MINUTES OF A MEETING OF THE HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
4 December 2018 (7.00 - 8.50 pm)

Present:

Councillors Nisha Patel (Chairman), Nic Dodin, Christine Vickery, David Durant (substituting for Councillor Jan Sargent and Christine Smith (substituting for Councillor Ciaran White).

Apologies for absence were received from Councillor Jan Sargent, Councillor Ciaran White and Councillor Darren Wise.

Apologies for absence were also received from Ian Buckmaster, Healthwatch Havering.

Councillor Paul McGeary was also present.

Also present:

Chris Bown, Interim Chief Executive, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Shelagh Smith, Chief Operating Officer, BHRUT
Casper Myburgh, BHRUT
Julie Watkins, Lead Nurse Phlebotomist, BHRUT
Alan Stephenson, Care Quality Commission (CQC)
Caroline Long, CQC
Doug Tanner, Barking, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs)
Lima Khanom, BHR CCGs
Tracy Welsh BHR CCGs
Jacqui van Rossum, North East London NHS Foundation Trust (NELFT)
Carol White, NELFT
Mark Ansell, Interim Director Public Health, London Borough of Havering (LBH)
Lucy Goodfellow, Policy and Performance Business Partner, LBH

19 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillors Christine Vickery (Christine Smith substituting) and Jan Sargent (David Durant substituting).

20 MINUTES

The minutes of the meeting of the Sub-Committee held on 26 September 2018 were agreed as a correct record and signed by the Chairman.

21 DECLARATIONS OF INTEREST

There were no disclosures of interest.

22 ACCIDENT & EMERGENCY AND ASSOCIATED ISSUES

BHRUT officers explained they wished to work collaboratively with partners in order to give advice to local residents on where to get the help they require. Lessons had been learnt from last winter it was accepted that the Trust's main challenge concerned workforce sustainability with shortages of GPs, therapists and children's nurses.

Cross-system working was important in dealing with winter pressures with for example increasing rates of flu vaccination a priority and all partners were involved in the A & E Delivery Board. Officers accepted that there were significant pressures but that services provided were still safe. It was noted that approximately 60% of patients brought by ambulance were not in fact admitted to hospital and had their care provided in other ways. Work was in progress to investigate why people were brought by ambulance if they did not need to be admitted to hospital.

Key challenges for A & E included the rising number of ambulance patients, more admissions and the increased demand for paediatric cases. Space constraints in the hospital were also an issue. The A & E department was funded for 18 consultants and there were now 14 permanent consultants employed. Agency and locum staff were used for other acute physician roles. The previous day, A & E at Queen's had seen 621 patients - the highest figure in London. More patients were now seen within the four hour target although it was accepted that overall figures for this remained low.

The Trust was addressing issues by initiatives such as the 'red to green' project which looked at the progress of each hospital patient individually. A joint project had also been started with the North East London NHS Foundation Trust which sought to reduce admissions by ambulance and provide more support in the community.

Funding had been received to expand the Rapid Assessment and Focus Area at Queen's A & E and this work was scheduled to completed by 24 December. Consultant cover was available on a 24:7 basis at Queen's and from 8 am to 2 pm at King George. A national campaign – 'Help Us Help You' had been launched to seek to reduce pressure on A & E.

The A & E at Queen's saw 13-15 ambulances per hour at peak times and Queen's was now the best performing hospital in London in terms of handover time from ambulances. The planned building work would further improve this but it was accepted that it was a concern if ambulances were delayed waiting to hand over patients at A & E.

It was clarified that A & E at King George did not close after 2 am but there was no requirement for A & E consultant cover at Queen's or King George as neither site was a major trauma centre. 24:7 consultant cover was however provided at Queen's.

The Interim Director of Public Health explained that the flu jab was not a vaccine and the virus itself could not be caught simply from having the vaccination. Whilst flu could be caught even after taking the vaccine, it was likely to be less severe. Public Health England reviewed the effectiveness of vaccines and what strains needed to be covered each year etc. Further details about the vaccine programme could also be circulated.

The Sub-Committee noted the position.

23 CARE QUALITY COMMISSION GP RATINGS

Officers from the Care Quality Commission (CQC) explained that North East London had the lowest healthcare ratings overall but the CQC had found that some GP practices were still failing to comply with regulations which could lead to a practice's registration being cancelled.

