

# JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

3.30 pm

Tuesday  
9 April 2013

Waltham Forest Town  
Hall

**COUNCILLORS:**

**LONDON BOROUGH OF BARKING &  
DAGENHAM**

Councillor Sanchia Alasia  
Councillor Abdus Salam  
Councillor George Barratt

**LONDON BOROUGH OF  
WALTHAM FOREST**

Councillor Nicholas Russell  
Councillor Khevyn Limbajee (Chairman)  
Councillor Sheree Rackham

**LONDON BOROUGH OF HAVERING**

Councillor Wendy Brice-Thompson  
Councillor Nic Dodin  
Councillor Pam Light

**ESSEX COUNTY COUNCIL**

Chris Pond

**LONDON BOROUGH OF REDBRIDGE**

Councillor Stuart Bellwood  
Councillor Hugh Cleaver  
Councillor Joyce Ryan

**EPPING FOREST DISTRICT COUNCIL**

Brian Sandler (observer status)

**CO-OPTED MEMBERS:**

Malcolm Wilders

For information about the meeting please contact:  
Anthony Clements, [Anthony.clements@havering.gov.uk](mailto:Anthony.clements@havering.gov.uk)  
Tel: 01708 433065



# NOTES ABOUT THE MEETING

## 1. HEALTH AND SAFETY

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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

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## 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.

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All Council/Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972.

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3 hours: £3.80

4 hours: £5.10

24 hours: £6.50

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Contact officers listed on the agenda will be able to provide further information about the meeting and deal with any requests for special facilities.

Contact details for report authors are shown on individual reports. Report authors should be contacted prior to the meeting if further information on specific reports is needed or if background documents are required.

## **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 DISCLOSURE OF PECUNIARY 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 - 12)**

To approve the minutes of the meetings held on 8 January and 13 February 2013 (attached) as a correct record.

### **5 UROLOGICAL CANCER PROPOSALS**

To receive an update from health officers on the proposals for changes to services for urological cancer in the Outer North East London area.

### **6 CO-OPTION OF REPRESENTATIVES OF LOCAL HEALTHWATCH (Pages 13 - 16)**

Report of the Clerk to the Committee (attached).

### **7 COMMITTEE'S WORK PROGRAMME 2013/14**

Initial discussion by Members.

### **8 URGENT BUSINESS**

To consider any other item 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**

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# Public Document Pack Agenda Item 4

**MINUTES OF A MEETING OF THE  
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE  
Redbridge Town Hall, Ilford  
8 January 2013 (3.30 - 5.45 pm)**

**Present:**

**COUNCILLORS**

**Barking & Dagenham** Sanchia Alasia and George Barratt

**Havering** Wendy Brice-Thompson, Nic Dodin and Pam Light

**Redbridge** Stuart Bellwood, Hugh Cleaver and Joyce Ryan  
(Chairman)

**Waltham Forest** Khevyn Limbajee and Nicholas Russell

**Co-opted Members** Valerie Matthews, Havering LINK, Mike New,  
Redbridge LINK, Richard Vann, Waltham Forest LINK,  
Malcolm Wilders

All decisions were taken with no votes against.

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

**19 CHAIRMAN'S ANNOUNCEMENTS**

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

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

Apologies were received from Councillors Chris Pond, Essex and Sheree Rackham, Waltham Forest. Apologies were also received from Med Buck, Havering LINK, Valerie Matthews substituting.

Scrutiny officers present:

Anthony Clements (clerk to the Committee)  
Jilly Mushington, Redbridge  
Glen Oldfield, Barking & Dagenham  
Corinna Young, Waltham Forest

NHS and other statutory bodies officers present:

Zoe Anderson, NHS NELC  
Helen Brown, NHS NELC  
Helen Pettersen, Chief Operating Officer, Commissioning Support Unit (CSU)  
Tom Pharoah, London Cancer Network  
Pam Court, Chief Executive, St. Francis Hospice  
Jacqui van Rossum, NELCS

Also present were Joy Hollister, Group Director – Social Care and Learning, London Borough of Havering and John Powell, Director of Social Care, London Borough of Redbridge.

One member of the public was present.

21 **DISCLOSURE OF PECUNIARY INTERESTS**

There were no disclosures of interest.

22 **MINUTES OF PREVIOUS MEETING**

It was **NOTED** that Mike New, Redbridge LINK was in fact present at this meeting. The minutes were otherwise agreed as a correct record and signed by the Chairman.

