MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Barking Town Hall
9 October 2012 (3.30 - 5.50 pm)

Present:

COUNCILLORS

Barking and Dagenham	Sanchia Alasia (Chairman)
Havering	Wendy Brice-Thompson, Nic Dodin and Pam Light.
Redbridge	Stuart Bellwood, High Cleaver and Chris Cummins (substituting for Joyce Ryan)
Waltham Forest	Khevyn Limbajee, Nicholas Russell
Essex	Chris Pond

All decisions were taken with no votes against.

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

10 **CHAIRMAN'S ANNOUNCEMENTS**

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

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

Councillor Chris Cummins was present as a substitute for Councillor Joyce Ryan.

Apologies were also received from Richard Vann, Barking & Dagenham Local Involvement Network (LINk) and from Med Buck, Havering LINk (Roxanne Chamberlain substituting).

Scrutiny officers present:
Anthony Clements, Havering (clerk to the Committee)
Jilly Mushington, Redbridge
Glen Oldfield, Barking & Dagenham
Farhana Zia, Waltham Forest

NHS and other statutory bodies officers present:

Helen Byrne, Adrienne Noon, Barts Health NHS Trust
Bob Blitz, Patricia Thompson, Transport for London (TfL)
Diane Jones, Geoff Sanford, NHS North East London and the City (NHS NELC)
Margaret McGlynn, Care Quality Commission (CQC)

Also present were Averil Dongworth, Chief Executive, Barking Havering and Redbridge University Hospitals' NHS Trust (BHRUT) and Lorna Payne, Group Director, Adults & Health, London Borough of Havering.

Two members of the public were also present.

12 DISCLOSURE OF PECUNIARY INTERESTS

There were no disclosures of interest.

13 MINUTES OF PREVIOUS MEETING

Under item 5, it was noted that it was in fact anticipated that two thirds of current patients at King George A&E would not need to attend an alternative facility once the A&E closed, rather than the figure originally stated. The minutes were otherwise agreed as a correct record and signed by the Chairman.

14 WHIPPS CROSS UPDATE

The Barts Health officers confirmed that there had been a recent safeguarding issue at Whipps Cross where three healthcare support workers had been charged by the Police. There had also been an assault charge at the Ainsley Court unit. Elected Members had been advised of the safeguarding issue although officers would check which Members specifically were informed.

The new Trust structure had gone live on 1 October following a period of staff consultation and recruitment to the new teams. There had been an element of duplication in various corporate services which had led to some redundancies. The new structure would consist of eight clinical academic groups, each led by a senior clinician. The emphasis of each group would be on clinical quality, patient safety & experience and value for money.

The emergency care and acute medicine group was based at Whipps Cross and led by a renal physician. The group covered a number of areas including emergency care, care of the elderly, acute medicine and stroke services.

The core Trust values had been developed by staff and patients and included areas such as being caring and compassionate with patients and

valuing staff. The Whipps Cross leadership team was led by Helen Byrne – chief operating officer.

Capital developments at Whipps Cross included the new A&E department which opened in May 2012 and a 76 bed assessment unit which was due to open in May 2013. Investment was also taking place in the maternity unit including in new operating theatres. This was a phased programme of work taking place over a number of years. Investment had also been committed to ward refurbishment to allow improved patient dignity, privacy and infection control.

It was felt that the planned changes to maternity services across North East London would have a neutral impact overall on Whipps Cross. The Barts Health officers would check as regards the position with the Whipps Cross outstation facility in Loughton.

The Committee **noted** the update.

15 HOSPITAL TRANSPORT

Transport for London (TfL) officers explained that their aim was to have a bus network that was comprehensive, frequent, simple and reliable. The objective was to have waits of less than 12 minutes during the day and to have a bus stop within 400 metres of any London location although there were exceptions. Routes should not vary at different times of the day and CCTV and low floor buses had been introduced to improve safety and accessibility. Another aim for the network was to achieve value for money.

Buses calling at hospitals were mainly used by people who worked at the hospital. In TfL's experience, patient journeys to hospital by bus were much more infrequent. There also did not tend to be large numbers of people travelling between hospitals by bus.

