

## CABINET

23 NOVEMBER 2010

### REPORT OF THE CABINET MEMBER FOR HEALTH AND ADULT SERVICES

<b>Title:</b> Health for North East London - Final Proposals for Reconfiguring Acute and Secondary Health Services	<b>For Decision</b>
<p><b>Summary:</b></p> <p>The report outlines the background to the Health for North East London (HealthforNEL) proposals on the reconfiguration of acute and secondary health services, the final position as at October 2010, the concerns relating to this proposal from the Health and Adult Services Select Committee and the response to those concerns from Health for North East London.</p> <p>The final proposals are not hugely different from the original proposals. However, of great concern is there is neither a confirmed opening date for the birthing centre in Barking Community Hospital nor a commitment to opening East Dagenham Community Hospital in the final documents.</p> <p>The concerns previously raised by Health and Adult Services Select Committee (HASSC) also remain:</p> <ul style="list-style-type: none"><li>• Increased travel times to Accident and Emergency (A&amp;E) and hospital visits for local residents following the closure of Accident and Emergency at King George Hospital</li><li>• Quality of care at Queen's Hospital in the light of the Care Quality Commission conditions</li><li>• Ability of Queen's Hospital to deal with increased numbers of patients in Accident and Emergency and for those who require complex care.</li></ul> <p>The current proposals were considered at Health and Adult Services Select Committee on 27 October and their comments are included in this report.</p> <p><b>Wards Affected:</b> All</p>	
<p><b>Recommendation(s)</b></p> <p>The Cabinet is recommended to:</p> <ol style="list-style-type: none"><li>1. Consider the revised proposals for reconfiguring acute and secondary health services;</li><li>2. Consider the views of the Health and Adult Services Select Committee when preparing the local authority's response to the Health for North East London proposals;</li><li>3. Consider the Health for North East London response to the Health and Adult</li></ol>	

Services Select Committee attached as **Appendix 4; and,**

4. Agree the response to Heather O'Meara, Chief Executive Officer of Outer North East London Sector attached as **Appendix 1.**

#### **Reason**

The Health for North East London proposals must be consulted upon and the views of all local authorities affected by the proposals reported upon and taken into consideration in the final decision making process by the Joint Committee of Primary Care Trusts.

#### **Comments of the Chief Financial Officer**

It is vital that the Council protects its Health interests for residents with regard to proposals from Health for North East London. As alluded to at Paragraph 3 it is equally important that the Council protects its interests in terms of any financial consequences of health proposals that may impact locally and have a negative consequential effect on Council social care and prevention budgets.

#### **Comments of the Legal Partner**

Comments from the Legal Partner appear in section 4 of this report.

<b>Head of Service:</b> Karen Ahmed	<b>Title:</b> Head of Adult Commissioning	<b>Contact Details:</b> Tel: 020 8227 2331 Fax: 020 8227 2241 E-mail: <a href="mailto:Karen.ahmed@lbbd.gov.uk">Karen.ahmed@lbbd.gov.uk</a>
<b>Cabinet Member:</b> Cllr L Reason	<b>Portfolio:</b> Health and Adult Services	<b>Contact Details:</b> Tel: 020 8724 8013 E-mail: <a href="mailto:linda.reason2@lbbd.gov.uk">linda.reason2@lbbd.gov.uk</a>

## **1. Background**

- 1.1 Health for North East London is a change programme led by all the Primary Care Trust's in north east London. In December 2008 the seven PCTs in north east London met to discuss the challenges facing healthcare across north east London and to agree a way forward.
- 1.2 "The Case for Change" was published in February 2009, followed by a detailed set of proposals based upon an options appraisal in November 2009. The NHS states that these proposals would radically transform access to secondary and acute health care across seven PCTs:
  - NHS Barking and Dagenham
  - NHS City and Hackney
  - NHS Havering
  - NHS Newham
  - NHS Redbridge
  - NHS Tower Hamlets
  - NHS Waltham Forest.Proposals also impact on some of Essex.

The NHS has also engaged leading clinicians, both hospital and community based, in this work and are now encouraging local councils to support the way forward favoured by clinicians.

1.3 The proposals in question are summarised below:

**Complex care on fewer sites** - The Royal London Hospital and Queen's Hospital are proposed as the two sites to provide complex vascular surgery, urgent surgery, complex surgery on children and care of children needing more than a 48-hour stay.

