MINUTES OF THE MEETING OF THE HEALTH SCRUTINY STANDING WORKSTREAM HELD ON TUESDAY, 26TH JANUARY, 2016

Attendees
Councillors: Abdul Abdullahi (Chair), Anne-Marie Pearce (Vice-Chair) Christine Hamilton, and Claire Stewart.

Officers: Bindi Nagra (Acting Director HH&ASC), Dr Tha Han (Consultant Public Health HHASC), Dr Allison Duggal (Consultant Public Health) , Andy Ellis – Scrutiny Support Officer, Elaine Huckell – Scrutiny Secretary

Also attending: Councillor Keazor (Cabinet Member for Public Health and Sport), Julie Lowe (Chief Executive, North Middlesex Hospital), Jo Murfitt (NHS England), Paul Jenkins (CCG), Peter Mitchell (Haringey Councillor), Steven Mann (Haringey Councillor), Pippa Connor (Haringey Councillor), Christian Scade (Scrutiny Officer, Haringey Council),Parin Bahl (Healthwatch Enfield)

Two members of the public

372. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting.
Apologies were received from Councillor Lemonides and Councillor Neville.

373. DECLARATIONS OF INTEREST

Councillor Pippa Connor (Haringey Council) stated that her sister was a GP in Tottenham.

374. MINUTES OF THE MEETING OF THE 13 OCTOBER 2015

The Minutes of the meeting held on 13 October 2015 were **AGREED**.

375. NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST

Julie Lowe, Chief Executive presented the performance information relating to hospital services at North Middlesex University Hospital.
She referred to the CQC Inspection findings for 2014/15 following an inspection of the 8 core services and the examination of 5 aspects of care provided which was summarised in a table. She said the two key issues were for Ambulatory Care and Accident & Emergency performance.

The inspection findings gave a mixture of ‘Good’ or ‘Requires Improvement’ ratings with an overall ‘Requires Improvement’ assessment. There were 3 ‘must do’ recommendations where improvements were necessary in relation to -

- responsiveness of Outpatients department,
- training (an improvement notice was issued on this) and
- the ambulatory care environment.

In response to the findings, a Quality Improvement Plan (QIP) had been prepared and reviewed with external stakeholders. Progress had been made on the Action Plan which was detailed in the presentation.
Following on from this - 'Quality priorities' had been prepared for 2015/16 to improve patients' safety and experience, and also to improve clinical effectiveness.

Julie Lowe referred to the continuing challenges and issues for the hospital especially in relation to the Accident & Emergency Service. She said this has been a serious cause of concern since July 2015. The urgent care centre opened in June 2015 and is now seeing 40% of emergencies within an hour. Performance data for the weekly 4hr target was given.

One of the reasons given for performance data was the increased number of attendances at A&E, another was due to the struggle to recruit and retain high quality doctors.

The Ambulatory Emergency Care Unit opened in October 2015. This revamped facility has resulted in an improved fast tracked service and the resulting patient feedback has been more positive. However there continues to be challenges for the A&E service, one of which is the number of patients who are 'well enough' and could be moved on to 'free up' places.

The following questions were then taken:

Q: The findings of the CQC inspection show that all core services met the 'good' rating for Caring aspect, however a number of services were rated 'requires improvement' under the 'responsive' and 'well-led' categories, does this indicate that staff are being let down by managers?

A: The 'well-led' category covers a number of issues and I would say for many they are doing all they can in difficult situations. Clinical leadership is an issue and more senior doctors and nurses are needed. A new medical director has been appointed to provide a lead on this, in summary we are aiming to strengthen our leadership.

Q: Would you confirm that the closure of A&E and Maternity services at Chase Farm hospital has had a detrimental impact on North Middlesex hospital, I have heard of someone who attended North Middlesex A&E department, they waited for 5 hours and eventually gave up and returned home?

