OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINITY COMMITTEE
AGENDA

10.00 am | Tuesday 2 February 2010 | Havering Town Hall, Council Chamber

Members

LONDON BOROUGH OF BARKING & DAGENHAM
John Denyer
Dee Hunt
Marie West

LONDON BOROUGH OF WALTHAM FOREST
Alan Siggers
Sheila Smith-Pryor
Richard Sweden

LONDON BOROUGH OF HAVERING
June Alexander
Ted Eden (Chairman)
Fred Osborne

ESSEX COUNTY COUNCIL
Chris Pond (observer status)

LONDON BOROUGH OF REDBRIDGE
Ralph Scott
Jim O’Shea
Filly Maravala

EPPING FOREST DISTRICT COUNCIL
Brian Sandler (observer status)

Representatives of Outer North East London
LINks:
Barking & Dagenham – To be advised
Havering – To be advised
Redbridge – Glynis Donovan
Waltham Forest – Neil Collins

CO-OPTEES
Neil Collins
Malcolm Wilders

For information about the meeting please contact:
Anthony Clements (01708) 433065
e-mail: anthony.clements@havering.gov.uk
VENUE AND ACCESSIBILITY INFORMATION

A map to the venue is given on the final page of this agenda pack. The meeting room is on the first floor of the town hall. A lift is available.
For further information:

Please contact Anthony Clements, Principal Committee Officer
Telephone: 01708 433065 or Email: anthony.clements@havering.gov.uk

NOTES ABOUT THE MEETING

1. HEALTH AND SAFETY

The Joint Committee is committed to protecting the health and safety of everyone who attends its meetings.

At the beginning of the meeting, there will be an announcement about what you should do if there is an emergency during its course. For your own safety and that of others at the meeting, please comply with any instructions given to you about evacuation of the building, or any other safety related matters.

2. MOBILE COMMUNICATIONS DEVICES

Although mobile phones, pagers and other such devices are an essential part of many people’s lives, their use during a meeting can be disruptive and a nuisance. Everyone attending is asked therefore to ensure that any device is switched to silent operation or switched off completely.

3. CONDUCT AT THE MEETING

Although members of the public are welcome to attend meetings of the Joint Committee, they have no right to speak at them. Seating for the public is, however, limited and the Joint Committee cannot guarantee that everyone who wants to be present in the meeting room can be accommodated. When it is known in advance that there is likely to be particular public interest in an item the Joint Committee will endeavour to provide an overspill room in which, by use of television links, members of the public will be able to see and hear most of the proceedings.

The Chairman of the meeting has discretion, however, to invite members of the public to ask questions or to respond to points raised by Members. Those who wish to do that may
find it helpful to advise the Clerk before the meeting so that the Chairman is aware that someone wishes to ask a question.

PLEASE REMEMBER THAT THE CHAIRMAN MAY REQUIRE ANYONE WHO ACTS IN A DISRUPTIVE MANNER TO LEAVE THE MEETING AND THAT THE MEETING MAY BE ADJOURNED IF NECESSARY WHILE THAT IS ARRANGED.

If you need to leave the meeting before its end, please remember that others present have the right to listen to the proceedings without disruption. Please leave quietly and do not engage others in conversation until you have left the meeting room.
AGENDA ITEMS

In accordance with previous practice the Chairman of this meeting will be the Chairman of the host borough’s Health Overview & Scrutiny Committee. In this instance the Chairman will be Councillor Ted Eden of the London Borough of Havering.

1 CHAIRMAN’S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building’s evacuation.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (if any) - receive.

3 DECLARATION OF INTERESTS

Members are invited to declare any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

4 MINUTES

To approve as a correct record the minutes of the meeting held on 11 January 2010 (attached) and to authorise the Chairman to sign them.

5 HEALTH FOR NORTH EAST LONDON SCRUTINY EVIDENCE SESSION 1: ACUTE TRUSTS – To discuss the implications of the Health for North East London proposals with the Acute Trust officers listed below. Initial questions attached.

