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Havering
LONDON BOROUGH

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Wednesday 18 July 2018	Havering Town Hall

Members 6: Quorum 3

COUNCILLORS:

Conservative Group (3)	Residents' Group (1)	Independents Residents'Group (1)	North Havering Residents' Group (1)
Nisha Patel (Chairman) Christine Vickery Ciaran White (Vice-Chair)	Nic Dodin	Jan Sargent	Darren Wise

For information about the meeting please contact:
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Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.

2. Driving improvement in public services.

3. Holding key local partners to account.

4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

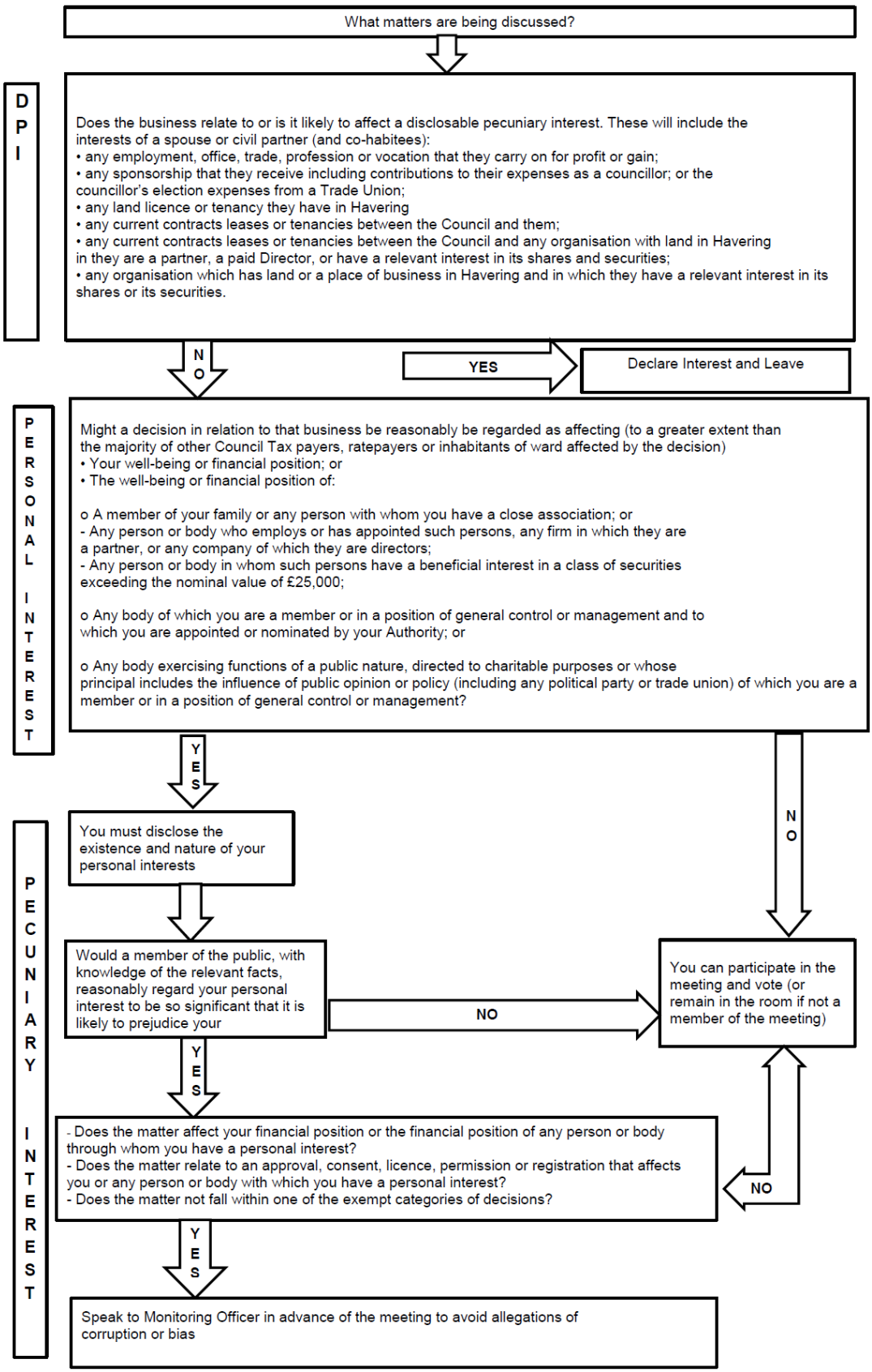
Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for

anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference:

Scrutiny of NHS Bodies under the Council's Health Scrutiny function

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



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 DISCLOSURES OF INTERESTS

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

4 MINUTES (Pages 1 - 6)

To approve as a correct record the minutes of the meeting of the Sub-Committee held on 15 March 2018 (attached) and to authorise the Chairman to sign them.

5 TRUST OVERVIEW - NORTH EAST LONDON NHS FOUNDATION TRUST (Pages 7 - 14)

Report attached.

6 TRUST OVERVIEW - BARKING, HAVERING AND REDBRIDGE UNIVERSOTY HOSPITALS NHS TRUST (Pages 15 - 30)

Report attached.

7 Q4 PERFORMANCE INFORMATION (Pages 31 - 46)

Report attached.

8 JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE NOMINATIONS (Pages 47 - 50)

Report attached.

9 SUB-COMMITTEE'S WORK PROGRAMME (Pages 51 - 54)

Report attached.

Andrew Beesley
Head of Democratic Services

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MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
15 March 2018 (7.00 - 8.25 pm)

Present:

Councillors Dilip Patel (Vice-Chair), Denis O'Flynn, Carol Smith and Nic Dodin

Also present:
Ian Buckmaster , Director, Healthwatch Havering
Barbara Nicholls, Director of Adult Services
Mark Ansell, Director of Public Health
Phillipa Brent-Isherwood, Assistant Director of Policy
Piers Young, Interim Chief Operating Officer, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

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

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

Apologies were received from Councillors Michael White and Alex Donald. In the absence of Councillor White, the meeting was chaired by Councillor Patel.

30 **DECLARATIONS OF INTEREST**

There were no disclosures of interest.

31 **MINUTES**

The minutes of the meeting of the Sub-Committee were agreed as a correct record and signed by the Chairman.

32 **HEALTHWATCH HAVERING - QUEEN'S HOSPITAL PUBLIC SPACES**

The Director of Healthwatch Havering explained that an enter and view visit to Queen's Hospital had been conducted following adverse comments about a number of public spaces at the hospital. Healthwatch had found that the Hospitals' Trust should do more to discourage smoking at the entrance to the hospital and that the car drop off zone was too small. The disabled parking spaces at the front of the hospital should also be enforced.

