MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Barking Town Hall
2 July 2013 (3.30 - 5.40 pm)

Present:

COUNCILLORS

Barking & Dagenham	Sanchia Alasia (Chairman) and Syed Ahammed
Havering	Wendy Brice-Thompson, Nic Dodin and Pam Light
Redbridge	Stuart Bellwood and Joyce Ryan
Waltham Forest	Khevyn Limbajee and Richard Sweden
Essex	Chris Pond

All decisions were taken with no votes against.

1 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman gave details of the action to be taken in the event of fire or other emergency requiring the evacuation of the meeting room.

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

Apologies were received from Councillors Tariq Saeed, Barking and Dagenham, Hugh Cleaver, Redbridge, Filly Maravala, Redbridge and Sheree Rackham, Waltham Forest.

Apologies were also received from Mike New, Healthwatch Redbridge (Lorraine Silver substituting).

Other Healthwatch Members present:

Ian Buckmaster, Havering
Jaime Walsh, Waltham Forest

Scrutiny officers present:

Glen Oldfield, Barking & Dagenham
Anthony Clements, Havering (clerk to the Committee)

Jilly Szymanski, Redbridge
Corinna Young, Waltham Forest
Farhana Zia, Waltham Forest

Health Officers present:

Wendy Matthews, BHRUT
Imogen Shillito, BHRUT
Wendy Matthews, Barts Health
Mark Graver, Barts Health
Neil Kennnett-Brown, NELCSU
Ilse Mogensen, NELCSU
Dr Richard Burack
Jacqui Niner, Partnership of East London Cooperatives

Three London Borough of Barking & Dagenham officers and one member of the public were also present.

3 DISCLOSURE OF PECUNIARY INTERESTS

There were no disclosures of interests.

4 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 9 April 2013 were agreed as a correct record and signed by the Chairman.

5 MATERNITY SERVICES

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

Officers explained that there had been a lot of commissioner led changes to maternity services including the transfer of some births from BHRUT to Newham and Whipps Cross hospitals. A fortnightly teleconference was held to look at birth numbers across the five local hospitals.

Deliveries at King George Hospital had closed in March 2013 but scans, ante-natal clinics etc still took place there. The Queen's birthing centre had opened on 8 January 2013 and there had been a total of 375 births at the facility to date. Of these, 65% had been water births and natural methods of pain relief were used at the centre.

Numbers of mothers using the birthing centre at Queen's Hospital were increasing in line with the planned trajectory. It was hoped to increase the proportion of Queen's Hospital births taking place at the birthing centre to 15% and then 20%.

Numbers of birth bookings were continually reviewed and busy times were planned ahead for at each hospital. Officers felt there was still capacity in the system for future growth in birth numbers. An unannounced Care

Quality Commission (CQC) visit in December 2012 had given a good report on Queen's maternity and the unit had also been audited in May 2013 by the Local Supervisory Authority.

Numbers of complaints concerning BHRUT maternity had decreased from 118 to 1 in the last two years and there had also been a rise in compliments received. There was a total of 98 hours per week of consultant presence on the labour ward covering the period 8 am to 12 pm, 7 days per week. The Trust wished to increase this to full 24:7 consultant cover. Maternity nurses and a matron had recently won BHRUT wards and the maternity domestic violence and bereavement teams had won national awards.

Feedback on maternity services was received from PALS and from the Maternity Services Liaison Committee. The Directors of Nursing and Midwifery also regularly walked the wards. All women who delivered were given a survey to complete prior to discharge. There was still some negative feedback recorded on women being left alone and not giving wards the 'very clean' rating. From 1 July, all maternity users would be asked for their views at 36 weeks pregnant, before discharge and once they were back home in the community. The questions in the survey were based on the CQC national survey although it was possible these could be revised once the results of the latest CQC inspection had been published. It was the case that several results in the survey had plateaued but results remained above the national average.

All women were given a choice of where to have their baby and asked for first, second and third choices of venue when booking their births. Any instances where preferences could not be met would be discussed with individual mothers. Any mothers making serious complaints would be visited personally by the Director of Midwifery.

BHRUT was funded for a total of 275 midwives to give a 1:29 ratio for 8,000 births. The transfer rate from birth centres to labour ward (for example when an epidural was required or midwives had concerns) was 21-22%. This was lower than most birthing centres where this figure was nearer 40%.

