MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Council Chamber - Town Hall
11 October 2011 (3.30 - 5.40 pm)

Present:

COUNCILLORS

Barking & Dagenham	Sanchia Alasia
Havering	Wendy Brice-Thompson and Pam Light (Chairman)
Redbridge	Joyce Ryan
Waltham Forest	Richard Sweden
Essex	Chris Pond
LINks and co-opted Members	Med Buck, Havering LINk Richard Vann, Barking & Dagenham LINk

Apologies were received for the absence of Councillors Bellwood (Redbridge) Braham (Waltham Forest) Channer (Barking & Dagenham) Cleaver (Redbridge) Russell (Waltham Forest) and Salam (Barking & Dagenham),

Apologies were also received from Neil Collins, co-opted member and Manisha Madhvadsia, Havering LINk.

Councillor Paul McGeary (Havering) was also present.

Scrutiny officers present:

Anthony Clements, Havering (Clerk to the Committee)
Jilly Mushington, Redbridge
Alice Kersey, Work experience trainee, Havering

LINk officers present:

Joan Smith, Coordinator, Havering LINk

Health officers present:

Stephanie Dawe (SD) Chief Nurse and Executive Director – Mental Health Services, North East London NHS Foundation Trust (NELFT)
Sue BOON (SB) NELFT
Thomas Pharoah (TP) London Health Programmes
Marie Price (MP) Director of Corporate Affairs, NHS Outer North East London
Paul Jenkins (PJ) NHS Outer North East London

One member of the public was also present.

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

1 DECLARATION OF INTERESTS

Councillor Sweden declared a personal interest in item 3 as his employment was managed by NELFT.

2 MINUTES OF PREVIOUS MEETING

It was noted that Richard Vann was the representative from Barking and Dagenham LINk and that the title of Manisha Madhvadia was in fact Outreach & Development Officer, Barking & Dagenham LINk. Subject to these amendments, the minutes were agreed for accuracy and signed by the Chairman.

The Committee noted that topic group meetings were planned in Havering to scrutinise the report of the Care Quality Commission into the BHRUT and also to consider the Secretary of State's final decision concerning the Health for North East London proposals. The Chairman confirmed that all members of the Health Overview and Scrutiny Committee were welcome to attend these meetings and the clerk to the Committee would circulate meeting dates in due course.

It was **AGREED** that Health for North East London would also be placed on the agenda for the next meeting of the Joint Committee.

The Committee noted that the chief executive of St. Francis Hospice was unfortunately unable to attend the meeting and **AGREED** that a presentation on the hospice's outreach work should also be placed on the agenda for the next meeting.

As mentioned in the previous minutes, it was noted that Councillor Ryan had circulated dates for scrutiny visits that Redbridge had organised to local health facilities.

3 NORTH EAST LONDON NHS FOUNDATION TRUST - TAKEOVER OF OUTER NORTH EAST LONDON COMMUNITY SERVICES & SERVICE DECOMMISSIONING

A. Takeover of Outer North East London Community Services (ONELCS)

SD explained that NELFT had a good reputation for working with local communities and that it had already moved Barking & Dagenham Community Services from the bottom to the top 20% of such organisations in the UK. There had already been some early gains seen in Barking &

Dagenham Community Health Services with for example there no longer being any health visiting vacancies in the borough. Councillor Salam from Barking & Dagenham had also recently visited the Greys Court facility.

The acquisition of ONELCS was key to NELFT's strategic gateway as it allowed NELFT entry to the acute care management sector. This allowed the opportunity to move elements of healthcare into a community setting.

SD felt that the key benefits of the ONELCS takeover were that it allowed more efficient local commissioning and gave the opportunity to work with complex care pathways. Synergy and economies of scale could be derived through e.g. integrated care pathway management and it was planned that an increase in mobile working would also deliver economies.

Now that it was combined with Barking & Dagenham Community Health Services, ONELCS would be renamed North East London Community Services (NELCS) and would form a new NELFT directorate along with those for South West Essex and mental health services. The NELFT Constitution and Council of Governors had been changed in order to increase the number of public and staff members of the Trust.

Risk areas of the takeover were seen as being the delivery of financial targets, safeguarding issues for example with health visiting in Waltham Forest and a need to increase recruitment although a full staff establishment had now been reached.

