MINUTES OF A MEETING OF THE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Waltham Forest Town Hall, Walthamstow
Tuesday 31 March 2009 (10.05 am – 12.25 pm)

Present: Councillor Richard Sweden (London Borough of Waltham Forest) in the Chair

Councillors representing London Borough of Barking & Dagenham: John Denyer, Mrs D Hunt and Marie West

Councillors representing London Borough of Havering: Ted Eden and Fred Osborne

Councillors representing London Borough of Redbridge, Filly Maravala and Ralph Scott

Councillor representing London Borough of Waltham Forest: Alan Siggers

Councillor representing Essex County Council: Chris Pond (observer status)

Co-opted Members: Neil Collins was in attendance.

Councillor Peter Herrington (Waltham Forest) was also in attendance.

Apologies for absence were received from Malcolm Wilders (co-opted Member). Apologies were also received from Councillor Christopher Buckmaster, Kensington & Chelsea and Councillor Winston Vaughan, Newham who wished to thank the Committee for their invitation to attend on his occasion.

Also present were:

Heather O'Meara, Chief Executive, NHS Redbridge and lead officer for the Case for Change review and Ruth Osborn, Head of Communications at NHS Waltham Forest. Apologies were received from Adrienne Noon, Head of Communications, NHS Redbridge.

No Member declared an interest in the business considered

The Chairman advised those present of action to be taken in the event of emergency evacuation of the Town Hall becoming necessary.

9 MINUTES

The minutes of the meeting of the Joint Committee held on 27 January 2009 were confirmed as a correct record and were signed by the Chairman.

10 PRESENTATION ON HEALTHCARE FOR LONDON CONSULTATION

The Chairman welcomed the NHS officers to the meeting and explained that several Members were also involved with the pan-London Joint Health Overview and Scrutiny Committee. The pan-London Committee had begun scrutinising the Healthcare for London proposals and had been informed that elements of the plans for stroke services affecting North East London would not be finalised until July 2009 due to the Case for Change review of services in this area. The Outer North East London Committee had therefore requested presentations to be given both on the general Healthcare for London consultation and on the Case for Change review of North East London services.

The lead officer confirmed that she was the sector chief executive for acute commissioning for the whole of Outer North East London. As regards trauma, there was already a regional trauma centre at the Royal London Hospital and the Healthcare for London proposals would mean little difference to existing services in this area. Acute trauma cases were relatively few in number and so the proposal was to have 3-4 specialist centres for London in order that trauma consultants and other specialist staff could see enough cases to keep their skills at the required level. Officers added that Queen's Hospital would be the local centre for the trauma network (led by the Royal London) rather than King George. Waltham Forest residents would continue to be treated at Whipps Cross (other than the most serious cases which would go to the Royal London). Thu for example the most serious victims of a knife crime incident in Waltham Forest would go to the Royal London while those with non-life threatening injuries would be taken to Whipps Cross.

There was a need to change stroke services as current death rates were too high and care levels not good enough. Work was also underway to prevent strokes occurring and the current advertisements for the FAST stroke awareness test were an example of this. It was noted that part of Havering was a hotspot for stroke and that the four outer London boroughs had the majority of strokes in North East London.

The current consultation proposed having hyper acute stoke centres at the Royal London and Queen's. The lead officer accepted that more improvement was needed for Queen's to effectively host a hyper acute unit. Work was underway with BHRT to address this and an additional neurological consultant had now been appointed. Relevant proposals on further stroke services for North East London would be brought to the Joint Committee of Primary Care Trusts in May 2009. Detailed mapping of ambulance journey times had been undertaken which had informed decisions about the locations of stroke centres. It was emphasised that the model used was future proof and took

account of expected population changes over the next 10-15 years. There was also a need to consider the length of hospital stay in order to allow more people to be treated.

As regards West Essex, stroke cases in Epping and Harlow would go to Queen's whilst the rest of the West Essex PCT area would use Whipps Cross or the Royal London. Some acute trauma cases from further into Essex would be taken to the Princess Alexandra Hospital in Harlow.

Once the hyper acute units were implemented, CT scans would be available from them on a 24:7 basis as well as a number of other services for the early stages of stroke such as thrombolysis. Thus patients were likely to receive better health outcomes by being taken to a specialist stroke centre, even allowing for a longer journey time. The same principle applied for acute trauma cases. The lead officer added that the modelling had shown that 3-4 centres would be enough to cope, even with a major incident affecting London. Cutting edge centres such as this would be likely to attract staff and there were currently a number of unemployed therapists in London so recruitment was unlikely to be a major problem. Staff communication whether by NHS staff trained in the UK or elsewhere was an important issue and the lead officer noted the Committee's concerns in this area. Work on implementation of the agreed centres would commence after the consultation and the hyper acute stroke units would be in operation by April 2010.

