

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
30 November 2017 (6.57 - 8.18 pm)**

Present:

Councillors Dilip Patel (Vice-Chair), Carol Smith and Nic Dodin.

Also present:

Ian Buckmaster, Healthwatch Havering
Barbara Nicholls, Director of Adult Services
Mark Ansell, Interim Director of Public Health
Louise Dibsdall, Senior Public Health Strategist
Marie-Claire Irvine, Environmental Health Officer
Matthew Hopkins, Chief Executive, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)
Devika Deonarine, BHRUT Communications
Michael Kaiser, Programme Director, Urgent and Emergency Care, BHRUT and BHR Clinical Commissioning Groups (CCGs)
Rob Meaker, Director of Innovation, BHR CCGs
Peter Hunt, Director of Communications, BHRUT
Lee McConnell, Communications Manager, BHR CCGs

21 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillors Alex Donald, Denis O'Flynn and Michael White.

Apologies were also received from Carol White, North East London NHS Foundation Trust (NELFT).

22 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

23 MINUTES

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

24 BHRUT WINTER PRESSURES

BHRUT officers stated that the winter period was one of the busiest for the NHS and that a great deal of advance planning had therefore been

undertaken. It was hoped that initiatives such as the 'Not Always A&E' campaign would reduce demand for services. Annual attendance at A & E at Queen's Hospital was 169k with the overall A& E attendance figure for the Trust being 286k.

Bed occupancy levels were good overall but the Trust wished to reduce further the number of patients who no longer needed to be in hospital beds. Current vacancy rates for doctors were 44% and for nurses 24% although all vacant positions were filled with temporary staff.

Challenges included meeting the target of completing A & E treatment within 4 hours (across both Trust hospitals) confusing routes to access care, high ambulance conveyancing rates and the physical capacity of A & E in both hospitals.

Key actions the Trust has taken for the winter period included the establishment of a 24:7 urgent treatment centre at Queen's and reviewing community urgent care facilities with the local CCGs. Clinical capacity had also been released by not running outpatient clinics over the peak winter period and the Trust was continuing to move towards patient discharges at weekends.

The role of the hospital pharmacy in sometimes delaying patient discharge was also being worked on. Delays due to awaiting medication from the pharmacy were now minimal. It was accepted however that there remained patient experience issues with the pharmacy. The Trust was encouraging doctors to write up prescriptions the day prior to a patient's discharge.

It was confirmed that there were very few delayed transfers of care at the Trust that were the fault of social care in Havering and Trust officers felt this was a very positive position.

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

25 **DIGITAL ROADMAP FOR INTEGRATION BETWEEN HEALTH AND SOCIAL CARE**

The Director of Innovation for BHR CCGs explained that there was a lot of pressure on technology to ease demand for health services and this had led to the creation of a digital road map for the next 5 years. This had been developed with partners and looked at local IT projects.

It was planned to make access to information easier and for GPs to be able to work from any location including from a hospital environment. An on-line portal would also allow patients to see their care plans on-line and this had been piloted with the Health 1000 clinic of patients with several long-term conditions. These patients had however preferred to retain personal contact with their surgery. Care plan access would however be offered to all Havering GPs in due course. Video consultations were also being piloted to allow cardiology consultants to talk to a patient's GP.

A total of £1.5m funding had been received from NHS England to introduce self-check-in in GP surgeries and wi-fi access for patients waiting in GP surgeries would be rolled out by April 2018. A Member raised a concern however that young people could enter waiting rooms purely to use the free wi-fi services. GPs would also be issued with laptops allowing them to work remotely.

A Healthwatch representative confirmed that the organisation welcomed the digital roadmap work and it was clarified that the new systems were at least as secure as the previous ones and were as good technically as was possible. Work had been undertaken with Age UK to give training on how to use the technology and it was emphasised that the CCGs also wished for GPs to retain face to face contact with patients. It was accepted that systems for the on-line booking of appointments needed to be improved. The timescale for connecting social care to the new systems would be clearer once work on the East London Health & Care Partnership had progressed further.

The Sub-Committee welcomed the work on the digital roadmap and **NOTED** the position.

26 **AIR POLLUTION**

The Senior Public Health Strategist explained that there were a number of different air pollutants but that of particular concern were nitrogen dioxide and particulate matter. As well as irritating the nose and eyes, particulate matter could cause stroke and was also linked to conditions such as bowel cancer, stomach cancer and asthma. This was a particular concern for groups such as young children, the elderly and people working outside regularly.

There were two continuous monitoring systems for air quality in the borough – located in Waterloo Road and on the A1306. Further systems would be installed outside North Street bus garage and at an additional location that was yet to be determined. Each system cost £3-6k per annum and this was funded from the TfL Local Implementation Plan.

Diffusion tubes were also used to measure air quality which were cheaper and quicker to install. Tubes were left up for 2-4 weeks and cost around £2,700 per annum. There were currently 61 different tubes installed in Havering. Havering had not exceeded the 1 hour mean for nitrogen dioxide nor the 24 hour mean for particulate matter. Any high levels of nitrogen dioxide were centred around main road networks. Predicted readings for 2020 were expected to improve but this made a number of assumptions about cleaner fuels and an increase in the numbers of electric cars. Overall air quality targets around Havering's main road networks would not however be met by 2020.

Pollution hotspots in Havering included Romford Town Centre, Rainham, Rush Green, Gallows Corner and Roneo Corner. Whilst Havering did have better air quality than other parts of North East London, the borough did have very high car ownership levels.

Current work on air pollution included the introduction of four Public Space Protection Orders outside schools which allowed for £100 fines for illegal drop-offs in these areas. A phone app giving travel and pollution advice had been introduced at low cost to the council and electric vehicles had been introduced to the Council's parks department. It was however too expensive to switch school buses etc to electric vehicles.

Air quality policies had been included in the Local Plan and air quality projects were also part of the Youth Travel Ambassador Scheme. The Miles the Mole campaign to introduce air quality issues in schools had been a finalist in the national air quality awards.

An air quality action plan was due to be brought to Cabinet in December 2017 and other future plans included delivering schemes to promote sustainable travel such as walking, cycling and the use of public transport and working to incorporate energy usage and sustainable travel in development projects. Air quality monitoring would continue and cross-departmental working on air quality would be increased. It was noted however that air quality was a London-wide issue.

Officers agreed that it was important to avoid both speeding of cars and also idling of traffic in order to reduce pollution. Members felt that it was important that utility company works should be coordinated better with the Council's highways department.

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

27 **PERFORMANCE INFORMATION**

Some 10.8% of Havering school children were obese which was above the England average. There was a long-term target to reduce this but solutions to this issue were complex in nature.

67% of Havering patients were satisfied with their GP out of hours service which was above the target of meeting the England average.

Officers added that the way in which delayed transfers of care was measured had been changed and a national definition of this indicator was awaited. The number of days delayed per 100,000 population was currently measured and the latest figure for Havering was 566.52 days per 100,000 population.

The Sub-Committee **NOTED** the performance information.

28 URGENT BUSINESS

There was no urgent business raised.

Chairman

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