It had also been found that hand sanitisers should be relocated and that cleaning staff should be trained in hygiene. Other recommendations included considering the provision of adult disabled changing facilities and the inclusion of visitors in fire drills. It was also felt that better arrangements should be made for people who were hard of hearing. Healthwatch had also found that temporary visiting facilities such as the mobile breast screening unit often did not have disabled access and that more seating and distance signs should be installed in the hospital's public areas.

In response, BHRUT had agreed to consider further anti-smoking measures and had confirmed that there were parking enforcement officers on the hospital site. The Trust did not wish to extend the drop off zone as this would reduce the number of disabled parking spaces available. The Trust accepted the issue re people with hearing difficulties and had established a deaf patient access group. Healthwatch had also been invited to join a working party on establishing adult changing facilities at the hospital. Hospital maps were being installed and signage was also being improved. Whilst additional seating could not be installed in corridors due to fire safety regulations, the Trust would commence providing mobility buggies for people with disabilities.

It was accepted by Heathwatch that patients could not be physically prevented from leaving the building in order to smoke, The Director of Public Health added that there were now fewer young people smoking and that more adults were switching to e-cigarettes which were less harmful.

The Sub-Committee welcomed the report by Healthwatch Havering and noted its contents.

33 HEALTHWATCH HAVERING - UPDATE ON QUEEN'S HOSPITAL MEALTIMES

The Director of Healthwatch Havering explained that announced and unannounced visits to review the quality of in-patient meals at Queen's Hospital had been held on 4 and 5 October 2017. These were following up a previous Healthwatch visit in October 2016. Healthwatch had received good cooperation on the visits from both BHRUT and Sodexho staff.

Healthwatch had found that drinks containers and cutlery on wards were inadequate and that there was confusion about menu choices and ordering deadlines. Healthwatch had therefore recommended that there should be better cooperation between staff and that a better system for food ordering should be introduced. Priority should also be given to managing patients' hydration.

In response, BHRUT had increased the training given to Sodexho staff and had asked the Trust's patient experience team to work on improving meal arrangements. Food ordering times had been clarified and there were

menus on every bedside locker. Menu options were also reviewed monthly and there was a range of 17 menus available. Additionally, water jugs would be topped up regularly and the catering department corridor was now cleaned more frequently. Healthwatch had also been assured that food at Queen's Hospital complied with NHS guidelines.

It was noted that a report on a recent visit by Healthwatch to A & E at Queen's Hospital would be brought to a future meeting of the Sub-Committee. A report on Healthwatch work on local vision services could also be brought for scrutiny in due course.

The Sub-Committee welcomed the report by Healthwatch Havering and noted its contents.

34 QUARTER 3 PERFORMANCE INFORMATION

There had not been significant changes in levels of childhood obesity in Havering in recent years. Around 10% of reception year children were obese and there was a strong correlation of obesity with families from disadvantaged or deprived areas. Officers felt this was a complex issue and aimed to address this via the Prevention of Obesity Strategy which promoted breast feeding, healthy eating and physical activity. The strategy had been presented to the Health and Wellbeing Board in July 2018 and this could also be shared with the Sub-Committee. The Director of Public Health would also clarify what level of ante-natal classes and advice that were available via BHRUT. Officers agreed that there were a lot of health benefits available if breast feeding could be encouraged.

Satisfaction with the GP out of hours service (including NHS 111) was broadly unchanged. It was noted that all Havering practices opted out of the out of hours service and that the CCG commissioned the Partnership of East London Cooperatives to provide this service.

Figures for delayed transfers of care (for which the Council was responsible) had improved recently and officers felt these should improve further once this data had been amended.

The Sub-Committee noted the update.

35 UPDATE RE CARE HOME CHARGES

The Director of Adult Services explained to the Sub-Committee the revised schedule of charges the Council would pay for care home charges. The uplift for 2018/19 was currently being analysed and it was accepted that the major cost increase for providers was due to increases in the national living wage.

It was accepted that the Council could not afford to pay higher fee rates but the Director felt that there were currently sufficient homes within Havering that would accept the current rates. Any higher rates would need to be topped up by residents' families.

It was clarified that there were approximately 40 care homes for older people in Havering with around 1,600 beds. The Council contracted around one third of the beds, a further third were for self-funding residents and the remaining third were either used by other boroughs or were vacant. It was noted that the Council aimed to keep more people in their own homes and had therefore put less people in residential care this year.

The Council had worked with local health bodies on a Discharge to Assess programme which allowed assessment of patients to be completed at home rather than in hospital. This reduced the likelihood of patients having to go into residential care.

The Sub-Committee noted the update.

36 **DELAYED REFERRALS TO TREATMENT**

The Interim Chief Operating Officer of BHRUT explained that a recovery plan had been instituted by the Trust in response to issues identified in 2014 with regard to the reporting of waiting times. The Trust's overall target of seeing 92% of referrals within eighteen weeks had been met in June 2017, three months ahead of time.

The validation of data had been improved by the Trust, as had theatre productivity and the efficiency of outpatient services. Recruitment of consultants had increased and detailed demand and capacity work had also been undertaken. A clinical harm programme had also been introduced but no cases had been found where moderate or severe harm had been caused to patients due to their waiting for treatment. The programme had been drawn up by consultants and criteria for clinical harm had been set based on individual patient needs.

Assurance of the Trust's work on referral times was provided by performance reports to the Trust Board and a Planned Care Board with local Clinical Commissioning Groups. Regular meetings were also held by the Trust with NHS England and NHS Improvement.

It was agreed that there had been a rise in the number of GP referrals to BHRUT hospitals. The GP Redirect programme had ceased and there had also been an increase nationally in the number of patients referred to secondary care. The Chief Operating Officer felt that clinical management in primary care needed to be addressed, particularly in cases of single handed GPs not adhering to agreed pathways.

IT issues had now been resolved and the Trust had put in IT fail safes. There remained some issues of human entry error but these were reviewed

on a weekly basis. The Chief Operating Officer was confident the Trust could continue to meet its targets provided that numbers of referrals did not continue to rise. Unnecessary referrals from commissioners would be addressed with commissioners. An advice and guidance service for GPs was in development which would reduce the number of patient referrals.

It was clarified that recent financial issues at the Trust would not impact on meeting targets and that no operations would be cancelled. Payments for clinical work be prioritised by the Trust.

The Sub-Committee noted the position.

