North Central London Sector Joint Health Overview and Scrutiny Committee
Meeting of Barnet, Enfield and Haringey Members
Monday 24th March 2014

Present:

Councillors	**Borough**
Gideon Bull (Chair)	LB Haringey
Alev Cazimoglu	LB Enfield
Alison Cornelius	LB Barnet
Graham Old	LB Barnet
Anne-Marie Pearce	LB Enfield
Barry Rawlings	LB Barnet
David Winskill	LB Haringey

1. APOLOGIES FOR ABSENCE

None.

2. DECLARATIONS OF INTEREST

Cllr Cornelius declared a personal interest as an assistant chaplain at Barnet Hospital.

3. A&E PERFORMANCE ISSUES AT BARNET AND CHASE FARM AND THE NORTH MIDDLESEX HOSPITALS

Fiona Smith, Chief Operating Officer from Barnet and Chase Farm (BCF) Hospitals, reported that BCF was in the lowest performing five acute trusts in London in terms of its A&E performance and 18th out of the 22 trusts in London. However, it had met the 4 hour target for the last two weeks and other acute trusts were not performing as well. Data from 9 December to the present had been analysed. BCF's performance data had been fully validated which was not always the case with other acute trusts. There had been some 12 hour trolley waits. The trust's performance was not radically different from other acute trusts.

Performance in respect of queuing ambulances was now improving. The proportion of people arriving by ambulances had increased slightly and was now approximately a third of A&E activity. In addition, the number of overall attendances had increased. The number of ambulances arriving had so far been higher than the BEH Clinical Strategy modelling had suggested. This had predicted between 80 and 90 per day but over 100 had been arriving. It was not possible to determine at this stage whether this was due to winter pressures or was likely to be the "new normal". The higher volume of activity had nevertheless already been factored into future projections. It was the view of the trust that the higher level of activity was probably long term but they were not yet in a position to be certain of this.

Attendances at hospital were only just above expected levels but admissions were gone up. Bed occupancy levels were also high and this correlated with lower levels of A&E performance in respect of the four hour target. The majority of elderly people attending A&E came from their own homes but a significant number came from residential care

homes. The Trust was currently working with the CCG in Barnet to address this issue and an action plan was being developed. The focus of this was system wide. There was a top ten list of reasons why elderly people were admitted.

It was very early days for the hospital following the implementation of the Barnet, Enfield and Haringey (BEH) Clinical Strategy and work was being undertaken with clinicians to address the current challenges. Weekend discharges had increased significantly and appropriate support was being provided when required through the Post Acute Care Enablement (PACE) scheme.

In answer to a question, Ms Smith stated that she was aware that there were a large number of care homes in the Barnet area, some of which were very big. The proportion of admissions that came from these homes had not yet been calculated. In answer to another question, Gary Baines, from the East of England Ambulance Service, reported that his service were taking between 10 and 15 patients per day to either Barnet or Chase Farm hospitals.

Tim Peachey, the Interim Chief Executive of Barnet and Chase Farm Hospitals, stated that the changes brought in through the BEH Clinical Strategy had not been designed to save money but to make best use of clinical expertise and comply with the European working time directive. Part of the process involved a phased change to providing more care in the community. Whilst this process had already begun, the changes were likely to take several years to implement fully. Cold was not the only type of weather that could impact adversely on health. Wet weather and low atmospheric pressure could also have an effect, particularly on respiratory condition. It was possible to factor in meteorological conditions to projections.

Ms Smith acknowledged that social factors impacted on the number of admissions. The TREAT scheme to mitigate the number of admissions had been used to address this and provided access to social workers. Delayed discharges were significantly down due to successful partnerships. Figures were reviewed each week.

Committee Members expressed concern at the numbers of elderly people being admitted to hospital. It was felt that these were unlikely to go down. It was felt that work needed to be undertaken with care homes to see if any admissions were preventable. Ms Smith responded that each care home had a GP linked to them. Support nevertheless needed to be provided form them and work was being undertaken to address this.

David Donegan, Director of Operations from the North Middlesex University Hospital (NMUH), reported on the position in respect of NMUH. In terms of its A&E performance, it was 12th out of 22 in London and the second best in the north central London area. Following the reconfiguration undertaken as part of the BEH Clinical Strategy, NMUH's A&E was now the largest in London. The latest statistics showed no breaches in standards for ambulance handover times and or trolley waits. Although there had been a blip in performance due to building work, performance was better than last year.

