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Healthcare for London  
FREEPOST  
Consulting the Capital

Ask for: Jonathan Shaw

Your ref:

Our ref:

Date: 6<sup>th</sup> March 2008

Dear sir/madam

## **Healthcare for London – consulting the capital: response of the London Borough of Newham**

Thank you for the opportunity to respond to Lord Ara Darzi's report, 'Healthcare for London'. This is the joint response of Newham's Executive and the Health Scrutiny Commission. This is in addition to the formal response of the pan-London Joint Overview and Scrutiny Committee, which is currently gathering its evidence.

Our overarching comment is that clearly, one size doesn't fit all - London is a diverse place. The principles within the review are sound but we will want work through the implications for Newham and recognise that stage two of the consultation is key for us locally. We also see this as a good opportunity to consider the allocation of resources. East London has significant health inequalities and we need the resources to address them.

The Council is also keen to continue to develop effective partnerships with our local NHS and would point to the locally developed NeAT (Newham Assistive Technology). This is a remote system for monitoring people at risk of falling or with epilepsy and a good example of partnership working between health and social care. The Council will always invest in projects that benefit our residents even when the savings are likely to be shown in the NHS.

The following response covers each of the working group themes as well as the models of care:

### **Working Group themes**

**Maternity Care and care of the newborn** Maternity Services in Newham are under significant pressure – we have a birthrate that is increasing sharply and many of our mothers have complex support needs. Indeed we recognise that maternity services are a London-wide issue with 19 of the 31 worst performing maternity units here in our capital.



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The Council would welcome any initiatives that would drive service improvement in maternity provision across London.

Our view is that Newham needs a Doctor-led service because so many births are high risk, reflected in our high levels of infant mortality. However, we also want excellent community provision to support choice. Choice in maternity services is a key issue and even the poorest, most disadvantaged communities should be able to choose the type of service they want. Home births, for example are not currently available to our community.

**Staying Healthy** As has often been said, from Westminster to Stratford (here in Newham) on the Jubilee Line, one year of life expectancy is lost at each stop. Our health inequalities are significant and we need the resources to tackle them. Newham has made some progress with our public health messages and we recognise that this work is not just about NHS services. We have sought to tackle the wider determinants and have worked with the NHS in partnership. The Council would welcome a wider review of how to make public health messages more effective, and how organisations such as local authorities can contribute directly to health improvement.

We do recognise that there have been positive messages recently about prevention but there needs to be a genuine shift of resources to prevention and early intervention to ensure that we have a health service not just a sickness service. We also recognise that safer environments for walking and cycling, community-based exercise programmes and healthy eating promotion play an important role in helping our community stay healthy.

**Mental Health** *Healthcare for London* has not focused effectively on mental health and wellbeing. This is a key issue in London as we have high levels of mental health care needs in our capital. The mental health aspects of the report seem to focus on acute services and we would want to see more consideration of prevention, early intervention and evidence-based non-clinical interventions e.g. physical activity on prescription. We have a good experience locally of improving access to Cognitive Behavioural Therapy (CBT) and have seen the difference this has made to many of our residents.

In terms of acute care, choice is a key issue in mental health and though we have welcomed the steps our mental health trust has made in this area more needs to be done.

Polyclinics should encompass mental health provision. Mental health advice and treatment in primary care is currently inconsistent and the first point of call is key. We are keen to help de-stigmatise services wherever we can and along with our partners promote mental wellbeing.

**Acute Care** Newham values its local hospital. We are fairly unique in London in that the vast majority of acute cases are currently treated locally. With significant population growth predicted, the Council does not see a case for a down-grading of the current provision. Given our population size and with so many people with high level needs, a very young population with high levels of accidents (reflected in one of our Local Area Agreement (LAA) targets), and a high birth rate, the Council is of the view that we need a 24/7 A&E in Newham, with the appropriate support of specialist sub-regional hospitals.



The Council is not opposed to the development of specialist centres – our view is that it currently works well for heart disease patients, in particular many of whom are treated at the Barts and the London NHS Trust.

In terms of stroke care, we want our communities (some of whom at very high risk of stroke) to be able to access specialist care rapidly. Consideration needs to be given as to whether this should be provided in Newham, or whether there would be sufficient access from Newham to one or more sub-regional centres.

The London Ambulance Service has a key role in helping to deliver effective specialist care and needs to be organised and resourced to get people to specialist centres quickly and safely.

Demand management is also a key factor and this is not a simple issue of creating alternative telephone numbers. Our local experience is of people either not registered with primary care or they seek to access health services through urgent care provision because of guarantees of them being seen within a known timescale. We would like there to be effective information for both new and existing communities about what's available and how and when to access.