**Surgery and care for children** - That all surgery for under-two year olds be undertaken on one site - the Royal London Hospital; and all urgent surgery and all complex surgery on children between two and 15 years old to be undertaken at either the Royal London Hospital or Queen's Hospital.

**Separating planned operations from emergency care** - That uncomplicated planned surgery be moved from Queen's Hospital to King George Hospital.

**Emergency, critical and maternity delivery care** - That hospitals providing A&E, critical care and doctor-led maternity hospitals in North East London be reduced from six to five with the preferred option being to remove these services from King George Hospital.

1.4 These proposals aim to improve access to acute and secondary hospital based health care but depend upon a parallel change in the way primary care services are delivered to prevent admissions, provide care in community based settings closer to home and improve discharge processes. However, as discussed at the Health and Adult Services Select Committee meeting on the 10 February 2010, all of the proposals are not new. A previous review "Fit for the Future" also looked at developing better community services for residents in four of the Primary Care Trusts (Barking and Dagenham, Havering, Redbridge and Waltham Forest). This was a joint process which involved local authorities and estimated the need for additional investment in adult social care services in each of the boroughs of £2-3 million in 2006-07. At that time it was proposed that the NHS would transfer funds to local councils.

1.5 A four month consultation on the Health for North East London proposals was launched in November 2009. These proposals were discussed at the Health and Adult Services Select Committee meeting held on the 10 February 2010. Councillors could not fully support the proposals because of the potentially negative impact on Barking and Dagenham residents. A number of concerns were raised which were fed into the consultation response from the Joint Overview and Scrutiny Committee (JOSC). At that time both the Council, and the London Borough of Redbridge, asked the Secretary of State for Health for an Independent Review.

1.6 Some of these concerns were subsequently addressed. However, it is important to note that there are still outstanding concerns for Barking and Dagenham residents and concerns about travel times will not be addressed until March 2011 when the Travel Advisory Group reports back.

1.7 On the 21 May 2010, Andrew Lansley, Secretary of State for Health, announced that any changes to health services must improve patient outcomes and be based upon clinical evidence. They must be based on:

- A focus on improving patient outcomes
- Supporting patient choice
- Be supported by GP commissioners
- Be based on sound clinical evidence

The Joint Committee of Primary Care Trusts (JCPCTs) need to be satisfied that the proposals meet these four tests. NHS London will also provide an external assurance role.

## 2. Outcome of the Second Round of Consultation

In the following paragraphs the report sets out the outcomes from the second round of consultation as they have been summarised by Health for North East London. These are not necessarily the views of Council Officers, which are set out later in this report.

2.1 Health for North East London summarised the outcomes of the most recent consultation as follows:

Overall, many of the proposals received broad support from local residents. There was clear support for moving complex care onto fewer sites, separating planned surgery and emergency surgery, separating the care of children from adults, and for developing new services at King George Hospital. Clinical Working Groups and the Clinical Reference Group engaging senior clinicians and GPs have continued to meet to work further on the proposals and a series of clinical and stakeholder engagement events were held in September for clinicians, GPs, patients and local authorities. These events invited discussion on proposals which were presented and support by lead clinicians for each workstream: - maternity and new born provision, children and young peoples' care, scheduled care and unscheduled care.

2.2 They state that there was **more support than disagreement** for:

- providing surgery for children aged under two only at The Royal London Hospital (and not at Whipps Cross, Newham or King George hospitals);
- providing urgent surgery and complex surgery for children under fifteen at The Royal London Hospital and Queen's Hospital (and not at Whipps Cross, Newham or King George hospitals);
- providing care for children with more complex needs at The Royal London Hospital and Queen's Hospital (not at Homerton, Whipps Cross, Newham or King George hospitals);
- moving uncomplicated planned surgery from Queen's Hospital to King George Hospital; and

- The Royal London Hospital and Queen's Hospital becoming the two major acute hospitals in north east London.

2.3 However, there was **more disagreement than support** from respondents about:

- changing the number of A&E's and maternity delivery departments in the area from six to five; and
- removing A&E and maternity delivery services from King George Hospital.

Around a third of respondents to the consultation questionnaire did not support these proposals. There was also opposition from stakeholders directly representing the public, including local authorities and LINKs. However, the general principle of reducing the number of hospitals offering A&E, maternity and critical care from six to five was supported by many stakeholders, including NHS organisations, though sometimes with qualifications.

