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Havering
LONDON BOROUGH

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Thursday 10 March 2016	Havering Town Hall

Members 6: Quorum 3

COUNCILLORS:

Conservative Group (3)	Residents' Group (1)	East Havering Residents' Group (2)
Dilip Patel (Vice-Chair) Jason Frost Carol Smith	Nic Dodin (Chairman)	Linda Hawthorn Linda Van den Hende

Andrew Beesley
Committee Administration Manager

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AGENDA ITEMS

1 ANNOUNCEMENTS

Details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation will be announced.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – receive.

3 CHANGES TO MEMBERSHIP

The Sub-Committee is asked to:

1. Note that Councillor Ford is no longer a member of the Sub-Committee and that Councillor Van den Hende has joined the Sub-Committee.
2. Select a Member to replace Councillor Ford on the Outer North East London Joint Health Overview and Scrutiny Committee.

4 DECLARATIONS OF INTEREST

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

5 MINUTES (Pages 1 - 8)

To agree as a correct record the minutes of the meeting held on 12 January 2016 (attached) and to authorise the Chairman to sign them.

6 NORTH EAST LONDON NHS FOUNDATION TRUST (NELFT)

Officers from NELFT will update the Sub-Committee on the following issues:

- Mental health support in the community
- Intermediate care
- The Acorns Centre

7 PRIMARY CARE STRATEGY (PMS REVIEW)

Update from health officers.

8 PUBLIC HEALTH EXPENDITURE (Pages 9 - 14)

The Director of Public Health will brief Members on the use of the Public Health Grant in Havering in 2016/17 (report attached).

9 HEALTHWATCH HAVERING

A director of Healthwatch Havering will update the Sub-Committee on recent Enter and View visits carried out by the organisation.

10 URGENT BUSINESS

To consider any other items of which the Chairman is of the opinion, by means of special circumstances which shall be specified in the minutes, that the item shall be considered as a matter of urgency.

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MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
12 January 2016 (7.00 - 8.50 pm)

Present:

Councilllors Nic Dodin (Chairman), Dilip Patel (Vice-Chair), Gillian Ford, Jason Frost, Linda Hawthorn and Carol Smith

Ian Buckmaster, Director, Healthwatch Havering was also present.

Officers present:
Surraya Richards, Head of Communications (London) NHS Property
Andrew Ulyett, Area Strategic Estates Planner, NHS Property
Sarah Tedford, Chief Operating Officer, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Scott Fitzgerald, Director of Productivity
Dr Sue Milner, Interim Director of Public Health, London Borough of Havering

37 **ANNOUNCEMENTS**

The Chairman have details of action to be taken in case of fire or other event that should require the evacuation of the meeting room.

38 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

There were no apologies for absence.

39 **DISCLOSURES OF INTEREST**

There were no disclosures of interest.

40 **MINUTES**

The minutes of the meeting of the Sub-Committee held on 19 November 2015 were agreed as a correct record and signed by the Chairman.

41 **NHS PROPERTY SERVICES UPDATE**

Hulse Avenue Clinic, Collier Row

Officers from NHS Property Services (NHSPS) explained that, as a public body, NHSPS was required to advertise spare NHS properties in the first

instance to other Government departments. Havering Clinical Commissioning Group (CCG) had advised NHSPS that this site was surplus to requirements.

The building could not be directly offered to a GP as a GP was not a public body. A GP could take a lease on the building from NHSPS if requested. NHSPS were to consider whether to continue to auction the property.

Victoria Hospital, Romford

The NHSPS officers explained that the Victoria Hospital site was now 50% vacant. NHS Property were the guardians of the site and wished to establish from Havering CCG what future use was foreseen for the site. Disposal of the site was not being undertaken at this stage but this was one option, depending on the views of the CCG.

The Interim Director of Public Health added that the Health and Wellbeing Board wished to see the most cost effective of estate such as this but felt that decisions such as this should be fully connected between the Council and the NHS. In response, it was confirmed that NHSPS had discussed strategy for the site with Council officers and that a joint group had met on two occasions the future of the Victoria Hospital estate. Barking, Havering and Redbridge University Hospitals' NHS trust were also part of the local estates group.

