EPPING FOREST DISTRICT COUNCIL
OVERVIEW AND SCRUTINY MINUTES

Committee:	Overview and Scrutiny Committee	**Date:**	Thursday, 4 March 2010
Place:	Council Chamber, Civic Offices, High Street, Epping	**Time:**	7.35 - 10.35 pm
Members Present:	Councillors R Morgan (Chairman) K Angold-Stephens (Vice-Chairman) A Green, Mrs A Grigg, Mrs A Haigh, D Jacobs, J Philip, B Sandler and Mrs L Wagland		
Other Councillors:	Councillors Mrs P Brooks, Mrs R Brookes, Mrs D Collins, D Dodeja, Mrs M McEwen, J Markham, D Stallan, C Whitbread, Mrs J H Whitehouse, J M Whitehouse and D Wixley		
Apologies:	Councillors M Colling, J Knapman, R Law and G Mohindra		
Officers Present:	D Macnab (Deputy Chief Executive), J Gilbert (Director of Environment and Street Scene), S G Hill (Senior Democratic Services Officer), A Hendry (Democratic Services Officer), J Boreham (Assistant Public Relations and Information Officer) and M Jenkins (Democratic Services Assistant)		
By Invitation:	A Cowie (West Essex PCT), H Brown (Health for North East London), K Boettcher (west Essex PCT), K Turner (West Essex PCT), M Fitch (Essex Link) and C Pond (Loughton Central)		

82. WEBCASTING INTRODUCTION

The Chairman reminded everyone present that the meeting would be broadcast live to the Internet, and that the Council had adopted a protocol for the webcasting of its meetings.

83. SUBSTITUTE MEMBERS

It was noted that Councillor B Sandler had substituted for Councillor G Mohindra, and that Councillor J Philip had substituted for Councillor M Colling.

84. MINUTES

RESOLVED:

That the minutes of the last meeting of the Committee held on 28 January 2010 be agreed.

85. DECLARATIONS OF INTEREST

There were no declarations of interest made pursuant to the Council's Code of Member Conduct.

86. NORTH EAST LONDON HEALTH SERVICES - CONSULTATION DOCUMENT.

The Chairman welcomed Helen Brown, the Programme Director of Health for North East London. She was there to brief the Committee on the background to the consultation document for the plans for the health services for North East London. The Committee noted that there was to be a whole system transformation needed in North East London. It should be that people need not have to go to hospitals for care that could be provided closer to home. Senior clinicians should be available 24/7 and should be present early at the treatment for a patient much more often, to improve the quality of care. Specialist services are to be provided on fewer sites so that teams can become excellent in their fields by treating sufficient numbers of patients. It was these proposals for change that were being consulted on. They were proposing that:

- All complex vascular surgery to be provided at Royal London and Queens (reasons – clear evidence that better outcomes with higher numbers; improved service especially out of hours).
- All surgery on Children in North East London under two years of age should only be performed at the Royal London. This was so that they would receive treatment from specialist care teams (including surgeons, anaesthetists and nurses) (reason – specialist care need specialist teams; allows for dedicated facilities).
- All urgent surgery and all complex surgery in North East London on children between the ages of two and fifteen should only be performed at The Royal London and Queen's (reason – too many children are cared for by clinicians who specialise in treating adults).
- Care for children who are likely to stay in hospital more than two days should be concentrated in specialist units at the Royal London Hospital and Queen's Hospital. King George Hospital would no longer provide inpatient care for children (reason – specialist care needs specialist teams – these are too thinly spread across North East London.
- The Royal London Hospital and Queen's Hospital should become the two major acute hospitals in North East London (reasons – the Royal London and Queen's Hospital are already the location of a range of specialist services such as hyper-acute stroke units and, in the case of the Royal London, neurosurgery and major trauma; everyone would be within a reasonable distance of one of these specialist centres).
- Planned surgery in North East London should be separated from emergency surgery (reasons – reduces cancellations; improves quality of care as surgeons can specialise; reduces the risk of catching infections; and reduces time people have to spend in hospital).
- Children should be assessed and treated in separate facilities developed alongside each accident and emergency department. To be opened 24/7 (reasons – provide consistent high quality services for children; children to be cared for by clinicians who specialise in caring for children; better environment for children and their families).
- To reduce the number of hospitals providing full A&E, critical care and doctor led maternity service from six to five centres (reasons – to take advantage of economies of scale, by putting units together they could provide cover for longer with a view to providing cover 24/7; difficult to provide a full range of back up services on 6 sites 24/7 for A&E and critical care; everyone who attend A&E to be seen by a senior clinician within one hour of arrival).
- Move A&E, critical care and maternity services from King George Hospital and expand services at Queens, Whipps Cross and Newham (reasons – King George does not provide stroke or trauma services currently; moving services from King George would add the least time to travel times; moving King George services would require relocation of the cardio-cathether lab to Queen's – which would be a good thing according to clinicians).
- Delegate choice as to where a person can have their baby if it was considered a low risk.

The Deputy Director from the West Essex PCT, Kirsty Boettcher, added that they were please to be involved. The changes would affect about a quarter of the population in the District, mainly in Chigwell, Lambourne and Buckhurst Hill and should result in improved specialist services. Some patients from Epping go to Whips Cross but most go to the Princess Alexandra in Harlow. A reducing number were going to King George's Hospital. A cardiac unit had been developed at Basildon and this would provide nearer specialist services.

Councillor Sandler, EFDC's representative on the North East London consultation process said that although finances were tight, the NHS must ensure that that the proposed changes were put together correctly. He was concerned about how much input was made by the medical staff on the proposals. He considered that the loss of A&E at King George's and the times of operating theatres being cut would be acutely felt. He felt that money should be put back into services and not into management. Ms Brown replied that the change process was being led by two clinical directors and underpinned by six clinical working groups. It was not being driven from the financial perspective, although this was important; management were happy to include the clinications in the planning. Queens and King George were under financial pressure, the new scheme would concentrate more resources into the Queen's site. They were aware that they were trying to get the best possible service for local residents and to provide specialities on certain sites and not have them spread out and diffused.

County Councillor Chris Pond said that the County were overseeing these proposals. They had three objectives, one was to make sure that cross-border issues were not ignored; two was to scrutinise proposals in terms of how they would effect Essex residents; and three, stated journey times used as examples were by private car, however, public transport links were problematic. Journeys to King George's from Loughton were near impossible at present. From his research he believed that doctors, nurses and midwives were behind the proposals made.

Councillor Markham noted that travelling to London Hospitals took much longer than was shown on the handouts, about half an hour longer. If it was an emergency then it would be better to go to Whipps Cross. Ms Brown said for heart and vascular emergencies it was better to travel longer and go to a specialist hospital, clinicians were very clear about this. If it was a vascular issue then they would be taken to the nearest A&E department where the patient would be assessed and have an operation within 24 to 48 hours.

Councillor Mrs Haigh noted that different trusts were in different financial circumstances. She was concerned that money would be transferred to services rather than paying back the PFI; and concerned that patients who went to hospital by themselves would not go to the specialist centre but to their nearest hospital. For some things a polyclinic could be very good but there was also a need for specialist services. She had been informed that the moral of consultants at King George's was very low. Ms Brown said that there was some confusion as to what specialist unit was in which hospital. Every hospital with an A&E unit should have an urgent care centre. Ambulance services are sure that they could take emergencies to the correct facility. As for financial issues mentioned, this was a large challenge; they were working to see if they could get historic debt written off. Kirsty Boettcher added that money followed patients, so no savings were to be made for PCTs.

Councillor Mrs Wagland had several questions:

- She was not persuaded on the case for maternity services. Would there be enough capacity to cope with transferred maternity cases.

- What assurances were there that Queen's would be other than just fair at complex surgery for children.
- The consultation document said that "a little extra travel time for patients would be more than offset by a safer, more effective service" how much was a little extra time?
- What reassurance could be given that a misdiagnosis would not be made with a patient ending up in the wrong specialist hospital?
- Did Epping Forest have a problem with out of hours GP services?
- And, will there be more specialist epilepsy nurses?

