MINUTES OF A MEETING OF THE HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
19 March 2015 (7.00 - 8.45 pm)

Present:

Councilllors Nic Dodin (Chairman), Dilip Patel (Vice-Chair), Patricia Rumble, Gillian Ford and Jason Frost

Also present:
Ian Buckmaster, Director, Healthwatch Havering
Sue Milner, Interim Director of Public Health
Bob Antell, Chair, Havering MIND
Vanessa Bennett, Chief Executive Officer, Havering MIND
Caroline O'Donnell, Integrated Care Director, North East London NHS Foundation Trust (NELFT)
Alan Steward, Chief Operating Officer, Havering Clinical Commissioning Group (CCG)
Ilse Mogensen, North East London Commissioning Support Unit

One member of the public and one member of the press were also present.

35 ANNOUNCEMENTS

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

36 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

There were no apologies for absence.

37 DISCLOSURE OF PECUNIARY INTERESTS

Councillor Gillian Ford disclosed a personal interest in agenda item 8 as a family member worked as a scientist for Public Health England.

38 MINUTES

The minutes of the meetings of the Committee held on 20 January 2015 and 18 February 2015 (joint meeting with the Children & Learning Overview and Scrutiny Committee) were agreed as a correct record and signed by the Chairman.

The Chairman indicated his disappointment that some information provided to the Committee recently had not been fully accurate. The Chief Operating Officer of Havering CCG acknowledged this but added that he had indicated at the time of the meeting that the slides as shown were not completely accurate.

39 HAVERING MIND - TRANSFER OF MENTAL HEALTH SERVICES

The Chairman reminded all present that the Sub-Committee had no power to overturn a commissioning decision that had already been taken.

The Chief Executive Officer of Havering MIND explained that the organisation had been operating for 50 years and currently employed 18 staff, compared to 27 in the previous year. Havering MIND was also supported by approximately 70 volunteers.

The success of Havering MIND was due to its people and its success was measured by supporting people through quality, cost effective services. Last year, Havering MIND had received £76,000 of external funding and had raised an additional £21,000.

In September 2013, Havering CCG had decided to review mental health employment services. The services provided by Havering MIND had not been recommissioned and the Havering MIND Chairman felt that there had not been an impact assessment carried out on people supported by Havering MIND. As a result of this decision, Havering MIND had lost 42% of its funding.

Havering MIND had been commissioned to provide a community wellbeing service. This had ended on 31 December and the service provided by the Richmond Fellowship took over on 1 December 2015. The CCG had agreed to provide £60,000 of bridge funding to allow Havering MIND clients to continue to access services such as peer support groups. Havering MIND felt however the changes had led to a lack of advice and information for people who wished to access mental health services.

Havering MIND supported people back into employment and people with severe chronic pain also used these services to build up their confidence. Havering MIND wished the Sub-Committee to support the organisation's vision to provide support and respect to all people with mental health problems.

The Havering MIND Chairman added that the reduction in funding had taken place at the same time as a 20% increase in referrals to Havering MIND. Whilst MIND were grateful to the CCG for recognising the need for bridge funding, there was no guarantee that Havering MIOND would get any further funding and the outcomes of applications were currently awaited. MIND supported getting people back to work but people first had to get to

the point where they were ready to work – a role performed by the MIND community wellbeing service.

The Sub-Committee Chairman felt that there were certain that were not currently being provided by the Richmond Fellowship.

The Sub-Committee were addressed briefly by a member of the public whose son had severe mental illness and was a user of MIND's services, The person's son had gone to Havering MIND for respite and felt safe and made friends at the facility. This was the same for other Havering MIND service users.
An officer from North East London NHS Foundation Trust (NELFT) added that people were supported after in-patient mental health care by the community recovery team. It was accepted however that this team did not offer all services previously provided by Havering MIND.

The chief operating officer of Havering CCG responded that the Richmond Fellowship did offer similar activities to those provided by Havering MIND but also offered other services. Leaflets concerning the new services had been sent to all service users. All existing service users had been contacted and the specification of the new contract was similar to the existing one.

Day centres funded by the Council were still available and it was expected that additional money would be received by the CCG next year in order to fund mental health services. This would be invested in psychiatric therapies and crisis response. Some elements of these services were already being piloted such as enhanced psychiatric liaison at Queen's and King George Hospitals. A funding announcement re child and adolescent mental health services was expected in the coming week. Members also felt it was important that services gaps were identified in the Joint Strategic Needs Assessment and notified to the Health and Wellbeing Board.

The CCG chief operating officer agreed to provide a separate response on the application of the Disability Act to mental health.

The Sub-Committee **NOTED** the situation.

40 INTERMEDIATE CARE

The CCG Chief Operating Officer explained that the Community Treatment and Intensive Rehabilitation Service pilots had been very successful with around 10,000 patients being assisted rather than 1,300 under the old model. The Chairman agreed that it was better for Havering patients that the service was based at King George Hospital.

The matter had been referred by London Borough of Redbridge to the Secretary of State. Whilst there had had not been any formal response as yet, the CCG Chief Operating officer understood that the Secretary of State would respond that there were no grounds for referring the decision. Advice had therefore been received from NHS England that the CCG should proceed to full implementation of these services from autumn 2015.

A director of Healthwatch Havering added that Healthwatch Havering were disappointed with the decision to refer the matter to the Secretary of State as the new system was already delivering benefits to patients. Members noted that it was reassuring that Healthwatch had confidence in the new services.

The NELFT and CCG representatives agreed to provide a plan of the different care pathways. NELFT would also bring an update around planning for te new services to the Sub-Committee in summer 2015.

The Sub-Committee **NOTED** the update.