2.4 They report that key concerns that related to almost all the proposals surrounded:

- Travel and access – length, complexity and cost of travel particularly for carers, families and people with a disability and black and minority ethnic women requiring a chaperone.
- Capacity – concerns over the perceived lack of capacity at Queen's Hospital and The Royal London and that the proposals would increase waiting times.
- Workforce – concern over the workforce cost of the proposals to train staff, and whether the changes could improve recruitment and retention.
- Communications – respondents identified that new services would require clear, consistent communication with all stakeholders (NHS staff, patients, other services).
- Mental health – some respondents felt that the needs of those with mental health conditions had not been taken sufficiently into account in developing proposals.
- Finance – concerns about whether there would be any savings. Respondents wanted to see the shift toward care outside hospital more fully costed and evidence of the cost effectiveness of this approach.

## 2.5 Final Proposals

2.5.1 Final proposals are summarised below, followed by Health and Adult Services Select Committee meeting views, a summary response from Health for North East London and officer comments. It has often proved difficult to provide definitive comments to inform and advise as the information is constantly being revised and updated. It should be noted that the activity data supplied by Health for North East London is based upon a working draft which is constantly being updated – as is the financial impact information. **Appendix 2** shows how the changes would affect residents in Barking and Dagenham as published by Health for North East London.

Whilst we recognise that there have been some changes with respect to the wider Health for North East London proposals, and that there have been some assurances given, we are extremely concerned that many of the key issues for Barking and Dagenham residents have not been addressed. We have sought to work with ONEL and INEL through the entire process and Barking and Dagenham residents and officers have contributed to the process. However, there are still outstanding concerns for us at this stage.

The final proposals were discussed at the Health and Adult Services Select Committee meeting on the 27 October 2010. Councillors felt unable to fully support the proposals unless written assurances were given regarding concerns about the negative impact of the proposals on healthcare for local Barking and Dagenham residents. Health for North East London indicated that a further letter clarifying the position would be sent. This was finally received on the 10 November 2010 and is attached at **Appendix 4**. Unfortunately, the response does not give a sufficient level of assurance in the key areas of concern. Specifically, there is:

- no clear unequivocal assurance that **the CQC conditions** will have been withdrawn before any changes are made to increased capacity or complexity of care delivered at **Queen's Hospital**
- no clear unequivocal assurance that **capacity issues at Queen's Hospital** will be addressed before any changes are made.
- no clear unequivocal assurance to a commitment to a fully functioning **birthing centre** at **Barking Community Hospital** with an opening date in 2011
- no clear unequivocal commitment to the development of **East Dagenham Community Hospital**
- no recognition of the **financial impact on social care** and,
- given that the Transport Advisory Group will not report until Match 2011, a lack of clarity as to how the **travel** concerns of Barking and Dagenham residents will be dealt with.

#### 2.5.2.1 **Unscheduled care, Scheduled Care, A and E and inpatient care**

##### 2.5.2.2 Unscheduled Care, A and E and Inpatient Care proposals

The proposal to reduce A&E provision from six to five hospitals and to strengthen Urgent Care Centres remains. King George Hospital is still the hospital identified as best placed to lose its A&E facilities.

Following the consultation period, the proposals regarding developments at King George Hospital were changed and now a short stay observation and assessment treatment facility at King George Hospital will be developed. There will also be an urgent care and walk-in service at Barking Community Hospital from 2011.

Queen's Hospital and Newham Hospital will offer A&E treatment or in-patient admission to Barking and Dagenham residents. GPs and ambulance crews will direct patients to the correct hospital.

The Royal London Hospital would provide specialist care for major trauma patients, people suffering a heart attack and children (particularly those aged under three years).

2.5.2.3 The proposal to move complex scheduled care to Queen's Hospital and non-complex scheduled care to King George Hospital remains. The only variation to this would be where the concentration of clinical expertise on one site means that there is a business case for these procedures to take place at the relevant site.

