

MINUTES OF HEALTH SCRUTINY COMMITTEE

Tuesday, 18 December 2018
(7:00 - 8:45 pm)

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

Also Present: Cllr Maureen Worby

8. Declaration of Members' Interests

There were no declarations of interest.

9. Minutes (11 September 2018)

The minutes of the meeting held on 11 September 2018 were confirmed as correct.

10. Joint Health Overview and Scrutiny Committee - Update for Noting

The report was noted.

11. BHRUT Update - Medical and Financial Issues Regarding Patient Safety

Ceri Jacob, Managing Director of Barking, Havering and Redbridge Clinical Commissioning Group (CCG) gave a presentation on 'The BHR Health and Care System – Setting the Context'.

The Committee were advised that, as previously reported, there was a significant system deficit. In order to address this deficit, two temporary groups had been set up to respond to the specific needs of NHS Financial Recovery in BHR:

NHS Recovery Board (NRB) – Which consisted of the senior leaders (clinical and managerial) within the NHS System and focused on both preparing for the System Oversight Group as well as resolving any issues affecting the progress of financial recovery. It was also responsible for directing and overseeing development of a 3 Year System Recovery Plan for NHS Partners in BHR, utilising the work of the Transformation Boards and aligned to the overall 3 Year Recovery Plan for the wider Integrated Care System.

Joint NHS Programme Management Office (PMO) – This group would support the NHS Recovery Board and be the vehicle through which NHS Partners would work together to deliver the following:

1. Ensure the alignment of QIPP/QCIP Schemes and ensure they were mutually compatible.
2. Monitor and report on progress of the delivery of each partners efficiency programmes.
3. Work to unblock issues affecting progress.
4. Support the collation of data and information to the NHS Recovery Board and for the NHS System Oversight Group.

The Managing Director also explained how the new governance structure would assist in the financial recovery and described the key areas of focus for transformation.

Kathryn Halford OBE, Chief Nurse, then gave a presentation to the Health Scrutiny Committee on 'Medical and Finance Issues: Patient Safety'.

The Committee were advised that:

- The Trust were on track to deliver revised 2018/19 forecast of just under £65m deficit;
- The financial position was starting to improve;
- Independent reports by Grant Thornton and Deloitte found no evidence of harm to patients as a consequence of financial issues;
- There were no concerns regarding patient safety related to ongoing financial challenges;
- A submission of the refreshed financial recovery plan had been sent to NHS Improvement; and
- There was alignment with system-wide recovery plan.

Work was also being undertaken to address issues of allegations relating to bullying and engagement of medical staff, and issues amongst a pocket of consultants where there were allegations of covering up poor practice.

The Cabinet Member for Social Care & Health Integration addressed the Committee advising that, as the Chair of the BHR Integrated Care Partnership (ICP) Board, the Board had held a special session on 31 October 2018, in which members of the Board reviewed the current position on governance, transformation priorities, and future developments of the ICPB work plan.

The Cabinet Member advised that at the conclusion of the workshop, the Chair of the ICP Board issued a challenge to senior leaders to develop a clear way forward for the Integrated Care Partnership, craft a more coherent narrative about the benefits to be delivered, and to identify three big tangible changes that would be delivered in the year ahead. The work was underway for consideration at the January 2019 meeting of the ICP Board and would be presented to the Health Scrutiny Committee in due course.

In response to questions, the Committee were advised that:

- Following the appointment of a new acting Chief Executive, staff appeared to be approaching managers more often with small issues;
- A new electronic system had been put in place to enable staff to raise issues anonymously;
- There was no evidence that patients had received a lower quality of service; and
- The Trust was the only trust in London to meet the 62-day target for cancer care.

The presentations were noted.

12. Closure of the Cedar Centre

The Chair asked the Chief Nurse to provide an update to the Committee following the closure of the Cedar Centre at King George Hospital.

Members were reminded that the Cedar Centre had offered chemotherapy treatment and in August 2018 the trust issued a briefing paper advising that the Trust were proposing to move all chemotherapy treatment to Queens Hospital.

The matter was discussed at the Joint Health Overview and Scrutiny Committee (JHOSC) on 2 October 2018 where the Trust advised that they wished to implement the changes by the end of October 2018. Subsequently, the Chief Executive of the Trust emailed stakeholders on 9 October 2018 advising that due to staff shortages, the trust may be unable to resource the Cedar Centre safely from 12 November 2018.

