MUNICIPAL YEAR 2013/2014 REPORT NO. 26

MEETING TITLE AND DATE:
Cabinet 10th July 2013

Agenda – Part:1	**Item:11**
Subject: **BEH Clinical Strategy** **Wards: all**	
Cabinet Members consulted: Cllr Doug Taylor, Cllr Hamilton, Cllr Orhan, Cllr McGowan	

JOINT REPORT OF:
Chief Executive, Director of Finance Resources and Customer Services and, Director of Health Housing and Adult Social Care

Contact officers and telephone number:

Mike Ahuja Head of Corporate Scrutiny and Community Outreach
Mike.Ahuja@enfield.gov.uk tel: 0208 379 5044
Bindi Nagra Assistant Director Strategy and Resources
Bindi.Nagra@enfield.gov.uk tel: 0208 379 4512

1. EXECUTIVE SUMMARY

1.1 In September 2011, the Secretary of State for Health (SoS) approved the Barnet, Enfield and Haringey (BEH) Clinical Strategy which will remove 24 hour A&E and consultant-led maternity services at Chase Farm Hospital. Following legal correspondence about this decision (including a judicial review letter before action sent by the Council) the Council accepted assurances given by the SoS and NHS London over proposed improvements in primary care and community based services, namely, the BEH clinical strategy would not be implemented unless and until those improvements had been made. The NHS is working towards the date of November 2013 to implement the BEH Clinical Strategy and has announced that the formal decision will be made in September.

1.2 This report sets the context for local health services and appraises Cabinet of the outcomes of work undertaken across both the Executive and Scrutiny functions of the Council to date.

1.3 In order to obtain a level of clarity on the current position and plans, the Council commissioned independent clinical experts, Hygeian, to establish the current position of primary and community based services, the status of hospital services (in particular A&E and maternity) and provide a picture of what good primary and community based services should look like (see report attached at Appendix 1).

1.4 This is a joint report of the Chief Executive, Director of Finance Resources and Customer Services and Director of Health Housing and Adult Social Care. The report provides information on the current position of the BEH Clinical Strategy and draws on information from the Health and Wellbeing Scrutiny Panel.

1.5 The report provides Cabinet with a summary of the findings and concerns from the Hygeian report. Views of the Health and Wellbeing Scrutiny Panel and a current statement around health needs and health inequalities in Enfield from the Director of Health, Housing and Adult Social Care are included.

2. RECOMMENDATIONS

2.1 Cabinet notes the NHS timetable for decision-making in relation to the removal of A&E and Maternity services from Chase Farm Hospital and endorses the taking of all reasonable steps by the Council in that regard to safeguard health care services for Enfield residents, including urgent legal action if appropriate.

2.2 Cabinet delegates responsibility for any and all legal action, including urgent legal action to the Leader of the Council in consultation with the Chief Executive, Director of Finance Resources and Customer Services and Director of Health Housing and Adult Social Care

2.3 Cabinet is further asked to note that the work of the Council's appointed experts was hampered and constrained by a lack of data from the NHS bodies on activity in A&E, maternity and primary care.

3. BACKGROUND

3.1 In September 2011, the Secretary of State for Heath (SoS) approved the BEH Clinical Strategy which will remove 24 hour A&E and consultant-led maternity services at Chase Farm Hospital, with activity transferred to North Middlesex and Barnet Hospitals. The Council issued a judicial review letter before action challenging that decision and, in response, was given assurances by the SoS and the NHS in letters dated 23 November 2011 that the proposed improvements in primary care and community based services will be in place before services were removed from Chase Farm Hospital.

The Council is monitoring the progress of plans for implementation of the BEH Clinical Strategy. The NHS is due to take the formal decision on implementation of these changes in late September but have yet to publish the criteria they will use. The Council will wish to consider its options at that time and should be prepared to respond in a timely manner to any such decision. The purpose of engaging the independent expertise is to assist the Council in monitoring implementation and ensuring that sufficient and sustainable improvements to primary and community based health services have been made before services are moved from or reduced at Chase Farm Hospital, consistent with what local people were led to believe.

3.2 Hygeian, the authors of the report, were commissioned by the Council to provide an independent view with clinical expertise and additional capacity to support the authority in establishing:

- An agreed baseline;
- Agreement on the changes that need to be in place ;
- An analysis of the detailed NHS proposals and changes as they are made to establish the extent of progress.

