

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
15 March 2018 (7.00 - 8.25 pm)**

Present:

Councillors Dilip Patel (Vice-Chair), Denis O'Flynn, Carol Smith and Nic Dodin

Also present:

Ian Buckmaster , Director, Healthwatch Havering

Barbara Nicholls, Director of Adult Services

Mark Ansell, Director of Public Health

Phillipa Brent-Isherwood, Assistant Director of Policy

Piers Young, Interim Chief Operating Officer, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

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

29 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillors Michael White and Alex Donald. In the absence of Councillor White, the meeting was chaired by Councillor Patel.

30 DECLARATIONS OF INTEREST

There were no disclosures of interest.

31 MINUTES

The minutes of the meeting of the Sub-Committee were agreed as a correct record and signed by the Chairman.

32 HEALTHWATCH HAVERING - QUEEN'S HOSPITAL PUBLIC SPACES

The Director of Healthwatch Havering explained that an enter and view visit to Queen's Hospital had been conducted following adverse comments about a number of public spaces at the hospital. Healthwatch had found that the Hospitals' Trust should do more to discourage smoking at the entrance to the hospital and that the car drop off zone was too small. The disabled parking spaces at the front of the hospital should also be enforced.

It had also been found that hand sanitisers should be relocated and that cleaning staff should be trained in hygiene. Other recommendations included considering the provision of adult disabled changing facilities and the inclusion of visitors in fire drills. It was also felt that better arrangements should be made for people who were hard of hearing. Healthwatch had also found that temporary visiting facilities such as the mobile breast screening unit often did not have disabled access and that more seating and distance signs should be installed in the hospital's public areas.

In response, BHRUT had agreed to consider further anti-smoking measures and had confirmed that there were parking enforcement officers on the hospital site. The Trust did not wish to extend the drop off zone as this would reduce the number of disabled parking spaces available. The Trust accepted the issue re people with hearing difficulties and had established a deaf patient access group. Healthwatch had also been invited to join a working party on establishing adult changing facilities at the hospital. Hospital maps were being installed and signage was also being improved. Whilst additional seating could not be installed in corridors due to fire safety regulations, the Trust would commence providing mobility buggies for people with disabilities.

It was accepted by Healthwatch that patients could not be physically prevented from leaving the building in order to smoke, The Director of Public Health added that there were now fewer young people smoking and that more adults were switching to e-cigarettes which were less harmful.

The Sub-Committee welcomed the report by Healthwatch Havering and noted its contents.

33 HEALTHWATCH HAVERING - UPDATE ON QUEEN'S HOSPITAL MEALTIMES

The Director of Healthwatch Havering explained that announced and unannounced visits to review the quality of in-patient meals at Queen's Hospital had been held on 4 and 5 October 2017. These were following up a previous Healthwatch visit in October 2016. Healthwatch had received good cooperation on the visits from both BHRUT and Sodexo staff.

Healthwatch had found that drinks containers and cutlery on wards were inadequate and that there was confusion about menu choices and ordering deadlines. Healthwatch had therefore recommended that there should be better cooperation between staff and that a better system for food ordering should be introduced. Priority should also be given to managing patients' hydration.

In response, BHRUT had increased the training given to Sodexo staff and had asked the Trust's patient experience team to work on improving meal arrangements. Food ordering times had been clarified and there were

menus on every bedside locker. Menu options were also reviewed monthly and there was a range of 17 menus available. Additionally, water jugs would be topped up regularly and the catering department corridor was now cleaned more frequently. Healthwatch had also been assured that food at Queen's Hospital complied with NHS guidelines.

It was noted that a report on a recent visit by Healthwatch to A & E at Queen's Hospital would be brought to a future meeting of the Sub-Committee. A report on Healthwatch work on local vision services could also be brought for scrutiny in due course.

The Sub-Committee welcomed the report by Healthwatch Havering and noted its contents.

