

## **MINUTES OF THE MEETING OF THE HEALTH SCRUTINY STANDING WORKSTREAM HELD ON WEDNESDAY, 9TH MARCH, 2016**

### **Attendees**

Councillors: Abdul Abdullahi (Chair), Anne-Marie Pearce (Vice-Chair), Christine Hamilton, Claire Stewart, Michael Rye (Substitute) and Alev Cazimoglu (Cabinet Member for Health and Adult Social Care)

Officers: Bindi Nagra (Acting Director of HHASC), Doug Wilson (Head of Strategy & Commissioning), Andy Ellis (Scrutiny Officer), Clare Bryant (Scrutiny Secretary)

Also Attending:

Dr Mo Abedi (Chair of Enfield CCG), Graham McDougall (Director of Strategy and Partnerships, Enfield CCG), Paul Allen (Integrated Care Programme Manager, Enfield CCG)

### **381. WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting.

Apologies were received from Councillor Neville who was attending the Overview and Scrutiny Call-in meeting. The chair welcomed his substitute Councillor Rye.

Apologies were also received from Councillor Lemonides.

### **382. DECLARATIONS OF INTEREST**

No declarations of interest were made.

### **383. MINUTES OF THE MEETING OF THE 26 JANUARY 2016**

The minutes of the meeting held on 26 January 2016 were **AGREED**.

### **384. PAEDIATRIC ASSESSMENT UNIT AT CHASE FARM HOSPITAL**

Dr Mo Abedi, Chair of Enfield CCG presented an item on Paediatric Assessment Unit (PAU) at Chase Farm Hospital, the main points of which were as follows:

- The BEH Clinical Strategy 2013 aimed to improve the health of local people, tackle health inequality and deliver safe, high quality services for local people.
- Since 2013, the Older People's Assessment Unit and the Urgent Care Centre have been well utilized with good numbers of attendance.
- The PAU has consistently low figures and the numbers of attendances are dropping. The unit provides a service for children to be seen and

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treated by consultants, who are unable to be managed within the Urgent Care Centre. However, on average, the unit receives 2-3 patients a day and as a result, specialist staff are not being utilized efficiently.

- The Enfield CCG invests £409,000 a year in the PAU.
- A review of the Unit has taken place between the Enfield CCG and the Royal Free Hospital to assess the effectiveness of the current model as a provision for children
- Following the review, instead of the PAU, an urgent access outpatient appointment system would be available; this would ensure children and young people would be seen in a primary care setting within 2 weeks. Children who would need to see a paediatrician on the same day would be transferred to another unit such as Barnet or North Middlesex Hospital.
- The review was considered by the Enfield CCG's Clinical Reference Group to ensure the new service would be safe, allow specialist staff to maximise their time efficiently and provide better care for children.

Dr Mo Abedi summarised that the service re-design would be beneficial for the clinical safety and effectiveness and value for money. With the redevelopment of Chase Farm Hospital taking place, this is the best opportunity to develop new and more integrated services for children. It is planned that the new service will open on 1<sup>st</sup> April 2016.

Councillor Abdullahi voiced concerns that the residents of Enfield had already lost their A&E and Maternity Services at Chase Farm and would oppose this as they have already suffered a significant loss to their health care.

The following questions were taken from the Councillors on the panel

Q) Why do you believe that the unit at Chase Farm is currently not working to capacity as there are large waiting times at both North Middlesex and Barnet Hospital?

A) 2-3 people are visiting the unit per day, whilst 70% of GP appointments are for children. For specialist assessments children would be transferred to North Middlesex and Barnet. Paediatric Care would continue to be available at Chase Farm Hospital.

Q) Once a child is referred for an acute appointment it can still take up to 2 weeks for that child to be seen, this is a considerable amount of time for a child to wait.

A) In an emergency, children will still be sent to North Middlesex or Barnet for treatment. The re-designed service will see an increase in the number of children able to access paediatric care.

Q) Could you explain what the PAU currently does and how is this being replicated in the proposed plans?

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A) Children attend the PAU with conditions not serious enough to be admitted to hospital. Currently, GP's are able to refer patients to the unit to receive treatment or further advice.

Q) Transferring patients to Barnet and North Middlesex are inconvenient for Enfield residents. Why aren't more GP's in the borough making use of the service available at Chase Farm as the reconfigured services have already put pressure on Barnet and North Mid?

A) Many GP's are able to manage patients within their own surgeries and if not the patients are transferred to acute appointments. The services available at Chase Farm are working well and GP services will be available at all sites. The CCG are constantly looking at ways to improve the services provided.

Q) How many consultants are at the PAU?

A) 1

Q) What services will be available at the redeveloped Chase Farm and could the redesigning of the hospital enhance the GP service currently there.

A) The services available will be paediatric outpatients, direct assessment, 9-5 GP services and the urgent care centre. The GP service will be better for patients and children

Q) A claim was made that this review was discussed with the Director of Children Services and the Cabinet Member for Education, Children's Services and Protection who agreed the changes. Were the Labour Members of the Panel aware of this?

A) The Labour Members of the Health Scrutiny Panel were not aware of any such meeting. Councillor Cazimoglu stated that as the Cabinet Member for Health in Enfield, she was disappointed to not have been consulted on this.

**AGREED:** That the Scrutiny Panel write a letter to the CCG to express their views. **ACTION:** Cllr Abdullahi/Andy Ellis

Graham McDougall, Director of Strategy and Partnerships, provided a brief verbal update on the review of Urgent Care Services presently being carried out. Enfield CCG commissions a range of urgent care services allowing patients to access care for non-life threatening illnesses and injuries 24 hours a day, 7 days a week.

