MINUTES OF A MEETING OF THE HEALTH/NHS OVERVIEW AND SCRUTINY COMMITTEE HELD ON 2 NOVEMBER 2011 AT 10.00 AM AT COUNTY HALL, CHELMSFORD

County Councillors:

*	G Butland (Chairman)		R Gooding
*	Mrs J M Reeves (Vice-Chairman)	*	Mrs S Hillier
*	Mrs M A Miller (Vice-Chairman)	*	E Johnson
*	J Baugh		J Knapman
*	R Boyce		Mrs L Mead
*	Mrs M Fisher	*	C Riley

District Councillors:

*	Councillor N Offen	-	Colchester Borough Council

(* present)

County Councillors P Channer, T Hedley and C Pond, and John Carr from Essex and Southend LINk were also in attendance.

The following officers were present in support throughout the meeting:

Graham Hughes	-	Committee Officer
Graham Redgwell	-	Governance Officer

66. Apologies and Substitution Notices

No apologies for absence had been received.

67. Changes to Committee Membership

It was **Noted** that Brentwood and Rochford District Councils to date had not nominated anyone to be a co-opted as a member of the Committee. The Government Officer was instructed to issue a reminder asking for a nomination by the next meeting date otherwise the Committee was minded to offer the two co-opted member spaces to other local authorities instead.

68. Declarations of Interest

The following standing declarations of interest were recorded:

Councillor Graham Butland	Personal interest as Chief Executive of the East Anglia Children's Hospice. Personal interest due to being in receipt of an NHS Pension.
Councillor Sandra Hillier	Personal interest as governor of Basildon & Thurrock Hospital Trust
Councillor Nigel Offen	Personal interest due to being in receipt of an NHS Pension.

Councillor John Baugh	Director Friends of Community Hospital Trust

Whilst not a member of the Committee John Carr declared an interest being a member of the Transformation Board for West Essex.

69. Minutes

The minutes of the meeting of the Health Overview and Scrutiny Committee held on 14 September 2011 were approved as a correct record and signed by the Chairman of the meeting.

70. Questions from the Public

A member of the public asked what changes in the role of the Essex HOSC were anticipated as a result of the proposed legislative changes. The Chairman indicated that HOSCs would remain to provide independent scrutiny although its exact future relationship with Health and Wellbeing Boards would need to be determined.

There were no other questions from the public on this occasion.

71. Barking, Havering and Redbridge University Hospital NHS Trust (BHR) Maternity Services

The Committee received a report (HOSC/32/11) in relation to changes to maternity services at BHR. Deborah Wheeler, Director of Nursing and Jane Urben, Head of Midwifery at BHR were in attendance to introduce the item, supplement it orally and to respond to Members questions. Ordinarily, Essex HOSC would not scrutinise actions being taken at a hospital outside the Essex county borders. However, as the changes to maternity services had directly affected some Essex residents it was thought appropriate to review the changes being made to maternity services whilst acknowledging that there were other significant changes being made at BHR at the same time (see CQC investigation below)

(a) Care Quality Commission (CQC)

A CQC investigation into the standards of care at King George and Queen's Hospital sites had identified serious problems with the quality of care. The most immediate and urgent of these concerns had been about the risk of poor care in maternity services and demanded immediate improvements. NHS London had responded by putting in place a package of emergency measures, including significantly enhanced professional leadership, a reduction in capacity and an increase in experienced staff so as to improve the skill mix. A subsequent CQC inspection of maternity services at BHR had found that, as a result of these actions, the service had been made safer in the short term and the CQC was now looking to see that the improvements

were sustainable in the longer term. The CQC was monitoring ongoing BHR performance on a weekly basis at present.

(b) Changes to maternity

Members were concerned about the low standards of care found by the CQC and that the subsequent actions had been taken without consultation. However, recognising that the CQC had insisted that some actions should be taken urgently, they were impressed by the determination shown by BHR to make timely improvements.

One of the changes implemented had been to temporarily reduce the capacity in Maternity Services (especially post natal) which was to be capped at 20 deliveries a day at Queens Hospital and 7 at King George. Once the new reduced threshold had been reached patients would be automatically diverted to other maternity units as part of pre-determined divert arrangements agreed with neighbouring hospitals. The two ambulance services serving the area were involved in the formulation of the divert arrangements between the hospitals.

