MINUTES OF A MEETING OF THE HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
29 October 2019 (7.00 - 9.50 pm)

Present:

Councillors Nisha Patel (Chairman) Ciaran White (Vice-Chair), Nic Dodin, Jan Sargent, Christine Vickery and Darren Wise.

There were no apologies for absence.

Also present:
Ian Buckmaster, Director, Healthwatch Havering
Mark Ansell, Director of Public Health, London Borough of Havering (LBH)
Lucy Goodfellow, Policy and Performance Business Partner, LBH
Guy Selfe, Health and wellbeing Manager, LBH

Chris Bown, Interim Chief Executive Officer, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Natasha Dafesh, Communications Manager, BHRUT
Peter Hunt, Director of Communications and Engagement, BHRUT
Dr Magda Smith, Chief Medical, BHRUT
Nick Swift, Chief Financial Officer, BHRUT
Jacqui Van Rossum, Executive Director, North East London NHS Foundation Trust (NELFT)
Pippa Ward, Assistant Director Children's Servuices, NELFT
Tom Fletcher, SLM Ltd

10 DISCLOSURES OF INTEREST

Agenda item 5. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE.

Councillor Ciaran White, Personal, Member of Children and Young People Mental Health Transformation Board.

11 MINUTES

The minutes of the meeting of the Sub-Committee held on 17 July 2019 were agreed as a correct record and signed by the Chairman.

12 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE

The high level objectives for the CAMHS service were to encourage joint commissioning of services and to focus on early intervention and a shared collaborative approach. A tri-borough approach was therefore seeking to align contracts, specifications and timeframes. Core principles of this work were to seek greater integration between health, social care and education and to have greater digital enabling of services.

As regards Havering services, did not attend rates for CAMHS appointments were monitored and people asked why they did not attend. Approximately 7,000 people had been seen in the year to date. Waits for treatment were an issue but all service users had been seen within 18 weeks with the majority seen within 12 weeks.

There was now a part-time post within the CAMHS team to provide support and training to Havering schools re mental health. It was also hoped to pilot a similar support programme to GPs. A CAMHS nurse also worked with the Youth Offending Service as it was thought many young people known to the service may have an undiagnosed mental health condition.

Support had also been made available between the ages of 17 and 25 to support continuity of care between CAMHS and adult mental health services. There were four Support, Time and Resilience (STAR) workers to provide practical support to young people such as accompanying them to GP appointments if required. Drop in support sessions were also open to both parents and young people themselves.

Referrals to the CAMHS service were normally made via GPs and the NELFT CAMHS website gave a great deal of information on services available in the ONEL boroughs. All CAMHS teams were now co-located which allowed a more integrated service to be offered. Future developments were hoped to include a group for children with anxiety and a support group for parents. It was also planned to offer more support to young service users at home rather their having to be admitted. The East London consortium was also looking at new models of in-patient care for adolescents.

Around 70% of referrals to CAMHS were currently accepted and other referrals were signposted to alternative support. It was suggested that NELFT officers could meet with representatives of Havering MIND to discuss mental health support that could be offered in schools. The service was currently at its full budget for staff although a bid would be submitted for the recruitment of primary mental health workers. Recruitment to posts covering Havering had proved relatively easy.

Service users would be offered support by phone or signposted to other support whilst awaiting appointments. Urgent referrals were seen within five days and referrals could also be made to the Young Persons Home Treatment Team. Support was also available on-line and a link could be

circulated to the CAMHS website. It was agreed that one or two performance indicators covering areas such as the number of referrals from GPs or the Police or length of waiting times for CAMHS treatment could selected for scrutiny by the Sub-Committee. Parents could refer their children to the service and young people could also self-refer to CAMHS.

The Sub-Committee noted the update.

13 BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST (BHRUT) CLINICAL STRATEGY

Senior BHRUT officers explained that the Trust was currently halfway through a review of its clinical strategy. The strategy would not be developed in isolation and would be integrated with the overall system strategy across the local boroughs and a standing item on the clinical strategy had been agreed for future meetings of the Sub-Committee.

The strategy was underpinned by a number of priorities for change including rising population growth and the need to increase digitisation of services. It was hoped to treat more day patients in order to avoid stays in hospital and to make more use of digital referrals and virtual wards for outpatient appointments. The Trust also had one of the largest maternity departments in the country and it was hoped to deliver more antenatal care away from the hospital setting and closer to people's homes. Public health work was also planned around ensuring women were healthy prior to pregnancy.

It was hoped to use digital services where appropriate to reduce outpatient attendance by 30%. It was accepted however that this would necessitate a change of mindset by patients. There was a shortfall of 50 GPs across the three BHR boroughs and it was accepted that this worked to increase numbers of A & E attendances. It was suggested that an update on GP recruitment in Havering could be taken at a future meeting of the Sub-Committee. Whilst 135 nurses had recently been recruited to the Trust from the Philippines recruitment generally remained an issue for the Trust.

It was accepted that it was important that primary care and community services were also involved in the Clinical Strategy and the Council was represented on the Integrated Care Executive Group. The relationship of BHRUT with the neighbouring Barts Health NHS Trust was also included within the clinical strategy.