The cancer day centre (the Cedar Unit) will remain at King George Hospital. The inpatient and day care rehabilitation service will be further developed and a new kidney dialysis service will be set up

#### 2.5.2.4 Health and Adult Services Select Committee views - Scheduled and Unscheduled Care and Accident and Emergency Services

Commenting on these proposals the Health and Adult Services Select Committee stated that:

- The closure of King George Accident and Emergency service cannot be supported given the lack of evidence that Queen's Hospital can deal with any increase in demand.
- All CQC restrictions to be lifted before any changes are implemented, especially any changes in the increase in activity in terms of numbers of patients or complexity of care until there is complete confidence in the ability of the trust to provide good patient care.
- There needs to be sustained improvement of the management of A&E activity before any increase in complex emergency care at a hospital which cannot cope with the current demand.
- A clear written commitment to both Community Hospitals being fully operational before any changes are made.

#### 2.5.2.5 Health For North East London response

BHRUT submitted a self-assessment against the registration criteria in March 2010. Further to this the CQC imposed eight conditions on the Trust's registration in relation to the following. An action plan was developed to address these areas. The programme expects these issues to be resolved before any substantial changes take place.

BHRUT and its partners fully acknowledge that improvement in A&E performance should be demanded and expected. BHRUT are committed to improvement and are working to ensure patients are treated quickly, effectively and efficiently. There are a number of action plans in place and PCTs have committed to buying more beds to prevent delayed transfers of care. All partners accept that there

needs to be significant improvement in performance at Queen's in order to implement the proposed models of care.

#### 2.5.2.6 Officer Comments

The proposals to separate children and adult emergency services will improve access to healthcare for local residents. The proposals to enhance services for local people at King George Hospital will also enable better access to kidney dialysis.

Whilst the proposals to separate scheduled and unscheduled care appear to be persuasive, we cannot express strongly enough our concerns about the quality of care at Queen's Hospital, in the context of proposals to increase emergency and complex care on this site. The proposals are mainly based upon increasing senior clinical intervention and thus improving early access to highly skilled clinicians and fail to address the outstanding concerns about basic patient care.

The **8 conditions** imposed on Queen's Hospital by the Care Quality Commission include conditions which are directly related to safeguarding concerns about the care of children and older people (**Appendix 3**). Whilst we recognise that some progress is being made, it is completely unacceptable to propose any changes in increase in activity in terms of numbers of patients or complexity of care until there is complete confidence in the ability of the trust to provide good patient care. We would therefore wish to see the conditions lifted and a sustained period of good practice before any such changes are made.

As stated earlier the Council were so concerned by the proposed changes and the quality of care that these were raised directly with the then Secretary of State, Andy Burnham, in March 2010, requesting an Independent Review.

It continues to be a matter of concern that a hospital which is experiencing such significant workload pressures on a daily basis which results in the A&E department being on purple alert levels or Serious Internal Event (SIE) almost constantly is identified to take on additional capacity of 43,593 A&E attendances a year. Whilst we understand the clinical argument that a switch in balance of activity and focus would improve the service, we also note that the activity shift depends on the Urgent Care Centres picking up 50% of the care.

We recognise that there are plans in place to make the wider changes that need to be made to enable a reduction in patient admission, shorter stays and speedier discharge from Queen's Hospital thus freeing up additional bed capacity. We also note that a substantial additional number of beds (between 291 and 365) beds will be required at Queen's Hospital and this will mainly be achieved through productivity improvements. However, we remain to be convinced that the changes proposed will have the required impact within the proposed timescales. The Health for North East London response does not address the capacity issues and therefore these remain an area of concern.

The activity data which underpins the Health for North East London proposals depend heavily on care being provided closer to home. Whilst we welcome this in principle, and a commitment to **Barking Community Hospital** is demonstrated throughout, we can see no parallel commitment to **East Dagenham Community Hospital**. In fact the response received from HealthforNEL, following the Health

and Adult Services Select Committee, shows little commitment to the East Dagenham Community Hospital and we were surprised to see caveats referring to GP commissioners attached to this proposal. There are no such caveats attached to other proposals, and this is extremely concerning as these services are vital for our residents being able to access care closer to home. We therefore remain to be convinced that there is any commitment to delivering services from an East Dagenham Community Hospital.

## 2.6 **Maternity and New Born Care**

### 2.6.1 Maternity and new born care proposals

The proposal to reduce doctor led maternity delivery services from six to five hospitals remains. King George Hospital will continue to provide ante-natal and post-natal care only. This means increased capacity will be required at Queen's Hospital for Barking and Dagenham residents.

