MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall
26 March 2013 (7.00 pm – 9.45 pm)

Present:

Councillors Pam Light (Chairman), Nic Dodin (Vice-Chair), Fred Osborne, Ray Morgon and Sandra Binion (substituting for Linda Trew)

53 **ANNOUNCEMENTS**

The Chairman gave details of action to be taken in the case of fire or other event requiring evacuation of the meeting room.

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

Apologies were received from Councillor Wendy Brice-Thompson and from Councillor Linda Trew (Councillor Sandra Binion substituting).

Councillor Paul McGeary was also present.

NHS officer present:

Sir Peter Dixon, Chairman, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Neill Moloney, BHRUT
Jacqui Van Rossum, North East London Community Services (NELCS)
Fiona Weir, North East London NHS Foundation Trust (NELFT)
Dr. Gurdev Saini, Havering Clinical Commissioning Group (CCG)
Alan Steward, Havering CCG

Also present:
Cliff Reynolds, Vice-Chair, Havering Local Involvement Network (LINk)
Joan Smith, Coordinator, Havering LINk
Anne-Marie Dean, Chair, Healthwatch Havering

55 DISCLOSURE OF PECUNIARY INTERESTS

There were no disclosures of interest.

56 MINUTES

The minutes of the meetings held on 24 January 2013 (joint meeting) and 7 February 2013 were agreed as a correct record and signed by the Chairman.

57 CHAIRMAN'S UPDATE

The Chairman had participated in the recent meeting of the Joint Health Overview and Scrutiny Committee which had considered in detail the implications of the changes to maternity services across the sector including the closure of the maternity department at King George Hospital.

Members had recently visited the breast screening unit at Victoria Hospital and had been very impressed by the screening programmes that were available there. A meeting would be arranged with the CCG shortly to discuss issues around the condition of the estate at the Victoria Hospital.

The Chairman had met with a representative of the CCG and discussed the overall progress of the Clinical Commissioning Group. It had been disappointing that Members had not been included in the recent CCG public event and the CCH chief operating officer apologised for this oversight although Council officers had been present at the event.

The Committee had also recently made a return visit to Queen's Hospital to view the JONAH discharge system. Detailed discussions had been held with the ward manager and Members were pleased that the system was improving.

The Chairman remained concerned at proposals for changes to service for urological cancer that would involve Havering residents travelling into central London for this type of surgery. Travel and parking issues were large concerns although a Member added that all cancer patients were automatically entitled to a disabled Blue Badge. It was noted that the numbers of Havering residents affected by this change of hospital were quite low and that options for improving patient transport were under consideration. The final decision on changes to urological cancer services would rest with the NHS Commissioning Board.

Havering LINk had recently visited Sunrise Ward at Queen's Hospital and noted a much improved atmosphere. The ward was very clean and water jugs were now less full which was better for elderly people. All sensory signs were also now displayed where needed on the ward.

The Committee would also arrange a new date for a return visit to view South Hornchurch Health Centre.

The Chairman also welcomed Anne-Marie Dean, the Chairman of the new Healthwatch Havering organisation.

58 PRESENTATION FROM CHAIRMAN, BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST (BHRUT)

The BHRUT Chairman agreed that the recent Care Quality Commission (CQC) inspection of Queen's Hospital A&E had confirmed that the way in which patients were dealt with was not good enough and not as safe as it should be. The demands on A&E at the Trust were growing and both internal flows and length of patient stay at Queen's needed considerable improvement. Dialogue was in progress with the CQC in order to agree how the situation could be improved.

The Chairman felt that the condition of A&E at Queen's on a Monday morning was often in an unacceptably dirty state and this had been mainly caused by people who did not need to attend A&E in the first place.

The Trust wished to recruit well qualified permanent staff and the Chairman wanted to make it clear that BHRUT had a future and could offer a good career to the right people. It was accepted that there were too many locums in A&E and the Chairman wished to change this. Discussions were also in progress with the UCL partners organisation in order to recruit new staff to the Trust.

The maternity department at King George Hospital had now closed and there was not believed to be a major issue concerning the recently publicised final birth to take place at King George. The restriction of number of births at maternity had, in the Trust Chairman's view, led to an improvement in the maternity service.

It was accepted that BHRUT had been losing money for the last 10 years and become something of a scapegoat. The Chairman wished to restore pride to the organisation and highlight the areas in which the Trust provided good services such as maternity, stroke and cancer (where the Trust saw 10% of all London cancer patients). Members agreed that the Trust offered good services in these areas.

