

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Waltham Forest Town Hall
15 January 2019 (4.00 - 5.30 pm)**

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Eileen Keller
London Borough of Havering	Nic Dodin and Nisha Patel
London Borough of Redbridge	Stuart Bellwood, Beverley Brewer and Neil Zammett
London Borough of Waltham Forest	Saima Mahmud (Chairman) Richard Sweden, and Catherine Saumarez
Essex County Council	Chris Pond
Epping Forest District Councillor	Aniket Patel (Observer Member)
Co-opted Members	Cathy Turland, Healthwatch Redbridge (substituting for Mike New)

Apologies were received for the absence of Ian Buckmaster, Healthwatch Havering and Richard Vann, Healthwatch Barking and Dagenham.

The Chairman reminded Members of the action to be taken in an emergency.

17 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

Apologies were received from Ian Buckmaster, co-opted member, Healthwatch Havering and Richard Vann, co-opted member, Healthwatch Barking & Dagenham.

18 DISCLOSURE OF INTERESTS

Agenda Item 7 - JOINT COMMITTEE'S WORK PLAN.

Councillor Richard Sweden, Personal Interest - managed, though not employed by, North East London NHS Foundation Trust.

19 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Sub-Committee held on 2 October 2018 were agreed as a correct record and signed by the Chairman.

A request was made for the clerk to seek to obtain figures for the numbers of Essex patients using the Cedar Centre at King George Hospital.

20 BHRUT - CANCER SERVICES UPDATE

BHRUT officers addressed the Committee and stated that they wished to improve outcomes for patients and sought to develop a world class cancer centre based in Romford. The 62-day target for cancer treatment had now been met by the Trust for 17 months in a row and Queen's Hospital now offered state of the art radiotherapy services. Change had been driven by clinical need of the rising population in North East London.

King George Hospital was unable to offer as good cancer care as Queen's and there was not any radiotherapy available at King George. Queen's Hospital offered a dedicated teenage cancer unit and could also cater better for patients with disabilities. Queen's also offered longer opening hours for its services including Saturdays as well as the ability to run patient trials for cancer treatments.

Patient and staff safety was a challenge at King George as well as staffing shortfalls which were also an issue nationally. Two vacancies had recently been recruited to with another two currently being interviewed for. Chemotherapy services had moved from King George to Queen's which had allowed the opening of a Living with Cancer Hub at King George in December 2017. This had been attended by 60 people thus far (27% from Redbridge) and had received very positive feedback from service users.

It was confirmed that all King George chemotherapy patients had transferred successfully to the Sunflowers Suite at Queen's and patient transport was available if required.

BHRUT officers accepted that they should communicate more with all stakeholders and agreed that they would work with Healthwatch on the changes. A dedicated Patient Partner was also available to give the patient's viewpoint.

A Member from Redbridge stated that legal advice he had received was that the services should be subject to consultation and felt that BHRUT or the Clinical Commissioning Groups (CCGs) should therefore consult on this matter. The Member felt that this had been agreed at the Committee's

previous meeting and that Healthwatch should also be involved in any consultation.

Officers from BHRUT added that staff shortages had made it untenable to stay at King George and agreed with a Member's statement that it would be for the CCGs to lead on any consultation. The Trust was happy to work with Healthwatch and accepted that Healthwatch did not necessarily endorse the service changes.

Members accepted that patient safety should be a priority but also raised the point that it was not credible that the staffing issues should arise so quickly after the last meeting had taken place and that the behaviour of BHRUT around the issue may not have been befitting of a partnership. A representative of Healthwatch Redbridge confirmed the organisation been involved in the engagement work but also felt that the closure of the service at King George had been very quick. It was planned that Healthwatch engagement work with patients would commence by March 2019. BHRUT supported the involvement of Healthwatch but felt that full public consultation was not the right approach and that cost issues would also be involved.

Officers confirmed that transport would be offered to patients who became unwell during the course of their treatment. It was emphasised that the Cedar Centre was not closing and would continue to offer post-treatment support to cancer patients – a very important area. Members felt however that this could not be compared with the chemotherapy service and, whilst the scope of consultation could be discussed, this should be agreed in principle. Members also felt that there had been a fault in the process and that the extra demand on services at Queen's was also a concern.

Trust officers responded that the opening of the chemotherapy unit at Queen's for longer hours and on Saturdays meant that it would be able to cope with the additional demand. It was possible that the unit would open 7 days per week in the future.

The Joint Committee **AGREED** unanimously (with one abstention) that the clerk should draft a letter requesting the CCGs organise consultation of some kind on the recent changes to cancer services.

21 **KING GEORGE HOSPITAL UPDATE**

Work at King George Hospital to enable the opening of the Living Beyond Cancer hub had now been completed and the new facility had opened. A replacement CT scanner had also recently been installed at King George.

It was accepted that the previous Health for North East London plans from 2011 were now outdated and that a new approach was needed for healthcare in the local area. No additional capital funds were available and

so it had been necessary to review the strategy for health services across the local boroughs. A new position statement for the future of both King George and Queen's Hospitals was therefore expected to be released by the CCGs in early February 2019.

Officers accepted that there were recruitment challenges but this was common across the UK and internationally and these needed to be addressed if safety issues were to be avoided.

King George Hospital received around 70 ambulances per day and this was evidence of the need for emergency care across the area. BHRUT would work with clinicians on the exact configuration of these services. The Trust Chief Executive felt it would not be a viable option to close King George A & E and move those services to Queen's.

Members agreed that there needed to be a strategy across the BHR area as a whole but requested more details of e.g. the strategy for cancer services. Officers accepted that the rising population of the area needed to be taken into account and much of the complex work on strategies would need to be undertaken by the East London Health and Care Partnership, with the support of the CCGs.

A request was made that the Essex Health Overview and Scrutiny Committee be kept informed of any new BHRUT clinical plan. Daily information was kept by the Trust on readmission rates of discharged patients but these were relatively low. Further information on readmissions could be provided to the Committee.

The establishment at the Trust of a School of Surgery had assisted with overseas recruitment to surgery vacancies although there remained many incidences where locum staff had to be used. The possibility of developing a medical school on the King George site would also help with recruitment difficulties. It was suggested that the Committee could consider the wider determinants of health at a future meeting with the assistance of CCG and Public Health colleagues.

The Trust stated that it was anticipated that any public consultation on proposed changes at King George would take place in early 2020. If capital funding was required, this would have to be applied for via NHS processes and failure to obtain the required funding could lead to further closures of facilities at the site. It was anticipated that options for the future of King George Hospital would be available by late 2019.

The Joint Committee **NOTED** the update.

22 **JOINT COMMITTEE'S WORK PLAN**

Suggestions for future work programmes included determinants of public health, the proposed relocation of Moorfields Eye Hospital and the closure of Moore Ward at Goodmayes Hospital which catered for patients with disabilities from across Outer North East London.

The representative from Healthwatch Redbridge added that the Committee may also wish to receive a report the organisation had compiled with the Refugee and Migrant Forum for East London regarding the experiences of migrants when receiving medical care. Healthwatch Redbridge would supply further details to the clerk of the Committee.

Chairman