

Health Scrutiny Committee (HSC) Annual Report 2019/20

Chair's Foreword

The Health Scrutiny Committee had five of six scheduled meetings to consider various matters in the form of individual agenda items. The meeting scheduled for 24 March 2020 was cancelled due to Covid-19. Local NHS funding was a major theme during the 2019/20 municipal year with Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups and Barking Havering and Redbridge University NHS Trust's accounts being subject to scrutiny by the Committee.

Membership

During the 2019/20 municipal year, the Health Scrutiny Committee consisted of six Councillors:

- Councillor Eileen Keller (Chair)
- Councillor Paul Robinson (Deputy Chair)
- Councillor Mohammed Khan
- Councillor Donna Lumsden
- Councillor Chris Rice
- Councillor Emily Rodwell

Masuma Ahmed, Democratic Services Officer, and Matthew Cole, Director of Public Health, supported the Committee.

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups and Barking, Havering and Redbridge University Hospital NHS Trust Financial Update

Scrutiny of local NHS finances was undertaken at the October 2019 meeting. The Director of Transformation and Delivery –Unplanned Care (DTD), and the System Director of Recovery for Barking and Dagenham, Havering and Redbridge (SDR) delivered a presentation to provide a financial update on the Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups' (BHR CCGs') financial position. The presentation covered:

- Barking and Dagenham CCG and BHR CCGs' spend breakdown;
- Overview of the 19/20 Financial Position.
- NHS Financial Position to 2023/24.
- Financial Benchmarking for the BHR CCGs.
- Closing the Excess Spend Gap.
- System Efficiencies with >£1m Net Benefit.
- Mental Health Parity of Esteem; and
- Prevention Investment (primary and secondary).

Further scrutiny of local NHS finance took place in June 2020. The Committee were presented with a plan by the Chief Financial Officer (CFO) of Barking, Havering and Redbridge University NHS Trust (BHRUT), to address BHRUT's longstanding deficit. The forecasted underlying deficit for the 2020/21 fiscal year was £100 million which was an increase on the previous fiscal year where the deficit stood at £65 million.

The Committee were informed that inadequate local health infrastructure accounted for £30 million of the deficit whilst the cost of temporary staff, net of permanent staff costs, accounted for £11 million. The Committee questioned the continued widespread use of agency staff and were assured that recruitment procedures were being reviewed. The CFO cited the example of emergency care consultancies. Members were informed that the Trust had established an Academy of Emergency Medicine that had proven successful in recruiting to junior positions within the emergency department that had previously been difficult to fill. Plans were being drawn up to extend this strategy; however, the CFO cautioned that there were recruitment challenges faced by all NHS sectors, citing the large number of GP vacancies in primary care, that was currently putting a strain on the whole system. As primary care was not within BHRUT's remit, its representatives stressed the need for a multi-agency and partnership approach to recruitment, including contributions by the Council, to attract people to this part of London.

Health Education England Focus Group on Barking Havering and Redbridge University Hospital NHS Trust

BHRUT's Chief Medical Officer (CMO) presented a report on the outcome of a risk-based focus group, commissioned by the Director of Health Education England (HEE), in association with the General Medical Council (GMC), on trainee doctors. Several concerns were highlighted by participants and, in response, HEE issued nine mandatory findings for BHRUT to respond to. Of the nine recommendations, four had already been fully implemented and the remaining five were in progress but would require monitoring to ensure they were properly and continuously implemented.

The Committee welcomed the progress on the recommendations but expressed concern that BHRUT seemed unaware that there were significant issues faced by junior doctors until HEE carried out its research. The Committee also expressed concern that there may be similar issues among other professions in the Trust such as nurses and sought assurances in this regard.

The Committee were assured by BHRUT representatives that the issues faced by junior doctors were being addressed. The Committee was also given assurance that management and accountability, as well as the supervising structure, had been improved and lessons applied across the BHRUT. BHRUT's Board was committed to improving the situation for trainee doctors including having access to a "Guardian of Safe Working" whom they could report concerns anonymously. Additionally, the BHRUT was working to ensure junior doctors had an opportunity to develop leadership skills although, at the time of the meeting, this aspect of its work needed further developing.

Barking and Dagenham, Havering and Redbridge Integrated Care Partnership and Provider Alliance Update

The Director of Transition (DOT) for BHR CCGs delivered a presentation on the work of the Integrated Care Partnership and the move to a single CCG for North East London.

