MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Council Chamber - Town Hall
13 February 2018 (4.00 - 6.10 pm)

Present:

COUNCILLORS	
London Borough of Barking & Dagenham	Adegboyega Oluwole and Jane Jones
London Borough of Havering	Dilip Patel and Nic Dodin
London Borough of Redbridge	Stuart Bellwood
London Borough of Waltham Forest	Richard Sweden and Geoff Walker
Co-opted Members	Ian Buckmaster (Healthwatch Havering), Mike New (Healthwatch Redbridge) and Richard Vann (Healthwatch Barking & Dagenham)

Also present:

Wendy Matthews, Deputy Chief Nurse/Director of Midwifery, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Rehan Khan, Consultant Obstetrician, Barts Health and Co-Chair/Clinical Lead, East London Local Maternity System
Vicky Scott, Director of Provider Collaboration, East London Health & Care Partnership (ELHCP)
Ian Topmpkins, Director of Communications, ELHCP
June Okochi, Maternity Programme Manager, ELHCP
Jane Milligan, Accountable officer, NHS North East London Commissioning Alliance
Tom Travers, Chief Financial Officer, BHR Clinical Commissioning Groups
James Gregory, Director of Programme Management Office, BHR Clinical Commissioning Groups

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

22 CHAIRMAN'S ANNOUNCEMENTS

The Chairman gave details of arrangements in case of fire or other event that may require evacuation of the meeting room or building.

23 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

Apologies were received from:

Councillor Pater Chand, Barking & Dagenham
Councillor Michael White, Havering
Councillors Hugh Cleaver, Suzanne Nolan and Neil Zammett, Redbridge
Councillor Mark Rusling, Waltham Forest
Councillor Chris Pond, Essex
Councillor Aniket Patel, Epping Forest

24 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

25 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 10 October 2017 were **AGREED** as a correct record and signed by the Chairman.

26 EAST LONDON LOCAL MATERNITY SYSTEM

The BHRUT Director of Midwifery explained that the East London Local Maternity System (ELLMS) had put together a five year plan which aimed to halve the number of still births in the area by 2030. An increase of 1,500 births per year was predicted in North East London in the next five years. There were sufficient maternity units in the sector to cope with this but it was accepted there were workforce gaps and high staff turnover in local maternity services.

The North East London area had a very diverse language and ethnic mix and 20% of pregnant women in the area were presenting with multiple co-morbidities. Priorities of the maternity transformation plans included establishing continuity of care in maternity and treating more women in lower risk settings such as the midwife-led unit at Queen's Hospital.

Officers accepted that there were major challenges around maternity staffing and wished to create an environment where people wanted to work in East London. It was possible that midwives could work across providers under a programme of common training etc. It was also wished to build a culture in East London where the patient and their safety came first. It was noted that there were only two maternal deaths in East London in the previous year. There was good continuity of care at ante and post-natal stages and trajectories had been established to improve this further. Some 1,300 local women had been engaged in the plans to deliver improved maternity care.

It was planned to introduce a pilot of digital maternity services and to introduce a new estates strategy so that more maternity services could be delivered in the community. The introduction of joined up work on neo-natal safety would reduce the numbers of unnecessary admissions. A bid for £7.6m funding for maternity transformation work had been made to NHS England and the outcome of this application would be known in the next two weeks.

Officers confirmed that NICE guidelines were followed in the use of antibiotics during labour and it was emphasised that there were very few stillbirths in East London. BHRUT was funded until March 2019 to a midwife:birth ratio of 1:24 which was the best in the country. It was accepted however that attracting the workforce to fill these posts was a challenge.

It was clarified that the Secretary of State for health wished to reduce numbers of stillbirths by 20% by 2020. There was already a low rate of stillbirths in North East London. It was accepted that there was a shortage of midwives, particularly in London. The implications of Brexit had created uncertainty for midwives recruited from other European countries such as Italy or Portugal. Flexibility in work patterns could be shown for example allowing retiring midwives to switch to part time working. Work also took place with schools and colleges to recruit nurses and midwives.

It was emphasised that very few midwives were struck off the Nursing and Midwifery Council register. Officers accepted that midwives were placed under stress by for example court cases brought if a baby was born with brain damage but stress levels were lower in a midwife's general work. Struck off midwives would not be reemployed by local Trusts.

It was accepted that the removal of bursaries had been challenging but apprentices were also used in maternity. Training places for midwifery were still being filled although lower overall numbers were now applying. Financial incentives for trainee midwives were not currently being considered.

The Director of Midwifery supported neighbourhood midwives and this service would continue if sufficient transformation monies were received.

Post-natal care had improved across the area and it was wished to provide further post-natal support where this was needed.

27 CLINICAL COMMISSIONING GROUPS - SINGLE ACCOUNTABLE OFFICER

Jane Milligan (JM) Single Accountable Officer for the NHS North East London Commissioning Alliance explained that she oversaw the seven Clinical Commissioning Groups (CCGs) covering North East London. She

supported the ambitions for integrated care and that health and social care budgets would be brought together by 2021.