Matters arising

Clarity was requested by the Committee over when the reports of the Care Quality Commission compliance visits to Queen's Hospital. A&E and maternity were due and the Clerk to the Committee was asked to seek to establish this.

The NHS NELC officers accepted that maternity arrangements for Waltham Forest had altered from those originally in the Health for North East London proposals but explained that these were agreed with the Waltham Forest Health and Wellbeing Board. It was also confirmed that the Health Overview and Scrutiny Committee at Waltham Forest had decided not to pursue the question of whether there should be a further formal consultation on the proposals as it was felt there was sufficient extra capacity at Whipps Cross.

It was **AGREED** that a special meeting of the Committee should be held in order to consider the maternity proposals in more detail before any final decision on implementing the plans was taken. It was further agreed that the Directors of Social Services or equivalent should be asked to give their views on the maternity proposals. Matters to be scrutinised at the meeting would include measuring of patient satisfaction with the maternity service, the maternity workforce strategy and numbers of complaints received about the service.

Councillor Russell and the Clerk to the Committee would seek to confirm details of the TfL borough liaison officers for each borough. It was noted that the promised details from TfL concerning the best bus route between King George and Queen's Hospitals had only been received after a considerable amount of follow up work.

23 **ST. FRANCIS HOSPICE**

The hospice chief executive thanked the Committee for the opportunity to speak at the meeting. It was explained that new national commissioning guidance had been released for palliative care which indicated that the main part of the service would be supplied by GPs and District Nurses. A hospice would only step in when a patient's problems had become so complex that primary care required extra help.

The hospice's Hospice at Home team allowed a specialist palliative care service to be delivered on the same day a referral was received. This allowed terminally patients to avoid having to go through A&E.

The hospice was also now a recognised unit for Gold Standard training in palliative care and training programmes were delivered in both Havering and Redbridge. The hospice aimed to ensure more people could die in the place they preferred and also to reduce the number of unnecessary hospital admissions.

It was felt that it was essential that District Nurses were well trained in palliative care and the hospice was keen to support the District Nursing service. There was however no prospect of increasing staffing levels at the hospice. The backlog of cases waiting to be seen by the hospice had reached a total of 42 at its worst but neither the hospice nor its commissioners were prepared to close their waiting list. As such, new ways of working were being developed including handing cases back to GPs and District Nurses but with specialist advice from the hospice still available. It was hoped to introduce a 24:7 response time of two hours for patients in urgent crisis.

Around 70 patients per week were seen by the hospice's day therapy service. There were also specialist group sessions for patients and carers. Transport to the hospice was however very difficult with even the use of volunteer drivers costing £50-60,000 per year.

The hospice had introduced a new patient referral system and more patients were now seen in day care. The fastest growing demand was seen with the Hospice at Home service but the chief executive remained confident that a high quality service could continue to be delivered to more patients. The hospice also wished to develop its education and training further. All GPs in Havering had signed up to the Gold Framework in palliative care.

It was clarified that specialist care was introduced for patients for whom primary care alone could not cope with their death. This could be due to

high pain levels or other health problems. Other issues could be complex social situations or the need to cater for emotional or spiritual needs.

The hospice was part of the NHS although the NHS was only a secondary funder of its services. The hospice was also working with local CCGs to provide 24:7 community services as part of the commissioning strategy. The hospice was also very supportive of the Liverpool Care Pathway although this needed to be used appropriately and with the right communication. The provision by the hospice of training for carers on the Liverpool Care Pathway was currently being considered.

It was also hoped to open a St. Francis Hospice fund raising shop in Ilford.

The Committee **NOTED** the presentation and thanked the chief executive for her input to the meeting.

## 24 **COMMISSIONING SUPPORT UNIT**

The Chairman explained that she had agreed to take as part of this item an update on the position with the review of services for urological cancer.

### Commissioning Support Unit (CSU)

Officers explained that the CSU would support the work of Clinical Commissioning Groups (CCGs) in Inner and Outer North East London as well as North Central London, once the CCGs started formally on 1 April. It was clarified that commissioning of primary care would be undertaken by the NHS Commissioning Board in order to avoid any conflict of interest for the CCGs. The CSU wished therefore to provide a high quality service to allow CCGs to commission well.

Services to be provided by the CSU included information on how many people are using health services, finance, support for service redesign, procurement and provider management/quality of care issues.

