

## Notice of Meeting

### HEALTH SCRUTINY COMMITTEE

**Tuesday, 11 September 2018 - 7:00 pm**  
**Council Chamber, Town Hall, Barking**

**Members:** Cllr Eileen Keller (Chair) Cllr Paul Robinson (Deputy Chair); Cllr Peter Chand, Cllr Irma Freeborn, Cllr Chris Rice and Cllr Emily Rodwell

Date of publication: 3<sup>rd</sup> September 2018

Chris Naylor  
Chief Executive

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Please note that this meeting will be webcast, which is a transmission of audio and video over the internet. Members of the public who attend the meeting and who do not wish to appear in the webcast will be able to sit in the public gallery on the second floor of the Town Hall, which is not in camera range.

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#### AGENDA

- 1. Apologies for Absence**
- 2. Declaration of Members' Interests**

In accordance with the Council's Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.
- 3. Joint Health Overview and Scrutiny Committee - Update (Pages 3 - 14)**
- 4. Ilford Urgent Care Centre - Inadequate Rating by CQC (Pages 15 - 31)**
- 5. BHR NHS Trust - Financial Update (Page 33)**
- 6. Review of Mortality at Barking, Havering and Redbridge Hospitals NHS Trust (Pages 35 - 38)**

7. **Scrutiny Review: Childhood Obesity (Pages 39 - 47)**
8. **Health Scrutiny Committee Draft Work Programme 2018/19 (Pages 49 - 61)**
9. **Any other public items which the Chair decides are urgent**
10. **To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

#### **Private Business**

The public and press have a legal right to attend Council meetings such as the Assembly, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). ***There are no such items at the time of preparing this agenda.***

11. **Any other confidential or exempt items which the Chair decides are urgent**



Our Vision for Barking and Dagenham

## **One borough; one community; London's growth opportunity**

Our Priorities

### **Encouraging civic pride**

- Build pride, respect and cohesion across our borough
- Promote a welcoming, safe, and resilient community
- Build civic responsibility and help residents shape their quality of life
- Promote and protect our green and public open spaces
- Narrow the gap in attainment and realise high aspirations for every child

### **Enabling social responsibility**

- Support residents to take responsibility for themselves, their homes and their community
- Protect the most vulnerable, keeping adults and children healthy and safe
- Ensure everyone can access good quality healthcare when they need it
- Ensure children and young people are well-educated and realise their potential
- Fully integrate services for vulnerable children, young people and families

### **Growing the borough**

- Build high quality homes and a sustainable community
- Develop a local, skilled workforce and improve employment opportunities
- Support investment in housing, leisure, the creative industries and public spaces to enhance our environment
- Work with London partners to deliver homes and jobs across our growth hubs
- Enhance the borough's image to attract investment and business growth

### **Well run organisation**

- A digital Council, with appropriate services delivered online
- Promote equalities in the workforce and community
- Implement a smarter working programme, making best use of accommodation and IT
- Allow Members and staff to work flexibly to support the community
- Continue to manage finances efficiently, looking for ways to make savings and generate income
- Be innovative in service delivery

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## HEALTH SCRUTINY COMMITTEE

11th September 2018

<b>Title:</b> Joint Health Overview and Scrutiny Committee - Update	
<b>Report of the Director of Law and Governance</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected:</b> None	<b>Key Decision:</b> No
<b>Report Author:</b> Leanna McPherson, Democratic Services Officer	<b>Contact Details:</b> Tel: 020 8227 2852 E-mail: <a href="mailto:leanna.mcpherson@lbbd.gov.uk">leanna.mcpherson@lbbd.gov.uk</a>
<b>Accountable Strategic Leadership Director:</b> Fiona Taylor, Director of Law and Governance	
<p><b>Summary</b></p> <p>This report is to:</p> <ol style="list-style-type: none"> <li>i. Inform the Health Scrutiny Committee (HSC) of the local arrangements for joint health scrutiny and,</li> <li>ii. Ask the Committee to confirm the appointment of three HSC members to the Joint Health Overview and Scrutiny Committee (JHOSC) for the 2018/19 municipal year.</li> </ol> <p>This report and the appended Terms of Reference explain local joint health scrutiny arrangements amongst the boroughs of Barking and Dagenham, Havering, Redbridge, and Waltham Forest, which cover the Outer North East London area.</p> <p>The Terms of Reference at Appendix 1 state that the JHOSC will consist of three members of each local authority represented, appointed by each borough's health overview and scrutiny committee. In previous years the Chair and Deputy Chair of the relevant Health Scrutiny Committee have usually been put forward to fill two of the three vacancies.</p>	
<p><b>Recommendation(s)</b></p> <p>The HSC is recommended to:</p> <ol style="list-style-type: none"> <li>(i) Note the Terms of Reference for the JHOSC</li> <li>(ii) Note the matters that were discussed at the last meeting of the JHOSC; and</li> <li>(iii) Agree the appointment of three HSC members to the JHOSC for 2018/19.</li> </ol>	
<b>Reason(s)</b>	

## 1. Powers of Health Scrutiny in general

Regulations under the National Health Service Act 2006 state that local authorities in England have the power to:

- "Review and scrutinise matters relating to the planning, provision and operation of the health service in the area. This may well include scrutinising the finances of local health services;
- Require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny;
- Require employees including non-executive directors of certain NHS bodies to attend before them to answer questions;
- Make reports and recommendations to certain NHS bodies and expect a response within 28 days;
- Set up joint health scrutiny committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority; and
- Refer NHS substantial reconfiguration proposals to the Secretary of State if a local authority considers:
  - The consultation has been inadequate in relation to the content or the amount of time allowed;
  - The NHS body has given inadequate reasons where it has not consulted for reasons of urgency relating to the safety or welfare of patients or staff; and
  - A proposal would not be in the interests of the health service in its area".<sup>1</sup>

## 2. Joint Health Scrutiny Arrangements

2.1 The Department of Health Guidance ('the Guidance') issued in June 2014 describes two types of joint scrutiny committees; discretionary and mandatory. Discretionary joint committees are set up by local authorities by choice to scrutinise health matters that cross local authority boundaries. Mandatory joint committees are required by regulation to be set up when a relevant NHS body or health service provider consults more than one local authority's health scrutiny function about substantial reconfiguration proposals.

2.2 In such circumstances, the regulations state that:

- "Only the joint committee may respond to the consultation (i.e. rather than each individual local authority responding separately);
- Only the joint committee may exercise the power to require the provision of information by the relevant NHS body or health service provider about the proposal; and
- Only the joint committee may exercise the power to require members or employees of the relevant NHS body or health service provider to attend before it to answer questions in connection with the consultation."<sup>2</sup>

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<sup>1</sup> Department of Health, Local Authority Health Scrutiny Guidance, 27 June 2014, p12

<sup>2</sup> Department of Health, p17

2.3 Individual councils or departments would still be able to respond informally to any consultations but the responsibility to give a formal response would lie with the mandatory JHOSC.

### **3. Referrals to the Secretary of State for Health**

3.1 The Guidance makes it clear that the above restrictions do not apply to referrals to the Secretary of State. "Local authorities may choose to delegate their power of referral to the mandatory joint committee but they need not do so. If a local authority had already appointed a discretionary committee, they could even delegate the power to that committee if they choose to. If the local authority has delegated this power, then they may not subsequently exercise the power of referral. If they do not delegate the power, they may make such referrals."<sup>3</sup>

3.2 The London Borough of Barking and Dagenham's Constitution delegates the power of referral to the Secretary of State to the HSC.

### **4. Outer North East London Joint Health Overview and Scrutiny Committee**

4.1 The Outer North East London JHOSC consists of three members from each of the following boroughs:

- Barking & Dagenham;
- Havering;
- Redbridge; and
- Waltham Forest.

The Essex County Council Health Overview and Scrutiny Committee is permitted to appoint one member to the JHOSC.

#### **4.2 Background to the JHOSC**

The Outer North east London JHOSC was established by the health overview and scrutiny committees of the above boroughs, exercising their powers under section 7 of the Health and Social Care Act 2001 and the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. This legislation, together with directions issued by the Secretary of State for Health in 2003, required all local authorities affected by what they considered to be 'substantial variations' in local health services to form a 'joint health overview and scrutiny committee' to consider those changes.

### **5. Further information regarding the JHOSC and Appointment of Members**

5.1 The Terms of Reference at Appendix 1 describe the remit and governance of the JHOSC. These state that the JHOSC will consist of three members of each local authority represented, appointed by each borough's health overview and scrutiny committee.

5.2 As the first JHOSC meeting took place before the first HSC meeting for the 2018/19 municipal year, HSC members were consulted and Councillors Keller, P Robinson

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<sup>3</sup> Department of Health, p17

and E Rodwell were informally appointed. The HSC are asked to formally confirm those appointments.

5.3 There are typically four JHOSC meetings a year with the four boroughs taking turns to host each meeting. The chair of the health scrutiny committee from the hosting borough chairs the JHOSC meeting. The meetings are clerked by Anthony Clements, Principal Committee Officer at the London Borough of Havering, who charges the boroughs for his support in proportion to the number of members they may appoint to the Committee.

5.4 JHOSC meetings have been scheduled for the 2018/19 municipal year as listed below.

- 4pm, 2 October 2018 – Barking & Dagenham
- 4pm, 15 January 2019 – Waltham Forest
- 4pm, 9 April 2019 – Redbridge

## **6. Update on issues discussed at the last JHOSC**

6.1 The last JHOSC meeting was hosted by Havering on 26 July 2018. The following matters were discussed at this meeting:

### **6.2 BHR CCGs – Community Urgent Care Services and Consultation**

6.2.1 GP access hubs currently delivered urgent care at evenings and weekends via a separate telephone number from NHS 111. One third of these patients could be given advice by phone rather than needing to see a GP face to face and this was the same for walk-in centres. There were currently seven local GP hubs covering Barking & Dagenham, Havering and Redbridge and four walk-in centres.

6.2.2 It was felt that the best person to see for urgent care was a GP although officers accepted that it could be challenging to access GP services. GP services themselves were not being consulted upon. Officers felt that change was needed for a variety of reasons including public confusion over where best to go for treatment, national guidance on the need to improve facilities and the need to upgrade urgent care centres to urgent treatment centres, allowing x-rays, blood tests, diagnostics etc.

6.2.3 Officers felt that the NHS 111 service had improved over recent years the new service provider starting on 1 August would increase to 50% the proportion of callers able to speak to a clinician. It was proposed that both options would allow a single phone number – 111 with which to speak to a clinician. GP and nurse appointments could also be booked via 111 and the overall number of locations at which people could be seen would not be reduced, being 12 under both options.

6.2.4 Under option 1, there would be four Urgent Treatments Centres (Queen's Hospital, King George Hospital, Harold Wood Polyclinic and Barking Community Hospital with eight community locations for bookable appointments. The Urgent Treatment Centres would be walk-in but people would still be encouraged to phone or go on line first. Option 2 would provide two Urgent Treatment Centres – at Queen's and King George Hospitals and ten community locations.



- 6.2.5 Officers were aware of concerns around in South Ilford, including Loxford Polyclinic and plans for primary care in the area had been brought to the Redbridge Overview and Scrutiny Committee. Barking Community Hospital already had an x-ray unit on site and parking was easier than at Loxford. Officers emphasised that it was not proposed to reduce capacity at Loxford and that it was wished to further develop facilities at Loxford.
- 6.2.6 The Committee agreed that the clerk should draft a response letter giving its views on the consultation, based on the discussions held at the meeting.

