

**MINUTES OF THE NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON FRIDAY 20<sup>TH</sup> MARCH 2015 AT 10AM IN THE COUNCIL CHAMBER, TOWN HALL, JUDD STREET, LONDON, WC1H 9JE**

**MEMBERS OF THE COMMITTEE PRESENT:**

Councillors: Alev Cazimoglu (Vice Chair), LB Enfield, Alison Kelly, LB Camden, Danny Beales, LB Camden, Alison Cornelius, LB Barnet, Graham Old, LB Barnet, Jean-Roger Kaseki, LB Islington, Martin Klute, LB Islington, Anne-Marie Pearce, LB Enfield,

**The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the NCL Joint Health Overview and Scrutiny Committee.**

**MINUTES**

**1. WELCOME AND APOLOGIES FOR ABSENCE**

An apology for lateness was received from Councillor Klute. An apology for absence was received from Councillor Bull.

**2. DECLARATION OF INTEREST**

For transparency, Councillor Beales declared that he was a Governor at University College London Hospital and Councillor Cornelius declared that she was an assistant chaplain at Barnet Hospital.

**3. URGENT BUSINESS**

There was no urgent business

**4. MINUTES**

Consideration was given to the minutes of the meeting held on 16<sup>th</sup> January 2015. The Committee requested that the breakdown of the number of delayed discharges over all Trusts be re-circulated.

**RESOLVED –**

THAT the minutes of the meeting held on 16<sup>th</sup> January 2015 be signed as a correct record.

**5. ACCIDENT AND EMERGENCY - PERFORMANCE**

The Committee requested that in future, if possible, when reports were asking for the same information from multiple organisations they all be asked to provide it in a similar framework and format to make reading the information and drawing comparisons easier.

Dr Jonathan Fielden from University College London Hospital provided an overview to the Committee of A&E performance over the past year and, in particular, over the winter months. In response to questions, from the Committee the following points were made:

- Weekly meetings had been held by the Trust to discuss response times.

- Admissions from A&E had reduced slightly over the Christmas period. This was due to a reduction in people attending A&E and improved processes.
- A lot of work had been undertaken 4-5 years ago on the centralisation of hyper acute stroke units. However, the stroke network had recently been disbanded, which meant that it was increasingly difficult to maintain the flow of patients home. There were currently 14 patients waiting to move from the hyper acute stroke unit.
- Hospitals were working as close as possible to ensure a smooth patient flow. However, the interface between health and social care needed greater support as this was the area where the patient pathway was most challenged.
- Following the end of the “Camden Choose Well” campaign, A&E attendances had risen. It was thought there were a number of reasons why, including how people accessed care.
- Statistics were collected on A&E attendances and work was being done with the local Clinical Commissioning Group (CCG) to ensure residents had the correct information about services in order to reduce the number of people coming through.
- The CCG had worked on developing new models of care and a variety of initiatives had been trialled with GPs, such as enhanced GPs, working with care homes on frailty issues and community pharmacies.
- Other avenues of reaching people were through facilitating greater involvement with Health and Well Being Boards.
- In relation to mental health, there was an on site mental health service in the A&E department who provided 24 hour 7 days a week cover.
- There were still national and local issues regarding the number of beds of mental health patients. UCLH remarked that they received patients from all over London and the country, which added to the complexity.

The Committee requested that a report be put together by all of the acute trusts for a future meeting of the Committee on what was being done to reduce the number of people attending A&E. It was requested that all the trusts work together on the report to ensure a consistent approach to reporting the information. In response the Trusts stated that they would be happy to produce a report but asked for sufficient time to pull it together to ensure all organisations could give the information requested in the layout requested.

The Committee noted that providers would like to see more support for clinical networks. Standards of care had dropped in clinical networks and providers wanted to ensure they could provide high quality care as before. The Committee requested that NHS England be asked for their views on funding in relation to clinical networks.

The Committee noted that patient attendances at UCLH from each CCG area showed that Camden and Islington had a reduced increase compared to the other boroughs. However, their numbers were still significant. Work was being undertaken with CCGs, with particular focus on 19-40 year olds who were attending A&E rather than GPs. There were a number of factors, including being new to the area as it was a transient population. There was also a culture within this age range, driven by instant communication and technology, of receiving products/services immediately.

Julie Lowe from North Middlesex University Hospital (NMUH) Foundation Trust gave a presentation to the Committee on A&E performance over the past year and, particular, the winter months.