The Trust Chairman also felt that too much use had been made in the past of management consultants etc and that the Trust should do more of this work itself. There was no date for the closure of A&E at King George Hospital which the Trust Chairman felt could be some years away. This would not take place until an improvement had been recorded in the A&E at Queen's including the completion of additional capacity. The two hospital

services would move over time towards providing different services at each location. This would however take place in a safe and measured way.

The Chairman thanked the Trust Chairman for his presentation which it was felt gave confidence in the Trust's future direction. It was confirmed that BHRUT was now working more closely with primary care and the Trust Chairman was pleased that some GP surgeries were planned to open at weekends.

Safety statistics such as Dr. Foster were reasonable overall for the Trust and it was confirmed that the Trust did monitor these regularly. It was also confirmed that plans were progressing to significantly increase capacity at Queen's A&E and it was hoped building work would commence by the end of 2013. The plans assumed that 40-50,000 A&E cases would move from King George either into the community or to Whipps Cross and these additional cases could not all be taken at Queen's. Further details of these proposals would be brought to the Committee in due course.

A series of plans would be developed from the overall Health for North East London model. These would be developed via discussions between BHRUT and commissioners but there were no detailed plans as yet. It was accepted that BHRUT had problems in attracting sufficient staff to A&E. Learning from other Trusts was also being used in order to seek to improve the A&E at Queen's. The availability of rehabilitation beds at a redeveloped St. George's Hospital would also have an impact on A&E and further discussions would be needed with the CCG and NELFT on this.

A representative of the CCG felt that the biggest problem was the culture prevalent at Queen's A&E. He felt there was a limit to how much extra work primary care could take on and that only very few GP appointments had in fact been referred from A&E. It was difficult to improve GP access, partly due to the high 'Did Not Attend' rates and the lack of any penalty for patients who did not attend appointments. It was agreed that community services could reduce the number of people attending A&E although most patients were still happy to receive treatment there. The main problem was those who could not access A&E. The Committee and the Trust Chairman agreed that there needed to be more joint working in order to resolve these issues. It was felt that Healthwatch could also play a role in the discussions.

Members were concerned that problems remained in the discharge process and that delays continued to occur. This was often due to a lack of communication between staff and patients and BHRUT officers agreed to feed this back.

The CCG representative clarified that, in his practice at least, patients presenting with minor injuries were treated at the surgery and not sent to A&E. Members commented that this was not the position at Harold Wood polyclinic and the CCG representatives agreed to investigate this.

The Committee **NOTED** the presentation from the BHRUT Chairman.

59 NORTH EAST LONDON COMMUNITY SERVICES (NELCS)

The NELCS community treatment team had now been extended across Havering. This team, in partnership with BHRUT, aimed to reduce A&E attendance and unnecessary hospital admissions. The team had a community hub as well as a presence at Queen's A&E. There had been low initial take up of referrals in Havering but there was now more engagement taking place with Havering CCG. There were also now more referrals to the team from nursing homes as well as self-referrals. More detailed analysis of referrals could be provided to the Committee.

With effect from 15 March, the Community Treatment Team was also accepting referrals from patients requiring an IV drip. This could be carried out in the community rather than in an acute hospital. The service would also be available 7 days per week from the end of March from 8 am to 8 pm. Members were pleased with this progress and that the service was working together with BHRUT.

NELFT was still looking at options for premises to deliver services in Havering that were currently provided outside the borough. Negotiations were in progress to purchase a site in London Road, Romford and an alternative site was also being investigated. The London Road site would offer car parking. Proposals were also being drawn up for a new model of day hospital where more rehabilitation could take place in people's home. An update could be given on this at a future meeting of the Committee. It was clarified that the required refurbishment of the London Road site would take approximately nine months from the signing of any lease.

The NELCS officer accepted that transport links to Grays Court were very poor but added that NELFT did have a contract with the London Ambulance Service for patient transport. All patients who had cancelled appointments at Grays Court had been assessed. Many patients had in fact received their treatment either at home or in other facilities such as Harold Wood polyclinic. The number of 'Did Not Attends' at Grays Court was now reducing.

Foxglove ward at King George Hospital was now fully operational. Patients were now able to access the main gym area and options were also being investigated to create a better day area for patients. An activity programme was also available for patients which included their having walks outside of the ward. The NELCS officer agreed to investigate reports from Havering LINk that patients were not able to access the gym area situated immediately below Foxglove ward.

The Committee **NOTED** the presentation and thanked the NELCS officer for her input to the meeting.

