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.

Chairman