As part of the short term reduction in capacity, existing Essex based maternity patients had been asked by BHR to deregister with BHR and transfer and register with Essex hospitals, notably Basildon and Broomfield. New patients wishing to register with BHR would also be redirected to Essex hospitals. The changes had been implemented with effect from mid October. The decision to redirect Essex residents to other hospitals had been made by NHS London in the knowledge that alternative provision was available. Emergency care would continue to be available at BHR.

It was confirmed that 117 Essex based patients had been asked to transfer to date with 28 of those transferring to Basildon Hospital. Approximately 30 women who were receiving care from specialist teams were not being transfered. Members were advised to view the numbers stated at the meeting with caution as initially they would be high due to the ‘up front hit’ of transferring most of the existing registered Essex patients simultaneously and that, in future, numbers transferring at any one time would decrease as the process continued over time. An estimated further 38 cases were likely to be transferred in the coming months.

Historically, there were approximately 30 births a month at BHR for patients living in Essex. Information on the catchment areas for these patients was not available at the meeting but would be forwarded to Members after the meeting, although it was thought the majority were from the Brentwood area.

(c) Caesarian births

Some planned caesarians had been transferred to Homerton Hospital to free up maternity theatres and consultants for emergencies. This short term arrangement was expected to be for a period of eight weeks. Some follow-up appointments for Essex residents were referred to Essex hospitals.

There were two dedicated operating theatres located next to the maternity unit at Queens Hospital. Currently, one of these was available for emergencies 24 hours a day whilst the second was used during the day for planned caesarians. BHR were reviewing future pathway management for maternity services so that, in future, planned routine caesarians would be carried out in one of the main operating theatres elsewhere on the BHR site so as to also 'free up' the second theatre next to the maternity unit for emergencies.

(d) Midwives

One of the staff actions agreed with the CQC had been to increase the number of midwives by 70 (in practice 72 had been appointed). Members were concerned that some of the actions now being implemented could be seen as rushed measures but it was stressed that the increase in midwives, for example, was actually determined by the local birth rate and that maternity services had actually been under resourced according to that measure (1 midwife to each 29 births). There were always peaks and troughs in the number of deliveries and BHR were making changes to ensure that their maternity unit was able to deal with this whilst ensuring safe care at all times.

One of the challenges that BHR had faced was the significant number of midwives on temporary contracts which, it was felt, had adversely affected the overall skills mix and level of experience at BHR. BHR intended to increase the permanent number of midwives. Members requested and were promised further information on staff numbers prior to the latest period of recruitments.

Various different models of care were being considered by BHR as part of the overall review, particularly at how to efficiently and effectively address the differing care pathways of low and higher risk maternity patients and optimising the use of community midwives.

(e) Discharge pathways

Processes had been looked at in the post natal ward to ensure that patients had all the information and guidance they needed, including the involvement of community midwives, patient support and safeguarding. Senior midwives had looked at bed management to avoid bottlenecks in finding beds when transferring patients from maternity to post natal. Greater involvement of midwives would be sought in the future.

(f) Communication

Copies of the standard letters sent out to materity patients advising them of the changes, had been provided to the Committee. Members were concerned that the tone and expressions in the letters and other communications could be improved and should be rethought and rewritten, and particularly disliked the use of the term 'repatriation'. It was confirmed that the standard letter was being reviewed and redrafted.

Members questioned the standard correspondence that was sent out by BHR on the changes to maternity services for Essex residents, which indicated that patients were being redirected to Basildon or Broomfield hospitals. Members questioned whether the option to re-register at other hospitals, such as at Princess Alexandra (Harlow) or King George (Ilford), had been given. It was confirmed that some women had chosen alternative maternity services, including those at Princess Alexandra Hospital, Harlow.