ONELCS had been registered by the Care Quality Commission with no conditions and the higher NHS Litigation Authority insurance rating had been achieved. There were high reported patient outcomes in the service and a stronger than expected performance culture. SD accepted that the financial situation was a challenge but felt that this could be managed.

A member of the public present felt that there was low public awareness of the ONELCS takeover and that there should be higher local representation among the governors. SD confirmed that the number of governors had been changed and accepted that the expanded Trust had to work more effectively with its members.

Councillor Pond asked for further details of the takeover of South West Essex Community Services and SD explained that this had been a similar process to the ONELCS takeover and the South West Essex services had been acquired in June 2011. There were three governors for each ONEL borough as well as members from South West Essex. Meetings were being arranged with the Health Overview and Scrutiny Chairmen in Essex and Thurrock and NELFT had also presented to the Thurrock committee prior to the acquisition.

SD stated that in Redbridge there was a long tradition of working across health and social care including having joint directors shared between the Council and the health sector. NELFT's cost improvement plan gave targets

over the next three years and allowed the maintaining of the current financial risk rating. A 2.5% saving was expected and there were also cost pressures within the system such as utility costs.

It was accepted that staff found mobile working difficult to adapt to. Pilots had taken place in areas such as older people's mental health and some staff had been found to be very positive about mobile working.

SD acknowledged Councillor Sweden's point about the varying demographics served by NELFT and felt that NELFT had tried to reflect its local communities. SD wished to standardise the quality of care delivered across the NELFT area but to also stay flexible in how services are delivered. It was also aimed to work very closely with GPs across the four ONEL boroughs.

Med Buck from Havering LINk explained that he welcomed the ONELCS takeover but asked what NELFT would do differently or better compared to the existing services. SD responded that ONELCS as an organisation had not been familiar with the concept of year on year efficiencies and it would take around 18 months before a measurable impact of the takeover could be seen. She reiterated that the long term prospects for ONELCS were good.

B. Decommissioning of Services

SD accepted that service reduction was a challenge and would occur as part of the commissioning process. This needed to be managed to minimise the impact on patients. SD wished to come to overview and scrutiny committees early about any proposed service reductions.

SB explained that, at the end of 2010/11 the Outer North East London commissioners had asked for a further 1.5% reduction in their contract with NELFT. NELFT had informed NHS ONEL that this would inevitably result in some service reduction. A list was drawn up by NELFT of schemes with the least clinical impact that could have their funding withdrawn. This included the Think Arts programme and the ecotherapy project in Barking & Dagenham.

SB accepted that these schemes did play a valuable role but emphasised that clinicians felt that withdrawing these would have the least clinical impact. NELFT had tried where possible to support the programmes continuing in some form. One-off funding had been given to Think Arts in order to tender for a third sector provider to pick up this work.

A NELFT member of staff who ran nature walks etc. had been made redundant but trained wardens in Barking & Dagenham did offer similar ecotherapy activities. Some art psychotherapy services had also been decommissioned.

SD added that only a small amount of this work had been tendered to private operators with mainly voluntary sector groups or the social enterprise option being considered.

SD agreed that NELFT should have been more open about the service decommissioning and felt that it should not have happened in the way that it did. The lack of notification had been due to the speed with which the decision had to be taken. SD confirmed that decommissioning decisions in future years would be taken to the service user reference group. MP added that the new PCT arrangements made the situation more complicated and confirmed that time and user involvement would be made available for future decisions. Councillor Light agreed that it would have been better if full answers to the decommissioning issues could have been given at the time.

The Committee **noted** the presentations on the ONELCS takeover and on service decommissioning.

It was **agreed** that SD would forward a document to the Committee seeking views on the initial priorities for the NELFT Quality Account.

4 CANCER MODEL OF CARE

TP explained that London Health Programmes, an organisation funded by all London Primary Care Trusts, had been working on the cancer model of care for the last two years. The implementation phase had now commenced following a three-month engagement process on the proposals. In excess of 85% of respondents to the engagement had been supportive of the plans.

Clinical advice was that the principal reason for lower relative cancer survival rates in London was the problem of late diagnosis of cancer conditions. The strategy therefore planned to improve early diagnosis by raising public awareness and ensuring greater access by GPs to diagnostic tests. This work was supported by the Mayor of London's Shadow Health Improvement Board which prioritised earlier diagnosis of cancer.

Work was now underway with hospital providers to develop integrated cancer systems. In London, this work was covered by the London Cancer Group of hospitals providing cancer services. It was planned for the new model of care to start fully in April 2012 although TP accepted that full in-service plans were not available as yet. When these were available, TP agreed to bring them to the Committee along with representatives from the local Hospital Trusts.

