MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Redbridge Town Hall, Ilford
17 January 2017 (4.00 - 6.24 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Peter Chand and Jane Jones
London Borough of Havering	Michael White and June Alexander
London Borough of Redbridge	Stuart Bellwood, Suzanne Nolan and Dev Sharma (Chairman)
London Borough of Waltham Forest	Richard Sweden
Essex County Council	Chris Pond
Epping Forest District Councillor	Gagan Mohnidra
Co-opted Members	Ian Buckmaster (Healthwatch Havering) and Mike New (Healthwatch Redbridge)

Councillor Neil Zammett, London Borough of Redbridge was also present.

NHS officers present:

Jane Milligan, Executive Lead for North East London Sustainability and Transformation Plan (STP)

Julie Lowe, Director of Provider Transformation, North East London STP

Henry Black, Chief Finance Officer, North East London STP

Ian Tomkins, Director of Communications and Engagement, North East London STP

Dr Russell Razzaque, Associate Medical Director, North East London NHS Foundation Trust (NELFT)

Terry Williamson, Stakeholder Engagement Manager, London Ambulance Service NHS Trust (LAS)

Natasha Wills, LAS
Tim Peachey, Deputy CEO, Barts Health NHS Trust
Debbie Maddern, Operations Director, Whipps Cross Hospital

Scrutiny Officers present:
Masuma Ahmed, Barking & Dagenham
Anthony Clements, Havering (minutes)
Jilly Szymanski, Redbridge

Approximately 20 members of the public were in attendance.

All decisions were taken with no votes against.

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

23 CHAIRMAN'S ANNOUNCEMENTS

The Chairman gave details of arrangements to be followed in case of fire or other event that might require the meeting room or building's evacuation.

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

Apologies were received from Councillor Dilip Patel, London Borough of Havering, Councillor Anna Mbachu, London Borough of Waltham Forest and Richard Vann, Healthwatch Barking & Dagenham.

25 DISCLOSURE OF INTERESTS

Councillor Sweden disclosed a personal interest in agenda item 6 (Results of Open Dialogue Trial) as he was managed by (though not employed by) NELFT.

26 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 18 October 2016 were agreed as a correct record and signed by the Chairman.

27 SUSTAINABILITY AND TRANSFORMATION PLAN

Save Our NHS Group

The Joint Committee was addressed by two representatives from the Save Our NHS group. The group's view was that the Sustainability and

Transformation Plan (STP) aimed to close the A&E department at King George Hospital where 115 acute beds had been removed since 2011. The group was concerned the closure of acute beds would lead to overcrowded A&E departments and hence to more acute deaths.

The group did not feel that the STP would be appropriately resourced to make the proposed changes successful and that the STP had been drawn up in secret with a lack of democratic accountability. In the view of Save Our NHS, key financial details of the STP were being withheld.

It was also felt by the group's representatives that there needed to be better public engagement around the STP. The group was also concerned that the predicted population growth in London over the next 15 years had not been accounted for as no additional hospital was being proposed and it was still planned to close the A&E at King George. The representatives felt that the STP would be devastating for the Ilford South area where a lot of new housing had been proposed but no details had been given of where new health facilities would be located.

There were also concerns that surgeries were forming into larger networks but that there were insufficient GPs to support this. The group felt that the public wished to have care close to home and to trust health professionals.

Presentation from STP team

The STP officers accepted that there been challenges in the STP process. There were a total of 44 STPs across the UK. In North East London, the STP aimed to support local delivery systems.

Work had been undertaken with Local Healthwatch and Community Council organisations and it was accepted that the current health system was not giving the right outcome for patients. The STP aimed to create a new way of working based on a partnership model. It was hoped that North East London would become a place where people wished to live and work. The STP would also seek to establish a career pathway for staff.

Questions and discussion

Councillor Zammett from the London Borough of Redbridge addressed the Committee and felt that the shortfall in NHS beds would not be sustainable in the future. He also asked when bed forecast reconciliation figures would be provided. Officers responded that the decision to close the A&E at King George had been made by the Secretary of State rather than BHRUT. Bed modelling data was likely to be available by the end of April but officers would confirm the timescale for this.

Members asked for clarity over what services would be retained on the King George site if A&E was closed. It was felt important that A&E continued to provide the required standards in terms of both skills and staff numbers.

Other concerns raised by Members included the rising demand on NHS services and how the public could be educated to use other facilities rather than A&E. It was also raised that some 95,000 residents of South west Essex used health services in North East London but there had been little work undertaken with Local Authorities in Essex concerning the STP.

Officers accepted that there had been a lack of engagement with Essex and this would be addressed in the next phase of the STP work. A representative from the Princess Alexandra Hospital in Harlow was on the maternity working group for the plans. Councillor Pond would report these responses back to the chairman of the Essex Health Overview and Scrutiny Committee.

A representative of Healthwatch Havering raised concerns that Queen's Hospital, with one of the busiest A&E departments in London, would not be able to cope if the A&E at King George was closed. Officers agreed that Queen's A&E was already extremely busy and a lot of capital would be required to improve and expand the department at Queen's. Some 50-60% of current A&E cases at King George could still be treated at a planned enhanced urgent care centre on the site where blood tests, x-rays etc could be carried out. Work to expand the A&E at Queen's would take over a year and this depended on capital availability.

The renal dialysis unit at Queen's was currently located next to A&E and there were no plans to close this. It was possible that the facility could move to an alternative site in the local area in order that A&E could be expanded.

Revised figures for population growth in the local area would be factored into the STP plans. The effect of the Private Finance Initiative process for Queen's Hospital would be fed into an estates strategy that was in the process of being developed. As regards housing for hospital staff, capital receipts received for NHS land were not in the control of the STP and this could be part of a London-wide approach. The linking of prescribing pharmacists with GPs was under consideration.

