



**Haringey** Council

Agenda item:

**Cabinet**

**On 18 September 2007**

Report Title: **Consultation Response to the Barnet, Enfield & Haringey Clinical Strategy: “Your Health, Your Future: Safer, Closer, Better”**

Report of: **Director of Adult, Culture and Community Services**

Ward(s) affected: **All**

Report for: **Non-Key Decision**

### **1. Purpose**

- 1.1 To provide Cabinet with a summary of the Barnet, Enfield & Haringey Clinical Strategy and its implications for Haringey.
- 1.2 To seek agreement for a response from the Council (appended) to the current consultation on the strategy.

### **2. Introduction by Cabinet Member**

- 2.1 This Clinical Strategy, together with the Haringey Primary Care Strategy (also currently out for consultation) and the forthcoming plans for the St Ann’s Hospital site, will set the direction for the local NHS in addressing the future health needs of Haringey residents over the next five years. Members should be aware of its key messages and the possible implications for Haringey.
- 2.2 The Council should take this welcome opportunity to respond to the strategy, and I commend to you the appended letter of response.

### **3. Recommendations**

- 3.1 That this report be noted for information.
- 3.2 That the appended consultation response, including the preference for ‘Option 2’ of the two options being offered, be agreed.

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#### **4. Director of Finance Comments**

4.1 The report sets out Health's strategy for modernising services and managing budgets and future demand in the Barnet, Enfield and Haringey health area. The report identifies a risk of additional costs to the Council of more patients needing social care help to live at home and by implication, the competing priorities of each of the three local authorities to ensure that sufficient resources are redirected by the NHS into community-based services in their areas.

4.2 The financial implications for Haringey across health and social care needs to be worked through jointly by the Local Authority and the PCT to ensure that resources are appropriately reinvested by the NHS into community services and the financial risk to adult social care is minimised.

#### **5. Head of Legal Services Comments**

5.1 There are no specific legal implications to this report.

#### **6. Local Government (Access to Information) Act 1985**

Not applicable

#### **7. Strategic Implications**

7.1 If successfully implemented together with the Haringey Primary Care Strategy (see paragraph 15.2), this clinical strategy will contribute to the Sustainable Community Strategy priority of "healthier people with a better quality of life" and the Council Plan priority of "promoting independent living while supporting adults and children when needed", due to:

- the provision of clinical healthcare services of consistently high quality, while shifting some service provision away from hospitals into more accessible community locations; and
- the achievement of a secure financial future for local clinical services, facilitating the shift towards greater joint working between the TPCT and the Council and greater investment in preventative services.

7.2 However some concerns regarding implementation of the strategy are outlined in this report.

#### **8. Financial Implications**

8.1 There are no direct financial implications to the Council from this strategy. However, the aim to provide more care outside hospital will, if achieved, inevitably create cost pressures in Adult Services as patients will require social care help to live at home instead of in hospital. This continuation of an ongoing trend should continue to be considered a real concern. (The new Continuing Care Framework, due to come into effect on 1 October 2007, may have a bearing by potentially shifting the cost of some established services back to the NHS.)

8.2 Nonetheless it is in the Council's best financial interests for the local NHS to achieve a healthy financial situation, because it creates a better climate for harmonious joint working by Haringey TPCT with the Council and investment in preventative services

which should reduce future demand for the Council's acute social care services. The strategy estimates that making only the minimum possible changes would result in a £37.3m capital shortfall and £17.93m revenue deficit across the three boroughs' health economy by 2011-12. However, both of the options for change being offered for consultation would remove this deficit. Option 1 in the consultation (see below) would deliver a capital surplus of £27m and a revenue surplus of £2.42m to the NHS across the three boroughs by 2011-12, while Option 2 would deliver a much smaller capital surplus of £1.7m and a smaller revenue surplus of £1.9m. The strategy stresses that these savings could be reinvested in local GP and community-based health services. However, there is no guarantee offered that any of these savings will go to Haringey TPCT rather than other trusts.