37 **ANNUAL REPORT OF SUB-COMMIITEE**

The Sub-Committee approved its draft annual report and agreed that this should be submitted to full Council for consideration.

38 **URGENT BUSINESS**

There was no urgent business raised.

Chairman

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 18 July 2018

Subject Heading:	Trust Overview - North East London NHS Foundation Trust (NELFT)
CMT Lead:	Mark Ansell, Interim Director of Public Health
Report Author and contact details:	**Carol White, Integrated Care Director, NELFT**
Policy context:	**The information presented summarises the role of NELFT, our core business and the challenges for the organisation and specific to the borough of Havering,**
The role of NELFT Financial summary:	**No financial implications of the report itself which is presented for information only.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The attached information regarding the core business of NELFT, its provision of health care in Havering and some of the challenges facing NELFT as an organisation and in particular for NELFT services in Havering.

RECOMMENDATIONS

1. That the Sub-Committee considers the information below from the NELFT report and takes any action it considers appropriate.

REPORT DETAIL

The NELFT vision is to improve health and wellbeing outcomes for local communities and deliver the best care by the best people.

NELFT covers a patch across London, Kent and Essex covering 2,914 square miles and having a population within that mileage of 4.3 million

We have over 6000 staff working out of 200 sites. The population we serve is very diverse with some real public health challenges due to the highest ranking deprived areas. We cover London communities and rural communities.

To deliver against such diversity we developed our corporate objectives to align with the CQC domains by which we are governed and measured.

Safe - To provide high quality, safe services through strong patient, carer and clinical involvement

Caring -To care for our patients, protect them from harm and treat them with dignity and respect.

Responsive - To be responsive to our patients needs and to staff and stakeholder feedback.

Effective - To support our staff to deliver effective, high quality clinical care.

Well Led - To support transformation and deliver improved performance through open and transparent leadership.

Our services: We were recently rated good by the CQC overall, but have areas of service rated outstanding.

The challenges for NELFT overall are:

- Delivering against demographic change and putting the patient first
- Recruiting and retaining good qualify staff
- Delivering integrated services
- Delivering and supporting increased system demand
- Delivering consistent quality services against a back drop of austerity
- Delivering innovation through mobile technology and releasing estate

Our approach to the challenges has been:

- Delivering against demographic change and putting the patient/person first

  We welcome feedback from our patients through an individual approach to care planning and with our communities. We gain intelligence from these sources to work with commissioners to highlight demographic change and shifts in demand and capacity. We strive to release efficiency to use resources most effectively.

- Recruiting and retaining good qualify staff

  As a large organisation in an outer London rural patch we face challenges of recruiting and retaining staff. We offer package of staff benefits including training packages, rotations and wide and variable career prospects in a large organisation.

- Delivering integrated services

  As a provider of mental health services and community health services NELFT has long been an innovator of integrated services. In 201 2 it realigned its management structure to provide a borough focus around integrated services. Each borough has an Integrated Care Director to deliver against the NELFT and borough agenda and develop partnerships.

- Delivering and supporting increased system demand

  NELFT will look to provide services for the system to support flow and demand management.

- Delivering consistent quality services against a back drop of austerity

  NELFT has seen as with all Health and Social Care organisations a need to deliver efficiency savings for each commissioner and has done so successful each year.

- Delivering innovation through mobile technology and releasing estate

  NELFT has successfully deployed agile working across the whole patch and this has driven up patient care as information can be accessed in real time and draw through efficiencies. Staff satisfaction has also improved as staff have a better work life balance. These same innovations are now supporting delivery of the digital road map.

The NELFT Havering Integrated Care Directorate (HICD) picture; the services are managed by Carol White, Integrated Care Director (ICD). The services directly managed by HICD ICD include, health visiting, school nursing, LAC, paediatricians, CAMHS, CHIS regional, prosthetics, orthotics, integrated community mental health team, OA community mental health teams, memory service, reablement, CHSCS (DN's, ICM, therapy), SLT, N&D, podiatry, and LTC nursing.

There are also a range of services for Havering residents that are managed centrally in other directorates including, acute mental health beds, psychiatric liaison, Community Treatment Team, Integrated Rehabilitation Services, eating disorders and perinatal services.

There are approximately 800 staff directly managed by HICD.

The challenges:

- A high level of frail residents with complex health conditions
- Higher than expected EOL deaths in acute hospital
- Recruitment and retention and an aging workforce
- A borough with high levels of dementia including young onset
- A growing number of young children
- A growing number of complex cases physical of children and young people
- A smaller allocation of public health grants for HV and SN
- A changing picture of more transient population and increased homelessness
- An increasing demand on mental health services
- A large acute hospital on the patch with a high usage by Havering residents

Our approach to the challenges

- A high level of frail residents with complex health conditions

  NELFT works in an integrated way recognising the importance of holistic care delivered by services that support mental and physiological health. Our services are managed in integrated portfolios to support holistic approaches. We have developed award winning teams to support our local population that manage out of hospital care, such as CTT, IRS and IC beds. WE are committed to working with our partners to achieve the best outcomes for patients and most recently have worked in partnership with LBH to deliver the new and successful Reablement service.

In 2018 we will start to deliver n scale the significant 7 programme in care homes across BHR.

Our ICM matrons are also working with adult social care and specialist nurses to identify patients with LTC who are starting to become frail to support proactive planned care and avoid unnecessary hospital admissions.

In the medium term we will be working with LBH and the BHR CCG's to deliver the integrated system of health and social care.

- Higher than expected EOL deaths in acute hospital

  Our EOL care is delivered through our core Community Health and Social Crae Service (CHSCS) and we work in partnership with St Francis and Marie Currie to ensure that patients are cared for in their home with dignity. We recognise that there is further work to achieve all patients dying in their preferred place and are working through our EOL coordinator to support care home in supporting this. In June we delivered a joint conference with St Francis regarding EOI care.

- Recruitment and retention and an aging workforce

  Our CHSCS services have been stable for many years but as a result we like the national picture have an aging work for of district nurses. WE have a work force strategy that focuses on new ways of working and skill mix. With new national programmes of nursing associates, and we are unique that we have rotational programme for nurses that deliver both mental health and community health placement and qualifications.

  We use a range of recruitment techniques including one stop shop national and local job fairs. We have a range of benefits to support new recruits and recognise that staff health and wellbeing is key to retaining staff.

  We have lead across the trust for this and each ICD leads on local health and wellbeing events and schemes.

