

**MINUTES OF A MEETING OF THE  
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE  
Redbridge Town Hall  
10 October 2017 (4.00 pm – 6.30 pm)**

**Present:**

**COUNCILLORS**

<b>London Borough of Barking &amp; Dagenham</b>	Peter Chand and Jane Jones and Adegboyega Oluwole
<b>London Borough of Havering</b>	Nic Dodin
<b>London Borough of Redbridge</b>	Stuart Bellwood and Neil Zammatt (Chair)
<b>London Borough of Waltham Forest</b>	Louise Mitchell, Mark Rusling and Richard Sweden
<b>Epping Forest District Councillor</b>	Aniket Patel
<b>Co-opted Members</b>	Ian Buckmaster (Healthwatch Havering) and Mike New (Healthwatch Redbridge)

Also present:

Tristan Kerr, Associate Director Nursing, Barts Health, Lucy Cosgrove, Dementia Clinical Nurse Specialist, Barts Health, Jususa Tabil. Dementia Clinical Nurse Specialist, Barts Health, Devinder Degun, Communications, Barts Health.

Louise Mitchell, BHR CCGs

Jon Scott, Interim Chief Operating Officer, BHRUT

Ian Tompkins, Director of Communications and Engagement, East London Health and Care Partnership

Cathy Turland, Chief Executive, Healthwatch Redbridge

Anthony Clements, Principal Democratic Services Officer, Havering (minutes) Jilly Szymanski, Health Scrutiny Coordinator, Redbridge, David Symonds, Democratic Services Officer, Barking & Dagenham.

Four members of the public and a member of the Press were also present.

All decisions were taken with no votes against.

**11 CHAIRMAN'S ANNOUNCEMENTS**

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.

**12 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.**

Apologies were received from:

Councillor Mrs Nolan, Redbridge  
Councillors Dilip Patel and Michael White, Havering  
Councillor Mark Rusling, Waltham Forest (Councillor Louise Mitchell substituting)  
Councillor Chris Pond, Essex  
Richard Vann, Healthwatch Barking & Dagenham

**13 DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

**14 MINUTES OF PREVIOUS MEETING**

It was noted that Councillor Oluwole's name had been inadvertently spelt incorrectly in the minutes.

It was further noted that a report by Healthwatch Havering on further to assess the quality of in-patient meals at Queen's Hospital would be brought to the next meeting of the Committee.

The minutes of the meeting of the Joint Committee held on 18 July 2017 were otherwise AGREED as a correct record and signed by the Chairman.

**15 WHIPPS CROSS CARE FOR PATIENTS WITH DEMENTIA**

The Committee was addressed by a member of the public who had serious concerns over the standard of care given at Whipps Cross Hospital to her late mother who had suffered with dementia. These events had taken place in December 2016 and January 2017. There had been a lack of dementia care nurses and care had not been patient-centred. There had also been no evidence of the use of any Forget Me Not documentation to support the care of patients with the dementia.

It was felt by the member of the public that the hospital environment was not dementia friendly and that her mother's cognitive needs had been poorly assessed. It was felt that many staff were not skilled in treating patients with dementia – actions were rushed and staff repeatedly failed to state what they were about to do. Insufficient care was paid to the person's mother's cannula and there had been a lack of oral care leading to mouth ulcers.

There had also been an absence of positive working with family members or carers and a lack of response from nurses on the ward. The member of the public felt that the policies and practices for caring for patients with dementia that were in place at Whipps Cross were simply not carried out in the case of her late mother.

The Committee expressed their condolences on the death of the member of the public's mother and it was noted that the Committee had no power to hear individual complaints.

Officers from Barts Health NHS Trust also offered their condolences and stated that there was a strong commitment to dementia care at Barts Health. The Trust now had a fully established dementia team and did now use the Forget Me Not documents. A lot of advice was now available for patients with dementia and the Trust actively sought feedback.

£500k had been awarded from the Trust in order to make the hospital environment more dementia friendly. All admitted patients aged over 75 years now received dementia screening. A dementia champion had been assigned to each ward and dementia buddies had been recruited from volunteers at Whipps Cross. Carers of patients with dementia were also supported by the Trust and given name badges etc. to identify them.