## 9. Legal Implications

9.1 There are no specific legal implications to this report.

## 10. Equalities Implications

10.1 Enfield PCT has undertaken a full Equalities Impact Assessment on the strategy. The major equalities issue for Haringey residents appears to be if Option 1 is chosen, which would lead to recipients of routine in-patient surgery at the North Middlesex Hospital (a relatively small proportion of the hospital's total patients) being displaced to either the Whittington Hospital or Chase Farm Hospital. This would cause travelling times to be increased in some of these cases, which would have a modest disproportionate impact on older people and people with disabilities. This could be taken as an argument for the Council to instead support Option 2 (see paragraph 11.4) which would not cause this displacement for Haringey residents.

## 11. Consultation

11.1 *Your Health, Your Future: Safer, Closer, Better* is the draft clinical strategy for Barnet, Enfield and Haringey jointly produced by the three boroughs' respective Primary Care Trusts (PCTs). It is out for consultation between 28 June 2007 and 19 October 2007. A decision is due to be made in December 2007. A consultation leaflet has been delivered to every household in Haringey.

11.2 The introduction to the strategy states that "no change is not an option" as it would inevitably lead to a decline in standards, chiefly due to the status quo becoming unaffordable. The strategy thus sets out two possible options for the future distribution of services among Barnet, Chase Farm and North Middlesex hospitals. The Whittington and Royal Free hospitals are **not** directly affected by the proposals. The two options have been whittled down from an initial list of ten, using the following assessment criteria:

- clinical viability and safety;
- accessibility;
- affordability/best use of resources;
- sustainability; and
- deliverability.

One of these initial ten scenarios, now rejected, had involved the North Middlesex Hospital being turned into a community hospital with acute in-patient facilities being withdrawn.

11.3 Under both options taken forward for this consultation:

- Major emergency services would be concentrated at Barnet and North Middlesex (not Chase Farm) – patients requiring major emergency care will need to be taken to one of these two sites. Chase Farm would retain a “local” accident and emergency (A&E) service including an urgent care centre, catering for people needing less major emergency care. (The strategy document argues that the vast majority of patients currently attending Chase Farm A&E do not in fact have life-threatening conditions.)
- All three hospitals will retain day surgery, out-patient functions and diagnostic services.
- Intermediate care beds would be provided at Chase Farm Hospital, for admission avoidance and ‘step-down’ care after in-patient discharge.
- Paediatric and older people’s assessment units would be created at Chase Farm Hospital, but in-patient services for these groups would be concentrated at Barnet and North Middlesex, as would women’s services and obstetrician-led maternity services.
- Services available in a community setting will be strengthened, including increases in GP practice hours and the creation of new primary care centres for diagnostic and outpatient services. (In Haringey, the TPCT has published a separate draft strategy for primary care, *Developing World-Class Primary Care in Haringey*, which is also currently out for consultation to the same timeframe as the BEH Clinical Strategy. The chief proposal in this strategy is the creation of six ‘super health centres’ to supersede some existing GP practices across the borough and provide a wider range of services, thus also supplementing A&E and walk-in services, all in a more accessible way.)

11.4 **Option 1** in the consultation is for routine in-patient surgery to be concentrated at Chase Farm Hospital, and for it to retain a High Dependency Unit. **Option 2** is for both functions to be concentrated at Barnet and North Middlesex Hospitals. This is shown in tabular form below:

Here is a summary of the services planned to be provided under Options 1 and 2 by hospital site:

	Option 1			Option 2		
	Barnet	North Middlesex	Chase Farm	Barnet	North Middlesex	Chase Farm
Accident & Emergency with GP service	Yes and Urgent Care Centre**	Yes and Urgent Care Centre**	Local A&E Dept (incl Urgent Care Centre)	Yes and Urgent Care Centre**	Yes and Urgent Care Centre**	Local A&E Dept (incl Urgent Care Centre)
Emergency activity	Yes**	Yes**	Minor Emergencies only	Yes**	Yes**	Minor Emergencies only
Intensive Therapy Unit	Yes**	Yes**	No	Yes**	Yes**	No
High Dependency Unit	Yes	Yes	Yes	Yes**	Yes**	No
Routine Inpatient Surgery	No	Some	Yes**	Yes	Yes	No
Full Maternity Services	Yes**	Yes**	Possible Midwife-Led Birth Unit	Yes**	Yes**	Possible Midwife-Led Birth Unit
Full Paediatric Services	Yes**	Yes**	Paediatric Assessment Unit	Yes**	Yes**	Paediatric Assessment Unit
Day Surgery	Yes	Yes	Yes	Yes	Yes	Yes
Outpatients	Yes	Yes	Yes	Yes	Yes	Yes
Diagnostic Services	Yes	Yes	Yes	Yes	Yes	Yes

\*\* indicates increased capacity

11.5 Transitional funding arrangements as the strategy is implemented will have to be approved by NHS London (the Strategic Health Authority).