There had been an increase in emergency admissions since last year and these were now slightly higher than before the implementation of the BEH Clinical Strategy. There had also been an increase in the number of ambulances arriving but this had been

mitigated by the London Ambulance Service's intelligent conveyancing system. 34% of people arriving by ambulance needed admission. The Trust was working with the Urgent Care Centre on the hospital's site to see if the pressure on A&E could be reduced. However, relevant targets were being met.

It was noted that A&E could look very busy from the outside but this was not necessarily the case on the inside. Julie Lowe, the Chief Executive of NMUH, commented that the numbers of patients attending were in line with expectations and modelling. The Trust was working with commissioners and other providers to reduce pressures, particularly those arising from residential care homes.

Paul Gates from the LAS, reported that the LAS aimed to proactively manage conveyancing of patients to A&E units through the intelligent conveyancing system. The process was subject to external review but so far it was felt that it was having the desired effect. It had worked best in inner London. Improvements were to be made though. In particular, there was a need to improve liaison with the East of England Ambulance Service.

Ambulance services were configured to respond to demand pressures. As part of this, there had been increases in the number of vehicles in some parts of London. Private ambulances were used from time-to-time. Although they would prefer not to use them, it was necessary due to a national shortfall of 2,000 in the number of trained paramedics.

Lorna Reith, the Chief Executive of Healthwatch Enfield, stated that performance statistics for BCF covered both sites. In order to obtain of clear picture of the changes in demand levels on services, it was necessary to disaggregate the data. She felt that it was important that the impact of the reconfiguration undertaken as part of the BEH Clinical Strategy was clear. In addition, she expressed concern at cancellation levels of planned surgery.

AGREED:

That further information be sought from the London Ambulance Service on the number of conveyances of people from care homes to A&E that had taken place during the winter period.

4. MENTAL HEALTH STRATEGIES REPORT

Members of the Committee noted that the meeting had originally been called to consider the Mental Health Strategies Report. Liz Wise, the Chief Executive of Enfield CCG, reported that it was not yet possible to release the report as it needed to be first considered by the relevant Clinical Commissioning Group (CCG) and provider trusts.

She reported that there had been a very significant overspend relating to acute mental health care. In particular, there had been high levels of delayed transfers of care. A number of preliminary recommendations had been made. A lot of expenditure had been incurred on care provided from outside organisations and consideration was being given to providing this internally. Delayed transfers of care were also being addressed. The report was currently in its final draft and would be considered by each CCG and the

Mental Health Trust. The report included some quite complex information regarding unit costs and further work on these was required. The CCGs had indicated a willingness to consider investment and were looking at putting this in whilst the issues were being worked through.

Maria Kane, the Chief Executive of Barnet, Enfield and Haringey Mental Health Trust, reported that the Trust was forecasting a deficit of £11 million for the forthcoming year. Reviews of services would be undertaken and efficiencies would be required. Ms Wise commented that there was a need for partners to work together more effectively. Accommodation was a key area for consideration. Ms Kane reported that this could involve site consolidation and was not likely to be an easy process, with some difficult decisions being required.

Committee Members expressed disappointment that the report had not been made available. Concerns were also expressed about the implications of the report, which could make it more difficult for people with mental health needs to access help. Ms Wise commented that nothing would be agreed till its impact had been fully assessed. However, no actions would be taken that compromised quality. Negotiations between commissioners and the Mental Health would be taking place shortly.

Committee Members queried whether the Purdah period rules applied to health scrutiny as it did not have any executive powers. They requested that the Mental Health Strategies report be made available to them at soon as was possible and, subject to appropriate legal advice being received about relevant Purdah regulations, another meeting of JHOSC Members from Barnet, Enfield and Haringey be arranged for early May to consider the report.

AGREED:

That that the Mental Health Strategies report be made available to appropriate JHOSC Members at soon as possible and that, subject to appropriate legal advice being received about relevant Purdah regulations, another meeting of JHOSC Members from Barnet, Enfield and Haringey be arranged for early May to consider the report.