



Health Overview and Scrutiny Sub-Committee Annual Report 2016/17

INTRODUCTION

This report is the annual report of the Sub-Committee, summarising the Sub-Committee's activities during its year of operation ended May 2017.

It is planned for this report to stand as a public record of achievement for the year and enable Members and others to have a record of the Sub-Committee's activities and performance.

SUB-COMMITTEE MEMBERSHIP

Councillor Michael White (Chairman)
Councillor Dilip Patel (Vice-Chair)
Councillor June Alexander
Councillor Alex Donald
Councillor Denis O'Flynn
Councillor Carol Smith

During the year under review, the sub-committee met formally on four occasions and dealt with the following issues:

1. Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) – Improvement Plan and Plan for Winter Pressures

On two occasions during the year, the Sub-Committee held discussions with senior BHRUT officers concerning the Trust's improvement plan and how it proposed to deal with pressures during the winter peak demand period. Improvement work centred on areas such as workforce issues, service improvement and improving learning from incidents and mistakes.

The Sub-Committee also scrutinised the Trust's plans for dealing with winter pressures including assisting patients with transport difficulties to get to appointments. The Trust also explained how expected demand levels were calculated. At its January meeting, the Sub-Committee examined the current situation with winter pressures at the Trust. This included discussion of the reliance on agency and bank staff in the Emergency Department and how staff could be moved between different Trust sites as required. The methods for redirecting patients who did not require treatment in the Emergency Department were also discussed.

2. Care Bed Charges

The Council's Director of Adult Services explained the charges levied by the Council for places in care homes, which were lower than the average rates in both London and Essex. It was noted that, if a care home resident was admitted to hospital, the full care rate was paid for the first four weeks, dropping to 60% of the rate thereafter. Members suggested that the length of time the full rate was being paid could be reviewed as a potential cost saving measure.

3. Integrated Care and Locality Working

Throughout the year under review, the Sub-Committee was kept up to date with work to integrate health services locally as well as to establish a locality model in Havering. The Integrated Care Partnership (formerly Accountable Care Organisation) sought to address challenges of reduced funding for both the Council and Havering Clinical Commissioning Group. The rising population of and demand for health services in North East London also required a different way of working.

Localities would be set up, dividing Havering into three areas with key priorities for the different localities being children's health, referral to treatment issues and urgent care pathways. GPs had been involved in the design of the locality model but there remained workforce issues with many GPs approaching retirement age. At the Sub-Committee's April meeting, it was noted that an integrated rehabilitation and reablement service has recently been launched and it was hoped this service would reduce duplication and hence benefit Havering residents.

4. Corporate Performance Reporting

Throughout the year, relevant performance information was scrutinised by the Sub-Committee. This included discussion of Council performance in areas such as the successful completion of drug treatments, HIV testing and targets for participation in the national child measurement programme. Meeting this latter target allowed the collation of a database of information relating to childhood obesity.

5. Health Tourism

The Sub-Committee held discussions with senior BHRUT officers concerning fees for treatment for non-UK residents. The Sub-Committee scrutinised the amount of outstanding debts for treatment at the Trust and the number of patients this related to. Methods used to recover these debts were also discussed as was the support available for this issue from Havering Clinical Commissioning Group.

6. Public Health Service Performance Report

At its April meeting, the Sub-Committee discussed with a senior Public Health officer the section's performance and priorities. This included scrutiny of the recommissioning of the Council's sexual health services and the increased representation of public health on safeguarding groups. The Council's strategy to deal with childhood obesity was also discussed.

7. Delays in Referral to Treatment

Throughout the year under review, the Sub-Committee has been engaged in a joint, in-depth scrutiny review with Healthwatch Havering. This has covered an investigation of the reasons for delays in referral to treatment at BHRUT together with recommendations for how similar problems could be avoided in the future. This joint review with the local Healthwatch organisation is believed to be one of the first instances of such joint working in the UK and has proven a very positive experience for both sides. It is planned for the final report of the joint review to be published in June 2017.