Helen Brown replied that maternity was a difficult subject and shared a relationship with emergency care and they were working hard to improve it. They were struggling with medical cover at present. There was an information pack about maternity and she would forward this on. As for complex surgery, there was a strong vascular service at Queens and this would be improved by concentrating this on site. As for misdiagnosis, there should be a medical assessment unit backing up each A&E unit, and they were keen to develop a joint medical and surgery unit. Kirsty Boettcher added that the out of hours GP services in Epping was being improved. As for A&E services, people were unsure about where to go to get the specialist services. They were trying for an access target so that a patient would get to see a specialist within 18 weeks of seeing their GP. She could not give any reassurance about any future increase in specialist epilepsy nurses.

Councillor Wixley asked about road accidents; with the additional travelling time and congestion on the roads, how would this affect the survival rates? Ms Brown said that they would send any major trauma patients to the Royal London anyway, missing out Queens and Whipps Cross, as they had one of the most effective trauma centres in the country.

Councillor Jacobs noted that consultations events had only happened in Loughton and not in Chigwell or Buckhurst Hill. He was told that they would be arranging further consultation events in Chigwell soon.

Former District Councillor, Dorothy Paddon asked the following questions:

- Mental health services, they did not seem to be included in the consultation document. Why was this?
- Also she was not clear about the timescale for the proposals.
- Would there also be an additional cost involved in the reorganisation.
- There will be a major expansion in the population in East London over the next decade can these changes cope with this.
- Much has been made of polyclinics by the PCT are there any plans to expand the service in line with the polyclinics.

Ms Paddon was told that Polyclinics were much more suited a London population, although they were trying to put some in West Essex. They were providing as much consultation as they could and would be carrying out some in GP surgeries, when they would target GP waiting rooms. The Mental health issue – the current consultation was really aimed at hospital services. Although mental health was not excluded there have been other papers on this. There would be changes in mental health services per sec as a lot of changes have already been undertaken. As for the increase in the population, they have taken this into account in their planning.

The Deputy Chief Executive asked how the Committee would like to respond to the consultation document. It was noted that the consultation period had been extended to 22 March 2010. It was agreed that officers would compile a corporate response on

behalf of the District Council. Individual councillors would still be able to send in their own response to the consultation.

Helen Brown and Kirsty Boettcher promised that they would ensure that more public consultation would be organised in and around Chigwell.

RESOLVED:

(1) That Helen Brown and Kirsty Boettcher be formally thanked for their presentation and time taken to come and address the committee.
(2) That officers compile a corporate response to the consultation document on behalf of the District Council.

87. HEALTH INEQUALITIES PRESENTATION

Alison Cowie, Director of Public Health for West Essex Primary Health Care Trust gave a short presentation to the Committee on health inequalities in the district. A copy of this presentation is attached to the minutes for information. The Committee noted that:

- The District had a population of about 121,000;
- This population was concentrated in the middle and older age groups;
- There was a small proportion from minority ethnic groups in the south of the District;
- There were wide differences in deprivation and access to services;
- There were a higher number of Gypsies and Travellers in this District than in other neighbouring ones;
- The average life expectancy for a man in the District was 78 years, the average life expectancy for a Gypsy or Traveller male was 58 years;
- Life expectancy was a key measurement for health inequalities;
- Gender and ethnic background all had a part to play in health inequalities as does lifestyle (alcohol, smoking and exercise);
- Primary Care Services has a great impact on health;
- There was an affluent population but with pockets of deprivation within the District, but there were also areas of deprivation and that had a high life expectancy;
- A Healthy Communities Theme Group had been set up and had agreed its terms of reference. This brought together representatives of service-providing organisations to identify key problems and work together to develop effective solutions to improve the economic, social and environmental wellbeing of the District;
- This group would look at areas of greatest need;
- This would be a long term exercise and would need some time to make a difference.

Councillor Mrs Haigh said it would be helpful to have the information broken down by ward level. She also wondered if statistics such as teenage pregnancy and obesity could be correlated by local schools. Ms Cowie said that there was a link with certain schools but they looked at the area as opposed to individual schools. To get meaningful statistics they had to look at ward level and not individual schools. Councillor Mrs Haigh noted that a lot of school children tended to travel to different areas to go to school. Ms Cowie agreed that was why Essex wide statistics were important.

Councillor Jacobs noted that there were pockets of urban deprivation, but also that there were pockets of rural deprivation. Do you accept that there are such areas? Rural communities tend to be more independent even if they have problems. Ms

Cowie noted that rural deprivation could be very different to urban deprivation, with elements of isolation etc. and they do tend to have high levels of higher life expectancy.

Councillor Jon Whitehouse said that the Healthier Communities Theme Group seemed to rely on sports for health and was not clear about Housing, the Environment or Schools for the health of residents. Mr Macnab agreed that the primary focus was on physical health and sports. As for Housing we hope to report soon that we have achieved 100% on our decent homes standards. The District Council has also exercised a strong community role on educational matters. Ms Cowie reminded the meeting that the data was for a three year period from 2004-06, and she hoped the next lot of data would show an improvement.

Councillor Mrs P Brooks commented that there was a lack of confidence in the GP system at present in Waltham Abbey. Are you going to address this? Ms Cowie replied that there were enough GPs in Waltham Abbey for the population.

Margaret Fitch from Essex Link said that there was not enough GP capacity in Waltham Abbey who have been poorly treated for a long time. Kirsty Boettcher from the West Essex PCT said that there had been several meetings on this and they have mentioned Polyclinics and bringing more services.

Councillor Ms R Brookes said she sat on the Children's Advisory Board and there were concerns raised about a shortage of health visitors. Ms Boettcher said she did not know what the position was currently but they did have problems recruiting staff as they were so close to London and their higher pay scales. They did have a recent recruitment drive and are managing to retain staff members. Councillor Ms Brookes then asked about mental health, since September 2008 she had seen an increase in the Housing register, there were a lot of people experiencing financial difficulties. Has there been a rise in referrals by GPs or complaints about the closure of Roding House in Buckhurst Hill? Ms Boettcher said that they recognised that there was a gap in primary care for mental health services. Epping Forest has been better provided as there has been a primary care counselling services since the days of the Epping Forest PCT. They are currently out to competitive tender for improving access to physiological services. At present 'MIND' provides a service for parts of Harlow and Uttlesford and the North Essex Physiological Trust provides services for Epping Forest. But, there is a gap and there is not sufficient provision at present but this should change by this September. Ms Cowie added that good Mental Health affects everything that we do and they start education on this at schools focusing on such things as self esteem and bullying.

Councillor Mrs Wagland asked if the causes for hip fractures could be logged by GPs from now on so that there is information for the future. Ms Cowie replied that the NHS currently just record basics such 'a fracture to right hip'. The kind of information that Councillor Mrs Wagland asked for would need a special audit. We do not have the capacity at present to do this type of audit but are currently looking at what we can put in place to carry this out. Ms Boettcher added both the Princess Alexandra and the Whipps Cross Hospitals are in the process of developing fracture services and are developing their information recording processes.

The Chairman thanked Ms Cowie for her informative presentation and drew this section of the meeting to a close.

RESOLVED:

(1) That the Committee noted the key issues identified in the presentation by the Director of Public Health; and
(2) That the Committee noted the ongoing role that the District Council was playing with respect to partnership working and the delivery of services to address Health Inequalities.

88. SCRUTINY OF CABINET FORWARD PLAN

The Leader of the Council, Councillor Mrs Collins introduced the report on the Cabinet's key objectives for 2010/11. This had originally gone to the Finance and Performance Management Standing Scrutiny Panel on 23 February 2010. Councillor Mrs Collins thanked the officers for restructuring the original report and Councillors Bassett and Watts for their help. She noted that this was a working document and was liable to updates throughout the year.