It was clarified that NHSPS was only responsible for part of the local NHS estate and that property could not be disposed of without an explicit instruction from the CCG that it was not required for health purposes.

St George's Hospital, Hornchurch

Planning applications for both housing and health facilities on the St George's site had been recommended for approval. The housing proposal had however been rejected whilst the health facility application had been deferred due to the Regulatory Services feeling there was insufficient parking provision. Further discussions were in progress with Council planning officers and it was hoped to resubmit the planning applications in mid-February. Specific details of changes to the schemes were not available at this stage.

Work on the Outline Business Case for the project was continuing and this was not directly affected by any delays in the planning process.

Harold Wood Clinic

Officers confirmed that there had been issues with parking at this site with members of the public not inputting their car registration details into the machine in the clinic entrance or inputting them incorrectly. It was accepted that signage for this was may not have been sufficiently clear. A meeting with the parking contractor was due to be held in the next week and the NHSPS officer would speak to the facilities manager at the site and report back on any outcomes.

Members felt that poor visibility in the clinic car park may also have been an issue and that the contractors should be more lenient in issuing tickets. Other issues raised included receptionists at the clinic not helping patients who reported parking issues and a lack of motorcycle parking. There were also reports that people simply visiting the pharmacy on the site had received parking tickets.

The Sub-Committee **NOTED** the updates and thanked the NHSPS officers for their input to the meeting.

42 **BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST (BHRUT) IMPROVEMENT PLAN**

The BHRUT Chief Operating Officer confirmed that the Trust had originally been placed in special measures following an inspection by the Care Quality Commission (CQC) in late 2013. A re-inspection by the CQC in March 2015 had been very positive but some areas of concern still remained.

In response, a new clinically led management structure had been introduced at the Trust and also present at the meeting was the Trust Head of Productivity who had been recruited to support the improvement work. The most recent CQC inspection had identified 30 new areas requiring work. Of these, 19 had now been delivered and evidenced and a further 4 had been delivered. Ten other areas were also on target for delivery.

There were two other areas were delivery was at risk. The first of these were workforce issues in the emergency department where there was a lot of reliance on locums to cover shortages of consultants and middle-grade doctors. The other issue concerned access for patients and issues with waiting times and meeting the 18 week target for elective care treatment.

Current projects being worked on at the Trust included work to keep patients records secure, document patient care plans, revisions to the induction process for locum & agency staff and training speck and language therapists on tracheostomy skills.

Recent improvement included better auditing of prescriptions and that drugs were dispensed as need, the appointment of a new chief nurse, quicker discharge times from maternity and programme of work to improve the experience and treatment of children and young people.

An assurance framework had been introduced throughout the Trust. Key performance indicators were monitored and report on at Board level. Performance was also monitored at divisional level and improvement teams regularly walked the hospital looking at cleanliness issues etc. Peer reviews were undertaken on a monthly basis and the Executive Team also undertook regular inspection walks around the hospital.

The CQC was expected to inspect again in March 2016 and it was hoped that the Trust could move out of special measures at that point. Trust officers were keen to continue stakeholder engagement and show people around the hospital. Although already rated good by the CQC under the 'caring domain' the Trust was keen to continue this and had recently introduced feeding buddies for patients.

The Chief Operating Officer was aware of issues around communication difficulties and the bedside of some agency staff at the Trust. The Trust had a very diverse workforce and was in the process of setting up an equalities and diversity group that would include patient representation.

It was confirmed that there was a clear process for dealing with emergency arrivals by ambulance and that this was closely monitored. Officers were happy to receive further details from Members of any specific problems in this area.

A Member felt that it was often confusing for patients as regards what medications they were having and the Chief Operating Officer confirmed that this was also monitored. There was also a new chief pharmacist at the Trust who was investigating the issue of drugs that were wasted.