### 6.3 **New NHS 111 Contract**

- 6.3.1 The Committee was advised that the new NHS 111 service would go live on 1 August 2018. The service, which had been procured jointly by the North East London CCGs, would be provided by London Ambulance Service. Competent health advice would be provided by phone or on line and callers could still be booked to see a clinician if necessary. Translators and Typetalk facilities for deaf callers would also be available.
- 6.3.2 Pathways has been developed to refer people back to their GP if necessary and a clinical assessment service would be based within NHS 111, comprising multi-disciplinary staff. It was planned that, shortly after the launch date, NHS 111 clinicians would have access to a patient's health care records (with a patient's consent). This would facilitate a quick transfer to a mental health assessment, should this be required.
- 6.3.3 The new system would allow consistency of approach through a single contact number. The service would be monitored closely with a patient participation group also being established. National metrics on e.g. rates of abandoned calls would be collected as would local metrics. Any instances of misdiagnosis would be monitored and investigated but it was felt that overall outcomes should improve under the new service.
- 6.4 The minutes of all the JHOSC meetings are available on via the London Borough of Havering's website:

<http://democracy.havering.gov.uk/ieListMeetings.aspx?Committeeld=273>

### 7.1 **Financial Implications**

Implications completed by Olufunke Adediran, Group Accountant:

- 7.1 This report is largely for information and seeks to confirm the appointment of three Health Scrutiny Committee (HSC) members to the Joint Health Overview and Scrutiny Committee (JHOSC) of the Outer North East London, for the 2018/19 municipal year. As such, there are no direct financial implications arising from the report.

### 8. **Legal Implications**

Implications completed by: Dr Paul Feild Senior Governance Solicitor

- 8.1 Under section 21 of the Local Government Act 2000 The Health Scrutiny Committee has specific responsibilities about health functions in the borough. Such Health Scrutiny Committees shall carry out health scrutiny in accordance with Section 244 (and Regulations under that section) of the National Health Services Act 2006 as amended by the Local Government and Public Involvement in Health Act 2007 relating to local health service matters. The Health Scrutiny Committee in its work has all the powers of an Overview and Scrutiny Committee as set out in section 9F of the Local Government Act 2000, Local Government and Public Involvement in Health Act 2007 and Social Care Act 2001 (including associated Regulations and Guidance).
- 8.2 Furthermore health matters can and do have cross borough implications and in some matter as identified in the body of this report only a Joint Health Scrutiny Committee can respond. To address this issue a multi borough health scrutiny committee covering Barking & Dagenham; Havering; Redbridge; and Waltham Forest has been established. It will exercising its powers under section 7 of the Health and Social Care Act 2001 and the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. This report seeks agreement to make appointment of three HSC members to the Joint Health Overview and Scrutiny Committee (JHOSC) for the 2018/19 municipal year.

**Background Papers Used in the Preparation of the Report:** None

**List of appendices:**

- **Appendix 1:** Joint Health Overview and Scrutiny Committee's Terms of Reference

**TERMS OF REFERENCE FOR  
OUTER NORTH EAST LONDON  
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**Establishment of the JHOSC**

1. The Outer North East London Joint Health Overview and Scrutiny Committee (the JHOSC) is established by the Overview and Scrutiny Committees having health responsibilities of the London Borough Councils of Barking & Dagenham, Havering, Redbridge and Waltham Forest (“the borough OSCs”) in accordance with s.190-191 of the Health and Social Care Act 2012 and consequential amendments and the Local Authority (Overview and Scrutiny Committees Healthy Scrutiny Functions) Regulations 2002.

**Membership**

2. The JHOSC will consist of three Members appointed of each of the Borough OSCs.
3. In accordance with section 21(9) of the Local Government Act 2000, Executive Members may not be members of an Overview and Scrutiny Committee.
4. The Essex County Council may nominate one full Member for the Joint Health Overview and Scrutiny Committee. Thurrock Borough Council Health Overview and Scrutiny Committee may nominate an observing Member of the Joint Health Overview and Scrutiny Committee. The Councils of the Borough of Brentwood and District of Epping Forest may also each nominate an observing Member.
5. Appointments made to the JHOSC by each participating London borough OSC or Council will reflect the political balance of the borough Council, unless a participating borough OSC agrees to waive the requirement and this is approved by the JHOSC.

**Attendance of Substitute Members**

6. If a Member is unable to attend a particular meeting, he or she may arrange for any appropriate Member of the borough Council to attend as substitute, provided that a Member having executive responsibilities may not act as a substitute. Notice of substitution shall be given to the clerk before the commencement of the meeting.

**Role and Function of the JHOSC**

7. The JHOSC shall have the remit to review and scrutinise any matter, including substantial variations, relating to the planning, provision and operation of health services that affect two or more boroughs in Outer North East London. The JHOSC will have the right to respond in its own right to all consultations on such matters, both formal and informal.

8. In fulfilling its defined role, as well as reviewing documentation, the JHOSC will have the right to do any or all of the following:

- a. Request information or to hold direct discussions with appropriate officers from each of the following organisations or their successor bodies:

Barking and Dagenham Clinical Commissioning Group (CCG)  
Havering CCG  
Redbridge CCG  
Waltham Forest CCG  
Barking, Havering and Redbridge University Hospitals NHS Trust  
Barts Health NHS Trust  
Care Quality Commission  
East London Health and Care Partnership  
London Ambulance Service NHS Trust  
NHS England  
NHS Improvement  
North East London Commissioning Support Unit  
North East London NHS Foundation Trust

as well as any other NHS Trust or other body whose actions impact on the residents of two or more Outer North East London Boroughs;

- b. Co-operate with any other Joint Health Overview and Scrutiny Committee or Committees established by two or more other local authorities, whether within or without the Greater London area;
- c. Make reports or recommendations to any of the NHS bodies listed above and expect full, written responses to these;
- d. Require an NHS or relevant officer to attend before it, under regulation 6 of the Regulations, to answer such questions as appear to it to be necessary for the discharge of its functions in connection with a consultation;
- e. Such other functions, ancillary to those listed in a to d above, as the JHOSC considers necessary and appropriate in order to fully perform its role.

Although efforts will be made to avoid duplication, any work undertaken by the JHOSC does not preclude any individual constituent borough Overview and Scrutiny Committee from undertaking work on the same or similar subjects

### **Co-optees**

9. The JHOSC shall be entitled to co-opt any non-voting person as it thinks fit or appropriate to assist in its debate on any relevant topic. Each borough Healthwatch organisation for Barking & Dagenham, Havering, Redbridge and Waltham Forest shall be entitled to nominate one co-opted (non-voting) member of the JHOSC. The power to co-opt shall also be available to any Working Groups formed by the JHOSC.

## **Formation of Working Groups**

10. The JHOSC may form such Working Groups of its membership as it may think fit to consider any aspect or aspects of its work. The role of such Groups will be to consider the matters referred to it in detail with a view to formulating recommendations on them for consideration by the JHOSC. The precise terms of reference and procedural rules of operation of any such Groups (including number of members, chairmanship, frequency of meetings, quorum etc) will be considered by the JHOSC at the time of the establishment of each such Group; these may differ in each case if the JHOSC considers it appropriate. The meetings of such Groups should be held in public except to the extent that the Group is considering any item of business from which the press and public could legitimately be excluded under the Access to Information legislation. The extent of available resources and the existence of relevant ongoing work at a borough level will also be considered by the JHOSC when considering whether to establish a working group.

## **Meetings of the JHOSC**

11. The JHOSC shall meet formally at such times, at such places and on such dates as may be mutually agreed, provided that five clear days' notice is given of the meeting. The Committee may also meet informally as and when necessary for purposes including, but not limited to, visiting appropriate sites within the boroughs or elsewhere.
12. The JHOSC will meet on a minimum of four occasions per year with any variation to be agreed by the Committee. Meeting venues will normally rotate between the four Outer North East London boroughs.
13. Meetings shall be open to the public and press in accordance with the Access to Information requirements. No tape or video recorders, transmitters, microphones, cameras or any other video recording equipment shall be brought into or operated by any person at a meeting of the JHOSC unless the Chair of the meeting gives permission before the meeting (this exclusion will not apply to the taping of the proceedings by officers responsible for producing the minutes). When permission is given, a copy of any tape made must be supplied to the London Borough of Havering, in its role as Administrator.

## **Attendance at Meetings**

14. Where any NHS officer is required to attend the JHOSC, the officer shall be given reasonable notice in advance of the meeting at which he/she is required to attend. The notice will state the nature of the item on which he/she is required to attend to give account and whether any papers are required to be produced for the JHOSC. Where the account to be given to the JHOSC will require the production of a report, then the officer concerned will be given reasonable notice to allow for preparation of that documentation.

15. Where, in exceptional circumstances, the officer is unable to attend on the required date, and is unable to provide a substitute acceptable to the JHOSC, the JHOSC shall in consultation with the officer arrange an alternative date for attendance.
16. The JHOSC and any Working Group formed by the JHOSC may invite other people (including expert witnesses) to address it, to discuss issues of local concern and/or to answer questions. It may for example wish to hear from residents, stakeholders and members and officers in other parts of the public sector and shall invite such people to attend.
17. The JHOSC shall permit a representative of any other authority or organisation to attend meetings as an observer.

### **Quorum**

18. The quorum for the JHOSC shall be four, provided there is present at least one Member from at least three of the London borough OSCs. For meetings involving the writing or agreeing of a final report of the Committee, the quorum shall comprise at least one representative from each of the four London borough OSCs.

### **Chair and Vice Chair**

19. Each meeting will be chaired by a Member from the host borough on that occasion.

### **Agenda items**

20. Any member of the JHOSC shall be entitled to give notice to the Clerk of the Joint Committee that he/she wishes an item relevant to the functions of the JHOSC to be included on the agenda for the next available meeting. On receipt of such a request (which shall be made not less than five clear working days before the date for despatch of the agenda) the relevant officer will ensure that it is included on the next available agenda.

### **Notice and Summons to Meetings**

21. The Clerk of the Joint Committee will give notice of meetings to all members. At least five clear working days before a meeting the relevant officer will send an agenda to every member specifying the date, time and place of each meeting and the business to be transacted, and this will be accompanied by such reports as are available.
22. Any such notice may be given validity by e-mail.
23. The proper officer of each Council shall ensure that public notice of the meeting is displayed in accordance with the customary arrangements of that Council for giving notice of Committee etc. meetings.

### **Reports from the JHOSC**

24. Where required, for any reviews that require recommendations, the JHOSC will prepare a formal report and submit it to the relevant bodies. In accordance with the Department of Health Guidance on the Overview and Scrutiny of

Health dated July 2003, the JHOSC should aim to produce a report representing a consensus of the views of its members. If consensus is not reached within the JHOSC, minority views will be included in the report.

25. In undertaking its role the JHOSC should do this from the perspective of all those affected or potentially affected by any particular proposal, plan, decision or other action under consideration.