- A borough with high levels of dementia including young onset

  We recognise the importance of early diagnosis in the proactive treatment of dementia in all cases. Our Memory service went through a robust assessment to be accredited by the Royal College of Psychiatry. Our rate or referral to diagnosis times on average 6 weeks with over 70 referrals to the service a month. Complex cases are support by the CMHT.

  The role of carers is also key and we work with a range of voluntary services to ensure care is support for both the patient and their carer. We also have a joint carer lead post with LBH to support the carers agenda.

To support patient we also have a link practitioner from the IAPT service to support good mental health for both the patients and carers.

- A growing number of young children & the smaller allocation of public health grants for HV and SN

  We are working closely with public health to get the maximum efficiency from the HV and service. Using agile technology and solution we have been able to create paperless services and stream line clinics and the offer.

  Our SN's are working closely with schools to build captivity in the larger workforce to support healthy programmes for weight and mental health.

- A growing number of complex cases physical of children and young people

  The community offer of paediatricians has been below the standard required and historically we struggled to recruit consultant paediatricians. This has been tackled by reviewing the skill mix and ways of working with in the team. The paediatricians are now part of an integrated MDT with SLT, OT, PT and N&D. This has supported recruitment of all our posts and whilst we should have more recruitment has reduced our waiting time. WE are in negotiation with eth BHR CCG about demographic growth monies to increase the overall resource in the service.

  There are also opportunities to work in a more integrated way for children with complex needs and this is being explored through the children's north locality pilot.

- A changing picture of more transient population and increased homelessness

  We are seeing demographic changes in the population accessing our services. Patients placed in Havering form other local authorities as well as patents choosing to come to Havering due to cheaper rental costs. Austerity and unemployment may also impact of patient's ability to remain stable in accommodation. Our services have reviewed their provision and approach to be more flexible for our transient population to support engagement. This is best demonstrated by our street triage service.

  Greater movement of residents is also highlighting increased homeless as a precursor for mental health issues. To support this we are working closely with LBH housing services and offering rapid intervention from our talking therapy service to avoid homelessness.

- An increasing demand on mental health services.

  Across the mental health care pathway we have seen an increasing demand for mental health services and we are manging this by reveiwng the offer

and utilising where possible brief intervention and our talking therapy service. We are working closely with primary care to support management in this sector.

- A large acute hospital on the patch with a high usage by Havering residents

  NELFT is a key partners in the AEDB and understand its role as an OOH provider to support avoidance and flow. We have developed avoidance schemes through CTT and are currently working through avoidance schemes regarding Reablement and a further scheme for patient with congestive heart disease.

  We are key lead for the outflow work and our matrons in reach, IRS and IC beds and reablement services are key to supporting flow.

  We also support patient with mental health issues through our liaison service.

Over 2018 and 2019 NELFT hopes to fully integrate our front door to accessing services with LBH and finalise the community model through the Locality Design Group.

NELFT will continue to roll out agile working to maximise technology to enhance practice. We are also rolling out our shared record platform to support integration of information across the system to support better outcomes for patents.

We will continue to work in partnership to identify schemes and innovations to support the current system challenges and identify new and emerging challenges..

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 11 JULY

Subject Heading:	Barking, Havering and Redbridge University Trust Updates
CMT Lead:	**Mark Ansell, Interim Director of Public Health**
Report Author and contact details:	**Devika Deonarine, BHRUT Communications**
Policy context:	**The information presented summarises the latest performance at Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)**
Financial summary:	**No financial implications of the report itself which is presented for information only.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	**[X]**
Places making Havering	**[]**
Opportunities making Havering	**[]**
Connections making Havering	**[]**

SUMMARY

The attached information details the operational performance, CQC report and financial update for Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT).

RECOMMENDATIONS

1. That the Sub-Committee considers the attached information from BHRUT report and takes any action it considers appropriate.

REPORT DETAIL

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITAL UPDATE

Matthew Hopkins

Chief Executive

TAKING PRIDE IN OUR CARE

Barking, Havering and Redbridge University Hospitals NHS Trust

AGENDA

- Overview
- CQC report
- Our performance
- Our objectives
- Moving forward

OUR HOSPITALS IN 2017/18:

136,000 GP REFERRALS

INCOME OF £570 MILLION

MATERNITY

99% POSITIVE RECOMMENDATIONS

39% WATER BIRTHS IN OUR BIRTH CENTRE

8,299 BABIES DELIVERED THIS YEAR

PAEDIATRICS

6,202 PAEDIATRIC INPATIENTS (ADMISSIONS)

12,290 PAEDIATRIC OUTPATIENTS

EMERGENCY

239,136 ATTENDANCES (ALL TYPES)

73,088 EMERGENCY ADMISSIONS

67,711 AMBULANCE ARRIVALS

185 AMBULANCES A DAY

PLANNED CARE

50,517 DAY CASE PROCEDURES

739,842 OUTPATIENT APPOINTMENTS 2,027 A DAY

23,938 THEATRE OPERATIONS

OUR HOSPITALS HAVE:

52 CRITICAL CARE BEDS

22 THEATRES

911 INPATIENT BEDS

62 MATERNITY BEDS

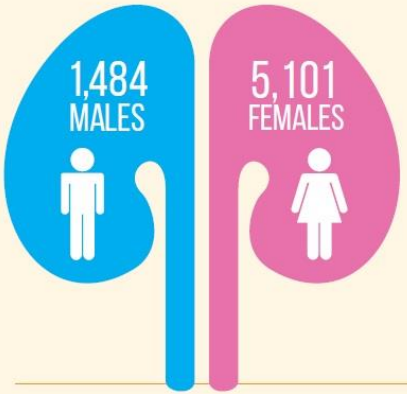
OUR HOSPITALS HAVE 123

OVER 500 VOLUNTEERS WHO BETWEEN THEM HAVE GIVEN MORE THAN 30,000 HOURS OF SUPPORT

PROVIDED OVER 300 WORK EXPERIENCE AND APPRENTICE PLACEMENTS

123 MORE STAFF IN POST THAN LAST YEAR

6,585 STAFF OF WHOM 80% ARE IN DIRECT CLINICAL CARE ROLES



2015 CQC REPORT

KING GEORGE HOSPITAL

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Inadequate	N/A	Requires improvement	Inadequate	Requires improvement	Inadequate

QUEEN'S HOSPITAL

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Inadequate	Requires improvement	Requires improvement

2016 CQC REPORT

KING GEORGE HOSPITAL

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Good	Requires improvement

QUEEN'S HOSPITAL

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good

2018 CQC REPORT

KING GEORGE HOSPITAL

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Requires improvement	Good

QUEEN'S HOSPITAL

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Requires improvement	Good
Maternity	Requires improvement	Good	Good	Good	Good	Good

