MINUTES OF A MEETING OF THE HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall
10 May 2012 (7.30 - 10.00 pm)

Present:

Councillors Pam Light (Chairman), Nic Dodin, Frederick Osborne, Linda Trew, Linda Hawthorn and Frederick Thompson

Apologies for absence were received from Councillor Brian Eagling and Councillor Wendy Brice-Thompson

24 ANNOUNCEMENTS

The Chairman gave details of the arrangements in case of fire or other events that might require the building's evacuation.

25 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillor Wendy Brice-Thompson (Councillor Frederick Thompson substituting) and from Councillor Brian Eagling (Councillor Linda Hawthorn substituting).

26 DECLARATIONS OF INTEREST

There were no declarations of interest.

27 MINUTES

The minutes of the meeting held on 28 February 2012 were agreed as a correct record and signed by the Chairman.

28 AGEING WELL EVENT

Committee Administration officers presented a report detailing the outcomes of the Ageing Well event held earlier in the year. This had been an event organised, with support from the Centre for Public Scrutiny, for stakeholders to consider issues impacting on the older population in Havering. Members were invited to review the issues and themes raised during the event and to consider which of these could be included within the Committee's work programme for the coming year.

Members felt it was important that the Overview and Scrutiny Committees worked jointly on these areas where possible and officers advised that a further report summarising the work areas identified would be brought to the Committee once future work programmes had been confirmed. The Chairman felt that issues as the suitability of bus stops were relevant, not just to elderly people but also to children, people with disabilities and other groups in society.

The Committee **noted** the officers' presentation and **agreed** to consider the issues raised when drawing up its work programme.

29 **BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST QUALITY ACCOUNT**

The Clinical Governance Director from Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) thanked the Committee for the opportunity to present the Trust's Quality Account. The Trust had undergone a number of changes in the last year including a new Chief Executive and new Interim Chair. A new Director of Transformation would also be starting shortly. As Members were aware, many parts of the Trust's operations had recently been reviewed by the Care Quality Commission and a lot of improvement had been required in maternity, A&E and vascular services. An 81-point action plan had been developed in response to the Care Quality Commission report and this was reviewed on a weekly basis.

The Care Quality Commission had emphasised partnership working and the Trust's partners had felt that the main priority should be to achieve an improvement in the attitude of hospital staff. The BHRUT Director of Transformation would lead on this work and other priorities for the year included patient safety and clinical effectiveness.

The Clinical Governance Director explained that some areas had improved their performance with for example reduced waiting times in the stroke unit and improved midwife ratios for women in labour. The Trust's mortality ratio had also reduced. It was accepted that MRSA targets had been narrowly missed and work was underway to reduce pressure ulcers and numbers of falls. Real time patient surveys had been introduced leading to the receipt of very helpful feedback from patients.

It was clarified that the reduction in length of patient stay in hospital was done safely with treatment administered in a timely way. The required 1:29 midwife to patient ratio had been maintained even during the recent reintroduction of elective caesarean section deliveries at the Trust as midwife recruitment had been continued successfully.

Members were pleased that the Trust had taken on board a number of issues raised by the committee although further progress was needed in several areas. It was confirmed that all midwives recruited from overseas were interviewed by Trust staff and sat language and other examinations. Midwives were mainly recruited overseas by the Trust from Ireland and Italy.

Members were concerned at feedback from a representative of Havering Local Involvement Network (LINk) that the butterfly scheme for identifying patients with dementia had not yet been implemented. The Clinical Governance Director agreed to check when the Trust was due to implement this.

The Health for North East London (H4NEL) lead reported that the midwife-led unit at Barking was now taking bookings with the first deliveries expected by December. Services at the unit would be provided by the Barts Health NHS Trust. Officers would clarify whether midwives recruited to the Barking unit would also be required to undertake tests in English language. Members felt it would be useful to undertake a scrutiny visit to the Barking unit.

The Committee noted the improvements presented in waiting times in A&E but felt that considerable further progress was needed in this area. Members were also concerned that the Queen's A&E department would be unable to cope with the rising population in the local area as seen in several large local property developments that were currently being constructed. The H4NEL lead assured the Committee that the rising population was taken into account during the planning process but agreed to give details on this process when she next attended the Committee.