There is an expressed desire to offer women with low-risk pregnancies a choice of birth setting, including home births and midwifery led birthing units based in the community such as Barking Community Hospital or in Queen's Hospital and Newham.

The proposals contain an intention to develop midwifery led birthing services at **Barking Community Hospital** but no date from which this service will be provided.

### 2.6.2 Health and Adult Services Select Committee views on Maternity and New Born Care proposals

Commenting on these proposals the Health and Adult Services Select Committee stated that:

- *There needs to be a clear unequivocal written statement committing to the opening of a Barking Community Hospital Midwifery Led Unit during 2011 before these proposals can be supported.*
- *There also needs to be a commitment that local people will be able to choose where their babies are born.*

### 2.6.3 Health for North East London Response

Barking Hospital will be completed and occupied over the next six months. NHS Barking and Dagenham is working closely with BHRUT to facilitate ante-natal and post-natal care being provided from May/June 2011. The partners anticipate that births could take place from Autumn 2011, but there would need to be women who were both clinically suitable and willing to use this location so soon after the opening – it may take some time for the unit to become established as a birthplace of choice.

### 2.6.4 Officer Comments on Maternity and New Born Care proposals

We welcome the continued commitment to Barking Community Hospital. However, despite verbal assurances that there is a commitment to a midwifery-led birthing centre, nowhere in the final proposals is there an unequivocal statement committing to opening such a facility within a clear timescale. The response from

HealthforNEL merely anticipates that there could be a birthing centre from Autumn 2011, which does not give the level of assurance required.

The key factor in giving planning consent for Barking Community Hospital was that there would be “babies born in Barking”. Whilst verbal assurances were given at the Health and Adult Services Select Committee meeting on 27 October 2010 and in other meetings, given the changes in the NHS we would need to see a written commitment to have confidence.

## 2.7 **Children and Young Peoples’ care**

### 2.7.1 Children and Young Peoples’ Care proposal

Proposals to separate A&E provision and provide complex care for children at Queen’s Hospital remain. This means that all urgent and complex surgery on children aged two to fifteen years will only take place at the Royal London Hospital and Queen’s Hospital.

Most urgent care of children would be provided at GP surgeries, Barking Community Hospital and King George Hospital. The walk-in GP facilities, urgent care centre and children’s assessment and treatment service at King George would be able to cope with a large range of children’s illnesses and injuries. Newham and Queen’s hospitals would retain their 24/7 paediatric services. The Royal London Hospital would continue in its current role as a specialist paediatric centre (particularly for children under six months). Queen’s Hospital would also develop services for children with specialist surgical or high dependency medical care needs so that it is able to treat more children (particularly between six months and three years) closer to their home.

Great Ormond Street Hospital will continue to provide specialist services to children in north east London who would benefit from their facilities and expertise.

### 2.7.2 Health and Adult Services Select Committee view on Children and Young Peoples’ Care

Commenting on these proposals the Health and Adult Services Select Committee stated that:

- *All CQC registration conditions to be lifted before any changes are made.*

### 2.7.3 HealthForNEL Response

The Trust submitted a self-assessment against the registration criteria in March 2010. Further to this the CQC imposed eight conditions on the Trust’s registration in relation to the following. An action plan was developed to address these areas. The following table illustrates the current position. The Trust has already provided substantial evidence to the CQC and will submit evidence for the two conditions with compliance deadlines by the end of December in time. The programme expects these issues to be resolved before any substantial changes take place.

### 2.7.4 Officer comments on Children and Young Peoples’ Care

The registration conditions highlight concerns about the adequacy of staff training in relation to children’s safeguarding.

Whilst officers are aware that significant progress has been made during the last six months, it would be unwise for a Children's Services Authority to agree to more vulnerable children attending a hospital where the regulator Care Quality Commission (CQC) has imposed conditions.

## 2.8 **Travel times**

### 2.8.1 Travel times proposal

The issue of travel times likely to be experienced by borough residents has been acknowledged but at this stage no new proposals have been put forward.