(g) Re-admitting Essex residents

It was confirmed that BHR were committed to re-admitting Essex residents to their maternity services at Queens Hospital in the future and, at the moment, anticipated that this would start after March 2012. The increase in capacity from April 2012 would be facilitated by increased maternity staff levels (see Midwives section above). Re-registration would not be offered at King George Hospital. In due course, the maternity unit at King George Hospital would close but not before the CQC were satisfied that general standards of maternity care at BHR as a whole had improved and been sustained.

(h) Conclusion

The Committee stated that it was pleased that the leadership culture at BHR was already changing, which had also been acknowledged in the CQC report. It was stressed that safe and consistent maternity services at BHR were essential and that, whilst discouraging Essex residents from using the service in the short term was regrettable, the Committee noted that it was intended that the services would become freely available again from April 2012. The BHR representatives were thanked for their attendance and for assisting a constructive discussion and invited back in 6 months time to update the Committee on progress made. The witnesses then left the meeting.

72. NHS West Essex – Cancer Information and Support Services

The Committee received a report (HOSC/33/11) on the formal consultation paper from NHS West Essex on proposed changes to cancer information and support services. Given the widespread concern that had been generated in West Essex it had been included on the agenda in order that the Essex HOSC could become a formal consultee. Malcolm McCann, Director of Community Services and Melanie Crass, Interim Deputy Director of Delivery at NHS West Essex were present at the meeting to introduce the item and supplement it orally, and to respond to Members questions.

(a) Proposed changes to the information service

The range of services currently provided had involved more than health advice and support. The proposed changes meant that the service funded by NHS West Essex would focus on the health needs of patients with cancer and people with other conditions who had end of life needs. It was intended to focus the information service more on partnership working with other existing sources of information already available in the community. The two main

functions of the revised service would be co-ordination of volunteers providing support to patients, led by a senior nurse, and the signposting to information and to relevant agencies or organisations for other support. Whilst there was an element of cost saving, by removing three part-time support roles (who advised on such matters as benefits, housing issues, volunteer support and clinician referrals), the main driver for change was to improve and widen the availability and quality of information through integrating the information service into community nursing teams. These enhanced integrated community nursing teams would be centred on a cluster of GP practices to provide multi professional care and support to the patients of these practices. The MacMillan organisation was aware of the changes and appreciated their rationale.

(b) Publicity and media

There had been some public misconceptions of the proposed changes, largely as a result of misleading local media coverage in West Essex, which had suggested that it was funding for the McMillan nursing services itself that was being withdrawn. It was stressed that it was important to take the opportunity to clarify that the changes did not relate to the MacMillan nursing service, which would continue as at present. It was envisaged that the openinging hours of the information service would actually increase slightly.

Members stressed the importance of effective communication with the media. It was confirmed that, after the formal consultation had ended, it was planned to meet staff and the local press to talk through the proposal in detail, present a shared position with MacMillan Nursing, and provide an opportunity for further questioning on the changes. Members welcomed this initiative.

(c) Conclusion

The Committee confirmed that it supported how the changes were being implemented and thanked the representatves for their attendance and clarification of the changes being proposed. The witnesses then left the meeting.

73. Integration of Vascular Services for North East Essex and adjoining areas

The Committee received a report (HOSC/34/11) on the proposed integration of vascular services for North East Essex and adjoining areas. The following witnesses were in attendance to introduce the item, and supplement it orally and to respond to Members questions.

Chris Backhouse – Consultant Vascular Surgeon
Sohail Choksy – Vascular Consultant
Pam Green – Head of Acute Commissioning
Hossain Khaled – Chair of Five Rivers Network

(a) Mortality rates and screening

The Strategic Health Authority was currently leading work on proposals to review the provision of vascular services across the region. National research had shown that mortality rates for vascular disease, and specifically Abdominal Aortic Aneurisms, were much higher in the UK than in the USA or continental Europe. As a result, a National Screening Programme was being introduced, with all men over the age of 65 receiving screening. Symptoms were six times more likely in men than women. Screening would also be backtracked to pick up men who had already passed 65 years of age.