It was confirmed that CCGs could commission mental health services from other providers if they wished. The CSU chief operating officer also agreed to supply a list of services provided by Public Health England and of those public health services that would now be provided by Councils.

It was suggested that the Committee could meet jointly with the Inner and North Central London equivalent committees in order to scrutinise the work of the CSU or other matters of joint concern. It was explained that CCG budgets were set by the National Commissioning Board and not allocated by the CSU. The CSU would however report to the CCGs on how much money they were spending.

As regards governance, the CSU reported to the National Commissioning Board and its staff were employed by the NHS Business Services Authority.

The accountable officer for the CCGs in Barking & Dagenham, Havering and Redbridge was Conor Burke who could talk through how the CCGs were being set up. Similar governance arrangements existed for Waltham Forest CCG.

It was uncertain at this stage what level of financial savings would result from the introduction of CCGs. Officers added that Redbridge CCG faced the biggest financial challenge from its allocation. It was suggested that the financial challenges facing CCGs could be scrutinised in more detail at a future meeting.

### Urological Cancer

Officers explained that services for urological cancer were complex to commission and this had led to delays in the publication of the case for change for these services. A lot of work was however being undertaken with Hospital Trusts as part of the London Cancer Partnership. This was an integrated cancer system among Hospital Trusts in Outer North East London, North Central London and West Essex.

Of 1,900 cases of prostate and bladder cancers in this area each year, only around 350 required complex surgery. Surgery was currently carried out at four hospitals in the sector including King George and Whipps Cross although more cases were now seen at UCH. The case for change was likely to recommend further consolidation of complex surgery procedures onto fewer sites in order to give better outcomes. It was accepted that which hospitals would offer urological cancer services would be a contentious issue. It was aimed to have 1-2 outstanding centres for urological cancer in this area.

Pre-consultation meetings were planned for January/February and the Joint Committee could then decide if it wished to see any level of formal consultation on the proposals.

Members asked for details of the criteria for how the centres of excellence would be judged in the future. It was **AGREED** that an update on the situation should be taken at the Committee's next scheduled meeting in April. It was further **AGREED** that scrutiny Members from the affected boroughs in Inner North East and North Central London should also be invited to this meeting and that the Committee's wish to explore joint meetings with these boroughs in the future should also be fed back to the boroughs concerned.

## 25 **NORTH EAST LONDON COMMUNITY SERVICES**

It was explained that North East London Community Services (NELCS) was part of the North East London Foundation NHS Trust (NELFT) and provided community services in all four Outer North East London boroughs and also for South West Essex.

NELCS was keen to work more efficiently with Councils, CCGs and public health departments. NELCS was a large organisation with approximately 1.5 million contacts per year across its services. Services in each borough were very similar although they were commissioned at different levels of activity in each borough. The number of District Nurses was a significant challenge with a shortage of 116 nurses across Barking & Dagenham, Havering and Redbridge. A priority was also to recruit more health visitors and NELCs was working with universities to do this.

A rapid response service had been commissioned in Havering and Waltham Forest in order to prevent hospital admissions. Commissioners in Redbridge had not however committed to a similar service. The NELCS single point of access project was nearing completion as investment was also being made in mobile working devices.

NELCS ran school nursing services in each borough although services in Waltham Forest had been reduced several years ago. There was however a commitment from central Government as regards health visiting although recruitment difficulties continued for both health visitors and school nurses.

There were several public health services that were commissioned from NELCS and it was confirmed that these contracts would novate to the relevant Local Authorities. Officers were happy to return to the Committee and speak about individual NELCS services in more detail.

The Committee **NOTED** the presentation.

26 **URGENT BUSINESS**

It was **AGREED** that the Committee would hold a joint meeting in mid-February in order to further scrutinise the maternity proposals.

It was **AGREED** that dates of future meetings of the Committee, where known, should be shown on agenda papers in the future.

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**Chairman**

# Public Document Pack

**MINUTES OF A MEETING OF THE  
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE  
Redbridge Town Hall, Ilford  
13 February 2013 (3.30 pm – 5.50 pm)**

**Present:**

**COUNCILLORS**

<b>Havering</b>	Wendy Brice-Thompson, Nic Dodin and Pam Light
<b>Redbridge</b>	Stuart Bellwood, Hugh Cleaver and Joyce Ryan (Chairman)
<b>Waltham Forest</b>	Nicholas Russell
<b>Essex</b>	Chris Pond

All decisions were taken with no votes against.