The 128 bus route had now been diverted into Queen's Hospital and a similar diversion was being considered for routes 498 and 499. It was hoped to introduce this in early 2013 subject to consultation and the completion of traffic management works.

The consultation stakeholder team at TfL monitored all bus route requests that were received. Estimates were made of the number of people that would make suggested bus journeys. A letter summarising responses to suggestions re the bus network was sent every six months to stakeholders including Councillors and Assembly Members.

Members were concerned that the reorganisation of NHS services would mean more people needing to travel between Queen's and King George Hospitals. Some services were also being moved from St. George's in Hornchurch to King George. TfL officers accepted that there was no direct service between Romford and King George Hospital. The situation would continue to be reviewed but it was not possible to divert but route 66 into

King George Hospital since to do would cost in the region of £250,000 per year. Clearer figures on the numbers of people affected by the hospital reconfiguration would be needed before more routes could be brought into one or both of the hospitals.

TfL was not responsible for Goodmayes train station but it was confirmed that the station would get step free access under the Crossrail proposals. Members pointed out that only three of the 15 Central Line Underground stations had step free access and officers responded that this would be considered as part of the Central Line upgrade works. Officers would provide more details on this.

It was also pointed out by Members that, with the exception of some limited access at Leyton, there was no step free access to any of the Underground stations in Waltham Forest. The officers emphasised that TfL did wish to have step free access at all stations but this would take time. Details of the borough liaison officers at TfL could be supplied to the Committee.

The only current bus link from Redbridge to Queen's Hospital was route 128. There were no current plans to run further routes from Redbridge to Queen's although the bus network was being reviewed continuously.

A further problem was the lack of transport between Naseberry Court and Goodmayes Hospital, should patients be transferred between these two facilities. The TfL officers again emphasised that they needed to know the numbers of people affected to justify introducing a bus route between these areas. TfL did use the H-Stat system to collate data with the Health Service and was also running a seminar shortly on transport and the health service. NHS NELC officers added that it was very difficult to get the type of data TfL required. The needs of hospital staff and visitors should be considered as well as those of patients. The TfL officers would confirm to Councillor Light the current best bus route between King George Hospital and central Romford.

It was confirmed that the former Mobility Bus service was now being replaced by Dial A Ride and similar services.

The Committee noted the update and the further information to be provided by TfL officers.

16 MATERNITY ISSUES

The NHS NELC officers explained that evidence showed that midwife led births produced a better overall maternity service. If the midwife led units were co-located with a maternity department, this would allow full medical cover for midwife deliveries.

It was accepted that the appropriate capacity was needed to deal with the demand for maternity services. Births in North East London had risen by

3.5% per year for the last ten years although this varied between boroughs with a lower rate of increase in Havering but a higher rate in Newham.

Recent developments included new maternity units at Newham and the Royal London, the midwife-led unit at Whipps Cross, the Barking Birthing Centre and the midwife-led unit at Queen's which was currently under construction. Catchment areas and the hospital where a woman would give birth were normally agreed by the antenatal service. Most women using the antenatal service in Barking would now give birth at Newham. This and the other proposed changes would also reduce travel times for most women. Officers emphasised that patient choice remained in the new system.

Members were doubtful that Newham Hospital would have the capacity to cope with the proposed extra births, even with a new unit. It was emphasised that Newham would not be using its full capacity until its full workforce had been recruited. Two external reviews had been carried on maternity in Newham which had led to a reduction in the number of births to be taken from Barking & Dagenham until recruitment had been completed. Currently Newham would only be taking an extra 400 births rather than the 800 originally proposed.

The maternity department at King George Hospital would be closing although a date had yet to be confirmed. A working group was investigating with providers the number of births to be taken at each of the maternity units in North East London. The boundaries of hospital catchment areas could be adjusted if necessary. Officers agreed to circulate a recent paper to the NHS NELC Board considering projected birth rates etc.

The NHS NELC officers were not convinced that Queen's Hospital would see as many as 9,000 births per year in reality. Population numbers were constantly changing and the effect of the recession may be to lower the birth rate.

It had been announced that, contrary to the Health for NEL proposals, parts of Waltham Forest would now be served by maternity at Homerton Hospital. This was due to it being expected that the new Whipps Cross maternity unit would be nearer to completion by now than it was and also due to the Barts Health merger where the Panel had stated that there should be more competition between Barts Health and the Homerton.