The BHRUT officers agreed to supply the Committee with a breakdown of births at Queen's Hospital by home borough or district of Essex, from March 2013 onwards. It was also clarified that there had been no maternity transfers from BHRUT since King George had closed. It was also agreed that the Clerk to the Committee should obtain the patient choice leaflet for mothers and circulate this to the Committee.

Home births constituted approximately 1% of the total at BHRUT and this had declined since the opening of the birth centre at Queen's. The Trust wished to encourage more women to give birth at home. The maternity mortality rate at BHRUT was below the London average and officers would share data on quality indicators.

Four additional consultants were required to establish 24:7 consultant cover in maternity and a business plan for maternity had been established for this. The existing consultant cover level of 98 hours per week was itself one of the best in London. Blood tests were carried out throughout pregnancy and were usually analysed at King George Hospital. Only a few specific tests would be sent outside the local area for analysis, sometimes at Great Ormond Street Hospital.

Barts Health NHS Trust

Barts Health maternity covered Whipps Cross, the Barking and Barkantyne stand-alone birthing units, Newham Hospital and the Royal London Hospital. The Barkantyne unit saw approximately 400 births per year and around 60 births had taken place at the Barking centre since it had opened.

Approximately 17% of births at Whipps Cross took place in the birthing centre. An induction of labour suite had also been introduced at the hospital. A triage facility at Whipps Cross also ensured maternity decisions were made very promptly. Transitional care had also been introduced which took place at a mother's bed side. A new obstetrics theatre at Whipps Cross was due to open in the next two weeks although the total number of deliveries at the hospital would not exceed the 6,000 per year cap. A separate bereavement area with its own exit had also been introduced.

Rates for Caesarean section deliveries across Barts Health were approximately 25% which was in line with the national average. Work had also been undertaken with mothers with diabetes which had improved outcomes. At the Royal London, pregnant mothers suffering from diabetes were now monitored in the community. A Great Expectations project had also been launched to look at the behaviour and attitudes of staff.
There was not currently the capacity at Barts Health for any excess above 6,000 deliveries per year. Consultant cover at Whipps Cross was currently 72 hours per week which was the highest level of the Barts Health sites. The Trust wished to increase this to 96 hours per week. Parent choice was available as regards where to give birth and this was explained in the leaflets given by GPs to expectant mothers. People's first choice of hospital would usually be accommodated if for example they had given birth to previous children at the facility. There would need to be in excess of 8,000 births per year to have 24:7 consultant cover at Barts Health and this would require the approval of the building plans at Whipps Cross.

The improvements to the maternity buildings at Whipps Cross had to be undertaken in stages and so would take longer to complete. The next phase would see improvements to the neonatal and antenatal areas. There was not a definitive timescale for the works and Members wished to receive further details of the redevelopment proposals. Officers felt that the condition of the maternity building was the biggest challenge facing maternity at Whipps Cross. It was also suggested that a breakdown of births by home borough and Essex district could be supplied to the Committee.

The Committee **NOTED** the updates from both Trusts.

6 NHS 111 TELEPHONE SERVICE

The NHS 111 telephone line had taken over from the former NHS Direct service and this was provided in Outer North East London by the Partnership of East London Cooperatives (PELC). All advisers working on NHS 111 were fully trained having undergone six weeks training. The training was very robust and staff were backed up by experienced clinicians.

The NHS 111 service had gone live on 5 February 2013 and, in the view of officers, had performed well with few problems, even over the Easter bank holiday weekend. Daily situation reports were produced by the provider ad there was a target to achieve a call back by a clinician, where required, within 10 minutes of the original call to NHS 111. The proportion of calls resulting in a transfer to the London Ambulance Service was around 8% compared to the national standard of 12%. The highest number of calls to the service was received at weekends.

A national directory of services was used to find the nearest service to a caller's address or GP so there were no issues if for example calls came from the border areas with Essex.

Councillors were concerned that they were receiving a lot of complaints about the NHS 111 service including staff responding negatively to callers' concerns and ringing off. Members were also concerned that the level of staff training was insufficient. The provider's representative accepted that the service was not 100% perfect and that problems needed to be identified. She was also keen for patients to feed back confidentially on the service. Calls to the service were also continuously audited to identify problems. A GP representative accepted that the NHS Pathways algorithm used by call handlers was too inflexible but felt it did eventually direct to the best end service. At weekends and between 6.30 pm and 8 am on weekdays, calls requiring a follow up would be referred to the out of hours service (also provided by PELC). Outside of these hours, an e-mail would be sent to the patient's GP. It was emphasised however that the majority of NHS 111 calls dealt with self-care advice and were hence less urgent in nature.