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

**27 CHAIRMAN'S ANNOUNCEMENTS**

The Chairman advised everyone present of the action to be taken in the event of fire or other event that would cause the meeting room to be evacuated.

The Chairman explained that this was a special meeting of the Committee that had been called to allow further scrutiny of the proposals to change maternity services across the sector.

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

Apologies were received from Councillor Sanchia Alasia (Barking & Dagenham) and from Councillors Khevyn Limbajee and Sheree Rackham (Waltham Forest).

Apologies were also received from Med Buck, Havering LINK (Roxanne Chamberlain substituting).

Apologies were also received from Joy Hollister, Group Director – Adults & Health, London Borough of Havering and from John Powell, Director of Social Services, London Borough of Redbridge.

Christine Pryor, Divisional Director – Targeted Support for Children’s Services, London Borough of Barking & Dagenham was present.

Cathy Turland, Manager, Redbridge Link was also present.

Health officers present:

Helen Brown, Director of Transition, Health for North East London (H4NEL)

Geoff Sanford, Assistant Director – Strategic Change, H4NEL

Dawn Johnston, Director of Nursing Midwifery and Governance, Barts Health

Joan Douglas, Head of Midwifery, Homerton Hospital

Wendy Matthews, Director of Midwifery, Barking, Havering and Redbridge Hospitals NHS Trust (BHRUT)

Nicole Millane, Communications, H4NEL

Ilse Mogensen, H4NEL

Mark Graver, Barts Health

Scrutiny officers present:

Glen Oldfield, Barking & Dagenham

Anthony Clements, Havering (Clerk to the Committee)

Jilly Mushington, Redbridge

Corrina Young, Waltham Forest

## 29 **DISCLOSURE OF PECUNIARY INTERESTS**

There were no disclosures of interest.

## 30 **MATERNITY SERVICES**

Health officers gave an overview of the decision making process regarding the maternity proposals and clarified that the final decision on the proposals, including to close maternity at King George, would be taken at a meeting of the NHS North East London and the City board to be held on 7 March 2013. If approved, it was expected that closure of the maternity unit at King George would take place in the week of 19 March.

External assurance processes had been carried out on the proposals and NHS London had also reviewed the recent Care Quality Commission (CQC) report on maternity at Queen’s. Officers explained that, with recent expansion of capacity at Homerton and Newham hospitals, a reduction had been recorded in the numbers of births booked at BHRUT. Assumptions made about the choices women would make as regards their hospital of choice had been broadly correct and it was felt that this reduction of births seen at BHRUT would allow the closure of maternity at King George.

The maternity capacity at Queen’s Hospital was planned to be 8,000 per year or an average of 22 deliveries per day. It was anticipated that 20-25%

of deliveries would be by caesarean section, 10.-20% would use the new Queen's birthing centre and 55-70% would take place on the main labour ward. Officers were confident that 8,000 births could be undertaken safely at Queen's. There had been a steady increase in the number of women using the Queen's birthing centre. This was expected to see 18 deliveries per week by April and 25 births per week by July 2013.

It was expected that Queen's as a whole would see 7,500-7,800 births per year in 2013/14 including approximately 250 births from Essex. Essex commissioners wished to increase this figure to 4-500. It was also anticipated that up to 1,200 births per year from Barking & Dagenham and Redbridge would now take place in Newham and Whipps Cross.

Newham Hospital currently had capacity for 7,300 births per annum, 20% of which were carried out at the hospital's midwife led unit. Officers felt that the hospital did therefore have the capacity to cope with future scrutiny. Whipps Cross would see approximately 5,700 deliveries in 2013/14 and bookings would be closely monitored to ensure this was kept to. The phase 2 development would see capacity rise to 6,000 births while a capacity of 8,000 births would be available following the phase 3 development although this would not be completed for 2-3 years.

Any rise in population from young families moving into the Olympic Park would be covered by maternity units at Homerton, Newham and Whipps Cross. Population estimates were monitored and assumptions had been based on higher estimates of birth numbers than the GLA forecasts. Planning was also undertaken to cope with predicted spikes in demand for maternity services such as that due to the Olympic Games held in London.

A Member pointed out that many Essex residents also used Whipps Cross Hospital. A representative of Barts Health felt that this could be safely catered for at Whipps Cross and added that the heads of midwifery met on a weekly basis to look at numbers of maternity bookings. Much of the stage 3 redevelopment scheme at Whipps Cross would in fact be ready by the end of 2013, hence allowing a higher birth capacity at the hospital. Officers confirmed that it was not the intention to change any of the Essex maternity flows. Mothers from the Buckhurst Hill area in particular would continue to have priority booking at Whipps Cross.