60 ST. GEORGE'S HOSPITAL CONSULTATION

The representatives of Havering CCG explained that the overall plan for the St. George's site was to develop it as part of an integrated care strategy for the population of Havering. This would include more proactive services offering better information, access and support to Havering patients.

It was felt that St. George's was no longer fit for purpose and the site had been gradually decommissioned over the last ten years prior to being closed on health and safety grounds in October 2012. It was not possible to simply refurbish the current buildings.

The CCG was therefore consulting on building a centre of excellence for older people on the site. This would be a brand new building offering community services, diagnostics and an enhanced GP surgery. It was hoped that social care and voluntary services would also be available on the site. The current consultation on the proposals was due to finish on 12 May.

It was possible that 15-30 intermediate care beds would be located on the St. George's site but further work needed to be done on this. These beds would cater for patients with multiple conditions. The Committee felt it was important that these facilities were developed in order to take over from Grays Court in Dagenham and that the new services on the St. George's site were fit for purpose. Officers agreed but added that enhanced community services may mean there will be less demand for rehabilitation beds such as these. The priority was the standard of care, regardless of how many actual beds were needed.

The consultation documents had been sent to stakeholders and were also available on-line. Two consultation events had also been held in local libraries. Members were concerned however that there had been very little promotion of the consultation either in local GP surgeries or at Queen's Hospital and officers agreed to consider promoting the consultation in these locations.

A LINk representative felt that the consultation did not have enough detail on the options but the CCG officers explained that they wished to gather information on what people felt were the issues at this stage prior to developing a more detailed plan. Further consultation would be held once a more detailed plan was available. A minor injuries unit or urgent care centre was being considered as part of the enhanced GP surgery and it was hoped this would progress to a 24:7 service over time.

Comments received by the consultation so far had included that the historic nature of the site be preserved and having a polyclinic-style facility at St. George's in order ease the pressure on Queen's Hospital. Concerns had also been raised about the amount of housing on the site. Officers were happy to give an update to the Committee after the end of the consultation period.

Whilst noting that a second, more detailed consultation document was available, Members remained concerned that there was a lack of detail about the St. George's plans. Officers emphasised that more detailed proposals would be brought forward and that they wanted patient groups to participate fully in the decision making process. An outline business case was planned to be developed by the end of June 2013 which would also be consulted upon. CCG officers emphasised that they wished to engage continuously with local communities and that further consultation would take place.

It was confirmed that ownership of the site would transfer to NHS Property Services (Propco) and negotiations were continuing to try to ensure that the capital receipt from sale of part of the St. George's site was retained for Havering. It was the intention of the CCG to secure this but this could not be guaranteed at this stage. Discussions would be held with partners if it was felt that the capital receipt would not be retained but it was emphasised that this was not the case as yet.

The CCG wished to have close partnership working around St. George's and would work closely with BHRUT and other partners to develop the plans. It was agreed that improvement at Queen's A&E would also be needed to assist the new facilities at St. George's.

The Healthwatch Chairman supported the plans for St. George's and felt that best practice nationally and internationally should be considered for areas such as dementia care. She added that any consultation on the proposals should also include BHRUT patients and Council staff.

The precise area of the site to be developed was still under discussion but approximately 10% of the current St. George's site would be used for the new facility. The new building needed to be flexible in order to manage future needs.

CCG officers added that they would also take an overview of the use of other medical facilities in Havering and how these could be utilised more fully. It was agreed that a strategic overview of facilities in Havering be brought to the Committee in approximately six months.

The Committee **NOTED** the update on St. George's Hospital.

61 HAVERING LINK

The Chairman thanked Havering LINk for the work carried out by its highly professional volunteers. The Chairman felt that, unlike in many boroughs, the Committee had worked very well with the LINk and it was felt that for example the LINk's enter and view visits had been very effective.

The Vice-Chair of Havering Link agreed that the LINk's relationship with overview and scrutiny had been very productive and better than in many other areas. Thanks were recorded to the Committee Chairman for her support and also to the LINk coordinator for her work throughout the LINk's period of operation. A legacy document had been produced by the LINk which would aid the transition to Healthwatch. He felt that the LINk had made a difference and that Healthwatch would also be successful.

It was felt that the series of topic group meetings looking at patient discharge had been very helpful and that the LINk had made progress in for example getting hospitals to make more use of the butterfly signs indicating patients with sensory difficulties.

The Committee recorded its thanks to Havering LINk for its work and noted that Healthwatch Havering would commence operations on 1 April 2013.

Chairman