## 12. Background

12.1 Key principles underpinning the strategic direction include:

- The view that increases in the ability of paramedics to provide appropriate treatment ‘on the scene’ have reduced the imperative to get a patient to any hospital in the quickest possible time. Instead, it is claimed, it produces better outcomes to take the patient to a specialist centre (even if it is further away) rather than a general hospital for better ongoing treatment.
- The desirability of separating emergency care from planned care,
  - so that the same doctors are not required to provide both, as this results in cancellations of planned operations when emergency cases arise which have to be given priority; and
  - because it makes the management of hospital-acquired infections significantly easier.
- The view that “the traditional way of treating people in a big, standalone general hospital is increasingly outdated”. It is argued that the “greater specialism” of modern medicine means that in order to be efficient hospitals need a larger number of patients and thus to cover a wider area.

- The view that conversely some services do not have to be provided in a traditional hospital setting; 'community hospitals' are already providing new kinds of care outside it, facilitating the delivery of more services to patients in a single appointment.
- The belief that not all emergency cases need a full Accident & Emergency department but can be dealt with at 'urgent care centres'.

12.2 The National Clinical Director for Emergency Access, Professor Sir George Alberti, was commissioned by NHS London to carry out an independent review of the local case for change which has informed this strategy. He stated: "Put starkly, it is evident that safe, high-quality modern care cannot be provided for all specialities in all three acute hospitals in the area."

12.3 However, throughout the development of the strategy, Enfield Council has been vehemently opposed to the withdrawal of full A&E facilities at Chase Farm Hospital, to the extent that they have written to every household in the borough on the matter. This has been matched by very considerable public opposition evidenced by a petition amassing 22,470 signatures and a public march attracting 5,000 residents.

12.4 On 5 July 2007 the Healthcare Commission served Barnet & Chase Farm Hospitals NHS Trust with an improvement notice, having found in an inspection that Chase Farm Hospital is not complying with the Hygiene Code. It failed on management systems for infection prevention and control, assessment and control of risks of healthcare acquired functions, and provision of adequate isolation facilities. It has been given until 30 September 2007 to make all the required improvements.

12.5 A separate Primary Care Strategy for Haringey is being consulted upon concurrently with this Barnet, Enfield & Haringey Clinical Strategy. A Scrutiny Review of the Primary Care Strategy is currently underway and will be completed in time to respond to that consultation.

### **13. Implications for Haringey**

13.1 A key concern for Haringey is whether the North Middlesex Hospital will be able to cope with the additional flow of patients that implementation of the strategy will create. Haringey TPCT state that this "will be taken into account in planning the redevelopment of the hospital site" and that the hospital's trust is confident that it will be able to manage the changing demands effectively. (£111m is being invested through a Private Finance Initiative, with the older half of the site being replaced including the provision of brand new A&E facilities. The redevelopment is due to be completed and operational by 2010.)

13.2 The five-year "activity modelling" for the three affected hospitals which has informed the strategy assumes that a 15% reduction in acute admissions can be achieved over the five-year period, due to enhanced admission avoidance (chronic disease management and so on) and intermediate care, including a 50% reduction in emergency admissions with a length of stay of less than one day. This seems a very ambitious target for the planning of future capacity to be based upon.

13.3 Much of the opposition in Enfield to reduction of services at Chase Farm stems from their local situation of 62% of residents using A&E at Chase Farm. Clearly this is not

applicable to Haringey – amongst Haringey residents usage of Chase Farm for A&E can be assumed to be minimal. However Enfield Council has also raised concerns over whether the North Middlesex Hospital will be able to cope with the increased pressure, pointing particularly to the fact that on occasion North Middlesex’s A&E currently closes to new admissions, with ambulances being diverted instead to Chase Farm. However this was written at the time when the ‘scenario’ was still on the table of withdrawal of **all** acute in-patient services from Chase Farm, since rejected as an option. The PCTs have stressed that in fact a high proportion of current A&E cases at Chase Farm (perhaps 60-70%) would still be dealt with there under either of the remaining options, thus greatly reducing – but not eliminating – the increased burden on the North Middlesex A&E department.