### 2.8.2 Health and Adult Services Select Committee view on travel times.

Commenting on these proposals the Health and Adult Services Select Committee stated that:

- *It is a concern that Barking and Dagenham Council is being asked to endorse proposals without any knowledge of the outcome of this group, on an issue which is central to Barking and Dagenham residents. The travel concerns of Barking and Dagenham residents must be addressed before these proposals can be supported.*

### 2.8.3 Health For North East London Response

The proposals for the reconfiguration of hospital services include centralising specialist services to achieve better clinical outcomes. This will mean increased travel times for some people. The increase in travel times is considered to be relatively small and the integrated impact assessment showed that the potential disadvantages of further travel would be outweighed by the potential improvements in clinical outcomes. However, even though the increase in travel times that would result if the proposals were agreed is relatively small, we recognise the impact on those people affected – particularly on certain groups of people for example people with mobility problems, older people and those with young children. We also recognise that some people currently experience difficulties in travelling to existing services.

Health for north east London has established a travel project and travel advisory group (TAG) under the leadership of Maureen Worby, Chair, NHS Barking and Dagenham. NHS partners and key stakeholders are committed to seeing improvements in public transport and facilitation of private transport journeys.

### 2.8.4 Officer comments on the response to travel times.

We recognise that this issue will be addressed through the Travel Advisory Group which reports in March 2011. Whilst we acknowledge that there is little the NHS can do to affect travel times, it is of some concern to us that it has taken so long to address this issue.

We note the NHS view that overall travel times will be decreased because more care will be available closer to home. However, the lack of commitment to a birthing centre at Barking Community Hospital and the overall lack of commitment to the East Dagenham Community Hospital strongly contradict this view.

We also note the NHS view that although travel times for A&E and unplanned emergency admissions will be longer, they anticipate that waiting times before a

patient is seen by a senior clinician will be reduced. However this has yet to be evidenced.

In addition no proposals have been made nor impact analysis undertaken on interventions and treatment for people who arrive at the “wrong” place using their own transport. The travel impact analysis carried out for Health for North East London does not fully address the impact on local residents. These are detailed at 5.2 Customer Impact.

## 2.9 **NHS next steps**

2.9.1 The proposals for the reconfiguration of vascular services were agreed at the Joint Committee of the PCTs in October 2010. The Council had no particular comments on these proposals.

2.9.2 The remaining proposals, together with any comments will go to the Joint Committee of the PCTs in December 2010 for consideration and possible agreement.

2.9.3 At this meeting, the JCPCT must satisfy itself that the following four tests are met:

- Support from GP Commissioners
- Strengthened patient and public engagement
- Clinical evidence base
- Patient choice

Consultation with local authorities is a key part of the second test – strengthened patient and public engagement.

2.9.4 At the December meeting, the JCPCT will decide if they can give the assurances that the London Borough of Barking and Dagenham have requested.

Should the JCPCT decide to go ahead with no regard to the concerns of the Council, then it is recommended that the Cabinet considers whether we should exercise our right to an independent review of the proposals.

## 3 **Financial Issues**

### 3.1 **Impact on social care.**

Despite being very clear that the changes in acute and secondary hospital care are dependent upon significant changes being managed by primary and community care, there is no acknowledgement throughout the process of an impact on local authority services. Whilst difficult to quantify, there is a very real danger of the costs of providing care closer to home shifting to social and primary health care with no additional resources.

However, we have already locally seen an impact on rising adult social care costs as a result of a change in hospital discharge arrangements as there has been a real shift in the increase in frailty of older people discharged.

Financial information like all other data is subject to change but Health for North East London estimate that £21 million will be saved through the reconfiguration.

The 2006/7 detailed mapping raises concerns about whether social care is able to meet the changing demands without any transfer of resources. ONEL's current position is that there is no evidence to support such a transfer.

It is recommended that further work needs to be carried out to develop a better understanding of the financial implications of the shift towards more care being carried out in the community and in peoples' homes.

#### **4. Legal Issues**

The Council is aware of its responsibilities in promoting and identifying ways to improve the quality, and productivity of healthcare accessed by its community which includes safeguarding vulnerable adults and children. The Council are however of the view that some of the Proposals will have a detrimental impact on its residents being able to access high quality health care and treatment in a timely fashion unless assurances as set out in **Appendix 1** are given.

