North Central London Sector Joint Health Overview and Scrutiny Committee
6 June 2013

Minutes of the meeting of the NCLS Joint Health Overview and Scrutiny Committee held at Islington Town Hall on 6 June 2013

Present

Councillors	**Borough**
Gideon Bull (Chair)	LB Haringey
Peter Brayshaw	LB Camden
Alison Cornelius	LB Barnet
John Roger Kaseki	LB Islington
Martin Klute	LB of Islington
Graham Old	LB Barnet
Barry Rawlings	LB Barnet
Anne Marie Pearce	LB Enfield
David Winskill	LB Haringey

Support Officers

Rob Mack	LB Haringey
Peter Edwards	LB Islington
Andrew Charlwood	LB Barnet

1 ELECTION OF CHAIR AND VICE-CHAIR

Resolved that:
1. Councillor Gideon Bull be elected as Chair of the Committee for the municipal year 2013/14; and
2. Councillor John Bryant be appointed as Vice-Chair of the Committee for the municipal year 2013/14.

2. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Alice Perry; Councillor John Roger Kaseki was attending as a substitute member. Councillor Gideon Bull had been appointed to the Committee in place of Councillor Reg Rice.

3. DECLARATIONS OF INTEREST

Councillor Brayshaw declared a personal interest as a member of the governing body of University College of London Hospitals. Councillor Cornelius declared a personal interest in the item on Barnet and Chase Farm as she was an assistant chaplain at Barnet Hospital. Councillor Bull declared a personal interest as an administrator for Moorfields Eye Hospital.

4. URGENT BUSINESS

None.

5. MINUTES OF THE 14 MARCH 2013

Resolved that:
The minutes of the meeting on the 14 March 2013 be approved, subject to the following amendments:

Item 6 Barnet and Chase Farm Hospitals NHS Trust Update –
The word 'transaction' in the 5th line of the second paragraph on page 2 of the minutes was amended to read 'acquisition'.

Item 10 Whittington Health – Trust Estates Strategy and 5 year Capital Investment Strategy
The words 'possibility of medical students moving…' in the 5th line of the second paragraph on page 12 were amended to read 'decision which had been taken to move medical students…'

Matters Arising
Jan Pollack, speaking from the public gallery, drew attention to an item arising from the minutes relating to the Whittington Hospital's proposals for 'Transforming Healthcare for Tomorrow' and asked whether the Committee was concerned, as she was, about the adequacy of the public consultation which had been carried out so far. In reply the Chair indicated that the Whittington's proposals would be the main item on the agenda for the Committee's next meeting in July and in the meantime invited Ms Pollack to write to him about her concerns.

6. BARNET AND CHASE FARM HOSPITALS; ACQUISITION BY ROYAL FREE HOSPITAL

Dr Tim Peachey, Chief Executive of Barnet and Chase Farm Hospitals, Caroline Clarke, Deputy Chief Executive of the Royal Free London Foundation NHS Trust and Alastair Finney, NHS Trust Development Authority updated the Committee on these proposals.

Caroline Clarke made a presentation on the transaction process and stressed in particular the Royal Free's objectives, namely excellent patient outcomes; excellent patient experience; excellent value for taxpayers; full compliance; and a new merged organisation with a viable cost base. She also outlined the potential benefits for patients, commissioners, Barnet and Chase Farm staff and Royal Free staff.

The Royal Free's Board was working hard to assess the benefits of the proposed acquisition and to prepare a business case by 31 July 2013. As part of the process of working up the business case the Royal Free was looking at how to make pathways better in a clinical sense as well as viable, testing how it could make some of its systems more efficient, and also exploring different ways of working across healthcare systems with GPs and commissioners. It was also intended to bring stability to Barnet and Chase Farm Hospitals after a turbulent past.

Dr Tim Peachey explained that once a decision had been taken to progress the acquisition in the way outlined in the report, it was for the Royal Free to run the process.