### **Formal Consultations and Referrals to Secretary of State**

26. Under guidance on Local Authority Health Scrutiny issued by the Department of Health in June 2014, only the JHOSC may respond to a formal consultation on substantial variation proposals covering health services in more than one constituent Council area. This power also extends to the provision of information or the requirement of relevant NHS officers to attend before the JHOSC in connection with the consultation.
27. The JHOSC may only refer matters directly to the Secretary of State on behalf of Councils who have formally agreed to delegate this power to it.

### **Procedure at JHOSC meetings**

28. The JHOSC shall consider the following items of business:
  - (a) minutes of the last meeting;
  - (b) matters arising;
  - (c) declarations of interest;
  - (d) any urgent item of business which is not included on an agenda but the Chair, after consultation with the relevant officer, agrees should be raised;
  - (e) the business otherwise set out on the agenda for the meeting.

### **Conduct of Meetings**

29. The conduct of JHOSC meetings shall be regulated by the Chair (or other person chairing the meeting) in accordance with the general principles and conventions which apply to the conduct of local authority committee meetings.
30. In particular, however, where any person other than a full or co-opted member of the JHOSC has been allowed or invited to address the meeting the Chair (or other person chairing the meeting) may specify a time limit for their contribution, in advance of its commencement which shall not be less than five minutes. If someone making such a contribution exceeds the time limit given the Chair (or other person chairing the meeting) may stop him or her.

31. The Chair (or other person chairing the meeting) may also structure a discussion and limit the time allowed for questioning by members of the JHOSC.

### **Officer Administration of the JHOSC**

32. The London Borough of Havering will be the Lead Authority for clerking and administering the JHOSC. The Clerk of the Committee will be the Principal Committee Officer, London Borough of Havering. Costs of supporting the JHOSC will be shared, in proportion to their representation on the Committee, by the London Boroughs of Barking and Dagenham, Havering, Redbridge, Waltham Forest and by Essex County Council, in cash or in kind.

### **Voting**

33. Members may request a formal vote on any agenda item by informing the Clerk of the Joint Committee at least five working days before a meeting. If it is not possible to give this notice, Members have the right to request a vote at a meeting itself, provided they explain to the meeting why it has not been possible to give the standard notice of this request. The decision on whether to allow a vote, if the standard notice has not been given, will rest with the Chairman of that meeting.
34. Any matter will be decided by a simple majority of those members voting and present in the room at the time the motion was put. This will be by a show of hands or if no dissent, by the affirmation of the meeting. If there are equal votes for and against, the Chair or other person chairing the meeting will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote. Co-opted members will not have a vote.

### **Public and Press**

35. All meetings of the JHOSC shall be open to the public and press unless an appropriate resolution is passed in accordance with the provisions of Schedule 17 of the National Health Service Act 2006.
36. All agendas and papers considered by the JHOSC shall be made available for inspection at all the constituent authority offices, libraries and web sites.

### **Code of Conduct**

37. Members of the JHOSC must comply with the Code of Conduct or equivalent applicable to Councillors of each constituent Local Authority.

### **General**

38. These terms of reference incorporate and supersede all previous terms of reference pertaining to the JHOSC.



## HEALTH SCRUTINY COMMITTEE

11 September 2018

<b>Title:</b> Ilford Urgent Care Centre - Inadequate Rating by CQC	
<b>Report of the Director of Public Health</b>	
<b>Open Report</b>	<b>For Information</b>
<b>Wards Affected:</b> None	<b>Key Decision:</b> No
<b>Report Author:</b> Leanna McPherson, Democratic Services Officer	<b>Contact Details:</b> Tel: 020 8227 2852 E-mail: leanna.mcpherson@lbbd.gov.uk
<b>Accountable Director:</b> Matthew Cole, Director of Public Health	
<b>Accountable Strategic Leadership Director:</b> Elaine Allegretti, Director of People and Resilience	
<b>Summary</b>	
<p>On 22<sup>nd</sup> August 2018, the Care Quality Commission (CQC) advised that an urgent care centre in the London borough of Redbridge had been rated as Inadequate overall by the Care Quality Commission and placed in special measures.</p> <p>King George's Emergency Urgent Care Centre (EUCC) was rated Inadequate for being safe and well-led. It was rated Requires Improvement for being effective and caring and Good for being responsive.</p> <p>The independently run EUCC is based at King George Hospital, part of Barking, Havering and Redbridge University Hospitals NHS Trust. The service is delivered by The Partnership of East London Cooperatives (PELC) Limited.</p> <p>Inspectors found the EUCC's clinical streaming process, where patients are initially assessed by a nurse or 'streamed' did not safely assess, monitor or manage risks to patients.</p> <p>A full copy of the report from CQC can be found at <b>Appendix 1</b>.</p> <p>A representative from the Barking and Dagenham, Havering and Redbridge CCGs will be in attendance at the Committee.</p>	
<b>Recommendation(s)</b>	
<p>The Health Scrutiny Committee is recommended to</p> <ul style="list-style-type: none"> <li>(i) Discuss and note the report; and</li> <li>(ii) Refer the issue to the Joint Health Overview and Scrutiny Committee (JHOSC)</li> </ul>	

**Reason(s)**

These issues fall under the Health Scrutiny Committee's remit, which includes the scrutiny of any matter relating to the planning, provision and operation of the health service in the borough or accessed by Barking and Dagenham residents.

**Public Background Papers Used in the Preparation of the Report: None**

**List of appendices:**

- Appendix 1 - King George's EUCC Quality Report

# King George's EUCC

## Quality Report

King George's Hospital  
Barley Lane  
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Ilford  
Essex  
IG3 8YB

Tel: 020 8970 8426

Website: <http://www.pelc.nhs.uk/>

Date of inspection visit: 5 April 2018

Date of publication: 22/08/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this service

Inadequate



Are services safe?

**Inadequate**



Are services effective?

**Requires improvement**



Are services caring?

**Requires improvement**



Are services responsive to people's needs?

**Good**



Are services well-led?

**Inadequate**



# Key findings

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## Letter from the Chief Inspector of General Practice

**This service is rated as Inadequate overall** (Previous inspection 30 March 2017– Requires Improvement).

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at King George's Emergency Urgent Care Centre (EUCC) on 5 April 2018. The service is co-located with the Emergency Department of King George's Hospital and is open 24/7. Patients are initially assessed by a nurse and then "streamed" or directed for treatment by the most appropriate clinician: for example at the hospital's Emergency Department or at the EUCC.

This inspection was to confirm that the provider had carried out their plan to meet the legal requirements in relation to breaches in regulations that we identified in our previous inspection on 30 March 2017. At that time the service was rated as requires improvement for effective, caring and well led services; and rated overall as requires improvement. This report covers our findings in relation to those requirements and also in relation to additional findings made since our last inspection.

At this inspection we found:

- The provider's clinical streaming process did not safely assess, monitor or manage risks to patients.
- Although we saw evidence that the provider learned from safety incidents and improved its processes, we could not be assured that learning included all relevant people.
- The delivery of high quality care was not assured by the governance arrangements in place. For example, nursing staff induction documents were not readily available and medicines audits lacked a clear process for managing clinicians who persistently breached local prescribing expectations.
- We also noted that clinical meetings were informal and infrequent.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- Action had been taken since our last inspection such that clinical audit was now being used to drive quality improvements.
- Staff treated patients with compassion, kindness, dignity and respect. However, there was no system to seek patient's feedback. Three of the eight CQC comment cards completed by patients in the weeks leading up to the inspection indicated patients did not always feel they were treated with respect upon arrival at the centre.
- Records confirmed that the provider's NHS Trust landlord was shortly due to commence reception area building improvement works in response to

# Summary of findings

privacy and confidentiality concerns highlighted at our last inspection. Shortly after our inspection we were sent evidence confirming that the works had commenced.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review its medicines management protocols relating to checking expiry dates, prompt access to emergency medicines and also relating to clinicians who breach local prescribing expectations.
- Review the training needs of non clinical staff in response to patient feedback.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# King George's EUCC

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a CQC pharmacist specialist adviser, a CQC nurse specialist adviser and a CQC governance specialist adviser.

### Background to King George's EUCC

King George's Emergency Urgent Care Centre (EUCC) is an urgent care service available to anyone living or working in Ilford and the surrounding areas in the London Borough of Redbridge. The service is co-located on one level with the Emergency Department of King George's Hospital and is fully accessible to those with limited mobility. The service is delivered by The Partnership of East London Cooperatives (PELC) Ltd.

The centre is a 24/7 NHS walk-in service for patients who consider that their condition is urgent enough that they

cannot wait for the next GP appointment and initially entails a clinician assessing and then "streaming" or directing a patient for treatment by the most appropriate clinician: for example at the hospital's emergency department or at the EUCC.

On site, the EUCC service is led by a service manager and a lead GP who has oversight of the urgent care centre. The service employs doctors, nurses and streaming nurses. The majority of staff working at the service are either bank staff (those who are retained on a list by the provider and who work across all of their sites) or agency staff.

The urgent care service is open 24 hours a day and on average sees 630 patients per week. Patients may contact the urgent care service in advance of attendance but dedicated appointment times are not offered.

This inspection was to confirm that the provider had carried out their plan to meet the legal requirements in relation to breaches in regulations that we identified in our previous inspection on 30 March 2017. At that time we identified breaches in regulations such that the service was rated as requires improvement for providing effective, caring and well led services; and was overall rated as requires improvement.

# Are services safe?

## Our findings

**We rated the service as inadequate for providing safe services.**

### Safety systems and processes

We looked at the systems in place designed to keep people safe and safeguarded from abuse.

- The provider had safety policies, including Control of Substances Hazardous to Health (COSHH) and Health & Safety policies, which were regularly reviewed. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. For example, an infection prevention and control audit had taken place within the previous 12 months and actions taken as necessary.
- The provider's NHS Trust landlord ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The landlord also ensured there were systems in place for safely managing healthcare waste.

### Risks to patients

We looked at systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

### Information to deliver safe care and treatment

We looked at how staff used information they needed to deliver safe care and treatment to patients.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### Appropriate and safe use of medicines

We looked at systems for appropriate and safe handling of medicines.

- Medicines were stored in a locked cabinet inside a locked room with access only given to authorised persons. We noted that the room was small and lacked ventilation; and that this therefore increased the risk of medicines being stored at an increased temperature. Staff members were unaware of the limits of temperature monitoring of medicines and were unsure of what to do in the event of an increased temperature.
- The systems and arrangements for managing medical gases and associated equipment minimised risks.
- Emergency medicines were available but we noted that prompt access would be hindered because they were stored with other medicines.
- The service kept prescription stationery securely and monitored on site usage. Recent training had been undertaken as a result of a prescription incident and a new system of monitoring prescriptions was also in place. However, we noted there were no records of

## Are services safe?

prescription distribution and transportation. In addition, the service was not using prescription form FP10REC which is required by out of hours providers for the supply of medicines from stock direct to patients.

- The service carried out regular medicines audits to ensure prescribing was safe and in line with best practice guidelines. However, we noted the absence of a process for managing clinicians who persistently breached local prescribing expectations.
- For example, between December 2017 and March 2018 the provider undertook two prescribing audits to ensure that doctors were prescribing the minimum possible quantities and strengths. The audits highlighted that a doctor had prescribed quantities which were outside the provider's Medicines Management Policy guidance for safe prescribing.