The Chief Nurse advised that the service had been moved for the benefit of the patients, with the new hub at the Cedar Centre providing additional cancer services and support. There was currently a shortage of chemotherapy nurses across London, however it was noted that London Trusts were now training a pool of chemotherapy nurses to address the shortage.

In response to questions, the Committee were advised that there was no evidence of reduced patient care following the closure of the Cedar Centre for chemotherapy services.

The Committee expressed their disappointment in the way that the closure was handled as the press release issued caused concern amongst patients who had not been prepared for the news.

The Chief Nurse apologised on behalf of the Trust and advised that the mistakes made had been recognised and would be learned from.

13. Barking Riverside - A New Approach to Wellbeing and Health Creation

The Director of Public Health and the Managing Director of the Barking, Havering and Redbridge CCG gave a presentation to the Committee on “Barking Riverside – a new approach to wellbeing and health creation”.

The development at Barking Riverside had been announced as one of NHS England’s ‘Healthy New Towns’, the only one in London and as such developers were required to provide financial contributions to the development of health and care infrastructure to support the new population. This provided an opportunity to develop a genuinely integrated service with a focus on prevention.

The Barking Riverside development was moving into phase 2 of the four phases of the build. This was the phase during which the wellbeing hub would be built, which would house health and care, leisure, and community and voluntary sector services.

The developer had requested submission of a single client brief towards the end of 2018 from the London Borough of Barking and Dagenham and Barking and Dagenham Clinical Commissioning Group, setting out the high level quantum of space in a schedule of accommodation for the wellbeing hub, and highlighting key

requirements.

To meet the developer's deadline for submission of the single client brief, BHR CCGs and LBBB convened the Barking Riverside System Development Board which had overseen an initial series of five key workshops, alongside a programme of engagement with local people to feed into the development of the proposed model of care, and from this, ascertain key requirements of the physical building and wider Riverside environment.

A 'straw man' proposal for the clinical space and emerging model of care/wellbeing had been populated through the process of the workshops, taking into account feedback from local people and key stakeholders.

This included requirements the space must accommodate to deliver the emerging model of care. Some of the key principles included:

- The service would be jointly procured/commissioned by B&D CCG and LBBB
- The service would be delivered by a single provider alliance through a single contract, the form of which was to be explored
- There would not be a traditional GP practice with a list size, however, GPs would be key to leading the team / model of care
- Neutral branding would be employed (not NHS-focussed) that embodies empowerment, community and friendship to promote the concept of 'wellness' rather than a focus on illness
- there was particular opportunity to capitalise on linking health and wellbeing services with leisure facilities, and to community assets such as education campuses e.g. the nearby Riverside Campus School, and other schools in the area.
- Access to the leisure and community facilities would be key to the model of wellbeing and should feel part of an integrated offer, not a separate service
- The space would be as flexible as possible to ensure that it was able to adapt to a model of care that would evolve over time to meet the changing needs of the local population.

These proposals were being shared with a number of key forums and stakeholders for further review and comment.

The Committee were advised that it was proposed that gym and leisure facilities would be cheaper for local residents and if the pilot was successful, it could be rolled out across the Borough.

The report was noted and a further update on progress was requested for the next meeting of the Committee.

14. Childhood Obesity: A System-wide Scrutiny Review - Draft Report and Recommendations

The Public Health Strategist introduced the draft report and recommendations from the Committees system-wide scrutiny review on Childhood Obesity.

The Committee had requested that the review look at the evidence around tackling the issue at a system-wide level, which was topical in the light of publications from Public Health England and the Local Government Association, both of whom advocated a system-wide approach to the problem of obesity.

The long-term cost of obesity and the impact on the quality of life for those who were overweight or obese meant that system-wide action was required to reduce the level of obesity in the Borough. The scrutiny review and the recommendations that were produced as a result provided an opportunity to impact the current and future health and wellbeing of children across Barking and Dagenham.

The Committee **resolved** to:

- i) Approve the report on the system-wide scrutiny review on Childhood Obesity;
- ii) Report the recommendations from the review to the Health and Wellbeing Board;
- iii) To receive an update report including the action plan at the Health Scrutiny Committee in six months.

15. Work Programme

The work programme was noted.