The following points were made in the questions and discussion which followed:

- The Royal Free were totally committed to the strategy for 'acquisition'.
- The distinction between acquisition and merger was clarified; in this case it was intended that a foundation trust would acquire the assets and liabilities of an NHS Trust. This would involve some changes to the Royal Free's constitution and governing body.
- The existing governing body of the Royal Free would have to approve the process and authorise the submission of the outline and final business cases.
- In the event that the Royal Free were to decide not to proceed as preferred partner, Dr Peachey explained that the Barnet and Chase Farm Hospitals would have three options: to repeat the process and seek another partner; to seek a private sector partner; or to enter the unsustainable provider regime.
- It was suggested that the acquisition could affect the critical mass of the Barnet and Chase Farm Hospitals. Caroline Clarke explained that the Royal Free were trying to secure a sustainable model for all component parts of the acquisition strategy and would have to comply with the new competition model and satisfy Monitor on this point as the regulator of foundation trusts.
- In essence, the Royal Free's involvement was based on its concern about the small scale of some of its conventional hospital services. It was looking to the acquisition in part as a way of spreading some of its costs as well as improving outcomes for patients.
- As far as possible the aim was to avoid compulsory redundancies by controlling vacancies and making savings in the back office areas.
- It was expected that Barnet would continue to be a busy general hospital and Chase Farm would do more elective-based work in future.
- It was pointed out that the presentation of the changes to local residents was all important especially in the light of the Whittington Hospital's recent experience and public concerns about selling off assets to fund future investment.
- Dr Peachey explained that the Barnet and Chase Farm Hospitals Trust currently rated '1' on Monitor's risk rating. The Trust's business case provided that any proceeds from land sales were pre-committed to the Barnet and Chase Farm Hospitals.
- The Chair stressed that the Committee had a part to play in helping the NHS Trusts to get the key messages across to local residents.

In response to a question from a member of the public, it was noted that monies raised from land sales would not include the St Ann's Hospital site as this was owned by Barnet, Enfield and Haringey Mental Health Trust.

Alastair Finney then explained the role of the NHS Trust Development Authority (TDA), a new statutory body which had come into effect on 1 April 2013 with responsibilities for functions previously held by the Department for Health, the Strategic Health Authorities and the Appointments Commission which included assurance of clinical quality, governance and risk in NHS Trusts, management of the 'Foundation Trust pipeline', and appointments to NHS Trusts. The TDA had five roles, the most significant of which were to support the NHS in planning sustainable services, to oversee support and performance manage all 101 remaining NHS

trusts, 21 of which were in London, including 5 in the North Central London area, and to support them through the process to obtaining FT status. The TDA also had a part to play in supporting the unviable trusts (which currently numbered 14 nationally) through mergers and acquisitions, interventions and improvement programmes.

The next steps for the TDA were decisions on the outline and final business cases with the aim of completion by Spring 2014.

The following points were made in the questions and discussion which followed:

- In this case, the decision on whether a trust was viable was for the TDA acting on the recommendations of the Boards of individual trusts. Referring more generally to the 14 trusts referred to in the presentation, it was thought that the boards of each of the individual Trusts would have decided at an earlier stage that they did not consider that they were sustainable in their current form.
- The TDA was a statutory organisation with a Board appointed by the Secretary of State. Meetings of the Board were held in public.
- The TDA would not approve the business case without a letter of support from NHS England and the local Clinical Commissioning Groups (CCG).
- On a more general point, it was unclear to the Committee where responsibility for the overall strategic approach rested in the new NHS structure. This was an important point for local authorities in terms of who they should seek to influence through the scrutiny role. Alastair Finney believed that whilst all NHS bodies, including the TDA and local CCGs, had a part to play in this, only NHS England could take a system-wide view, especially as the TDA had no accountability for existing FTs – in which case it was still not clear how local authorities could seek to exert some influence on pan-London issues.

The Committee noted that the work on the acquisition had so far cost the Royal Free circa £1 million and this sum was likely to double by the end of the process. The Chair thanked Dr Peachey, Caroline Clarke and Alastair Finney for attending the meeting and answering Members' questions.

Resolved that –

7. The Committee maintain a watching brief over developments relating to the proposed acquisition.

FRANCIS REPORT

The Francis report on the public inquiry into the failures of Mid-Staffordshire NHS Foundation Trust had highlighted a number of shortcomings in the local authority scrutiny role, as follows:

- Lack of detail in notes of some meetings about Stafford Hospital;
- The need for HOSCs to be more proactive in seeking information;
- An over-dependency on information from the provider rather than other sources, particularly patients and the public;
- Lack of resources, particularly in small borough committees; and
- The need for scrutiny to be conducted at arms-length rather than as a

'critical friend'.

