MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday 16 June 2011 (7.30pm – 9.02pm)
Havering Town Hall

Present:

Councillors Pam Light (Chairman) Brian Eagling (Vice-Chairman) Wendy Brice-Thompson, Nic Dodin, Fred Osborne and Linda Trew.

Councillor Paul McGeary was also present.

There were no declarations of interest.

Officers present:

Jacqui Himbury (JH) Havering Borough Director, NHS Outer North East London (NHS ONEL)
Will Vote (WV) NHS ONEL

Neill Moloney (NM) Director of Planning and Performance, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Fiona Weir (FW) Havering Operational Director, North East London NHS Foundation Trust (NELFT)

Med Buck (MB) Chairman and Cliff Reynolds (CR) Havering LINk were also in attendance.

Apologies were received from Stephanie Dawe, Chief Operating Officer, NELFT.

There were no declarations of interest.

It was noted that the item from London Ambulance Service would be deferred as the representative was unable to attend.

1. MINUTES

The minutes of the meeting held on 12 May 2011 were agreed as a correct record and signed by the Chairman.

2. NHS OUTER NORTH EAST LONDON

The Chairman welcomed the representatives from NHS ONEL to the meeting and presentations were given on the GP consortia in Havering and the plans for St. George's Hospital.

1. GP Consortia

JH explained that the vision for the NHS as a whole was to commission across the entire care pathway and that the establishment of GP consortia was a key means of doing this. There were two consortia established in Havering – Havering First and Havering Premier and all Havering GPs now belonged to one or other of the consortia. Havering First contained many single-handed GPs and had a primary care focus while Havering Premier had many larger size practices and concentrated principally on secondary and urgent care issues.

JH added that the consortia would move, in due course, to become authorised clinical commissioning groups. A National Commissioning Board would oversee those consortia who were not ready to begin operations by April 2013.

The Havering First consortium was chaired by Dr. Gurdev Saini with vice-chairs Drs. Rahman and Deshpande. There were eight GPs on the consortium board and it was planned to also recruit a nurse, pharmacist and lay member to the board. As regards Havering Premier, this was chaired by Dr. Kakad with vice-chairs Drs. Burack and Humberstone. This consortium board would also include lay members, a pharmacist and a nurse. It was noted that the nurse board member would be a statutory requirement.

The consortia would get decision making powers once they were ready to develop their plans. The consortia plans would have to be approved by NHS London and then by NHS ONEL. JH added that both consortia were very committed to working with the Council, the voluntary sector and other stakeholders. Both consortia were also represented on the shadow Health and Wellbeing Board.

The key focus for the consortia included end of life care and in particular facilitating more people who wished to die at home, the avoidance of hospital admissions, GPs taking on some referrals of outpatients and finding the most appropriate place for urgent care which may not necessarily be in hospital.

Consortia board members were paid via the £2 per person funding for each patient registered with the consortium. It was for the GPs themselves to decide the actual pay structure. This funding also covered the costs of clinical backfill i.e. covering the work of GPs engaged in consortia duties and other development needs. JH agreed to check the exact pay figures with the consortia chairs and see if she could pass these to the Committee.

JH clarified that admission avoidance was aimed more at keeping people well rather than e.g. increasing the demand for carers. Early identification of the cause for those people who were admitted to hospital could also reduce readmissions in the future. Both consortia would be expected to emphasise wellbeing and work closely with public

health and the Health and Wellbeing Board on issues such as smoking cessation and healthy eating.

Councillor Trew asked how lay representatives on the consortia boards would be selected and if these positions would be open to Councillors. JH responded that this was still being discussed and that Councillors were certainly not barred at this stage.

JH accepted that there were currently some tensions between the consortia, particularly around their respective population sizes which set their overall budgets. GPs were free to move between consortia but there had not been any transfers in the two months the consortia had been in operation. It was clarified that consortia could not normally operate across borough boundaries.

Councillor Light asked if GP contracts, particularly around opening hours and services offered would now become more uniform. JH explained that it would be up to GPs to decide how they delivered services although the National Commissioning Board would supervise this. It was hoped that as the consortia developed further, these type of issues would become more standardised although it was unclear as yet precisely how GPs would be managed by the consortia.

MB asked what savings would result from the introduction of the consortia. JH explained that the consortia would result in enhanced patient care by using clinical knowledge to improve services. She accepted that a £10.3 million saving had to be found from PCTs across North East London. She felt that positive effects on local health services would be seen from April 2012 although GPs would not fully take on responsibility for their budgets until April 2013. The NHS ONEL Directorate of Commissioning would support the consortia to take on this role. PCTs would lose responsibilities over time and JH was continuing to work on the basis that all PCTs would be abolished by April 2013.

