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MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Barking Town Hall
9 July 2019 (4.00 - 6.20 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Eileen Keller (Chairman) Mohammed Khan and Paul Robinson
London Borough of Havering	Nisha Patel and Ciaran White
London Borough of Redbridge	Beverley Brewer and Zammett
London Borough of Waltham Forest	Richard Sweden
Epping Forest District Councillor	Alan Lion
Co-opted Members	Richard Vann (Healthwatch Barking & Dagenham)

Apologies were received for the absence of Councillors Nic Dodin (Havering) Umar Alli (Waltham Forest, Richard Sweden substituting) and Chris Pond (Essex). Apologies were also received from Ian Buckmaster, Healthwatch Havering.

Also present:
Mark Scott, Deputy Director of Transformation, East London Health and Care Partnership
Henry Black, Director of Finance, North East London Clinical Commissioning Groups (CCGs)
Carolyn Botfield, North East London Director of Estates
Chris Bown, Chief Executive, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)
Jeff Middleditch, Divisional Manager, BHRUT
James Avery, Director of Nursing, BHRUT
Natasha Dafesh, Senior Communications officer – Stakeholder Relations, BHRUT
Aleksandra Hamilton,
Deputy Chief Operating Officer, BHRUT
Kirsty Boettcher, North East London CCGs

Masuma Ahmed, Democratic Services Officer, London Borough of Barking & Dagenham
Anthony Clements, Principal Democratic Services Officer, London Borough of Havering

Three members of the public were also present.

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

1 **DISCLOSURE OF INTERESTS**

Agenda item 6. CANCER SERVICES.
Councillor Paul Robinson, Personal, Councillor Robinson worked for a project mentioned in the papers for this item.

2 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting of the Joint Committee held on 9 April 2019 were agreed as a correct record and signed by the Chairman.

3 **EAST LONDON HEALTH AND CARE PARTNERSHIP UPDATE**

The Committee was addressed by a member of the public who expressed concern that statements by the Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) that there were no plans to close or downgrade A & E services at King George Hospital were not in fact correct. The member of the public remained concerned that A & E at King George would not continue as a 'type 1' A & E. The member of the public wished for type 1 A & E services to continue at King George and for the A & E department at the hospital to be extended.

Officers explained that the East London Health and Care Partnership (ELHCP) covered 8 Councils and 12 NHS organisations. The Partnership's long-term plan for the next 4-5 years was currently being evaluated and aimed to make integrated care (between health and social care) a reality on the ground.

Primary care networks had already been established as well as an integrated care system whereby commissioners and providers could focus on prevention. Details of the primary care networks could be brought to a future meeting of the Joint Committee. Cancer and digital work streams also remained priorities and a lot of engagement work on the long term plan was taking place at borough and system level. The Healthwatch organisations had been commissioned to undertake surveys at borough level in connection with the long-term plan.

Following submission of the Long Term Plan to the Department of Health, it was planned to bring this to the Joint Committee in late autumn 2019. A further engagement event had also been scheduled for 16 October 2019. Members felt that the previous engagement event had been very productive and that there should be a high level of engagement with the Sustainability and Transformation Partnership. Officers agreed, feeling it was also important to maintain links with the London Ambulance Service and other partners.

It was not possible to quantify the cost of the 7 key transformation boards supporting the long-term plan as this was more in terms of officer time than new expenditure. The boards would also allow better planning for patients in conjunction with Councils, producing savings from fewer people needing to attend A & E. Figures could be supplied re the current level of the system deficit.

The Joint Committee noted the update.

4 CANCER SERVICES

The divisional manager at BHRUT confirmed that clarification had now been given to the providers of the A & E reception service around the use of red cards for patients undergoing chemotherapy. Posters regarding this had been placed in triage areas and a rolling training programme had been introduced to further raise awareness.

Any data on the experience of chemotherapy patients would have to be collected with the service provider – PELC and officers were happy to do this. There had not been any specific complaints about non-recognition by staff of the red cards and it was noted that not all patients who were eligible in fact showed the red card at A & E.