A: The maternity services provided at both Barnet and North Middlesex hospitals are doing well and so too are the community based clinics and children's centres which we should like to see open for longer hours. It should be remembered that there is good consultant cover at both maternity services

at Barnet and North Middlesex hospitals which was not always possible for the maternity service when it was functioning at Chase Farm hospital. Our A& E service prioritises the people who are 'sickest' therefore if someone can be seen at the urgent care centre rather than A&E it is preferable that they go there. It is also better, where possible, for people to go to their GP.

Q: The CQC inspection was carried out in August 2014 do you know when this will be done again?

A: It is understood that the first round of inspections are now nearing completion, they would then move on to revisits. We are working very hard to put safeguards in place – good triage systems have been established to ensure the most urgent cases are seen first.

Q: Why does there appear to be a problem in attracting and retaining doctors at the hospital?

A: We are looking to recruit more high quality doctors. However when looking to work in A&E some doctors may prefer to work for one of the major trauma centres in London such as at the Royal London Hospital. It is very hard work for doctors at the North Middlesex hospital – which will be improved when more skilled people are fully established here. It may then be possible for a 'buddy system' to operate with another hospital. This is a wider problem, and not just for London.
Later in the meeting reference was also given to the high cost of housing for doctors wishing to live in the area.

Q: Is there any danger that an 'improvement notice' would be issued at the moment should an inspection be carried out?

A: If the CQC carried out a revisit at present there is a possibility that an improvement notice would be issued due to the overcrowded situation. Our main concern at present is to keep people safe. I was reassured the other week that findings showed that this was happening and we are keeping people safe.

Q: What progress has been made with the 'End of Life care' service.

A: We now have a new contract with a local hospice which has enabled us to recruit new, more palliative consultants. However there are still more people whose end of life care is in hospital when they would prefer for this to happen 'at home'. This is something that needs to be addressed. We now have a far better advice framework for 'end of life care'.

Q: I would have liked to see more detail of how the issues raised in the CQC Quality report are being addressed. It seems that one of the issues was the limited opportunity for clinicians and nursing staff to raise concerns.

A: The Trust's response to the recommendations contained in the CQC Quality report is available, and this will be provided for the Health Scrutiny

Workstream. It specifies the actions we are taking to improve the quality of services provided **(Please note -The Risk and Quality Paper is available with the Minutes)**
A Risk Summit has been called by the NHS Trust Development Authority (TDA), as the area for concern is considered as a 'persistent issue'. The Medical Director of the TDA will chair the meeting and discussions will be held on whether the Trust is doing enough to resolve the issues. They may require us or our partners to take steps - for example we currently have 40 patients who are fit to be discharged from hospital but need to be moved elsewhere.

Q: The A & E activity levels appear to be going down, is this because people are now using the urgent care centre? Also I understand there have been fines imposed relating to contract compliance?

A: Although the overall number of people being seen at A&E is lower, the people we are now seeing are 'sicker' and need more care. Agency staff are being used to help provide cover, however, there are advantages in employing people from the local area.
Fines imposed have been unhelpful. However, there have been no reductions in funding for A&E services resulting from this.
McKenzie Health had been brought in and had focused on areas where improvements could be made. This had included efforts to identify patients for discharge, so that transport could be organized to enable patients to leave earlier in the day. Also they looked at the triage service to help in the earlier identification of cases where chest pain was an issue.

Q: It may be that a number of residents for both Enfield and Haringey are not registered with a G.P or if they are then perhaps they give up attempting to see their GP and therefore go to A & E?

A: This is not my remit but agree that this may be the case and that people would have made a choice to go directly to hospital.

Q: Following on from the CQC report and management/ staffing concerns what has happened regarding the management structure for all Departments, not just for A&E?

A: In terms of management - at Department level we have a full cohort which was not the case before. They have experience and are more stable and more established. We have also invested in Nurse leadership with more senior nursing support now in place. The new Medical Director has been appointed and a new HR Director has carried out work on subjects such as 'vision management' and 'staff values'. We have also recruited new consultants, who are younger and who may need more support. It is a work in progress.