OUR PERFORMANCE IN 2017/18

PERFORMANCE	THE STANDARD	OUR RESULTS
Emergency access	95% of all patients attending our Emergency Departments to be treated, admitted or discharged within a maximum of four hours	Not achieved: 81.8%
Access to treatment	92% of patients referred to us to have treatment started within 18 weeks	Not achieved: 90.8%
Cancer: urgent referrals	93% of our patients to be seen in two weeks following an urgent referral from their GP	Achieved: 96.8%
Cancer: 31 days	96% of our patients to have a diagnosis and first treatment within 31 days of the decision to treat	Achieved: 98.5%
Cancer: 62 days	Target of 85% of patients receiving first treatment from the date of GP referral	Achieved: 86.2%
Infection control: C diff	No more than 30 cases	Achieved: 15
Infection control: MRSA	Zero cases of MRSA bacteraemia	Not achieved: 6

OUR 2017-18 OBJECTIVES

OUR FINANCES

2017

- Cash shortfall discovered (Autumn)
- NHSI approached for loans to cover immediate issues
- Trust commissions (with NHSI) Grant Thornton to undertake independent study into underlying issues

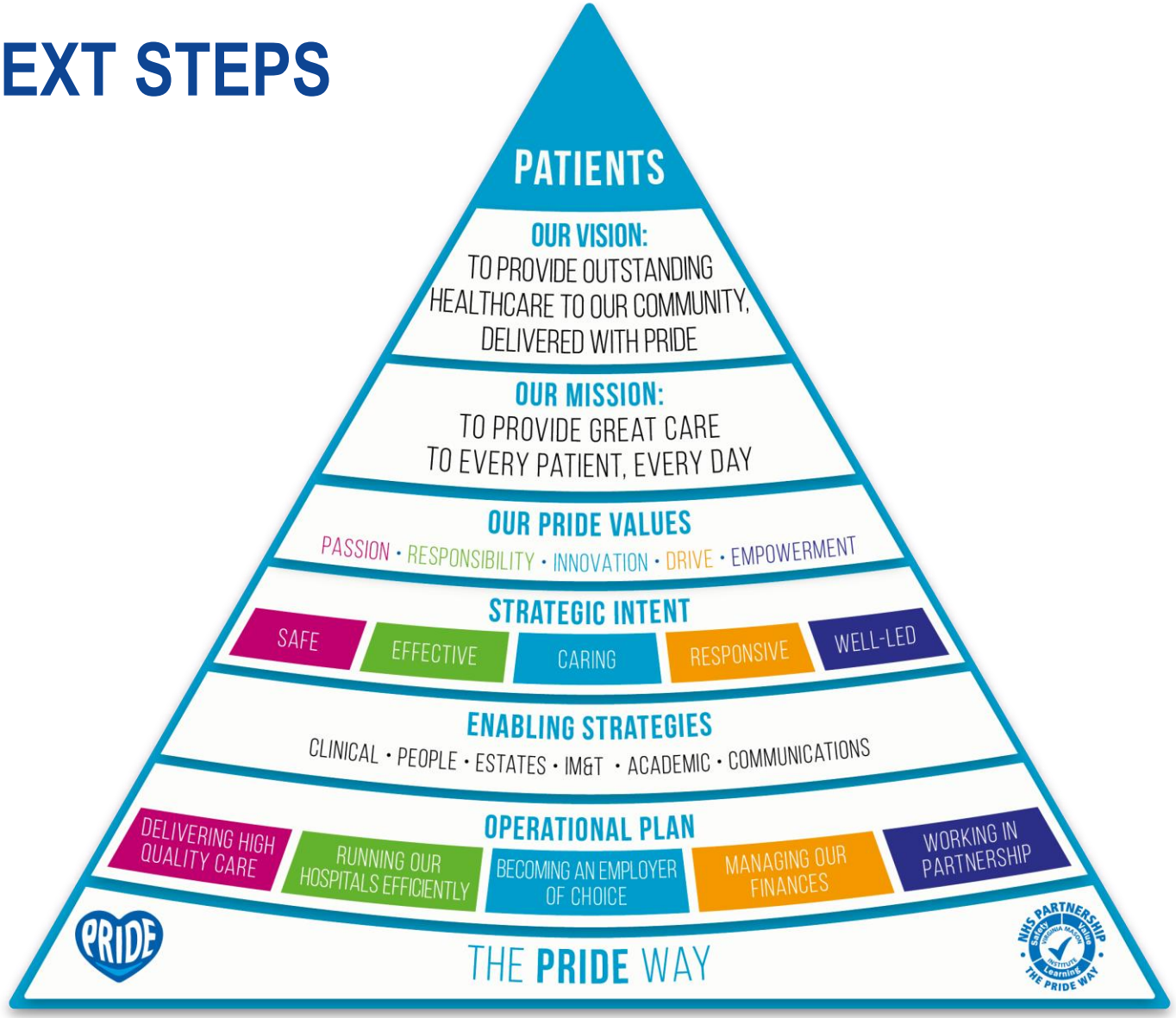
2018

- Significant in-year deterioration and discrepancy from plan identified
- Trust placed into Special Measures for Finance (February 2018)
- PwC appointed to support Financial Recovery Plan delivery
- Grant Thornton report published (April)
- Financial Recovery Plan approved by Board (June)

PUTTING THINGS RIGHT

- Financial Special Measures
  - Returns Trust to a period of financial instability
  - Required to produce a Financial Recovery/Improvement plan
  - Improving understanding of benchmarks
- Cash support required from NHSI
- Development of action plan and changes needed to improve financial governance – to conclude this calendar year
  - Training
  - Compliance
  - Reporting

THE NEXT STEPS



MOVING FORWARD TOGETHER

- Delivering constitutional standards
  - Emergency access
  - Referral to treatment
- Bringing our finances back on track without compromising quality of care
- Continuing our improvements for patients

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 18 JULY 2018

Subject Heading:	Quarter 4 2017/18 performance information
SLT Lead:	Jane West, Chief Operating Officer
Report Author and contact details:	Thomas Goldrick, Senior Policy and Performance Officer (x4770)
Policy context:	The report sets out Quarter 4 performance against indicators relevant to the Health Overview and Scrutiny Sub-Committee
Financial summary:	There are no direct financial implications arising from this report. However adverse performance against some performance indicators may have financial implications for the Council. All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas (including adult social care) continue to experience financial pressures from demand led services.