   John Goulston, Chief Executive, Barking, Havering and Redbridge University Hospitals’ NHS Trust
   Lucy Moore, Whipps Cross University Hospital NHS Trust

6 HEALTH FOR NORTH EAST LONDON: SCRUTINY EVIDENCE SESSION 2: MENTAL HEALTH ISSUES

   A. MENTAL HEALTH SCOPING PAPER PRESENTATION

   B. DISCUSSION WITH JOHN BROUDER, CHIEF EXECUTIVE, NORTH EAST LONDON NHS FOUNDATION TRUST (initial questions attached)

7 HEALTH FOR NORTH EAST LONDON: SCRUTINY EVIDENCE SESSION 3: TRADE UNIONS – To discuss the implications of the Health for North East London proposals...
Joint Health Overview & Scrutiny Committee, 2 February 2010

with Vicky Lucioni, Regional Organiser – Health Team, Greater London Region, Unison. Initial questions attached.

(not before 1.30 pm)

8 HEALTH FOR NORTH EAST LONDON SCRUTINY EVIDENCE SESSION 4: COMMUNITY GROUP REPRESENTATIVES – To discuss the implications of the Health for North East London proposals with representatives of Outer North East London community groups. Initial questions attached.

9 URGENT BUSINESS

To consider any other item in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered at the meeting as a matter of urgency.

Ian Buckmaster
Clerk to the Joint Committee
MINUTES OF A MEETING OF THE OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Redbridge Town Hall
Monday 11 January 2010 (10.00 pm – 1.00 pm)

Present: Councillor Ralph Scott (London Borough of Redbridge) in the Chair

Councillors representing London Borough of Barking & Dagenham: Evelyn Carpenter, John Denyer and Dee Hunt.


Councillors representing London Borough of Redbridge: Filly Maravala.

Councillor representing London Borough of Waltham Forest: Richard Sweden

Councillor representing Essex County Council: Chris Pond

Co-optee: Malcolm Wilders

Apologies for absence were received from Councillor Marie West (Barking & Dagenham), June Alexander (Havering) and Neil Collins.

Also present were:

David Cooper, Head of Adult Social Care, London Borough of Havering, Sandra Howard, Head of Adult Social Care, London Borough of Waltham Forest, Bruce Morris, Head of Adult Care Services, London Borough of Barking & Dagenham and John Powell, Director of Adult Social Services, London Borough of Redbridge.

Councillor Keith Prince, Leader, London Borough of Redbridge was also present.

Three members of the public were present including representatives of Barking & Dagenham, Havering and Redbridge LINks.

No Member declared an interest in the business considered

The Chairman advised those present of action to be taken in the event of emergency evacuation of the Town Hall becoming necessary.
11 MINUTES AND MATTERS ARISING

The minutes of the meeting of the Joint Committee held on 26 November 2009 were confirmed as a correct record and were signed by the Chairman.

12 HEALTH FOR NORTH EAST LONDON SCRUTINY EVIDENCE SESSION 1: ADULT SOCIAL SERVICES LEADS

The Chair opened the meeting by asking the social care leads to introduce themselves and briefly state their involvement in the consultation on the Health for North East London proposals.

John Powell, introduced himself and stated that he had sat on the Joint Committee of Primary Care Trusts board and had been engaged in the process leading up to the consultation from a Redbridge perspective. David Cooper stated that he had only been in post 3 months and hence had been less involved in the details of the consultation but had read the consultation document. He felt the proposals were consistent with the personalisation agenda. Bruce Morris stated that Barking and Dagenham were due to discuss the proposals and implications in the coming weeks. Sandra Howard, had been involved in consulting on the process in Waltham Forest. Each representative confirmed that their Borough had been involved in the consultation process early on through representation on the Joint Committee of PCTs.

The Chair asked the adult social care leads their views on the implications of the proposals on social care resources. John Powell expressed his view that the proposals offered a timely opportunity to assess the involvement of social care services in care pathways explaining that social care was often involved at too late a stage currently. He agreed that there was a resource issue and that staffing arrangements for community based services needed to be worked through. He explained that there was already work in the community being undertaken using joint teams.

Councillor Eden asked what was meant by involvement in the care pathway at a late stage. John Powell explained that the first adult social care involvement was often when patients were deemed fit for discharge. Redbridge currently had meetings with health services on a weekly basis to discuss discharges and related issues.

David Cooper explained that Havering had a large proportion of elderly residents with the acute sector having to support this group. LB Havering was trying to work with healthcare colleagues to create pathways for older people who often used A&E services. He added that he was yet to see joint pathway support with acute services working effectively.

Bruce Morris drew attention to the reference in the Health for North East London proposals to the development of community healthcare services but stated that these were not part of the consultation. Local authorities had not
been involved in the costings of service provision and the only reference in the proposals was to estimated figures raised during the Fit for the Future consultation which suggested a cost of £2-3 million per borough.