Members were welcome to visit the NHS 111 call centre and learn how the service worked. It was also confirmed that calls to NHS 111 were analysed to ascertain their impact on the use of A&E, as well as other trends. Around 80% of calls to NHS 111 were received out of hours. Members emphasised however that there was not a doctor on site at the call centre. Officers explained that there was not a statutory requirement that clinicians on site had to be doctors but that the service could call on advice from doctors in the out of hours service.

The Committee **NOTED** the update.

7 CANCER SERVICES UPDATE

Note: This item was accepted with the agreement of the Chairman as an urgent matter pursuant to Section 100B (4) of the Local Government Act 1972.

Officers from the Commissioning Support Unit explained that NHS England had decided that the proposals on changes to services for urological cancer would benefit from a period of formal consultation on this and other proposals for changes to cancer services. As such, there would be no changes to the location of services for urological cancer for the present.

Other areas of cancer services which would now be consulted on included proposed changes to services for brain, spine, head and neck cancer. Changes to cardiovascular services would also now be included in the consultation. NHS England would be leading the consultation although the Commissioning Support Unit would be supporting this work.

The cancer services changes would cover inner and other North East London as well as North Central London. The cardiovascular changes would cover these areas as well as three West London boroughs. Officers had held some initial discussions on establishing a Joint Committee covering these areas but these were at a very early stage. It was noted that Essex and Hertfordshire County Councils should be invited to participate in any Joint Committee that was established.

A pre-consultation process would take place during August and September and it was anticipated that formal consultation would be launched, subject to the agreement of a business case, in November. This would last for three months, following which the final proposals would be implemented. NHS officers were keen to work with the Overview and Scrutiny Committees and Healthwatch organisations during the consultation process and were also happy to work with the People's Platform organisation.

The Committee **NOTED** the update.

8 COMMITTEE'S TERMS OF REFERENCE

It was **AGREED** that the final sentence of paragraph 4 of the Terms of Reference should be amended to read as follows:

The Councils of the Borough of Brentwood and District of Epping Forest may also each nominate an observing Member.

The Terms of Reference of the Joint Health Overview and Scrutiny Committee were otherwise **AGREED** as presented and are appended to these minutes.

9 COMMITTEE'S WORK PROGRAMME 2013/14

The Committee discussed its work programme for the coming year and **AGREED** the following:

An update on maternity services and on NHS 111 should be taken in January 2013.
A&E issues should be considered by the Committee in April 2013 or sooner if there were urgent developments.
Reorganisation of stroke services at Whipps Cross should be considered in October 2012 and the redevelopment of Whipps Cross should also be scrutinised, perhaps by way of a site visit to the hospital.
The Committee should consider submitting a response to the document listing emerging principles from the Urgent and Emergency Care Review.
An overall view of GP practices and surveys should be presented to the Committee.
The visit to the NHS 111 call centre should be arranged.
Items on mental health and children's health services should be considered, perhaps as sub-group meetings separate from the main Committee meetings.

10 URGENT BUSINESS

There was no urgent business.

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Chairman

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TERMS OF REFERENCE FOR OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Establishment of the JHOSC

1. The Outer North East London Joint Health Overview and Scrutiny Committee (the JHOSC) is established by the Overview and Scrutiny Committees having health responsibilities of the London Borough Councils of Barking & Dagenham, Havering, Redbridge and Waltham Forest ("the borough OSCs") in accordance with s.190-191 of the Health and Social Care Act 2012 and consequential amendments and the Local Authority (Overview and Scrutiny Committees Healthy Scrutiny Functions) Regulations 2002.

Membership

2. The JHOSC will consist of three Members appointed of each of the Borough OSCs.

3. In accordance with section 21(9) of the Local Government Act 2000, Executive Members may not be members of an Overview and Scrutiny Committee.

4. The Essex County Council Health Overview and Scrutiny Committee may nominate one full Member for the Joint Health Overview and Scrutiny Committee. Thurrock Borough Council Health Overview and Scrutiny Committee may nominate an observing Member of the Joint Health Overview and Scrutiny Committee. The Councils of the Borough of Brentwood and District of Epping Forest may also each nominate an observing Member.

5. Each participating London borough OSC will reflect the political balance of the borough Council, unless all participating borough OSCs agree to waive the requirement.