Further discussion took place, the following was noted:-

- NMUH's 'Breaking the Cycle' week had made a dramatic effect on A&E performance. However, in the longer term it would not be possible to sustain as it was very resource intensive. Nevertheless, it was hoped that the initiative would be repeated in the near future. The Breaking the Cycle initiatives included having ward rounds twice daily, with each patient discussed with a senior manager, doctor and nurse. There had to be clear decisions on what would happen with each patient. Engagement with Health and Well Being Boards (HWB) and CCGs differed from borough to borough. In Haringey, the HWB was very much part of the discussions and workshops that were progressing on the development of services.
- In recent times, there had been an announcement each year about how much winter money each Trust would receive. However, for 2015/16 it would need to be negotiated into the contract with the CCG. NMUH had particular concerns about the mental health crisis lounge and were anxious that funding for it to be embedded.
- There were currently an additional 30 beds for patients who were transitioning through patient pathways. All 30 were always utilised.
- The winter hub had funding up until April 2015. There had been discussion around whether it was required for 2015/16 and if commissioners had the resources to fund it. However, it was stressed that the Trust was keen to continue the mental health aspects of the hub all year round as it was not just in the winter months those issues occurred.

Dr Richard Jennings of Whittington Health Foundation Trust updated the Committee regarding its A&E performance over the winter months. The following points were noted:-

- The current performance figure for patients being seen within the 4 hour A&E target was 94.88%. The Trust was confident that the 95% target would be achieved within the year.
- To enable the Trust to deal with the challenges over winter, an additional 53 beds had been provided. There had also been extra resources in the Urgent Care Centre. An additional GP had for the Urgent Care Centre had also been resourced. In addition, due to the increased demand in the evenings, an extra paediatric clinician was provided. During the weekend, an additional experienced medical registrar saw patients who had been pre-identified for discharge.
- Integrated care had enabled the Trust to have a flexible capacity in providing care in the community. There was also extra capacity in the enablement teams, which addressed the needs of patients who were nearing discharge. There was a senior operational and medical presence at the access meetings that happened twice daily and oversaw patient flow. On the acute ward, bed capacity was looked at daily. Within the last two weeks, a new acute assessment area in the A&E department had opened and it was hoped that this would impact proactively. Patients should rapidly be assessed and treated as soon as they entered the hospital. This was a permanent change whilst the other measures were reactions to increased seasonal demand.
- Whittington Health had a large ambulatory care centre which had been recognised as a model for a one-stop shop approach for patients with complex issues. The model differed from traditional ambulatory care. The model provided patients with complex medical needs the facilities for a one-stop and same day service, enabling the management of complexity and sickness in an area separate to A&E.
- There was a virtual multi-disciplinary team meeting to discuss those who might need emergency A&E care. The meetings involved GPs, pharmacists and psychiatrists,

and aimed to reduce the risk of them needing unplanned secondary care. It was currently small scale but consideration was being given to rolling it out in nursing homes.

In response to questions from the Committee it was noted that medical staff numbers in A&E were not reduced at weekends and that this was the same for all trusts. However, in-patient wards differed and there were normally reduced staff numbers at weekends. It was confirmed that the higher the skill level in the A&E triage, the faster patients went through the system.

The Committee requested further information on work undertaken by the trust with local nursing homes and the role of enablement teams as well as a site visit to visit the new ambulatory care centre.

Kate Slemeck from the Royal Free Foundation Trust gave a presentation to the Committee which gave an overview of its A&E performance during the winter months.

In response to questions from the Committee, the following points were noted:-

- Weekly meetings took place between the Trust, CCGs and relevant local authorities which discussed the schemes in place. Part of the winter scheme saw another 21 beds open up, along with 60 beds on the Chase Farm site.

The Committee had, at its last meeting, requested further information from trusts on the number of delayed transfers of care and the numbers of these that had come through care homes. It was requested that this be broken down borough by borough.

In response to questions about the number of visits to hospital, Paul Gates, Director of Operations, North Central London Ambulance Service stated that there was a London Ambulance Service workshop set up for April, when they would be talking to the six care homes which used the service most frequently to understand why it was they called the service rather than taking patients to hospital.

After a lengthy discussion, it was

## **RESOLVED –**

1. That a joint report be put together by local acute trusts for a future meeting of the Committee on action being taken to reduce the number of people attending A&E;
2. That NHS England be requested to report to a future meeting of the Committee on the issue of funding for clinical networks;
3. That further information be requested from Whittington Health on work undertaken with local nursing homes and the role of enablement teams within the hospital, as well as a site visit to visit the new ambulatory care centre.
4. That further information be requested from each of the acute trusts on numbers of delayed transfers of care for each quarter of the last year and the originating boroughs.

