

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

3.30 pm

Tuesday
10 April 2012

Waltham Forest Town
Hall

COUNCILLORS:

**LONDON BOROUGH OF BARKING &
DAGENHAM**

Councillor Sanchia Alasia
Councillor Josephine Channer
Councillor Abdus Salam

**LONDON BOROUGH OF
WALTHAM FOREST**

Councillor Laurie Braham
Councillor Nicholas Russell
Councillor Richard Sweden

LONDON BOROUGH OF HAVERING

Councillor Wendy Brice-Thompson
Councillor Nic Dodin
Councillor Pam Light

ESSEX COUNTY COUNCIL

Chris Pond

LONDON BOROUGH OF REDBRIDGE

Mike New
Councillor Stuart Bellwood
Councillor Hugh Cleaver
Councillor Joyce Ryan

EPPING FOREST DISTRICT COUNCIL

Brian Sandler (observer status)

CO-OPTED MEMBERS:

Malcolm Wilders

Barking & Dagenham LINK: Richard Vann
Havering LINK: Med Buck
Redbridge LINK: Glynis Donovan
Waltham Forest LINK: Neil Collins

For information about the meeting please contact:
Anthony Clements, anthony.clements@haverinq.gov.uk tel: 01708 433065



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

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 point prior to the consideration of the matter.

4 MINUTES OF PREVIOUS MEETING (Pages 1 - 8)

To approve as a correct record the minutes of the meeting held on 10 January 2012 (attached) and authorise the Chairman to sign them.

5 COMMISSIONING SUPPORT ORGANISATION

To receive a presentation from NHS Outer North East London officers on the planned Commissioning Support Organisation for East and North London.

6 CHANGES TO PSYCHOTHERAPY SERVICES

Discussion with North East London NHS Foundation Trust officers concerning proposed changes to psychotherapy services in Outer North East London.

7 PRIMARY CARE STRATEGY

To receive a presentation and update on the primary care strategy for Outer North East London.

8 FUTURE MEETINGS OF THE COMMITTEE

Provisional dates and host Councils as shown below, for discussion and agreement (all 3.30 pm start):

Tuesday 10 July, Essex (Loughton)
Tuesday 9 October, Barking & Dagenham
Tuesday 8 January (2013) Havering
Tuesday 9 April, Redbridge

9 URGENT BUSINESS

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

Anthony Clements
Clerk to the Joint Committee

Public Document Pack Agenda Item 4

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Redbridge Town Hall, Ilford
10 January 2012 (2.30 - 4.50 pm)**

Present:

COUNCILLORS

London Borough of Havering:	Councillors Wendy Brice-Thompson, Nic Dodin and Pam Light
London Borough of Redbridge	Councillors Joyce Ryan (chairman) Stuart Bellwood and Hugh Cleaver
London Borough of Waltham Forest	Councillors Laurie Braham, Nicholas Russell and Richard Sweden
Essex County Council	Councillor Chris Pond

Co-opted Members:

Richard Vann, Barking & Dagenham LINK
Mike New, Redbridge LINK
Neil Collins, Waltham Forest LINK

Also present:

Councillor Paul McGeary (Havering)
Joan Smith, Havering LINK
Kathy Turland, Redbridge LINK

Health officers present:

Pam Court, St. Francis Hospice
Neill Moloney, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Heather Mullin, Health for North East London (H4NEL)
Imogen Shillito, BHRUT
Magda Smith, BHRUT

Scrutiny officers present:

Anthony Clements, Havering (clerk to the committee)
Jilly Mushington, Redbridge
Glen Oldfield, Barking and Dagenham

Two members of the public and one member of the press were present.

All decisions were taken with no votes against.

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

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

Apologies were received from Malcolm Wilders, co-opted member.

Apologies were also noted from Averil Dongworth, BHRUT and Lorna Payne & Joe Coogan, Social Care & Health, London Borough of Havering.

8 DECLARATION OF INTERESTS

There were no declarations of interest.

9 MINUTES OF PREVIOUS MEETING

These were agreed as a correct record and signed by the Chairman.

Matters arising:

St. George's Hospital, Hornchurch – The H4NEL programme director confirmed that the future of this site would be considered as part of the ONEL-wide estates strategy. Decisions on the strategy would be brought to the Joint Committee for scrutiny.

Essex births at Queen's Hospital – Councillor Pond reported that the Essex Health Overview and Scrutiny Committee had scrutinised with BHRUT officers the current restriction on mothers from Essex giving birth at Queen's Hospital in Romford. BHRUT officers had stated this was a decision taken by the commissioners. The H4NEL programme director agreed that this was the case, stating that East of England commissioners had decided to switch births to hospitals other hospitals with the aim of improving quality at Queen's.