Sandra Howard had been involved in work with health partners to look at reconfiguring existing resources and examining the need to move them towards the provision of community services where possible.

The Chair asked whether local authorities were likely to be able to meet the additional social care needs that would arise from the proposals. John Powell said it was difficult to say at this stage and would be dependent on the release of resources to community services. He felt that in Redbridge they were currently undertaking joint working well and could identify opportunities for efficiencies. David Cooper felt that they did not currently have a sufficient level of detail to be able to fully explore the implications.

Bruce Morris agreed that the resource question was very difficult to answer at this stage. He explained three broad implications that potentially presented problems: the closure of A&E at King George’s, existing problems with performance at Queen’s hospital and the likely increased demands on community based services. Social care services were bound to share the burden of these costs. In Barking & Dagenham, examples of joint working included a care pilot with health social care workers based at GP practices. Operationally, he felt Barking & Dagenham did well currently.

Sandra Howard drew attention to other implications including the growing older population in Waltham Forest and the other three boroughs which increased pressures on social services. Current joint working initiatives in Waltham Forest included an independent GP practice supporting patients with long-term conditions. It was noted that Waltham Forest had excellent relations with Whipps Cross Hospital.

John Powell added that it was important to recognise that agendas were the same across the four boroughs and that examples of joint working existed in each.

Councillor Sweden asked if it was felt that the proposals would entail a degree of ‘cost shunting’. He asked that the social services leads explained areas where they felt the consultation document was lacking in detail. Councillor Sweden also asked for views on early social care interventions. David Cooper clarified that he was not making accusations of ‘cost-shunting’ but was expressing a degree of caution at the lack of detail. He felt the document was silent on considering the implications of moving A&E resources to Queen’s, particular given the concerns on current performance at the Trust.

John Powell added that eligibility criteria within social care meant there were often differences around who should provide funding. The transformation agenda had shown there are efficiencies to be made. The example cited was re-enablement pilots which had shown the public didn’t often need long-term care, bringing a slight reduction in costs.
Bruce Morris agreed that there was detail lacking in the consultation document and highlighted health activity outside A&E where he felt work still needed to be done. He expressed concerns over performance at Queen’s hospital and its ability to support the discharge of Barking & Dagenham residents. He agreed that caring for residents in the community for longer in an attempt to prevent A&E admissions would mean that the burden of increased costs would have to be shared. Sandra Howard reiterated the need for further consideration of the implications for community care. Focus was needed on early intervention, support for carers, re-enablement and communication among all the parties involved.

In response to a question from Councillor Pond regarding joint working arrangements with the Essex PCTs, Bruce Morris answered that he was not aware of any health economy discussions with Essex although he did state that PCTs there were further forward in the restructuring of care pathways.

The social care leads were asked if there was ever any pressure to prematurely discharge patients given bed pressures. John Powell stated that a daily telephone conference amongst leads at Redbridge brought together different approaches but safe discharges were always ensured. This involved ensuring patients were returning to a safe environment with suitable support networks.

The social care leads were asked how local social care services would be affected as a result of increased workload at Queen’s hospital. Sandra Howard acknowledged that Waltham Forest residents’ needs were in the main met by Whipps Cross Hospital, but stated that the proposals would require better communication on discharge arrangements. Bruce Morris felt that it was hard to expect patients to be able to make an objective decision as to whether they required urgent health care or A&E care. David Cooper stated that he would be interested in further detail on the implications of moving health services to other venues. John Powell expressed the need for Queen’s to accommodate a physical Redbridge social care presence at the hospital as was currently the situation at King George.

Malcolm Wilders explained that he felt that the elements omitted from the consultation document replicated those that had been lacking in the previous Fit for the Future consultation. He argued that there were now increased pressures on social services and that carers often have to pick up the cost. Bruce Morris highlighted areas where the document referred to improvements in community health care provision such as the advent of polyclinics, but that it was not specifically stated whether the resource for these would come from existing adult social services budgets. All social care leads were in agreement that there was a need for collaborative work between social services, health services and those involved in commissioning. The pressures on health care in the area existed irrespective of the proposals outlined in the consultation.

Councillor Sweden suggested that one of the Committee’s formal recommendations be that, should the reconfiguration of services be taken forward, accommodation be provided on site for social workers. In doing so he
declared an interest by explaining that he was employed as a hospital social worker.

