MINUTES OF THE MEETING OF THE HEALTH SCRUTINY PANEL HELD ON TUESDAY, 16TH JANUARY, 2018

MEMBERS: Councillors Abdul Abdullahi, Terence Neville OBE JP, Anne-Marie Pearce, Patricia Ekechi and Vicki Pite

Officers: Jon Newton, Head of Older People and Physical Disabilities, Tessa Lindfield, Director of Public Health, Dr Glenn Stewart, Assistant Director of Public Health and Susan O'Connell, Governance and Scrutiny

Also Attending: Vince McCabe, Interim Director of Commissioning Enfield Clinical Commissioning Group (CCG), Natalie Forrest, Chief Executive and Medical Director, Chase Farm Hospital and 3 members of the public.

408. WELCOME AND APOLOGIES

Apologies for lateness were received from Cllr Pite.

Following a request from a member of the public, agenda item 8 was taken first on the agenda.

For the interests of clarity the minutes are shown in agenda order.

409. DECLARATIONS OF INTEREST

There were no declarations of interest.

410. INTEGRATED MODELS OF CARE

Vince McCabe, Interim Director of Commissioning Enfield Clinical Commissioning Group introduced this report on Enfield Care Closer to Home and highlighted the following:

- The update paper provided details of the objectives and deliverables that are being aimed for from the programme.
- The paper is a snapshot of a very detailed, complex but long scale piece of work. There will be many more opportunities for the Health Scrutiny Panel to feed in.
- This is joint work with Enfield CCG, the local authority, partners in health and social care, voluntary sector, Enfield Health (Community Services in Enfield) and the GP Federation.
- The three main drivers for the programme are :

  - Improving access to primary care
  - Further develop the Care Closer to Home Integrated Networks (CHINs)
  - Further develop the Quality Improvement Support Teams (QISTs)
- The QIST look at unwarranted variation in health needs or services and provide support to individual GP practices.
- This programme is at a very early stage in the process; the three locality-based primary care access hubs are operating as detailed below. The walk in service is operating 8am-8pm on weekends and bank holidays. Already we are seeing increases in usage already especially over the weekend. Full details are below:
  - Carlton House Surgery**,** 28 Tenniswood Road, Enfield, EN1 3LL (18:30 to 20:00 Monday to Friday and 08:00 to 20:00 on Saturday, Sunday and all Bank Holidays)
  - The Woodberry Practice, I Woodberry Avenue, Winchmore Hill, N21 3LE (18:30 to 20:00 Monday to Friday and 08:00 to 20:00 on Saturdays and Bank Holidays)
  - Evergreen Primary Care Centre, 1 Smyth Close, Edmonton, N9 0TW (18:30 to 20:00 Monday to Friday and 08:00 to 20:00 on Saturday, Sunday and all Bank Holidays)
  - Walk in appointments in the North East at Eagle House Surgery, 291 High Street, Ponders End, Enfield EN3 4DN commenced in December 2017 08:00to 20:00 Saturdays, Sundays and all Bank Holidays)
- The GP Federation also known as Enfield Healthcare Co-operative Limited is the clinical hub and will deliver and work in partnership with a wide range of services including GP, Statutory health and social care and third sector. All GP's in the borough are signed up to this.
- The Integrated Locality Team (ILT) has been in Enfield for a while and will help provide the building blocks for Care Closer to Home.
- The aim is that those working in the 4 localities will know the local area and the local people. They will include virtual teams that can target those most at risk with access to multi-disciplinary teams such as GP's, District Nurses and social workers.

The following questions/issues were raised:

Q: What is planned for the North East where there is currently no locality based primary care access hub and what has occurred following the review of this?
A: The review is still on-going; there is currently a walk in centre in the area. It is still unclear what will be in the North East; feedback is being reviewed from GP's and the Walk in Service.

Q: Following concerns that had been raised on waiting times where a GP practice had taken on all patients from another practice. How can GP practices be prevented from taking on more patients than they appear to have either the resources or capacity to deal with?

A: John Pearce at the CCG works with GP practices part of this includes reviewing statistics and the quality of work. The next meeting of the Health Scrutiny Panel has GP access as a main agenda item. The new ways of working with CHINs and QISTs should allow practices to work together and highlight issues; this will enable a mechanism for discussion in the form of a peer review as to why a practice maybe struggling. The CQC have the ultimate authority regarding patient numbers, however a detailed peer review and local knowledge was felt to be the best way to pick this up.

