MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Barking Town Hall
22 July 2014 (2.30 - 4.30 pm)

Present:

COUNCILLORS

Barking & Dagenham	Danielle Doyle and Eileen Keller (Chairman)
Havering	Nic Dodin, Gillian Ford and Dilip Patel
Redbridge	Stuart Bellwood, Mark Santos and Tom Sharpe
Waltham Forest	Richard Sweden

Councillor Wendy Brice-Thompson (Havering) was also present.

Healthwatch representatives present:
Richard Vann, Healthwatch Barking & Dagenham
Ian Buckmaster, Healthwatch Havering
Mike New, Healthwatch Redbridge

NHS officers present:
Matthew Hopkins, chief executive, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Alex Higginbotham, BHRUT
Hazel Melnick, BHRUT
Neil Kennett-Brown, North East London Commissioning Support Unit

Council officers present:
Bruce Morris, Barking and Dagenham, Adult Social Care
Masuma Ahmed, Scrutiny Officer, Barking & Dagenham
Anthony Clements, Principal Committee Officer, Havering (Clerk to the Committee)
Jilly Szymanski, Health Scrutiny Coordinator, Redbridge
Corrina Young, Scrutiny Policy Officer, Waltham Forest

One member of the public was also present.

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman gave details of the arrangements in case of fire or other event that should require evacuation of the meeting room.

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

Apologies were received from Councillors Stuart Emmerson (Waltham Forest) Sheree Rackham (Waltham Forest) and Chris Pond (Essex). Apologies were also received from Jaime Walsh, Healthwatch Waltham Forest.

3 DISCLOSURE OF PECUNIARY INTERESTS

There were no disclosures of interest.

4 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 8 April 2014 were agreed as a correct record and signed by the Chairman.

It was noted that the London Clinical Senate had been unable to come to a conclusion on a comparison between UCLH and BHRUT as sites for carrying out radical prostatectomies.

5 COMMITTEE MEMBERSHIP

The Committee **NOTED** the new membership following the recent Council elections.

The Committee further **APPROVED**, as permitted under point 5 of the Committee's terms of reference, any waiving of the full political balance requirements that may have been required by the individual Councils in their nominations to the Joint Committee.

6 BHRUT IMPROVEMENT PLAN

Matthew Hopkins, chief executive of BHRUT, explained that the Trust had been put in special measures in October 2013 and that an improvement director had been appointed. Support was being given to the Trust to deliver its improvement plan. A reinspection of Trust services by the Care Quality Commission was expected in late 2014 or early 2015 although such an unannounced inspection could in fact be launched at any time. The chief executive stressed however that the hospital also depended on the support of its health and social care partners if long term improvements were to be secured.

The Trust improvement plan had been developed in conjunction with the Council and Clinical Commissioning Groups (CCGs) in the BHRUT area as well as with relevant service providers. The improvement plan included a number of key themes. On workforce issues, the chief executive felt that BHRUT staff were on the whole very capable but were too few in number in A&E and some other areas. Nurses had been recruited both locally and from Portugal (who the chief executive felt were well trained and

compassionate) and this cohort would be starting at the Trust in the autumn. There were sufficient nurses at the hospitals on a day to day basis but the reliance on agency staff meant that it was expensive to fully staff the hospitals. The recruitment of radiographers was also a challenge for the Trust.

It was planned to speed up the emergency care pathway and also improve discharge procedures. The improvement plan also emphasised better clinical governance and quality assurance as well as more effective handling and transportation of patient notes.

The chief executive accepted that outpatients was a source of frustration to patients and that procedures around appointments and follow-ups needed to be improved. It was also accepted that it was difficult for patients to find their way around outpatients and signage would be improved. The Trust Board would also be more visible as it sought to improve leadership and organisational development.

The improvement plan was currently 27% completed and the chief executive felt that Trust staff and partners were focussed on improving services for patients. Monthly progress reports would be published on the NHS Choices website and the chief executive was keen to come for further scrutiny at both the borough and joint committee levels.

The chief executive confirmed that he was the accountable officer for delivery of the improvement plan and that a Programme Board was monitoring progress. Each of the five domains of the improvement plan were given a RAG rating and outpatients currently had a red rating as not enough progress was being made.

It was emphasised that partner organisations were now much more engaged with the improvement process and saw themselves as part of the solution. External governance was led by the Trust Development Authority and the chief executive had performed a similar turnaround process at another Health Trust. Extra transitional funding was however needed this year to allow better management of patients and this was currently being discussed with the CCGs.

The chief executive was confident that the Trust's deficit could be reduced over the next 3-4 years. He wished to recruit and retain staff better which would lead to a reduced need for agency workers. It was anticipated that the Trust would record a deficit of £38 million at the end of the year, on a turnover of £450 million. It was planned to stabilise the deficit this year and reduce this over the coming years and the chief executive was happy to give further updates on the Trust's financial position.

It was agreed that the Better Care Fund was an important change in the use of NHS resources. It was hoped people would spend more time at home and less in hospital and these issues were currently being worked on with the Trust's partners. A quality summit had recently been held with partners

and the chief executive was confident that the Better Care Fund could be implemented successfully.

The Committee **NOTED** the position with the BHRUT improvement plan.

7 BHRUT - BREAST CARE SERVICES - CHANGE OF LOCATION

The BHRUT chief executive explained that the Trust felt this was not a substantial variation to services (and hence required public consultation) but rather an enhancement to existing services. It was proposed to relocate services from the Victoria Hospital in Romford to King George Hospital in Goodmayes and the chief executive asked the Joint Committee to agree that formal consultation was not necessary.