**Planned Care** The Council continues to be unconvinced about “payment by results”, which actually appears to be “payment by activity”, which has had some unwelcome consequences. We welcome the audit commission’s recommendation regarding more flexibility in the tariff system so that particular local issues can be taken into account.

We would be looking to see more resources directed to prevention and in helping people with long-term conditions to self-manage in order to keep them out of hospital.

There is a need for more outpatient appointments outside of weekdays 9-5 and more outpatient appointments in the community.

**Long-term conditions** We support all and any initiatives to support people with long-term conditions to self-manage. In Newham we are pioneering Newham Assistive Technology (NeAT) which has been an effective partnership between health and social care. The system is a remote monitoring programme that helps people at risk of falling or having epileptic fits. The Council will always invest in projects that benefit our residents even where the savings are likely to be shown in the NHS.

In terms of primary care, people with long-term conditions need good access to GPs and indeed to preventative services. Pharmacists have a key role and we have excellent local provision of community pharmacies and we would welcome support to continue to develop these services. The Council sees these as an effective community resource as many of our pharmacists speak a range of community languages and are very well located.

**End of Life Care** The Council supports the proposals for end of life service providers as a way of improving this care. Again, choice is a key issue for our residents as too few people actually choose where to die. However, it should be recognised that there are particular issues in a borough like ours – we have many houses in multiple occupation



and some poor quality housing and family support is of course different for different individuals and communities (for example, many of our older white British residents no longer have family living locally).

### **Where should care be provided?**

**Home** As with our comments on end of life care above, there are particular issues in a borough like ours – we have many houses in multiple occupation and some poor quality housing which presents particular challenges to providing high quality and effective care at home.

**Polyclinic** The Council welcomes the concept of polyclinics. We believe that the “hub and spoke” approach is more easily deliverable given the likely resources available and our starting point, but we also recognise that same site polyclinics and hospital polyclinics are equally useful models. It should be recognised that communities are not homogenous – some people value one-to-one continuity provided by a small GP practice, other people want more convenient access and services that can only be provided by larger practices.

In terms of diagnostic equipment moving into polyclinics, we believe that this is a positive step but specialist staff are needed to operate equipment and analyse diagnostic results. This could have a significant resource implication.

In terms of the location of same site polyclinics, given the regeneration opportunities in our borough it will be easier in particular areas to develop new purpose built centres but we are keen to avoid growing inequalities within the borough as we want the best for all our residents. We are also concerned that the space requirements for same-site polyclinic with full range of services may be hard to deliver in densely populated urban areas.

The Council is of the view that there needs to be a proper review of the NHS estate to deliver the facilities we need. This is a good opportunity to work in partnership to develop multi-use and co-located facilities and we would hope that NHS London would support borough-wide estates reviews, involving key local public sector partners.

**Local Hospital** Newham values its local hospital and as stated above, we see no reason for a down-sizing of our provision. We agree with the proposals in *Healthcare for London* for what a local hospital should provide but recognise that this review is creating uncertainty over their future and making it hard for many hospitals to develop business plans for the medium term.

**Elective Centres** The Council values Newham’s existing elective centre and welcomes the principles around the Elective Centre model in *Healthcare for London*.

**Major acute hospital** The principles of the major acute hospital and managing stroke care and having three trauma centres, for example are welcome. Again, the role of the



London Ambulance Service is key. Getting people to large, regional hospitals quickly puts significant pressure on the service.



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**Specialist Hospital** Our experience is that access to cancer care in Newham is poor. Issues of late presentation need to be addressed in primary care but we do have poor outcomes once people access services. We welcome the specialist hospital model if it can deliver better clinical outcomes.

**Additional comments** Workforce development – the NHS needs to plan now for the kinds of staff and skills needed to operate an effective shift from provision of services in acute care to community settings. The NHS also needs to ensure that the best staff are not being drawn into specialist provision. This has been a problem in maternity services, for example.

Funding – We also see this as a good opportunity to consider the allocation of resources. East London has significant health inequalities and we need the resources to address them.

Again, the Council welcomes the opportunity to comment on *Healthcare for London*. Both the Executive and the Health Scrutiny Commission has worked closely with Newham PCT to support the local consultation. We do recognise, however that stage two of the consultation is key and we will continue to make sure that local voices are heard about how services are to be developed in Newham.

Yours sincerely,

**Sir Robin Wales, Mayor of Newham**  
**Councillor Megan Harris Mitchell (Chair, Health Scrutiny Commission)**