The dementia screening undertaken was reviewed on a weekly basis. Activity boxes for each ward had been funded by the hospital charity which helped the wellbeing of patients.

It was emphasised that all new members of staff at Barts Health, regardless of grade or role, were given one hour of training on dementia. Figures on the proportion of staff who had completed dementia training could be supplied to the Committee and the Chairman would request further information that the Committee would require. It was suggested that this could also include information on the staff induction programme and on how Barts Health measured the impact of this training on patient experience. Officers added that work was in progress with the patient experience lead at Whipps Cross on getting patient feedback on dementia care at the hospital.

It was clarified that any enhanced care offered would be in addition to safer staffing numbers and that all agency staff were required to have had relevant dementia training.

The Committee recorded their thanks to the member of the public for their input to the meeting. It was agreed that the Chairman, in conjunction with

the clerk, should ask for a set of more detailed information on this subject from Barts Health.

## 16 **SPENDING NHS MONEY WISELY 2 CONSULTATION**

The Committee was addressed by a group of local osteopaths who were concerned at a lack of engagement around the proposals. It was felt that the reference in the consultation document to osteopathy being a complimentary therapy was not correct.

The osteopathy service had widespread support from stakeholders including local GPs and the current system received around 200 referrals per month (in Redbridge). The Chairman pointed out that the decision on any cuts to funding for services was the responsibility of the Clinical Commissioning Groups and not of this Committee.

Officers from Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) explained that the consultation was in response to the financial and demographic challenges seen in Outer North East London. The local CCGs were required to make savings of £55m in 2017/18 – around 5% of their total budget.

The key proposals were to remove funding for over the counter medicines, some ear wax removal procedures, some back pain injections, osteopathy services, some cataract surgery and some podiatry. There were currently no equivalent proposals covering Waltham Forest.

Officers felt that the proposals on cataract surgery were safe and there had not been any increase in falls when such restrictions had been introduced in other areas. The threshold below which cataract surgery would be funded was a visual acuity level of 6:12 but officers would confirm this formally. Current NICE guidance had been followed although Members felt that draft NICE guidance for cataract surgery did not appear to support the proposals. Further detail could also be given on the prevention of and complications arising from cataracts.

Members were concerned that the consultation had not been widely publicised to vulnerable groups. Officers responded that an engagement programme had included drop-in sessions in locations including Romford Market and the Barking Learning Centre. Events had also been held with e.g. the Redbridge Asian Mandel with translators present if required. Responses could also be made via e-mail, social media and by phone.

GPs would be able to make independent funding requests for treatments of the kind covered in the consultation if there was felt to be sufficient medical

need. An Equalities Impact Assessment would be carried out on each proposal prior to the recommendations going to the CCG governing bodies. There would also be a public health report on the proposals, produced by Havering CCG. It was emphasised that the CCGs wished to find financial efficiencies whilst also protect cancer, mental health and urgent care services.

It was agreed that the Chair, in conjunction with the Clerk to the Committee would draft a response to the consultation, summarising the Committee's concerns about the proposals. This would be circulated to the Committee for comment, prior to the final version being sent.

## **17 BHRUT IMPROVEMENT UPDATE**

The Chief Operating Officer of Barking, Havering and Redbridge University Hospitals NHS Trust explained that the Trust had come out of special measures in March 2017. Many 'must do' actions from the Care Quality Commission had now been completed. It was noted that attendances at the emergency department continued to rise with 994 people having attended across the two sites the previous day, a rise of 27% on the equivalent figure in the previous year.

A new Director of Communications had joined the Trust and three Board members had recently returned after illness. An Acting Chair was in post while a new Chair was being appointed. Infection control remained a major focus of the Trust and the Trust had met its targets for cancer treatment in the last two months. The 92% referral to treatment target had been met in June and July and it was still hoped to meet this by the target date of September.

A successful Trust recruitment fair had recently been held with 50 people appointed to posts. Methods to retain nurses had also been introduced with it now being easier to transfer to different roles within the organisation.

