

HEALTH SCRUTINY COMMITTEE

25 March 2019

Title: Joint Health Overview and Scrutiny Committee: Update	
Report of the Director of Law and Governance and Human Resources	
Open Report	For information
Wards Affected: None	Key decision: No
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Accountable Divisional Director: Fiona Taylor, Director of Law and Governance and Human Resources	
Accountable Director: Chris Naylor, Chief Executive	
Summary: This report updates the Health Scrutiny Committee (HSC) on the issues that were discussed at the last two meetings of the Joint Health Overview and Scrutiny Committee (JHOSC), held on 2 October 2018 and 15 January 2019.	
Recommendations The HSC is recommended to note the update.	
Reason To keep the HSC updated on issues discussed at JHOSC meetings.	

1. Introduction and background

1.1 The Outer North-East London JHOSC is a discretionary joint committee made up of three health scrutiny members representing each of the following local authorities to scrutinise health matters that cross local authority boundaries:

- Barking & Dagenham
- Havering
- Redbridge and
- Waltham Forest.

(The Essex County Council Health Overview and Scrutiny Committee is permitted to appoint one member to the JHOSC).

1.2 As agreed by the HSC at its meeting on 11 September 2018, the London Borough of Barking and Dagenham's representatives on the JHOSC for 2018/19 are Councillors Keller, P Robinson and E Rodwell.

Four JHOSC meetings are usually held per municipal year and are chaired and hosted by each constituent authority on a rota basis. This report covers the matters

that were discussed at second and third meetings of this municipal year, which were held on 2 October 2018 at Barking Town Hall and 15 January 2019 at Waltham Forest Town Hall. The next meeting will be held at 4.00pm on Tuesday 9 April 2019 at Redbridge Town Hall.

2. Matters discussed at the meetings of the JHOSC held on 2 October 2018

2.1 Barking, Havering, Redbridge University Trust (BHRUT) - Improving Cancer Care

2.1.1 The JHOSC heard from BHRUT officers that the Trust's current cancer treatments included chemotherapy at both Queen's and King George Hospital and that the Trust wished to centralise chemotherapy treatment at Queen's to improve efficiency and patient experience due to the access to specialised medical cover and the removal of the need to transport chemotherapy drugs between sites. Some 600 patients per month were given chemotherapy at Queen's and 150 patients at the Cedar Centre at King George. More choice of appointment times could be offered at the Queen's unit which was open six days per week. Centralising chemotherapy at Queen's would therefore reduce patient delays. If the change was implemented, some people would experience increased travel times; however, better patient experience would outweigh this. Hospital transport would continue to be provided as necessary and there remained a dedicated free car park at Queen's for oncology patients. It was not proposed that the Cedar Centre be closed; the Trust was considering that it be transformed into a 'living with and beyond cancer hub', which would be an important service. Feedback from the engagement undertaken with the Trust's patient group on the proposal was positive. The Trust wished to implement the changes by the end of October 2018.

2.1.2 Members representing Redbridge accepted the clinical case for the changes but felt that the proposal did warrant further consultation, in view of the extra travelling distances for patients from both Redbridge and Barking & Dagenham. They felt that merely consulting the Trust's patients' group was not sufficient, and that local Healthwatch organisations should be utilised to obtain a more representative view of how patients would feel about the change. Officers responded that they felt a full consultation was not necessary as patients with the most complex cases of cancer already travelled to Queen's; patients did not have a choice in where they had their treatment as it was based on the treatment they needed. However, the Trust would be happy to work with Healthwatch on the issue.

2.2 Health-based Places of Safety

2.2.1 Officers from the East London Health and Care Partnership explained the role of health-based places of safety where people could be detained under s.136 of the Mental Health Act and assessed. Patients were typically detained under s.136 by Police, then transported to a s.136 suite to be assessed. Officers presented proposals to close the s.136 suite at the Royal London Hospital which, being located next to the A & E department, was not considered fit for purpose or cost effective. The proposals included extra staff being allocated to the suite at the Homerton Hospital and the suite at Goodmayes Hospital being retained. It was accepted that increased travel times for some patients posed a risk, but the enhanced quality of care and patient experience that would be provided at the Homerton Hospital outweighed this. The future of the suite at Newham Hospital

would be decided after a further year of operation. The lead officer for mental health at the Metropolitan Police and the Deputy Director of Quality and Nursing at London Ambulance Service informed the JHOSC of how the issue was affecting their organisations. The JHOSC noted the position.