13 HEALTH FOR NORTH EAST LONDON CARE OUTSIDE HOSPITAL PRESENTATION

Heather O’Meara explained that she wished to first like to comment on some issues raised in the previous discussion. In response to those questions that had been raised about the capability of Queen’s to take on extra capacity, it was noted that should the proposals be taken forward, there would be a 3-year plan for the reconfiguration of services at Queen’s. She went on to sign-post supporting consultation documents for the Committee which included the commissioning strategic plans and annual operating plans which included resources and costings.

It was agreed that resources needed to be realigned to accommodate the proposals. Practical actions had been identified at Queen’s to increase capability. These included undertaking analysis with the London Ambulance Service into those patients that needed to be delivered to A&E and identifying the need to build on urgent care centres at Whipps Cross, King George’s and Queen’s. It was noted that there were no increased attendances over the Christmas period and that increased bed take up had been due to fewer discharges. Over the past few weeks the number of delayed transfers had been less than 5 at both Queen’s and King George’s which could be built upon. Heather O’Meara stated that it would never be the intention to ask local authorities’ social services to pick up patients outside of their eligibility criteria.

Moving on to her presentation on outside hospital care, she explained that some of the proposals outlined would have no implications for care outside hospital. 40% of current users of King George Hospital would still be able to use health facilities at the hospital after the reconfiguration of services and this percentage may be higher once analysis of minor surgery was considered. The relocation of maternity services would be supported by a new midwife led unit at Barking Hospital and referring to Redbridge, there was an increasing demand for home deliveries.

It was noted that the out of hospital strategy had been articulated as part of the Fit for the Future proposals. The Health for North East London proposals had drawn on this and highlighted the importance of the role of polyclinics. All proposals had been clinically led. Better communication and discharge was felt to be key to A&E admissions. A tool had been developed in Redbridge to help identify patients vulnerable to A&E admissions.

All four North East London PCTs had made large investments in community nursing services since the Fit for the Future proposals. Each PCT had done work in establishing the needs and priorities for communities and was working on a range of schemes supporting people out of hospital. All PCTs had cohesive, yet individual plans for care outside hospital.
Councillor Sweden questioned whether the proposal to concentrate vascular surgery at the Royal London hospital would require enhanced diagnostics processes. Heather O’Meara was working on a response to this question which would be delivered in writing. A presentation on vascular surgery was also scheduled for a future meeting of the Committee. She was also happy to deliver a yearly A&E admissions analysis.

Malcolm Wilders asked if there was any hard financing being given to PCTs to support community care goals. PCTs could show investment at this stage through their 3-year commissioning plans and their strategic operating plans for the coming year. These plans showed committed investment to polyclinics. These plans were statutorily required to be made available to the public and were available on PCT’s websites. It was noted that a summary of these could be provided to the Committee.

Councillor Eden asked when the hyper acute stroke unit at Queen’s hospital would be ready and functioning. It was noted that the unit would be fully operational from April 2010 but in a phased approach, would provide TIA (minor stroke) services from February 2010. The Queen’s staff were to be supported by a wider stroke network.

Councillor Prince, Leader of Redbridge Council asked, in relation to the proposal to concentrate maternity services in one centre, whether there was a need to provide a more localised service for certain communities. Stephen Langford, Interim Chief Executive of NHS Barking & Dagenham explained that he had chaired the maternity board which had been involved in undertaking a needs assessment and ultimately taken a decision, based on clinical advice, to propose that maternity services be co-located with A&E services and other specialties. In response to the ability of Queen’s to handle capacity, it was explained that the Trust had recently been awarded CNST2 (Clinical Negligence Scheme for Trusts), which was an above average rating. The assessment was based on an objective health needs assessment conducted by Tribal, which could be shared with the Committee. There was a very low rate of home births in the North East London area. All maternity strategies looked to give choice to users and the planned birthing unit at Barking hospital would deliver this to residents. The clinical view was that a sub optimal service would be delivered without centralisation of maternity services.

The Redbridge LINk representative raised concerns over the accessibility of the consultation documents in formats more suitable for public digestion. It had been expressed by members of the local community that the exercise felt like a provision of information as opposed to a consultation. Assurance was given that other than the planned move of stroke services to Queen’s hospital, no other changes had been agreed and that the closure of A&E at King George was not a forgone conclusion.
The Barking & Dagenham LINk representative expressed concern around the level of communication with local communities over the proposals. He felt that an engagement opportunity had been missed. Stephen Langford stated that it was important to recognise that this consultation looked at a whole range of proposals that fed into the wider proposal. A number of the contributing proposals had already been considered under different consultation packages.

