

Notice of Meeting

HEALTH SCRUTINY COMMITTEE

Tuesday, 25 June 2019 - 7:00 pm
Council Chamber, Town Hall, Barking

Members: Cllr Eileen Keller (Chair) Cllr Paul Robinson (Deputy Chair), Cllr Mohammed Khan, Cllr Donna Lumsden, Cllr Chris Rice and Cllr Emily Rodwell

Date of publication: 17 June 2019

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. Minutes - To confirm as correct the minutes of the meeting held on 25 March 2019 (Pages 3 - 5)

4. Barking, Havering and Redbridge University Hospitals NHS Trust - Financial Recovery Update (Pages 7 - 15)

5. Barking, Havering and Redbridge University Hospitals NHS Trust - Health Education England Focus Group's Findings (Pages 17 - 20)

6. Joint Health Overview and Scrutiny Committee (Pages 21 - 32)

7. Work Programme (Pages 33 - 34)

The Committee is asked to discuss the draft Work Programme for 2019/20 and agree any changes.

8. Any other public items which the Chair decides are urgent

9. 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.***

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



Our Vision for Barking and Dagenham

ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND

Our Priorities

A New Kind of Council

- Build a well-run organisation
- Ensure relentlessly reliable services
- Develop place-based partnerships

Empowering People

- Enable greater independence whilst protecting the most vulnerable
- Strengthen our services for all
- Intervene earlier

Inclusive Growth

- Develop our aspirational and affordable housing offer
- Shape great places and strong communities through regeneration
- Encourage enterprise and enable employment

Citizenship and Participation

- Harness culture and increase opportunity
- Encourage civic pride and social responsibility
- Strengthen partnerships, participation and a place-based approach

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MINUTES OF HEALTH SCRUTINY COMMITTEE

Monday, 25 March 2019
(7:00 - 8:40 pm)

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

Apologies: Cllr Eileen Keller and Cllr Emily Rodwell

16. Declaration of Members' Interests

Councillor Chris Rice stated that he was a member of North East London Foundation Trust's Governing Body.

17. Minutes - (18 December 2018)

The minutes of the meeting held on 18 December 2018 were agreed.

18. Update on Primary Care by the Clinical Commissioning Group

The Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups' (BHR CCGs) Deputy Director for Primary Care Transformation (DDPCT), and Primary Care Improvement Lead (PCIL) delivered a presentation to update the Health Scrutiny Committee on the challenges and activity happening in primary care. The presentation included the following areas:

- Results of Care Quality Commission (CQC) inspections, practices rated 'inadequate' / 'requires improvement' and overview of the themes occurring;
- Support provided by the CCGs to practices;
- Challenges in primary care including workforce numbers and what the CCG was doing to address them;
- Other workforce initiatives and workforce transformation;
- The focus for 2019/20;
- Improving practice sustainability;
- The work of the GP Federation;
- Improving care for patients with diabetes and stroke prevention;
- Referral schemes;
- Community urgent care update; and
- Personal Medical Services (PMS) and the local review of PMS contracts.

In response to questions, the DDPCT and PCIL stated that:

- Resilience funding was provided by NHS England (NHSE) and the CCGs topped this up with their own funding. This funding was used to support sustainability and workforce optimisation. Examples of this was training for front desk receptionists at general practices to signpost people to the most appropriate service for their condition, and the creation of a bank of GPs and nurses to provide consistent support to practices;
- The CCGs did provide support to practices before they were inspected by

the CQC on a daily and regular basis across the network. They used a 'quality surveillance tool' which gave an early indication of any practices which appeared to be declining. The tool had ten indicators including estate, vacancies and information from the local Healthwatch organisation, which helped do this.

- The issue of safeguarding appearing as a theme in relation to CQC inspection outcomes was not about staff awareness of safeguarding matters. It related to practices not having updated their written policies and procedures around safeguarding. Another issue that had emerged was around practices meeting their responsibilities under the General Data Protection Regulation;
- There were three Primary Care Improvement Leads in Barking and Dagenham CCG who looked after a network of practices each. They undertook regular visits to practices and used information from these to develop plans to support them; and
- There was a huge challenge around the GP to patient ratio in this borough, which could not be addressed through money. NHSE appreciated that there were localities in the country where GPs were scarce in comparison to others. However, it was hoped that the current workforce model would help address these challenges.