3.3 The appointed independent expert (Hygeian) has completed Stage 1 of the work and is commencing Stage 2.

4. SUMMARY OF FINDINGS AND CONCERNS FROM HYGEIAN REPORT (STAGE 1)

4.1 The work by Hygeian on establishing a baseline position in 2007/08 was hampered and constrained by a lack of data on activity in A&E, maternity and primary care.

4.2 The range of data provided by the NHS to enable Hygeian to undertake a full assessment of acute, community and primary care activity in Enfield from the 2007 baseline through to the review date in early December 2012 has been wholly inadequate, particularly in respect of primary care activity. Where data has been provided, the entire period has not been covered, it has been at too high a level (e.g. total number of attendances rather than by site) or does not appear to reconcile with other, publicly available sources. This has restricted the expert's ability to assess expected progress e.g. an increasing proportion of urgent care rather than full A&E attendances at Chase Farm Hospital.

4.3 The forecast growth in Enfield's population at the time of the BEH Strategy was 1% for the ten years from 283,000 in 2005/06 to 286,000 by 2015/16. This forecast was soon overturned by actual growth to an estimated 296,000 in 2011, with a revised forecast by the NHS of 303,000 by 2021. Recent figures from the Office for National Statistics (ONS) (including Census figures) highlight an even higher baseline population of 313,935 for 2011 and a significant growth over the next ten years to 365,589 by 2021. (see paragraph 6.1).

4.4 There has been progress in respect of hospital services, and the planned developments in urgent care services. Further work, however, is required to deliver the planned improvements in primary care that have not materialised and there are on-going issues arising from previous failed primary care strategies.

4.5 The strategic approach to Primary and Community Care improvements changed part-way through the implementation process. Transfer of service into primary care settings seems to have changed and reversed. Additionally, the strategy changed from a premises-led strategy to the development of networks of GP practices.

4.6 Additionally, there are still issues regarding the standard of GP premises and further investment is required to bring GP premises up to a suitable level. Transport and the Ambulance Service continue to be issues of concern.

4.7 The conclusions shown in paragraphs 55 and 56 of the Hygeian report are shown below:

55. The NHS remains aligned to or has completed work on 11 (*out of 16*) of the recommendations made by the IRP in 2008, *on which the approval of the SOS was said (by him) to be conditional*. However, the NHS has failed to provide evidence to confirm the extent of progress made in two key aspects of primary care: the number of GPs and PCPs *(Primary Care Practitioners),* and the number of available appointments.

Note: wording in italics has been inserted for clarity.

56. Further progress is required before the proposed service changes can be made. The NHS needs to provide the appropriate empirical data to reassure the Council and public that the pre-requisite underpinning investments in primary care in particular have been made and are proving effective.

Hygeian recommended metrics, proposed in the report, as a basis to monitor progress on hospital and primary care leading up to the proposed service changes in November 2013. Examples of these metrics for primary care include, the average list size per GP, the percentage of practices operating extended hours and the percentage of population registered with GPs and having access to out-of-hours primary care.

5. VIEWS OF THE HEALTH AND WELLBEING SCRUTINY PANEL

5.1 The Council's Health and Wellbeing Scrutiny Panel (H&WSP) has been charged by Full Council to maintain a close scrutiny of the BEH Clinical Strategy.

In addition to question and answer sessions at formal public meetings, Members and officers have visited the Accident and Emergency Department at Chase Farm and Barnet Hospitals. Members and officers have also visited the maternity units at Chase Farm, Barnet and North Middlesex Hospitals. The Panel additionally convened a special meeting on Monday 24th June 2013 to receive the report of the independent consultants. That meeting also heard from the London Ambulance Service and its commissioners and the BEH Transport Working Group, as set out below.

London Ambulance Service (LAS)

5.2 LAS and London commissioners outlined the current LAS call response procedures and the new commissioning following the 2012 review of services that will result in a 8% (241) increase in trained frontline LAS staffing (currently 2890) and fewer 'multiple vehicle allocations' at incidents. LAS stated that there will be two extra ambulances in the area but it was unclear how the new system would deliver this where ambulances are travelling throughout London (dynamic response system). It was stated that greater demand generated by the number of calls will automatically increase the number of ambulances in Enfield.

There was concern that increased demand for category A calls in Enfield is 16.8% compared to 8% in London. Population increase was, it was said, taken into account in the new commissioning report, as was the increase in category A calls.

The Panel also sought evidence on journey times to hospitals and health facilities in addition to the call response targets provided. The LAS agreed that better services are needed for non time-critical journeys. LAS has agreed to answer written questions post meeting, including on the issue of current private ambulance use.