It was agreed that very few delayed transfers of care at the Trust were due to problems with social care. It was planned to discharge people earlier in the day by e.g. speeding up the dispensing of prescriptions. Some services such as ante-natal would be relocated and improvements had been made to the areas where blood tests were carried out. As regards technology, Blue Spike theatre management software had been introduced as had the Vital PAC system which allowed staff to record patient observations at the bedside. The new IT director at the Trust reported direct to the Chief Executive. It was accepted that any new IT systems needed to be able to communicate with each other.

Upcoming priorities for the Trust included plans for the winter peak period, improvements to the Emergency Department and Urgent Care Centre and the recent opening of the new surgical assessment centre. Three new cancer scanners were also being introduced.

It was accepted that demand for urology services outstripped supply and the Trust's urology improvement plan was in the process of being revisited.

Members raised ongoing concerns regarding the Emergency Department with failures to meet the four hour waiting time target and cases of patients waiting over an hour in ambulances before being transferred into the Emergency Department. It was clarified that Council social care teams did have bases on site at both Trust hospitals.

The Committee noted the update.

## **18 EAST LONDON HEALTH AND CARE PARTNERSHIP UPDATE**

It was noted that the East London Health and Care Partnership (ELHCP) covered 8 Local Authority areas and 12 NHS organisations. It was recognised however that different parts of North East London required different solutions to health and social care issues. A new document had been developed showing what the ELHCP meant to local residents.

It was accepted that workforce issues were important to the success of the Partnership. There were also links between health and the quality of housing and the Partnership had organised a health and housing conference to be attended by representatives from charities, health organisations and councils.

There were plans to commence placements for teaching staff in the NHS and it was hoped to retain revenues from the sale of NHS estates within East London. Updates on a number of issues covered by the ELHCP could be brought to future meetings of the Committee including maternity, telecare, digital transformation and IT systems for sharing records. An enhanced 111 system for East London was in the process of being procured.

The creation of a single accountable officer for the Partnership had been driven by the local CCGs and this position had now been advertised. The consultation on payment systems had now concluded and proposals, with a 12-18 month pilot period, would be brought forward for further discussion.

It was accepted that there had thus far been few definite proposals from the ELHCP on which to engage. It was emphasised that the Partnership was not a formal decision making body and any proposals from the ELHCP would have to go through the constituent organisations' individual governance arrangements. Public meetings about the ELHCP were planned in each borough from February 2018 onwards.

It was agreed that further details of the impact of the ELHCP on maternity services should be brought to the next meeting of the Committee.

## **19 HEALTHWATCH REDBRIDGE REPORTS ON DISCHARGE PATHWAY**

The Chief Executive of Healthwatch Redbridge reported that the organisation had visited the discharge lounges of all local hospitals. Problems with delays to prescriptions and with patient transport had been noted. The Committee viewed a short film produced by Healthwatch Redbridge in which a member of the public, who had since died, related the difficulties and poor experiences she had suffered relating to her discharge from hospital.

There had been particular problems found re the discharge of Redbridge residents who used Whipps Cross Hospital. A Member reported similar issues from Barking & Dagenham residents who were taken to Newham Hospital. There were also felt to be particular concerns around the out-patient discharge lounge at King George Hospital which was in an isolated location with no staff present. There was also a lack of toilets and a buzzer system in the discharge lounge.

It was felt by the Healthwatch representative that there may be a lack of consistency in social workers when elderly people were discharged from hospital and that the system may not be fully integrated. A Member added that a further problem was that intensive physiotherapy often could not be accessed in care homes.

It was agreed that the Committee should scrutinise further the issue of hospital discharge, either at a future meeting or at a separate seminar. It was felt that complaints management and how outcomes and learning from complaints were looked at by Hospital Trusts could also be considered by the Committee. It was agreed that the responses received to the Healthwatch Redbridge report on the discharge pathway should also be circulated to the Committee.

## **20 NEXT MEETING**

It was noted that the next meeting of the Joint Committee was scheduled to be on Tuesday 16 January 2018 at 4 pm at Havering Town Hall, Romford.

## **21 URGENT BUSINESS**

There was no urgent business raised.

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**Chairman**