It was noted that the CQC was a Regulator and it was not the CQC's role to undertake specific improvements. The CQC had worked with the Havering GP Federation to train practice managers, GPs and nurses on the CQC regulations. These covered what a patient expected from their GP practice. The CQC wished for GPs to be more responsive with shorter waiting times for appointments etc.

A CQC rating of 'requires improvement' meant that a GP practice had breached regulations. If there was no improvement, a warning notice would be issued requiring improvements to be made within 12 months. If there was still no improvement, a practice could then be closed and this had occurred with one local practice. Struggling surgeries were encouraged where possible to merge with another practice rather than have their registration removed.

It was accepted that there was a shortage of GPs in Havering but this was also a problem nationally. There was a shortfall of 50 GPs across the BHR area but it was wished to provide more services via primary care. A further problem was that the lucrative nature of locum work meant that recruitment of permanent GPs was difficult.

The Sub-Committee noted the position.

24 BLOOD TESTING SERVICES IN BHR

Officers accepted that blood testing services were not currently right in the BHR area but there was a commitment to work across the CCGs, BHRUT and NELFT to improve phlebotomy. Blood testing was commissioned by the CCGs and provided by BHRUT and NELFT from approximately 40 locations across BHR.

Blood testing services had been stopped in some Havering practices due a lack of reception cover although these had now been restarted. Officers wished to reduce waiting times and have equal provision for phlebotomy across BHR but it was difficult to offer further blood testing in GPs as most singled handed practices did not have sufficient space.

It was therefore being considered how services could be offered from fewer sites but for longer hours. More pre-booked appointments could be made available which would reduce waiting times and it may also be possible to offer appointments booked on-line. Scoping of this work was expected to be completed by December 2018 with engagement with local stakeholders commencing in February 2018 which would help to decide if formal consultation was needed. It was provisionally planned to launch the new service in spring 2019.

Another option could be a mobile blood testing facility that could be sited in e.g. supermarket car parks. Phlebotomy apprenticeships had commenced and bar codes had been introduced in order to speed up the blood testing process.

Members remained concerned that clinics had been without sufficient communication and that the South Hornchurch clinic had not in fact reopened. Officers responded that it was important to look at how demand was managed as there were often around 100 patients awaiting blood tests at Queen's Hospital at 7 am. The provider Trust had not been given any notice that there would not be a receptionist on site at the Rainham clinic. Staff did attend at the site but it had been unsafe for phlebotomy services without reception cover.

The GP practice at South Hornchurch had asked BHRUT to buy a new specialist phlebotomy Chair and also wished to charge rent. Officers would check with the GP practice re the latest position with reinstating phlebotomy services at the site.

A phlebotomy clinic aimed to see 12 patients per hour but would see as many as possible during opening hours, with no upper limit set. Phlebotomists were sometimes working at different hours to allow a staggered opening time for the service.

It was emphasised that the aim was for services to be available in the community and that phlebotomy would not be centralised at Queen's Hospital. Waiting times for blood tests at Queen's had now reduced from two hours to one hour and work was planned to improve the environment for children's blood tests at the hospital. A list of all blood test providers would be available by the end of December and this could be provided to the Sub-Committee.

The Sub-Committee noted the position and requested that officers provide the further information as detailed in the minutes.

25 HAVERING CAMHS TRANSFORMATION UPDATE

Officers accepted that the current system for Child and Adolescent Mental Health Services (CAMHS) was not perfect but felt that the system was improving with new investment having been made in the service. There had been a culture change away from the old four tier system with the new I-Thrive system covering treatment, support and self-management etc. The new children's model for mental health services had been piloted in the north locality of Havering.

Feedback from schools had been favourable with schools feeling they now had a better understanding of CAMHS and in particular the role of the Support Time and Recovery Worker. This had resulted in more appropriate rates of referral from schools to CAMHS. The CAMHS website had also been improved which helped young people to access services.

Children with speech and language difficulties were more likely to struggle in school and become young offenders etc but NELFT was now working closely with the Council's adolescent safeguarding team on these issues. A representative from Havering CCG added that the CCG worked with schools and providers to develop services for resilience building.

The CAMHS transformation strategy had recently been refreshed and this could be circulated to Members. The Havering Transformation Board for CAMHS had also been considered as operating successfully.

The sub-Committee noted the presentation and thanked officers for the services being provided in Havering.

26 QUARTER 2 2018/19 PERFORMANCE INFORMATION

Performance on delayed transfers of care had improved slightly in the last quarter with most delays being attributed to issues in the health sector with

for example patients awaiting transfer to a bed in a neurological rehabilitation unit.

Chairman