10 SAINT FRANCIS HOSPICE OUTREACH WORK

Pam Court, the Chief Executive Officer of St. Francis Hospice thanked the committee for its invitation to speak at the meeting and added that she was happy to attend other meetings or for Members to visit the hospice.

The majority of the hospice's work consisted of its outreach services. The hospice offered services across Barking & Dagenham, Havering, Redbridge and the Brentwood and Abridge areas of Essex. The hospice ran an education centre specialising in palliative care training and employed a full range of healthcare professionals. Consultant cover could be accessed on a 24:7 basis via Queen's Hospital. The hospice was a charity run predominantly by volunteers.

Demand for all the hospice's services had risen with for example use of the telephone triage service having tripled since 2006/07 and demand for bereavement support at the hospice having risen by 25%. The average length of stay in the hospice's 18-bed inpatient unit was 13 days. While

approximately two thirds of patients did die in the hospice, around one third went home after care and treatment.

Referrals were made to the hospice from Queen's and also Basildon and Broomfield Hospitals. There was also an increasing number of referrals from care homes. The hospice triage team currently operated 9 am – 5 pm Monday to Friday but the hospice wished to make this a 24-hour service. The hospice at home service was also very important as it allowed support for people in the last two weeks of life to die at home. This service was also seeing an increase in demand. The service could be mobilised within one shift. The service did not however currently run in Redbridge.

Key current issues for the hospice included a lack of coordination in community services and a withdrawal of support from Marie Curie nurses. Coordination with the health and social care sectors was also variable and it was felt by the Chief Executive Officer that district nurses needed better training.

The hospice received 38% of its funding from the NHS and fundraised the remaining 62% (approximately £5 million per year). The hospice was seen as a quality provider with an outstanding reputation and the Chief Executive Officer felt that better coordination with other providers was essential as was more educational work on palliative care in care homes.

It was accepted that GPs had mixed knowledge of palliative care and this was a challenge. The hospice's palliative care consultants could meet with GPs. A breakdown of referrals by area and by diagnosis of patient would be passed to the Committee. It was reiterated that the hospice was open to all groups and cultures and the Chief Executive Officer was happy to meet with hard to reach groups and discuss this. The hospice had rebranded its logo etc. and the Chief Executive Officer would consider a change of the hospice name over the longer term although for example St. Joseph's Hospice in Hackney was not seen as a religious organisation.

It was explained that, although the hospice only had 18 beds, the strong level of services in the community meant that this was a sufficient number. It was agreed that more contact with practice managers could improve knowledge of the hospice's services among GPs. The H4NEL programme director agreed that commissioners were keen to work together with the hospice.

It was agreed that the Chief Executive Officer would also try to provide for the Committee a breakdown of the hospice's funding by Council area. Learning was shared via the hospice network and it was clarified that St. Francis was the second largest hospice in the country. The Chief Executive Officer had also met with the Haven House Children's Hospice and had been considering the transition from child to adult hospices.

The Chairman thanked the officer her presentation and input to the meeting.

11 HEALTH FOR NORTH EAST LONDON IMPLEMENTATION

The Chairman noted that any discussions of the item at the meeting did not preclude individual overview and scrutiny committees from also scrutinising the H4NEL plans.

The H4NEL programme director thanked the Joint Committee for its work on the plans to date and felt that the recommendations of the Independent Reconfiguration Panel were better for the work undertaken by the Committee.

For financial reasons, the Outer and Inner North East London PCT clusters had been combined under a single Chief Executive – Alwen Williams. As regards maternity provision, the Barking Birthing Centre was on target to receive its first delivery by April 2012. The programme director reiterated that the vision for King George Hospital was to provide a range of services on the site.

The Independent Reconfiguration Panel was pleased with the level of clinical support and leadership at H4NEL. It had also recommended that the scrutiny of the plans carried out by the LINKs and People's Platform should continue. The Secretary of State had however stated that the H4NEL plans could not be implemented until quality issues at Queen's Hospital had been addressed. A programme board (not covering Waltham Forest) including the Clinical Commissioning Groups had been formed to monitor this improvement.

It was planned to deliver the H4NEL proposals over a two-year period from February 2012. The programme board would work with local LINKs and the People's Platform to develop commissioning and engagement strategies. A more detailed action plan and timelines were being developed. It was also planned to continue to involve the Joint Committee in this work.

BHRUT officers accepted that it was a large challenge to create sufficient bed capacity at Queen's to accommodate the additional work from King George. There was however now a high level of clinical engagement and officers were confident that this could be delivered.