However, we noted that the doctor had not responded to requests to comment on their prescribing patterns and that the provider had not taken subsequent to ensure safe prescribing. Shortly after our inspection we were sent confirming evidence that the doctor had emailed the provider advising that they would not be prescribing Controlled Drugs.

- The service had audited antimicrobial prescribing and there was evidence of actions taken to support good antimicrobial stewardship.
- We looked at a selection of medicines and noted that they were within their expiry dates. However, the service lacked a process for undertaking regular checks.
- Written instructions (known as Patient Group Directions) for the supply or administration of medicines to groups of patients who may not be individually identified before presentation were on file and appropriately signed.

### Track record on safety

The service's clinical streaming systems, processes and practices were not always reliable or appropriate to keep people safe. For example:

- Streaming clinicians' ability to identify serious illness such as Sepsis were hindered by a lack of blood pressure monitors or child oxygen saturation probes in clinical rooms.

- We highlighted concern regarding the level of detail contained in the service's "Clinical Policy for Emergency and Urgent Care" streaming protocol document in that it failed to reference Sepsis.
- We also identified concern regarding the service's assessment protocol, whereby streamers completed a visual assessment form but left a 'clinical observations' column blank to be completed at the next stage by a Health Care Assistant (HCA), prior to the patient's consultation. As there was not a specified time frame from when the patient was seen and initially assessed by the clinician to when the observations were taken and recorded by the HCA, this gap presented a cause for concern.
- For example a patient presenting with a seemingly minor illness and systemically well may in a short space of time deteriorate. If they were waiting for observations to be recorded this could place the patient at risk of receiving inappropriate care. In some cases, such as Sepsis this delay could compromise life.

We saw evidence that staff were sent communications about medicines and devices alerts through email and via newsletter but we noted the absence of a system for confirming that emails had been received and read by recipients.

### Lessons learned and improvements made

Although we saw evidence that the provider learned from safety incidents and improved its processes, we could not be assured that learning included all relevant people.

We looked at how the provider shared the learning from significant events and used this information to improve or maintain patient safety. Prior to our inspection we asked the provider to forward details of all significant events logged within the previous 12 months. We were initially advised that no such incidents had been recorded. It was later clarified that in 2017 a new protocol had been introduced whereby any incident which reached a specific threshold was required to be investigated by the provider's Clinical Commissioning Group.

During our inspection, we were initially told that one such event had occurred within the previous 12 months. Staff later clarified that this significant event related primarily to a local 111 service provider. Records showed that between August 2017 and January 2018, the CCG and the provider had held three significant event review meetings.



## Are services safe?

We noted the absence of an effective system for collating and sharing learning from those incidents which were less serious and which therefore did not meet the threshold for a CCG investigation. For example, records showed that the provider produced a quarterly bulletin which shared learning from incidents but when we spoke with two GPs they could not recollect any recent significant events. We also noted that clinical meetings (which offered an opportunity to share learning from incidents) were informal and infrequent.

When we spoke with other clinical staff they told us that they received occasional emails regarding adhering to protocols but that they were unaware of any recent significant events. They also told us that meetings discussing specific incidents were infrequent. Reception staff told us that although they logged incidents, they did not receive feedback on the outcome and on how these incidents had been used to improve patient safety.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the service as requires improvement for providing effective services.**

**At our previous inspection on 30 March 2017, we rated the practice as requires improvement for providing effective services because of an absence of two cycle clinical audit and appraisals of streaming staff.**

**When we undertook a follow up inspection on 5 April 2018, we saw evidence that appraisals and two cycle clinical audit were now taking place but also that the provider had not taken action where clinical audit results showed only minimal improvement in patient outcomes. The service is rated as requires improvement for providing effective services.**

### Effective needs assessment, care and treatment

The provider had some systems in place to keep clinicians up to date with current evidence based practice (for example a GP forum and a regular newsletter). We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and we were told used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed through the use of clinical audit.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Staff assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning group to monitor performance and improve outcomes for people. The service shared with us the performance data from April 2017 to March 2018 that showed:

- Between 97% and 99% of people who arrived at the service completed their treatment within four hours. This was better than the target of 96%.
- The service was meeting its target for ensuring that 100% of people treated at the service had their episode of care reported to their GP within 48 hours of discharge.
- Between 32% and 89% of people seen had the completeness and accuracy of NHS numbers checked. This was worse than the target of 95%.

The service made improvements through the use of completed audits. Four clinical audits had taken place within the previous 12 months. We noted that these audits were clinically relevant to an urgent care setting and saw evidence of how they had positively impacted on quality of care and outcomes for patients.

For example, in April 2016, the service audited compliance with NICE best practice regarding documenting vital signs in under five year olds where fever was suspected. The first cycle highlighted that of the 74 cases reviewed 25 cases (34%) had vital signs documented. Following discussion at a GP forum and audit group meetings, a December 2017 re-audit highlighted that only 34 (49%) of the 69 cases audited met the standard. We did not see evidence of actions subsequently taken to improve the documentation of vital signs.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff and which covered such topics as safeguarding.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained although these were not readily available and were only provided shortly after our inspection. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, coaching and

# Are services effective?

(for example, treatment is effective)

mentoring, clinical supervision and support for revalidation. An absence of clinical streamer appraisals had been identified as an area of concern at our March 2017 inspection. At this inspection, appraisals documentation was not immediately available but was sent to us shortly after our inspection. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making.

## Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

- Staff communicated promptly with patients' registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- An electronic record of all consultations was sent to patients' own GPs.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

## Helping patients to live healthier lives

As an urgent care centre, the service did not have continuity of care to support patients to live healthier lives in the manner of a GP practice. However, we saw the service demonstrate their commitment to patient education and the promotion of health and wellbeing advice.

The service was not commissioned to provide screening to patients such as chlamydia testing or commissioned to care for patients with long term conditions such as asthma or diabetes. Only limited vaccinations were provided at the service. These were provided as needed and not against any public health initiatives for immunisation.

## Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the service as requires improvement for caring.**

**At our previous inspection on 30 March 2017, we rated the practice as requires improvement for providing caring services. This was because space restrictions hindered privacy and confidentiality in reception.**

**When we undertook a follow up inspection on 5 April 2018 records showed that the provider had been liaising with its NHS Trust landlord regarding building improvement works and shortly after our inspection we were sent evidence which confirmed that these works had commenced. The service is rated as requires improvement for providing caring services.**

### Kindness, respect and compassion

We looked at the extent to which staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. We were told that they displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- However, we also noted that three of the eight patient Care Quality Commission comment cards provided negative feedback on reception staff. We further noted that at the time of our inspection the provider was not collecting patient feedback regarding the compassion displayed by staff.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care. For example:

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception area, including in languages other than English, informing patients this service was available.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

### Privacy and dignity

When we inspected in March 2017, we noted that the premises were inappropriate for clinical streaming in that they lacked sufficient space to enable initial patient assessments to be conducted in private. We asked the provider to take action.

At this inspection records showed that the provider had been liaising with its NHS Landlord regarding building improvements and shortly after our inspection we received photographic confirmation that building improvement works had commenced.

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times. For example, we were told that whilst building improvement work being planned, patients were offered assessments in adjoining clinical rooms.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated the service as good for providing responsive services.

The service worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. We found the service was responsive to patients' needs in and had systems to maintain the level of service provided.

The service understood the needs of the local population. For example, the service provider was also commissioned to provide an out of hours service from the same hospital location. When we spoke with a commissioner, they indicated that the urgent care centre was an essential service helping to ease pressure on hospital Emergency Departments; and deliver rapid, appropriate care to patients at their time of need.

### Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- Consultations were not restricted to a specific timeframe so clinicians were able to see patients as long as was necessary.
- The urgent care centre offered step free access and all areas were accessible to patients with reduced mobility.
- The waiting area for the urgent care centre was large enough to accommodate patients with wheelchairs and pushchairs; and also allowed for access to consultation rooms. There was enough seating for the number of patients who attended on the day of the inspection.
- Toilets were available for patients attending the service, including accessible facilities with baby changing equipment.
- Beverages and light snacks were available.

### Timely access to the service

The urgent care service was open 24 hours a day seven days per week. Patients could not book an appointment but could attend the centre and wait to see a nurse or GP. The opening hours of the service meant that patients who

had not been able to see their GP during opening hours could attend for assessment and treatment at any time. The service was accessible to those who commuted to the area as well as residents.

- When patients arrived at the centre there was clear signage which directed patients to the reception area. Patient details (such as name, date of birth and address) and a brief reason for attending the centre were recorded on the computer system by a nurse streamer who would also complete a visual assessment (including a brief set of safety questions) to determine 'red flags' which might mean the patient needed to be seen by a clinician immediately. Patients were generally seen on a first come first served basis, but there was flexibility in the system so that more serious cases could be prioritised as they arrived. Nurse streamers and reception staff informed patients about anticipated waiting times.
- Waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited.
- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, the patient's own GP or a local pharmacist.

### Listening and learning from concerns and complaints

We looked at how complaints and concerns were used to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance. Twelve complaints were received since April 2017 (ninety three complaints for the combined UCC, 111, out of hours services). We found that complaints were satisfactorily handled in a timely way.

## Are services responsive to people's needs? (for example, to feedback?)

The service also learned lessons from individual concerns and complaints; and from an analysis of trends at monthly operational meetings.

# Are services well-led?

Inadequate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

**We rated the service as inadequate for leadership.**

### Leadership capacity and capability

- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. However, they were unaware of the safety risks associated with the service's clinical streaming process and also had not taken action in relation to governance issues identified at our March 2017 inspection (such as ensuring affective monitoring of the service's clinical risk register).
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.

### Vision and strategy

We were told that the service had a clear vision to create a health care system that provided clinical excellence, patient-focussed and centred, culturally competent, cost effective care with exceptional outcomes and patient satisfaction.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with integrated urgent care priorities across the region. The provider worked with commissioners to meet the needs of the local population.

### Culture

We looked at the culture of the service:

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- The service aimed to focus on the needs of patients.
- Staff felt respected, supported and valued. They were proud to work for the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- There were positive relationships between staff and teams.

### Governance arrangements

The delivery of high quality care was not assured by the governance arrangements in place. For example:

- The provider's clinical streaming process did not safely assess, monitor or manage risks to patients.
- Although we saw evidence of how the provider learned from safety incidents, we could not be assured that this learning included all relevant people. For example, clinical meetings were informal, infrequent and therefore offered limited opportunities to share learning.
- Although the service carried out regular medicines audits to ensure prescribing was safe and in line with best practice guidelines, we noted that auditing arrangements lacked a clear process for managing clinicians who persistently breached local prescribing expectations.

### Managing risks, issues and performance

We looked at processes for managing risks, issues and performance.

- The provider operated a clinical risk register in order to monitor and address risks. We noted that "poor learning and action from incidents" was listed as a risk area and that some tasks had been undertaken (such as the introduction of a patient safety newsletter). However, we also noted limited opportunities for discussing and sharing learning from significant events. We therefore could not be assured that an effective system was in place for managing risks.
- We also noted the absence of a system for collating and sharing learning from incidents which were below the CCG's significant event threshold. This meant that issues which potentially threatened the delivery of safe and effective care were not being identified or adequately managed.
- We saw evidence that staff were sent communications about medicines and devices alerts through email and via newsletter but we noted the absence of a system for confirming that emails had been received and read by recipients.

