS London recommended a ratio of 1:30 midwife to birth ratios it was understood that current ratios were 1:33. It was asked if there would be sufficient beds at North Middlesex and Barnet hospitals to cover for those people who would have used Chase Farm hospital. Because of these concerns, it was asked that figures be provided on births at Chase Farm and Barnet and the capacity available following proposed changes at Chase Farm hospital.

Ms Price responded that while it was understood that there might be some shortage of midwives in other areas of London, there was sufficient capacity for maternity units in the local area. Services were aware of the population increase, especially relating to the 'eastern corridor', which was an area that led up to the M25. It was understood that recent census figures showed birth rates rising in some areas by 9%. The projected number of births for the next 10 years had been looked at and this had confirmed that it will be a big challenge for both trusts. Weekly meetings were being held to discuss proposals and there should be sufficient capacity for 6,500 births a year.

It was suggested that further information be given to the next meeting and local members would be invited to visit the sites. The midwifery unit at the North Middlesex University Hospital (NMUH) was congratulated for winning the Bio Oil Team of the Year Award at the Royal College of Midwives annual award ceremony.

Plans at Whittington Hospital

It was asked if the Maternity Network had been consulted on any of the proposed plans that were being proposed at Whittington hospital. They confirmed that they had not been consulted.

Resolved that:

A briefing would be given at a meeting (prior to the 6 June scheduled JHOSC meeting) of JHOSC Members from Barnet, Enfield and Haringey on the number of births at Chase Farm and Barnet, 'diverts' and the future capacity for women giving birth following the proposed BEH changes. Siobhan Harrington, BEH Programme Director, agreed to provide modelling information on births and on the number of

ambulances.

8. **CONCLUSION TO PLANNED CHANGE TO THE PROVISION OF NEUROSURGICAL SERVICES IN NORTH CENTRAL LONDON**

Linda McGurrin, Divisional Director of Operations, Surgery and Associated Services, Royal Free Hospital, Robert Bradford, Clinical Director & Consultant Neurosurgeon, Royal Free Hospital/ UCLH, Jackie Sullivan, Divisional Manager UCLH and Jamie McFetters, Business Manager for Neurosurgery at Queen Square UCLH gave an update on this issue.

The following points were highlighted:

- The transfer of non-elective, neurosurgical patients, intracranial neurosurgery elective inpatient work and complex spinal work was transferred in June 2012 (phase 1). This has been a success with excellent patient outcomes, the service was received on one site and the majority of staff had transferred from the Royal Free to University College London Hospital (UCLH).
- The next phase of the transfer was due to take place from 1 April 2013 when the remaining staff would transfer. The two stage process was necessary because additional beds were needed at Queen Square (UCLH). This additional capacity was now in place with 7 extra beds and improvements to the availability of day care facilities.
- It was beneficial for this transfer to take place to centralise equipment and specialist care in one place, which enabled the service to increase its skills base and offer a world wide service

The following issue was raised by JHOSC:

<u>Major trauma care</u>
In response to a question it was confirmed that, should an accident occur, it was unlikely that a patient would be taken to this centre as initially treatment would be dealt with at a major trauma unit. Transfer of a patient from a major trauma unit to the neurosurgical service might take place at a later stage.

Resolved:
That the proposals for the final stage of the transfer of the neurosurgical service be supported and that the team be thanked for their report and work undertaken.

9. **TRANSITION PROGRAMME PROGRESS UPDATE**
Sile Ryan, Transition Programme Manager, NHS North Central London, gave an update on the Transition Programme. She highlighted the following:

- The report gave an update on the handover from NHS North Central London to the new NHS organisations from 1 April 2013. She said that 95% of staff had so far found new roles.
- The legacy management organisation would co-ordinate and resolve issues following on from the transfer of services. Issues to be dealt with were currently being identified by the Department of Health, NHS London and NHS North Central London. The Legacy Management Organisation would be a national organisation with a dedicated Legacy Management Programme for

London.

The following issues were raised by JHOSC and answers provided

Costs
The Legacy Management Organisation would be able to provide information on the overall costs involved for the transition at a future meeting of JHOSC.

Maternity Services
Sile Ryan would let the Committee know what panel/team would be taking over maternity service duties after the NCL grouping had been discontinued. The Committee expressed concern that responsibility for this service was not clear.

High risk areas
It was asked if there were any causes for concern/high risk areas that the Committee should be made aware of relating to the transition. It was not thought there were any particular service areas for concern although the handling of complaints needed to be scrutinised to ensure that it was 'fit for purpose'

Legacy Management –finance and outstanding claims
It was asked when it would be known if there were any remaining funds left following the transfer of services and who would meet outstanding insurance claims. It was also asked if there were any financial issues that the Committee might not be currently aware of but which could be a cause for concern. It was answered that some of the 'live' insurance claims would move over to new service arrangements and additional financial details can be brought back to a future meeting of JHOSC.