8. Healthwatch Havering

The Sub-Committee continued to enjoy a productive working relationship with Healthwatch Havering. A director of the organisation attended most meetings of the Sub-Committee and was allowed to ask questions of witnesses. The Healthwatch Havering annual report was presented at the July meeting of the Sub-Committee. The organisation which represented users of local health and care services had conducted a number of 'enter and view' visits to health and care facilities and published reports of these on its website. Healthwatch was also represented on organisations such as the Health and Wellbeing Board and the local Urgent Care Board.

Later in the year, the Sub-Committee was able to discuss in more detail the visits Healthwatch members had undertaken to local GP Practices. Issues discussed included a lack of knowledge of the out of hours GP service amongst local residents and instances of surgeries sharing the same premises but, in the view of Healthwatch, failing to work together. Healthwatch Havering had also recommended that Havering CCG should ask all its Practices to review their resilience plans following problems at one surgery caused by flash flooding in 2016.

9. Outer North East London Joint Health Overview and Scrutiny Committee

Throughout the year under review, the Sub-Committee was represented by Councillors White, Patel and Alexander on the Joint Health Overview and Scrutiny Committee covering Outer North East London. This Committee allows scrutiny of health service issues covering more than one Council area and, in addition to Havering, includes representation from Barking & Dagenham, Redbridge, Waltham Forest, Essex and Epping Forest Councils.

Among the issues scrutinised by the Joint Committee, which met on four occasions during the year, were the following:

Improving Access to Psychological Therapies (IAPT) – This service, run by the North East London NHS Foundation Trust (NELFT) aimed to improve access to psychological therapies at the primary care level. NELFT officers explained the services available which were mainly based on forms of cognitive behavioural therapy. Access to the service was via a person's GP or via self-referral.

NELFT – At the Joint Committee's October meeting, senior NELFT officers explained the issues facing the Trust. This included a nursing shortage leading to a reliance on bank and agency staff (this was a problem seen nationally) and the decision to close and refurbish the Brookside Unit for Child and Adolescent Mental Health, following concerns raised by the Care Quality Commission.

Sustainability and Transformation Plan – The Joint Committee received a detailed briefing on the Sustainability and Transformation Plan (now renamed the East London Health and Care Partnership). This included contributions from several members of the public who were allowed to address the Committee and raise concerns about the proposals. Discussion by the Committee included what services would be retained at King George Hospital, the impact on Queen's Hospital A & E if the department at King George was to close and the accessibility and format of public documents issued in relation to the plans.

Open Dialogue – The Joint Committee was briefed in January by the Associate Medical Director at NELFT on Open Dialogue – a new technique that allowed people with mental health issues to be seen with their family or friends network. Havering, along with Waltham Forest, had been chosen as pilot locations for the project and it was hoped that funding would be received to enable a large-scale trial of the technique to take place.

London Ambulance Service – The Joint Committee has also scrutinised the work of the London Ambulance Service during the year with the rising demand for ambulance services and recruitment issues facing the service being discussed with senior Trust officers. Work with partners such as GPs and NHS 111 was in progress to seek to reduce the level of demand for ambulances.

BHRUT Care Quality Commission Inspection - The recent reinspection of BHRUT by the Care Quality Commission had identified several areas of good practice such as children's services and services for dementia. The Committee was pleased that

the Trust had now exited special measures and agreed to take a further update on progress with the safety of services at the Trust.

IMPLICATIONS AND RISKS

Financial implications and risks:

None – narrative report only.

Legal implications and risks:

None – narrative report only.

Human Resources implications and risks:

None – narrative report only.

Equalities implications and risks:

While the work of the Sub-Committee can impact on all members of the community, there are no implications arising from this specific report which is a narrative of the Sub-Committee's work over the past year.

BACKGROUND PAPERS

None not already in public domain.