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[X]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

This report supplements the presentation attached as **Appendix 1**, which sets out the Council's performance against indicators within the remit of the Health Overview and Scrutiny Sub-Committee for Quarter 4 (January 2018 - March 2018).

RECOMMENDATION

That the Health Overview and Scrutiny Sub-Committee notes the contents of the report and presentation and make any recommendations as appropriate.

REPORT DETAIL

1. The report and attached presentation provide an overview of the Council's performance against the performance indicators selected for monitoring by the Health Overview and Scrutiny Sub-Committee. The presentation highlights areas of strong performance and potential areas for improvement.

2. The report and presentation identify where the Council is performing well (**Green**) and not so well (**Red**). The ratings for the 2017/18 reports are as follows:

   - **Red** = off the quarterly target
   - **Green** = on or better than the quarterly target

3. Where performance is off the quarterly target and the rating is '**Red**', 'Improvements required' are noted in the presentation. This highlights what action the Council will take to address poor performance.

4. Also included in the presentation are Direction of Travel (DoT) columns, which compare:

   - Short-term performance – with the previous quarter (Quarter 3 2017/18)
   - Long-term performance – with the same time the previous year (Quarter 4 2016/17)

5. A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance has remained the same.

6. In total, three Performance Indicators have been included in the Quarter 4 2017/18 report and presentation. Performance data is available for two of the three indicators. Of these, one has been given a '**green**' status, the other a '**red**' status

7. Data is available for the indicator "The number of instances where an adult patient is ready to leave hospital for home or move to a less acute stage of care but is prevented from doing so, per 100,000 population". However due to a change in counting methodology very late in 2017/18, no target was agreed for this PI. Consequently, it has not been assigned a red or green status.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no financial implications arising directly from this report, which is for information only. However adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services, such as adults' social care. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

Legal implications and risks:

Whilst reporting on performance is not a statutory requirement, it is considered best practice to regularly review the Council's progress.

Human Resources implications and risks:

There are no HR implications or risks arising directly from this report.

Equalities implications and risks:

There are no equalities or social inclusion implications or risks identified at present.

BACKGROUND PAPERS

Appendix 1: Quarter 4 Health OSC Performance Presentation 2017/18

Havering

LONDON BOROUGH

Quarter 4 Performance Report 2017/18

Health O&S Sub-Committee

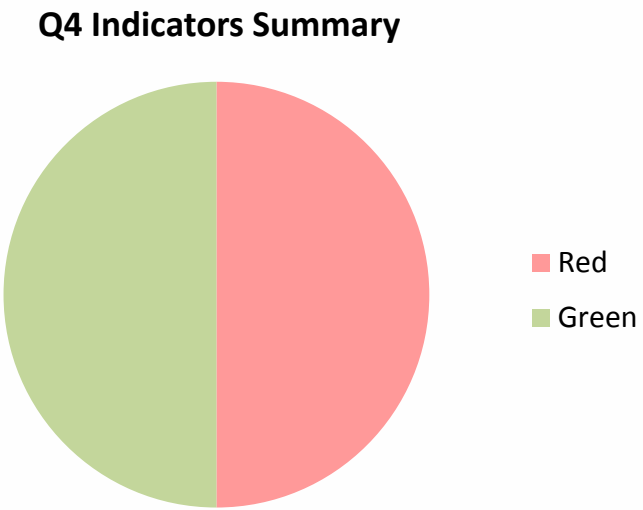
18 July 2018

About the Health O&S Committee Performance Report

- Overview of the Council's performance against the indicators selected by the Health Overview and Scrutiny Sub-Committee
- The report identifies where the Council is performing well (**Green**) and not so well (**Red**).
- Where the rating is '**Red**', '**Corrective Action**' is included. This highlights what action the Council will take to address poor performance.

OVERVIEW OF HEALTH INDICATORS

- 3 Performance Indicators are reported to the Health Overview & Scrutiny Sub-Committee.
- Performance ratings are available for 2 of the 3 indicators.



Of these 2 indicators:

1 (50%) has status of Green (on target)

1 (50%) has a status of Red (off target)