<u>Questions from a member of the public</u>

Q: It is important that a senior nurse be present at 'Triage' who would immediately assess people as they arrive and send them directly to x ray where this is appropriate

A: This is done as much as possible, perhaps not as much as we would like.

Q: I think North Middlesex hospital should be classed as a 'Trauma' hospital and also it would be helpful if there was a 'Triage' service at Chase Farm hospital.
A: Major trauma hospitals are where vascular and neuro surgery is performed.

Q: It is unfortunate that nursing quarters have been lost at Chase Farm hospital as this would make it much easier to recruit nursing staff.
In my experience it is difficult to get to see a doctor and there are a lot of people who are not registered with a doctor who would go directly to hospital if they have a medical problem.

A: Accommodation for single nurses is not usually a problem, the main cause for concern is when housing needs to be found for the family.

Councillor Abdullahi asked –

Q: If a further CQC inspection was carried out in a year's time how confident would you be that the main issues for the Trust had been remedied?

A: We are determined that we must improve and for this to be done this year. Some challenges are not quick fixes and we will need the support of our partners. This is what people in Enfield deserve.

Julie Lowe and Council Members from Haringey were thanked for attending the meeting.

376. PUBLIC HEALTH

Reports were presented on the following :

- GP Engagement – Dr Tha Han
- National Screening Programme Roles and Responsibilities and Cancer Screening Update – Dr Allison Duggal and Jo Murfitt
- Antenatal Services – Dr Allison Duggal

Post meeting note – Dr Tha Han has pointed out that his presentation should have stated – Life expectancy gap is : 8.6y (F) and 7.4y (M)

GP Engagement
Dr Tha Han presented this report and highlighted

- Despite improvements there remain significant health inequalities within the borough. These inequalities are more pronounced within the 5 wards of Upper Edmonton, Ponders End, Enfield Lock, Chase and Jubilee. Public health is focused within these wards and elsewhere to help to mitigate against health inequalities.

- There is a variation in the primary care management of long term care conditions (i.e cardiovascular disease, cancer and respiratory problems) between GP practices.
- It was thought high quality primary care was key to improving health outcomes and for lower dependency on the acute services and social care sector.
- Enfield GP's face huge challenges related to: a high level of long term conditions in the borough, problems of socioeconomic deprivation and the high population churn.
- Enfield is one of the most deprived boroughs in London. In addition, NHS payment per registered patient to Enfield G.Ps, is the third lowest in London at £118.

He referred to a plan set out by the public health team to address issues, the aim of which is to reduce illness from preventable conditions and conditions modifiable by healthcare by collaborating with Health and Wellbeing partners.

- To reduce variation in clinical care of long- term conditions among general practices across Enfield by raising awareness of best practice among GP's
- To improve management of long-term conditions already identified by local GPs, and also to improve identification and management of major diseases and risk factors in primary care
- To improve access to effective community services.

The following questions/ issues were raised:

- There appears to be a discrepancy in the health inequality data quoted from GLA for 2015 – Life expectancy gap: 8.6years (F) and 6.4years (M) between the worst and best ward life expectancy compared to those from Public Health England.
- When asked how we could raise the issue of increasing the number of Enfield G.P's, it was thought this should be discussed with NHS England. Councillor Pearce said members were of the opinion that following the removal of some services from Chase Farm hospital there was insufficient primary care resources here in Enfield. Jo Murfitt (NHS England) would report this comment back. She referred to the additional workload of GP's and extra immunisations and appointments carried out by them. It was thought that whilst the number of GP's for Enfield was average for London, there may be a higher need as resources for Enfield was lower than it should be.
- It was questioned what was being done to improve the prevention side of public health especially in relation to obesity and diabetes? It was pointed out that visits had been made to GP practices to give advice on how to promote healthy lifestyles. Improvements have been seen in some areas such as in smoking cessation. Also a number of areas where public health team were working with primary care and communities to improve hypertension (High blood pressure)
- When asked for a GP's view on the Council's 'Cycle Enfield' Programme, this was generally viewed as a positive initiative as it

promotes a healthier lifestyle although it was stressed that exercise needs to be combined with a good diet. A good diet was key.

