MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall
20 November 2012 (7.00 – 8.55 pm)

Present:

Councillors Pam Light (Chairman), Nic Dodin (Vice-Chair), Wendy Brice-Thompson, Ray Morgon, Frederick Thompson (substituting for Fred Osborne) and Linda Trew.

33 **ANNOUNCEMENTS**

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

34 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received from Councillor Fred Osborne (Councillor Frederick Thompson substituting).

Apologies were also received from Heather Mullin, NHS NELC.

Offices present:
Lorna Payne, Group Director, Adults & Health, London Borough of Havering
Conor Burke, NHS North East London and the City (NHS NELC)
Neill Moloney, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Jacqui van Rossum, North East London Community Services (NELCS)
Fiona Weir, North East London NHS Foundation Trust (NELFT)

A representative of Havering Local Involvement Network (LINk) and a representative of the Press were also present.

35 **DISCLOSURE OF PECUNIARY INTERESTS**

There were no disclosures of interest.

36 **MINUTES**

The minutes of the meetings held on 3 October and 18 October 2012 were agreed as correct records and signed by the Chairman.

Under matters arising, health officers emphasised that the use of Foxgolve ward at King George Hospital was a temporary measure pending the completion of the outline business case for the St. Gorge's site and for other non-acute beds for Havering residents.

37 **CHAIRMAN'S UPDATE**

The Chairman explained that, in conjunction with the Vice-Chairman and a representative of Havering LINk, work had been undertaken to ascertain the welfare of patients formerly treated at St. George's Hospital. Whilst the care previously offered at St. George's had been of a good standard, there was a consensus that the facilities on the site left a lot to be desired.

The Chairman and Vice-Chairman had visited both the replacement sites for St. George's – Brentwood Community Hospital and Grays Court in Dagenham. Members had raised minor queries with health officers which had since been answered satisfactorily. A visit had also been undertaken to Foxglove ward at King George Hospital, shortly before patients moved there from Brentwood.

Future planned visits included a briefing on the JONAH discharge system used at BHRUT, the new midwife led unit at Queen's Hospital, South Hornchurch Health Centre and a return visit to Foxglove ward. It was also planned to visit Queen's A&E once the Rapid Assessment and Treatment system was in operation.

A Havering LINk representative added that the LINk had formally requested that discharge meetings for patients treated in the replacement facilities be held within Havering. A health officer clarified that St. George's had been closed due to the discovery of elevated legionella levels in the hospital's water supply rather than any outbreak of legionnaire's disease itself.

38 **BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST (BHRUT)**

The BHRUT officer explained that there had been a number of new appointments to the Trust Board including to the positions of Medical Director, Director of Nursing and Chairman.

The Queen's Birthing Centre was now complete and would comprise eight delivery rooms and six post-natal beds. Two open days would be held in December and the unit would be open from 8 January 2013. The unit would gradually expand to a final capacity of 2,500 beds per year.

The development was part of wider commissioner-led changes to maternity arrangements in North East London. Approximately 200 women booked with BHRUT would be transferred to a Barts Health hospital closer to their home. Thirteen midwives would also be transferred to Barts Health under the TUPE regulations.

Officers confirmed that priority would be given to local women who wished to give birth at Queen's and it was now expected that maternity at King George Hospital would close at the end of March 2013.

The junior endoscopy suite at King George was now in use and a formal opening was planned for December 2012. The Redbridge renal unit was also now open at King George and conversion work on Foxglove ward had now been completed.

The Rapid Assessment and Treatment (RAT-ing) system had now been implemented in Queen's A&E. Improved streaming of cases had also been introduced including better use of the Urgent Care Centre and more referral of A&E attendees to their GPs. A new medical rota had also been introduced to match the seven-day demand pattern.

Staff development had been improved for nursing staff and more advanced Nurse Practitioner posts had been introduced in A&E who could see some patients independently. Four new A&E consultants had been recruited as well as a new Lead Nurse and additional junior doctors.

As regards other areas of Queen's Hospital, new professional standards had been introduced for medical cover. There were now weekly performance management meetings as well as the planning and structuring of weekend discharges. There was also continued intensive support for patients who stayed in hospital for longer periods.

The BHRUT officer added that there was now greater clinical engagement with GPs and Social Care in order to reduce instances of inappropriate admissions and delayed discharge. Audits had been carried out with GPs in an attempt to reduce admissions although no drop in attendances had been seen as yet.

