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MINUTES OF A MEETING OF THE HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE Havering Town Hall 19 February 2019 (7.00 - 8.45 pm)

Present:

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

Councillor Paul McGeary was also present.

Also present:

Mark Ansell, Director of Public Health

Ian Buckmaster, Director, Healthwatch Havering

Lucy Goodfellow, Policy and Performance Business Partner

Keith Flaxman, BHR Estates Team

Jane Milligan, Senior Responsible Officer North East London Sustainability and Transformation Partnership

Dr Gurdev Saini, Director, Havering Clinical Commissioning Group

27 ANNOUNCEMENTS

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

28 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillor Darren Wise.

29 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

30 MINUTES

The minutes of the meeting of the Sub-Committee held on 4 December 2018 were agreed as a correct record and signed by the Chairman.

31 ST GEORGE'S HOSPITAL SITE UPDATE

The St George's Hospital site was owned by NHS Property Services rather than by the CCG. All three of the BHR CCGs were however working on the St George's project. An application had been made for funding for the project but, in a decision made in December 2018, no funding had been

received. The next funding round was not due until 2020 and the CCG wished to progress matters before then. Possible options included Local Improvement Finance Trust funding or some kind of Joint Venture with the Council. What services would be included within any new centre would need to be reviewed.

Lobbying for available funds for the project was continuing and discussions were also continuing with local MPs. Discussions would also continue with NHS Property Services. It was clarified that the St George's land continued to be held for NHS use. There was no cost locally of retaining the site as any security costs etc were covered by NHS Property.

Officers clarified that it had not yet been agreed that receipts from any further sales of local NHS land would be reinvested in London although this could change over the coming months.

It was agreed that the Sub-Committee should receive an update on the position in one year's time. An update on the NHS Long Term Plan would be taken via the Outer North East London Joint Health Overview and Scrutiny Committee.

32 **Q3 PERFORMANCE INFORMATION**

Funding had been successfully obtained from the Trailblazer Programme for work on childhood obesity. Some £100k had been received for work in the Rainham area and the outcomes of this childhood obesity work could be shared with the Sub-Committee in due course. A bid had also been made to fund the installation of new public water fountains in Havering. Other initiatives included the establishment of an adults weight management programme at Hornchurch Leisure Centre and lunchtime walks for staff.

The Deputy Mayor for London was due to visit shortly Havering schools involved in the Healthy Eating London programme and officers would provide further details. It was hoped Havering would become the first borough to have a site receive the scheme's Gold Award. Healthy eating guidance for parents was available via Children's Centres and officers could provide details of local breastfeeding cafes.

Officers agreed that it would be better if advertising of unhealthy foods could be prevented on buses and at bus stops. Details of healthy eating work in primary schools could also be provided although it was also important to seek to prevent childhood obesity during pre-school years.

Performance on Delayed Transfers of Care had improved but was still unlikely to meet the overall target for the year. Although the number of such cases which were the responsibility of social care had increased slightly, the majority of delayed transfers of care remained due to issues in the health

sector. A trusted assessor role had been created to facilitate discharges to care homes and the overall rehabilitation process had also been simplified. More information could be provided on cases of out of borough hospitals reporting delayed transfers of care against the Council and it would also be clarified if BHRUT still had daily meetings on delayed transfers of care. Further details of the revised screening and referral process for NELFT inpatient rehabilitation beds could also be provided.

33 **HEALTHWATCH REPORTS - MATERNITY**

A director of Healthwatch Havering explained that they had received very good cooperation from BHRUT staff and the Trust had developed a detailed action plan in response to Healthwatch's recommendations re maternity services.

Three visits to maternity at Queen's Hospital had taken place and Healthwatch agreed that maternity services at BHRUT had improved overall in recent years. Some issues had been identified however including the need to improve cleaning in some parts of the unit and differing IT systems meaning patients' details having to be input manually into two different systems.

It had also been recommended that the beds on the unit be replaced and BHRUT was aiming to do this by the end of April. Healthwatch had also found that a faster response needed to be given when dealing with women's pain levels and would revisit the unit to check if this was being done.

It was clarified that the level 3 Neo-Natal Intensive Care Unit (NICU) for Havering was at the Homerton Hospital. Clarification could be provided of the different NICU stages and of maternity services across the area. Healthwatch had also found the temperature on the maternity unit to often be too hot and felt that better fans or air conditioning should be provided.

The Sub-Committee noted the Healthwatch Havering report on maternity services at Queen's Hospital.

34 **HEALTHWATCH REPORTS - IN-PATIENT MEALS**

BHRUT had compiled an action log in response to Healthwatch Havering recommendations on in-patient meals. Healthwatch had undertaken three visits to assess issues around in-patient meals at Queen's Hospital and had noted for example that some Sodexo employees did not wash their hands before serving food to patients.

Other Healthwatch recommendations included that hospital food menus include illustrations in order to assist elderly people or stroke patients and that volunteers assist more with serving food etc. It was felt that patients

should also be encouraged to wash their hands prior to eating and to sit at tables when eating, where possible.

The Sub-Committee noted the Healthwatch Havering report on in-patient meals.

35 **HEALTHWATCH REPORTS - A & E SERVICES**

Healthwatch Havering had undertaken three enter & view visits to the A & E at Queen's Hospital and it was noted that, whilst BHRUT ran the sections dealing with more serious or life threatening conditions, the running of all other parts of A & E was contracted to the Partnership of East London Co-operatives (PELC).

Whilst clinical care at A & E had been found to be of very good quality, Healthwatch considered that issues such as lack of signage remained a problem. Members felt that a lot of complaints were being received concerning A & E triage and that the waiting area was not large enough. There also remained some issues with lack of privacy but this had improved recently.

Healthwatch had undertaken a survey on urgent and emergency care and found that most people did not understand what these terms meant. It was clarified that Healthwatch Redbridge led on enter & view visits to King George Hospital.

A focus group had also been arranged for patients to discuss cancer treatment and the results of this would be brought to the Sub-Committee for scrutiny once available.

The Sub-Committee noted the report of Healthwatch Havering on the Emergency Department (A & E) at Queen's Hospital.

36 **WORK PROGRAMME**

Suggestions for future agenda items included Motor Neurone Disease or Multiple Sclerosis issues and it was hoped that representatives of the MS and MND societies would be able to hold discussions with the Sub-Committee and discuss their views of local health services. Services for hyper-thyroidism could also be scrutinised and an update sought from PELC on development with the triage service at Queen's A & E. This could also include the CCG who commission this service. It was suggested that the CCG's forward plan of procurement could also be scrutinised by the Sub-Committee. Members felt that a visit to view A & E, perhaps late at night, would assist with their scrutiny of the issues.

On GP services, it was thought it would be useful if the CCG attended a future meeting to discuss responses to CQC ratings and also give clarity on the number of GP surgeries now operating within Havering. A scrutiny of local pharmacy services was also felt to be potentially useful.

Chairman

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