Councillor Jacobs the Chairman of the Finance and Performance Management Standing Scrutiny Panel who had considered the report at their last meeting said he recognised that a large amount of work had gone into the report and that his Panel had considered it a vast improvement on the original document. They had noted that the Audit Commission had seen it and were satisfied with the new version. They were happy that the twelve objectives pulled the five overall aims together and that the LSP would also be consulted and they would feed back in to the document. They also noted that it would be sensible to refresh the medium term aims each year.

The Deputy Chief Executive, Derek Macnab, added that they had also prioritised the twelve objectives. The District Auditor was now happier with the document and it would be brought forward to be considered at the same time as the budget. Councillor Mrs Wagland said that the twelve objectives were excellent but she was less comfortable with the five aims. She would rather the twelve objectives receive the same priority as the five aims.

RESOLVED:

(1) That the proposed structure and format of the Council's new Corporate Plan for the period from 2010/11 to 2013/14 be noted; and
(2) That the Medium Term Corporate Plan Aims for 2010/11 to 2013/14 and the draft key objectives for 2010/11 be noted.

89. DRAFT OVERVIEW AND SCRUTINY ANNUAL REPORT

The Senior Democratic Officer, Simon Hill, introduced the draft Overview and Scrutiny Annual Report for 2009/10. The Committee noted that the format had been changed this year but still showed the breadth of work carried out by the Scrutiny Committee and Panels throughout the year. Each Committee and Panel had an extended case study especially written to highlight one of their more successful pieces of work. He wanted general comments from the Committee as to the format and the general direction of the report.

Councillor Mrs Wagland noted that the Planning Section was missing a section on Best Value in planning and work on appeals and enforcement

Councillor Jon Whitehouse commented that it would be helpful if it could say if a recommendation had been adopted and what had happened since, such as the call-in on the Waltham Abbey Swimming Pool.

Councillor Philip noted that the first two pages of the report were a bit dry and needed to be 'spiced up' to make people read on.

RESOLVED:

(1) That the Committee considered and commented on the draft annual Overview and Scrutiny Report for 2009/10; and
(2) Noted that the final report would be presented at the April meeting of the Committee.

90. WORK PROGRAMME MONITORING

(a) Work Programme

Overview and Scrutiny Committee

The Senior Democratic Officer took the Committee through their current work programme. They noted that:

- Item 3 - Members still wanted London Underground to attend a meeting and update them on the implications for transport for the Olympics to the District and what their plans for the area were. The Committee would not like a presentation (or have any presentation limited to a short time) but would like to discuss what questions they were going to ask beforehand. They would also like to look at weekend services and car parking. To arrange for the LUL to come to the June meeting, with an item on the April meeting to discuss questions to be asked. If LUL are to come to the June meeting then item 7 to be put back to a later date.
- Item 5 - The proposal for a joint scrutiny review with West Essex PCT has now been overtaken by events and the focus of scrutiny for PCTs are now to be done by area forums. This item to be deleted from the work programme.
- Items 10 and 15 - These items are linked as they relate to education and the college. It would be more appropriate to leave this until later on in the year and to defer to next years work programme.

(b) Standing Panels

Constitution and Member Services Standing Panel

Councillor Stallan noted that the consultation relating to the scope of the Housing Appeals and Review Panel would be going to the Constitution and Member Services Standing Panel from the Housing Standing Panel.

Planning Services Standing Panel

Councillor Mrs Wagland, the Chairman of the Planning Standing Panel reported that at their last meeting the action points gleamed from Development Control's Chairman and Vice Chairmen meeting was discussed. This included better training for members on iplan, improving the planning report templates, putting clear reasons for refusal before voting and the improving of plans for consideration. They also considered officer delegation powers and that planning applications should only be called-in by a member representing a ward within the Area Plans Sub-committee concerned.

The Best Value Review, the financial monitoring of Enforcement and Planning Appeals and indemnity insurance for the Council in case of adverse costs ordered against the Council were also considered.

Finance and Performance Management Standing Panel

Councillor Jacobs updated the Committee on the Panel recent meeting when they received a presentation on the Equity Framework for Local Government from Stewart Elrick. They also considered reports on Quarterly Financial Monitoring, the key Performance Indicators for quarter 3 and of course the Corporate Plan and Medium Term objectives that was reported on earlier in this meeting.

Sustainable Communities Task and Finish Panel

The Committee noted that this task and Finish Panel were due to have their last meeting on 9 March 2010 when they were due to discuss their final report.

(c) Next Year's Work Programme

The Committee noted that any cyclical items would be brought forward and that if members wanted the Committee to consider new items they should let officers in Democratic Services know as soon as possible.

91. CABINET REVIEW

Councillor Mrs Wagland wanted to raise concerns about the report on the Essex Children's Trust and how a number of organisations could work together and the need to share best practice and keep control of finances. She indicated that should attend the Cabinet meeting and raise these concerns herself.