Attendance of Substitute Members

6. If a Member is unable to attend a particular meeting, he or she may arrange for another Member of the borough OSC to attend as substitute, provided that a Member having executive responsibilities may not act as a substitute. Notice of substitution shall be given to the clerk before the commencement of the meeting.

Role and Function of the JHOSC

7. The JHOSC shall have the remit to review and scrutinise any matter, including substantial variations, relating to the planning, provision and operation of health services that affect two or more boroughs in Outer North East London. The JHOSC will have the right to respond in its own right to all consultations on such matters, both formal and informal.

8. In fulfilling its defined role, as well as reviewing documentation, the JHOSC will have the right to do any or all of the following:

    a. Request information or to hold direct discussions with appropriate officers from each of the following organisations or their successor bodies:

    Barking and Dagenham Clinical Commissioning Group (CCG)
    Havering CCG
    Redbridge CCG
    Waltham Forest CCG
    NHS England
    North East London Commissioning Support Unit
    Barking, Havering and Redbridge University Hospitals NHS Trust
    Barts Health NHS Trust
    North East London NHS Foundation Trust
    North East London Community Services
    London Ambulance Service NHS Trust

    as well as any other NHS Trust or other body whose actions impact on the residents of two or more Outer North East London Boroughs;

    b. Co-operate with any other Joint Health Overview and Scrutiny Committee or Committees established by two or more other local authorities, whether within or without the Greater London area;

    c. Make reports or recommendations to any of the NHS bodies listed above and expect full, written responses to these;

    d. Require an NHS or relevant officer to attend before it, under regulation 6 of the Regulations, to answer such questions as appear to it to be necessary for the discharge of its functions in connection with a consultation;

    e. Such other functions, ancillary to those listed in a to d above, as the JHOSC considers necessary and appropriate in order to fully perform its role.

    Although efforts will be made to avoid duplication, any work undertaken by the JHOSC does not preclude any individual constituent borough Overview and Scrutiny Committee from undertaking work on the same or similar subjects

Co-optees

9. The JHOSC shall be entitled to co-opt any non-voting person as it thinks fit appropriate to assist in its debate on any relevant topic. Each borough Healthwatch organisation for Barking & Dagenham, Havering, Redbridge and Waltham Forest shall be entitled to nominate one co-opted (non-voting) member of the JHOSC.The power to co-opt shall also be available to any Working Groups formed by the JHOSC.

Formation of Working Groups

10. The JHOSC may form such Working Groups of its membership as it may think fit to consider any aspect or aspects of its work. The role of such Groups will be to consider the matters referred to it in detail with a view to formulating recommendations on them for consideration by the JHOSC. The precise terms of reference and procedural rules of operation of any such Groups (including number of members, chairmanship, frequency of meetings, quorum etc) will be considered by the JHOSC at the time of the establishment of each such Group; these may differ in each case if the JHOSC considers it appropriate. The meetings of such Groups should be held in public except to the extent that the Group is considering any item of business from which the press and public could legitimately be excluded under the Access to Information legislation.

Meetings of the JHOSC

11. The JHOSC shall meet formally at such times, at such places and on such dates as may be mutually agreed, provided that five clear days' notice is given of the meeting. The Committee may also meet informally as and when necessary for purposes including, but not limited to, visiting appropriate sites within the boroughs or elsewhere.

12. Meeting venues will normally rotate between the four Outer North East London boroughs.

13. Meetings shall be open to the public and press in accordance with the Access to Information requirements. No tape or video recorders, transmitters, microphones, cameras or any other video recording equipment shall be brought into or operated by any person at a meeting of the JHOSC unless the Chair of the meeting gives permission before the meeting (this exclusion will not apply to the taping of the proceedings by officers responsible for producing the minutes). When permission is given, a copy of any tape made must be supplied to the London Borough of Havering, in its role as Administrator.

Attendance at Meetings

14. Where any NHS officer is required to attend the JHOSC, the officer shall be given reasonable notice in advance of the meeting at which he/she is required to attend. The notice will state the nature of the item on which he/she is required to attend to give account and whether any papers are required to be produced for the JHOSC. Where the account to be given to the JHOSC will require the production of a report, then the officer concerned will be given reasonable notice to allow for preparation of that documentation.

15. Where, in exceptional circumstances, the officer is unable to attend on the required date, and is unable to provide a substitute acceptable to the JHOSC, the JHOSC shall in consultation with the officer arrange an alternative date for attendance.

16. The JHOSC and any Working Group formed by the JHOSC may invite other people (including expert witnesses) to address it, to discuss issues of local concern and/or to answer questions. It may for example wish to hear from residents, stakeholders and members and officers in other parts of the public sector and shall invite such people to attend.