Officers felt that there were now fewer diversions of ambulances away from Queen's Hospital but Members were also concerned at reports of patients waiting long periods in ambulances before they could be admitted to A&E. Reviews were undertaken by the Trust if patients were waiting in ambulances for more than an hour. It was also clarified that ambulance staff could not leave a patient until a formal clinical handover with hospital staff had taken place.

It was confirmed that the resuscitation area in A&E was a mixed-sex area with seven adult bays and one child bay. Dignity was however always maintained via the use of screens etc.

The Committee **noted** the presentation and **agreed** that the Committee Officer should draft a letter summarising the views expressed which could be included in the final version of the Trust Quality Account.

30 NEW COMMISSIONING ARRANGEMENTS

The Director of Clinical Commissioning Group Development at NHS North East London and the City briefed the Committee on changes to commissioning arrangements resulting from the recent passing into law of the Health and Social Care Act. Primary Care Trusts (PCTs) and Strategic

Health Authorities would be abolished from April 2013 and would be replaced by a number of organisations including Clinical Commissioning Groups, the National Commissioning Board and Health and Wellbeing Boards.

Approximately 60% of PCT budgets would be transferred to the Clinical Commissioning Groups (CCGs) with the remainder covering pharmacists, dentists, optometrists and National Commissioning Board services. At the same time, LINks would be replaced by local Healthwatch organisations.

There was now a single CCG for Havering with clinical directors elected. It was planned for the CCG to receive full authorisation in 2013. The CCG was led by local Havering GPs who, it was envisaged, would gradually develop their expertise in commissioning. The Director felt it was essential that clinical leaders worked closely with Council Members and indeed the authorisation process would require the CCG to demonstrate its engagement with the Council. The CCG management budget amounted to approximately £25 per head which was only half of the equivalent budget at the PCT.

The Havering CCG would apply for authorisation in October 2012 and would know by January 2013 if it had been successful. For the period up to April 2013, NHS North East London and the City remained the accountable organisation and would continue to monitor providers. The Trust was also involved with the commissioning of health services for the Olympic and Paralympic Games.

It was clarified that primary care management costs had been reduced by 50% over the last two years but the changes would also result in a significant cost saving.

The Committee **noted** the presentation and **agreed** that the Chairman of the Havering Clinical Commissioning Group should be asked to attend a future meeting of the Committee in order to give an update on the CCG's plans and progress.

31 HEALTH FOR NORTH EAST LONDON UPDATE

Senior officers from Health for North East London (H4NEL) and BHRUT gave an update on implementation of the H4NEL plans. BHRUT was represented by Nick Hume who was working on how care that was currently provided in hospital could be safely provided in the community. He felt that one third of patients in hospital beds at any one time did not need to be there. The officers felt however that clarity was needed as soon as possible around BHRUT's clinical strategy in order that the amount of resources needed to provide care in or near people's homes could be gauged more accurately.

The H4NEL process had been running for three years and the project lead confirmed that the current plans were to relocate the existing King George Hospital A&E department to Queen's Hospital from around November 2013. It was emphasised that an urgent care centre would remain operating at King George. The sexual health service at Queen's would have to be relocated in order to allow the building of a larger A&E at the hospital. Half of all current users of A&E at King George would still be seen there by GPs in the Urgent Care Centre.

It was planned for there to be midwifery-led units at each hospital and Cornflower A ward at Queen's had recently been closed in order to start construction on the midwifery-led unit there. It was anticipated that the current maternity unit at King George Hospital would close by mid-2013. Cases would be then be seen at Queen's, Whipps Cross or the Barking Birthing Centre. No closure of King George maternity would take place however until the quality of the alternative facilities had been successfully demonstrated.

The King George site would contain an elective treatment centre, polyclinic, the urgent care centre, a renal dialysis unit and rehabilitation beds. Havering and Barking & Dagenham had a combined total of 176 beds but there were still often issues and delays in the care pathway. As such, an integrated care pathway was being developed jointly by the three local Councils and Clinical Commissioning Groups. GPs were also keen to redesign the frail elderly pathway.

