

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
28 June 2017 (7.00 - 7.55 pm)**

Present:

Councillors Michael White (Chairman), Dilip Patel (Vice-Chair), Denis O'Flynn, Alex Donald, Carol Smith and Nic Dodin

1 ANNOUNCEMENTS

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

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

There were no apologies for absence.

3 DISCLOSURE OF INTERESTS

There were no disclosures of pecuniary or personal interests.

4 MINUTES

The minutes of the meeting of the Sub-Committee held on 19 April 2017 were agreed as a correct record and signed by the Chairman.

5 DELAYED REFERRALS TO TREATMENT - JOINT TOPIC GROUP REPORT OF HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE AND HEALTHWATCH HAVERING

A director of Healthwatch Havering presented the report of the joint topic group on Delayed Referrals to Treatment. This summarised the findings and recommendations of a review that had been undertaken jointly between the Sub-Committee and Healthwatch.

The review had taken evidence from a number of key stakeholders including BHRUT, NELFT and Council officers. The principal recommendation of the review had been that BHRUT should adopt a more robust process in the migration of data. The review had also concluded that the CCG should look more closely at the position with delayed referrals to treatment and that GPs

in particular should take a closer interest in the process of referrals of patients to hospital.

The report had now been approved by the Healthwatch board and the Sub-Committee Chairman thanked the Healthwatch director and the Clerk to the Sub-Committee for producing a very good report.

The Healthwatch director felt it was important that GPs considered how they dealt with future problems around referrals and that it was accepted by the NHS that the model of general practice in Havering needed an overhaul.

It was confirmed that all relevant health bodies were obliged to consider and respond to the report and that responses could be invited in order that they could be considered at the next meeting of the Sub-Committee. The Director of Public Health added that BHRUT had advised the Health and Wellbeing Board that the target of 92% of patients being seen within 18 weeks of referral would be reached by September 2017.

The report also made a recommendation regarding the integration of IT systems and the local CCGs were leading work on a road map to achieving this. The use of different IT systems and contracts had caused problems although most GPs in the local boroughs had now agreed to move towards the use of a common system – EMIS. In the long term, it was planned for there to be enough points of connectivity for information to be electronically shared. The Sub-Committee Chairman added that in areas such as Islington, all GPs pharmacies and patients were connected via a single on-line record and systems could be integrated.

It was **AGREED** that an update on the position with delayed referrals to treatment should be taken at the Sub-Committee in 2018.

RESOLVED:

1. That the Sub-Committee approve the Joint Topic Group report on Delayed Referrals to Treatment.
2. That the Sub-Committee agree that the recommendations contained within the report should be referred to the relevant NHS organisation(s) for response.

6 HEALTHWATCH REPORTS

1. QUEEN'S HOSPITAL IN-PATIENT MEALS

A director of Healthwatch Havering explained that, following a number of complaints from Healthwatch members about the quality of food at Queen's Hospital, five wards had been visited in October 2016. Although one patient

had been very critical of the food on offer, the overall conclusion from the visits was that the food at the hospital was of an acceptable standard.

This was not found to be the case however on Sunrise B ward which treated people with dementia, where meals were found to be of a very poor quality with people not being offered assistance with eating. The food offered had also been found to be insufficiently varied.

It was accepted by Healthwatch that hospital food was a difficult area to get right. Catering facilities at the hospital were contracted to Sodexo who sub-contracted hospital meal preparation to Tilbury Foods. Food was delivered pre-packed and frozen and meals were cooked on the wards. Healthwatch felt that the main problems occurred when serving food once it had been cooked.

BHRUT had responded to the report confirming that more choice was now offered and more staff were available to assist with serving etc. Healthwatch would carry out a further Enter and View visit in autumn 2017 in order to check if improvements were still in place. How food orders were taken would also be observed. It was uncertain whether Healthwatch reports were forwarded to the hospital's Patient Advice and Liaison Service.

2. NELFT MENTAL HEALTH STREET TRIAGE SCHEME

It was emphasised that the Healthwatch report on the street triage scheme had been very positive. The scheme allowed Police to call out a mental health team to attend incidents of mental health crisis.

The scheme had been welcomed by the CCGs and Healthwatch had recommended there be more links between NELFT and the London Ambulance Service, allowing a quicker mental health response to incidents.

Recommendations had been made in the report to Havering Police and to the British Transport Police but no response had been received. It was **AGREED** that the matter should be referred to the Crime & Disorder Committee in order to seek to get a Police response to the Healthwatch report. The Director of Public Health added that the Police did attend the Suicide Prevention Strategy Group and that crisis management was seen as a priority. The Healthwatch report would be taken to the group as an example of good practice.

A NELFT representative thanked Healthwatch for the report and added that the service had been funded as a pilot project but it was wished to make this permanent. It was suggested that NELFT could also work with the Council on how parks staff could deal with people they encountered exhibiting mental health issues.

The Sub-Committee NOTED the Healthwatch reports.

7 ANNUAL REPORT OF SUB-COMMITTEE 2016-17

The Sub-Committee **AGREED** the Annual Report 2016-17 and that it should be referred to full Council for approval.

8 NOMINATIONS TO JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES

The Sub-Committee AGREED:

- 1. That, line with political proportionality rules, Councillors White, Patel and Dodin should be its representatives on the Outer North East London Joint Health Overview and Scrutiny Committee for the 2017/18 municipal year.**
- 2. That Councillor White be the Sub-Committee's representative at any meetings of the pan-London Joint Health Overview and Scrutiny Committee during the 2017-18 municipal year,**

9 SUB-COMMITTEE'S WORK PLAN 2017-18

The Sub-Committee considered a proposed outline work plan for the 2017-18 municipal year. It was felt that an update should be taken on work concerning the East London Health & Care Partnership (formerly Sustainability and Transformation Plan). It was felt that GP recruitment locally should also be scrutinised, perhaps at the November 2017 meeting.

It was felt that topic group work should consider, if practicable, the Council's Health and Wellbeing Board and how this was fulfilling its remit against best practice. The location of GP surgeries could also be considered as part of a topic group.

The Sub-Committee **AGREED** the outline work plan.

10 URGENT BUSINESS

The Sub-Committee considered what performance indicators it wished to scrutinise, feeling that these needed to be relevant to its work. Possible indicators included those under the Public Health Outcomes Framework such as data related to air quality. Other indicators that could be scrutinised included those covering delayed transfers of care, emergency & elective admissions. It was suggested that the 'discharge to assess' programme may be of interest to the Sub-Committee.

The Sub-Committee **AGREED** to consider, at its next meeting, what performance indicators were already reported on and then to decide which indicators it wished to scrutinise during the remainder of the year.

Chairman

This page is intentionally left blank