It was emphasised that the number of births taking place at King George Hospital had gradually been reduced and that it would be difficult to continue to staff all of the Queen's labour ward, midwife led unit and maternity at King George beyond the end of March. Any pregnant women that presented at King George A&E would be treated but these were likely to be few in number. Women would also be transferred by ambulance to Queen's if necessary.

A proportion of births at each maternity site were likely to be premature or multiple births etc. Transfers could be arranged to the Royal London

Hospital if a level 1 neo-natal unit was needed. The capacity of neo-natal services had also been considered as part of the maternity review.

As regards caesarean sections, a lot of work had been undertaken nationally looking at the reasons why these rates had increased in some areas. The health officers wished to reduce the c-section rate to that seen outside London, although it was expected that the rate across North East London would fall over time. The average rate for the sector was currently 24% although it was expected that this would reduce over time. The issue of elective c-sections was covered by clear NICE guidance and it was necessary to investigate the reasons for these as they may be offered for e.g. mental health reasons.

Health officers agreed that it was not safe to run a maternity service if there was not an A&E on the same site and it was for this reason that maternity at King George was proposed to be closed prior to the closure of A&E at that site. Officers accepted that the quality of the A&E service at BHRUT remained a challenge.

As the number of births at BHRUT had reduced, it was felt that the number of midwives at the Trust could also be lowered. On balance, it had been decided that it would be safer to bring forward the closure of King George Hospital maternity. The final Gateway Report on these issues would be shared with the Committee.

It was accepted that the original proposals consulted on having up to 10,000 births per year at Queen's but it was later decided it would be better to rebalance maternity services across North East London. There was careful management of maternity bookings at hospitals but no formal capping of numbers. There was operational guidance available for dealing with booking limits being reached and this could be shared with the Committee.

Officers felt that more partnership work was needed around the issue of pregnant teenagers as there was currently only a small team of midwives at BHRUT dealing with teenagers.

The changes in maternity catchment areas had, in the view of the health officers, received positive feedback and statistical information on birth numbers could be shared with the Committee on a quarterly basis. An extensive quality assurance process had supported the proposals and this had included discussion with both mothers and staff on birthing units. The Gateway Review on BHRUT maternity had also been reviewed by the relevant Maternity Board. There had not been a need for a Gateway Review at Whipps Cross as there were less concerns about the quality of maternity services there although a similar assessment had been undertaken.

A total of 25 midwives had been transferred via the TUPE Regulations from BHRUT to Newham Hospital. The reliance on agency nurses had been lowered at Newham and maternity services had also benefitted from the opening of the Barking Birthing Centre in December 2012. There was also

now better discharge planning and an improved customer care training programme for Newham maternity staff.

The midwifery establishment at Whipps Cross had also been increased and four universities also provided student midwife placements at Barts Health. Agency staff use at Whipps Cross was also in the process of being discontinued. Joint working had been undertaken by the hospitals on maternity catchment areas. Ultrasound scanning had also increased at both Whipps Cross and the Barking Birthing Centre. A maternity bereavement service was also being developed.

The midwifery establishment at Homerton had been increased in order to maintain the required ratio whilst accommodating some extra births from Waltham Forest. There was also more consultant cover on the delivery suite and an additional ward had been introduced for post-natal beds.

Health officers emphasised that they were happy to continue an ongoing dialogue regarding the maternity changes and to bring further updates to scrutiny. In officers' view, details of the proposals were clearly given in the Health for North East London business case. Information on issues such as Whipps Cross patient flows would also continue to be reported to the Waltham Forest Health Scrutiny Committee.

It was accepted that home birth numbers had dropped with the opening of the midwife led units in the sector but health officers were keen to offer the widest choice to all women. This included more promotion of home births as an option.

There had been fifty births at the Queen's birthing centre since it opened on 8 January, of which half had been water births. The unit had seen high levels of breast feeding initiated as well as a financial saving from the reduced use of epidurals etc. The latest Care Quality Commission report had found significant improvements at Queen's maternity and in a December survey (of 250 women on the post-natal ward) 96% had said they would recommend Queen's maternity services. All women at Queen's maternity received 1:1 care during labour. There had also been a reduction in the number of complaints received concerning the maternity department.

