

**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Committee Room 2 - Town Hall
20 February 2018 (7.00 - 9.05 pm)**

Present:

Councillors Linda Trew (Vice-Chair), Ray Best (Chairman), Linda Hawthorn, Patricia Rumble and Carol Smith (substitute for Councillor Roger Westwood)

Apologies for absence were received from Councillor Keith Roberts, Councillor Roger Westwood and Councillor John Wood

22 MINUTES

The minutes of the meeting of the Sub-Committee held on the 29 November 2017 were agreed as a correct record and signed by the Chairman.

23 EAST LONDON HEALTH CARE PARTNERSHIP UPDATE

Mr Ian Tompkins, Director of Communications and Engagement, East London Health Care Partnership, provided a verbal report which detailed current issues within the remit of the Sub-Committee.

The Partnership was established with a shared goal to help people live healthy and independent lives with the mission of protecting vital services and to provide better treatment and care built around the needs of local people, safely and conveniently, closer to home.

The Partnership's top priority was to reduce the pressures on hospitals and accident and emergency departments, when often people should be supported by NHS 111 staff, GPs, community staff and resources in their own homes.

Attempting to improve the hundreds of health and care services for the two million people of east London, a population expected to grow by around 30,000 more people in 2017 alone would be a complex task, however many beneficial changes could be made quite simply.

Significant improvements were being made by joining services up and people were starting to benefit.

The Partnership's main priorities were:

- To help local people live healthy and independent lives.

- To improve local health and care services and outcomes
- To have the right staff in the right place with the right resources to meet the needs of the community.
- To be a well-run, efficient and open Partnership.

The Partnership was shaping the way it tackles its priorities around Barking, Havering and Redbridge; City of London and Hackney; Newham; Tower Hamlets and Waltham Forest.

The Partnership would drive forward issues such as good quality urgent and emergency care for East London; the availability of special clinical treatment; a better use of buildings and facilities; the recruitment and retention of doctors, nurses and other health and care professionals; an increased use of digital technology to speed up the diagnosis and treatment of illness; and ways of working that will put a stop to duplication and unnecessary expense. The biggest single factor in the long term was to prevent ill health and deaths caused by the effects of lifestyle choices such as diet, lack of exercise and smoking.

The development of a Sustainability and Transformation Plan, which was submitted in draft form to NHS England and NHS Improvement in 2016, was the original reason why the East London and Health Care Partnership was established.

The organisations behind the East London Health and Care Partnership included Clinical Commissions Groups, Provider Trusts and Councils. The new commissioning arrangements aimed to ensure that commissioning was integrated around local people and significantly improved both services and health outcomes, by developing prevention and self-care; better primary and community services so that services were closer to home; and demand and capacity planning across hospitals.

The Partnership has been engaging with various key stakeholders over the past year, including the Police, Fire and Ambulance Services, professional associations, housing, education and local business organisations, the voluntary and charity sector, community groups and public and patient representatives.

The role of the fire brigade was questioned, upon which it was explained that the London Fire Brigade welcomed the Partnership working in conjunction with them during school visits.

Clarification was sought as to whether the Partnership would work with local satellite medical centres and the feasibility of extended opening hours for these centres was questioned. It was explained that some staff preferred shift work and that centres needed to work together to ensure an even distribution of workload, in particular in event of the closure of a GP practice whereby patients would be dispersed to various centres. Discussion was held on the possible extension of the role of pharmacies to relieve the

pressures on GP surgeries, during times of reduced funding. The Partnership itself was not a statutory body and would therefore be unable to make any formal decisions, as these were made by member organisations, through their existing governing bodies or systems thus ensuring that decision making remained local.

Members noted the report and took the opportunity to thank Mr Tompkins for his verbal update.

**24 UPDATE ON JOINT HAVERING CARERS STRATEGY 2017-19
(COUNCIL CONTINUOUS IMPROVEMENT MODEL)**

Mr John Green, Head of Joint Commissioning, provided an update on the Joint Havering Carers Strategy 2017-19. An amended presentation was circulated at the meeting.

Increased funding had been received to commission services for carers and a new provider was in place with services being delivered. Havering's carer hub was operating from Romford and offered advice and support. Carers of those with different conditions were recognised and the offer had consequently been adapted. Other services were in place to encourage peer support and to reduce social isolation.

Members of Havering Carers Voice continued to be developed, with active recruitment continuing at Carers forums, feeding into the Council's Carer's Board, which contributed to improved engagement.

There were plans for a review of the hospital discharge process to ensure that carers were supported with their care. An updated Carers information booklet had been widely distributed across the GP surgeries in the borough and provided contact information and advice.

Confirmation was sought on whether there was a record of carers and those they care for, to ensure triangulation in case of a crisis. In response, it was confirmed that where possible, details were recorded and that the relaunch of the Carer's emergency alert card would alert ambulance crews that there may be an individual who required support.

Members welcomed the positive news that the number of carers in receipt of direct payments had increased from 77 in April 2017 to 110 in December 2017; and the number of carers identified by Havering GP Surgeries had increased from 919 to 1200 over the same period. Although it was not possible to formally record the number of carers in receipt of Carer health checks, one surgery had recently offered three sessions to carers and a discussion with the Clinical Commissioning group on how this could be developed was planned.

The Carers Quality of Life Survey, highlighted that Havering was in the top 10 in five of the eight statutory performance indicators, and when compared to all London Boroughs was ranked 5th overall.

The impact of caring on an individual's mental attitude was questioned and it was explained that the voluntary sector sought to link carers with Talking Therapies and North East London NHS Foundation Trust, to ensure that they received support.

Issues that had been identified included a reduction in the number of contacts for carer assessments, which could be partially attributed to the redesign of the front door service; and a reduction in carers forum satisfaction survey scores.

Members noted the update provided.

25 INTEGRATED CARE PARTNERSHIP UPDATE

Mr John Green, Head of Joint Commissioning, provided a verbal update on the Integrated Care Partnership.

The Partnership Board consisted of the Chief Executive Officers of the London Borough of Barking and Dagenham, Havering and Redbridge and the Chief Executive Officers of the North East London NHS Foundation Trust and the Barking, Havering and Redbridge University Hospitals NHS Trust. The Partnership oversees health and social care across the three boroughs and works to fundamentally change the way in which the health and care system works across the three boroughs. The Partnership have been working together and sharing resources to help keep people out of hospital and were jointly accountable for the care of the population in their area.

26 QUARTER 3 PERFORMANCE REPORT

Officers advised that the Council was ahead of target in reducing admittance of over 65s to residential and care homes. This indicated that fewer people being discharged from hospital needed to enter a care home due to a better re-ablement service and better capacity in homecare.

Performance on the percentage of service users receiving homecare was below target. Work was in progress to increase the number of personal assistants contracted to provide personal services to people receiving direct payments and the month on month percentages were consistently improving.

The Sub-Committee noted the performance information presented.

27 FUTURE AGENDAS

Members agreed that the item be deferred to the next meeting.

28 URGENT BUSINESS

There was no urgent business.

The Chair took the opportunity to thank the committee members and officers for their input and support over the past year.

Chairman