The Committee conveyed its concerns that the move to a single CCG could potentially mean that local needs are overlooked noting the Borough's higher hospital readmittance rates compared to other neighbouring boroughs, which potentially could be attributed to smaller homes, making adaptations for vulnerable residents more challenging.

The Committee insisted that the move to a single CCG must be accompanied with checks and balances to ensure that local variations are taken into consideration when delivering services and that it takes full account of population and demographic trends.

The BHR CCGs Governing Body Chair, agreed with the Committee's sentiments and said that locality boards under the new arrangements would be essential in ensuring that local differences are acknowledged and addressed.

Consultation on Proposed Continuing Healthcare Placement's Policy

The Clinical Lead for Continuing Healthcare (CHC), and the Director for Transformation and Delivery for Unplanned Care (DTDUC), delivered a presentation on the BHR CCGs consultation on their proposed policy for CHC placement decisions. In line with other CCGs across England, the BHR CCGs were looking to introduce a written 'placements policy' to support how decisions are made as to where CHC patients receive their individual packages of care. The proposed policy outlined how patients and their families or carers could appeal decisions.

The key content of the proposed policy included:

- Considerations taken into account when deciding the most appropriate location for a person's CHC package (e.g., at home or in a care or nursing home).
- Exceptional circumstances taken into account when deciding the most appropriate location for a person's CHC package;
- How CHC packages were funded;
- The review process for CHC packages; and
- The appeals process for when patients or their families/carers disagree with a decision.

The Health Scrutiny Committee, together with the Cabinet Member for Social Care and Health Integration made strong representations to the BHR CCGs on their proposed policy, based on the following arguments:

- Members were not comfortable with the notion of BHR CCGs having the ability to force any of our residents to go into a care home against their wishes, and asked BHR CCGs to consider very carefully how the proposed policy could affect a

resident; for example, being split from their spouse, and other members of their close networks;

- The proposed policy did not cover those who would be assessed as needing 'fast-track' CHC (care which is provided to people who have a rapidly deteriorating condition and may be approaching the end of life). However, the proposed policy, as it stood, potentially allowed the CCGs to take a decision that a person in receipt of a 'standard' CHC package, who eventually approached the end of their life, would die in a care or nursing home (potentially one not of their choice), against their wishes, which is against the principles of patient choice and dignity;
- The composition of the appeals panel: the proposed policy stated that appeals against placement decisions would be heard by a panel consisting of lay members and clinicians. Members proposed that an Adult Social Care Statutory Officer of the Local Authority be included as a member of the appeals panel to bring their expertise into the decision-making process and act as a further 'check and balance'; and
- It was explained to Members that a young person whose needs under a CHC package costs above the 10% threshold stated in the proposed policy, would be considered an 'exceptional circumstance' and therefore, the policy would not apply. However, Members considered that this needed to be made clearer in the policy, as a decision to place a young person in a care home would run the risk of institutionalising them, having adverse implications on the rest of their life's outcomes.

The DTDUC welcomed the feedback and expressed his desire for the BHR CCGs to get the policy right.

Update on Barking Riverside

The Director of Public Health (DPH) at the Council and the Chair of BHR CCGs Governing Body presented a report updating the Committee on the Barking Riverside development.

Members in considering the report, welcomed the role of residents in the decision-making process being developed in Barking Riverside; however, questioned whether this would be in the best interests of all residents, as they would not be experts in commissioning health services.

The BHR CCGs Governing Body Chair assured the Committee that members of the Locality Board would all be provided with detailed information on the needs of residents in Barking Riverside so they could make evidence-based decisions. Furthermore, their role would involve issues wider than health, and residents could bring in their experience in commissioning other services, such as support for victims of domestic violence.

Barking, Havering, and Redbridge University Hospitals Trust's Clinical Strategy Update

At the October 2019 meeting, the Interim Chief Executive (ICE), CMO and CFO of BHRUT jointly delivered a presentation on the Trust's recent work to develop a new Clinical Strategy, which covered:

- The bigger picture;
- What's happened so far;
- Case for change;
- Emerging ideas for service improvement; and
- Developing the strategy – what's next.

The Committee made representations that the Strategy would need a key focus on paediatrics noting the high number of children and young people in the Borough and the long waiting times in A & E and other services.

Members felt that to create a successful strategy, TBHRUT would need to refer to and think of their patients as residents first, recognising that to change behaviours, that BHRUT would need to make residents as part of the solution by making them key stakeholders in the upcoming changes. The ICE stated that he would take on board the Committee's comments and they would be reflected in BHRUT's engagement plans for this Strategy over the coming months.