# Are services well-led?

Inadequate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Performance was shared with staff and the local CCG as part of regular contract monitoring arrangements.

## **Appropriate and accurate information**

The service acted on appropriate and accurate information.

- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Engagement with patients, the public, staff and external partners**

We looked at how the service involved staff and external partners to support high-quality, sustainable services.

- Staff were able to describe to us the systems in place to give feedback (such as a quarterly staff fora).

- The service was transparent, collaborative and open with stakeholders about performance. This was confirmed in discussions with the service's CCG commissioner.

- However, we noted minimal engagement with people who used the service (for example through patient surveys).

## **Continuous improvement and innovation**

There were systems and processes for learning and continuous improvement.

- Staff knew about improvement methods such as clinical audit and had the skills to use them.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.



## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The provider's clinical streaming protocol did not safely assess, monitor or manage risks to patients.</li><li>• The service did not have the appropriate equipment to support the streaming of patients effectively.</li></ul> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The provider did not have appropriate systems in place to ensure that learning from significant events included relevant people and to ensure that feedback from relevant persons was sought and acted upon.</li></ul> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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## HEALTH SCRUTINY COMMITTEE

11 September 2018

<b>Title:</b> Barking, Havering and Redbridge University Hospitals Trust – Finance Update	
<b>Report of the Interim Chief Executive, Barking, Havering and Redbridge Universtiy Hospitals Trust</b>	
<b>Open Report</b>	<b>For Information</b>
<b>Wards Affected:</b> None	<b>Key Decision:</b> No
<b>Report Author:</b> Devika Deonarine, Senior Communications Officer, Barking, Havering and Redbridge University Hospitals Trust	<b>Contact Details:</b> Tel: 01708 435022 E-mail: <a href="mailto:devika.deonarine@bhrhospitals.nhs.uk">devika.deonarine@bhrhospitals.nhs.uk</a>
<b>Summary</b>  The Interim Chief Executive of the Barking, Havering and Redbridge University Hospitals Trust, Chris Bown, will be in attendance and will give a presentation to the Health Scuritny Committee providing an update on the Trust's finances.	
<b>Recommendation(s)</b>  The Health Scrutiny Committee is recommended to note the report.	

**Public Background Papers Used in the Preparation of the Report: None**

**List of appendices: None**

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## HEALTH SCRUTINY COMMITTEE

11<sup>th</sup> September 2018

<b>Title:</b> Review of Mortality at Barking, Havering and Redbridge Hospitals NHS Trust	
<b>Report of the Associate Medical Director and Lead for Learning from Mortality</b>	
<b>Open Report</b>	<b>For Information</b>
<b>Wards Affected:</b> None	<b>Key Decision:</b> No
<b>Report Author:</b> Mr Gabriel Sayer, Consultant Vascular and General Surgeon, Associate Medical Director and Lead for Learning from Mortality	<b>Contact Details:</b> Tel: 01708 435000 ext 6437 E-mail: Gabriel.Sayer@bhrhospitals.nhs.uk
<b>Accountable Director:</b> Dr Magda Smith, Acting Medical Director	
<b>Accountable Strategic Leadership Director:</b> Chris Brown, Interim Chief Executive Officer, BHRUT	
<p><b>Summary</b></p> <p>Barking, Havering and Redbridge Hospitals NHS Trust (BHRUT) is a busy acute care organisation with a catchment population of over 750,000. The Trust has over 2,000 deaths per annum and the demand placed on developing a Mortality Review Service has been considerable. The Trust has engaged and implemented a Lead for Mortality who directs the Trust's Learning from Mortality Strategy.</p> <p>This brief outlines the mortality governance process within the Trust.</p> <p>The Trust has previously demonstrated outlier status in respect to published mortality ratios. The current position now demonstrates that these mortality ratios are showing improving trends and are within the expected ranges.</p> <p>The Trust aims to review 100% of deceased patient records using an established checklist review. This is completed by the doctor at the same time as the death certificate. We have completed over 6,000 reviews since June 2015 with a current average completion rate of 75%.</p> <p>The BHRUT Mortality Faculty undertake a schedule of case record reviews following the Royal College of Physicians (RCP) methodology. This provides the Trust with a resource to deliver a baseline of mortality reviews. The purpose of these reviews is to identify areas of good and poor practice and to develop strategies for care quality improvement. Alongside this we are developing a Faculty of Junior Doctor mortality reviewers who will have the opportunity to use the review process as part of identified Quality Improvement projects, as well as developing the use of local mortality reviews in specialty Mortality and Morbidity meetings.</p>	
<b>Recommendation(s)</b>	

The Committee is recommended to note:

- (i) The BHRUT mortality indices are improved.
- (ii) The BHRUT mortality review process is driving a range of Quality Improvement projects and provides the Trust with greater assurance about the quality of care we provide for our patients.
- (iii) The Trust is facing a challenge with engagement with our community stakeholders. We would welcome opportunities for greater involvement in developing a more robust community engagement strategy.

### **Reason(s)**

These issues fall under the Health Scrutiny Committee's remit, which includes the scrutiny of any matter relating to the planning, provision and operation of the health service in the borough or accessed by Barking and Dagenham residents.

## **1. Introduction and Background**

- 1.1 Patients are at the centre of our work at BHRUT and our organisational objectives contain 5 commitments to enable the delivery of safe high quality care. Improvement through learning lessons is key to this commitment and directs our approach to providing a robust, evidence based method to review patient care and make necessary improvements. Caring for the families of patients that die with compassion and openness is central to this work and a new approach to family support was introduced following the published guidance by the National Quality Board in March 2017: 'Learning from Deaths'.

BHRUT has a long history of reviewing the care provided to patients and learning from findings. This work was initially led by individual members of Trust staff within department Morbidity and Mortality reviews and via specific pathway reviews led by the Chief Nurse and the Medical Director's team. This process was formalised in 2015 and resulted in the formation of a standardised review checklist completed after each patient death.

Reporting findings from data and care reviews to every level of the organisation ensures all can respond whether that is a member of medical staff ensuring timely prescribing of antibiotics or Trust board member or subcommittee responding to a reported trend and allocating resources to respond.

Combining mortality ratio data, published nationally with clinical review information the organisation enables the highlighting of best practice alongside areas for improvement. Examples of this type of work can be seen in reviews regarding Septicaemia and Pneumonia and development of new care pathways in these areas.

The Trust has a local 'Learning from Deaths' policy which brings together existing aspects of the Trusts governance structures, including incident reporting process to ensure effective support for patients and families, rapid identification of issues and a

high quality clinical review. Learning from findings is critical and central to drawing each of these aspects is harnessing the Trusts' improvement capabilities which are supported by the Trusts partnership with the Virginia Mason Institute. The translation of this technique, known as the 'PRIDEWAY' offers significant advantages to deliver robust improvements which can be measured and sustained. Each employee of BHRUT is able to access training for this approach to enable them to fulfil their obligation to improve the quality of care provided.

An important aspect of Learning from Deaths at the Trust includes broadening the patient and family involvement beyond current incident reporting and patient advice and liaison aspects. The Trust fully delivers responsibilities under the statutory duty of candour however more is possible and guidance based on the input from families and carers in the NQB guidance is a valuable source of support. To this end, we have introduced a formal family liaison role which will act as direct support or provide training and support to those working with patients and families to deliver effective support and information.

## **2. Proposal and Issues**

### **2.1 Mortality Checklist.**

Using various prompting questions we try to identify whether the patient had any significant concerns about problems in care that may have contributed to patient death. We have recently audited this to identify whether the checklist review correlates with patients where we have subsequently identified concerns about care quality following structured review of the patient's mortality or where concerns have been raised via other methods such as complaints and incident reporting.

### **2.2 Mortality Reviews.**

The Committee is asked to note for assurance that clinical reviews undertaken by the Mortality Faculty have identified a majority of good practice and no avoidable death. Where we have identified areas of learning we have a central Faculty of Mortality Reviewers who undertake Structured Judgement Reviews (SJR) using the RCP methodology. This provides the Trust with a resource to deliver a baseline of mortality reviews. This has been found to be of particular help where a concern is raised of how a patient has died. The mortality review can be used to inform a Round Table discussion about concerns around patient care leading up to the death. As this is usually an impartial view it improves the quality and nature of discussion at the Round Tables. The Mortality Faculty also commit to delivering mandatory mortality reviews e.g. patients with learning difficulties, high risk groups and so on.

### **2.3 Mortality outliers and Care Quality Commission alerts**

BHRUT was identified as being an outlier for mortality in patients with pneumonia and for patients with biliary sepsis. We have engaged the clinical teams responsible for the care of these patients to undertake the mortality reviews of the appropriate mortality groups and then develop a quality improvement strategy based on their learning from. In biliary sepsis, the reviews were then used to inform and develop a new biliary sepsis management strategy and a review of service provision of Endoscopic retrograde cholangio-pancreatography (ERCP).

The learning tools have then been developed using some of the cases we have encountered to illustrate the clinical issues and have then been presented to the appropriate clinical specialties. The ability to reach to all specialties in such complex pathways remains a challenge but the use of the mortality review process highlights the need for improving care pathways of care for these patients.

- 2.4 We have developed a Trust-wide tool for mortality review, this includes instructions for use, a template for reviewing the phases of care and some clear outcomes. In addition we have developed a template that enables presentation of the patient at local mortality meetings. This process is being developed alongside focussed training for FY1s and other Junior Doctors in how to undertake a mortality review.

### **3. Consultation**

- 3.1 Mortality Assurance Group meets monthly with participants from clinical divisions and other relevant stakeholders. This group ratifies the monthly Mortality Assurance Report that goes via the Executive Committee to the Trust Quality Assurance Committee.
- 3.2 The actions in this report were considered and endorsed by the BHRUT Quality Assurance Committee at its meeting on 19<sup>th</sup> July 2018.

### **4. Financial Implications (Not applicable)**

This paper is for information purposes.

### **5. Legal Implications (Not applicable)**

This paper is for information purposes.

**Public Background Papers Used in the Preparation of the Report: None**

**List of appendices: None**



## HEALTH SCRUTINY COMMITTEE

11 September 2018

<b>Title:</b> Scope of system-wide review into childhood obesity	
<b>Report of the Director of Public Health</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Report Authors:</b> Mary Knowler, Public Health Strategist. Tom Stansfeld, Public Health Policy Officer.	<b>Contact Details:</b> Tel: 020 8227 2998 E-mail: <a href="mailto:mary.knowler@lbbd.gov.uk">mary.knowler@lbbd.gov.uk</a>
<b>Wards Affected:</b> All	<b>Key Decision:</b> No
<b>Accountable Director:</b> Matthew Cole, Director of Public Health	
<b>Accountable Strategic Leadership Director:</b> Elaine Allegretti, Strategic Director, People and Resilience	
<p><b>Summary:</b></p> <p>The Health Scrutiny Committee (HSC) has requested a review of system-wide action on childhood obesity. The aim of the review will be to bring together all the available information to date and make recommendations to tackle the obesity problem from a system-wide approach.</p> <p>This report outlines the proposed scope for this review.</p> <p>Barking and Dagenham have among the highest rates of overweight and obesity in reception and year 6 children in London. In order to reverse this system wide action, taking into account the work of the council, NHS and voluntary and private sectors, is required.</p> <p>The review is timely as Public Health England and the Local Government Association have been working on developing guidance for a whole systems approach to obesity since 2015. The programme places considerable emphasis on creating the right environment for change in the local area, collaborative working across the local system and the dynamic nature of such a system.</p> <p>The guidance and resources are due to be published in the Spring of 2019; the council will be one of the stakeholders who will contribute to the review of the draft guidance documents.</p>	
<b>Recommendation(s)</b>	
The Health Scrutiny Committee is recommended to review and agree the proposed terms of scope and work plan for this Scrutiny Review.	
<b>Reason(s)</b>	

It is best practice to produce a scoping report prior to commencing a scrutiny review so that members and officers can give direction to the review, consider what evidence will form the basis of recommendations and have a time-line for completion.

