MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall
27 July 2023 (4.00 - 5.48 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Muhib Chowdhury, Michael Pongo and Paul Robinson
London Borough of Havering	Patricia Brown, Julie Wilkes and Christine Smith
London Borough of Redbridge	Sunny Brar, Beverley Brewer (Chairman) and Bert Jones
London Borough of Waltham Forest	
Essex County Council	Marshall Vance
Epping Forest District Councillor	Kaz Rizvi
Co-opted Members	Ian Buckmaster (Healthwatch Havering)

All decisions were taken with no votes against.

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

1 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.**

Apologies were received from Councillor Richard Sweden who was present via videoconference.

2 **DISCLOSURE OF INTERESTS**

Agenda item 7. CHC POLICIES.
Councillor Beverley Brewer, Personal, Family members have autism and severe learning disabilities.

3 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee hed on 18 April 2023 were agreed as a correct record.

4 COMMUNITY COLLABORATIVE HIGHLIGHT OVERVIEW

Members questioned whether there would be sufficient capacity to deliver the community collaborative programme, given the current budget cuts etc and also wondered if there should be more focus in the programme priorities on service improvement. Officers responded that governance was being kept under review but that the programme was service driven rather than process driven. The success of service delivery would be monitored via the use of qualitative data produced via feedback from service users. Care planning was being discussed with mental health service users who had indicated a wish to have more focus on daily living.

A Member pointed out that recent research from the King's Fund had suggested that collaborative programmes such as this did not in fact save money. Officers responded that different outcomes could be looked at but it depended what measurements had been used in the research.

Officers agreed that the loss of staff from the NHS was challenging. Task and finish groups had been established covering areas such as job roles, pay, caseloads and staff wellbeing which it was hoped would address this. Recruitment was also being undertaken internationally and work was being undertaken with the voluntary sector and Council partners to seek to meet skills needs in a different way.

The Joint Committee noted the position.

5 ONEL HEALTH UPDATES

It was confirmed that strike action by nurses had now been settled and that no local sites were involved in the strike action by radiographers. A four day strike had been called by junior doctors in mid-August. It was clarified that junior doctors were not in fact junior members of staff. A two day strike by consultants had also been called for later in August. This meant urgent and emergency care was being prioritised whilst also allowing for as much planned care to be completed as possible.

A balanced budget had been submitted for NHS North East London although officers confirmed that the financial position was very challenging and the sector was currently around £25m off its financial plan targets. This was partly due to the impact of industrial action which had meant more

agency staff were required. Productivity targets were also harder to achieve and less money was earnt from elective care during period of industrial action. Dialogue on financial performance was continuing with NHS England and adjustments had been made to the Elective Recovery Fund to support systems. A Member suggested that updates on progress in achieving savings should be brought to the Joint Committee on a regular basis.

Improvements had been made to the urgent and emergency care pathway with the new same day emergency care units at King George and Queen's Hospital having a positive impact. An improved discharge facility at Queen's had also been introduced which included beds for people to wait on. Approval had been received for a community diagnostic centre at the Health and Wellbeing Hub which would allow earlier diagnosis of diseases. Officers agreed however that strike periods were challenging.

The redevelopment of Whipps Cross had now been approved and a new Chief Executive of the hospital was being recruited. BHRUT had held celebrations for staff to mark the recent 75th anniversary of the NHS.

NELFT officers were considering whether borough community capacity was sufficient to meet demand. The recent decision by the Metropolitan Police to reduce the number of mental health call-outs attended had proved effective in a pilot scheme. Work would continue with the Police around welfare checks, people going absent from wards etc. Meetings had been held with Borough Commanders to agree work going forward. An electronic patient flow system had also been introduced at NELFT.

The first forward plan for the healthcare system in North East London had recently been established and this would be reviewed on an annual basis. It was hoped this would allow high quality care to be delivered to the people of North East London. The forward plan incorporated the strategic priorities of NELFT.