The survey results had been lower as regards cleanliness of the labour ward and work was in progress around this with the BHRUT contactor – Sodexo. Members agreed that cleaning was of vital importance in a hospital. Specific cleaning issues raised included the lack of shiny floors and cleanliness of toilet areas.

Data was collected on all non-hospital births. It was hoped that people's good experiences in birthing centres over the coming years would lead to more home births in the longer term. It was confirmed that there was one birthing pool on the main maternity unit and further pools could be transferred to the birthing centre if required.

It was explained that the Care Quality Commission inspections were unannounced and that BHRUT held monthly clinical quality review meetings to monitor numbers of births, c-sections, staff vacancies and other issues. The Gateway Process for BHRUT maternity had been more about scrutinising plans for service quality and safety. It was accepted that there were still unknown factors in the modelling as the population of North East London was constantly changing. The overall birth trend however remained in an upwards direction.

The Committee **AGREED** to take further updates on the maternity changes in 6 and 12 months and to scrutinise the BHRUT Gateway Report when this was available.

The Committee also **RECOMMENDED** that health officers should work more closely with planners and other relevant Council departments to ensure that increases in demand for maternity services were catered for.

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**Chairman**



## Item 6 REPORT

# Joint Health Overview and Scrutiny Committee

9 April 2013

**Subject Heading:**

**Report Author and contact details:**

**Policy context:**

**Financial summary:**

Role of Local Healthwatch with the Outer North East London Joint Health Overview and Scrutiny Committee  
Anthony Clements, Clerk to the Committee  
Tel: 01708 433065  
Anthony.clements@havering.gov.uk  
To decide if Local Healthwatch in Outer North East London should have a formal role on the Committee.  
There are no apparent financial implications of the Committee's decision on the role of Healthwatch representatives.

### SUMMARY

This report asks the Committee to consider various options for how it could work with Healthwatch in this geographic area and to decide which be the most effective method for its future work.

## RECOMMENDATIONS

1. That the Committee decide among the following options for working with local Healthwatch in the future:
  - A. To co-opt one representative from each Local Healthwatch for Barking & Dagenham, Havering, Redbridge and Waltham Forest.
  - B. To co-opt a single person representing all four Healthwatch organisations onto the Committee.
  - C. To not co-opt any Healthwatch members onto the Committee but to consult and receive input from Healthwatch on any appropriate matters.

## REPORT DETAIL

- 1.1 Members will be aware that Local Involvement Networks (LINKs) ceased operations on 31 March 2013 and were replaced from 1 April by the Local Healthwatch organisations. As with LINKs, there is one Healthwatch for each of the London boroughs covered by this Committee. As with LINKs, Overview and Scrutiny Committees will continue to have a statutory duty to consider matters referred to them by Healthwatch.
- 1.2 Since 2010, the Committee has agreed to co-opt a member of each LINK onto the Committee in order to assist with the scrutiny work undertaken and give an insight into the views of LINK members. Given the change from LINK to Healthwatch outlined above, the Committee now needs to decide whether it wishes to retain or amend these co-opting arrangement as regards the new Local Healthwatch organisations.
- 1.3 Members may feel that they would like to keep a “borough-based” focus and retain co-optees from each of the four Local Healthwatches and hence retain four Healthwatch co-optees on the Committee. If however Members feel there may be a danger however of this making the Committee too large and unwieldy, Members may prefer to co-opt only one Healthwatch representative to cover the Outer North East London area or indeed to not formally co-opt any Healthwatch members at this time.
- 1.4 It should be noted that, regardless of the decision on Healthwatch co-optees, meetings of the Joint Committee are normally held in public and it therefore remains open to any Healthwatch member to attend any meeting. At the discretion of the Chairman, Healthwatch attendees, as well as other members of the public, will also retain the opportunity to ask questions of witnesses giving evidence.

- 1.5 Members should also note that, whilst there is no legal requirement to co-opt a Healthwatch member (or indeed any other person) the Committee does remain legally required to respond to any issues formally referred to it by Healthwatch, in much the same way that it was with the Local Involvement Networks.

## IMPLICATIONS AND RISKS

### **Financial implications and risks:**

None.

### **Legal implications and risks:**

Although the Joint Committee is required to consider matters referred to it by Healthwatch (under the Health and Social Care Act 2012) it has no statutory obligation to co-opt any Healthwatch members onto the Committee.

### **Human Resources implications and risks:**

None.

### **Equalities implications and risks:**

None.

## BACKGROUND PAPERS

None.

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