Councillor Carpenter asked if assurances of the ability of Trusts to manage increased capacity would be made prior to the reconfiguration of services. It was expressed that clinical assurances would always be the primary concern. Ken Aswani, Chief Executive of NHS Waltham Forest explained that over the past 4 years, PCTs had been putting capacity into the community. Initiatives such as the urgent care centre at Whipps Cross Hospital picked up a flow of patients that would otherwise attend A&E. The polyclinic system had been established for some time and would help to ease capacity issues moving forward.

It was agreed that the Committee be provided with short written from each of the PCTs to the questions that had been circulated prior to the meeting.

**URGENT BUSINESS**

There was no urgent business raised.
OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 2 FEBRUARY 2010, INITIAL QUESTIONS TO WITNESSES

1. Acute Trusts – BHRUT and Whipps Cross

1. Will the Health for North East London (H4NEL) proposals be positive or negative overall for your respective hospitals and Trusts?

2. Are you in favour of the proposed closure of an existing A & E department? Do you favour the preferred option of removing the A & E at King George Hospital?

3. Do you agree that, even with more patients treated in the community etc. the proposals as they stand can only result in an increase of work and treatment at Queen’s Hospital? Will Queen’s be able to cope with this?

4. What will be the specific implications for Whipps Cross if the proposals to reduce and change services at King George go ahead?

5. The Committee has been informed that the proposals to remove maternity birthing services from King George will result in up to 10,000 deliveries per year at Queen’s hospital. Will this result in a unit that is too large to be viable?

6. Do you feel that these proposals will extend journey times for patients and relatives, particularly for travel to Queen’s from Barking & Dagenham and parts of Redbridge?

7. What will be the financial implications of the proposals for the Acute Trusts? Is there a danger that less treatment being carried out in the hospital environment will result in a lower income stream for the Trusts?

8. Do what extent have the Acute Trusts been consulted on the H4NEL proposals as they have been developed?

9. Do you have any figures for the respective Trusts on how many patients taken direct to the London Chest Hospital were in fact taken there incorrectly and had to be transferred back?

2. North East London NHS Foundation Trust

1. Do you feel that the H4NEL proposals give sufficient priority to mental health issues?

2. To what extent has NELFT been involved in the consultation on the H4NEL proposals as they have been developed?
3. What will be the implications of losing an A & E department for patients with mental health problems who need to use A & E as their place of safety?

4. Clearly, the A & E at King George Hospital is very close to the acute admissions unit at Goodmayes Hospital. Will the proposed loss of this department make referrals from A & E to Goodmayes more complicated?

5. The H4NEL proposals emphasise more treatment of many different kinds being given in community-based settings. What will be the impact of this on for example, Unison’s Community Mental Health Teams?

3. Unison

1. The H4NEL consultation document says very little on the effect of the proposals on health service staff. Do you fear redundancies etc. arising from e.g. the loss of A & E or maternity birthing services at King George Hospital?

2. Do you envisage a large training requirement for staff who may for example have to switch to new community-based duties and services? Are you concerned whether funding will be available for this?

3. What do you see being the effect on support services, particularly in hospitals, if the proposals are implemented as planned?

4. What do you feel will be the impact on staff travel times of the proposals?

5. Is there concern amongst staff at this stage regarding the proposals, particularly those based at King George Hospital?

6. To what extent have Unison (and indeed other Unions) been consulted as the proposals have been developed?

4. Community Groups

1. Several people here represent groups of mental health services users. Do you feel that the consultation document gives enough priority to mental health issues?

2. What are your views on the proposals to close an A & E department, possibly at King George Hospital in Redbridge?

3. Do you feel the argument put forward by H4NEL that more treatment carried out in the community will result in fewer people needing to be admitted to hospital is a valid one?
4. Are you concerned that the proposals may result in longer travelling times for either patients or their relatives and carers?

5. What are your views on the proposals for maternity services, including the closure of the unit at King George in favour of a larger maternity department at Queen's and a new midwife-led unit at Barking Hospital?

6. To what extent are your groups being consulted over the proposals? Do you feel this has been sufficient?

7. Are any of your members involved in the People’s Platform organisation set up as part of the consultation process? If so, do you feel this is operating successfully?