The question of addressing the obesity problem reflects the Council's ambition to make Barking and Dagenham a borough where all residents get an opportunity to thrive and enjoy good health and well-being. This fits with the aims of the Corporate Plan to ensure that no-one is left behind as it seeks to make the Borough a place where all people can achieve their potential and where high aspirations for every child can be made a reality.

This scoping review also comes at a time when the health system is seeking greater integration of services across the Barking, Havering and Redbridge integrated care system. The questions in this review can play a role in shaping how this new health system addresses one of the greatest health challenges facing us today.

<https://www.lbbd.gov.uk/sites/default/files/attachments/Barking-and-Dagenham-Together-Borough-Manifesto.pdf>

<https://www.lbbd.gov.uk/sites/default/files/attachments/No-One-Left-Behind-Corporate-Plan-2018.pdf>

## **1. Context and Introduction**

- 1.1 Childhood obesity in Barking and Dagenham remains high and with it the certainty that many health conditions such as diabetes, cardio-vascular disease and musculoskeletal problems will also continue to rise. The Health & Wellbeing Board is concerned about obesity as a health problem, and because it imposes significant but avoidable costs on health and social care, in both the public and private sectors.
- 1.2 The high levels of obesity threaten to halt any potential measurable education, skills and health gains experienced by our residents in coming years. New analysis (published on 24/07/2018) of the National Childhood Measurement Programme data from Public Health England has mapped trends in weight of children in Reception and Year 6 over the past 10 years.
- 1.3 The findings show that, nationally, the prevalence of excess weight, obesity and now a category of severe obesity, is increasing more in the most deprived areas than the more affluent areas of England and that severe obesity is at its highest ever level of the past 10 years. In terms of ethnicity the analysis found levels of excess weight in Black and Minority Ethnic (BME) Year 6 boys was increasing faster than in White British Boys. However, in Reception White British Girls were amongst the only groups showing an upward trend in excess weight. In Barking and Dagenham children have been found to have the highest levels of severe obesity in England.
- 1.4 It is important that we understand the cultural perception of obesity within different ethnic groups and to ensure that our approach and interventions are sensitive to those nuances so as not to inadvertently exclude these groups and increase inequalities. To this aim, the stakeholder workshop will include planning for how participants will follow up and ascertain the views of the respective communities that

they are involved with and report back to the review (see proposed work plan, section 6)

- 1.5 Nationally the Department of Health and Social Care have just published Chapter 2 of their Childhood Obesity Action Plan. This outlines a series of measures to tackle obesity around industry, advertising, formulation of foods and the role of local government. Ofsted have also produced a piece of research into the wider impact of schools in obesity which will help to inform this scrutiny review's recommendations regarding education.
- 1.6 A summary of the Barking and Dagenham ranking out of 32 London boroughs (City of London is combined with Hackney) is shown in the table below:

Group	%	Rank in London (of 32 boroughs)
Reception overweight (including obese)	25.5	4 <sup>th</sup> worst
Reception obesity	13.1	3 <sup>rd</sup> worst
Reception severe obesity	4.67	Worst
Year 6 overweight (including obese)	43.8	2 <sup>nd</sup> worst
Year 6 obesity	29.2	Worst
Year 6 severe obesity	7.84	Worst

- 1.5 The long-term cost of obesity and the impact on the quality of life for those who are overweight or obese means that system-wide action is required to reduce the level of obesity in this borough. This Scrutiny review and the recommendations that are produced as a result provide an opportunity to impact the current and future health and wellbeing of children all across Barking and Dagenham.

## 2. Current activity to address excess weight.

- 2.1 The council are currently engaged in several initiatives to tackle childhood obesity that include:
- The application of fast food exclusion zones of 400M around schools.
  - The implementation of the Healthy Pupil's Capital Fund (the soft drinks sugar levy).
  - Street Tag – a fun and interactive game designed to get people walking more.
  - A recently completed piece of work into behaviour change and attitudes to weight management, which will influence how we develop future obesity prevention and support programmes in the borough.
  - Healthy living promotion is a key requirement of our commissioned children's 0-19 services, including the taking part in the National Childhood Measurement Programme.
  - A fully subsidised year-round holiday activity programme for children and young people aged 5 – 11years. This works in partnership with local clubs and organisations to deliver a range of inclusive cultural, sport, health and fitness activities.

- 2.2 We also commission a structured programme for children and their families with a high BMI, that consists of healthy eating education and support, plus exercise. The courses are borough-wide and delivered in schools and community venues. The programme underwent a re-launch earlier in the year and is now called 'The LEAN Beans Club'. It is designed to be fun, engaging and interactive. The promotional film can be accessed at the below link:  
<https://newme.london/leanbeans/>
- The latest performance reports show poor rates of completion for both the childhood and adult weight management programmes, though there are encouraging results in the outcomes such as percentage of participants who have adopted healthier eating or increased their exercise.
- 2.3 Currently, the annual funding for our direct weight management programmes for children is £350,000, but there is further funding that goes into the wider work such as the Healthy Schools London programme and the Healthy Child programme.
- 2.4 The wider system has named obesity or childhood obesity as a priority too. The East London Health and Care Partnership has obesity as a highlight of its prevention work whilst the CCG has a Dietetics and Nutrition programme of 0-19s though it doesn't focus solely on obesity. Barking and Dagenham schools are also at the forefront of obesity, currently around 25% of our primary schools have an active mile initiative, where all pupils walk or run a mile a day, and all schools have kitchens that meet school food standards to make healthy catering easier.
- 2.5 Whilst the Board recognise the need to focus on children and young people in order prevent obesity over the longer term, because overweight and obese children are more likely to become obese adults, action is required to tackle obesity throughout the life course. There is widespread recognition that peoples' life circumstances and their environment have a huge impact on whether or not they will be able to make positive and health enhancing changes. Therefore, any action needs to be accompanied with a commitment to make healthy choices the easier choices for our residents.
- 2.6 The forthcoming Health and Wellbeing Strategy for 2018-2021 will reflect and be modelled around the impact of the enablers and barriers in peoples' lives. Through a series of 'I statements' from workshops, the strategy will also seek reflect residents' views of what they need in order to attain healthier, more fulfilled lives.
- 2.7 The Healthy Weight Strategy focuses on children maintaining a healthy weight as they grow and develop, and we have committed to working in partnership to create the culture and environment that supports healthy lives so that all children in the borough can grow into healthy adults.

### **3. Challenges/issues**

- 3.1 The challenge is to deliver a sustained downward trend in the level of excess weight in children by 2021. Addressing the problem will take more wide-ranging action than just lifestyle programmes or other forms of intervention for individuals. It requires action at population level and across the various systems that affect residents' lives; that is, all stakeholders in the health and social care economy and both public, private and voluntary sectors.

- 3.2 A system-wide approach to solving the problem is the underpinning mechanism of the place-based care model, the principle of which is that we can achieve better and more effective results by engaging all our community and local assets. Under this model, tackling obesity becomes 'everybody's business and all have a stake in ensuring the successful resolution of it.
- 3.3 The proposed work plan (Section 6) therefore is reflective of the need to collate information from as wide a range of stakeholders as possible to ascertain their perspective on and their role in tackling obesity.

#### **4. Outcomes for action**

- 4.2 The borough's Healthy Weight Strategy (2016-2020), identifies key outcomes for childhood obesity including:
- Making the Borough a place where more children and families cycle together
  - The Borough is a place where more children and families take part in sport and active leisure together
  - The local food environment makes the healthier choice the easier choice
  - The Borough is a place where breastfeeding is the norm and families can establish healthy eating from an early age
  - The Borough's early years settings are a healthy place for young children
  - The Borough's schools are a healthy place for pupils

#### **5. Terms of Reference for the Scrutiny Review**

1. Are the identified outcomes from the Healthy Weight Strategy, the right ones to focus on?
2. What is happening locally already to tackle obesity?
3. What are the evidence-based interventions which will have most impact?
4. What could we and should we be working together on in order to address gaps in the system and become more effective in making a difference at scale and pace?

## 6. Proposed Work Plan

Date of HSC session	Activity and Purpose	ToR questions covered
3 September 2018	Pre-HSC briefing to Cllr Keller.	
11 September 2018	Presentation of draft scoping report & visual presentation of the issue to HSC meeting	2,3
September	<p>Healthy New Towns workshop</p> <p>Provide the Health Scrutiny Committee with a chance to understand how Barking Riverside Healthy New Town provides opportunities for the whole systems approach to obesity, and how this might inform their recommendations.</p>	4
October	<p>Stakeholder workshop</p> <p>An opportunity for members of the Health Scrutiny Committee to hear the views and recommendations of stakeholders in childhood obesity such as BeFirst, Education and the Voluntary Sector.</p> <p>This will include action planning for stakeholders to feedback the views and opinions from the respective communities and sectors that they are involved with.</p>	1-4
October	<p>Q&amp;A with Healthcare Representatives</p> <p>Provide members of the Health Scrutiny Committee with the opportunity to question NHS representatives on their work to reduce the burden of obesity, their plans and the best evidence around taking a whole systems approach.</p>	1,3,4
November	<p>Councillor visit to 'Lean Beans' programme</p> <p>Provide members of the Health Scrutiny Committee with an opportunity to visit the current programme for children and families around exercise and nutrition. Including opportunities to speak to residents taking part and people running the sessions.</p>	2,3
18 December 2018	HSC meeting - Draft report and recommendations	1-4
25 March 2018	HSC meeting – presentation of final report	1-4

## **7. Background information**

- 7.1 Members are recommended to familiarise themselves with the reading materials listed in Appendix 1 which will be referred to throughout the preparation of the scrutiny report.

## **8. Financial Implications**

Implications completed by Olufunke Adediran, Group Accountant:

- 8.1 This report is mainly for information in fulfilment of the Health Scrutiny Committee's request for a review of system-wide action on childhood obesity. As such, there are no financial implications arising directly from the report.

## **9. Legal Implications**

Implications completed by: Dr Paul Field, Senior Lawyer, Law and Governance

- 9.1 There is a legal requirement under section 21 of the Local Government Act 2000 for councils which establish executive governance (this includes leader and cabinet, our model) to establish scrutiny and overview committees.
- 9.2 The Health Scrutiny Committee has specific responsibilities with regard to health functions in the borough. Such Health Scrutiny Committees shall carry out health scrutiny in accordance with Section 244 (and Regulations under that section) of the National Health Services Act 2006 as amended by the Local Government and Public Involvement in Health Act 2007 relating to local health service matters. The Health Scrutiny Committee in its work has all the powers of an Overview and Scrutiny Committee as set out in section 9F of the Local Government Act 2000, Local Government and Public Involvement in Health Act 2007 and Social Care Act 2001 (including associated Regulations and Guidance).
- 9.3 As the body of the report indicates childhood obesity is a major public health concern. As the quantitative evidence demonstrates, the scale and prevalence in the borough is significant and without intervention lead to young people having over their lifetimes serious but avoidable health outcomes. The work proposed in this report and its accountability is very much to the core of the Health Scrutiny Committees business.