It was accepted that the target of treating or admitting 95% of patients within four hours was not being met consistently. There had however been a 10% improvement in performance over the last year. The rise in number of patients treated over the Christmas had gone smoothly and no black alerts had been declared by the Trust. There remained however a reliance on agency staff in the department. The recent strike by junior doctors had not caused any major issues in A & E.

The Trust had established links with UCL as regards medical staffing and had recruited abroad. The Chief Operating Officer would provide further details of the other universities that BHRUT recruited from.

It was confirmed that the Trust had a DNR policy. This would be discussed with the patient, usually with the involvement of the patient's family. The level of involvement a family had in these decisions would however up to

the patient. It was also pointed out that many terminally ill patients were not in fact suitable for resuscitation in any case.

The Sub-Committee **NOTED** the update.

43 CORPORATE PERFORMANCE REPORT QUARTERS 1 AND 2

The Interim Director of Public Health explained that there were indicators reported on that related to the work of the Sub-Committee:

Accepted offers of HIV tests – This target had been met and there were no major issues or concerns.

Schools achieving levels of healthy schools award – It was noted that a Havering had become the first in the borough to receive a gold healthy schools award. The Interim Director of Public Health explained that this may become a traded service where schools could decide whether to but this as a support service.

Patients offered an NHS Health Check – This target had not been met but it was explained that there were also concerns nationally over this programme. Doctors were paid £25 for each Health Check completed but GPs did not feel that this was sufficient. It was clarified that the Health Check was offered every 5 years between the ages of 40 and 74. Health Checks were based on the GP's own register of patients and usually carried out by a Practice Nurse. GPs were also encouraged to offer opportunistic Health Checks to patients who were attending their Practice for other medical reasons.

Officers explained that it was very difficult to commission Health Checks other than from GPs. Pharmacist had been commissioned in some other parts of the UK but this had not proved cost effective. It was clarified that prostate cancer checks were part of the main GP contract rather than included in the Health Check programme.

Percentage of women smoking at time of delivery – It was noted that this proportion was higher in Havering than a number of other London boroughs. Pending the decision of Cabinet, it was possible that Council smoking cessation services would be decommissioned. This figure was now validated by midwives using carbon monoxide monitors as part of the Baby Clear programme. It was possible therefore that this figure may increase but the Interim Director of Public Health added that the rate had in fact fallen in the latest quarter's figures. It was also possible that smoking cessation services could be spot purchased as required in future.

It was suggested that a review of the use of the public health budget could be an agenda item for the next meeting of the Sub-Committee.

44 APPOINTMENTS CANCELLATION TOPIC GROUP

It was **AGREED** that the proposed scope of the topic group be adopted with the addition that the review should also consider the impact of the continued delay in the Monitor investigation into the tendering process for the Elective Care Centre at King George Hospital on the backlog of patients needing such procedures. The final scope of the topic group review is appended to these minutes.

It was noted that the clerk to the Sub-Committee and a director of Healthwatch Havering would now seek to meet with the Director of Communications at BHRUT in order to explain the review and then seek to set up the first meeting.

45 URGENT BUSINESS

There was no urgent business raised.

Chairman

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE AND HEALTHWATCH HAVERING

DELAYED TREATMENTS JOINT TOPIC GROUP REVIEW

Scope and Objectives

- To understand the reasons for the backlog of appointments at Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) and how this situation arose.
- To understand the issues regarding the reported delays of 93,000 outpatient appointments, in addition to the normal workload.
- To ascertain what measures are being put in place to improve the situation.
- To investigate how IT and new technology can be used to improve the appointments backlog.
- To clarify at what stage Havering Clinical Commissioning Group (CCG) became aware of the backlog and how the CCG is monitoring progress with this area.
- To establish to what extent the backlog of appointments has now reduced and the impact this had had on other parts of local health services.
- To address the issues regarding why patients are waiting longer than 18 weeks for elective and day case surgery.
- To confirm the proportion of delayed or cancelled appointments that resulted in non-routine interventions for the patient concerned.
- To consider the impact of the continued delay in the Monitor investigation into the tendering process for the Elective Care Centre at King George Hospital on the backlog of patients needing such procedures.

