MINUTES OF A MEETING OF THE HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE Havering Town Hall 26 September 2018 (7.00 - 9.40 pm)

Present:

Councillors Nic Dodin, Nisha Patel (Chairman), Jan Sargent, Christine Vickery, Ciaran White (Vice-Chair) and Darren Wise.

Also present:
Alan Wishart, Deputy Director of Workforce, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Andy Ray, Director of Financial Operations BHRUT
David Parke, Havering Clinical Commissioning Group
Lee McGanagal, Communications Manager, BHRUT

Mark Ansell, Director of Public Health
Anthony Clements, Principal Democratic Services Officer

All decisions were taken with no votes against.

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

9 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

There were no apologies for absence.

10 DECLARATIONS OF INTEREST

There were no declarations of interest.

11 MINUTES

The minutes of the meeting held on 18 July 2018 were agreed as a correct record and signed by the Chairman.

12 BHRUT - GENDER PAY

BHRUT officers advised the Sub-Committee that this was the first year in which the Trust had presented figures on gender pay. Of the 6,500 strong BHRUT workforce, 77% were female and 23% male. Figures illustrated however that, the higher the pay band at the Trust, the higher the proportion of male staff. It was noted that however that there were more women than

men at the very senior managements levels of the Trust. 57% of higher paid jobs were held by women but some 83% of lower paid staff were female.

The only pay bonus award available to staff – the Clinical Excellence Award received more applications from male than female staff and also saw fewer part-time workers apply. Some 76 applications had been received for the latest round of 33 awards. Applications were scored by a panel of 9 consultants and 9 managers and results of the awards were published on-line.

The Trust aimed to reduce its gender pay gap which would allow better recruitment and retention of women staff in the organisation. BHRUT wished therefore to offer more flexible, family-friendly working and to also take a more gender-neutral approach to recruitment in order to for example attract more male applicants for nursing roles.

Staff were aware of the current position with the Trust's gender pay gap although the precise impact on staff morale had not been tested.

The Sub-Committee noted the position.

13 BHRUT - HEALTH TOURISM AND FINANCE UPDATE

The Director of Financial; Operations at BHRUT explained that financial problems in 2017/18 had meant the Trust had assumed more income than it received in reality and had stopped paying suppliers for a period. The Trust had to obtain emergency loans and posted a £49m end of year deficit.

The Trust's financial recovery plans had now been agreed and shared with the Clinical Commissioning Groups. A financial governance steering group had been set up and there was now more detailed and transparent financial reporting to the Trust board.

For 2018/19, the Trust had planned a deficit of £52.5m and it was emphasised that any deficit would not impact front line services. The Trust had recruited a new director of finance and established a cost improvement programme of £39m. All proposed savings had been checked to ensure that they did not have any impact on medical quality. The Trust had also taken a further loan from the Department of Health in order to cover any shortfall. Savings had included a reduction in the clinical negligence premium for maternity services which had led to a rebate of more than £1m.

The Trust was also working to reduce the use of agency staff. Savings had also been established from having greater control of procurement and by the use of text reminders to reduce the number of patients not attending appointments.

Detailed NHS guidance on health tourism had now been released. NHS care was free to ordinary residents of the UK and overseas patients would be treated in cases of emergency or if maternity services were required. It

was accepted however that it could be difficult to obtain payment from patients for this treatment.

Only a small proportion of BHRUT work related to cases of health tourism. In 2016/17, there had been some 570 cases with a £3m charge of which £249k had been recovered. In 2017/18, this had reduced to 378 cases with £2.5 charges of which £419k had been recovered.

An action plan to increase collection rates had been developed and best practice in this area at other Trusts had been considered. More detailed questioning was now given to overseas patients and credit card payment for treatment as now able to be taken on all wards. BHRUT was also in the top quartile for identifying patients using the European Health Identification Card. It was accepted that health tourism was a national issue but the Trust felt it did now have a pro-active action plan.

The Trust made clear to patients that they would be charged for treatment and officers agreed that it was important to collect the money whilst a patient was still in the country. The issues around health tourism were now given more emphasis in hospital staff education and indction etc.

The Sub-Committee noted the update.

14 GP RECRUITMENT AND PRIMARY CARE UPDATE

A representative of Havering CCG explained that of 44 GP practices in Havering, 15 were single-handed. Many GPs and nurses were also approaching retirement and Havering also had an elderly population. All Havering GP practices had been assessed by the Care Quality Commission and most (38) of the practices had been rated as good. None had been considered excellent and 5 practices had been rated as requiring improvement. One practice had received an inadequate rating and was now in special measures.

The CCG wished for GP practices to collaborate more with each other and to have more practices located in modern buildings with more consulting rooms available. The move of some practices to a Personal Medical Services contract would mean GPs at these practices would lose some payments but would also introduce some extra monies to for example provide more appointments for patients.

There was a better GP:patients ratio in Havering than in Barking & Dagenham and Redbridge but Havering's figures were still below the average both for London and nationally. The GP nurse:patient ratio in Havering was also worse than the average.

