


Cabinet 23 July 2014	 TOWER HAMLETS
Report of: Louise Russell, Service Head: Corporate Strategy and Equalities	Classification: Unrestricted
Scrutiny Review of Accident and Emergency (A&E) Services in Tower Hamlets	

Lead Member	Councillor Abdul Asad, Cabinet Member for Adult Services
Originating Officer(s)	Tahir Alam
Wards affected	All wards
Community Plan Theme	A Healthy and Supportive Community
Key Decision?	No

Executive Summary

The Health Scrutiny Review of A&E services was carried out in response to concerns that have been raised nationally in relation to the underperformance of A&E services, and failing on key targets such as ‘ambulance handover’ and the ‘four hour wait’ commitment. There were also concerns raised about the shortage of doctors working in A&E and the shortage of beds in hospitals for patients. In light of all of this, and due to the significant health inequalities that already exist in Tower Hamlets, it was felt necessary by the Health Scrutiny Panel to carry out a review of local A&E services. The Panel was keen to understand the extent to which national issues affecting A&E services were being experienced locally, and how services were responding.

The review concludes by making a set of recommendations to stakeholders and council services, in order to help alleviate some of these pressures on A&E services and help keep A&E attendances low.

Recommendations:

The Mayor in Cabinet is recommended to consider this report of the scrutiny working group and agree the action plan in response to the review recommendations.

1. REASONS FOR THE DECISIONS

- 1.1 The decisions have been based on the fact that A&E services, in light of the changes to the new health landscape, required special consideration due to it being an integral service that deals with medical emergencies, and therefore playing a fundamental role to the health of our community.

2. ALTERNATIVE OPTIONS

- 2.1 The alternative options would have been to do:
- nothing
 - let health services operate in a silo
 - let health services operate without scrutinising its efforts and or any process of joint or partnership working in the delivery of services.
- This would however, not have led to the recommendations, where the council and health service providers can now work in partnership to alleviate some of the pressures faced by A&E services; as well we make the recommendations around recruitment and employment that will benefit the borough as a whole.

3. DETAILS OF REPORT

3.1. National and local changes and pressures

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.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1. 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.
- 4.2. 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.

5. LEGALCOMMENTS

- 5.1. 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.
- 5.2. 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.
- 5.3. 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.

5.4 There are no immediate legal implications arising from this report.

6. 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.

10. EFFICIENCY STATEMENT

As stated in the comments of the financial officer, there are no additional resourcing and or expenditure that have not been considered within the scope of current capacities of all services and organisations concerned. Any financial resourcing implications of the current set of recommendations can be contained within the existing financial resources of the authority. In addition to

this 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 any resourcing issues.

The objectives of the recommendations would further reduce long terms cost implications, as it sets out to improve understanding of A&E services, dissuade the population from unnecessary, costly, presentation at A&E, and more awareness of health issues, resulting in reducing cost implications at various layers of public health services.

Linked Reports, Appendices and Background Documents

Linked Report

- Emergency Departments: http://www.audit-scotland.gov.uk/docs/health/2010/nr_100812_emergency_departments.pdf
- <http://www.london.gov.uk/media/assembly-press-releases/2013/09/are-london-s-hospitals-ready-for-a-e-pressures-this-winter>
- <http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news/13-07-23-urgemrepcs/>
- http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/submission-committee-inquiry-emergency-services-may13.pdf
- www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news/13-07-23-urgemrepcs/
- www.cqc.org.uk/directory/r1h

Appendices

- Scrutiny Review of Accident and Emergency (A&E) Services in Tower Hamlets
- Appendix 1: Stats bars and charts
- Appendix 2: Action Plan.

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- NONE