Witnesses to be called

- Dr Maureen Dalziel, Chairman, Dr Nadeem Moghal, Medical Director and Steve Russell, Deputy Chief Executive (BHRUT)
- Dr Gurdev Saini, Local Authority Lead, Alan Steward, Chief Operating Officer Havering CCG or Conor Burke, Accountable Officer, Barking & Dagenham, Havering and Redbridge CCGs
- Trust Development Authority (if possible)
- Caroline O'Donnell, Integrated Care Director – Havering, North East London NHS Foundation Trust (NELFT)

Target Timescale

- To complete work within six months of commencement of the review.

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Havering
LONDON BOROUGH

Health Scrutiny Overview and Scrutiny Sub-Committee, 10 March 2016
Briefing note

Use of the public health grant in Havering in 16/17

Background

On 1st April 2013 responsibility for local public health transferred over from the NHS to Havering Council. A ring fenced grant was provided to the council to commission or directly provide a range of public health services for the residents of Havering. Some of these public health services are mandatory (they have to be commissioned or provided) and some of them are discretionary, i.e. we have choice over whether or not we provide them and how we provide them.

Havering has one of the lowest public health grants in the country. This is primarily due to historic under investment in public health in the years before the transfer of these responsibilities to the council. We have had further cuts to the grant in-year (15/16) and for 16/17 and 17/18. Since the transfer we have had the opportunity to review how the grant was being spent and to take steps to ensure that we get best value from that spend. Many mainstream council services, not funded by the public health grant, are designed to improve and protect the health and wellbeing of our residents. Some of these important public health services have already been lost or are threatened with closure or reductions because of the severe cuts to the council's funding.

We wish to allocate the public health grant in such a way as to achieve the best health outcomes for our residents. To do this we have looked at the totality of spend within the council on services that promote and protect health. We propose to combine spend from the public health grant with that from other grants and our mainstream budget and direct this spend to areas of council activity that provide the most cost effective public health services and represent best value for money.

The Proposal

No mandated services will be affected by this proposal. We will continue to commission or provide the following **mandated** services:

- Health protection services as required in the Health and Social Care Act 2012.
- Open access sexual health services.
- The health check programme.
- The child measurement programme.
- Public health advice and support to Havering Clinical Commissioning Group.
- The 0 – 5 child health programme (the health visitor service).

We will also continue to commission the following **'non-mandated'** services

- School nursing service.
- Drug and alcohol services.
- Health Champion Programme.

We propose to prioritise spend from the remaining 'non-mandated' element of the public health grant on the following areas:

1) Health promotion and early help activities with children and families in order to give children the best start in life and stop them needing more expensive interventions later on. The types of services that will be supported by the public health grant will include

- Activities to reduce violence (including sexual violence) against women and girls.
- Activities to reduce domestic violence.
- Parenting advice and support.
- Activities to promote school readiness so children can get a good start at school.
- Provision of youth services, e.g. support for the Duke of Edinburgh scheme.
- Services to promote the emotional health and wellbeing of children and adolescents.
- Behavioural support of children to improve attendance and achievement at school.
- Reducing smoking in pregnancy

- Promoting physical activity in children by encouraging use of existing facilities, e.g. free swims for under 8s

2) Projects and programmes that build public health capacity within organisations and communities to enable them to make healthier choices for themselves.

- Provision of the Healthy Schools Programme infrastructure
- Increased expenditure on the Workplace Health Programme
- Community development projects to increase health literacy and support community-based health promotion work.
- Provision of Health Zones in libraries
- Work to increase our customer insight so we can plan our communications and campaigns more effectively.
- Work with the criminal justice system to improve the health of offenders.

3) Developing an environment in which healthier choices are easier to make because the barriers to healthy behaviours have been reduced.

- Assessing the health impacts of licensing and planning applications more systematically to *plan health into* proposals.
- Protecting the health of the public through regulatory activities, e.g. food inspections, infection control measures, removal of dangerous counterfeit goods and tackling retailers who sell restricted goods to underage consumers through our test purchases programme.
- Improving community safety by dealing with anti-social behaviour and controlling the night time economy to reduce the harm caused by drugs and alcohol.
- Provision of cultural and leisure services to promote community participation and reduce social isolation.
- Provision of play areas and green gyms in Havering's parks to promote physical activity
- Sports development work to fully realise the potential of our residents, e.g. London Youth Games.