CHAIRMAN

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NHS
West Essex

Update on Health Inequalities in Epping Forest

Alison Cowie
Director of Public Health

Thursday 4th March 2010

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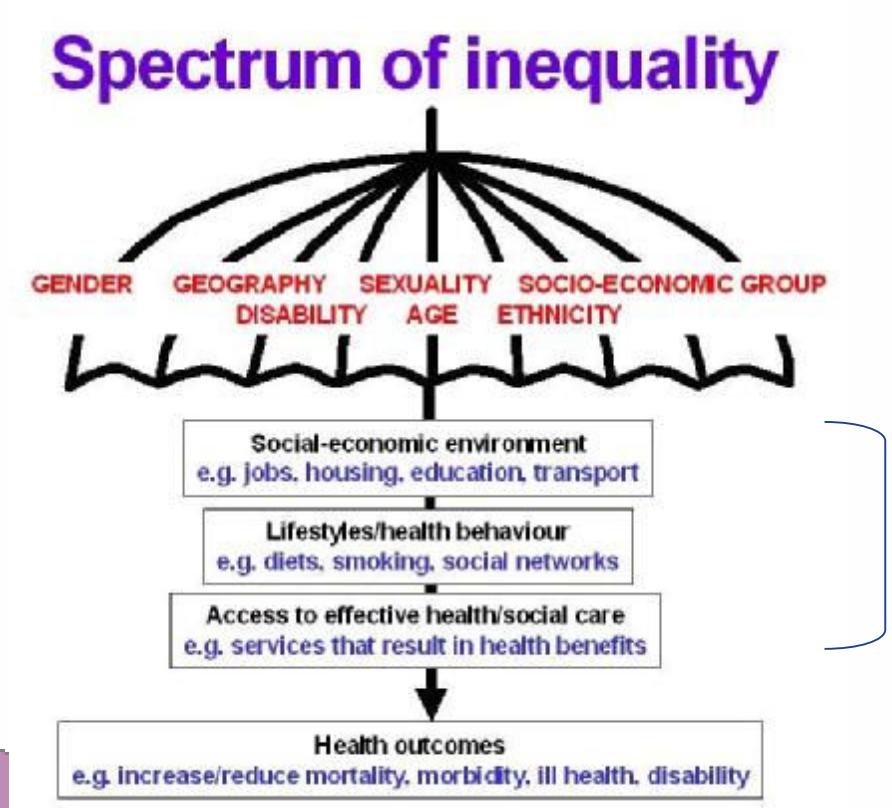
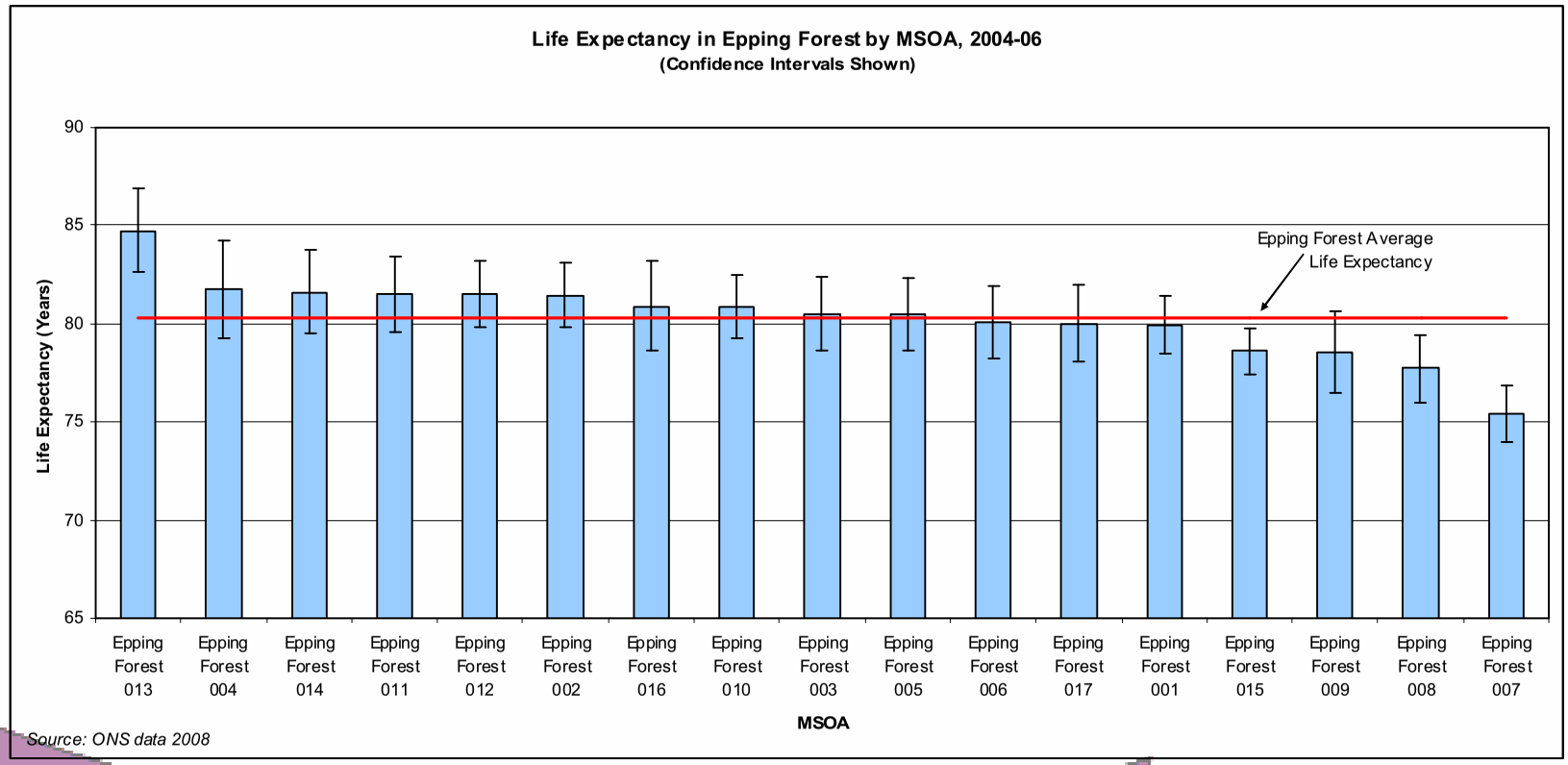
The population of Epping Forest

- About 121,300 people.
- Population concentrated in middle and older age groups.
- Small proportion from minority ethnic groups.
- Wide differences in deprivation and access to services.



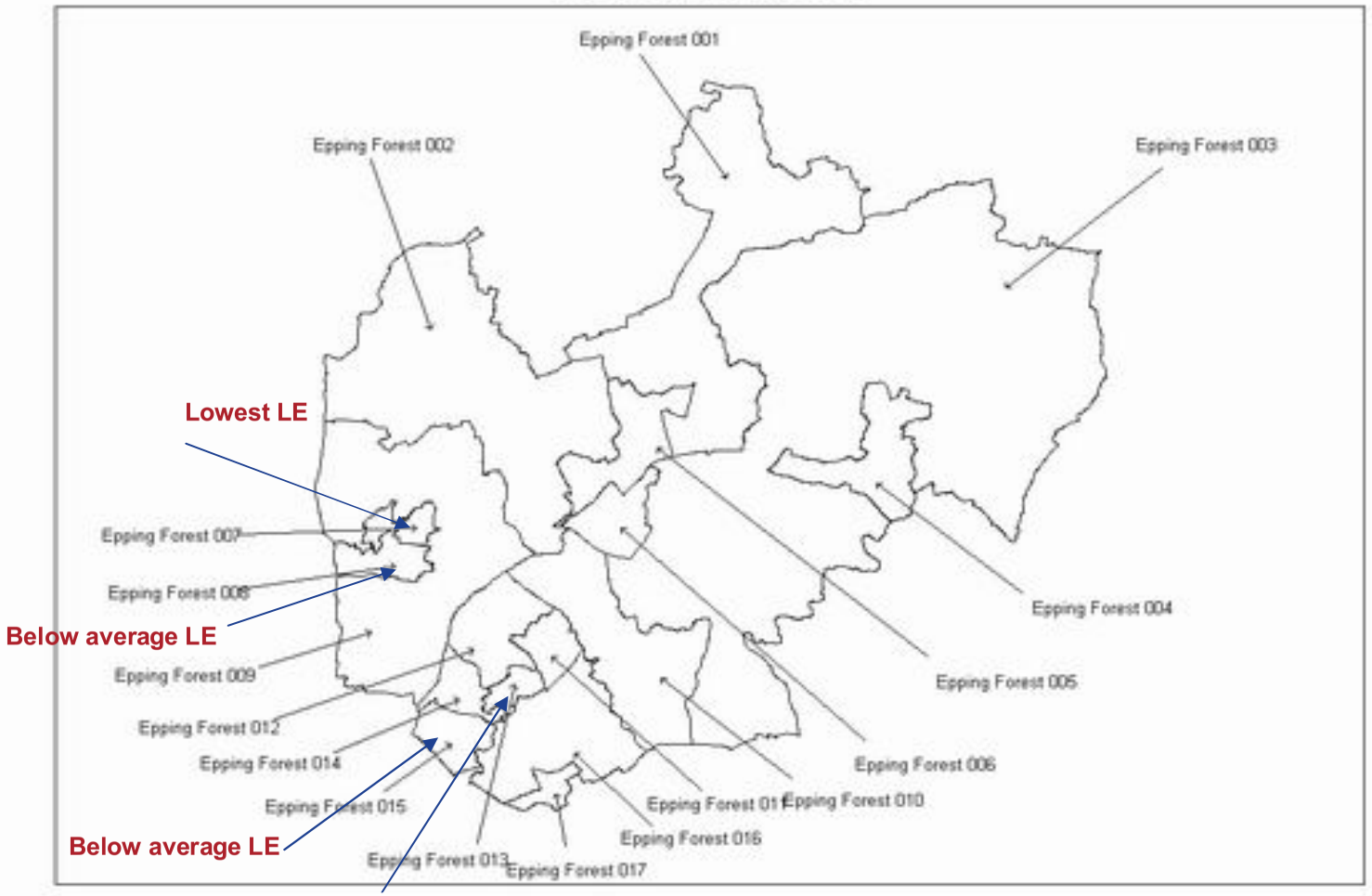
We need to address the determinants of health - environment, lifestyle and access to services - to have an impact on inequalities