It was clarified that, as part of the Big Conversation process, work had been undertaken with Healthwatch to collect data from the public. Focus groups were also held to ensure feedback from under-represented groups. During the strike action, around 9k patients appointments and 666 non-urgent operations were postponed and would be rescheduled as soon as possible. There had not been any loss of service in the Emergency Department during the strike periods and no serious incidents had been declared.

The restructuring of local services was in response to instructions from NHS England to reduce core running budgets by 30%. Teams would be placed around the Start Well, Live Well, Age Well themes.

BHRUT had undertaken a number of actions at BHRUT in response to the recent negative Care Quality Commission report. Leadership had been strengthened across the Trust, including in the Emergency Departments.

It was accepted that clarification was needed on when and how police should re people exhibiting mental health issues. The NELFT 0300 number should be used in the first instance. There were other options available other than detaining under s. 136 of the Mental Health Act.

A lot of work had gone into improving staff retention and managers were being encouraged to offer more use of flexible working. The main reasons for staff leaving were retirement, moving location and lack of promotion opportunities. Work was in progress with partners such as NELFT to offer staff a wider career structure. It was agreed that more detailed information on workforce figures, particularly vacancy and retention rates, should be brought to a future meeting of the Committee.

Officers accepted that waits of 20 hours or more in A & E for patients with mental health issues needed addressing. A system-wide plan had been developed for this issue which would be monitored by the mental health collaborative. It was wished to avoid people with mental health issues attending A & E but this would require greater partnership working, an increased capacity of community teams and a change to the role of the current mental health wellness teams. NELFT staff were now present in the Emergency Departments of King George and Queen's Hospitals in order to divert patients to Goodmayes Hospital if appropriate. Mental health staff were also now present in ambulance cars and this was beginning to have an impact in diverting patients with mental health issues from A & E. A new s. 136 suite would be open by the end of October and 12 more mental health beds were available locally.

The required £278m cuts would be in efficiency and productivity savings which would for example allow more patients to be seen in the same amount of time. It was hoped that the number of permanent staff could be increased with a corresponding decrease in the numbers of agency staff employed as this would contribute significantly to the savings required.

Other than the specific action points listed above, the Joint Committee noted the updates.

The Committee Chairman made a formal request that more NHS presenters and colleagues attend meetings in person in future.

6 CHC POLICIES

Officers advised that policies for people with ongoing health needs remained under review. This covered areas such as placement policy, funding, dispute resolution and respite arrangements and had been under discussion with Council colleagues. The policies had previously been brought in draft to the Joint Committee and officers were now seeking the Joint Committee's views on whether they felt public consultation was required. Officers did not feel that any changes to services were being proposed.

The Chairman, whilst declaring a personal interest that family members had autism and severe learning disabilities, felt that the policies would have a profound impact on vulnerable people. The Chairman felt that there should be public consultation on the proposals and also asked for clarity over the use of providers rated inadequate by the Care Quality Commission. It was also felt that there was a danger of people being placed in a care home against their will and that the policy should be clearer on this.

Officers responded that there were circumstances in which inadequate-rated organisations could still be used, for example if a family wished to continue the use of current carers for their relative. The best location for end of life care would be agreed with the individual or their family. The NHS funded this type of care but the patient's Local Authority could undertake an assessment for benefits eligibility. Officers confirmed that the views expressed by the Chairman and Councillor Wilkes that consultation should be undertaken had been noted. It was also confirmed that the policies presented were in draft at this stage. The dispute resolution policy had though now been agreed.

It was agreed that the details of the disputes resolution policy would be shared with the Committee and comments on this were also welcome. Members were concerned that comments on the disputes resolution policy made by the Inner North East London Joint Committee has not been shown in the papers provided to the Outer North East London Committee. It was agreed that a final version of the disputes resolution policy should be brought to the next meeting of the Joint Committee.

Chairman

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