**Background Papers Used in the Preparation of the Report:** None

**List of appendices:**

- **Appendix 1:** Reading List

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Background Papers Used in the Preparation of the Report:

**Trends in Children's body mass index between 2006/07 and 2016/17. Public Health England. July 2018**

<https://app.box.com/s/og3q86aqejc99okxe9xyvpfvo21xai21/file/306723044116>

**Childhood Obesity: a plan for action. HM Government. June 2018**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/718903/childhood-obesity-a-plan-for-action-chapter-2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718903/childhood-obesity-a-plan-for-action-chapter-2.pdf)

**Making Obesity everybody's business: A whole systems approach. Local Government Association. November 2017**

<https://www.local.gov.uk/sites/default/files/documents/15.6%20Obesity-05.pdf>

**Let's #makeachange: a healthy weight strategy for Barking and Dagenham. 2016-2020**

<https://www.lbbd.gov.uk/sites/default/files/attachments/Healthy-Weight-Strategy.pdf>

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## HEALTH SCRUTINY COMMITTEE

**11 September 2018**

<b>Title:</b> Health Scrutiny Committee Work Programme 2018/19	
<b>Report of the Director of Public Health</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected:</b> None	<b>Key Decision:</b> No
<b>Report Author:</b> Leanna McPherson, Democratic Services Officers	<b>Contact Details:</b> Tel: 020 8227 2852 E-mail: leanna.mcpherson@lbbd.gov.uk
<b>Accountable Director:</b> Matthew Cole, Director of Public Health	
<b>Accountable Strategic Leadership Director:</b> Elaine Allegretti, Director of People and Resilience	
<p><b>Summary</b></p> <p>Each of the Council's scrutiny committees has a work programme which is a timetable of the matters the Committee wishes to consider in the current municipal year.</p> <p>This report aims to assist Health Scrutiny Committee (HSC) members to produce a draft work programme for the next municipal year.</p> <p>The Committee's remit as described in the Council's Constitution and the draft work programme for 2018/19 are appended to this report.</p>	
<p><b>Recommendation(s)</b></p> <p>The Health Scrutiny Committee is recommended to:</p> <ul style="list-style-type: none"> <li>(i) Consider what issues it would like to consider as 'one off' items in formal meetings during the 2018/19 municipal year; and</li> <li>(ii) Agree the draft work programme for 2018/19.</li> </ul>	
<p><b>Reason(s)</b></p> <p>To ensure the committee meets the statutory requirements of Section 21 of the Local Government Act 2000 amended by the Localism Act 2011.</p>	

### 1. Scrutiny Work Programmes

1.1 Work Programmes generally consist of two types of scrutiny:

## 1) Scrutiny Reviews

Usually, as part of their annual work programme, the scrutiny committees aim to complete at least one investigation into an area of member and/or public concern to make recommendations in order to improve services. These investigations are referred to as 'scrutiny reviews'. A scrutiny review usually involves a number of different stages including:

- Agreeing the subject matter of the review according to given criteria;
- Drafting the terms of reference for the review (these are a set of questions/ specific areas the Committee wishes to consider, with a view to making recommendations for improvement in those areas);
- Scoping the review (scoping refers to a detailed project plan outlining the suggested methods for gathering evidence including potential participants/ contributors to the review. It is a timetable designed to deliver what is set out in the terms of reference and includes the estimated date for the completion of the review, in accordance with internal scrutiny procedures and protocols);
- Carrying out the review in accordance with the agreed scope;
- Agreeing the contents of the scrutiny review report including the recommendations;
- Sharing the report with those involved with the review and finalising the report;
- Publicising the report; and
- Monitoring the impact of the review.

## 2) 'One-off' Items

Scrutiny Committees may also use the Work Programme to consider issues on a 'one-off' basis by, for example, asking representatives of a service to attend a meeting to have a discussion with members, or undertaking a site visit to a facility.

### 2. Matters to Consider before deciding items to scrutinise

2.1 When deciding what matters should be scrutinised, whether they will be scrutinised via a review or tabled as a one-off item, it is good practice to reflect upon the following matters:

#### (i) The Committee's Remit

First and foremost, the selected topics must be ones which fall under the Committee's remit, which is provided in **Appendix 1**.

#### (ii) The 'PAPER' Criteria

When deciding which topic to select for review, best practice is to select topics that meet the following criteria:

- Public interest (be of importance to local residents)
- Ability to change (be within the Council and its partners' power to change or influence)

- **Performance** (areas where scrutiny can add value are ones which require improvement)
- **Extent of issue** (priority should be given to issues that are relevant to a significant part of the Borough)
- **Replication** (avoid duplicating the work of other committees, bodies or organisations)

### **3. Factors to take into account when considering the Work Programme for 2018/19**

#### **(i) Resources**

The programme should take account of the resources available to support the Scrutiny Committee's work, it is very important that any programme is realistic and structured.

#### **(ii) The number of formal meetings**

There are three formal HSC meetings in the next municipal year.

#### **(iii) The Work Programme**

A draft work programme for 2018/19 has been prepared by the Chair, in conjunction with the Lead Officer (**Appendix 2**). There may be additions to the Work Programme later on in the year if the Committee agrees to:

- Carry out pre-decision scrutiny;
- If decisions made by Cabinet that are relevant to the Committee's remit are 'called-in'; or
- If there are public petitions which fall under the Committee's remit.

### **4. Next steps**

5.1 If Committee members choose a topic for a scrutiny review, a draft scope will need to be produced which officers will then further develop to include key milestones and date of completion. This will be shared with the Committee before the next formal committee meeting.

5.2 With regards to the 'one-off' items selected by members, the Scrutiny Officer will place them on the draft Work Programme and inform the relevant Senior Officer of the items, who will commission reports or presentations, for example.

### **5. Additional informal meetings**

5.1 During the municipal year it is likely that the Scrutiny Officer will need to arrange additional informal meetings (for example, site visits) to facilitate evidence gathering. Members may also wish to meet informally as working task groups and feed back to the formal meetings on their observations and findings.

### **6. Financial Implications**

Implications completed by Katherine Heffernan, Service Finance Group Manager:

6.1 This report is largely for information and aims to assist the Health Scrutiny Committee (HSC) members to produce a draft work programme for the next municipal year. As such there are no financial implications arising directly from the report.

## **7. Legal Implications**

Implications completed by: Dr Paul Feild Senior Governance Solicitor

7.1 As the content of the report explains there is a legal requirement under section 21 of the Local Government Act 2000 for councils which establish executive governance (this includes leader and cabinet, our model) to establish scrutiny and overview committees. The precise arrangements are a matter for local determination and an amendment to the Act to require the appointment of a statutory scrutiny officer has given that role a specific duty to promote the scrutiny and overview function and provide support for the committee(s) and members.

7.2 The Health Scrutiny Committee has specific responsibilities with regard to health functions in the borough. Such Health Scrutiny Committees shall carry out health scrutiny in accordance with Section 244 (and Regulations under that section) of the National Health Services Act 2006 as amended by the Local Government and Public Involvement in Health Act 2007 relating to local health service matters. The Health Scrutiny Committee in its work has all the powers of an Overview and Scrutiny Committee as set out in section 9F of the Local Government Act 2000, Local Government and Public Involvement in Health Act 2007 and Social Care Act 2001 (including associated Regulations and Guidance).

7.3 Effective scrutiny needs careful planning and as a result setting a work programme for the year is an important first step in the work of the Committee to ensure accountability of the administration of the health functions in the borough.

**Public Background Papers Used in the Preparation of the Report:** None

**List of appendices:**

**Appendix 1:** Terms of Reference

**Appendix 2:** Draft Work Programme 2018/19

## **Part 2 - The Articles**

### **Chapter 8a – Health Scrutiny Committee**

#### **1. Status, Membership, Quorum and Meeting Frequency**

- 1.1 The Health Scrutiny Committee is a committee established under Section 21 of the Local Government Act 2000, as amended by the Localism Act 2011.
- 1.2 The membership of the Committee shall be six Councillors and the quorum shall be two.
- 1.3 The Assembly shall appoint the membership, including the Chair and Deputy Chair, at its Annual Meeting. Political balance requirements of Section 15 of the Local Government and Housing Act 1989 apply when determining membership.
- 1.4 The Health Scrutiny Committee shall meet quarterly. Additional meetings may be arranged to deal with specific matters such as the Cabinet's budget proposals, Call-in's etc. if considered necessary.
- 1.5 Informal meetings of the Health Scrutiny Committee, such as task and finish groups and site visits, may be arranged as appropriate, however only one group may be in place at any one time.

#### **2. Functions and Responsibilities**

- 2.1 The Health Scrutiny Committee has the following functions and responsibilities:

##### **(a) Statutory Functions**

- i) The Health Scrutiny Committee shall carry out health scrutiny in accordance with Section 244 (and Regulations under that section) of the National Health Services Act 2006 as amended by the Local Government and Public Involvement in Health Act 2007 relating to local health service matters. Where a proposal to substantially vary a health service relates to more than one local authority area, it must be considered by a Joint Health Overview and Scrutiny Committee appointed by each of the local authorities in question (in accordance with Part 2, Chapter 14, paragraph 2).
- ii) The Health Scrutiny Committee shall have all the powers of an Overview and Scrutiny Committee as set out in section 9F of the Local Government Act 2000, Local Government and Public Involvement in Health Act 2007 and Social Care Act 2001 (including associated Regulations and Guidance).

##### **(b) General Role**

- i) Review and scrutinise decisions made or actions taken in connection with the discharge of the Council's functions in relation to health;

- ii) Assist the Assembly and the Cabinet in the development of the budget and policy framework by in-depth analysis of policy issues, as required;
- iii) Review and scrutinise the performance of the Council, other public bodies and partner organisations in the area, invite them to address the Health Scrutiny Committee, and prepare reports about their initiatives and performance;
- iv) Conduct pre-decision scrutiny to test the robustness and impact of health-related key decisions to be considered by the Cabinet;
- v) Engage with, and represent local people and create opportunities to involve them in the scrutiny process;
- vi) In all of the above, make reports and recommendations to the Cabinet and/or Assembly and/or any Committee in connection with the discharge of any functions;
- vii) Produce an annual report which the Chair of the Health Scrutiny Committee shall present to the Assembly.

