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## **MINUTES OF A MEETING OF THE HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE Committee Room 3B - Town Hall 7 January 2020 (7.00 - 8.40 pm)**

### **Present:**

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

### Officers present:

Ian Buckmaster, Director, Healthwatch Havering  
Hazel Melnick, Deputy Director of Communications and Engagement, BHRUT  
Chris Ramsey, Assistant Director of Finance, BHRUT  
Shelagh Smith, Chief Operating Officer, BHRUT  
Carol White, North East London NHS Foundation Trust (NELFT)  
Lucy Goodfellow, Policy and Performance Business Partner, London Borough of Havering

There were no apologies for absence.

### **18 DISCLOSURES OF INTEREST**

There were no disclosures of interest.

### **19 MINUTES**

The minutes of the meeting of the Sub-Committee held on 29 October 2019 were agreed as a correct record and signed by the Chairman.

### **20 UPDATE ON THE HAVERING HEALTH AND WELLBEING STRATEGY CONSULTATION**

Officers explained that it was a statutory duty of the Health and Wellbeing Board to develop this strategy. The Board currently included Councillors, Healthwatch, BHRUT and NELFT and could also expand in the future to include representatives of primary care networks. A draft strategy had been developed by the Board and a public consultation exercise had taken place in August 2019, a report of which was due to be published at the end of January 2020.

There were four priorities within the strategy. Firstly, the wider determinants of health such as employment, housing and reducing fear of crime. The strategy aimed to increase employment for people with health problems or

disabilities. Lifestyle and behaviour priorities included obesity prevention, and reduction in smoking, particularly in disadvantaged and vulnerable groups. Further priorities for the strategy covered communities and 'places we live in' and recognised the impact of regeneration on the health of local residents as well as the need for better working between housing, health and social care.

The strategy would cover a four year period with regular reports on progress with implementation being given to the Health and Wellbeing Board.

It was confirmed that most smoking cessation services had been stopped as a cost saving four years ago. A service was still available for pregnant women and Havering also contributed to a London-wide phone and internet smoking cessation service. It was planned that access to a smoking cessation medication service for Havering would be available by the end of the year.

The Sub-Committee noted the position.

21 **BARKING HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST (BHRUT) PERFORMANCE UPDATE**

It was noted that some data due to be presented had been delayed as this had to be validated with other hospitals. The 95% 'four hour rule' target for A & E had not been met by any London trust although it was noted that BHRUT had not met this target since July 2015. It was also noted that the Trust had seen an increase of 6% in A & E attendance which was in line with increases across London and England. Performance on referral to treatment timescales had also deteriorated.

Performance on the 62 day target from the receipt of a GP referral had been fairly consistent at around the local and national targets. Performance on the two week wait target from GP referral to first diagnostic appointment had deteriorated recently due principally to problems with the treatment of cervical cancers etc.

As regards treatments waits, only 16 patients had been waiting for more than a year. This had recently reduced to 8 patients, all of whom were on a pathway of some kind. Delays of this length were often due to pain issues. The main referral to treatment waiting list at the Trust had reduced by 1,230 patients and BHRUT was hoping that this could be reduced further by streamlining processes such as the introduction of a virtual fracture clinic.

It had proven difficult to meet targets for 7 day length of stay but the introduction of the Red2Green national initiative had allowed all clinical staff access to check why a patient was in hospital and any delays to their care. Weekly review meetings were held for all patients although it should be noted that long stays were often expected in areas such as stroke or neurological rehab.

Vacancies at the Trust were currently running at 13%. Recent initiatives to address this had included the setting up by the Trust of an Academy of Surgery which had seen a lot of doctors recruited by the Trust from overseas. The time to hire for medical staff had reduced by half in the last 12 months.

A senior intern programme had been introduced to support new nurses and this had led to an increase in nurse retention rates. Around 23 nurses from the Philippines were due to join the Trust each month for the next six months. The possible reintroduction of nursing bursaries could also assist with recruitment.

The Trust was keen to recruit local people and worked with local colleges and schools. The Trust also supported social care staff who may wish to move into nursing. Twitter was already used but it was accepted the Trust could also use Instagram for recruitment. It was suggested that the Trust could also link with National Apprenticeships Week.

The Trust had a target end of year deficit of around £51 million and was currently approximately £5 million off target for this. Trust finances had however improved by £7 million in the last year. The Trust's target was also to break even by March 2021.

Measures taken to reduce the deficit included reducing waste from the elective process such as reducing cancelled operations and using theatres more efficiently. It was also planned to reduce the number of unwarranted outpatient appointments and to reduce spending on agency staff.

Officers could provide full details of the amount of health tourism but the Trust was proactive in seeking to recover income from this. The current health tourism funding recovery rate at the Trust was 40-50%. It was noted that cases could not be turned away from e.g. maternity, even if there was a health tourism issue.

Officers agreed that family issues often meant older people had to stay in hospital longer than was necessary and felt recovery was normally better in a patient's own home than in hospital.

The Sub-Committee agreed that performance data on A & E and on referral to treatment times should be brought to a future meeting although these may be presented in a different format. It was suggested that patient stories could also be scrutinised in addition to the data itself.

**22 QUARTER 2 PERFORMANCE INFORMATION**

It was agreed that the Sub-Committee should, in addition to the performance items requested under the previous item, also seek to scrutinise at its next meeting performance information on health visiting and on the Child and Adolescent Mental Health Services.

**23 HEALTHWATCH HAVERING - VISITS TO QUEEN'S HOSPITAL A & E AND URGENT TREATMENT CENTRE**

A director of Healthwatch Havering advised that recommendations made by Healthwatch following a previous enter and view visit to the A & E and Urgent Treatment Centres at Queen's Hospital had not yet been implemented by BHRUT. It was accepted however that the operator of these areas had encountered a very heavy demand for services during this period.

A numbered ticket machine had not yet been installed in the waiting area although recent discussions with the operator had indicated that this could be counter-productive as medical need would mean patients were not necessarily dealt with in exact order of arrival.

There had been a large rise in attendances at A & E compared to the previous year it was felt that as much as 70% of attendances at A & E did not need to be treated there. Healthwatch remained of the view that there was insufficient waiting space in the public areas.

It was noted that a new contract for running the Urgent Treatment Centres at Queen's Hospital and Harold Wood Polyclinic had been awarded with a commencement date of 1 July 2020. This had been won by the North East London NHS Foundation Trust and the Partnership of East London Collectives (PELC) and would mean the same management would be responsible for all local Urgent Treatment Centres. It was suggested that a representative of the new management could be invited to a future meeting of the Sub-Committee.

It was accepted that Queen's Hospital was a Private Finance Initiative and physical changes could therefore take a long time to implement. Members felt it was important that residents were made aware of alternatives to A & E and that perhaps Living magazine or the council's website could be used to assist with this.

**24 WORK PROGRAMME**

Officers explained that Government funding for anti-obesity trailblazer work had not unfortunately been obtained but an update could be given to the Sub-Committee on the Council's overall obesity strategy.

It was agreed that an update on the situation at St George's Hospital should be taken at the next meeting. The Sub-Committee also agreed to amend the date of its next meeting which would now take place on Thursday 19 March at 7 pm in Havering Town Hall.

It was suggested that details of Health Impact Assessments that were undertaken for new housing developments in the borough could be brought to a future meeting of the Sub-Committee for scrutiny.

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**Chairman**

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