2.3 Healthwatch Havering - Services for People who have a Visual Disability

- 2.3.1 A representative of Healthwatch Havering outlined the organisation's report on services for people with a visual disability. It was explained that whilst the report focussed on Havering residents, many of the problems and issues scrutinised may well apply elsewhere in Outer North East London. It was felt that the clinical pathway for those with visual impairment was confusing, with ophthalmologists often being unable to refer patients directly to hospital. Furthermore, the ophthalmology department at Queen's Hospital operated from a cramped building with patient communications often undertaken via an electronic board that many patients were unable to see clearly. A Royal National Institute for the Blind Eye Clinic Liaison Officer had been reinstated at Queen's Hospital, which would potentially lead to service improvements. Fewer Certificates of Visual Impairment (which allowed individuals to access particular services from their local authority, for example) had been issued than expected. BHRUT could not confirm how many certificates had been issued to which boroughs, which raised concerns that there was a lack of data available with which to plan adequate services. It was noted that, since the publication of Healthwatch's report in June 2018, BHRUT had made a bid for capita funding to improve the ophthalmology department at Queen's Hospital. There was currently no overall plan for eye health services across London, which were piecemeal in nature. The JHOSC noted the report.

3. Matters discussed at the meetings of the JHOSC held on 15 January 2019

3.1 BHRUT - Cancer Services Update

- 3.1.1 BHRUT officers stated that following the presentation of proposals to move chemotherapy services from the Cedar Centre at King George Hospital to Queen's at the JHOSC's meeting on 2 October 2018, such services were subsequently stopped at King George on patient safety grounds, as staff shortages had made it untenable to continue offering treatment there. All King George Hospital chemotherapy patients had been transferred to Queen's and patient transport was available if required.
- 3.1.2 Members accepted that patient safety was a priority but felt that it was not credible that staffing issues should arise so quickly after the last meeting had taken place and felt that BHRUT's approach to communication around the changes had not been befitting of a partnership. A representative of Healthwatch Redbridge confirmed that the organisation had recently been involved in engagement work around the changes but felt the closure of the service at King George had occurred suddenly. A Member representing Redbridge stated that their legal team had advised that this service change was subject to consultation and that BHRUT or the Clinical Commissioning Groups (CCGs) should therefore carry out consultation. BHRUT officers stated that the Trust did not feel that a full public consultation was warranted but that they did support the involvement of Healthwatch. Members felt that, whilst the scope of consultation could be discussed outside of the JHOSC meeting, wider consultation, than that which had been carried out thus far, should be agreed in principle. The JHOSC agreed that its clerk draft a letter to the CCGs requesting that they organise consultation of some kind on the recent changes to cancer services that would involve the local Healthwatch organisations.

3.2 King George Hospital Update

- 3.2.1 BHRUT officers provided the JHOSC with an update with regards to the development of an Outline Business Case for the future of King George Hospital, and an overview of recent developments such as the redevelopment of the Cedar Centre to provide cancer support services and a review of the provision of A & E services at the hospital, in light of the rising population in the local area. A new position statement for the future of both King George and Queen's Hospitals was expected to be released by the CCGs in early February 2019.
- 3.2.2 The Trust anticipated that any public consultation on proposed changes at King George Hospital would take place in early 2020. If capital funding was required, this would have to be applied for via NHS processes and failure to obtain the required funding could lead to further closures of facilities at the site. It was anticipated that options for the future of King George Hospital would be available by late 2019. The JHOSC noted the update.

4. Implications

- 4.1 There are no legal or financial implications arising directly from this report.

Background Papers Used in the Preparation of the Report:

Minutes of the JHOSC meeting held on 2 October 2018:

<http://democracy.havering.gov.uk/ieListDocuments.aspx?CId=273&MId=5988&Ver=4>

and

Minutes of the JHOSC meeting held on 15 January 2019:

<http://democracy.havering.gov.uk/ieListDocuments.aspx?CId=273&MId=5989&Ver=4>

List of appendices: None.