Q: Is the single phone number implemented and is this advertised?
A: Yes and this is advertised through the Health and Well Being members, libraries, Children's Centres, A & E and GP practices. The telephone number 111 will also direct to these services if that is what is appropriate

Q: How will the localities be governed?
A: Each locality will put forward 1 GP to represent their area and they will be responsible for ensuring delivery of all services that the locality has signed up for.

The recruitment of carers was discussed as a potential issue. The programme will include embedding the third sector within the localities. There are also workforce issues amongst GP's, can be difficult to recruit and retain GP's in certain areas where population is very large. Over the course of the next 5 years many GPs are due to retire. NHS London will be running a big campaign to recruit from overseas to fill the gap that will be created before the training of new GPs can catch up.

There will be more need as people age, the public health paper details the difference between living in good and bad health. Many people will need access to primary care when their GP is not open. It was noted that those with serious illness should always go to A & E.

There was a query as to whether ambulances could refer to these hubs. Ambulances are aware of the hubs but there are very complex safety rules around what they can and cannot do.

A member of public praised the patient engagement event that took place before Christmas, where in excess of 100 people were present to provide their views. There was also praise on personal experience at one of the hubs used and the service that had been received.

It was felt that communication between hubs and patients has some teething problems particularly with understanding of what can be done at a hub (both from staff and patients).

411. PUBLIC HEALTH PREVENTION STRATEGIES/ INEQUALITIES

Tessa Lindfield, Director of Public Health introduced this report and highlighted the following:

- Public health has advocated for prevention and specifically work to tackle health inequalities for many years. Whilst there is a very strong association with the Indices of Multiple Deprivation and health this is not the only factor. There can also be patterns of ill health within communities (e.g. between people with different ethnicities, men vs women).
- Traditionally, life expectancy has been used to demonstrate health inequality, but now the focus is more on healthy life expectancy (the number of years a person can expect to live in good health). The gap between people who live in areas of higher and lower deprivation is bigger when looking at these figures and the years living in poor health will be those when we make greater use of health services.
- Variations in health are being reviewed for best case scenarios and to reduce variations.
- The work of the health and care system to improve health and reduce health inequalities is overseen by the Health and Wellbeing Board (HWB).
- The HWB has 3 current priorities; best start in life, obesity and mental health resilience with inequality as a focus throughout.
- The agenda paper provided examples of work in place to help tackle inequality to give a flavour of the breadth and depth of programmes running.

The following questions/ issues were raised:

- Members noted that lifestyle is a big factor and affluent areas are affected.
- Members were concerned at the high numbers in Enfield with undiagnosed hypertension. They were advised that this is easily missed as it is non symptomatic. The paper detailed the various work in place on this issue. In addition to this the NHS Health Check is a free universal check-up offered every 5 years to assess your risk of heart disease and stroke to those aged between 40 and 74 years old. Stroke is the most common disabler in adults. Blood pressure is treatable and is a particular risk for stroke
- SEREN, the health kiosk is located in the foyer and is the most used machine in the borough. A Health Kiosk is also in all GP practices with further machines to be ordered which will be mobile. Members felt it would be helpful if these machines were signposted to increase awareness of them and their purpose.
- Members were advised that in Canada 65% of residents know what their blood pressure is, part of this has been the success of a programme to know your numbers.
- A member felt that there might be large numbers of people who might not be registered with a doctor particularly in Chase Ward and that it was difficult to engage with those who do not engage

with health professionals, suggestions were made around the machines being put into pharmacies and supermarkets
Q: Given the high number of schools involved in the fluoride Programme, what work is done to educate parents?
A: This is just one element of work on tooth decay. Health Visitors and Children Centres work more broadly on education for parents. The Fluoride Varnish Programme is preventative and is an evidence based way of tackling our higher than average rates of tooth decay in children.

412. CHASE FARM REDEVELOPMENT- PROGRESS REPORT

A Youtube video was shown on the Royal Free London (RFL) model and the link to this was also sent round to all Health Scrutiny members.