The Trust had recently undertaken a travel survey which had shown car parking to be the major complaint for both patients and staff. Work on these issues was ongoing with local representatives of the Greater London Authority and the Trust also enjoyed a good relationship with Council transport planners. The BHRUT staff travel plan would be updated in light of the results of the survey. It was clarified that the oncology car park was free for patients receiving radiotherapy and chemotherapy treatment but not for follow up outpatients. This was due to the limited capacity of the car park. Surface parking was free for holders of Blue Badges.

A new Rapid Arc radiotherapy machine had recently been installed at Queen's paid for by the Trust's charity. This would allow more accurate and faster treatment as well as a higher throughput of patients. The issue of charging for prescriptions issued in A&E had been considered but with around 70% of patients exempt from payment, it had not been felt that this would generate sufficient revenue to be viable.

Two wards had been affected by outbreaks of Norovirus in recent weeks and the Trust's new Director of Infection and Control was meeting with all BHRUT clinical teams. The Trust's charity was now operating under a new name and had raised £800k in the last year. The charity's recent re-launch event had been attended by the Mayor.

The BHRUT officer emphasised that there was a need to treat more patients in the community in order to release capacity at the hospital. He confirmed that a higher proportion of category A patients had been seen at Queen's in recent months. Higher A&E attendances were seen on a Monday and it was felt that this may be due to a lack of access to other healthcare services at weekends. The BHRUT officer would check if anti-social behaviour or alcohol-related cases also led to a rise in A&E attendances on a Monday.

Members felt that an advertising campaign would be useful to make people aware that they could go to other services such as a pharmacy or the polyclinic as alternatives to A&E. Officers agreed, explaining that a national campaign to this effect was currently running on buses and shelters. It was agreed that the communications teams at NHS NELC and the Council would draw up a form of wards on alternatives to A&E for use in Members' newsletters etc.

The Committee **noted** the presentation.

39 ST. GEORGE'S HOSPITAL

The Group Director explained that an assurance review would take place following the recent major incident at St. George's Hospital and the terms of reference for this would be considered at the NHC NELC Board meeting this month. All clinical services had now been moved off the site and the CCG offices would be moving temporarily to Mercury House on 23 November.

A strategic outline business case (OBC) for the St. George's site was being developed and engagement would take place on this with stakeholders including with Members. Officers confirmed that a total of thirty-two services, including support functions had been moved from the St. George's site. The final two support functions would vacate the site in the next few days. Further discussions would take place around long term solutions for accommodation for clinics etc. within Havering in order to improve access issues to some services. The NELCS chief officer agreed to supply to the Committee Officer an updated list of where former St. George's services were now located.

It was confirmed that no staff had lost anything financially due to the moves of service locations. A celebration event was also being planned to mark the end of use of the St. George's site in its current form and it was confirmed the hospital League of Friends group would be involved with this. A total of 15 patients were moved from St. George's to Brentwood Community

Hospital, 11 of whom were later moved again to Foxglove ward at King George. Foxglove ward contained two small day room facilities which was not something that had been available at St. George's. The move had been conducted over a two-day period and it was confirmed that no late evening transfers had taken place.

Members raised concerns over difficulties in accessing Foxgolve ward within King George Hospital. Whilst it was accepted that maps of the hospital were available, the lack of signage to and from the ward was felt to be an issue, particularly for older people, and the NELCS officer agreed to investigate this.

Commissioners did not expect to need to spot purchase any additional beds as more effective bed management and discharge procedures meant the existing number of beds was considered to be adequate. Contingencies were also available should any extra beds be needed.

Concerns were also raised by the Committee concerning access problems at Grays Court for physiotherapy patients. The NELCS officer responded that patients who required patient transport to attend St. George's should still have this facility to enable them to get to Grays Court. The NELCS officer agreed to provide details of the number of cancellations of appointments at Grays Court and an indication of whether these were due to problems with getting to the facility. It was accepted that parking was a challenge at Grays Court and the objective was therefore to move back to a facility in Havering in due course. Updates on these plans would be given to the Committee as they developed.

It was clarified that some staff continued to park at St. George's in order to access transport links to other offices or sites. The CCG would lead work on the future of St. George's although no decisions had been taken as yet. Officers accepted that the initial timescale for agreement of the plans had been too ambitious but it was hoped to have a clear vision for the site by the end of December 2012. A public consultation on the plans would take place in 2013. Ownership of the site would transfer in April 2013 to another NHS body and so it was wished to secure the future of the site as soon as possible for the benefit of local residents.