It was suggested that the Joint Committee covered these points quite well, especially in asking challenging questions, in properly minuting meetings, in asking the right questions, in making visits where appropriate for purposes of investigation, and in ensuring that residents know that they can attend meetings and have a say. Issues relating to the quality of care could nevertheless be challenging to address.

Drawing on the lessons of the Francis report, it was clearly important that Overview and Scrutiny Committees should be prepared to independently verify what was being said rather than accept it at face value. A local campaign group could for example be asked for their comments, as could Healthwatch who should be invited to nominate a representative to serve on the Committee.

It was generally agreed that the Committee should liaise more with the Health and Wellbeing Boards on what they thought and expected the Overview and Scrutiny Committee to do, and what its priorities should be. Other points were that the Committee should co-ordinate its work programme with those of other health scrutiny committees in the area to avoid duplication and also that it should make better use of Healthwatch. It was also felt that boroughs should work together to scrutinise acute provider trusts in the area through, for instance, arranging joint meetings. Such an approach could be used to consider Quality Accounts.

Mr Smith, a member of the public present at the meeting suggested that the Committee should do more to advertise its meetings if it wanted more information on local issues and concerns. That might help local organisations and campaign groups to feed into the Committee's agenda and work programme.

Resolved that –

8. The Committee organise a training session for Members in October 2013 on issues arising from the Francis Report, to be hosted by the London Borough of Haringey.

MATERNITY SERVICES

The Committee received a report back on the Barnet, Enfield and Haringey Clinical Strategy following a meeting held at Enfield Civic Centre on 23 April 2013.

Copies of a fact sheet on developments around maternity and the BEH clinical strategy were circulated at the meeting, addressing questions raised at the meeting in April. A number of Members had also had visits to the North Middlesex Hospital in the interim, which they found informative and encouraging. Members asked a number of detailed questions about the capacity for handling the forecast numbers of births at the Barnet, Chase Farm and North Middlesex Hospitals and also at the Edgware Birthing Centre, which would not change as a result of the strategy. It was confirmed that North Middlesex University Hospital had no mothers-to-be diverted to other services, whilst Barnet and Chase Farm hospitals had 158 maternity diversions between sites. Expanding maternity services at Barnet and North Middlesex Hospitals would help to minimise mothers-to-be being diverted to other hospitals.

9. It was explained that capacity would increase at both Barnet and North Middlesex Hospitals to meet the needs of women giving birth in the area. Current and planned beds/couch numbers were illustrated for North Middlesex University Hospital and Barnet Hospital. Staff were monitoring the situation closely and mapping which hospitals expectant mothers were booking although not all would book sufficiently far in advance to assist with planning. The aim was to anticipate the trends based on the numbers forecast in the current year.

UROLOGICAL CANCER SURGERY

The Committee was invited to consider further the status of proposals relating to changes to urological cancer surgery services in the light of previously circulated legal advice provided to the Chair.

Councillor Klute reported that LB of Islington's lawyers had advised that it was not clear that these proposals amounted to a substantial change or variation and any challenge based on the assumption that it does amount to such a change or variation might well not succeed.

Neil Kennett-Brown, Programme Director, Change Programmes advised the Committee that a report had been made to NHS England making the case for consolidating the more complex urological cancer care services in specialist centres and acknowledging the feedback from some patient groups about the impact of the proposals particularly in terms of longer journey times for those with further distances to travel which they believed warranted a fuller process of public consultation.

In the light of the feedback obtained, NHS England had agreed that the proposals would benefit from a formal consultation exercise, which was expected to be launched later this year, along with developing proposals for other specialist cancer services across north east and north central London.

Mr Kennett-Brown offered to attend the next meeting of the Committee in July to discuss the process which would very likely involve the constitution of a wider Joint Health Overview & Scrutiny Committee covering North Central and North East London and possibly also some adjoining areas outside the Greater London area.

The Committee thanked Mr Kennett-Brown for attending the meeting and agreed to include this matter on the agenda for its July meeting.

10 NHS 111 SERVICE

. The Committee received an update on the 111 Service from Dr Tim Ladbrooke, Medical Director for LCW (London Central & West Unscheduled Care Collaborative) and Neil Kennett-Brown, Programme Director, Change Programmes. The following points were emphasised in the presentation:

- NHS 111 was a new non-emergency telephone service for use when people need medical help or advice, but do not need to make a 999 emergency call. It went live to the public on 12 March 2013. Calls from landlines and mobile

phones are free.