Whilst more patients were being treated at Sunflowers ward at Queen's Hospital, the unit had extended its opening hours in order to accommodate this. It was not possible to use a bigger area of Queen's for chemotherapy and officers added that patients often preferred to sit closely together during treatment in order to share experiences etc. Chairs for relatives were also available. Overall feedback from patients using the chemotherapy suite was good but it was accepted that nothing could be done about the lack of natural light in the facility although the introduction of fake skylights in part of the area had led to some improvement.

It was accepted that parking for cancer services was an issue, particularly whilst a clinical diagnostic unit had to be parked in part of the cancer services car park, following a fire. This had now been resolved and more patient parking was therefore available. All cancer patients were assessed for transport needs.

Options were being considered regarding the rebooking of oncology appointments but Members felt strongly that patients preferred to confirm their next appointment prior to leaving the department. Officers responded that whilst chemotherapy appointments were booked in fixed timeslots, those for outpatients were more fluid in nature. Any overbooking of lists was managed by consultants rather than receptionists.

Members remained unhappy at the lack of public consultation on the removal of chemotherapy services from King George Hospital. It was requested that an audit be supplied of the incidences of sepsis among chemotherapy patients and of the demand for chemotherapy services over the next ten years. Specific details of what the Committee required could be discussed with Trust officers after the meeting but it was agreed that forecasting methodology used to predict the demand for cancer services over the next 10 years should be brought to the next meeting of the Joint Committee. BHRUT officers responded that this would be picked up as part of the Trust's clinical strategy although these figures may not be available by the next meeting of the Committee.

Officers added that chemotherapy patients could also access 24:7 support from oncology nurses which often avoided the need to attend A & E. It was accepted that there needed to be a broader diversity of users of the Cedar Centre and efforts were in progress to disseminate information on these services to patients. A refurbishment of the area was planned and the Trust wished for the Cedar Centre to be one of the best cancer hubs in the UK.

It was accepted that usage of the Cedar Centre was too low among several minority groups. Details of the friends and family test scores for cancer services could be supplied to the Committee although officers confirmed that BHRUT cancer services recorded one of the highest patient satisfaction scores in the Trust.

The Joint Committee agreed the updates and further information requested as outlined above and noted the position.

5 WINTER PRESSURES

Officers representing BHRUT and the local Clinical Commissioning Groups felt that the key issue impacting on plans for dealing with winter pressures on health services was workforce issues. This was not an issue of money but NHS bodies wished to work with Councils to attract people to work in both health and social care.

Planning was already under way for 2019/20 although patient demand was also present throughput the year. An important objective was to increase the take up rates for flu vaccines and meetings had been held with GP practices with the highest urgent care demand in order to understand the reasons for

this. Flu vaccination programmes would be better organised in order to avoid the national shortages that had occurred in 2018/19.

All local Councils and NHS organisations were involved in the A & E Delivery Group and a multi-agency A & E Delivery Board also met on a monthly basis. Workstreams covered ambulance demand, hospital flow and mental health issued which were now more clearly recorded in A & E.

Performance at BHRUT in meeting the target had improved in the last year, despite rising demand for A & E services. This contrasted with a 4% fall in A & E performance at Whipps Cross Hospital in the same period. Numbers of ambulance conveyances had increased slightly, mainly at King George Hospital.

The GP-led Urgent Treatment Centre at Queen's would be open on a 24:7 basis from July 2019 and the Urgent Care Centre at King George had seen a 13% rise in patients. It was clarified that both facilities were managed by the Partnership of East London Co-Operatives rather than BHRUT directly.

Investment had been made in intensive rehabilitation services in order to seek to reduce demand on health services. It was emphasised however that all additional winter pressures money in 2018/19 went to Local Authorities rather than the NHS.

The Red2Green initiative had been introduced to improve patient flows through the hospital and reduce length of stay thus producing better outcomes for patients. A new Rapid Assessment and Fast Treatment area had been opened at Queen's which had reduced turnaround time for patients brought by ambulance to A & E.