2. Plans for St. George's Hospital

JH explained that the pace of redevelopment at St. George's had slowed slightly due to the change to a cluster PCT (NHS ONEL). Plans were however progressing, driven principally by the poor current state of repair of the site. A maintenance backlog of £7 million meant it was not suitable for transformation into a modern facility.

Current facilities at the St. George's site included older people's wards (run by NELFT) a MRI scanner, care of the elderly, physiotherapy and a day hospital. NHS Havering and both GP consortia also had offices on the St. George's site.

Future plans for St. George's over which the GP consortia would take the final decision envisaged a number of facilities on the site including a GP practice, urgent care centre, in-patient unit, pharmacy and a day

hospital offering rehabilitation services. A “green corridor” would also be included to allow public access to the Green Belt land to the rear of the site. An outline case for redevelopment would be sent to NHS ONEL in the autumn. Work would also be undertaken with GPs and NHS London. Approximately half of the current site would have to be sold to fund development of the new facilities.

CR felt that the current day hospital at St. George’s offered a tremendous resource and JH confirmed that current services would still be provided and that she was aware of the importance of the resource St. George’s represented.

JH clarified that the previous plans for the site had not changed but that GP consortia now needed to be involved in the planning of services. JH added that only 30 PCT staff were now based at St. George’s. Older people would be transferred to local nursing homes while rebuilding work was in progress. The overall best setting for care would also be considered.

MB asked if the results of the previous consultation on St. George’s could be shared. WV confirmed that the consultation included service users and JH confirmed that she was happy to circulate details.

As regards the difficulties being experienced by the Southern Cross care homes operator, MB reported that the LINk was very concerned at the situation. CR added however that he had recently visited a Southern Cross care home in Havering and the facility was continuing to operate normally. Families of residents in these homes had been kept informed of developments by Southern Cross. The LINk would continue to monitor the situation however.

The Committee noted the presentations on the GP consortia and St. George’s Hospital.

2. COMMITTEE’S WORK PROGRAMME 2011/12

Members remained concerned at reports of elderly residents of care homes being admitted to hospital with water infections. While it was acknowledged that there was no longer any automatic right of the Committee to inspect care homes, Members felt it would be useful if some facilities could be visited and discussions held with residents and staff to discuss the care offered if residents are admitted to Queen’s Hospital. It was **agreed** that AC should investigate to see whether such visits were feasible. It was also **agreed** that NM would provide information on the source of hospital referrals and also on readmission rates.

It was **agreed** to run a topic group looking at issues relating to the A&E at Queen’s Hospital. The first meeting would receive a presentation from NM on A&E issues and then seek to scope the review. Councillor

Trew added that on a recent night visit to Queen's A&E, the unit had been very quiet.

It was also agreed to arrange a visit to the maternity unit at Queens Hospital and to take a report on the outcome of the Independent Reconfiguration Panel's review of the Health for North East London proposals at the committee's October meeting.

Subject to the additions and amendments outlined above, the Committee's work programme for 2011/12 was **agreed** as outlined in the report to the Committee.

3. NOMINATIONS TO JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES

It was **agreed** that Councillors, Light, Brice-Thompson and Dodin would be the Committee's representatives at the Outer North East London Joint Health Overview and Scrutiny Committee.

It was also **agreed** that Councillor Light would be the Committee's representative any pan-London joint scrutiny committee that may be established during the year.

4. URGENT BUSINESS

The Chairman informed the Committee that an e-mail had recently been received by BHRUT from a local resident who had been very complimentary about the maternity department at Queen's, feeling it now offered a much calmer and more relaxed environment.

It was **agreed** that the committee officer would seek an update from BHRUT on their use of the red tray system for assistance at hospital meal times and whether hospital food was still brought in from South Wales.

It was further **agreed** that JH would bring updates to the next meetings on several issues including the introduction of breast screening at the Harold Wood polyclinic and the extension of opening hours at the site. There were also the issues of local GPs in Harold Wood ceasing drop-in clinics once the polyclinic opened, the lack of signage at the polyclinic and management of the site and car park.

Councillor Light also asked for an update at the next meeting on consultants stopping clinics at Harold Hill Health Centre as the rents charged were at too high a level. Councillor Osborne also requested an update on whether chiropody services had moved from Hornchurch Clinic to the Cranham Health Centre.