A total of 2,500 births per year at the Queen's midwife led unit was considered to be sustainable as long as it was located on the same site as the main labour ward. At Whipps Cross, 16-20% of births were now in the co-located midwife led unit. The unit at Newham was also of a similar size. The appropriate training for this kind of unit was given to all midwives at Queen's. The midwife led units were also externally assessed.

In the short term, the number of birth bookings each hospital could take would be capped. If for example Queen's Hospital was fully booked on a certain date, a referral would be rejected. This system was used at Guys &

St. Thomas'. The issue of caps and numbers of bookings per GP practice would be kept under review. It was not felt likely that there would be a demand for a birthing unit at King George although a third unit for Outer North East London would be considered in the longer term. The Barkantyne unit had taken several years to build up its reputation and associated demand levels.

It was confirmed that there was no cap on the number of Essex referrals to be taken at Whipps Cross and no changes were proposed to the Essex wards served by Whips Cross maternity. Officers accepted that there were some concerns over the births capacity at Whipps Cross although the midwife led unit was helping with this. The aim was to keep the total number of births at Whipps Cross to slightly in excess of 6,000 and some areas were therefore moving from the Whipps Cross to Homerton catchment areas. The NHS NELC officers stated that Waltham Forest GPs favoured more referrals being given to the Homerton and that some Waltham Forest mothers preferred this.

The maternity services liaison committee had been involved in the changes and information sessions were also being held in Children's Centres in Barking & Dagenham, Redbridge and Waltham Forest. Workforce issues had been considered across the whole staffing mix – both midwifery and obstetrics.

Members remained concerned about the impact on women in Redbridge from the loss of service at King George, the cap at Queen's and the transfer of some Redbridge wards to Whipps Cross. Officers agreed to supply details of expected birth capacities for each of Queen's, Whipps Cross, the Barking Birth Centre and home births. The health officers added that the maternity plans had remained consistent and had not changed significantly in the last 18 months.

The Committee **agreed** to scrutinise the area of maternity again in 6-12 months.

17 CARE QUALITY COMMISSION

The Care Quality Commission (CQC) compliance manager for Barking & Dagenham, Havering and Redbridge explained that she currently managed a team of seven inspectors and hoped to recruit more. The CQC now registered and inspected more providers across the NHS and social care including GPs and NHS dentists. The CQC was itself subject to review by the Health Select Committee and details would be forwarded of the current consultation on the CQC's strategy.

The CQC would be responsible for inspecting all social care and independent healthcare premises by the end of March 2013. Dentists would be inspected on a two-year basis and more inspectors were being recruited as a result of this. More service users, known as Experts by Experience, were also being recruited.

Healthwatch England, chaired by Anna Bradley, would be based within the CQC but would not report formally to it. The new organisation would report directly to the Secretary of State. It was suggested that a representative of Healthwatch England could be invited to a future meting of the Committee.

The CQC had originally reported on the problems at BHRUT in October 2011 and a progress report was issued in June 2012. The ongoing action plan had now passed to the commissioners but the CQC would continue to inspect A&E and maternity at Queen's in order to check compliance.

Members pointed out that the individual boroughs also monitored progress and received updates from BHRUT via their individual Health Overview and Scrutiny Committees. The CQC representative welcomed this and felt that commissioners should also be monitoring the performance of the Acute Trust. LINk enter and view visits also had a role in this area.

It was clarified that the CQC would provide information but it would be for others to decide if e.g. the proposed changes in maternity would be safe. The CQC's remit was to inspect current providers. Its findings may inform restructures but inspections were not undertaken specifically in relation to these.

The BHRUT chief executive, who was present at the meeting as an observer, added that she was pleased at the level of monitoring of the recommendations made by the CQC. The LINks had also been very supportive and had worked with BHRUT. She confirmed that there was no date as yet for the closure of A&E at King George and this would not be announced until the Trust was satisfied that Queen's A&E could cope with the new levels of demand.

The Committee **agreed** that an update should be taken from the CQC compliance manager in one year.

18 **URGENT BUSINESS**

There was no urgent business.

Chairman