In order to do all of these we will have to disinvest in some services that are currently being commissioned from the public health grant. A summary of the services proposed for decommissioning is contained in the table below.

Services proposed for decommissioning	Comments
Sexual Health Promotion: “Young Addaction”	A very small service offering sexual health advice to less than 100 young people per annum. It is part of the young person’s substance misuse service.
Sexual Health Prevention: Phoenix Counselling	A small service offering sexual health counselling in educational settings for young people.
Obesity-Children: LBH Leisure Services (MEND C4L Challenge)	A programme targeted at primary school children who are overweight or obese. Consists of a short course on healthy eating and exercise for the children and their parents. There is limited evidence of effectiveness.
Physical Activity Adults: LBH Leisure Services (PARS)	This is a scheme whereby health professionals can refer clients/patients to a physical activity programme if they have certain risk factors. The take up and completion rate is poor and there is limited evidence of long term benefit from the programme.
Physical Activity Adults: PARS for Cancer Patients “Moving Forwards”	This is a programme designed to increase physical activity in patients who have had a cancer diagnosis. Although popular with service users there is no evidence that the health outcomes specified for this service have been achieved.
Stop Smoking Services	This is a service aimed at smokers who want to quit. Please see comments below.

Chlamydia screening office and associated activity	The Chlamydia screening office proactively offers screening to young people through outreach activities. Please see comment below.

The largest and most expensive services in this list are the Stop Smoking Service and the Chlamydia Screening office. These are discussed in more detail below.

Stop Smoking Service. Smoking is the single biggest cause of preventable ill health and helping people to quit smoking is highly cost effective for both the council and the NHS. The service is targeted at those from more disadvantaged groups who are more likely to smoke and less able (historically) to get support for themselves. However there has been a shift in both tobacco use and nicotine replacement product use. An increasing number of our residents are accessing nicotine replacement products themselves, most notably through the use of e cigarettes. There has also been an increase in the number of on-line tools that can provide support for smokers who wish to quit. It would be possible to signpost individuals to alternative stop smoking support services if our current service was decommissioned. We will explore options for continuing to provide a stop smoking support service for pregnant women.

Chlamydia Screening Office. Chlamydia is a sexual transmitted infection that can be present without the individual being aware they have it. The screening office proactively promotes and co-ordinates screening so that individuals with the disease can be identified, treated and educated to prevent onward spread of the disease. They do this through outreach work with young people (up to age 24). The London Sexual Health Transformation programme will see the commissioning of a Pan London web-based triage and home testing service for all sexually transmitted infections, including Chlamydia which could help fill the gap if this service was decommissioned (although there would be a 12 month gap between the decommissioning of the old service and the availability of the new one). However individuals will still be able to attend open access sexual health services or their GP if they suspect they have symptoms. We will also continue to commission the pan London HIV prevention programme which promotes safer sexual practices and also offers testing services. This outreach service would be beneficial for clients who could no longer access the Chlamydia screening office and who had increased risk of HIV transmission.

All commissioned non-mandated public health services were in scope for the review of cost effectiveness which has informed these decommissioning proposals. The services proposed for decommissioning were selected either because there was little evidence of effectiveness or as the 'least worst option'.

Cabinet has approved a four week public consultation to seek views as to how the reduced funding for all public health services within the council should be prioritised to ensure improvement in the health of the population. The final decision on the proposal has been delegated to the lead member for public health – Councillor Wendy Brice Thompson. The consultation period will close on 9th March 2016. An equality impact assessment has been carried out on this proposal and will be available to the lead member to aid decision making. If this proposal is supported the specified public health services will be decommissioned and the public health grant directed to the services set out in this proposal.

The draft budget for the public health grant for 16/17 is set out in a separate spreadsheet.

Dr S Milner, Interim Director of Public Health.
February 2016