There were a number of reasons for this change including that it would help to complete the centralisation of services and that the Victoria Hospital was an old building with worsening facilities. Access and parking was easier at King George and there was also a financial benefit from no longer having to pay rent on both sites. The breast care service was also currently located over several different floors at the Victoria Hospital whereas services would all be on the same floor at King George. The chief executive added that the commissioners – Public Health England supported the change of location and there had not been any objections raised by patient representatives.

Only six per cent of initial breast screens would in fact be moved as many people already went to King George for this service. The chief executive felt that the proposal improved the breast care service in terms of facilities and accessibility. The proposal would be considered by the Trust Board in September following which there was likely to be further public consultation. It was planned for the new unit at King George to be fully operational from July 2015.

It was emphasised that King George would not be the only provision for breast care services and that the mobile screening service would continue from its current locations. Any proposed additional sites would be considered in conjunction with Public Health England. Analysis of scans would continue to be carried out at King George, as was the current practice. It was also felt that there would be minimal transition required as the service could continue at the Victoria Hospital while the new unit at King George was being built. BHRUT did not own the Victoria site and it would be for the owners to decide if the site would eventually be sold.

It was hoped to increase capacity at the King George unit in the future by opening in the evenings but this would need to be considered in detail. It was accepted that public transport to King George from areas such as Romford was difficult and often left patients with a considerable walk from the A12. The chief executive confirmed that discussions on improved transport links were ongoing with Transport for London and asked for the Committee's support with this.

The Committee requested that a map of current locations of the mobile screening units be provided as well as a breakdown of the breast care process.

It was **AGREED** that the matter be scrutinised in more detail by those borough Health Overview and Scrutiny Committees that wished to. It was also noted that, should it be decided that formal consultation be required, this would need to be undertaken with the Joint Committee.

8 CANCER AND CARDIOVASCULAR PROPOSALS

The BHRUT chief executive confirmed that the proposals to move radical prostatectomy surgery from BHRUT to UCLH had been taken to the Trust Board and that the Board felt the proposals were the right ones. It was emphasised that a great deal of cancer and cardiovascular care would continue to take place at King George and Queen's. The chief executive was unsure at this stage if only having robotic prostate surgery based at Queen's would reduce patient choice, feeling that this was also a matter for commissioners.

An officer from the North East London Commissioning Support Unit explained that cancer and cardiovascular disease were the main causes of early death in the local area. In order to address this, a new cardiac centre was being built at Barts and tours of the site were available. The new centre would open in September 2014 at which point patients would transfer from the London Chest and Heart Hospitals.

The cancer proposals had been commissioned by NHS England and proposed reducing the number of sites at which surgery for several different types of cancer had been performed. This was based on work first undertaken in 2010 which had concluded that some specialist procedures were being carried out in too many hospitals. The preferred option to reduce the number of sites at which e.g. brain or kidney cancer operations were performed had been agreed by NHS England and CCGs in May 2014 and final decisions would be taken at a meeting of commissioners on 25 July.

Implementation, if the proposals were agreed, would take place between 2014 and 2018 and implementation timescales would be different for each pathway. Discussions were currently taking place with Local Healthwatch organisations to discuss the next phase of engagement.

Feedback from the public had generally supported the proposals but some concerns had also been raised. There was a need for better prevention and early diagnosis (which commissioners supported) and some concerns over travel issues had also been raised. Additionally, local campaign groups had not supported the proposals for prostate cancer. Officers explained that the London Clinical Senate had reviewed and supported the prostate proposals although it was accepted that the two sites (BHRUT and UCLH) could not be compared directly. Latest guidance was that a site carrying out robotic

prostatectomies should conduct 150 operations per year but BHRUT currently only carried out 80 such operations annually.

If the proposals were approved by commissioners, it was not expected that services would change straightaway. A Gateway process would be established by commissioners of tests that would need to be met before services were changed.

Clinicians would not transfer under the proposals. Patients would continue to have pre and post-operative treatments at their local hospital with only the operation itself taking place at a specialist facility. Staff consultation would be carried out if the proposals were approved. The Gateway process would ensure that patient concerns would still be considered. There would also be a Joint Development Group for patients to feed into the Gateway process.

The Committee **AGREED** that presentations on items at the meeting should be circulated before the meeting, if available.

The Committee **NOTED** the update.

9 TRANSFORMING SERVICES, CHANGING LIVES

The Commissioning Support Unit officer announced that on 9 July, Newham, Tower Hamlets and Waltham Forest CCGs had launched a case for change in order to establish which health services in Inner North East London may need to be altered. A final case for change was now in the process of being developed.

Barking & Dagenham and Redbridge CCGs were also involved in the process and engagement would continue until 21 September. Further details were also due to be given to the Redbridge Health Overview and Scrutiny Committee and it was noted that proposals were at a very early stage.

The Committee **NOTED** the position.

10 COMMITTEE'S WORK PROGRAMME

It was suggested that children's hospital services such as Great Ormond Street that were used by residents of all the boroughs covered by the Committee could be scrutinised at a future meeting.

It was **AGREED** that more suggestions for the work programme could be taken at the Joint Committee's next meeting.

11 ROLE OF LOCAL HEALTHWATCH WITH THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

It was **AGREED** unanimously that one co-opted, non-voting Member from each of the following Healthwatch organisations should continue to serve on the Committee:

Healthwatch Barking & Dagenham
Healthwatch Havering
Healthwatch Redbridge
Healthwatch Waltham Forest

12 MEETING START TIMES AND VENUES

By a majority of five votes in favour to two against, it was **AGREED** that future meetings should commence at 2 pm. The schedule of meetings for the remainder of the municipal year would therefore be as follows:

Tuesday 14 October 2014, 2 pm, Havering
Tuesday 13 January 2015, 2 pm, Redbridge
Tuesday 14 April 2015, 2 pm, Waltham Forest

13 URGENT BUSINESS

There was no urgent business.

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Chairman

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