Timeframe
From April and until the end of June most transfers should have taken place. Transport issues and concerns relating to the number of ambulances and also transport for patients/visitors were all issues that would be discussed further at the Barnet, Enfield and Haringey Strategy meeting to be arranged and would be reported back to the JHOSC.

10 **WHITTINGTON HEALTH – TRUST ESTATES STRATEGY AND 5 YEAR CAPITAL INVESTMENT STRATEGY**

Dr Yi Mien Koh, (Chief Executive) and Philip Lent (Director of Facilities) at Whittington hospital gave an update on the Trust Estates strategy. This was a 'direction of travel' and was based on different ways and ideas for the development of health care. If clinical strategies changed, the Trust would need to be able to adapt and remodel its estate. Key investments were to be made in the estate. It was confirmed that negative press coverage had been reported on this matter. Open days and Councillor visits were being planned to allay any fears.

The following issues were raised:

Strategy
Confirmation was given that the strategy, agreed by the Board on 23 January, was a 'Direction of Travel' document

Reduction of staff and hospital beds

It was questioned why, at the Islington HOSC meeting in October, there had been no reference made to the proposed reduction of staff and reduced number of hospital beds. This information did not emerge until January 2013. It was asked if anything had happened to bring about the proposals in January. The Committee noted that there had been discussions about the possibility of medical students moving from the Whittington site to an alternative hospital site in the summer of 2013. The Trust had a strong wish to retain its teaching hospital status and this desire had meant that it was necessary for it to respond quickly to the changing circumstances.

Social care costs for Local Authority

Dr Koh explained that new proposals in the development of health care would result in quicker recovery times as mobilisation of patients would be improved. Older people would be treated immediately and as a result they would be able to go home earlier. Their recovery rates were expected to be greatly improved and fewer people would need longer hospital care.

Hospital size

The Committee noted that only 4% of the area for Whittington hospital included in the proposals was currently used for clinical services. All other areas included in the proposals were vacant or used for administration purposes. It is essential that the Trust make more use of the hospital site.

Foundation status. Is the 'Direction of Travel' Strategy necessary for the foundation bid

A suggestion was made that the hospital had acted like a private business and it was asked if proposals were put forward in an attempt to finance a foundation bid. It was answered that the strategy is related to the bid but not essential to it. The Trust was firstly aiming to invest in the site. The proposals aimed to bring about clinical changes/improvements. The Trust was aiming to improve maternity services, as it wished to improve the buildings and encourage more people to use its maternity services. Reference was also made to clinicians desire for an ambulatory care centre at the Whittington.

Integrated care service

It was asked if as the 'Direction of travel' strategy document was causing anguish should this now be withdrawn and should further work be done with the community on integrated care It was answered that it was necessary for the Trust to align the work with the new plans/arrangements of the CCG .

Engagement with community

A Member of the Committee stated that there appeared to be some similarities with the changes that had occurred at Chase Farm hospital and stressed the importance of the hospital engaging with the community at an early stage to answer any concerns or fears they may have.

It was noted that local residents had many concerns about possible changes at the hospital and a demonstration was being held soon about these issues. Many people

who might have difficulties obtaining GP appointments had faith in the A&E service and the Trust needed to address this issue together with primary care colleagues.

Timetable
Engagement with HOSCs and visits would take place between now and summer.

Ringfenced capital money
It was confirmed that capital receipts must be used for capital projects only

Maternity care
In answer to a question whether limits were being put on the number of people who were able to use the maternity services, it was stated that the Trust was trying to encourage more people to use its services, expecting approximately 4,000 births a year.

The midwifery unit at the North Middlesex University Hospital (NMUH) had won a prestigious award and it was suggested that changes for improvements to the maternity service at Whittington hospital be discussed with them.

Resolved:

1. That the application for foundation trust be supported and the Committee be kept informed of developments; and
2. That the Trust be recommended to consider further improvements to its engagement with the local community.

11. **WORK PLAN AND DATES FOR FUTURE MEETINGS**

It was asked whether the area covered by this JHOSC should be expanded so that it was coterminous with the area covered by the Commissioning Support Unit for the area. However, it was agreed that the current JHOSC was of a manageable size at present and should remain as it currently exists.

Resolved that:

The following items to be added to the Forward Work Programme:

- Transition programme progress/costs
- BEH Midwifery statistics and ambulance capacity (additional interim meeting to be arranged)
- Meeting 6.6.13 - Barnet and Chase Farm acquisition by Royal Free, Out of hours service – Harmoni, Barndoc and 111.
- 6 weekly JHOSC meeting frequency agreed.
- The Scrutiny Process and how this is to be co-ordinated following the Francis report on Staffordshire hospital. Clinical Care to be a standard item on future agendas.
- Ownership of strategic direction
- CCGs commissioning – quality/cost criteria.