Life expectancy in Epping Forest by middle-layer SOA

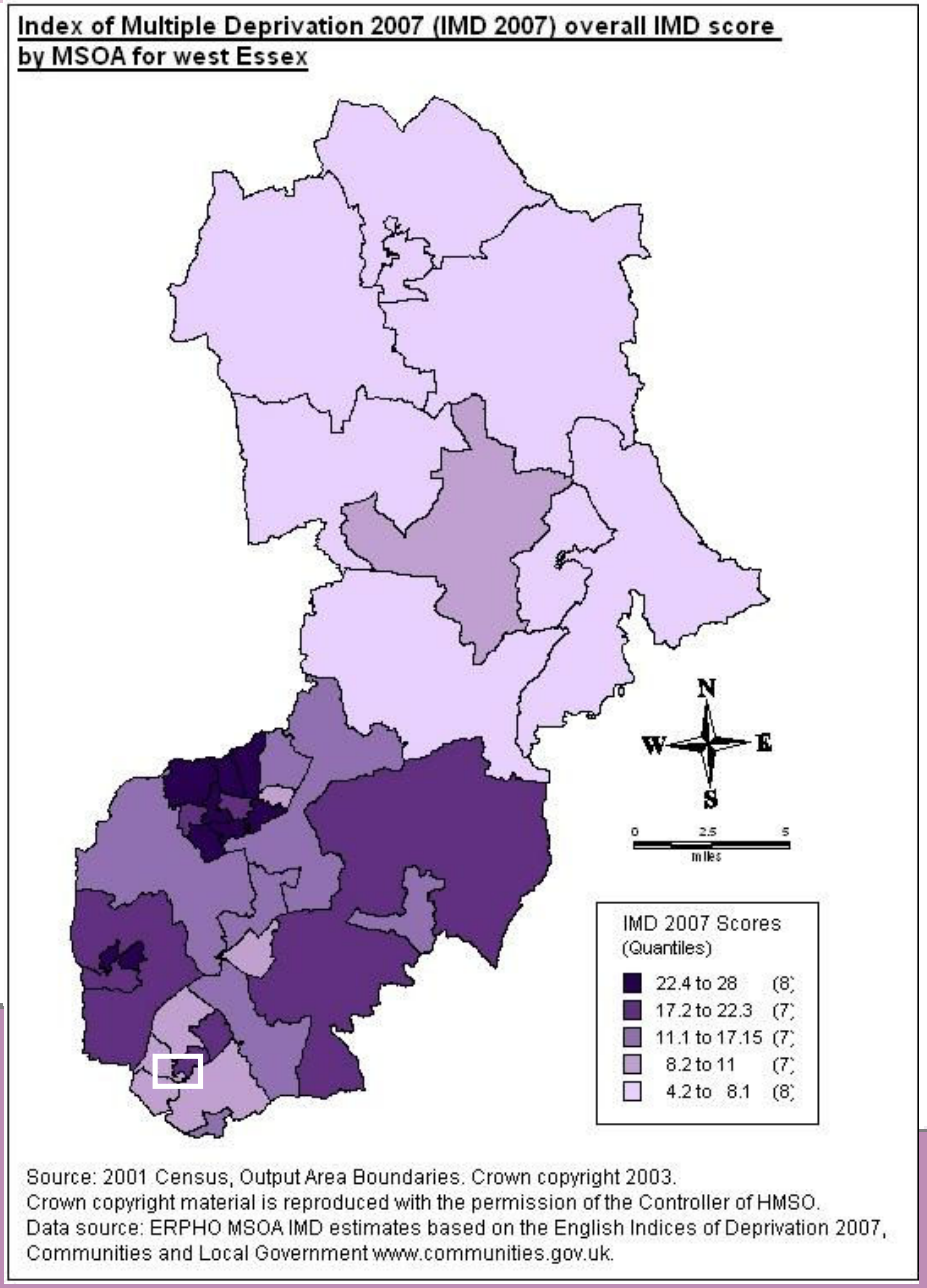


Source: ONS data 2008

MSOAs in Epping Forest



Deprivation in West Essex by middle-layer super output area



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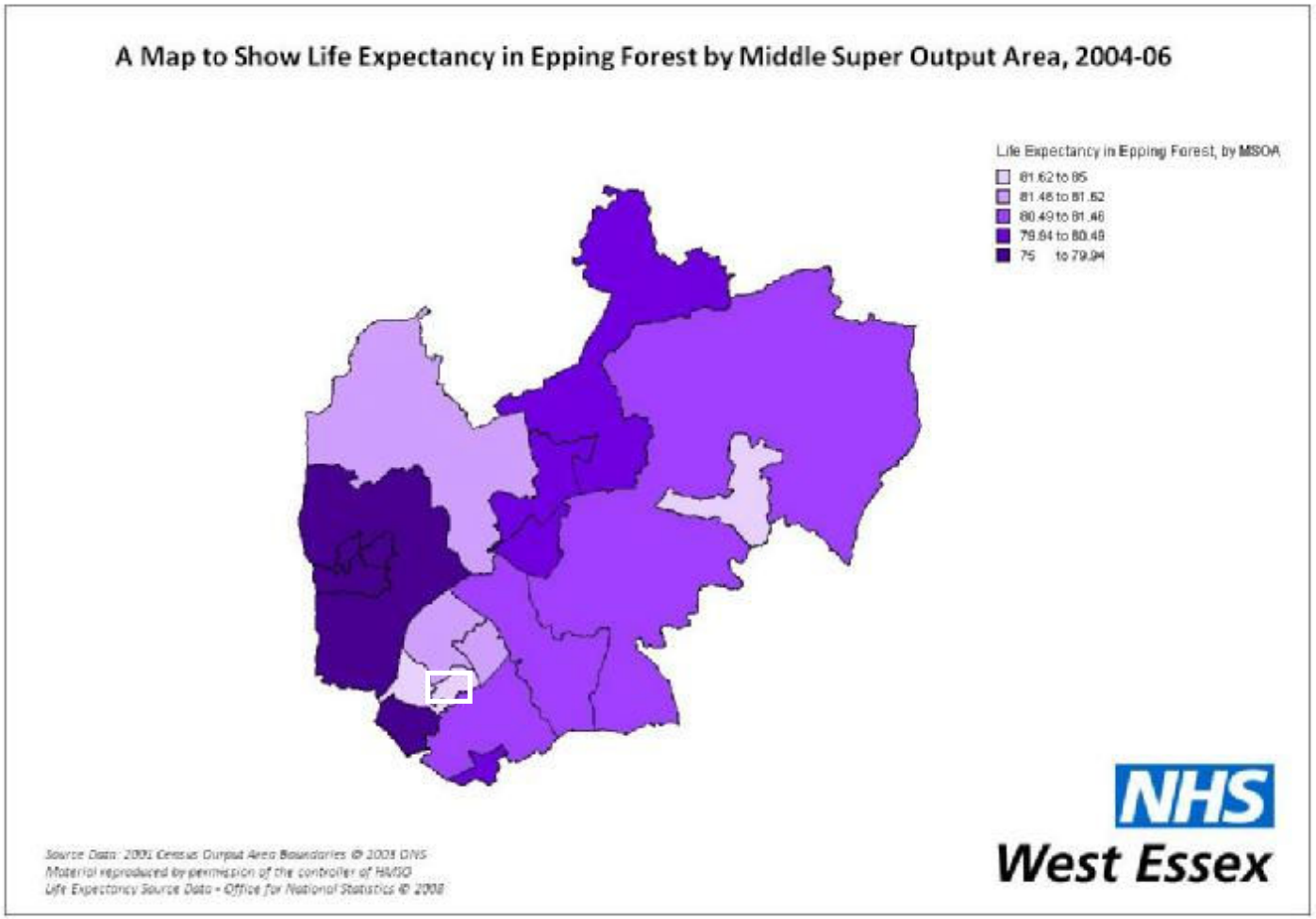
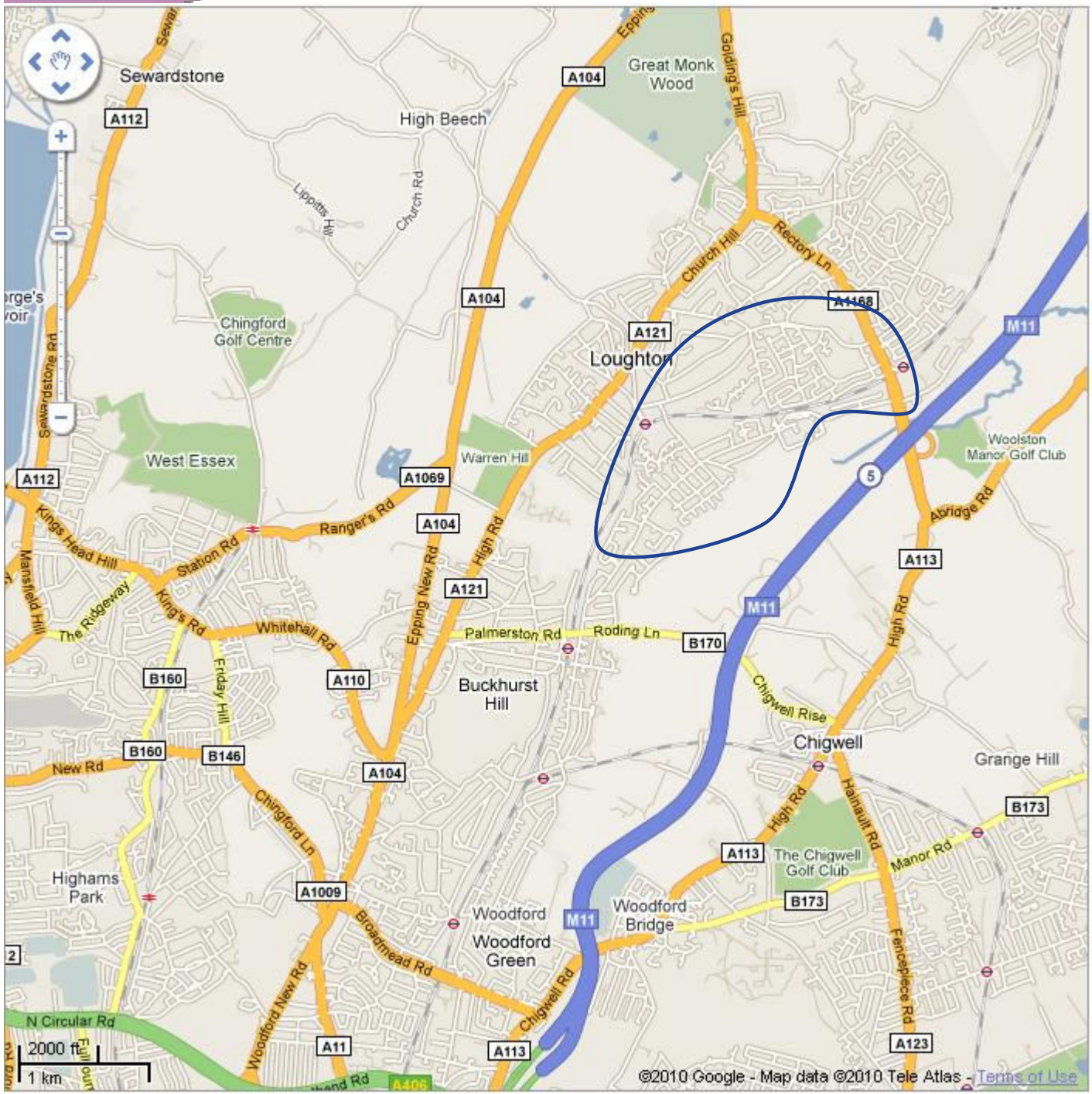
Life expectancy in Epping Forest by middle-layer SOA