It was agreed that the Trust would consider what performance indicators could be usefully brought to the Sub-Committee for scrutiny. This could for example include numbers of outpatients appointments and the average length of hospital stay.

It was further agreed that the BHRUT five year financial plan could be shared with the Sub-Committee at a future point.

14 LEISURE CENTRES

It was noted that the Council's contract with its leisure centre services provider (SLM) brought a surplus to the Council. The Council was also committeed to increasing the number of leisure centres with for example the new Hornchurch leisure centre due to open in September 2020. An extension had also been added to the Central Park leisure centre as well as an outdoor facility which had been introduced at the Noak Hill Sports Park. A feasibility study was also in progress regarding establishing a leisure centre in the south of the borough.

SLM and their trading name Everyone Active had won the 20 year leisure contract in 2016 and it was hoped to considerably increase the use of digital innovations such as booking activities on-line. It was also wished to introduce a cashless environment at the leisure centres. There had been almost 2 million visits to Havering's leisure centres in the last year.

The service had received 1,883 attendances at leisure centres as part of health referral programmes in the last year. Numbers of swimming attendances had also increased, in contrast to national trends. Concessionary rates were offered with for example free gym use for residents under the Drug and Alcohol Rehabilitation Service. Monthly leisure centre membership was relatively expensive for London but did give access to all leisure centres in Havering and Barking & Dagenham. Prices for swimming were relatively cheap compared to other local centres and free swimming was available for over 50s and under 8s.

Officers were keen to accept more referrals as part of healthy lifestyles programmes (including self-referrals) and additional staff could be recruited for this work if required. Sessions had also been successfully introduced at leisure centres as part of the cardiac rehabilitation scheme. A pilot tier 2 weight management programme had resulted in 10 of 11 people completing the course and 9 of these losing weight. It was now planned for 4 of these courses to be run per year. A pilot session for a cancer rehabilitation scheme at a leisure centre had also been fully booked.

Data could be made available on weight loss, health improvements etc due to leisure centre attendance. Other sessions available included dementia gym sessions, sport for confidence for disabled adults and disabled swimming sessions. Partnership work had also taken place with Havering MIND which had trained leisure centre receptionists and whose service users accessed the sports hall during daytimes. Healthy vending machines had also been introduced in the leisure centres and more health foods had been put on display in the centre cafes.

Attendances at leisure centres had all increased year on year with for example casual swimming up 7.6% and group exercise bookings up 7.2%. Some 40-50 people per day accessed over 50s swimming and a second session had been introduced at the Sapphire Leisure Centre in Romford. The cost of this was borne by SLM.

It was noted that Healthwatch Havering research had shown that 75% of local people thought that physical activity was important or very important. It was clarified that leisure centres did not currently have contracts for diabetes prevention work. Referrals for anxiety or depression were accepted but only for adults at this stage.

Pre and post-natal aqua-aerobics had been offered in the past but had ceased due to no longer being able to secure the attendance of a maternity professional. Officers did wish to restart these sessions if the attendance of a midwife could be secured. Council officers would discuss what was feasible with BHRUT colleagues.

Discussions could also be held on what leisure centre services could be offered to children with special educational needs or disabilities. Internships at leisure centres were offered to these young people via a local college.

15 PERFORMANCE INFORMATION FUTURE WORK PROGRAMME

It was suggested that the following performance indicators or other information could be scrutinised by the Sub-Committee:

- Average length of hospital stay
- Uptake of leisure centre classes for pregnant women – an update to be brought to the Sub-Committee in six months.
- Support offered to visually impaired people including data on eye clinics offered at BHRUT and numbers of people currently supported with sight loss.

Officers would advise the Sub-Committee on precisely what information was available for scrutiny.

16 HEALTHWATCH HAVERING - WHAT WOULD YOU DO? SURVEY

A director of Healthwatch Havering explained that all Healthwatch organisations in England had been commissioned by NHS England to undertaken survey work covering what local residents saw as priorities for future health services. A key finding was that people were focussed on staying healthy for life and wished to stay active for longer. People also wished to stay in their own homes for as long as possible.

A high proportion of respondents to the Healthwatch survey were from the elderly population but this was considered to be in accordance with the demographics of Havering. The report made a number of recommendations

covering areas such as 'social prescribing' and arrangements for phlebotomy services.

The Sub-Committee noted the report.

17 **HEALTHWATCH HAVERING - ANNUAL REPORT**

As required by law, the annual report of Healthwatch Havering was before the Sub-Committee for scrutiny. The organisation had been active in the year under review with 590 followers on Twitter and more than 600 service users contributing their views and concerns. 25 enter and view visits had been conducted and 111 recommendations made for service improvement.

Income for the organisation was mainly in the form of funding from the Council and staff costs were the biggest expenditure. It was noted that a visit to the initial triage area of A & E at Queen's Hospital had been made in December 2018 with an unannounced follow up visit taking place in June 2019. The visit had found continued problems with the queueing system in this area of A & E. A ticket machine system had been delayed but this was due to be installed shortly. A report on these visits would be brought to the next meeting of the Sub-Committee.

It was suggested that the Sub-Committee could undertake a scrutiny visit to the Sunflowers Suite chemotherapy unit at Queen's Hospital as well as to the hospital's ophthalmology service.

The Sub-Committee noted the annual report.

Chairman