Councillor Freeborn stated that she was the Member Champion for Care and Quality. In response to questions from her, the DDPCT stated that:

- Practice managers did have a role in ensuring that their practice's policies were appropriate and up to date, as well as ensuring other aspects of the practice were adequate such as estate, number of staff, training and, implementing CQC inspection recommendations. However, practices were independent businesses which meant that the role of practice manager could vary from practice to practice, and depending on individual arrangements, a GP could take on some aspects of the role. The CCGs provided support to practice managers; for example, monthly protected learning events included a practice manager forum where they discussed issues and learning points;
- There were seven 'GPs with portfolios' in BHR as part of the GP-SPIN scheme, of which two offered support in this borough (GPs with portfolios undertook the traditional GP role but also had time to develop in a specialist area, for example, mental health or cancer). The 'GP with portfolio' role was attracting more people than the traditional full time GP role;
- The CCGs did not oversee pharmacists as they were contracted by NHSE directly. GPs did use clinical pharmacists for certain services such as nursing homes, where they would, for example, review patients' medication. There was a possibility that clinical pharmacists would be able to undertake some consultations in future;
- Social isolation was a reason for some people coming into primary care when they did not have a health need for doing so. Different models were occurring across the country to address this issue. In Redbridge for example, the council was working closely with the third sector, and in other areas there were link workers in practices that could sign-post the person to befriending services. 'Social prescribers' should be looking at why a regular attender to primary care or A&E was coming in and at models that would address the needs of those who were isolated;

- Online consultations only took place if the GP felt it was appropriate and safe to do so, for example, to discuss the result of a blood test. ‘GP at Hand’ (a practice within NHS Hammersmith and Fulham CCG) offered digital consultations to patients who were registered with them, which was a very successful model, and BHR CCGs were looking to roll a similar service out; and
- E-referrals referred to the ability of GPs to email patient referrals to consultants, which included the option for the GP to request advice and guidance in relation to the patient’s symptoms, to ensure that the patient would be referred to the most appropriate service.

In response to a question regarding the Improving Access to Psychological Therapies (IAPT) service, the DDPCT stated that some practices had mental health service workers; however, this was not universal. The NHS Long Term Plan indicated that funding would be directed toward this; however, more clarity was needed as to what this would look like. NELFT’s Integrated Care Director (ICD) stated that the IAPT service currently operated a ‘base and spoke’ model in this borough; the hub was based in Church Elm, and the service was delivered out in ‘spokes’ which were based in Dagenham Library and the Barking Learning Centre, amongst other community locations. General Practices often did not have the space to offer IAPT services, and there was also the question of whether only patients who were registered at that practice could access the service, or whether there could be wider access.

In response to a question, the Council’s Director for Public Health stated that the Council and Barking and Dagenham CCG had a positive working relationship and that the key question going forward was how to jointly commission services so that people could be encouraged to lead healthy lives to prevent diseases from occurring in the first place. The Barking Riverside development scheme was based on this ‘social prescription’ model.

Members stated that there were a range of professionals, including pharmacists, whom people had access to in primary care, and asked why people still insisted on seeing their GP. The DDPCT stated that the answer was not clear, and it would take time for people to become accustomed to different models of care.

The ICD asked what the borough’s CCG was doing in terms of communication to ensure that the community understood that hospital may not always be the right place to go. The DDPCT stated the CCGs were looking into regular attendees of A&E, which showed that patients registered with certain general practices appeared more in these statistics than others. She added that this issue was a huge challenge for the CCGs and suggested that it was an area that the Committee could discuss with the appropriate CCG representative in future.

The Committee thanked the DDPCT and PCIL for their presentation and time.

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

The Committee noted the report.