In summary, although the LAS stated that Enfield would have 2 extra ambulances, when asked how many ambulances Enfield would have in total the LAS could not answer. The Government requires LAS to commission in such a way that it will be hard to establish exactly how many ambulances Enfield residents will have available. It is also clear that ambulance crews who work from Enfield bases will end up half way across London at the end of their shift and will have to drive their ambulance back to base before they can go home.

At the moment just over 50% of ambulances are staffed with paramedics. The LAS is recruiting and up-skilling present staff, but this programme will not be fully rolled out until 2015.

Enfield residents keep telling us that they are waiting longer and longer for ambulances. The Scrutiny Panel has heard of an elderly man who fell over on the pavement and was waiting for over one and a half hours in freezing temperatures until a district nurse who happened to be passing by intervened and phoned the LAS directly and told them they needed to come straight away.

5.3 **Transport**

The BEH Transport Working Group is now reconvened and meeting monthly.

In terms of achievements they cite the 307 bus route extension, the planned 202 extra parking spaces at Barnet Hospital, improvements to the underpass and Silver Street Station and a proposed bus countdown information system at each hospital. However, the updated Transport Impact Assessment report is still to be considered by the Health and Wellbeing Scrutiny Panel and the implications of HS-TAT modelling of the 5 most affected Enfield wards (Town, Chase, Enfield Highway, Enfield Lock and Southbury). Suggested mitigating actions appear weak and include that patients be given appointments outside of peak times or be given travel advice. A bus review is currently underway but provided no guarantee of any change to services. Staff car sharing schemes have been suggested to increase car parking spaces at hospitals and the suggested inter-hospital transport may incur licensing issues.

The Panel notes that whilst improvements to Silver Street Station are cited as achievements, the Transport Working Group seems unaware of access issues. The station can only be entered and exited by steep steps which will cause difficulties for many patients and women with children and babies visiting the North Middlesex.

Both Members and public raised concerns about the lengthy timescales needed to effect changes to transport and the apparent lack of urgency displayed.

Note

Cabinet is asked to note that the Transport Impact Assessment was only received on 24th June and the Scrutiny Panel is still awaiting the Equalities Impact Assessment which has been requested on a number of occasions since April 2013.

5.4 **BEH Clinical Strategy**

The Scrutiny Panel welcomed the report from the independent clinical experts.

5.4.1 The Panel noted but were not surprised at the difficulty in obtaining data for the report. They asked whether this was a common experience. The Hygeian representative commented that it had proved to be the most difficult project for obtaining information in 30 years experience. Panel members and the public mentioned earlier difficulties experience by the Kings Fund and the 4 borough Joint Health Scrutiny Committee in obtaining data and information.

Some Panel members were disappointed that IRP recommendations had not been met, evidenced for example by continuing sub-standard GP premises.

The Chief Officer of Enfield CCG stated there is no assumption in the Clinical Strategy regarding acute services moving to primary care. The Panel expressed some surprise at this statement. Since the inception of the BEH Clinical Strategy there have been

assurances provided by the NHS around improvements to primary and community based services and that this would be a pre-requisite to any changes in acute services.

The Panel remarked on the North Central London NHS description of primary care in Enfield (January 2012) that it

"seems to be the most underdeveloped in North Central London"

and was disappointed with the response from the local NHS who stated that they did not recognise this was the case. This underlines the lack of understanding and acceptance of the situation in Enfield.

The Panel also raised a concern over the number of changes of senior local NHS management and the lack of corporate memory in relation to the BEH strategy.

5.4.2 Concern was raised at the incorrect information provided regarding premises improvements (Highmead, Ordnance Road, Southgate and Enfield Town). The expected opening date of Highmead and Ordnance Road GP practices, which would post-date proposed changes in Clinical Services, was questioned. NHS has agreed to provide information post meeting.

The Panel noted the population figures and population growth which had repeatedly been raised by Scrutiny and the Council since 2007. The Chief Officer accepted that population numbers had been understated in the past. In addition, the independent experts raised the question of whether the current BEH strategy has the capacity to cope with the increasing population and increasing complexity of cases.

The Chief Officer of the CCG was confident that by September 2013 conclusions and recommendation of the IRP would be compliant. The Chief Officer added that Chase Farm Hospital would not be closing but changing its services and that 94% of residents who went to Chase Farm Hospital would continue to attend there after the change. In addition 40% of the 75,000 people per annum who would have gone to Chase Farm A&E will still be cared for at Chase Farm Urgent Care Centre.