41 **ST GEORGE'S HOSPITAL**

The CCG Chief Operating Officer explained that the plans for St George's Hospital (SGH) as presented were what the CCG intended to do with the site. There would be a GP practice included with a registered list and the site may also offer complex care and a GP Federation community access hub.

There would also be a day diagnostic unit and possibly outpatient clinics on the site. There were also planned to be facilities for voluntary and community organisation as well as some form of education centre on the site.

The CCG governing body was due next week to approve a pre-options appraisal submission. This was a high level business case that would be submitted to NHS England. If approved by NHS England, the project would then move to the next stage where more detailed planning would be undertaken. The report on the SGH proposals would be sent to the Sub-Committee as soon as it was published.

It was emphasised that the CCG did not wish the SGH site to just an admin base but rather that it should deliver clinical services to local people.

The Sub-Committee **NOTED** the update.

42 **PUBLIC HEALTH**

The Interim Director of Public Health explained that the Council now had a considerable number of new responsibilities around public health. Public health was defined as the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society.

The Council had taken over responsibility for public health from the former Primary Care Trust on 1 April 2013. The Council was the local leader but was also part of the national public health system organised by NHS England. There were many different elements that impacted on the health and wellbeing of the population from work environment to housing and education. Partnership work with the NHS was also vital and public health was now working across the system with the CCG and the BHRUT Hospitals' Trust. Virtually all Council services also had an impact on health.

As regards health improvement, the Council was now responsible for health education, health promotion and encouraging a healthier lifestyle. The Director agreed that there were health inequalities in the borough. The Council also had responsibility for health protection issues such as health emergency planning, health screening and immunisation. Under population healthcare, the Council gave support to commissioners and providers with population public health advice. Public health staff also evaluated the effectiveness ness of services and designed clinical pathways.

Havering received a ring-fenced public health grant of £9.7 million, one of the lowest in the UK. It was planned to use this money to shift public health services towards primary prevention.

Other public health services commissioned by the Council included open access sexual health services, healthchecks and the national child measurement programme. Discretionary services commissioned included tobacco control, drug & alcohol services, suicide prevention, healthy eating and oral health promotion.

Public health was now working across the system with the CCG and the BHRUT Hospitals' Trust. A joint director of public health was being recruited in conjunction with the CCG and BHRUT. This would be a unique arrangement in the UK and the public health service was currently being restructured to support this. Members felt a joint director of public health would be positive as there was now a lot more emphasis nationally on preventing people from getting conditions in the first place.

Oral health in children was usually worse in families from poorer backgrounds and the director would check on the results for Havering in the latest dental survey. It was suggested that this could be an item for the next joint meeting of the children & learning and health sub-committees.

The director advised that the flu jab had protected people but was less effective against some circulating strains. It was however important that people continued to have flu jabs. The Director would also check the take-up in Havering of the vaccine against shingles.
Public Health worked with the Council's housing teams to advise on how housing impacted on health. Advice could be given on the health implications of housing policies, planning applications etc although the service could not get involved in individual cases.

The Sub-Committee **NOTED** the presentation.

43 URGENT CARE

Havering CCG had run a GP weekend opening service since 2014. The pilot scheme had involved two practices opening at weekends – Petersfield in Harold Hill and the Maylands practice in Elm Park. The pilot had proved successful and 90% of appointments were now taken. This had reduced pressure on A&E at Queen's Hospital.

The service would now be commissioned via the GP Federation with weekend hubs at the North Street practice in Romford and the Rosewood practice in Astra Drive, Hornchurch. These services would also be available over the Easter bank holiday.

Referrals to the new service were made via NHS 111 and of nearly 500 appointments available in the first half of March, nearly 300 had been used. The Petersfield and would cease at the end of March to be replaced by the new service. Practices were open 12 – 6 pm at weekends and 12-10 pm on bank holidays. It was hoped to open further such hubs in the future. A Member praised the weekend GP service but had found that the Petersfield service had caused problems for residents with parking etc. It was therefore suggested that future hubs should not be located within residential areas.

As regards Orchard Village, the clinic had now reopened but the CCG was discussing with NHS England and NHS Property opportunities for an alternative short-term location. This was due to the clinic being based in now uninhabited flats which were prone to vandalism etc. It was therefore wished to relocate temporarily until a new GP practice in the area was available.

The CCG chief operating officer was unaware of any cancellation of the stitches removal service at Harold Wood.

44 IMPROVING ACCESS TO GP SERVICES - HEALTHWATCH CONSULTATION

A director of Healthwatch Havering explained that Healthwatch had recently met with the GP Federation in order to discuss improving access to GPs. AS a result of this, Healthwatch had been asked to undertake a ballot of 18 Havering GP practices asking if patients would use a GP hub, if they would consent to the use of shared patient notes and if they would make use of GP appointments outside normal hours.

The ballot had been piloted at a recent meeting of the Havering Over-50s Forum and 77 of 84 ballots returned had answered yes to all three questions. The GP Federation had been pleased with these results and the ballot would run in GP practices from 30 March to 14 April. Healthwatch would circulate the overall result to the Committee.

Members indicated they were happy to include information about GP access in local Political Party magazines. The CCG chief operating officer added that Havering would be one of the first places in the UK to share care records in this way and felt this was an exciting development.

It was clarified that the GP Federation would not sell on any patient information and that this was illegal. GPs in the hub would only be able to access records with the permission of patients.

45 **URGENT BUSINESS**

Councillor Ford reported that she was due shortly to meet with the Secretary of State concerning dementia and asked if there were any local issues on this subject that could be reported. It was noted that a member of public health staff had been on secondment undertaking some national work on dementia. There had also been a NELFT event held in connection with the recent 'Still Alice' film concerning dementia.

Chairman