

Committee: Overview & Scrutiny	Date: 1 April 2014	Classification: Unrestricted	Report No:
Report of: Corporate Strategy & Equality: Louise Russell Originating officer(s) Tahir Alam, Strategy Policy and Performance Officer One Tower Hamlets Service, Department of Law, Probity and Governance		Title: Report of the Scrutiny Review of Accident and Emergency (A&E) Services in Tower Hamlets Wards Affected: ALL	

1. Summary

- 1.1 This report summarises the findings of the Scrutiny Review of Accident and Emergency (A&E) Services in Tower Hamlets for the Health Scrutiny Panel and highlights a number of recommendations to be put before the Overview and Scrutiny Committee for their consideration and referral on to Cabinet for agreement.

2. Recommendations

- 2.1 The Scrutiny Review on the Accident and Emergency (A&E) Services has been agreed at the Heath Scrutiny Panel meeting on the 11th March 2014 and has now being submitted to the Overview and Scrutiny Committee for consideration and referral to Cabinet.

LOCAL GOVERNMENT ACT, 1972 (AS AMENDED) SECTION 100D

LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Background paper	Name and telephone number of and address where open to inspection
None	N/A

3. BACKGROUND

- 3.1 The coalition government has introduced radical changes to the National Health Service which took effect from April 2013. There has been a devolution of both financial resources, (in the range of £2 billion), and decision making powers for many health services to local GPs. Primary Care Trusts have been abolished and the Clinical Commissioning Groups (CCG's) and Commissioning Support Units created in their place. Other changes include the transfer of Public Health functions into local government, and the establishment of NHS England and Public Health England. These changes have put the health service, nationally and locally, under pressure, especially given the complex issues that many services already faced. One of the most prominent issues under public and media scrutiny is the performance of Accident & Emergency (A&E) services.
- 3.2 Locally, Barts Health, the largest NHS trust in the country, was formed by the merger of Barts Health and the London NHS Trust, Newham University Hospital NHS Trust and Whipps Cross University Hospital NHS Trust on 1 April 2012. It has been experiencing significant financial difficulties and had at one point been rated high risk by the organisations which inspect its performance such as the Care Quality Commission (CQC) and NHS England. In August 2013 Barts Health announced that they had voluntarily gone into 'financial turnaround', and in order to support this they had brought in extra expertise and support to work with clinicians and managers in order to ensure that they deliver on their turnaround programme. At the same time there was a flurry of reports on the failure of A&E services across the nation's hospitals including concerns about Barts Health.
- 3.3 Given the significant concerns being raised about A&E services and about Barts Health, it was decided to undertake a scrutiny review of local A&E services to better understand the issues faced and what is being done to address them. The focus is only on A&E services and does not look at the wider financial situation and the process of 'financial turnaround' at Barts Health.
- 3.4 The review however outlines the approaches that jointly health services are developing and implementing. Its recommendation suggests ways that the council can contribute to alleviating some of the current issues and impact on A&E services. The Council also offers recommendations on how different stakeholders can work together to improve health and wellbeing across the borough.

4. LEGAL COMMENTS

- 4.1 The Health and Social Care Act 2012 ('the 2012 Act') aims to strengthen and streamline health scrutiny and enable it to be conducted effectively as part of local government's wider responsibility in relation to health improvement and reducing health inequalities for their area and its inhabitants. It introduces a new role for local authorities in the co-ordination, commissioning and oversight of health and social care, public health and health improvement. Further, section 190 of the 2012 Act amends s244 of the National Health Act 2006, which sets out the Council's health scrutiny functions and enables the Secretary of State to make regulations which set out how the Council must exercise these functions.

- 4.2 Regulation 21 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 allows a local authority to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area, including provision of A&E services. The Council is required to invite any interested parties, including the NHS trust, to comment on these matters.
- 4.3 Regulation 22 empowers the Overview and Scrutiny Committee to delegate to the Health Scrutiny Panel its function to make reports and recommendations to the local authority, on any matter it has reviewed or scrutinised under Regulation 21. Regulation 22(6) requires that reports and recommendations made under this regulation must include—
- (a) an explanation of the matter reviewed or scrutinised;
 - (b) a summary of the evidence considered;
 - (c) a list of the participants involved in the review or scrutiny; and
 - (d) an explanation of any recommendations on the matter reviewed or scrutinised.
- The report of this scrutiny review fulfils those criteria.

5. COMMENTS OF THE CHIEF FINANCIAL OFFICER

- 5.1 In the short term the financial implications of the current set of recommendations can be contained within the existing financial resources of the authority. Barts Health's current resource commitment and response to the poor performance combined with joint working with authority in terms of social care support and raising awareness of A&E and public health would address the resourcing issues.
- 5.2 In the long term Integrated Care Programme and Better Care Funding include provisions and funding streams addressing the reduction of acute services via Out of Hospital Schemes which are developed such as the integrated care programme across primary and secondary health services and social care, and generally increased capacity in the community. As such any financial implications will materialize within the Better Care Fund performance.

ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 As A&E services are used by the general population of the borough, the review and its recommendation takes into consideration the general health and wellbeing of the boroughs population, therefore positively impacting upon them. The recommendations made will further enhance the partnership of the councils, Barts Health's and related health services, in order to continue and develop services and interventions that will work towards improving health inequalities across the borough. This will positively impact on reducing health inequalities which is a key part of building a robust approach to addressing disadvantage in the borough.

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

7.1 There are no direct environmental implications arising from the report or recommendations.

8. RISK MANAGEMENT IMPLICATIONS

8.1 There are no direct risk management implications arising from the report or recommendations.

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

9.1 There are no direct crime and disorder reduction implications arising from the report or recommendations.