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HEALTH SCRUTINY COMMITTEE

Tuesday 25 June 2019

Title: Barking, Havering and Redbridge University Trust - Financial Recovery Update	
Report of the BHRUT Chief Financial Officer	
Open Report	For Information
Wards Affected: None	Key Decision: No
Report Author: Nick Swift, Chief Financial Officer, BHRUT	Contact Details: Tel: 01708 774812 E-mail: nick.swift1@nhs.net
Summary Nick Swift, Chief Financial Officer, BHRUT, will give a presentation to the Health Scrutiny Committee to explain the approach the Trust is taking towards financial recovery. This will include: <ul style="list-style-type: none"> • The symptoms • The diagnoses • The cure • The treatment. 	
Recommendation(s) The Health Scrutiny Committee are asked to note the report.	
Reason(s) This report is for noting and allows the Committee to put questions to the Officer presenting the report.	

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

List of appendices:

Appendix 1 – BHRUT Financial Recovery Update

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FINANCIAL RECOVERY UPDATE

JUNE 2019



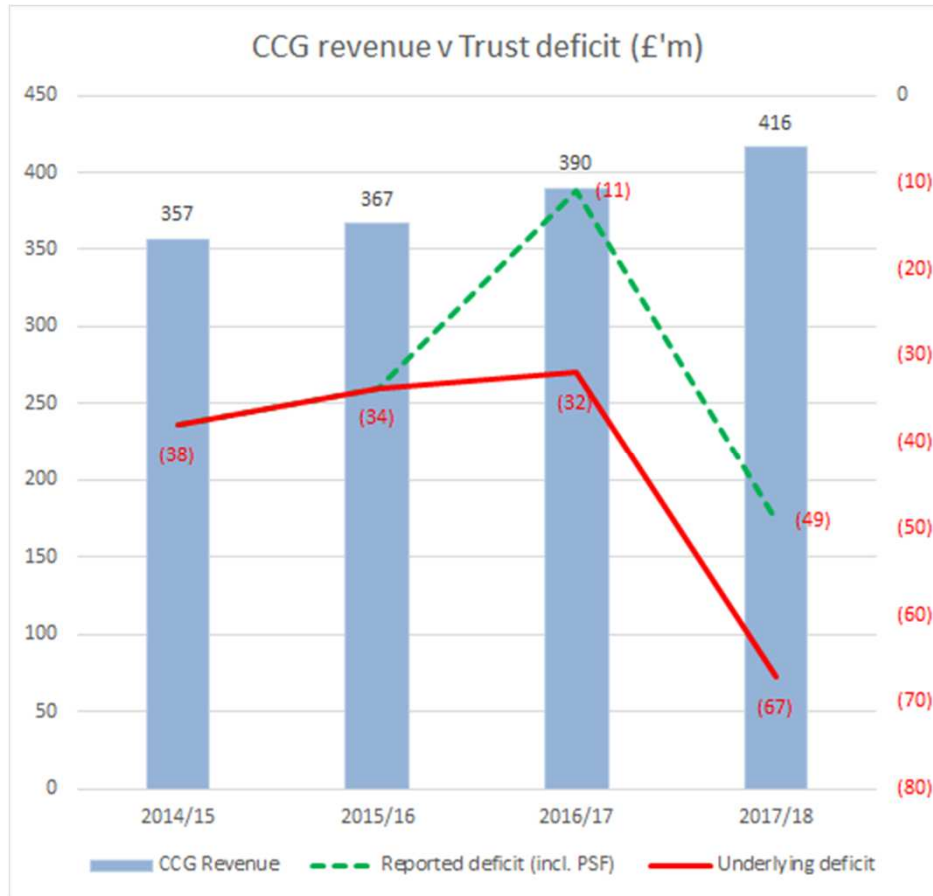
INTRODUCTION

Aim of this session is to explain the approach we are taking to financial recovery:

- The symptoms
- The diagnosis
- The cure
- The treatment



THE SYMPTOMS



We have incurred substantial underlying deficits in recent years.

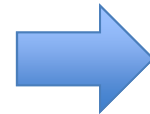
Previous strategies to “grow” out of trouble didn’t succeed.

We stabilised the results in 2018/19 with an underlying deficit of £65m, slightly better than the previous year.

Nevertheless, without change the Trust is on track to lose around £100m pa in 2020/21 ... and we need to diagnose why...