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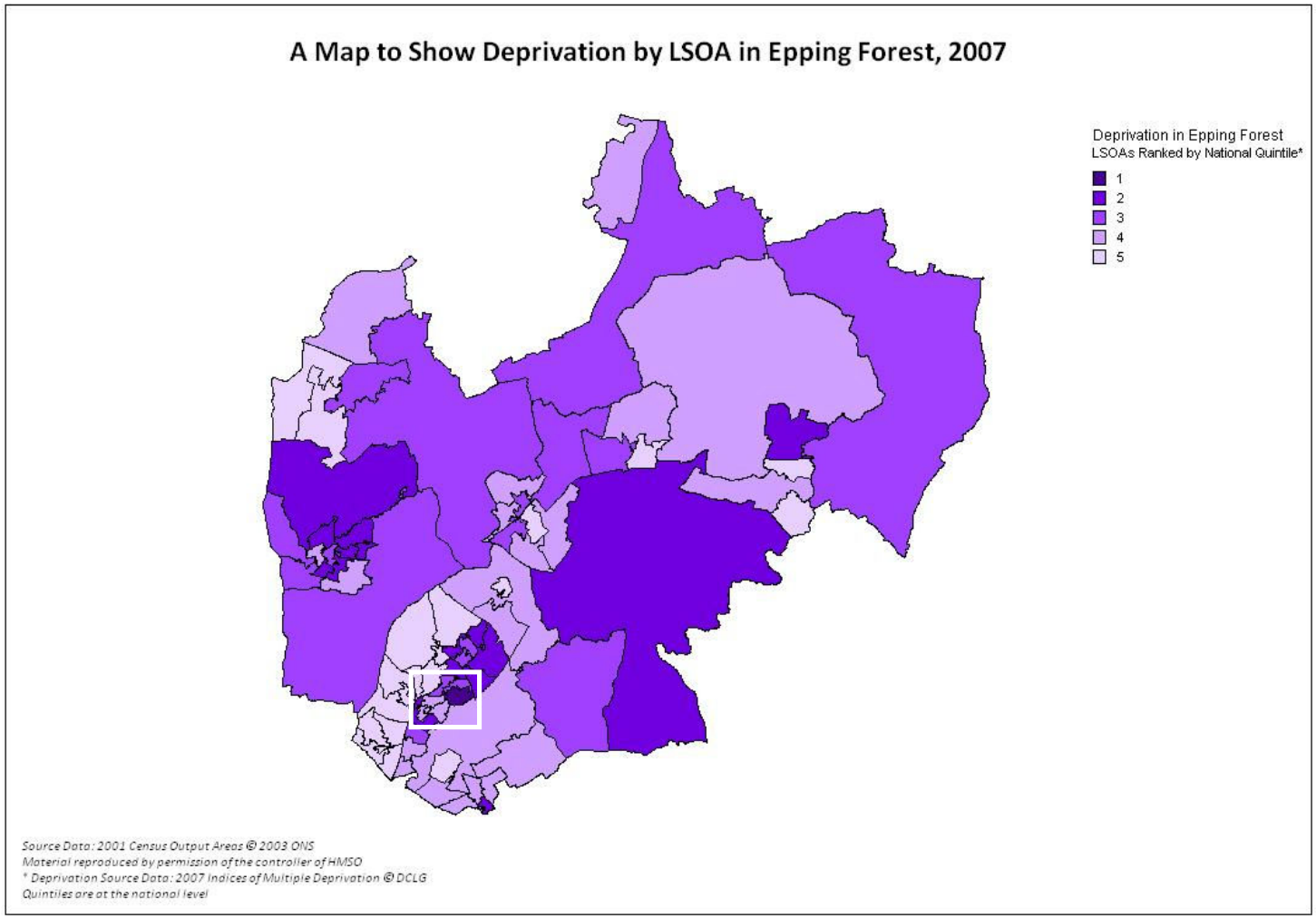
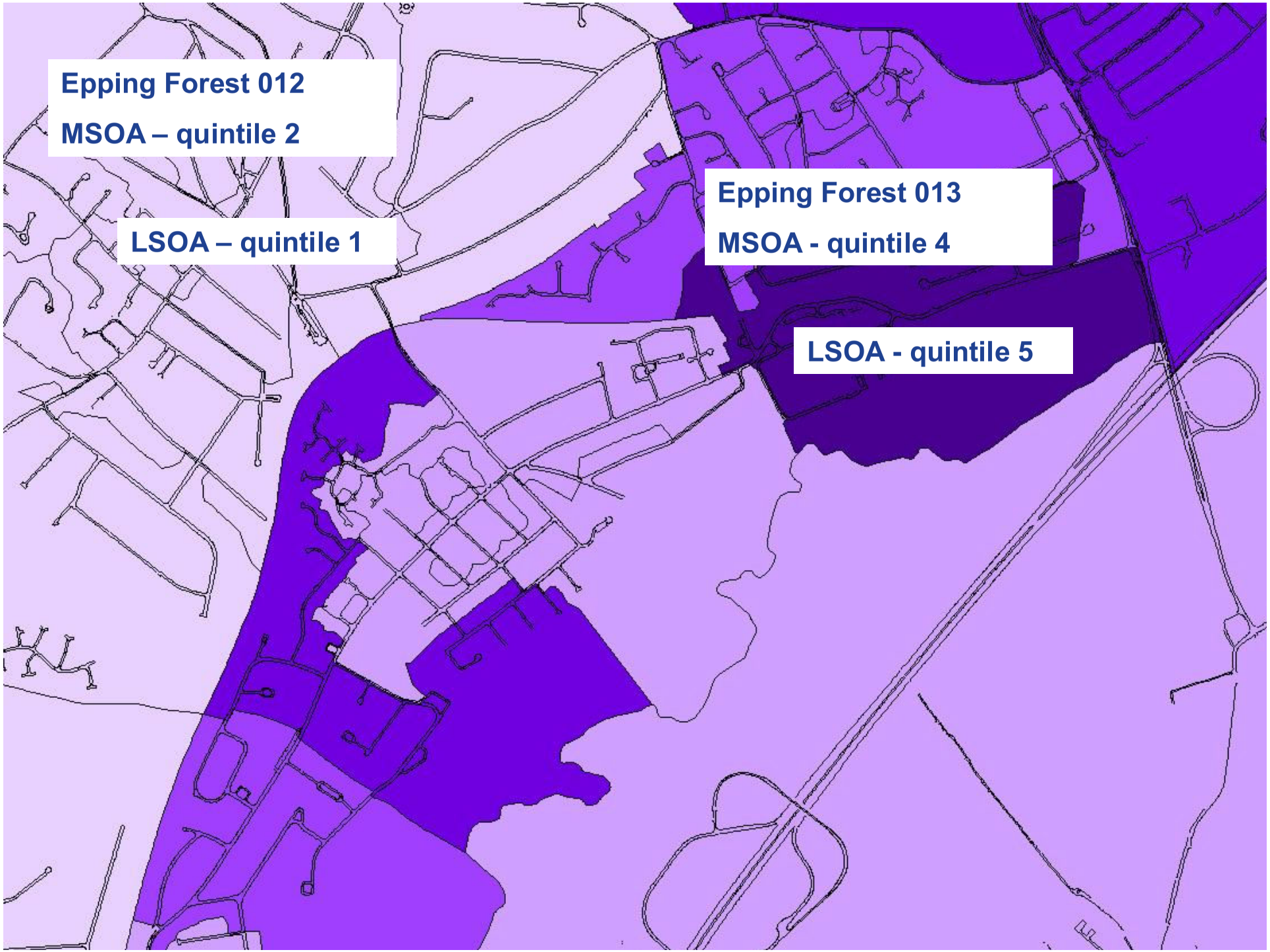
Deprivation in Epping Forest by lower-layer SOA