(b) Designated Surgical Centres

National research had also shown that specialist Designated Surgical Centres (DSC) carrying out higher volumes of both elective and emergency surgery would improve clinical results. Certain pre-determined criteria had been set to determine suitable hospitals. The criteria included a requirement for a 'critical mass' of patients to make a local vascular service viable in the long-term, and clinically safer. This would usually require a population base of at least 800,000. Colchester and Ipswich clinicians were putting forward proposals to concentrate and integrate vascular work for north east Essex, the Colne Valley and east Suffolk at Colchester General Hospital (CGH). The DSC proposed at CGH would deal with operations and probably one follow-up appointment, with all other appointments being held at the patient's local hospital. Intermediate care and Outpatients would continue at both the Colchester and Ipswich general hospital sites. The critical mass of work at CGH would facilitate also being able to provide screening to all men over 65 at the site rather than elsewhere in the region.

It was acknowledged that residents of south Suffolk were less comfortable with the proposals to have the DSC at CGH and it would be important to emphasise and demonstrate the benefits of such a move to all those concerned. Staff at NHS Suffolk were 'on-board' and enthusiastic with the proposal.

(c) Transportation

Currently vascular services at CGH and Ipswich General Hospital were each on call for fifty per cent of the time with the patient transferred at the time of the call-out to the particular site that was on call at that time. With the proposed changes, the patient in future would be automatically taken to CGH using a blue light ambulance.

(d) General

It was confirmed that there was very little demand for paediatric vascular surgery with any such need provided within the main cardiology service.

The more complex fenestrated endovascular repair of aneurysms and thoracic endovascular aneurysm repairs were explained to Members.

(e) Conclusion

The Committee was very pleased that clinicians in Essex and Suffolk had combined in a constructive and forward thinking approach to put together the integrated proposal. Furthermore, it was acknowledged that, had this not been done, the critical mass required for a DSC would probably not have been achievable in north Essex or Suffolk alone and that the DSC would have been located further afield in the region. It appeared that the clinicians had presented a good clinical case for the establishment of the DSC at CGH. The Committee confirmed that it was in favour of the proposal and hoped that the relevant commissioning bodies would support the strategy set out in the consultation document. The witnesses were thanked for their attendance and they then left the meeting.

74. Care Quality Commission (CQC): Standards of Care that Older People receive in Hospital

The Committee received a report (HOSC/35/11) comprising a published report from the CQC into the standards of care that older people received in hospital, particularly focussed on essential standards of dignity and nutrition. The report was based on the results of 100 unannounced inspections of NHS acute hospitals between March and June 2011 and two Essex hospitals had been included in the report. Colchester General Hospital (CGH) had moderate concerns on 'respecting and involving people who use services' and 'meeting nutritional needs'. Princess Alexandra (Harlow) had minor or no concerns.

Members had previously highlighted the value of holistic nursing and stressed again that hospitals in general should be looking to return to this wherever possible.

Whilst acknowledging that the CQC study had been undertaken five months previously, Members were still concerned about the rating given to CGH. It was **agreed** that the Trust be requested to comment in writing on the CQC concerns expressed and advise on actions being undertaken to address the concerns.

75. General update

The Committee received a report (HOSC/36/11) from Graham Redgwell, Governance Officer, advising on a number of local health issues arising since the last meeting. These were **Noted**.

In particular, it was highlighted that the National Kidney Federation had highlighted the difficulty in achieving the 50% increase in kidney donations previously set as a target. It was **agreed** that the Essex HOSC would refer this concern to the appropriate body.

In addition, further information would be circulated to Councillor Johnson on (i) the model for Early Supported Discharge for stroke patients in West Essex

and (ii) changes to the staffing structure for the Foot Health Service in West Essex.

76. East of England Regional Health Chairs Forum

The Committee received a report (HOSC37/11) from Graham Redgwell, Governance Officer, outlining the main items discussed at the East of England Regional Health Chairs Forum meeting held on 21 October 2011 and this was **Noted**. Details on the new Strategic Health Authority cluster arrangements would be distributed to Members.

77. Date and Time of Next Meeting

It was agreed that a site visit to Princess Alexandra Hospital should be arranged for Wednesday 14 December 2011. This would take the place of a formal Committee meeting.

The next scheduled meeting of the Committee would be held at County Hall on Wednesday 4 January 2012.

The meeting closed at 11.37 a.m.

Chairman
4 January 2012