#### **5. Other Implications**

##### **5.1 Risk Management**

The Health for North East London proposals represent a significant risk to local Barking and Dagenham residents as they propose:

- The closure of A&E services at King George Hospital and subsequent increased travel times for access to emergency care.
- Concentration of complex care, paediatrics, maternity care and A&E activity at Queen's Hospital where there are currently concerns about safeguarding, basic patient care and the management of A&E services and subsequent capacity issues in terms of numbers of beds. Assurances have been given by Health for North East London that these issues will be addressed.
- To develop care closer to home, but show no commitment to supporting the development of East Dagenham Community Hospital.
- To develop care closer to home, but show limited commitment to developing Barking Community Hospital birthing centre.
- To develop care closer to home, but do not acknowledge the subsequent cost pressures on social care.

The draft letter to Heather O'Meara attempts to mitigate these risks by identifying key assurances which must be in place before the Council can support the proposals.

## 5.2 Customer Impact

The Risk Impact section highlights some of the key risks for local people.

A detailed integrated impact assessment was carried out on the Health for North East London proposals by the Public Health Action Support Team and Mott Macdonald. This examined the impact of the proposals on equality groups and also looked at the travel times issue.

The integrated impact assessment fails to recognise the significance of the changes as it considers only travel times and access and does not consider wider issues such as peoples' ability to fund the additional costs of travel, the practicalities of managing extended travel, public transport routes and accessibility of some sites.

The Health for North East London assessment identified the equality groups affected by the proposals for changes to children's services as children, black and minority ethnic groups, disabled groups and deprived communities. There was recognition that the increase in journey times would negatively impact on these groups.

The assessment also identified the equality groups impacted upon by the changes to scheduled, unscheduled care, accident and emergency services and maternity services. With the exception of maternity services, the core equality groups affected by the changes would be older people, disabled people and deprived communities. In addition, young people and black and minority ethnic groups would be impacted upon by changes in accident and emergency services. Women, black and minority ethnic groups, disabled groups and deprived communities would be affected by changes in maternity services.

Incredibly, the impact assessment concluded that there was no significant impact on the ability of the identified equality groups to access scheduled, unscheduled care, accident and emergency services and maternity services as a result of the changes. The impact assessment report concludes that the benefits of the changes outweigh the negatives impacts such as increased travel times.

We believe that the Health for North East London proposals will have a disproportionate impact on disadvantaged communities with the necessity to travel further for specialist care, sometimes with a sick child or adult, or to visit a sick relative. In some cases the additional costs of travel are likely to prevent people from accessing the healthcare that they need, including the cost of parking at the hospitals. This is likely to impact most on single parents, people with low incomes and disabled people.

There are also practical issues which make the reconfigured services difficult to use, for example there are no direct bus routes from Barking to Queen's Hospital. There is also a lack of parking spaces at both Queen's Hospital and the Royal London Hospital, including accessible parking spaces.

Local residents particularly new communities, disabled people and people who do not read English are likely to be extremely confused and may not attend the

appropriate venue to obtain care. This could result in a delay in treatment or even people not getting treatment at all.

### 5.3 **Safeguarding Children**

There are currently CQC restrictions on Queen's Hospital. These relate to both adult and children's safeguarding issues – the former relates to poor patient care and the latter lack of safeguarding training for midwives. There are also conditions relating to the lack of resuscitation training. The Health for North East London proposals include the intentions to concentrate paediatrics, maternity care and complex care at Queen's Hospital.

The proposals cannot be implemented until the restrictions are lifted and consistent good quality care consistently delivered.

## 6. **Background Papers Used in the Preparation of the Report:**

- Health and Adult Services Select Committee Report, 10 February 2010 and minutes
- Report of the Outer North East London Joint Health Overview and Scrutiny Committee – Scrutiny of the Health for North east London proposals for Changes to Local Health Services.
- Health for North East London response to concerns from the ONEL JOSC.
- Delivering High-Quality Hospital Services for the People of North East London – an over view document
- Various unpublished documents distributed by Health for North East London as part of the consultation process.
- Clinical recommendations following consultation: What the changes would mean for residents in Barking and Dagenham October 2010
- Integrated Impact Assessment: Final Report – June 2010

## 7. **List of appendices:**

**Appendix 1:** Draft Letter to Heather O'Meara

**Appendix 2:** Clinical recommendations following consultation: What the changes would mean for residents in Barking and Dagenham. October 2010

**Appendix 3:** CQC Registration Conditions for Queen's Hospital

**Appendix 4:** Response to issues raised by the London Borough of Barking and Dagenham Health and Adult Services Select Committee