## **6. LONDON AMBULANCE SERVICE (LAS) - UPDATE**

Paul Gates, Director of Operations, North Central London, London Ambulance Service NHS Trust gave a presentation to the Committee which outlined the service demand in the area, recruitment and retention, patient handover times, ambulance deployment, intelligent conveyancing the use of private ambulances and whole systems working.

In response to questions from the Committee, the following additional points were made:-

- Across London, the LAS was looking to recruit 250 staff which broke down to 23 posts in North Central London.
- A recruitment drive in Australia and New Zealand had just finished and, as a result of this, 200 paramedics would be coming to work in London. Other routes of recruitment included a 20 week residential training course and university programmes.
- The cost of using private ambulances was on par with the cost of paying overtime to employees.
- The greater the staff numbers, the quicker response times were likely to be. There had been a significant push last year to increase the number of ambulances on the road and, through doing this, targets were met.
- An annual staff survey was carried out, the results of which were published online. The current survey results were not positive and it was acknowledged that there was a lot of work to do. There had been changes in the top tier of management and a new injection of staff would be coming into the organisation. The recruitment and retention of London staff was complex. A lot of people studied in London and, once fully qualified, would move back out of London as the salaries for paramedics did not differ hugely whether you were working in or outside of London. The Committee requested more information on recruitment and retention in London.
- There was currently 305 hours per day of private ambulance use. From September/October 2015, there should be less reliance on private providers, with their use down to 150-200 hours per day.
- The demand for ambulances was highest in Camden.
- A national piece of research had taken place and it was reported that ambulance services were picking up unmanaged demands on the NHS.
- Paramedics joining the service from Australia and New Zealand would be provided with affordable housing.

## **RESOLVED –**

THAT the LAS be invited to report back to the Committee in September on action taken to improve staff morale and recruitment and retention issues.

## **7. WHITTINGTON HEALTH FIVE YEAR PLAN**

Siobhan Harrington of Whittington Health NHS Foundation Trust gave a presentation to the Committee which outlined the key aspects of the five year plan.

Discussion took place regarding the integration of services. It was noted that Islington was currently running an integrated care pilot which had enabled a wide view to be taken over services such as social care and GPs.

The Committee noted that the staff morale was mixed. There had been a lot of changes in senior leadership and to ensure good staff morale going forward, confidence was needed in the direction of the organisation. The staff survey results would be published on the website. Nurses had been recruited from Portugal and the Philippines. They had been offered housing as part of the relocation package. In relation to a question about catering contracts and whether externally employed staff were working on zero hours contracts, Ms Harrington stated that she did not have the information to hand and agreed to circulate it to members of the Committee after the meeting.

The Committee noted that potential savings schemes were being considered but there were currently no proposals to sell off estates. It was acknowledged that in the past communication with the community about estates had not been adequately undertaken, leading to misunderstandings. The Trust was committed to engaging with the community on any proposals that might emerge.

#### **RESOLVED –**

THAT further information be provided by Whittington Health on whether externally employed catering staff were being employed on zero hours contracts.

#### **8. UPDATE FROM THE NORTH CENTRAL LONDON MATERNITY NETWORK**

Julie Juliff of the North Central London Maternity Network outlined the key aspects of the report.

The Committee commented that it was reassuring that North Central London still had a maternity network. In response to questions, Ms Juliff remarked that the network was working with GP's to identify possible spaces for more clinics. There was a drive to move out into children centres. Evening and weekend clinics were also being researched.

Discussion focused on transitional care and it was noted that this was a problem in a couple of acute Trusts. An audit of services in North Central London was being developed. Concerns were raised with regards to mental health during and after pregnancy. The Committee noted that there was a specialist perinatal mental health service at the Whittington, but none of the other Trusts had this level of service. Services were therefore dependant on where women lived and where you chose to have their baby. A workshop was planned to map the pathway for future services, which would be chaired by a Camden GP. It was noted that there had been a lot of lobbying being done for services in this area.

#### **RESOLVED –**

THAT a further update be provided to the Committee at its September meeting.

#### **9. WORK PLAN AND DATES FOR FUTURE MEETINGS**

It was noted that the next meeting of the Committee would take place on 26<sup>th</sup> June at Islington Town Hall and that dates for the remainder of meetings for 2015-16 would be agreed then.