It was emphasised that there was not money available nationally for any new polyclinics in Havering but officers felt it would be possible to build a large medical centre on the St. George's site. A range of options would be discussed in the outline business case as would analyses of local needs and of the financial viability of the proposals. It was **agreed** that a special meeting of the Committee would be called to consider the outline business case for St. George's as soon as this was released.

Solutions had now been agreed for the transport department and nursery located on the St. George's site and these issues would be resolved by the end of November. Officers would supply a list of where the support services located on the St. George's site were now based. It was clarified that the

mental health team based at St. George's were not affected by the recent closure as this was located just outside the St. George's site.

The Committee **noted** the update.

40 NORTH EAST LONDON COMMUNITY SERVICES (NELCS)

The NELCS officer explained that the majority of services provided by the North East London NHS Foundation Trust (NELFT) were now community services based across North East London and South West Essex. This allowed for a mental health input into services for areas such as stroke, heart disease and chronic obstructive pulmonary disease. Investment was also being made in mobile working such as electronic care records. The Trust and its NELCS subsidiary were also introducing more treatment solutions that could be delivered at home or in community settings.

NELCS provided a number of community services within Havering including district nursing, health visiting and smoking cessation. Service developments had included a new model of integrated case management being introduced from November 2012. This comprised of six clusters across the borough offering support to patients with long term conditions and those who were frequent attendees at hospital.

The continence service could now be offered by any qualified provider which increased patient choice. A new falls service had also been launched in April 2012.

Discussions were in progress between NELCS and BHRUT around sharing resources to provide a pilot of an alternative service to A&E. This service would be available 8 am – 8 pm seven days per week. Support was also being given to extend the service at Queen's Hospital to facilitate weekend discharges and avoid unnecessary hospital admissions. Phase 1 of the new service – the Community Treatment Team would concentrate on support for frail elderly residents. In the longer term, it was hoped to extend both the numbers of conditions and the age range covered by the service.

Progress made by the new team would be shared with the Committee in due course. The Havering Group Director for Adults and Health emphasised that detailed plans had not yet been agreed but that she did support the principle of more integrated working. The Council was keen to combine treatment and care and supported the overall principles from a commissioning point of view. The Integrated Care Coalition also wished to see more flexible models of care delivered closer to home.

The NELCS officer confirmed that work was being undertaken with the Council's Social Care directorate. NELCS also employed some social workers directly. The Community Treatment Team would be led medically by Dr. Rob Fowler – a geriatrician and lead on chronic obstructive

pulmonary disease. The new team was anticipated to be in place by the end of December.

The Community Treatment Team could be contacted by care home staff should they have concerns over the condition of a resident. The NHS NELC representative added that better coordination of community services may be needed as well as better measurement of outcomes from GPs and district nurses.

Members asked for clarity around the patient pathway, particularly for conditions such as chronic obstructive pulmonary disease. Officers responded that most patients with this sort of condition were referred to community services via their GP. The Community Treatment Team would be able to give referred patients advice over the phone after 5 pm and conduct home visits if necessary, in addition to dedicated clinics.

A directory of NELCS services for the use of GPs had nearly been completed and would be available on the NELCS website (www.nelft.nhs.uk). All clinics were also advertised on this website.

Officers emphasised that new technology allowed increased mobile working. A written care plan would be retained in a patient's home and mobile solutions had also been introduced for patients with mental health issues. Mental health services were in the process of being remodelled with the aim of making outpatient clinics more multidisciplinary and multiagency. Clinics were operated from Harrow Lodge House in Hornchurch and monitoring and follow up work was carried out with discharged patients. The Trust also aimed to make services more accessible through redesign. People were encouraged to use services but it was noted that people could not be forced to unless they were suffering from a severe mental illness. Work was also undertaken with MIND and other voluntary sector groups to introduce people with mental health problems to the voluntary sector. A representative of Havering LINk added that, in his view, MIND would benefit from funding for programmes to provide practical support for people with mental health problems.

The Committee **noted** the presentation.

41 **URGENT BUSINESS**

The NHS NELC officer agreed to provide, via the committee officer, an update on the recently publicised problems at Basildon Hospital and the response of local commissioners.

Chairman