### **3. Terms of Reference**

3.1 The Health Scrutiny Committee's terms of reference are as follows:

- Scrutiny of the work of the NHS bodies serving Barking and Dagenham in accordance with the Health and Social Care Act 2001 and associated Regulations and Guidance and the provision, planning, management and performance of services relating to adult social care.
- The planning, provision and operation of the health service in the borough or accessed by Barking and Dagenham residents.
- Requesting information from NHS bodies and any health service provider  
Exempt from this power are requests for information that are confidential (i.e. information that identifies a living person or is prohibited under any enactment) or relate to NHS Trusts in special administration (this function may be carried out by the Joint Health Overview and Scrutiny Committee in accordance with Part 2, Chapter 14, paragraph 2).
- Requesting attendance from any member or employee of a relevant NHS body or health service provider to attend before it to answer any questions; provided those questions do not relate to confidential information or information that they would be entitled to refuse to provide in a court of law. The request for attendance may also be refused if reasonable notice has not been given (this function may be carried out by the Joint Health Overview and Scrutiny Committee in accordance with Part 2, Chapter 14, paragraph 2).
- Acting on behalf of the Council as the statutory consultee where NHS bodies propose substantial developments or variations in the provision of services and thus have a duty to consult with the local authority before taking a decision. When being consulted with, the Health Scrutiny



Committee must notify the relevant NHS body of its response to the consultation and any intention to refer the matter to the Secretary of State within the timescales agreed by both parties (this function may be carried out by the Joint Health Overview and Scrutiny Committee in accordance with Part 2, Chapter 14, paragraph 2).

- Exercising the Council's right of referral to the Secretary of State on substantial variations to local health services. The Health Scrutiny Committee will have regard to the criteria and process for making a referral to the Secretary of State which are prescribed in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- Acting on behalf of the Council to make all arrangements for establishing and participating in Joint Health Overview and Scrutiny Committees, including the appointment of three Members to the membership of the JHOSC. Any such JHOSC shall have such terms of reference and shall exist for so long as the appointing authorities may agree.
- Receiving referrals from the local Healthwatch on matters relating to the planning, provision, and operation of health services in the borough, acknowledging receipt within five working days. Further to the regulations, Healthwatch can expect a referral to be discussed at the next formal meeting of Health Scrutiny Committee, or at a formal meeting within three months (whichever is most timely). In accordance with the regulations the Health Scrutiny Committee is obligated to keep the referrer informed of any action taken in relation to the matter.
- Holding to account the Health and Wellbeing Board for the delivery of its functions, and in doing so, having particular regard to the robustness of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy as effective documents to ensure commissioning of health and social care services is reflective of local need.
- Monitoring progress of implementation of recommendations in accordance with the Council's agreed processes, ensuring that decision-makers have due regard to findings and recommendations arising from scrutiny investigations.
- Representing local people and bringing local concerns and feedback about health and social care services to the attention of leaders within the local health and social care economy, formally advising the Health and Wellbeing Board of any such concerns in the process.
- Monitoring of performance indicators that fall within the remit of the Health Scrutiny Committee.
- Addressing any Call-ins as allocated by the Designated Scrutiny Officer (to be carried out in accordance with Part 2, Chapter 8, paragraph 6). Where the decision called-in is owned by the Health and Wellbeing Board the Health Scrutiny Committee will, by default, be the receiving Committee of that Call-in regardless of the subject of the decision.

#### **4. Petitions**

- 4.1 The Health Scrutiny Committee will be responsible for receiving and debating petitions relating to health matters in accordance with the Council's Petition Scheme which can be found on the Council's website

<https://www.lbbd.gov.uk/council/get-involved/petitions/petition-scheme/>

#### **2. Health Scrutiny Sub Committee**

- 2.1 The Health Scrutiny Committee shall appoint a Sub-Committee which shall be convened as necessary to consider relevant Call-Ins and petitions, upon receipt and validation.
- 2.2 The Sub-Committee shall consist of the Chair of the Committee and two other Members of the Committee. The quorum shall be two Members.

#### **3. Scrutiny Procedure Rules**

##### **3.1 Work Programme**

- 6.1.1 The Health Scrutiny Committee shall be responsible for setting and maintaining the work programme, which will be agreed at the start of the municipal year in consultation with the Council's Designated Scrutiny Officer.
- 6.1.2 The Health Scrutiny Committee may receive suggestions from the following for particular topics to be scrutinised:
- Members of the public
  - Relevant partner organisations
  - Officers of the Council
  - Co-optees
  - Cabinet
  - Individual Members of the Council
- 6.1.3 The Health Scrutiny Committee shall typically go through a topic selection process in order to shortlist the areas for review.

##### **6.2 Scrutiny Reviews**

- 6.2.1 The Health Scrutiny Committee may undertake scrutiny reviews on any matter that is consistent with its terms of reference.
- 6.2.2 Before conducting a scrutiny review, the Health Scrutiny Committee will ensure it meets the **PAPER** criteria:
- **P**ublic Interest;
  - **A**bility to Change;
  - **P**erformance;
  - **E**xtent of the Issue; and
  - **R**eplication.

- 6.2.3 The Health Scrutiny Committee shall not undertake a scrutiny review on any matter directly or indirectly linked to work being undertaken by the Cabinet or a Policy Task Group.
- 6.2.4 The Health Scrutiny Committee may conduct research, consultation and anything which is reasonable to assist or inform its deliberations, including a general call for evidence, commission research, site visits, public surveys, public meetings and the involvement of the local community.
- 6.2.5 The Health Scrutiny Committee may appoint advisers and call witnesses to assist in its work and pay reasonable fees and expenses for such assistance within available budgets.
- 6.2.6 The process for scrutiny reviews and reports will follow the process below, subject to any variation agreed with the Chair in consultation with the Designated Scrutiny Officer:
- Gather evidence from Council officers, Members and statutory authorities;
  - Identify where processes, policies or services could be improved;
  - Develop formal draft recommendations to deliver these improvements and discuss them with the relevant portfolio holder(s) and, if appropriate, relevant statutory authorities either at a committee meeting or in writing;
  - Submit the draft final report, with recommendations, to the relevant portfolio holder(s) and, if appropriate, relevant statutory authorities for comment;
  - Present the final report (including portfolio holder comments) to the Health Scrutiny Committee for approval;
  - Publish the approved report on the Council's website and circulate to relevant stakeholders, including those who gave evidence to the committee;
  - Present an action plan to the committee for approval, allocating the recommendations to the decision-maker (as determined by the Scheme of Delegation) and agreeing a timeframe for their implementation;
  - Report back to the committee within six months with a progress update on implementation of the recommendations.
- 6.2.7 Where the Health Scrutiny Committee makes a report and recommendations on services, it will provide a copy of the report to the relevant responsible authorities, notifying them of their duty (under the Local Government and Public Involvement in Health Act 2007) to:
- i) consider the report or recommendations;
  - ii) respond to the Health Scrutiny Committee in writing within 28 days indicating what (if any) action it proposes to take, and;
  - iii) have regard to the report or recommendations in exercising its functions.

### **6.3 Public Participation**

- 6.3.1 Residents of the London Borough of Barking and Dagenham and those working, studying or with a business interest in the area are able to participate in the scrutiny process by:

- a) Suggesting topics for review by the Health Scrutiny Committee;
- b) Attending meetings;
- c) Presenting petitions;
- d) Asking a question;
- e) Making a statement or forming a deputation (lobbying) to the Health Scrutiny Committee;
- f) Being involved in a scrutiny investigation;
- g) Responding to surveys.

6.3.2 When there is a scrutiny investigation that would benefit from public participation the Officer supporting such investigation will ensure such participation is facilitated.

6.3.3 Members of the public interested in participating in a particular scrutiny investigation can do so by contacting the Scrutiny staff or the Chair directly.

#### **6.4 Accountability and Attendance**

6.4.1 The Health Scrutiny Committee may scrutinise and review any decisions made or actions taken in connection with the discharge of any Council function or other matter that is within its terms of reference. As well as reviewing documentation, the Health Scrutiny Committee fulfilling the scrutiny role, may require any Member of the Cabinet, Chief Officer and/or senior Officer to attend (only when invited) before it to explain, in relation to matters within their remit:

- a) Any particular decision or series of decisions;
- b) The extent to which the actions taken implement Council policy;
- c) The performance of relevant services.

and it is the duty of those persons to attend if so required.

6.4.2 The Health Scrutiny Committee may also require any Council Member to attend before it to answer questions on any function which the Member has power to exercise.

6.4.3 Any Councillor or member of the public shall be entitled to attend meetings of the Health Scrutiny Committee and to speak on any agenda item at the discretion of the Chair.

6.4.4 Where any Cabinet Member, Ward Member or Officer is required to attend an Health Scrutiny Committee meeting, Scrutiny Officers will, within reasonable time, inform that Member or Officer in writing of the Committee meeting at which he/she is required to attend. The notice will state the nature of the item on which he/she is required to attend to give account and whether any papers are required to be produced for the Committee.

- 6.4.5 Where the account to be given to the Committee will require the production of a report, then the Member or Officer concerned will be given sufficient notice to allow for preparation of that documentation.
- 6.4.6 Where, in exceptional circumstances, the Member or Officer is unable to attend on the required date, then a substitute may be asked to attend or the Health Scrutiny Committee may, in consultation with the Member or Officer, arrange an alternative date for attendance, which shall be no later than the next scheduled meeting.
- 6.4.7 The Health Scrutiny Committee may invite people other than those people referred to above to address it, to discuss issues of local concern and/or answer questions. For example, it may wish to hear from residents; other interested parties, officers in other parts of the public sector, or experts.
- 6.4.8 In undertaking the scrutiny of local health bodies, the Health Scrutiny Committee may invite representatives of the health organisations to address it, discuss the issue of local concern and/or answer questions. An officer of a trust/ organisation must attend meetings to provide information needed by the Committees to discharge its functions. However, reasonable notice must be given.
- 6.5 Rights to Information**
- 6.5.1 The Health Scrutiny Committee will have access to the Forward Plan of key decisions of the Cabinet and timetable for decisions and intentions for consultation.
- 6.5.2 In addition to their rights as Councillors, Members of Health Scrutiny Committee have the additional right to documents and to notice of meetings as set out in the Access to Information rules (Part 2, Chapter 17) and in line with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.
- 6.5.3 Nothing in this paragraph shall prevent more detailed liaison between the Cabinet and the Health Scrutiny Committee if considered appropriate for the particular matter under consideration.

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## Work Programme 2018/2019

Health Scrutiny Committee				
Chair: Councillor Eileen Keller				
Meeting	Agenda Items	Officer	Final Report Deadline	Cabinet Member
11 September 2018	1. Joint Health Overview and Scrutiny Committee – Update	Democratic Services	28 August 2018	Cabinet Member for Social Care and Health Integration
	2. Ilford Urgent Care Centre – Rating by CQC	Matthew Cole		
Page 61	3. BHR NHS Trust – Financial Update	Mark Eaton		
	4. Hospital Based Mortality Rates			
	5. Strategic Overview of NHS Financial Recovery in the BHR System			
	6. Scrutiny Review: Childhood Obesity	Mary Knower		
	7. Work Programme	Democratic Services		
18 December 2018	1. Joint Health Overview and Scrutiny Committee - Update	Democratic Services	3 December 2018	Cabinet Member for Social Care and Health Integration
	2. Scrutiny Review: Childhood Obesity	Mary Knower		
	3. Health Model and New Health Facilities in Barking Riverside	Matthew Cole		
	4. Maternity Services Update	Matthew Cole		
	5. Work Programme	Democratic Services		
25 March 2019	1. Joint Health Overview and Scrutiny Committee - Update	Democratic Services	8 March 2018	Cabinet Member for Social Care and Health Integration
	2. Scrutiny Review: Childhood Obesity	Mary Knower		

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