Decisions would be needed shortly for critical recruitment to support the next round of winter pressures and a bid had also been made for national funding to support a 24 hour Enhanced Mental Health Care Liaison team in A & E. Plans were also being developed to reduce demand for children's A & E services and to develop an integrated model of assessment for frail older people, again to avoid hospital admissions where possible.

The failure by the Trust at times to meet the 95% 4 hour target for A & E treatment was part of a national pattern. This was caused by a number of issues including lack of capital and recruitment difficulties. BHRUT currently had around 1,000 vacancies including consultant posts. The use of the four hour target was currently being reviewed at a national level but BHRUT officers accepted that the Trust would fail to meet the target in the coming winter.

An annual readmission audit was undertaken by the Trust and data on this could be supplied to the Joint Committee. A Member felt that there was a long-term trend of deteriorating performance at the Trust and officers conceded that problems with meeting the four hour A & E target did need to

be investigated. A recent review by an Intensive Support Team had concluded that BHRUT was doing everything it could to address this.

It was acknowledged that issues such as workforce gaps, having sufficient space to treat people in A & E and primary care needed to improve but there were no quick solutions. Members appreciated this and felt that a dialogue could be had to work through what issues impacted on performance. BHRUT officers emphasised that the simple addition of beds was not the answer and the Trust did not have the staff, space or capital to support this in any case. The answer lay in strengthening patient care and having a better patient flow through the system. Work on the Trust's Clinical Strategy, which sought to address these issues, was due to complete by the end of 2019.

It was clarified that nursing recruitment at the Trust was relatively successful but consultant and other medical recruitment remained challenging. Plans to develop nursing careers over a 10 year period at the Trust would help with retention as would the introduction of a nurse mentoring scheme. Around 50 nursing associates had been recruited many of which it was hoped would progress to become full nurses in due course.

6 ESTATES UPDATE

The Committee was advised that there was currently a constrained capital environment and CCG budgets were not likely to be reviewed. It was possible that some additional capital may be made available in the spending review. It was hoped that the London devolution of health services would allow local NHS systems to operate in such a way that would support future capital bids. Links could be sent to the London NHS Estates Strategy which included projects such as a new treatment hub at the former St George's Hospital site in Hornchurch.

The St George's project was a high priority of the STP but it was noted that the CCGs could not own property and had to work with landlords, providers, NHS Property etc. Discussions were also in progress with local Councils and neighbouring boroughs on wider planning for services such as a new health centre at Beam Park.

A Member asked who signed off the capital funding bids to NHS England and felt it was important that more clarity was received on this. It was clarified that current policy was that the receipts from the sale of NHS property assets were retained centrally, unless the vendor was a Foundation Trust. Advice had been received that part of the proceeds of the sale of the St George's site would be available for use on any new health facility at the site although this had not been confirmed in writing. Members requested copies of the original bids if these were available. Confirmation of who had signed the bids on behalf of the relevant Local Authorities was also

requested. Officers responded that these could be provided but that they were already in the public domain and were now historic documents. This also applied to documentation concerning bids such as that for the expansion of maternity services.

Subject to the confirmation of signatories and supply of documents outlined above, the Joint Committee noted the update.

7 AMENDMENTS TO COMMITTEE'S TERMS OF REFERENCE

A report before the Committee proposed some amendments to the Committee’s terms of reference in light of the recent decision by the London Borough of Waltham Forest to reduce its representation on the Committee from three Members to one. Some minor amendments to reflect recent changes to health service structures were also recommended. A Member stated their regret at the Waltham Forest decision given the numbers of Redbridge residents in particular that used health facilities in Waltham Forest.

The Committee agreed the report and resolved:

1. That the decision by London Borough of Waltham Forest to reduce its level of representation on the Committee from three Members to one be noted.
2. That the proposed changes to the Committee’s terms of reference, as shown in the appendix to the report, be agreed.

8 JOINT COMMITTEE'S WORK PLAN

A number of items at the meeting had produced suggestions for the Committee’s work programme and the clerk would circulate a revised work plan for the Joint Committee in due course.

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Chairman

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