Councillor Sweden raised the issue of patient transport which had previously been looked at by the Committee. TP agreed that this was important and added that the patient panel had emphasised the role of

transport issues in the proposals. The aim was for as much cancer care as possible to be delivered closer to home.

The performance monitoring of GPs carrying out cancer care was a national issue but TP explained that this was audited by the Royal College of General Practitioners. Information already available, if used in the right way, could be used to monitor GP performance in delivering cancer services. Councillor Sweden felt however that pressure would need to be applied locally in order that standards could be reached in each local area.

TP agreed that incidences of cancer were linked to ethnicity but reported that there was less of a correlation with factors such as levels of social deprivation.

The Committee **noted** the presentation and thanked TP for his attendance.

5 NHS ESTATES STRATEGY

MP explained the strategy of NHS ONEL to ensure a fit for purpose estate. This was a component of the wider primary care strategy developed by the cluster Primary Care Trust. The Trust accepted that there were currently significant variations in the quality of the estate from which primary care was delivered across Outer North East London and that this needed to be addressed. A five-year strategy was being developed to take into account the current state of premises and options for the future.

A total of 15 GP premises across ONEL required major works and 15 had also been deemed as not fit for purpose. Further problems were that 49 practices did not achieve compliance with statutory standards for GP practices and that there was no agreed economic model to deliver estate improvements. These difficulties did also represent an opportunity to set minimum standards for primary care estate in the ONEL sector. Officers emphasised that the objective was to give equal access to the same quality of GP service across ONEL.

Enabling work on the primary care strategy was being carried out with borough PCTs and the ONEL councils during September and October. Public consultation would start from early November including patient involvement groups and Local Involvement Networks. It was planned that the cluster PCT board would receive the strategy in March 2012.

Councillor Light commented that further polyclinics had been promised for the region but this had not happened. She also felt that further clarity was needed over the plans for St. George's Hospital and whether part of the site would be sold off. There was also a general lack of confidence in the current performance of GPs. PJ agreed to report back on the St. George's situation. The term polyclinic was no longer being used but he felt that these types of service hub would be part of the current estate solution. As regards GPs, the GP contract would need a clear demarcation between primary contracting and commissioning. Councillor Light was concerned however

that a lack of services such as stitches removal at GPs did not inspire confidence that GPs would be able to successfully take on the commissioning function. PJ responded that the clinical commissioning groups were being given training and support to take on the commissioning role. There would also be a strict authorisation process before any GPs could take over the commissioning function. MP agreed to update on this area at a future meeting of the Committee.

Councillor Sweden asked if more material could be provided on how clinical commissioning groups would be assessed as being suitable for taking on the commissioning role. He wished to be involved in this if possible.

MP clarified, in response to a member of the public, that the issues of GP retention and GPs approaching retirement would also be addressed in the strategy.

The Committee **noted** the presentation and thanked MP and PJ for their attendance.

6 URGENT BUSINESS

Councillor Pond expressed concern at the recent announcement that Essex maternity cases would not be accepted at Queen's Hospital until April 2012. He felt this was an artificial boundary and that the relevant officers should be asked to attend the next meeting to explain this. MP explained that the Essex arrangements were a temporary measure in response to service concerns. The changes had been discussed with the South West Essex PCTs, NHS London and BHRUT. The measures, including the diversion of planned caesarean section deliveries from Queen's to Homerton Hospital aimed to ensure safe births. MP appreciated however that this was inconvenient for patients.

Councillor Light felt that future arrangements for South West Essex could be covered at the Joint Committee, once the report of the Care Quality Commission on BHRUT had been published. Councillor Sweden reported that the recent bad publicity over maternity at Queen's had led to an increase in the number of births at Whipps Cross which had caused some problems. It was **agreed** that the maternity changes at Queen's should be put on the agenda for the next meeting.

Councillor Pond clarified that expectant mothers in the Epping Forest area looked more towards giving birth at Whipps Cross whereas those from Stapleford Abbots tended to use Queen's while those from the Chigwell area often gave birth at King George. Councillor Pond shared the concern expressed by a member of the public over the way the changes were announced.

Councillor Ryan added that she had recently visited the maternity units at both Queen's and Whipps Cross and all patients spoken to were very satisfied with their treatment.

Chairman