A presentation was then given by Natalie Forrest, Chief Executive and Director of Nursing at Chase Farm hospital. The following was highlighted:

- In 2009 the Royal Free hospital was one of the smallest local hospital services amongst London acute hospitals, with little specialist services. At this time there were major overlaps with UCLH on specialist services.
- The strategic delivery themes have remained the same since this time and are: strengthen leadership and governance, prioritise depth over breadth in specialist services, build scale and critical mass in local hospital services and transition from standalone hospital model to working with others in a total system provider model
- The major developments were detailed; in 2010, there was lots of work in partnership with UCLH on specialist services consolidation; 2012 the Royal Free became authorised as a Foundation Trust; 2014 the acquisition of Barnet Chase Farm provided an opportunity to grow and change the way delivered health care and at the end of 2016 the Royal Free Group was accredited.
- A graph comparing London hospitals based on average cost and quality based on CQC rating detailed the Royal Free London Groups progress and aspirations of where they aspired to be.
- The focus of the RFL group is; recruiting, developing and retraining the best talent; reducing unwarranted variation in clinical practice; achieving excellent operational and financial performance; delivering clinical and support services at lower cost and higher quality and implementing total system patient pathways.
- Each hospital within the group has its own Executive Management Team who manages the sites individually.
- The new Chase Farm Hospital is on target to open in autumn 2018 and will be the newest most digitally advanced hospital in the NHS.
- The external part of the building is completed; the internal part is still to be finished.

- The new hospital is funded by three streams; land disposals £72.5m, Department of Health £82m and trust contribution £49.5m
- The new hospital will continue to provide all services that are currently on site these being; out-patient services including diagnostics, musculoskeletal therapies and women's services; an urgent care centre for both adults and children; an older persons assessment unit; theatres for day surgery and for patients requiring an overnight stay; 50 surgical in-patient beds and Endoscopy and medical day cases including a chemotherapy unit.
- The new hospital once open will involve new ways of working across all services will be needed, a change of time of outpatient sessions to – 8am-12noon, 12noon to 4pm and 4-8pm, the theatre will be opening for 12 hours daily on weekdays and there will be co-location and hot-desking over the new site.
- The Trust will take handover of the new hospital on the 4th June, a three month commissioning period will follow with the new hospital opening in Autumn 2018, work will commence on the new link road in winter 2018 with full project completion including demotion of old building in June 2019.

The following issues and questions were raised:

- Potential issues were raised on the two schools due to be built on the site and the transport implications to the roads in the area. However, these are planning not health issues so were not discussed any further.
- Members were reassured that the Dementia and stroke gardens and Highlands Wing will not be demolished.

Q: Members asked how would patients be transferred from the old to the new site?
A: A day will be picked that affects the minimum amount of patients which will mean that less than a handful that will need to be physically transferred over.

Q: Where does North Middlesex University Hospital (NMUH) sit with the group?
A: NMUH is a clinical partner with their own board and executive team. The group is working with them to reduce variation and provide support. The intention is that they will become a full member of the RFL group.

Q: Is there still plans for a GP practice on site?
A: The RFL group is very keen on this and there is available land. However at present there is not enough volume at present for a brand new practice although an existing practice could relocate on site.

Q: As each hospital in the group is a specialist centre in one area what will this be for the Chase Farm site?
A: This will be elective surgery with a focus on orthopaedics; other bodies outside of the RFL group will be encouraged to work on the site.

Natalie offered Councillors the opportunity to visit to the new site; Cllrs Ekechi and Neville were interested in visiting. Susan O'Connell will liaise directly with the councillors and Natalie to arrange.

413. WORK PROGRAMME

The work programme was noted.

414. ANY OTHER BUSINESS

A member of public raised concerns over the 491 bus no longer going through NMUH; this now goes to the back of the hospital. It is the hospital that has instigated this change. The member of the public will provide further information on this to Susan O'Connell who will then contact the hospital on this issue.

415. MINUTES OF THE MEETING OF THE 18 OCTOBER 2017

The Minutes of the 18 October were **AGREED.**

Cllr Abdullahi confirmed that a letter had been sent to Enfield Clinical Commissioning Group on the proposals to implement Adherence to Evidence Based Medicine for some procedures/ treatments in Enfield as stated in the minutes and a reply had been received. The Chair re stated that it was the view of the Health Scrutiny Panel that any alteration to treatment thresholds as part of should be implemented simultaneously across the North London Sector, not in isolation within Enfield.

It was noted that there is a public meeting of the North Central London Joint Health & Overview Scrutiny Committee on **Tuesday 6th February at 2pm** at Camden Town Hall to discuss the matter.

416. DATE OF FUTURE MEETING

The date of the next meeting was noted. Councillor Neville gave his apologies for this future meeting.