- Allison Duggal referred to the work undertaken by the public health team who have responsibility for the child measurement programme. Letters are sent to make clear to parents what they can do to help set up good habits. We are also carrying out a peer review with other boroughs to see if we can learn anything further about tackling child obesity.
- When asked if there were more children in the borough who were overweight rather than under- weight, it was stated that measurements had not yet began for the year, however, generally speaking the majority of children are at a normal weight. We do have a large proportion who are overweight with some who are underweight.
- It was asked why the NHS Payment per registered patient to Enfield G.Ps is third lowest in London at £118 and whether we can pursue this to increase the allocation for Enfield. It was stated that there is a wide variation in the country. It is a national payment issue and up to one third is related to performance and claims. It is a quite complicated system for example premises costs are included although the formula for using this is not a simple one. The public health team are trying to help GP's with the variation in performance and Enfield CCG with their claims e.g for premises renovations.
- It was confirmed that a G.P is able to claim extra costs if they specialise in a particular area- such as in dermatology. They also get paid for carrying out immunisations however this is a relatively small allowance.
- A suggestion was made that if we improved administration for G.P's this may increase available funding. However a suggestion by GP's to spend more time with patients to give clear healthcare messages need to be carefully considered because their time is precious and it may lead to a reduction in the number of appointments.
- Dr Tha Han said it was important that G.P's are able to learn lessons of best practice from each other, and this is something which we are encouraging.
- Dr Allison Duggal referred to work being done to reduce obesity. This included using dieticians in the community to advise parents of very young children when they have issues about weaning/ fussy eaters etc.
- A member of the public referred to patients who do not often attend their GP surgery, and said it would be useful if when they do attend - checks are carried out. This may include blood pressure and cholesterol tests.

National Screening Programme Roles and Responsibilities and Cancer Screening Update – Reports presented by Allison Duggal and Jo Murfitt (NHS England)

The first report by Dr Allison Duggal and Lisa Luhman set out the roles and responsibilities of Public Health England, NHS England, Local Government, CCGs and providers in planning, commissioning and delivering the national screening programme.

The following was highlighted:

- Much of the screening programme is delivered by the NHS.
- NHS England is responsible for commissioning screening programmes, which includes monitoring of services
- Public Health England – responsible for setting policy through its National Screening committee. Includes advice on screening and immunisation.
- Enfield's Public Health team reviews screening performance and contributes to production of Joint Strategic Needs Assessment, which informs commissioning decisions. It also gives public health advice to NHS commissioners and can produce health need audits and health equity audits.

The second report provided an overview of uptake, coverage and performance of Cervical, Breast and Bowel Screening for Enfield CCG registered patients.

The following was highlighted:

- Enfield is performing above the London average for all three screening programmes
- Nationally the number of women attending for cervical screening is declining
- Enfield uptake for breast screening (70.4%) is just above national minimum standard
- Enfield performs better for bowel screening than the London average for uptake and coverage, but is below the England average.

The following questions were raised:

Q: Councillor Abdullahi said he would like to see a breakdown of the data on cancer screening and immunisation, so that we know where to focus our attention and resources

A: The data are not available broken down by ethnicity or geography, but are available by GP practice and this might be used as a proxy for geographic data. It was noted that the data would not be 100% accurate because people are sometimes not registered with a GP.

Q: As public health is now a responsibility for the local authority, since the Health and Social Care Act of 2012 was introduced, do you think the new arrangements work in favour of the local population especially in light of the closure of some of the services at Chase Farm hospital?
Is it possible for public health to support/ work with Local authority to ensure issues are addressed?