- 13.4 Under Option 1 in the consultation the North Middlesex Hospital will no longer provide planned surgery; Haringey patients will therefore be diverted to either the Whittington Hospital or Chase Farm Hospital. Haringey TPCT have stressed that this is a “relatively small part of the hospital’s current clinical workload” as it already focuses on emergency and unplanned care. They are keen to point out that the move towards greater provision of community facilities and management of long-term conditions will tend to reduce the number of in-patient appointments across the board.
- 13.5 The actual number of patients undergoing planned surgery at the North Middlesex is 995 per year. These patients have been excluded from the modelling of impact on travelling times commissioned by the PCTs on the basis that the number is “very small”.
- 13.6 While a substantial proportion of these 995 patients will live in Enfield rather than Haringey, several hundred patients per year from Haringey can be expected to remain in this group, even if there is some general reduction in in-patient appointments in future. It seems likely that the inconvenience for some of these Haringey residents would be considerable under this option. This will probably be particularly suffered by patients from the east of the borough, where car ownership rates are low, and either the Whittington or Chase Farm may be substantially more difficult to get to than the North Middlesex. Chase Farm in particular has poor public transport connections with Haringey.
- 13.7 There is not due to be any direct impact on the Whittington Hospital, as any displacement of patients will only occur among the three hospitals covered by the strategy (North Middlesex, Chase Farm and Barnet). It is not clear whether any patients that would be displaced from the North Middlesex under Option 1 might end up going to the Whittington instead rather than Chase Farm, but due to the relatively small numbers that would be involved, any extra pressure on the Whittington Hospital would be likely to be insignificant.
- 13.8 Haringey TPCT claim that maternity services at North Middlesex will be strengthened through being concentrated there and at Barnet, with resources and clinical expertise being consolidated.

## **14. Conclusion**

- 14.1 The general aim of the strategy, to ensure that hospital services are consistently safe and high quality for all users, while moving towards the provision of some traditionally

hospital-based services in other, more accessible community settings, is to be welcomed as consistent with Sustainable Community Strategy and Council Plan priorities. Additionally the financial benefits to the local NHS of rationalisation of clinical services may create knock-on benefits for the Council in the capacity for joint preventative work with the TPCT.

- 14.2 However, the converse financial threat of cost pressures to the Council (in Adult Services) from the local NHS's broader aim of shifting some care out of the hospital setting into the community is a more direct one which needs to be prominently noted. There has been dialogue between the Council and Haringey TPCT for some time regarding appropriate shifting of resources to reflect the changing pattern of need for services, but the consultation on this strategy presents a fresh opportunity for this key issue to be reiterated.
- 14.3 It is to be considered disappointing that the modelling of the impact on travelling times that would be caused by the two options concentrated on Chase Farm and Barnet Hospitals only and ignored the impact that Option 1 would have on users of the North Middlesex Hospital. Even then, the strategy document appears to play down the impact on journey times, and makes no mention of any intention to seek to work with Transport for London and other partners to make the hospitals easier to get to by public transport in order to mitigate the impact. This is despite the fact that Professor Alberti's independent review concluded that this was "essential". It is strongly to be hoped that this omission will be rectified.
- 14.4 Due to the transport concerns for Haringey residents that would be created by Option 1 in the consultation, it is suggested that the Council express a preference for Option 2 in its consultation response.
- 14.5 A careful eye will need to be kept on the capacity of the North Middlesex Hospital as it is redeveloped, as while a general assurance of adequacy is given in the strategy no detail is offered, and a decidedly ambitious assumption of increased avoidance of admissions has been used for the underlying modelling.
- 14.6 There has been concern in Haringey regarding the lack of content relating to St Ann's Hospital in either this clinical strategy or the Haringey Primary Care Strategy. This is due to the St Ann's site being owned by Barnet, Enfield & Haringey Mental Health Trust (BEHMHT) rather than Haringey TPCT; BEHMHT are awaiting approval from NHS London for their strategic outline plan which will allow them to press ahead with their desired redevelopment.

## **15. Use of Appendices**

- 15.1 Appendix 1 – Text of a proposed Council response to the current consultation on the strategy