

Town Hall, Forest Road, London E17 4JF

F.A.O. Chairman
Joint Overview & Scrutiny Committee
Healthcare for London

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Dear Chairman

**Re: Submission From London Borough Of Waltham Forest
Healthcare For London – Consulting the Capital Consultation**

After consultation with the Members of Waltham Forest Council's Health, Adults and Older Persons Services Overview & Scrutiny Sub-Committee, please find herewith a response to the Healthcare for London Consultation. The main points are summarised below: -

1. Local Context

Waltham Forest, whilst geographically occupying an outer London position shares the disadvantages in terms of deprivation, especially towards the south, associated with the inner city. We, as a borough therefore stand to benefit from the overall aim of Professor Darzi in addressing Health inequalities. The Waltham Forest Public Health Report 2007-2008 highlights this. Dr Pui - Ling Li quotes the premature all cause standard mortality rate for 2006, which ranks Waltham Forest as the 8th highest in London. Infant mortality, according to pooled data gathered from 2003-2006 is also diverging from the London rate and has deteriorated from the 9th to the 5th worst in the metropolis.

2. Polyclinics

The Health, Adults and Older People's Scrutiny Sub-Committee has expressed concern that patients may be expected to travel significantly greater distances, and the consequential problems this may present to the physically disabled in terms of access to public transport and the availability of parking. The Sub-Committee has however welcomed the existing roll-out of diagnostic facilities to primary care Health Centres and can see the benefits of wider availability of these and new facilities nearer patients' homes and at times that are convenient to those in employment.

We felt that any re-configuration of primary care must have the support of affected GPs and other clinicians. Without such support, any re-configuration could prove unsuccessful.



Specifically it was felt that the location of NHS dentists at polyclinics would have a positive impact on health inequalities. No opposition was voiced to the proposal of a “hub and spoke” model of such clinics on the assumption that they would involve federation of existing GP facilities so as to maximise continuity of care and access to additional services. In response to questioning, the PCT appeared to concur with this view, which would also be realistic in terms of available accommodation. In terms of the interface between social care and health and the co-location of services, there needs to be some clarification of what is free and what is not i.e. what is health care and what is social care?

3. Specialist Centres

The Sub-Committee endorsed the evidence of better outcomes particularly for Trauma and Stroke from treatment at specialist centres. It was mindful of existing moves in this direction and of ongoing innovation in medical techniques, which may not be able to function in a General Hospital context, especially with 24-hour availability.

4. General Hospitals

In a critique of a recent proposal for re-provision of Health Care in Outer North East London, Professor Sir George Alberti endorsed the retention of Whipps Cross as a district general hospital. The Sub-Committee endorses this view and notes that there is also clinical evidence that for those with co-morbidities, who are likely to increase in number as more of the population survives beyond 80, there are better outcomes with access to a variety of clinical disciplines. Such a skill mix is best provided in a DGH context and by definition, would not be available in a specialist centre. The Sub-Committee is aware that a move to specialist centres and provision of services previously reserved to the district hospital such as Whipps Cross, in a primary care setting, could undermine its viability both clinically and financially. Consequentially, re-provision should not be undertaken to the extent that it would undermine the local district hospital.

5. Mental Health

There is a general agreement that the Mental Health section in the consultation document is not developed well. Local experience has shown that in-patient mental health facilities need to be in easy reach of patients' homes and support networks in order properly to support incremental integration back into the community. The centralisation of such in-patient services may not therefore always be appropriate. Any moves to increase availability of mental health expertise, and in particular talking therapies, in a primary care setting are to be welcomed.

6. End-of-Life Care



Resources for End-of-Life Care need to be addressed in terms of finance and personnel. From the context of a borough with a chronic housing shortage especially in areas of deprivation, the Sub-Committee was mindful that End-of-Life Home Care is inappropriate for some people because of their housing situation.

7. Self-Management

The report needs to address support for self-management of medical conditions.

8. Ageism

In terms of inequalities, ageism needs to be addressed with other forms of discrimination in any re-provision.

9. Care at Home

The Consultation document did not take fully into account the needs of carers and support for them, especially with any increase in care at home. There are also resource implications for local authorities in terms of social care provision with respect to additional care at home and additional support for carers. Resources for social care and carers therefore need to be addressed in any proposed change of responsibilities. This may impinge on any anticipated financial savings in Healthcare for London.

Should you require any further information in support of this letter, please do not hesitate to contact Paul Rogers (Interim Head of Scrutiny).

Yours sincerely,



Chairman
Health, Adults and Older Persons Services Overview & Scrutiny Sub-Committee



Paul Rogers

**Interim Head of Scrutiny
Directorate of Governance and Law**

CC: All Members Health, Adults and Older Persons Services Overview & Scrutiny Sub-Committee, Mimi Konigsberg (Executive Director, Adult & Community Services), Sandra Howard (Head of Adult Social Care and Health), Cllr Liz Phillips (Cabinet Member for Health, Adults & Older People), Sally Gorham (Chief Executive – Waltham Forest Primary Care Trust).