Some Members felt that smaller specialised stroke units could be used in areas of higher population but felt that stroke patients should go first to a hyper acute unit. Prevention services and those for transient ischaemic attacks would be made available on an individual borough basis.

The proposals would allow meeting of a target to commence treatment of a stroke within three hours although CT scans only took in the region of 15 minutes to administer and the results were available instantly. Scans would not be given in all cases, clinical guidance would be followed on this. There were also incidences of younger people suffering strokes, often due to risk factors such as ethnicity or childhood obesity. The lead officer was uncertain how childhood stroke would be addressed and if there was any role for example Great Ormond Street Hospital and agreed to find out and update the Committee on this.

The Committee noted that the consultation contained a lack of proposals for stroke services in associated areas such as disabled aids and adaptations, speech therapy and prevention of stroke. The lead officer responded that this would be picked up via the already in progress work around care outside hospital in North East London. The lead officer was unaware of any complaints regarding a lack of disabled adaptations in Outer North East London.

It was emphasised that hyper acute stroke units would not just offer scanning and drugs but would consist of a multi-disciplinary team including physiotherapy, swallowing assessments, speech and language therapy and

nurses with specialist skills. A Member commented that staff at the speech therapy unit at Queen's Hospital were very committed and enthusiastic.

The Committee **noted** the presentation.

11 PRESENTATION ON MAKING HEALTHCARE FOR LONDON HAPPEN IN NORTH EAST LONDON – THE CASE FOR CHANGE

The lead officer explained that these proposals applied to the eight North East London boroughs. This exercise was not a formal consultation but outlined the next steps in implementing Lord Darzi's vision in the community. The current healthcare landscape in North East London was not financially sustainable, particularly when the level of historic debt was taken into account.

It was emphasised that the proposals were not a repeat of the previous Fit for the Future review but aimed to deliver care in the most appropriate setting within the available financial and staffing resources. A group of 40-50 local consultants, GPs, nurses and therapists were involved in drawing up the proposals.

The review would look at the following areas:

- Urgent surgery
- Urgent medicine
- Children's services
- Maternity and newborn services
- Specialist services
- Planned care

Formal consultation would commence in July 2009. The consultation period would be expanded due to people being on holiday. The lead officer emphasised that the planned changes were driven by clinicians in order to improve clinical outcomes and reduce inequalities in the system. The consultation would include the type of stroke services provided in each North East London hospital but the lead officer said she would check with the Joint Committee of Primary Care Trusts how this would link with the wider Healthcare for London consultation.

The Committee raised concern about the financial situation in the North East London health sector. The lead officer clarified that there had not been a further topslice of funding but London PCTs had agreed not to ask for the return of the topsliced monies taken three years ago. Trusts with historic debt were able to apply to have this written off, provided they could demonstrate financial sustainability. The lead officer denied that a North East London hospital would have to close as a result of the review.

Members felt that the public were being involved in the review at too late a stage and that this may disengage people. There were also concerns raised about the differing methodologies used in the Case for Change and Healthcare for London consultation exercises. The lead officer replied that the

Case for Change clinical advisory group was testing its work against Healthcare for London principles.

The lead officer was uncertain at this stage precisely what services would be affected by the Case for Change review (other than the broad areas outlined above). There was a lot of capacity to run the health system better. It was necessary to manage long-term conditions better which would lead to less people having to enter hospital. It was also important to reduce numbers of primary care patients attending at A & E.

The Committee thanked the lead officer for her input to the meeting and **noted** the presentation.

12 COMMITTEE'S TERMS OF REFERENCE

Members noted that no legal comments on the proposed terms of reference had been received from any of the Boroughs. It was agreed that an amendment would be made to paragraph 4 to include Thurrock District Council and Brentwood Borough Council having the right to nominate a Member with observer status to the Committee.

Subject to the above addition and some minor typographical changes, the Committee agreed to adopt the terms of reference with immediate effect.

13 COMMITTEE'S WORK PROGRAMME

It was noted that the Committee would be likely to have to undertake a full scrutiny of the Case for Change proposals once the consultation period commenced in July. Other suggestions for the work programme would be circulated by officers outside the meeting.

14 URGENT BUSINESS

It was **agreed** that the minutes would be agreed by the Committee by e-mail on this occasion in order that they could be forwarded as soon as possible to the pan-London Committee for their information.