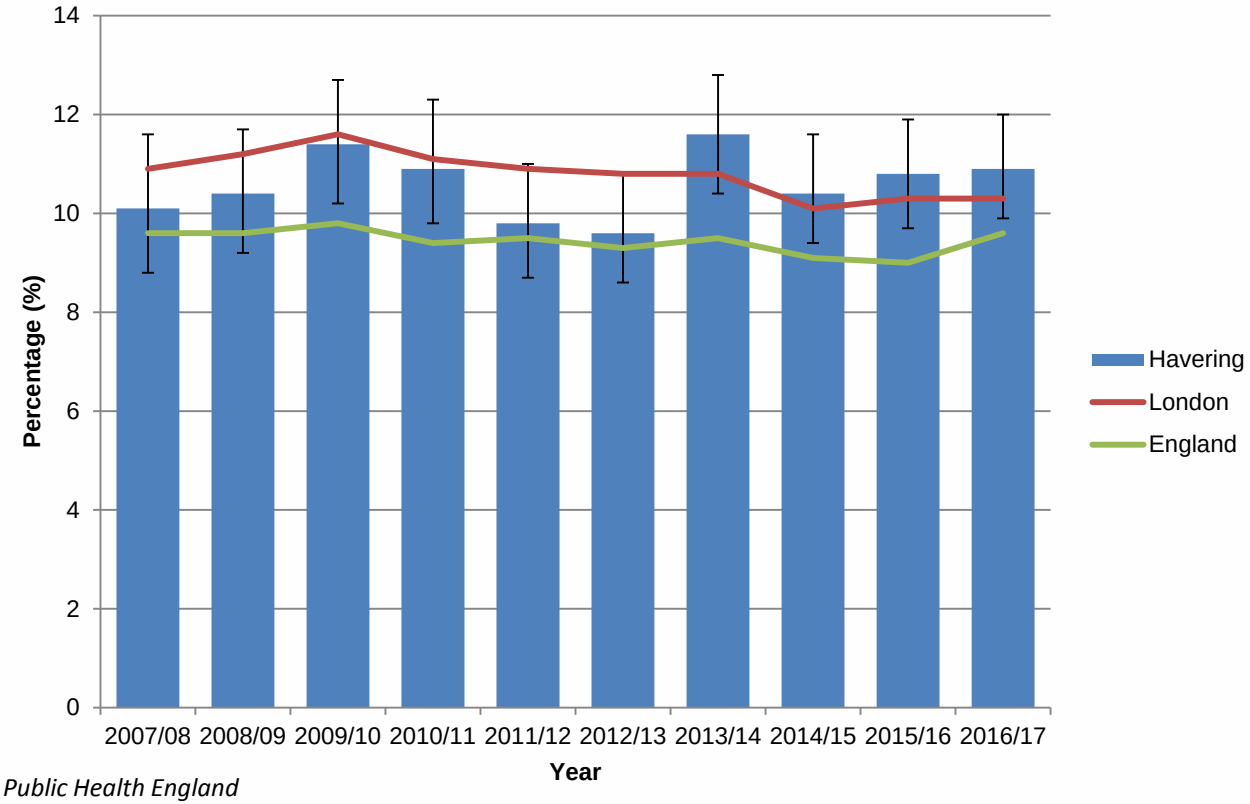
Quarter 4 Performance

Indicator and Description	Value	2017/18 Annual Target	2017/18 Q4 Target	2017/18 Q4 Performance	Short Term DOT against Q3 2017/18		Long Term DOT against Q4 2016/17		Service
Obese Children (4-5 years) (Annual)	Smaller is better	Similar to or better than England (9%)	Similar to or better than England (9%)	10.9% (2016/17) RED	-	N/A	↓	10.8% (2015/16)	**Public Health**
Percentage of patients whose overall experience of out-of-hours services was good (Partnership PI) (Annual)	Bigger is better	Better than England (66%) (TBC by Havering CCG)	Better than England (66%) (TBC by Havering CCG)	67% (2017) GREEN	-	N/A	→	67% (July 2016)	**Havering CCG**
The number of instances where an adult patient is ready to leave hospital for home or move to a less acute stage of care but is prevented from doing so, per 100,000 population (delayed transfers of care)	Smaller is better	TBC	TBC	5.46	↓	5.2	-	N/A	**Adult Social Care**

About Childhood Obesity

- Prevalence of obesity amongst 4-5 year olds in Havering has seen no significant change over the past 9 years. In 2016/17 Havering's performance remained significantly worse than England but similar to London

Percentage of Obese Children, Havering, London & England, 2007/08 – 2016/17



Source: Public Health England

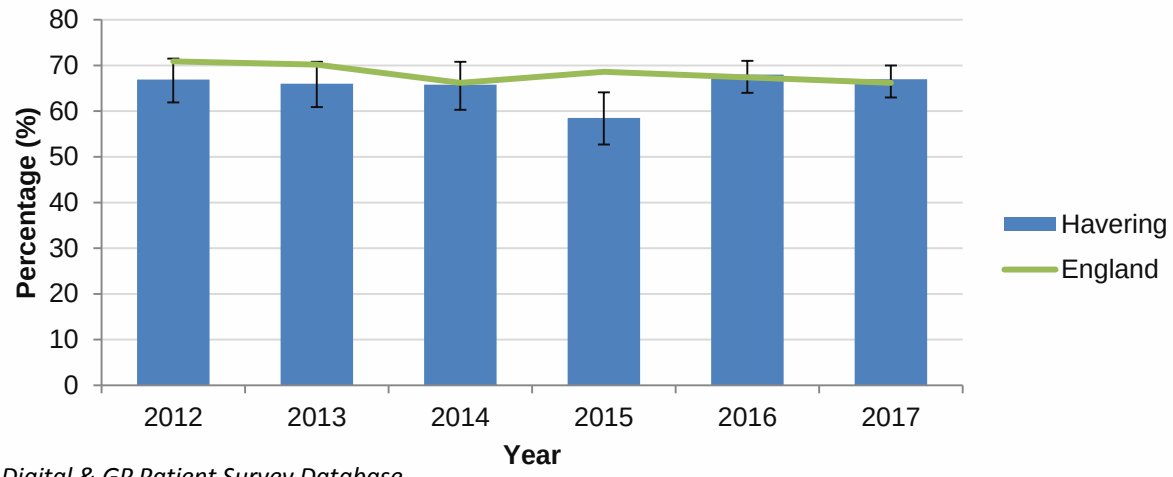
Improvements Required: Childhood Obesity

- Directed by Havering's 'Prevention of Obesity Strategy 2016-19', our borough working group continues to progress actions that are within the gift of the local authority and partners, and within available budgets.
- Progress on actions since the last update are as follows:
  - Council and NHS premises have begun registering as Breastfeeding Welcome. The scheme will be publicly launched in August to link in with World Breastfeeding Awareness Week.
  - Monthly 'Starting Solid Foods' workshops have been co-delivered by Health Visitors and Early Help Practitioners at Collier Row Children's Centre since January and have been well attended and received. We are scoping capacity to extend these to additional Children's Centres.
  - The Healthy Early Years London pilot has concluded with three settings achieving the bronze award and two silver. Phased rollout across the borough commenced in June.
  - A new Veggie Run game app was successfully launched by Havering Catering Services in April, aiming to increase uptake of healthy schools meals, improve children's knowledge of healthy eating and award prizes that encourage healthy lifestyles.
  - The Public Health and Waste and Recycling teams have started working together to promote the Water Refill scheme with the dual aim of reducing plastic waste and reducing sugar intake.
- The annual update report on obesity will be presented at the July Health and Wellbeing Board meeting. Obesity is a complex issue and many of the opportunities to tackle it fall outside of the local authority's influence. As such, work continues at national level, guided by the national 'Childhood Obesity: A Plan for Action' and we continue to link with national campaigns and programmes where appropriate.

About Patient Experience of GP Out-of-hours Services

- The latest available data (July 2017) on patient experience of GP out-of-hours services shows no significant difference between the percentage of patients who are satisfied with the service in Havering (67%) and the England average (66%). Use of out-of-hours services includes contacting an NHS service by phone (e.g. 111) and going to A&E - which a vast proportion (55% and 33% respectively) of the 882 Havering respondents who answered this question say they did.

The percentage of patients who are satisfied with the GP out of hours services, Havering & England, 2012 – 2017



Source: NHS Digital & GP Patient Survey Database

Considerations for: Patient feedback on Out of Hours Services

- When practices are closed (outside of 8 am – 6.30 pm) they can provide their own Out of Hours (OOHs cover) or 'opt-out'. If a practice 'opts out' the commissioner is responsible for ensuring appropriate OOHs cover is in place.

- In Havering, all practices have opted out of OOHs, therefore the CCG commissions PELC to provide OOHs cover in which the clinical responsibility for patients is transferred to the OOHs provider

- A number of factors affecting use of OOHs have changed as part of the NHSE London Access strategy reflecting the ambition of the General Practice Forward View (GPFV).