Attempts had been made to recruit GPs from overseas but this had not been very successful with only two GPs recruited so far from a target of 35

for Outer North East London with the recruited GPs in fact being based in Waltham Forest. More opportunities were now available for GPs to spend time working with other stakeholders and seven GP had recently commenced work in Havering on this basis.

Physician associate posts had been introduced who could assist with triage, taking histories etc although they could not at present prescribe. Forty local students were currently studying for these positions with the first graduates expected in January 2019. Other plans included employing more clinical pharmacists for primary care and recruiting a senior nurse leader for primary care. There were no longer nursing bursaries although a small bursary was available for students undertaking the nurse associates course.

Other local developments included the move of all GPs to electronic referrals work to improve diabetic health checks and prevention. Pulse checks could be used to identify patients at risk of a stroke and work was ongoing to identify more patients at risk of stroke.

Funding had been given to GP practices to improve workflows and improvement grants had also been received from NHS England in order to build new consulting rooms etc. Investment in technology included voice recognition software to reduce GP paperwork and two-way text messaging re appointments which led to a financial saving through fewer missed appointments. The CCG also wished to have a single IT system for all GPs in Havering and that practices used the E-consult system for arranging repeat prescriptions etc.

Responses to the recent consultation on primary care were currently being analysed. The CCG was planning for the expected population growth in the borough with new health centres planned at Beam Park and on the former St George's Hospital site. It was also hoped to move some single handed GPs to a new practice at the Victoria Centre site in Romford. It was planned to have one practice for around 30,000 patients and there would not be separate reception desks for separate practices as seen elsewhere in the borough.

It was confirmed that overseas doctors were required to pass an English language test before practicing in the UK. There was also a target to provide on-line GP appointments for 30% of the population.

The Sub-Committee noted the position.

15 PERFORMANCE INFORMATION

It was noted that there had not been any major changes to the performance indicators this quarter. Any update on the position with delayed transfers of care would be communicated to the Sub-Committee by way of a written response.

The Su-Committee noted the report.

16 HEALTHWATCH HAVERING - INTRODUCTION AND ANNUAL REPORT

A director of Healthwatch Having explained that the organisation had existed since April 2013 and built on the work of previous organisations such as Community Health Councils and Local Involvement Networks. Healthwatch was a statutory organisation and had a right to membership of the Health and Wellbeing Board. Healthwatch Havering worked to improve matters for patients and service users and also worked closely with its equivalent organisations covering Barking & Dagenham and Redbridge. Research by Healthwatch Havering had found that few people understood the difference between urgent and emergency care.

Healthwatch had the legal power to conduct enter and view visits to social care premises including pharmacies, opticians and care homes and these visits could be unannounced if necessary. All reports of such visits, which were carried out by volunteers, were published on the Healthwatch Havering website.

Healthwatch had undertaken a successful joint topic group with the Sub-Committee covering referrals to hospital treatment. There were 81 care homes in Havering – the highest figure in London and it had been established by Healthwatch that these reports had been used by people choosing a care home for their relatives.

The organisation received a grant from the Council of £117k per year and expenditure was mainly on staff costs. Plans for 2018/19 included work on tobacco control and Healthwatch was working with the Council's Public Health team on a Healthy Working Environment project to reduce the amount of smoking near or outside work places.

It was confirmed that Healthwatch volunteers were mainly recruited by word of mouth.

The Sub-Committee noted and welcomed the Healthwatch Annual Report 2017/18.

17 HEALTHWATCH HAVERING - SERVICES FOR VISUALLY IMPAIRED PEOPLE

The Healthwatch director explained that fewer people were registered with the Council as blind than would be expected given the elderly population in Havering. Healthwatch had found that it was often difficult for patients in Havering to get from an optician to appropriate further treatment. It was planned by the local NHS bodies that there would in future be a facility to refer patients directly from opticians to Queen's ophthalmology department.

Healthwatch Havering's report on services for people who have a visual impairment had been presented at the North East London Eye Health Network where the recommendations made in the report had received strong support.

The ophthalmology department at Queen's Hospital was now bigger in size but was still located in the same area and hence was very overcrowded. Healthwatch was therefore pleased to have been asked to assist the Ophthalmology Department at Queen's in re-designing their accommodation. Healthwatch was also pleased that an Eye Clinic Liaison Officer (funded by the Royal National Institute for the Blind to support visually impaired people to access Council and NHS services) had been reinstated at Queen's.

Healthwatch had also met with adult social care staff to ensure that they received the correct data about people with visual impairments. Healthwatch also felt that there should be better communication about blindness issues between BHRUT, GPs and the Council.

The Sub-Committee thanked the representative of Healthwatch Havering for a comprehensive and effective report.

18 **SUB-COMMITTEE'S WORK PROGRAMME**

It was suggested that performance information at BHRUT should be scrutinised with particular emphasis on the A & E department at Queen's Hospital and the performance of the respective children and adults areas of the department. The cost of parking for patients visiting A & E could also be considered.

Members also wished to scrutinise the Child and Adolescent Mental Health Service and it was felt that treatments available under local cancer services to support patients' mental health and wellbeing could also be detailed to the Sub-Committee.

Chairman