Officers recognised the crisis in primary care and wished to use the STP to bring key components together in order to work differently. The STP team were also starting to meet with different consultant bodies including the British Medical Association.

Officers accepted that health services were not currently delivering best outcomes and the STP was therefore needed in order to develop a different way of working. The impact on Whipps Cross on any closure of A&E at King George would also be considered.

Members felt that the current STP documents were not clear or accessible and that concern about STPs was shared by Councillors across London. Issues such as the expected 18% rise in the population of North East London in the next 15 years had not been taken into account nor had the

NHS financial deficit locally or the shortage of GPs and social care facilities. A national march concerning the NHS was planned for 4 March.

In response, offices felt that the STP could be implemented and a more accessible document would be produced saying what differences the STP would make.

The Chairman thanked the STP and Save Our NHS representatives for their input. The Committee **NOTED** the position.

28 RESULTS OF OPEN DIALOGUE TRIAL

The Associate Medical Director at NELFT explained that Open Dialogue was a new technique that allowed people with mental health issues to be seen with their family or friends network. Use of the technique in areas such as Finland and the USA had seen considerable rises in discharge rates from mental health services.

NELFT had formed a coalition of Trusts to develop the technique in the UK, had organised training in Open Dialogue and had submitted a grant application for the evaluation of pilots of the technique that it planned to run in Havering and Waltham Forest. It was hoped that the funding would enable the largest single trial of Open Dialogue to be carried out. It was hoped to evaluate outcomes of the technique over the next 3-4 years and show that Open Dialogue produced marked reductions in the relapse rate and hence that people would not need to return to mental health services. Confirmation of grant funding was hoped to be received by March with pilot teams starting work from mid-2017.

Havering and Waltham Forest had been chosen as pilot sites as on a clinical basis as consultants from these areas had expressed most interest in Open Dialogue. There had also been interest in Open Dialogue from clinicians in Essex but they were not directly involved in the research project. It was hoped to expand the technique into the Essex area in the future. Teams would be based in the Community Recovery Team offices but would also carry out home visits with a 24 hour target response time.

If the funding was not received, other sources of funds would be considered. It was also hoped that local CCGs would fund 1-2 consultant posts specialising in Open Dialogue. The Associate Medical Director would provide details of articles published on Open Dialogue.

The Committee **NOTED** the update.

29 GREAT ORMOND STREET HOSPITAL

The Committee recorded its disappointment that, for the second meeting in succession, Great Ormond Street Hospital had sent apologies and not sent a representative to the meeting.

30 LONDON AMBULANCE SERVICE

Officers from London Ambulance Service NHS Trust (LAS) agreed that it had been a challenging time for the Trust with rising numbers of category A calls being received across all Outer North East London boroughs. Growth in demand was due to a number of factors including more referrals from both GPs and the NHS 111 service. Work was in progress to seek to manage this demand with organisations including NHS 111, NHS England to improve hospital handover times, and the Police. More proactive efforts were also being made to reduce demand via social media etc. Intelligent conveyancing was also being introduced whereby patients could be taken to less busy A&Es.

The LAS computer aided dispatch system had failed for some hours on 1 January and officers apologised for the long patient waits during this time. One patient was known to have died during this period and this matter was currently being investigated.

A quality improvement plan had been published on the LAS website and the purchase of 160 replacement ambulances had been funded. As regards governance, a new monitoring system had been introduced for medicines management.

Around 700 front line staff had been recruited in the last year and LAS was now fully staffed across London. There were however some local shortfalls in recruitment and these were being addressed.

It was acknowledged that there were sometimes delays at Queen's Hospital in handing an ambulance patient over to a clinical member of staff. It was not usually possible however to divert ambulances elsewhere as there were similar pressures at other hospitals. Targets for responding to category A calls were agreed with London commissioners.

Offices would send through a breakdown of the different categories of call received as well as details of the targeted recruitment campaign at the Trust.

The location of ambulance stations was reviewed in light of the changing population of London but it was noted that the LAS fleet tended to move considerable distances around London over the course of a shift. There was not a shortage of ambulances themselves.

The Committee **NOTED** the position.

31 WHIPPS CROSS UNIVERSITY HOSPITAL

Officers from Barts Health NHS Trust reported that, following an inspection by the Car Quality Commission (CQC) in March 2015, Whipps Cross had been rated as 'inadequate' and the Trust had been put into special measures. The CQC had reinspected Whipps Cross in July 2016 and issued its report on 15 December. This had shown very significant improvements at Whipps Cross although the hospital's overall rating had remained at 'inadequate'. Services at the hospital for children and older people were however now rated as 'good'.

Changes at the hospital had included more collaborative working with mental health and social care partners. Whilst some vacancies remained among medical and nursing staff, 150 additional nursing posts had been funded and staff retention had also improved. It was accepted however that further work was required to improve recruitment. There was still some reliance on bank and other nursing agency staff but 83% of all posts at Whipps Cross were now filled with permanent staff. Staff turnover and morale had also improved.

Since the reinspection by CQC, two new operating theatres had been opened at Whipps Cross as well as a new clinical decision unit. It was clarified that A&E at the hospital was now rated as 'requires improvement' rather than 'inadequate'.

The Committee **NOTED** the update.

32 DATE OF NEXT MEETING

The next meeting would be on 18 April 2017at 4 pm at Waltham Forest Town Hall.

It was agreed that details of the reprocurement of NHS 111 urgent care services should be brought to the next meeting of the Committee.

33 URGENT BUSINESS

There was no urgent business raised.

Chairman