- NHS 111 gives healthcare advice and directs patients to the right local service e.g. a local GP, another doctor, urgent care centre, community nurses, emergency dentist or late-opening pharmacy. In cases of emergency, an ambulance is despatched immediately without the need for any further assessment.
- The service is staffed around the clock, 365 days a year, by a team of fully trained advisers, supported by experienced clinicians.
- The local service was developed jointly with CCGs and GPs. after extensive engagement with stakeholders.
- The service is now being promoted to the wider public – public information distributed to all GP practices, pharmacies, dentists, hospitals, health centres, town halls, libraries and community venues.

The following points were made in the questions and discussion which followed:

- NHS 111 had replaced NHS Direct as the single number for urgent care advice. However, NHS Direct was also an NHS 111 service provider in some areas outside of North Central London.
- The Service is provided locally by London Central & West Unscheduled Care Collaborative (LCW), an established provider of unscheduled care in the inner North West London area.
- A&E activity had not increased as a result of the NHS 111 Service. There were a number of doorways to medical advice and health care. A&E was only one fixed point in the NHS –the NHS 111 Service aspired to make sure that patients were directed to the right service first time.
- The role of the London Ambulance Service was referred to in this context and it was explained that Clinical Commissioning Groups in London had recently agreed to make an additional investment in the Service, and the London Ambulance Service had embarked on a transformation programme, which members might be interested in.
- It was noted that NHS England was conducting an urgent national review of the sustainability of NHS 111 and the market of providers delivering the service. Members questioned the sustainability of the model in coping with demand at very busy times.
- There were also concerns about the triage of patient calls by call operators as there was a view that this required medical expertise. In response, it was pointed out that the service was using a programme written by doctors, with content supported by the Royal Colleges and stressed that call handlers were not making a diagnosis, merely advising on where and how to deal with patients' conditions. Call operators had undergone extensive training – 6 weeks' pathway training plus additional training as part of an induction. This was longer than the training previously provided for call handlers working in the Out-of-Hours service.

The Committee discussed service performance and noted that LCW was required to review performance on a regular basis, against national KPIs which included:

<u>The number of calls answered in 60 seconds: national standard is more than 95%.</u>
LCW's current performance was 92.5% which represented a significant

improvement towards the national standard.

The number of calls abandoned.
LCW's performance was currently under 1.5% compared with a national indicator of under 5%.

The number of calls where clinician callback was achieved within 10 minutes. LCW's current performance was 72.5%, the best across London.

The number of triaged calls which result in an ambulance dispatch: national standard is fewer than 12% of triaged calls.

Dr Ladbrooke confirmed that performance is continuing to improve against the key indicators since the launch date although he acknowledged that the service had fallen back over Easter and LCW had been seriously challenged by rising demand during this period. He felt that the Committee could gain a better understanding of the way that the service operated by undertaking a visit to the call centre.

Mr Smith, a member of the public present at the meeting, suggested that the NHS should give more publicity to where patients with minor ailments could go e.g. pharmacies and in reply it was explained that referral routes were in place, as part of the 111 Service. Members of the Committee were invited to visit a call centre and see how the service works in practice.

The Committee thanked Dr Ladbrooke and Mr Kennett-Brown for attending the meeting and agreed to include this matter in its Work Plan

Resolved that:
A visit to the 111 call centre for the area would be arranged for Members of the Committee.

11 WORK PLAN AND DATES FOR FUTURE MEETINGS

The Committee agreed dates for meetings in 2013/14. In addition, it was agreed that consideration would be given to holding a meeting during May, subject to clarification of purdah period rules. This would be principally to look at Quality Accounts for relevant acute provide trusts. It was noted that Barnet HOSC had scheduled a meeting during May and had been advised that the purdah rules did not apply to health scrutiny.

Resolved that:
0. The following dates for future meetings of the Committee were agreed:
    - 19 July (Camden);
    - 4 October (Haringey);
    - 29 November (Barnet);
    - 7 February (Enfield); and
    - 28 March (Islington).

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1. The following items to be added to the Forward Work Programme:
   Whittington Hospital
   Formal consultation on urological and other cancers
   A&E services
   Strategic direction
   Failing GP practices
   Diabetes – future options and care plans
   Dentists and opticians
   Specialist services commissioned by NHS England
   NHS 111 Service
   Quality Accounts; Royal Free, Camden and Islington and Barnet, Enfield and Haringey Mental Health Trusts (both together), Barnet and Chase Farm.