

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
18 July 2018 (7.00 - 8.45 pm)**

Present:

Councillors Nisha Patel (Chairman), Nic Dodin, Martin Goode, Jan Sargent, Christine Vickery, Ciaran White and Martin Goode

Also present:

Kathryn Halford, Chief Nurse, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)
Jacqui van Rossum, Executive Integrated Care Director (London) North East London NHS Foundation Trust (NELFT)
Mark Ansell, Interim Director of Public Health
Lucy Goodfellow, Policy and Performance Business Partner

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillor Darren Wise, Councillor Martin Goode substituting.

2 DISCLOSURES OF INTERESTS

There were no declarations of interest.

3 MINUTES

The minutes of the meeting of the Sub-Committee held on 15 March 2018 were agreed as a correct record and signed by the Chairman.

4 TRUST OVERVIEW - NORTH EAST LONDON NHS FOUNDATION TRUST

The NELFT Executive Integrated Care Director (London) explained that NELFT delivered mental health and community services covering North East London, South West Essex and Kent. NELFT remained financially robust and, as a Foundation Trust, was required to generate a surplus. The Trust was still required to make efficiencies however but efforts were made to keep any cutbacks away from front line services. Trust staff had moved to

agile working, using mobile devices to upload records remotely. This had generated efficiencies by allowing the disposal of Trust estates.

NELFT delivered a range of services including nursing, health visiting, podiatry and services for people with long term conditions. There were approximately 800 NELFT staff in Havering. NELFT had an ageing workforce which could lead to recruitment and retention issues.

Havering was seeing higher levels of dementia including younger onset dementia. There were also increased numbers of children in the borough and a growing demand for mental health services. NELFT worked closely with the Council's Adult Social Care teams as well as with partners such as St Francis Hospice on end of life care. Work was ongoing to try to reduce the referral to diagnosis time for dementia.

There had been a rise in the number of referrals to the Improving Access to Psychological Therapies programme but the officer felt there had been a lack of investment in this area by commissioners. NELFT was also working with BHRUT to manage demand for A&E services. An update could be given at a future meeting on the Community Treatment Team and its work which sought to offer an alternative to people going into hospital. It was agreed that 25% of patients seen in A&E could be treated elsewhere.

Members felt that there should be more emphasis placed on the rising demand for mental health services and officers would confirm if reports from the Mental Health Partnership Board were taken at the Health and Wellbeing Board. NELFT could provide to the Sub-Committee a report on mental health services covering admissions via the Mental Health Act or via the Police etc.

For people with a mental health crisis, the 24:7 Mental Health Direct phone line was linked direct to the NELFT crisis team. NELFT also worked with the Police via the Street Triage Service and had Police based in some mental health facilities. It was clarified that NELFT was the provider for acute or in-patient care whereas more secure, forensic services were managed by the East London Mental Health Trust. It was suggested the Sub-Committee may also wish to scrutinise child & adolescent mental health services and the transition from these to adult services.

The Sub-Committee noted the Trust overview.

5 TRUST OVERVIEW - BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST

The Chief Nurse of BHRUT reported that in excess of 8,000 babies had been born at the Trust in the last year with 39% of these births in the Queen's Hospital birthing centre which was seen as a positive. The Trust saw 185 ambulances per day with 600-700 A&E attendances per day.

across the Queen's and King George Hospital sites. The Trust ran a total of 52 critical care beds and 911 in-patient beds.

An inspection by the Care Quality Commission (CQC) in 2015 had rated a number of areas of operations as either inadequate or requires improvement. Some improvements had been recorded when the CQC reinspected in 2016 with further improvements noted in a 2018 inspection of the Trust.

It was accepted that the 95% of A&E patients treated within a four hours target was not currently being met. Targets on 18 weeks access to treatment had also not been met recently by the Trust. The Trust's target for minimising cases of C-Difficile had been beaten due to good infection control practice.

Retention levels of nursing staff at the Trust had improved but BHRUT had faced significant financial problems over the last 18 months. Accounting practices had been adjusted but BHRUT remained in special measures for finance. Efficiencies had been made in areas such as procurement and rostering but savings work was also continuing across the patient pathway.

The increase of attendances at A&E was due to the rise in building and families in the local area. There were also more regular attendees and people with expectations that they would be seen quicker at A&E than at their GP etc. A redirect service at A&E sought to send patients back to their GP if it was not appropriate for them to be treated at A&E. It was difficult to build at Queen's Hospital but a bid had been submitted to extend the size of A&E at both sites. It was noted that a consultation on urgent care services was ongoing and that this was due to be considered by the Joint Committee on 26 July.

Overall, the Trust improvement plan was on target although population increases remained a concern, even though these were fed into targets.

The Sub-Committee noted the Trust overview.

6 Q4 PERFORMANCE INFORMATION

It was noted that Havering had missed its target on levels of obesity in reception age children. Obesity levels doubled over the primary school years and a report on this that had recently been taken to the Health and Wellbeing Board, could be circulated to the Sub-Committee. Central Government was now more directive as regards obesity and the Council also sought to use its green spaces and leisure facilities to get people more active.

Children were weighed as part of a national survey when they started school. Schools did offer healthy meals but it was uncertain what proportion of children had school meals or brought their own food. There was also a link between obesity and levels of deprivation.

Some 67% of respondents were satisfied with their out of hospital GP service, which was just above the national average. Officers could circulate examples of letters that were sent to parents of children assessed as overweight. These gave details of where parents could get appropriate advice. Some schools did encourage their pupils to walk and Members felt this should be encouraged. Only in rare cases were instances of children being overweight linked to medical conditions such as hyperthyroidism. Officers would circulate details of the Couchto5k app and website which were designed to improve fitness levels.

Delayed transfers of care (patients who were medically fit for discharge but remained in hospital) did not currently have a specific target as the methodology had recently changed. Some recent cases had been due to problems with community health care such as a lack of availability of district nursing.

A breast feeding scheme was due to be launched in Havering the following day and further details could given be to the Sub-Committee.

The Sub-Committee noted the performance information.

7 JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE NOMINATIONS

It was agreed unanimously that Councillors Patel, White and Dodin would be the Sub-Committee's representatives on the Outer North East London Joint Health Overview and Scrutiny Committee for the 2018/19 municipal year.

It was also agreed unanimously that Councillor Patel would be the Sub-Committee's representative on any Pan-London scrutiny work that may be required during the 2018/19 municipal year.

8 SUB-COMMITTEE'S WORK PROGRAMME

The Sub-Committee's agreed that the various items raised during the meeting should be added to the work programme and asked the clerk to circulate an updated version of the work programme reflecting this.

Chairman