Epping Forest 012
MSOA – quintile 2
LSOA – quintile 1
Epping Forest 013
MSOA - quintile 4
LSOA - quintile 5

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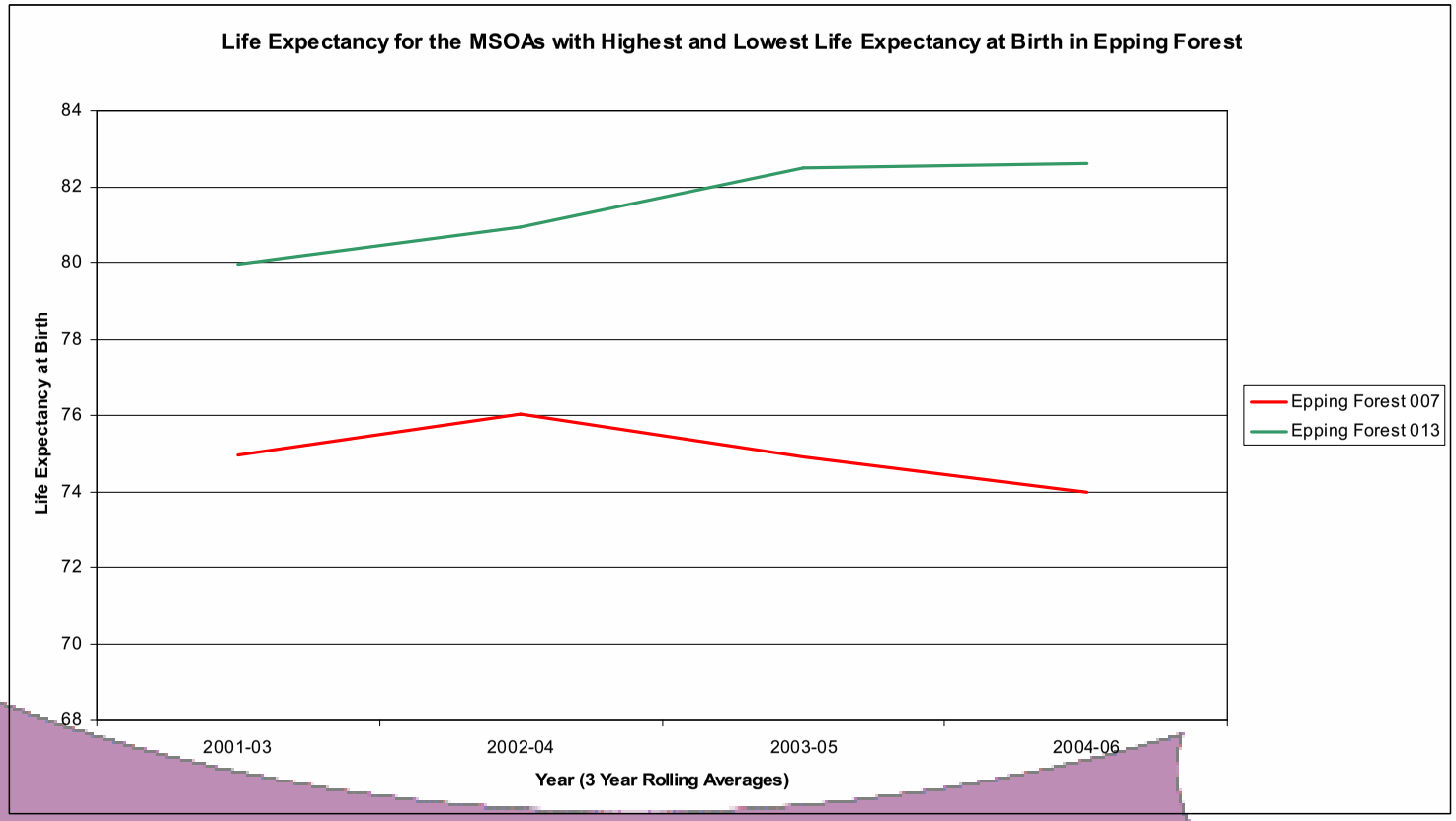
Trends in life expectancy for the MSOAs with highest and lowest life expectancy