It was emphasised that the role of Single Accountable Officer was not about undermining work in progress at borough level. Joint working could however bring benefits in some areas such as maternity commissioning and procurement of the NHS 111 service. This had led to the establishment of a Joint Commissioning Committee, meeting in public from April 2018,.

It was accepted that there were financial challenges in the local NHS system such as BHRUT having recently been placed in financial special measures. Resources for the whole system were therefore being looked at by addressing costs and the quality of care. Updates on this work would continue to be given at both North East London and borough level.

The development of Accountable Care Systems (now known as integrated care systems) would mean services could be delivered in an integrated way. JM wished to see a more patient-centred approach and to also address workforce challenges.

Pilot work on the pooling of health and social care budgets was already under way, prior to the Government target of bringing together these budgets by 2021. In New Zealand primary care had worked closely up with district general hospital services and JM felt that North East London could learn from this work.

JM felt that her priorities included stability and overseeing quality improvements in key workstreams. Estates planning and digital enablement were also key priorities. It was emphasised that the health sector had the same overall resources but that costs had increased and it was therefore necessary to find ways of having a joined up approach. It was challenging to make progress with tackling diabetes and cardiovascular disease and it was accepted that the sector had an ageing and growing population.

The local health sector had undertaken a lot of work on population growth working with Councils to consider the impact of population growth on care. The NHS estates plan will provide an overview of planning across north east London and could be brought for scrutiny.

The Joint Committee noted the position.

28 **CLINICAL COMMISSIONG GROUPS - FINANCIAL RECOVERY PROGRAMME**

The BHR CCGs Chief Financial Officer explained that the three local CCGs were required to make a total saving of £55m which was approximately 5% of the total annual budget for the three CCGs. This had led to the requirement for some very challenging financial decisions to be taken.

It was accepted that the funds allocated to the local CCGs did not meet the demand for health services, particularly given the ageing population of the area.

Work to reduce the deficit included areas such as focussing on value for money and the removal of duplication in contracts, the CCGs themselves making efficiencies, supporting provider efficiencies and maximising efficiencies from estates. A director of performance and delivery had been recruited to oversee the CCGs' savings and BHR CCGs' governance had been independently reviewed, receiving a positive report.

Providers were being encouraged to ensure a joined up patient journey through the NHS system. More digital technology was being used with for example virtual triage being introduced for gastroenterology. Work on pressure ulcer management was being undertaken with BHRUT and NELFT.

Two consultations had taken place to restrict access to certain routine treatments and medications which were expected to save up to £6.7m overall. Public feedback had broadly supported the savings proposals and made further suggestions such as recycling more equipment and reducing managerial & agency staff. As regards estates, property charges were no longer being paid on sites identified for disposal such as St. George's Hospital, Hornchurch.

To this point, some £40.5m savings had been identified compared to a £45m in-year target and a total of £55m savings required to return to balance. A Delivery and Performance Board had been established to monitor the implementation of agreed savings. It was accepted that the impact of BHRUT recently being put into financial special measures could be challenging to the delivery of the required savings.

Significant savings would also be required in 2018/19 and it was hoped to achieve economies of scale across North East London. A savings target of £48m was expected with £32m already identified. Officers accepted however that a lot of work would still be needed to close the remaining budget gap.

It was clarified that savings derived from l car park charges related to the CCGs' office carpark which is used by staff rather than the public. Measuring of referral to treatment times related to the entire time a person waited for treatment, including once the initial referral had been made. Asset disposal such as the future of the St George's Hospital site (which the CCG does not own) was being reviewed to ensure the maximum savings of both capital and revenue were achieved.

The Committee noted the position.

29 HEALTHWATCH HAVERING - QUEEN'S HOSPITAL IN-PATIENT MEALS UPDATE

A director of Healthwatch Havering explained that the organisation's work on the quality of food at Queen's Hospital sought to make observations rather than criticisms of the Hospitals Trust and its work. Healthwatch also appreciated the challenges involved in providing food in hospital.

Healthwatch has first visited the hospital as part of this review and encountered mixed results. Food on a ward treating patients with dementia had been found to be of poor quality and arrangements for assisting patients with eating had not been effective.

This had led to a further unannounced visit on 4 October as well as an announced Healthwatch visit on 5 October. The Healthwatch members had found that arrangements for mealtimes had improved but there remained some problems such as a lack of communication between Sodexho Catering and ward staff. Patients with dementia had also been observed as not being given a choice of food.

Healthwatch had made a number of recommendations covering areas such as improved training and a review of the procedure by which patients ordered their food and these had been responded to by BHRUT. The Deputy Chief Nurse at BHRUT added that the food service contract at the hospital was now managed better and the contractors were held more to account. There were now 53 trained meal time volunteer assistants at the hospital but it was accepted that more work also needed to be done in this area.

The Director of Healthwatch Havering added that the organisation was grateful for the Trust's positive response and for their acceptance of the control of contract issue. It was likely that Healthwatch would arrange a further visit to review the issues re food at Queen's Hospital.

The Committee noted the report from Healthwatch Havering.

30 URGENT BUSINESS

There was no urgent business raised.

Chairman