The Panel asked the Chief Officer of the CCG and other NHS attendees to provide a definition and roles of Urgent Care Centres and Walk-in Centres. The GP Chair of Enfield CCG advised there were no clear definitions of either.

5.4.3 The Chief Officer of Enfield CCG stated that of the 75,000 patients who attend Chase Farm A&E at the moment 40% will continue to attend the Urgent Care Centre, Older People Assessment Unit and the Paediatric Assessment Unit. The remaining patients will have to go to Barnet or North Middlesex Hospitals' A&E departments. How patients will know where to go to be treated effectively is not clear given the confusion over what Walk-in Centres, Urgent Care Centres and A&E provide.

The local NHS stated they will not be assuming any of the patients noted in paragraph 5.4.3 will require capacity in primary care. The public pointed out that services in the community were at the heart of the original proposals in the BEH Clinical Strategy and the word Closer in the title of the public consultation 'Safer **Closer** Better' seemed to have been forgotten. Originally 72,500 appointments were to be moved to primary care.

5.4.4 When questioned, the decision timelines were re-stated by NHS representatives. It was not clear which measures the decisions of the CCG's would be based on. The Panel was informed that an NHS clinical assurance process was ongoing.

5.4.5 The NHS England representative discussed the on-going Hunt review of Urgent and Emergency services in England, published June 2013. The Panel notes that attempts to reduce demand on A&E departments by improving primary care have failed to deliver. The Panel's view is that changes to A&E should not take place until the review has been completed and the results understood.

6 HEALTH NEEDS AND HEALTH INEQUALITIES IN ENFIELD

6.1 Enfield is an area with significant and increasing levels of deprivation and high health need. The ONS released their latest mid-year estimates on the 26th June. Their estimate of the Borough population, as of 30th June 2012, was 317,287 - an increase of 3,352 (1.1%) from 2011. This is lower than the ONS projected figure of 324,773 for 2013/2014 but higher than the GLA projection of 316,499. The forecast growth in population at the time of the BEH Clinical Strategy was originally 286,000 by 2015/16 revised to 296,000 in 2011.

6.2 Enfield remains London's fourth most populated Borough. Whilst Enfield ranks 32nd out of 150 local authorities for premature deaths, a particular issue for Enfield remains health inequality with a significant gap in life expectancy for men and women between deprived and more affluent wards. There is evidence that this gap is widening.

6.3 Enfield Primary Care Trust (PCT) was replaced on April 1st 2013 by Enfield Clinical Commissioning Group (ECCG). The PCT spend in 2011/12 was £512.8m. The budget for the CCG for 2013/14 is significantly less at £352.7m. This is because some services – including the GP's own contracts, are now commissioned nationally.

The majority of the CCG budget (62%) is for acute services – hospital services. The majority of the remainder is for community services, mental health services and primary care excluding GP contracts. Demographic changes leave this budget under pressure now and into the future.

6.4 Key health needs have been identified through the development of the Enfield Joint Strategic Needs Assessment and include:

<u>Health Inequality</u>

Life expectancy varies substantially from west to east for men (7.7 years) and women (13.4 years) best to worst wards. This is compounded by average income levels in Enfield being £60 below London and England averages with the overall rate of employment at 64%, the fifth lowest in London. Deprivation in Enfield is increasing with the 3 Edmonton wards within the 10% most deprived in England. Child poverty is an increasing problem and is at the 8th highest rate in London and significantly worse in the east of the Borough. In addition, 12% of Enfield households are living in fuel poverty (13,124 households) the 5th highest in London.

<u>Health and Wellbeing of Children, Young People and their Families</u>

Improvements are still needed to the timeliness of women accessing maternity services. Infant mortality rates are still higher than London and England averages and childhood immunisation is below London and England averages. We continue to see childhood obesity rates as a particular concern. There has been a recent increase in hospital admissions for under 19s, including asthma, diabetes and epilepsy.

Health and Wellbeing of Adults

Enfield has high rates of people recorded as living with long-term conditions, including 7,611 with coronary heart disease, and 15,065 with diabetes. However, estimates suggest significant number of people may be living with long-term conditions, but are yet to be diagnosed. Approximately one quarter of adults in Enfield are thought to be obese, with the impacts of obesity being estimated to cost Enfield £84.1 million by 2015. It is estimated that about 74,000 adults in Enfield drink above recommended levels and that nearly 3,648 adults in Enfield are alcohol dependent. Enfield's alcohol-related admission rate has continued to rise, and is close to both the London and England rates which were 1,985 and 1,974 per 100,000 respectively.