- The survey results are now collected only once per annum rather than every six months and are therefore slower to reflect changes. Trends will therefore only be discernible from the July 2017 data collection point on

- The Havering CCG experience is in line with national results at 67% good (local CCGs range from 51-74%)

About Delayed Transfer of Care

- There is no target for this indicator as the definition was not approved until well into 2017/18. There is likewise no long term direction of travel as the measurement of this indicator changed from 2016/17 to 2017/18.

- For 2017/18 there has been an average of 10.77 days delayed (5.46 per 100,000 as at March 2018). This is worse than the position at the end of Quarter 3 (5.2 per 100,000).

- Approx. 80% of delays are from the acute sector

Any questions?

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 18 JULY 2018

Subject Heading:	Nominations to Joint Health Overview and Scrutiny Committees
SLT Lead:	Kathryn Robinson, Deputy Director of Legal and Governance
Report Author and contact details:	Anthony Clements, Tel: 01708 433065, anthony.clements@onesource.co.uk
Policy context:	To agree the Committee's nominations to serve on the Outer North East London Joint Health Overview and Scrutiny Committee and any pan-London Joint Health Overview and Scrutiny Committee
Financial summary:	None arising directly from this report.

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

Havering has previously played a major role in the Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JOSC) as well as in the pan-London equivalent. The Committee is therefore asked to confirm its nominations to both Committees for the current municipal year.

RECOMMENDATIONS

1. That, in line with political proportionality rules, the Sub-Committee nominate three Members as its representatives on the Outer North East London Joint Health Overview and Scrutiny Committee for the 2018-19 municipal year.

2. That the Sub-Committee nominate the Chairman as its representative at any meetings of the pan-London Joint Health Overview and Scrutiny Committee during the 2018-19 municipal year.

REPORT DETAIL

There are a large number of proposed changes and other health service issues that affect a considerably wider area than just Havering alone. Issues related to Queen's Hospital for example impact not just on Havering residents but also those from Barking & Dagenham and Redbridge as well as parts of Essex. Mental Health issues, principally under the remit of the North East London NHS Foundation Trust, impact on all these areas as well as Waltham Forest.

As regards formal consultations, Members should note that it is a requirement (under the NHS Act 2006 and the Health and Social Care Act 2011) that all Councils that are likely to be effected by proposed changes to health services must form a Joint Health Overview and Scrutiny Committee in order to exercise their right to scrutinise these proposals.

In light of these requirements, the boroughs of Barking & Dagenham, Havering, Redbridge and Waltham Forest as well as Essex County Council have formed a standing ONEL JOSC to deal with cross-border issues. Further details of the Committee's work and copies of the reports etc it has produced can be obtained from officers and are available on the council's website. It is suggested that the Sub-Committee agree, as in previous years, three representatives to sit on the ONEL JOSC, in line with proportionality rules. It is suggested therefore that Councillors Patel, Dodin and either Vickery or White are nominated as the Sub-Committee's representatives as this will most closely fulfil the political proportionality requirements.

Some issues, such as changes to stroke and trauma services, impact across the whole of Greater London and all boroughs therefore need to be involved in the scrutiny of these areas. As such, arrangements have previously been in place for a pan-London JOSC to meet when such proposals are brought forward. Previous practice has been that the Chairman represents Havering at any pan-London JOSC meetings and the Sub-Committee is requested to agree this for the 2018-19 municipal year.

IMPLICATIONS AND RISKS

Financial implications and risks: There are none arising directly from this report. The work of the Sub-Committees mentioned is supported by existing staff resources and minor budgets within Democratic Services. With regard to the Joint OSC, the other four participating Councils make a financial contribution towards the support provided by Havering staff.

Legal implications and risks: None.

Human Resources implications and risks: None.

Equalities implications and risks: None although one outcome of effective health scrutiny will be to reduce health inequalities for Havering residents.

BACKGROUND PAPERS

None.

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HEALTH OVERVIEW AND SCRUTINY SUB- COMMITTEE
18 JULY 2018

Subject Heading:	Sub-Committee's Work Plan 2018-19
SLT Lead:	Kathryn Robinson, Deputy Director, Legal and Governance
Report Author and contact details:	Anthony Clements, tel: 01708 433065, anthony.clements@onesource.co.uk
Policy context:	A clear and regularly reviewed work plan will allow more effective scrutiny work by the Sub-Committee.
Financial summary:	No financial implications of the work plan itself.

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

A proposed work programme for the Sub-Committee is attached for discussion and adoption by the Sub-Committee.

RECOMMENDATIONS

That the Sub-Committee review the work plan as shown, make any changes that it wishes, and adopt the final work plan for the 2018-19 municipal year.

REPORT DETAIL

The table shown below suggests and outline work programme for the Sub-Committee during the 2018-19 municipal year. The Sub-Committee is asked to review the work plan and make any amendments that it wishes. The Sub-Committee is then asked to agree the final work plan.

Members may find it useful to leave some capacity spare for future meetings in order to deal with consultations or other urgent issues that may come up during the year.

Health Overview and Scrutiny Sub-Committee, Proposed work programme 2018-19

MEETING DATE	AGENDA ITEMS
18/07/2018	
	TRUST OVERVIEW - CCG
	TRUST OVERVIEW - NELFT
	TRUST OVERVIEW – BHRUT
	JHOSC NOMINATIONS
	PERFORMANCE INFORMATION
	SUB-COMMITTEE WORK PROGRAMME
26/09/2018	
	HEALTHWATCH – INTRODUCTION ANNUAL REPORT
	HEALTHWATCH REPORTS – QUEEN'S HOSPITAL AND SERVICES FOR VISUALLY IMPAIRED PEOPLE
	BHRUT - GENDER PAY
	BHRUT - HEALTH TOURISM UPDATE
	PERFORMANCE INFORMATION
04/12/2018	**22/11/2018**
	PRIMARY CARE – CQC RATINGS
	HEALTHWATCH – ENTER AND VIEW VISIT TO QUEEN'S
	PERFORMANCE INFORMATION
	BHRUT FINANCIAL POSITION

18/02/2019	PERFORMANCE INFORMATION
	COMMITTEE'S ANNUAL REPORT
	A & E UPDATE

IMPLICATIONS AND RISKS

Financial implications and risks: There are no Financial implications or risks identifiable at this stage.

Legal implications and risks: There are no apparent legal implications in approving the work plan.

Human Resources implications and risks: No HR implications that can be identified at this stage.

Equalities implications and risks: There are no equality implications regarding this matter.

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