It was accepted that H4NEL impacted on all the North East London boroughs including for example the extra capacity the changes would require at Whipps Cross. Only the programme board would be restricted to the BHRUT area. The H4NEL executive, chaired by the programme director, would include Waltham Forest representatives including from the Waltham Forest Clinical Commissioning Group. The consultation did give a clear articulation of what services needed to be on the Whipps Cross site and the programme director reiterated that Waltham Forest would continue to be part of the user engagement strategy and that she did not wish to exclude Waltham Forest from any discussions.

The programme director agreed that changes such as the moving of maternity services from King George to Queen's could not proceed until the relevant assurances had been received. This would be covered in the composite action plan for the project.

The programme director explained that the H4NEL governance structure was now more sophisticated and she would provide to the Committee slides illustrating this. The effect of H4NEL on the estates strategy would be considered as part of the decision making business case and plans for the estate would be brought to the committee. Members also sought assurances that Essex would continue to be involved in discussions and scrutiny of the H4NEL plans.

The BHRUT communications manager confirmed that the Trust was campaigning for improved transport links to and between King George and Queen's Hospitals. Members felt that access to Whipps Cross from areas such as Chingford also needed improvement. It was also felt that H4NEL also needed to engage more with GPs in this area and publish a clear list of contacts. The programme director accepted that more work was needed with Waltham Forest GPs and would also take this back to NHS ONEL as the commissioners. It was agreed to ask Transport for London to give a presentation on hospital transport at the next meeting. Councillor Russell would liaise with the clerk to the committee to arrange this.

A co-opted member raised the issue of plans for developing the Goodmayes Hospital site and it was confirmed that BHRUT and the North East London NHS Foundation Trust would be involved in the development of the estates strategy. The programme director agreed to provide to the Committee a timeline of the procurement exercise for Barking Birthing Centre.

12 **RESPONSE TO CARE QUALITY COMMISSION REPORT**

The Director of Planning and Performance at BHRUT confirmed that the Trust took the findings of the Care Quality Commission (CQC) report extremely seriously. Some actions were already underway but the Trust was keen to speed up the pace of change. The latest action plan in response to the CQC recommendations had been circulated to the Committee.

Management of the maternity department had been strengthened with the recruitment of a new director of midwifery who was due to start in three months. The Trust was now operating a 1:29 midwives to women ratio, one of the highest in London.

The diversion of planned caesarean section deliveries to the Homerton Hospital was intended to be for a period of eight weeks but it had been decided to continue this until the end of the current financial year. It was then planned to move deliveries of this type to King George Hospital.

A study of staff behaviour in maternity had been undertaken as well as a large exercise in staff engagement. A zero tolerance approach was now being taken to poor staff behaviour. A new complaints system had also been introduced. The details of the co-located Midwife Led Unit at Queen's were currently being worked on.

Emergency care had also been raised by the CQC and the JONAH computer system had recently been implemented to facilitate A&E patients' journeys through the whole of the health sector, not just the acute hospital. It was planned to expand the majors, resuscitation and intensive care sections of Queen's A&E in light of the extra work expected when the A&E at King George was closed.

Officers accepted that, given the large size of the maternity unit, some serious incidents would still unfortunately occur. A recently publicised case was reported promptly as a serious incident and the midwife concerned was not a Trust employee. The Trust was only able to respond publicly to such cases when the family involved chose to put the matter in the public domain. The Trust action plan in response to the CQC report was available on its website and there had been a lot of positive work undertaken with both Councillors and the Local Involvement Networks. It was agreed that any incident notifications that were able to be shared publicly would be passed to the clerk to the Committee for forwarding on to Members. Maternity reports to the Trust board were also available to view on the website.

It was confirmed that Essex women with due dates of 1 April 2012 onwards were now able to again book deliveries at Queen's if they wished. Trust officers agreed that the behaviour of drunks in A & E continued to cause problems. A recent incident was resolved quite quickly but it was accepted that reception staff should have reported this at an earlier stage.

Replacing hospital signage was an expensive project but officers accepted that a solution needed to be found on an interim basis. This issue had also been raised by the CQC and LINK representatives had been invited onto a group looking at hospital signage. The H4NEL programme manager reiterated that health officers were keen to receive any feedback, whether positive or negative, and use this as a lever for change.

Officers noted Member concerns about inadequate information kiosks and screens at A&E and agreed to pass these to the appropriate department.

13 URGENT BUSINESS

There was no urgent business.

The next meeting would be held on 10 April 2012 at 3.30 pm at the Lopping Hall Loughton (*since changed to Waltham Forest Town Hall, Walthamstow*).

Chairman

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