17. The JHOSC shall permit a representative of any other authority or organisation to attend meetings as an observer.

Quorum

18. The quorum for the JHOSC shall be four, provided there is present at least one Member from at least three of the London borough OSCs. For meetings involving the writing or agreeing of a final report of the Committee, the quorum shall comprise at least one representative from each of the four London borough OSCs.

Chair and Vice Chair

19. Each meeting will be chaired by a Member from the host borough on that occasion.

Agenda items

20. Any member of the JHOSC shall be entitled to give notice to the Clerk of the Joint Committee that he/she wishes an item relevant to the functions of the JHOSC to be included on the agenda for the next available meeting. On receipt of such a request (which shall be made not less than five clear working days before the date for despatch of the agenda) the relevant officer will ensure that it is included on the next available agenda.

Notice and Summons to Meetings

21. The Clerk of the Joint Committee will give notice of meetings to all members. At least five clear working days before a meeting the relevant officer will send an agenda to every member specifying the date, time and place of each meeting and the business to be transacted, and this will be accompanied by such reports as are available.

22. Any such notice may be given validity by e-mail.

23. The proper officer of each Council shall ensure that public notice of the meeting is displayed in accordance with the customary arrangements of that Council for giving notice of Committee etc. meetings.

Reports from the JHOSC

24. Once it has formed recommendations the JHOSC will prepare a formal report and submit it to the relevant bodies. In accordance with the Department of Health Guidance on the Overview and Scrutiny of Health dated July 2003, the JHOSC should aim to produce a report representing a consensus of the views of its members. If consensus is not reached within the JHOSC, minority views will be included in the report.

25. In undertaking its role the JHOSC should do this from the perspective of all those affected or potentially affected by any particular proposal, plan, decision or other action under consideration.

Procedure at JHOSC meetings

26. The JHOSC shall consider the following items of business:

(a) minutes of the last meeting;
(b) matters arising;
(c) declarations of interest;
(d) any urgent item of business which is not included on an agenda but the Chair, after consultation with the relevant officer, agrees should be raised;
(e) the business otherwise set out on the agenda for the meeting.

Conduct of Meetings

27. The conduct of JHOSC meetings shall be regulated by the Chair (or other person chairing the meeting) in accordance with the general principles and conventions which apply to the conduct of local authority committee meetings.

28. In particular, however, where any person other than a full or co-opted member of the JHOSC has been allowed or invited to address the meeting the Chair (or other person chairing the meeting) may specify a time limit for their contribution, in advance of its commencement which shall not be less than five minutes. If someone making such a contribution exceeds the time limit given the Chair (or other person chairing the meeting) may stop him or her.

29. The Chair (or other person chairing the meeting) may also structure a discussion and limit the time allowed for questioning by members of the JHOSC.

Officer Administration of the JHOSC

30. The London Borough of Havering will be the Lead Authority for clerking and administering the JHOSC. The Clerk of the Committee will be the Principal Committee Officer, London Borough of Havering. Costs of supporting the JHOSC will be shared, in proportion to their representation on the Committee, by the London Boroughs of Barking and Dagenham, Havering, Redbridge, Waltham Forest and by Essex County Council, in cash or in kind.

Voting

31. Members may request a formal vote on any agenda item by informing the Clerk of the Joint Committee at least five working days before a meeting. If it is not possible to give this notice, Members have the right to request a vote at a meeting itself, provided they explain to the meeting why it has not been possible to give the standard notice of this request. The decision on whether to allow a vote, if the standard notice has not been given, will rest with the Chairman of that meeting.

32. Any matter will be decided by a simple majority of those members voting and present in the room at the time the motion was put. This will be by a show of hands or if no dissent, by the affirmation of the meeting. If there are equal votes for and against, the Chair or other person chairing the meeting will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote. Co-opted members will not have a vote.

Public and Press

33. All meetings of the JHOSC shall be open to the public and press unless an appropriate resolution is passed in accordance with the provisions of Schedule 17 of the National Health Service Act 2006.

34. All agendas and papers considered by the JHOSC shall be made available for inspection at all the constituent authority offices, libraries and web sites.

Code of Conduct

35. Members of the JHOSC must comply with the Code of Conduct or equivalent applicable to Councillors of each constituent Local Authority.

General

36. These terms of reference incorporate and supersede all previous terms of reference pertaining to the JHOSC.