A representative of Havering LINk felt that officers should consider the recent LINk report on hospital discharge. The LINk was also now looking at the issue of domiciliary care and had made a difference by working in partnership with the Overview and Scrutiny Committee, something that was often not seen in other boroughs. The H4NEL lead responded that she had read and responded to the report and agreed that the report contained a number of quick and simple measures that could improve patient care.

The health officers confirmed there were no current plans for changes to the Ambulance Service. The polyclinic at King George Hospital was expected to be open by the end of 2012 and existing local GP practices who were operating from premises in poor condition would move in. The polyclinic would also have access to other facilities on site at King George such as blood testing.

Checks on people giving care at home would be more the responsibility of the Council's Adult Social Care directorate. It was not possible to entirely guarantee continuity of care but efforts were being made to base care teams around GPs and hence meet more of people's care needs at home.

There was currently insufficient space at Queen's to include a polyclinic at the site although GPs did work in A&E in order to stream out cases not requiring emergency treatment. It was possible the introduction of a

polyclinic could be reconsidered when the other changes at Queen's had been completed. The business case for the work required at Queen's would be developed by the end of July and initial discussions had started with the hospital's PFI partner.

Members expressed concern about the practice of using cook-chill food at Queen's that had been transported from Wales and it was agreed that comments on this could be included in the response to the BHRUT Quality Account. The issue could also be raised with the relevant director at BHRUT. Members felt that the food at Queen's Hospital was nutritionally very poor and health officers agreed that very few Trusts got hospital food right.

Plans for St. George's Hospital would be included within the NHS NELC estates strategy which would be brought to the Committee once finalised.

The Committee noted the update and agreed that the officers should come to future meetings and give further reports on the implantation of the H4NEL plans.

32 HAVERING LINK - ENTER AND VIEW

The representative from Havering LINk explained that the organisation had recently undertaken a follow-up visit to Sunrise A & B wards at Queen's Hospital following an initial visit in October 2011 that had been requested by the Chairman of the Committee.

The LINk had visited the ward at 11.30 am on a Sunday and reported positive feedback overall. Staff had been pleased to see the LINk members and had seemed more relaxed and open than on the previous visit. The ward now had a meal manager who was known to the nursing staff.

It had been observed that all patients had water jugs but these were often overfilled so that patients could not lift them. It was however understood that the introduction of smaller water jugs on the ward was now being considered. There was also a lack of any butterfly signs to indicate patients suffering from dementia. There had been a mixed reaction seen to the hospital food and a woman on a soft diet was observed to have been served roast potatoes.

There were now two more care assistants on the ward which had been a recommendation of the previous LINk report. Staff shifts were now shorter and staff took their scheduled breaks.

Members agreed with the point made by both the LINk and the hospital Deputy Chief Pharmacist that if doctors could write up prescriptions themselves, this would result in quicker discharge from hospital.

Once patients had been identified as needing assistance at mealtimes, the LINk had found that such assistance was regularly and effectively given by hospital staff.

The Committee **noted** the LINk report and thanked the LINK for the important work it was undertaking via the enter and view visits.

The LINk representatives also gave an update on their current domiciliary care project. It was felt that the work undertaken at Royal Jubilee Court, which had recently been visited by members of the Overview and Scrutiny Committee, was extremely important. Some people still however needed assistance in their own home.

A Member suggested that the LINk could obtain feedback on the quality of domiciliary care at the over 50s forum.

33 COMMITTEE'S ANNUAL REPORT, 2011/12

The Committee's annual report was **agreed** unanimously and it was further agreed that the Chairman be authorised to approve the final version for submission to full Council.

34 URGENT BUSINESS

The Chairman asked Members to consider what items should be placed on the Committee's work programme for the municipal year and also what facilities e.g. the Barking midwifery-led unit could be visited by the Committee.

The London Air Ambulance service was raised and Members understood that the service only received a minimal amount of NHS funding as it preferred to operate in a more independent way.

It was agreed that the Council's transport manager should attend a future meeting of the Committee in order to update on efforts to improve transport links to and between local hospitals. The Committee also wished to scrutinise the work of the Health and Wellbeing Board and to receive a presentation on public health issues. It was also agreed to ask the Chair of the Havering CCG to attend and update the Committee on the group's work.

Chairman