The HIV prevalence in Enfield has continued to rise, with Enfield being one of 58 English local authorities (30 of which are London boroughs) where the prevalence rate is greater than 2 per 1,000. Over 50% of people diagnosed with HIV in Enfield in 2009-11 were diagnosed at a late stage of infection.

Enfield has the 3rd highest rate of excess mortality amongst adults who have serious mental health problems when compared to the general population. Mental ill health has considerable negative impacts on people's physical health. The number of adults accessing community mental health services has continued to rise, with the number of patients accessing in-patient care remaining relatively stable between 2006 and 2011. Enfield GP registers suggest that 17,508 adults suffer from depression, equating to nearly 8% of Enfield's adult population. Many more people may be suffering from depression, but are not known to their GP.

In respect of the health and wellbeing of older people, the Joint Strategic Needs Assessment tells us that the number of expected cases of dementia is significantly higher than the number of cases diagnosed, with only 39.9% of people living with dementia thought to have been formally diagnosed in 2011/2012 compared to the estimated England average diagnosis rate of 44.2% and London average of 44.6 %.Of the total deaths of over 65 year olds recorded in 2008/2010, 67.9% took place in hospital (3,380 deaths over the two years). This compares unfavourably with both London (61%) and England (54.4%).

7 ALTERNATIVE OPTIONS CONSIDERED

To do nothing and allow the BEH Clinical Strategy to proceed without external scrutiny.

8. REASONS FOR RECOMMENDATIONS

8.1 The Council is seeking to act in the interest of local people, to ensure their needs and very real concerns are represented in respect of the provision of safe and accessible health care services in Enfield.

8.2 Should circumstances arise in which legal action is considered appropriate in relation to Chase Farm Hospital, it will be essential for the Council to act promptly. In this context, promptness will require a challenge to be brought very quickly once a decision has been made by the NHS (i.e. within a week or two). Even a relatively short delay could risk jeopardising the success of any legal challenge. As such, there will not be time to seek approval from Cabinet with the necessary flexibility to take an urgent decision if the situation warrants it.

9. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

9.1 **Financial Implications**

Any external legal costs that may arise from a decision to challenge can be met from the Council's central fund. It is recommended that any expenditure is reported to the panel suggested in paragraph 2.2 and decisions surrounding the level of expenditure are subject to the Council's financial regulations and governance procedures.

9.2 **Legal Implications**

The Council has a statutory power to review and scrutinise matters relating to health services in its area by virtue of s190 Health and Social Care Act 2012, and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The report recommends that Cabinet note the timetable for withdrawal of acute and maternity services from Chase Farm Hospital and endorses the taking of reasonable steps, including legal action if necessary, to safeguard healthcare services for Enfield residents.

Under section 222 Local Government Act 1972 the council has the power to institute legal proceedings if it considers it expedient for the promotion or protection of the interests of the inhabitants of its area. Under the Council's Constitution, the power to initiate legal action is delegated to the Assistant Director of Legal Services.

9.3 **Property Implications**

None

10. KEY RISKS

10.1 The greater risk would seem to lie in if the Council did nothing, and fails to act in the community's best interests, by failing to attempt to secure improved public health outcomes.

11. IMPACT ON COUNCIL PRIORITIES

11.1 **Fairness for All**

Approval of the recommendations will help the Council monitor the development of primary and community care and secure improved health services for the benefit of all residents.

Accessible, effective health services for all residents are vital in improving the health of vulnerable groups and reducing inequalities in the more deprived parts of the Borough.

11.2 **Growth and Sustainability**

It is important that appropriate, sustainable health services, responsive to the changes in population and Enfield's major regeneration initiatives are provided to current and future residents in Enfield.

11.3 **Strong Communities**

Effective health services contribute to the Council's priority of making Enfield a safe and healthy place to live and are an important factor in building and maintaining strong communities in Enfield.

12. EQUALITIES IMPACT IMPLICATIONS

Excellent health services are fundamental to delivering the Council's equality agenda. The Council has requested a copy of the latest Equality Impact Assessment carried out by the NHS into their BEH Clinical Strategy proposals but this has yet to be supplied.

13. PERFORMANCE MANAGEMENT IMPLICATIONS

The development of effective primary and community care will contribute to the achievement of the Council's health and community priorities and effective monitoring of the implementation of the NHS reconfiguration timetable is essential to ensure that viable health services are maintained for Enfield's residents.

14 PUBLIC HEALTH IMPLICATIONS

Public Health implications are detailed in section 6 of this report.

Background Papers

None