A: When the new Act was implemented, the transition was complicated in determining who was responsible for what. In terms of public health influence in the local area, I think it sits well with the Local Authority, as it enables us to

address the wider determinants of health. An example of this would be the impact this has had on local Antenatal services.

Q: It appears that the cancer screening data figures look positive and there seems to be improvements relating to immunisation figures.

A: There had been problems with the data recording system for immunisation which appeared to show our immunisation coverage was much worse than was the case. We need to do more work to encourage childhood flu immunisation as often children are 'super spreaders' – we are currently looking at 2 -6 year age group and for next year this would be for the 2 – 7 year age group.

Antenatal Services – report presented by Dr Allison Duggal.

This report set out some of the recent work undertaken by Enfield Public ealth to help and advise antenatal service providers in planning and commissioning good quality care to women. Also to address health inequalities in the borough.

The following was highlighted:

- The National Childbirth Trust was supported by Public Health to train breastfeeding peer supporters for different children's centres.
- A breast feeding App has been launched which provides information on support in Enfield, it shows where breastfeeding friendly premises are located.
- Over last two years the proportion of expectant mothers being seen by 12 weeks 6 days of pregnancy has gradually increased.
- A toolkit and video have been developed with faith groups to help to discuss early access to maternity services. This is targeted at the African community as they often do not wish to access maternity services until later in pregnancy.
- A roadshow was held in Edmonton with DVD to promote early use of antenatal service and breast feeding – the road show was successful and feedback good.
- Some members of the Parent Engagement Panel (PEP) have volunteered to work as community health workers to engage parents and families during pregnancy.
- Obesity in Pregnancy -. Public Health is working with health trainer to provide specialist training in maternity, working with mothers who have a BMI of over 30. Workshops are to be held for affected pregnant women.
- Learning event held for professionals and health workers by Public Health and Safeguarding Children's Board to raise awareness of child deaths and particularly those related to Sudden Infant Death Syndrome and to promote safe sleeping.
- Joint working arrangements are developing to improve engagement of pregnant women in relation to Enfield's Hidden Harm Parental Substance Misuse service.

- Ante-natal and new born screening performance data provided – and considered to generally be going well.
- An infant mortality action plan is being prepared and will hopefully be developed into a strategy for the next financial year.

The following issues were raised:

Q: Do we have data giving age evaluation and details of how far into pregnancy women are when they first access maternity services?

A: Yes we do have this information. This is heavily influenced by a woman's culture. We are trying to move the target time of a first visit from 12 wks. 6 days to an earlier target.

A member of the public thought it would be useful for girls to view a video/ DVD in school to see the consequences of drug/ alcohol misuse in pregnancy and implications of this on their baby. It was also thought this should apply to boys / young men.

Q: Who is responsible for visual defects screening
A: The National Screening Committee has recommended this screening service, but the responsibility for commissioning this service would rest with NHS England. We are not aware of any plans to implement this screening service. There are a number of times when a child would be assessed at school and health visitors do an assessment at 2 years of age.

Q: Who determines that a person has necessary support when a baby is born?
A: A new mother would be seen by a midwife, then a few days later they will be seen by a health visitor who would look at issues such as bonding, baby wellbeing and check for conditions such as neonatal jaundice. If someone was struggling the service would be strengthened. It is the job of the health visitor to take a more holistic view and to signpost additional services should this be required. They would also give advice on immunisation especially on the MMR programme.

Q: Are there an adequate number of Health Visitors?
A: There was a push to train more midwives in 2012. Enfield has a good number of midwives and does very well in retaining them.

Dr Tha Han, Jo Murfitt and Allison Duggal were thanked for their contributions

377. WORK PROGRAMME

The Work Programme was NOTED

378. ANY OTHER BUSINESS

None

379. DATE OF FUTURE MEETING

The next meeting would be held on Wednesday 9 March 2016 at 7.30pm.

The meeting ended at 9.45 pm.