



## **Health Overview and Scrutiny Sub-Committee Annual Report 2017/18**

### **INTRODUCTION**

This report is the annual report of the Sub-Committee, summarising the Sub-Committee's activities during its year of operation ended March 2018.

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 Alex Donald  
Councillor Nic Dodin  
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. East London Health and Care Plan**

The Sub-Committee was briefed by senior plan officers on this important programme which sought to redesign health services across North East London. The plan sought to involve all relevant parties including Councils, NHS bodies, carers and the voluntary sector in the improvement of the provision of local health services. Whilst specific proposals impacting on Havering were not yet available, it was possible that plans for the relocation of GPs or the reprovision of the NHS 111 service could be brought forward. It was likely that the East London Health and Care Plan would be scrutinised further, including via the Outer North East London Joint Health Overview and Scrutiny Committee.

#### **2. Public Health Budget**

The Council's Director of Public Health briefed the Sub-Committee on how the Council's public health budget was used. Government funding for public health in Havering had been reduced and the Sub-Committee discussed savings made including from the Council's Drug and Alcohol Action Team. The rationale for the

ending of the Council's main smoking cessation service was also explained to the Sub-Committee.

### **3. Performance Information**

Throughout the year under review, the Sub-Committee reviewed performance information within its remit, focussing on areas including childhood obesity, delayed transfers of care and patient experience of primary care.

### **4. Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) Winter Pressures**

Senior BHRUT officers briefed the Sub-Committee on the Trust's plans for coping with the peak demand levels expected over the winter period. This included discussion of vacancy rates at the Trust and how non-urgent cases could be diverted from A&E and treated in other parts of the health service. Other initiatives included a move towards having more patient discharges at weekends and encouraging doctors to write up prescriptions prior to the day of a patient's discharge.

### **5. Digital Roadmap for Integration between Health and Social Care**

Work on upgrading and integrating NHS IT systems was explained to the Sub-Committee including plans to allow GPs to work from any location, including from a hospital environment. A pilot of video consultations was also under way, allowing cardiology consultants to more easily contact a patient's GP. NHS funding had also been received for the introduction in GPs of patient self-check-in and Wi-Fi availability.

### **6. Air Pollution**

Public Health officers also briefed the Sub-Committee on air pollution in the borough and its links to conditions such as asthma and diseases including bowel and stomach cancer. The locations of pollution hotspots such as Romford Town Centre and Gallows Corner were also scrutinised as were the number of pollution monitoring stations within Havering. Other initiatives to combat pollution included the introduction of four Public Space Protection Orders outside schools and the launch of an app giving travel and pollution advice. The Council had also introduced the Miles the Mole campaign to raise awareness of pollution issues within schools.

### **7. Healthwatch Havering**

The Sub-Committee continued to enjoy a productive working relationship with Healthwatch Havering, an organisation representing users of local health and social care services. 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 September meeting of the Sub-Committee.

Members of the Sub-Committee worked closely with Healthwatch Havering volunteers to conduct a joint topic group review of delayed referrals to treatment at BHRUT. This was believed to be the first such joint Overview & Scrutiny-Healthwatch review in the UK and the review made a number of recommendations which have now been responded to in detail by the health bodies. Responses to the report, in particular from BHRUT, were reviewed by the Sub-Committee at its September meeting and the issue of delays in referral to treatment continues to be scrutinised by both the Sub-Committee and Healthwatch.

The Sub-Committee has also received updates from Healthwatch during the year on its work scrutinising the quality of in-patient meals at Queen's Hospital.

## **8. 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 Dodin 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:

**BHRUT Safety of Services** – The Joint Committee scrutinised, with BHRUT officers, the Trust's complaints process and learning from complaints.

**Single Accountable Officer** – The Joint Committee was addressed by the Single Accountable Officer covering all Clinical Commissioning Groups in North East London. This covered initial plans to meet targets to bring together health and social care budgets and dealing with financial challenges in the local system by addressing costs and the quality of care.

**Clinical Commissioning Groups (CCGs) – Financial Recovery Programme** – The Joint Committee also scrutinised plans by the local CCGs to recover a serious deficit across the local area. This work included ensuring better value for money in contracts, supporting provider efficiencies and improved use and disposal of estates.

**North East London NHS Foundation Trust (NELFT) Future Plans** – Senior NELFT officers explained to the Joint Committee, at its July meeting, the future plans of the Trust. The decision to close and then re-open the Brookside Unit for young people with mental health issues was scrutinised in some detail. The Trust's strategy to intervene as early as possible with people exhibiting mental health issues was also explained with the introduction of the Improving Access to Psychological Therapies service which allowed patients to self-refer if they were in need of Talking Therapies.

**Whipps Care for Patients with Dementia** – The Joint Committee was addressed at its October meeting by a member of the public who explained the poor treatment experienced by her mother, who suffered with dementia, on being admitted to Whipps Cross Hospital. The Joint Committee was then able to discuss in some detail with Barts Health NHS Trust officers how patients with dementia were now cared for. This included dementia screening for all admitted patients over 75 years of age and initial dementia awareness training for all staff, regardless of post or grade.

**Spending NHS Money Wisely 2 Consultation** – The Joint Committee was briefed by NHS officers on proposals to cease, on financial grounds, the funding of certain NHS treatments and procedures. Whilst the Joint Committee was supportive of most plans, proposals to restrict the availability of cataract surgery did raise concern and this was fed back to commissioners as part of the Joint Committee's response to the consultation.

## 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.