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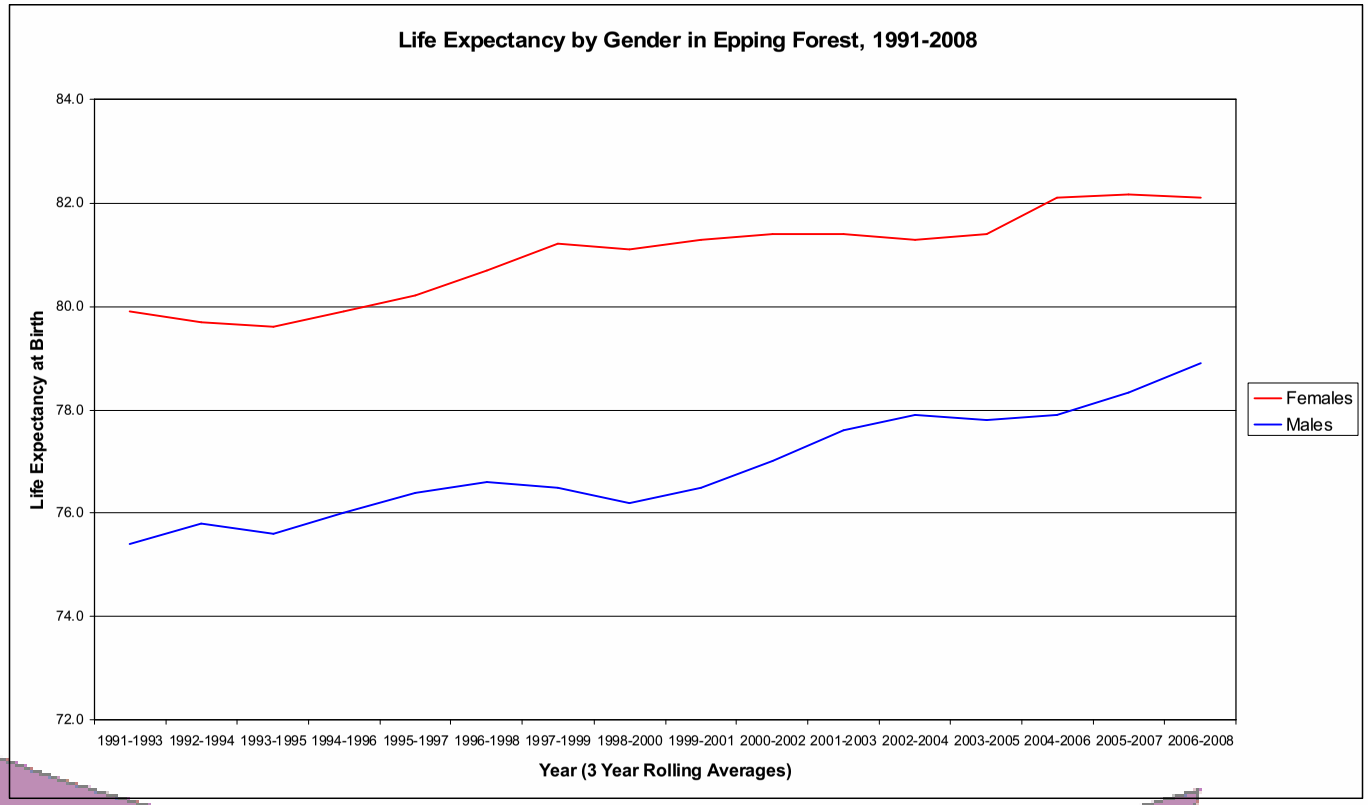
Life expectancy by gender



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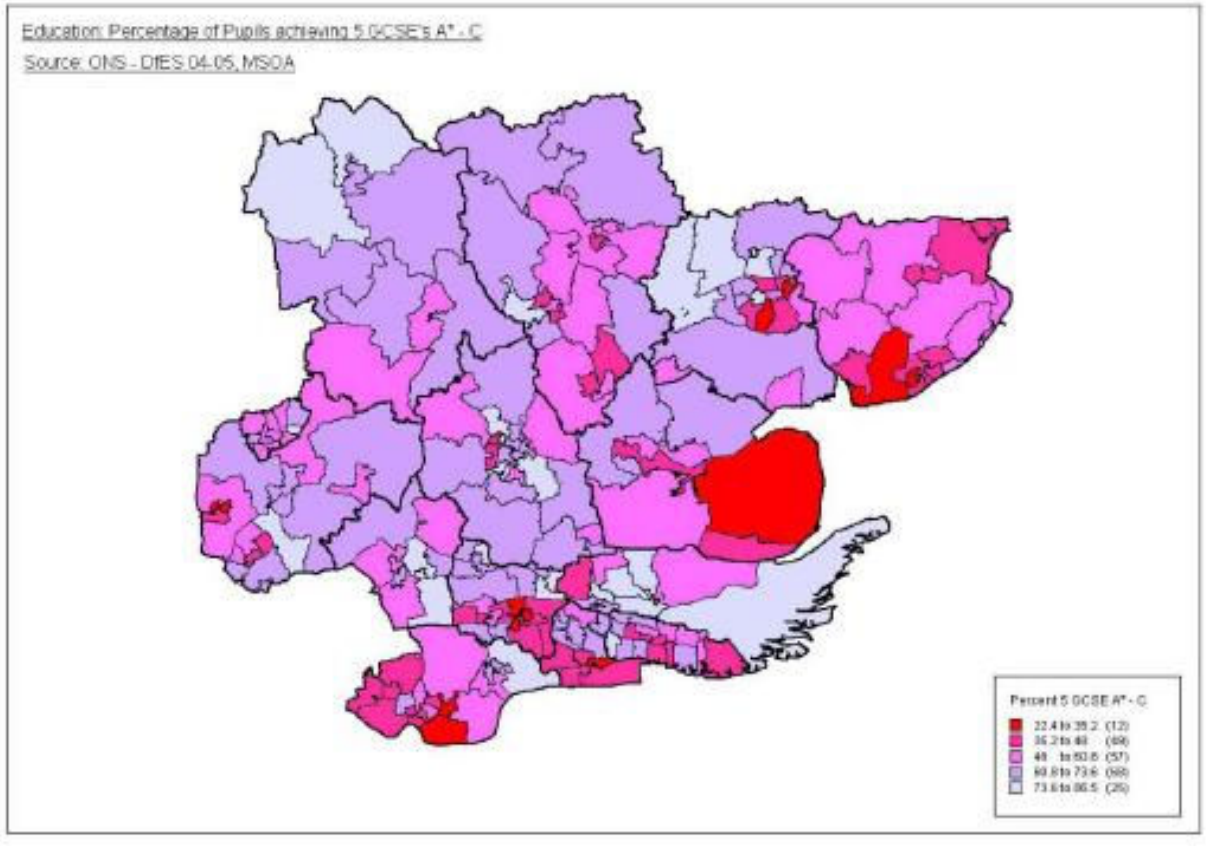
% of children in Essex achieving 5 A* - C at GCSE, by MSOA



The proportion of children in each Epping Forest MSOA achieving 5 or more GCSEs at grade A* - C ranges from 26.9% - 74.5%.

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Targeting health inequalities

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Healthier Communities Theme Group

- Sub-group of the Epping Forest LSP
  - Targeting the areas and groups with poorest health and greatest need
  - Delivering specific and measurable change.
- The theme group has agreed the criteria for prioritising actions.

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Prioritisation criteria

1. **Importance of inequalities addressed**
2. **Added value – would this happen without LSP intervention?**
3. **Likely impact on inequalities**
4. Current position – extent of inequality
5. Value for money
6. Fit with external policy
7. Availability of metrics to monitor progress
8. Reputation – public opinion

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Specific actions from PCT's strategy

- Increasing uptake of stop smoking services
- Reducing teenage pregnancy
- Health checks
- Improving mental health services for people from black and minority ethnic groups
- Improving the health of "looked after" children.

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Summary

- **On average**, Epping Forest is a relatively affluent district with good health outcomes for its population, but
- There is evidence of significant differences in health between areas and between population groups.
- Local partners are developing coordinated and targeted actions to reduce inequalities in health.