The review has already started and some of the data is being analysed. An online survey on the Urgent Care Centres in the borough will be available until 3<sup>rd</sup> April and has been taken to the Over 50's Forum and a Patient Participation Event. The review wants to see how urgent care centre services are being provided. This is part of a wider North Central London engagement exercise, and leaflets and questionnaires have been sent to stakeholders and to patients.

The following questions were asked:

Q) Were members of the general public sent the consultation and questionnaire?

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A) Hardcopies of the questionnaire were made available at request. These were also sent to a variety of community groups in the borough for distribution.

It was suggested that copies of these be made available at libraries, surgeries and as they review the hospitals they should be made available within them. The Health Scrutiny Panel and the Cabinet Member for Health reiterated that they were disappointed not to have advised at an early stage, that the review was taking place. Cllr Abdullahi was notified on the 24 February that the review had commenced on 19 February.

A member of the public asked whether it was possible for people attending health facilities in the borough to state whether they are registered in the borough.

A) Work already takes place on finding out whether patients are registered to the borough where they receive their health care. When patients first attend a service they are advised on where they can register with a GP.

Councillor Abdullahi thanked the CCG for attending.

### 385. ADULT SOCIAL CARE PERFORMANCE

Bindi Nagra, Acting Director of HHASC, and Doug Wilson, Head of Strategy & Commissioning, provided an update on Adult Social Care Performance using the quarterly performance monitor. The report uses a traffic light system to show how well each section is doing.

They acknowledged the significant challenges that the Council and NHS have, and will continue to face, and that the large amount of positive information in the Quarterly Report was due to the hard work of the staff. Enfield has been a leader within the other London boroughs in providing people with care and enabling them to live independently which is reflected in the report.

An area of concern raised was the ability to get people with mental health issues into work and remain in work. Work is being done with the voluntary sector to recommission and improve elements of this service.

Reviews take place after the customer has finished receiving care to assess their needs and see which services are available which may help them. Customers with the most complex needs are prioritised at the start of the municipal year whilst those with less complex needs may be visited later. The figures in the report will never show that 100% of customers receive a review due to changes in their circumstances such as no longer receiving care or dying.

The number of delayed discharges relates to both adult social care and health care providers. The figures provided shows both Enfield Council and NHS

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results combined. When a patient enters a hospital, planning needs to be done to secure their arrangements for once they leave.

The figures are higher in health settings as there can be long waits to be assessed and limited numbers of places available in care homes. However, there will always be a level of delay when discharging patients as delays may come from waiting for equipment to arrive or finding out a patient's home is unsuitable for safe discharge. In some cases, people can see their hospital bed as a safe place and because of this be unwilling to leave.

More residents are requiring carers assessments which is now being dealt with by the Carers Centre. In the past, it has been difficult for social workers to go from assessing the needs of the patient to the carer. Care packages will be available to carers from the council soon.

All services provided by Adult Social Care should enable people and be a preventative service to stop people going or returning to hospital. The Enablement Team help people to regain mobility, receive physio therapy and learn/re-learn skills they need to have independence. With the growth and ageing of the population in Enfield the Enablement Service has doubled the amount of people it sees.

Councillor Cazimoglu informed the Scrutiny Panel and members of the public that Enfield's Adult Social Care Team had received national recognition for their hard work looking after 900 vulnerable people in the borough.

Members of the Health Scrutiny congratulated and thanked the Adult Social Care for their hardwork.

### **386. END OF LIFE CARE**

Paul Allen, Integrated Care Programme Manager, Enfield CCG, gave an update on the End of Life Care Strategy. The Strategy sets out how the NHS and Council should work together to discuss peoples end of life care options.

The following points were discussed:

- An early part of the strategy included training being provided to health care providers. The main difficulty with this is that there is a 60% turnover rate in care provider roles.
- The Care Home Assessment Team support residents in care homes to have comfortable deaths in their preferred place. In 2013/14, 95% of patients died in their preferred place of death.
- GP's have been trained in having conversations with patients about their end of life care options. This includes looking at the importance of when these conversations should be happening.

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- The CCG recruited a Macmillian GP to support primary and community services in the delivery of End of Life Care in Enfield. The role is primarily education to increase the skill set of health care providers.

The following questions were taken:

Q) Concerns were expressed that GP surgeries were at risk of disbursal if they had fewer than 6,000 patients. From the report it would appear more is being placed on GP's and how is this programme going to maintained if disbursals happen?

A) GP's are given help and support to manage patients from the multi-agency and multi-disciplinary integrated care networks being created.

Q) What bereavement support is available?

A) Bringing in a bereavement support service is difficult as there are not many options or services available in Enfield. This is something that is being looked into as lots of carers need support in their life when they are no longer required as a carer.

Councillor Rye suggested that making a will and deciding on end of life care options should be part of a joined up process. There should be a mechanism to have the options explained to someone before they are in crisis or being given a diagnosis.

Councillor Stewart commented that, it would have been useful to have seen that more equalities work had been done in order to ensure that hard to reach communities had been involved.

A member of the public suggested that having a drop in style café for people who had suffered from a bereavement, or were having a difficult time coping, had a place to go and talk to professionals as well as other people in their situation.

### **387. WORK PROGRAMME**

It was agreed that the Workprogramme for 2015/16 had been completed.

Councillor Abdullahi, the Chair, thanked the members of the Health Scrutiny Panel and Officers for their hard work over the year.

### **388. ANY OTHER BUSINESS**

A member of the public raised concerns about the lack of ambulances being in the borough due to ambulances not being able to stop at Chase Farm Hospital. Concerns were also voiced over there not being a resuscitation room at Chase Farm for emergencies.

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The dates of future meetings will be confirmed after Council on 11<sup>th</sup> May 2016.

### **390. EXCLUSION OF THE PRESS AND PUBLIC**

The meeting ended at Time Not Specified.