34 QUARTER 3 PERFORMANCE INFORMATION

There had not been significant changes in levels of childhood obesity in Havering in recent years. Around 10% of reception year children were obese and there was a strong correlation of obesity with families from disadvantaged or deprived areas. Officers felt this was a complex issue and aimed to address this via the Prevention of Obesity Strategy which promoted breast feeding, healthy eating and physical activity. The strategy had been presented to the Health and Wellbeing Board in July 2018 and this could also be shared with the Sub-Committee. The Director of Public Health would also clarify what level of ante-natal classes and advice that were available via BHRUT. Officers agreed that there were a lot of health benefits available if breast feeding could be encouraged.

Satisfaction with the GP out of hours service (including NHS 111) was broadly unchanged. It was noted that all Havering practices opted out of the out of hours service and that the CCG commissioned the Partnership of East London Cooperatives to provide this service.

Figures for delayed transfers of care (for which the Council was responsible) had improved recently and officers felt these should improve further once this data had been amended.

The Sub-Committee noted the update.

35 UPDATE RE CARE HOME CHARGES

The Director of Adult Services explained to the Sub-Committee the revised schedule of charges the Council would pay for care home charges. The uplift for 2018/19 was currently being analysed and it was accepted that the major cost increase for providers was due to increases in the national living wage.

It was accepted that the Council could not afford to pay higher fee rates but the Director felt that there were currently sufficient homes within Havering that would accept the current rates. Any higher rates would need to be topped up by residents' families.

It was clarified that there were approximately 40 care homes for older people in Havering with around 1,600 beds. The Council contracted around one third of the beds, a further third were for self-funding residents and the remaining third were either used by other boroughs or were vacant. It was noted that the Council aimed to keep more people in their own homes and had therefore put less people in residential care this year.

The Council had worked with local health bodies on a Discharge to Assess programme which allowed assessment of patients to be completed at home rather than in hospital. This reduced the likelihood of patients having to go into residential care.

The Sub-Committee noted the update.

36 DELAYED REFERRALS TO TREATMENT

The Interim Chief Operating Officer of BHRUT explained that a recovery plan had been instituted by the Trust in response to issues identified in 2014 with regard to the reporting of waiting times. The Trust's overall target of seeing 92% of referrals within eighteen weeks had been met in June 2017, three months ahead of time.

The validation of data had been improved by the Trust, as had theatre productivity and the efficiency of outpatient services. Recruitment of consultants had increased and detailed demand and capacity work had also been undertaken. A clinical harm programme had also been introduced but no cases had been found where moderate or severe harm had been caused to patients due to their waiting for treatment. The programme had been drawn up by consultants and criteria for clinical harm had been set based on individual patient needs.

Assurance of the Trust's work on referral times was provided by performance reports to the Trust Board and a Planned Care Board with local Clinical Commissioning Groups. Regular meetings were also held by the Trust with NHS England and NHS Improvement.

It was agreed that there had been a rise in the number of GP referrals to BHRUT hospitals. The GP Redirect programme had ceased and there had also been an increase nationally in the number of patients referred to secondary care. The Chief Operating Officer felt that clinical management in primary care needed to be addressed, particularly in cases of single handed GPs not adhering to agreed pathways.

IT issues had now been resolved and the Trust had put in IT fail safes. There remained some issues of human entry error but these were reviewed

on a weekly basis. The Chief Operating Officer was confident the Trust could continue to meet its targets provided that numbers of referrals did not continue to rise. Unnecessary referrals from commissioners would be addressed with commissioners. An advice and guidance service for GPs was in development which would reduce the number of patient referrals.

It was clarified that recent financial issues at the Trust would not impact on meeting targets and that no operations would be cancelled. Payments for clinical work be prioritised by the Trust.

The Sub-Committee noted the position.

37 ANNUAL REPORT OF SUB-COMMITTEE

The Sub-Committee approved its draft annual report and agreed that this should be submitted to full Council for consideration.

38 URGENT BUSINESS

There was no urgent business raised.

Chairman

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