Where to go for Urgent Care

In the first meeting of 2020, the Head of Communications and Engagement (HCE) for BHR CCGs delivered a presentation to update the Health Scrutiny Committee on the work undertaken to communicate changes to urgent care services and the winter communications campaign.

The Committee were strongly of the view that local NHS services and partners needed to be much clearer on what was meant by 'urgent care' to ensure residents went to the right services and did not go to A&E when it was not the most appropriate service for their needs. The HCE confirmed this was already identified as a key element on ongoing communications and engagement work on urgent care.

Furthermore, Members felt that residents did not always obtain a straightforward answer from the NHS 111 service, as the professionals frequently advised the parents to take their children to A&E if they felt there was a need to. The HCE stated that she acknowledged this, adding that the NHS had to be very risk averse when it came to unwell children. However, the NHS 111 service had introduced a 'fast-track' process which meant parents of young children will talk to a GP or other health professional who could give them direct advice.

Social Prescribing in Barking and Dagenham

The Head of Service (HoS), Community Solutions presented a report on 'social prescribing' in the Borough, a process whereby healthcare professionals may refer their patients to local, non-clinical services to meet their wellbeing needs. Local

Primary Care Networks (PCNs) had received funding for developing their social prescribing programme and had agreed to fund the Council to provide their social prescribing service following a six-month pilot. Under the scheme, GPs may refer residents to the programme under the categories below; however, if other needs were identified, additional support could be put into place:

- Healthy lifestyles.
- Housing.
- Money and debt.
- Employment and further education.
- Social isolation.
- Family support.
- Substance misuse.
- Mental health; and
- Domestic abuse.

The Committee felt that this model was a new and exciting way forward, which showed that PCNs had faith in the Council to deliver an excellent service. The Committee strongly supported the service which would encourage GPs to think about the potential non-medical causes behind their patient's symptoms, as drugs would not always be the best solution, and residents would also be helped out of situations which were contributing negatively to their general wellbeing.

Using the Borough Data Explorer and Social Progress Index

The Council's Head of Insight and Innovation (HII) demonstrated to Members how to use the 'Borough Data Explorer', an online tool which allowed the user to compare the Borough's performance to the rest of London and, where data was available, to also visualise performance within the Borough's 17 wards.

The Committee commended the Appt Health trial as it enabled early diagnosis, leading to significant improvements in health outcomes and savings for services.

Progress Report - Scrutiny Review - System-wide Review into Childhood Obesity

The Council's Health Improvement Advanced Practitioner (HIAP) presented a report to update the Committee on the progress made in implementing recommendations arising from a scrutiny review the Committee completed in 2018/19 on childhood obesity.

The Committee were pleased to note the progress made against its recommendations to help tackle childhood obesity in the Borough. Of particular note was the progress against the recommendation that a whole systems approach be taken to address childhood obesity, and the work undertaken as a result to establish a pilot in the Marks Gate and Heath wards, with community engagement and new partnerships emerging to create a more holistic response to childhood obesity.

Performance of Mental Health Services

North East London Foundation Trust's (NELFT) Director of Integrated Care (DIC) presented a report on the 'Performance of Mental Health Services' in relation to adults and children and young people in Barking and Dagenham.

The Committee asked questions relating to the perception that the Borough's residents had lower levels of access to the Child and Adolescent Mental Health Service (CAMHS), and comparable local access rates. The DIC stated that no referral to the service was deemed inappropriate, as all young people referred would receive the appropriate level of support for their need. For low level mental health issues, this could be self-help material, online advice or a brief intervention package. Where there was clearly a higher level of need, the patient would be assessed and if deemed appropriate, put on a specialist clinical pathway.

In response to further questions, the DIC stated that NELFT had undertaken a significant amount of work with the Council on improving mental health support for looked after children, to address all the areas for improvement identified by Ofsted, including:

- Investment into the post of a Mental Health Looked after Children Social Worker.
- A CAMHS "Hot Clinic" that worked in collaboration with the LBBD Social Care Team.
- Actions to improve completion of Initial Health Assessments of looked after children.
- Establishing arrangements for looked after children who were living outside of the Borough; and
- Establishing a transition group for looked after children.

Healthwatch Reports

During the February 2020 meeting, the Healthwatch Barking and Dagenham representative outlined a report describing two of Healthwatch's key projects from the past year: 'The NHS Long Term Plan – The People's Perspective' and 'Accessing GP Services.'

The Committee thanked the representative for their report and praised Healthwatch adding that their reporting greatly assisted the Committee in meeting its objectives.

Contact

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