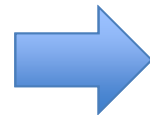
THE DIAGNOSIS

Deficit driver	£'m
Structural	
Excess PFI v market	6
Strategic	
Historic local health economy infrastructure deficit	30
Financing costs	5
Split / underutilised sites	3
Total strategic	38
Operational	
Clinical negligence costs	2
Overseas visitors	1
PELC losses	3
Excess cost of temp staff	11
Other costs	46
Total costs (vs. upper quartile)	63
Total drivers	107



Our diagnosis resulted in three important conclusions:

1. There is no material, “structural” reason why the Trust should be making losses.



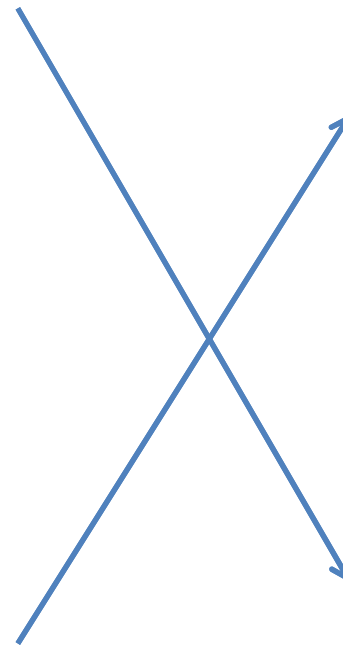
2. A large part of the deficit (around £30m) is driven by inadequate local health infrastructure.



3. The Trust would save around £60m if it could become as efficient as the top 25% of Trusts in the country.

THE CURE

Deficit driver	£'m
Structural	
Excess PFI v market	6
Strategic	
Historic local health economy infrastructure deficit	30
Financing costs	5
Split / underutilised sites	3
Total strategic	38
Operational	
Clinical negligence costs	2
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Other costs	46
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Total drivers	107



	Target	Plan	RAG rated plans
1 Culture change			
2 Acute Medicine	14.0	13.0	
3 Surgery & Anesthetics	20.0	18.4	
4 Women's and Child Health	10.0	3.7	
5 Specialist Medicine	4.7	4.0	
6 Cancer & Clinical Support	5.0	3.9	
7 Corporate Services	5.0	4.3	
8 Other savings (Notes 1 and 2)	0.0	14.6	
Other risks	(2.0)	(2.0)	
Gross savings	56.7	60.0	
9 Cost of delivery			
Contingency	(4.0)	(4.0)	
Dedicated resource	(8.0)	(8.0)	
Quality and innovation	(8.0)	(8.0)	
Total cost of delivery	(20.0)	(20.0)	
Net benefit	36.7	40.0	
10 Income / portfolio	5.0	14.6	
11 Older People	10.0	1.5	
12 Long Term Conditions	10.0	0.0	
13 Outpatients	10.0	7.3	
14 Other system wide initiatives	0.0	1.9	
15 Repatriation of activity	0.0	8.3	
	30.0	19.0	
Total (before PSF, Int. and Income schemes)	66.7	59.0	
Income upside	5.0	14.6	
PSF	25.0	25.0	
Interest	5.0	5.0	
Net benefit (excl. income)	96.7	89.0	
Plus income upside	5.0	14.6	



THE TREATMENT

The PRIDE Way

Outstanding patient experience

Top quartile employee satisfaction

£8m quality and innovation fund +
use future surplus for capital

One of the best integrated care
systems in the country

The approach we will use is driven by our quality improvement methodology, The PRIDE Way, based on a proven approach by Virginia Mason in Seattle.

This is led by a focus on improving quality and reducing waste – better for patients, which in turn is better for our people and our money.

We have big ambitions for Integrated Care.

We are also starting to make longer term plans post recovery through our ten year clinical strategy. These are exciting times for our health economy and we greatly value your input and support.



SUMMARY

Covered in this update:

- The symptoms
- The diagnosis
- The cure
- The treatment

THANK YOU

Q&A



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HEALTH SCRUTINY COMMITTEE

25 June 2019

Title: Health Education England Focus Group's Findings on Barking, Havering and Redbridge University Hospitals NHS Trust	
Report of the BHRUT Chief Medical Officer	
Open Report	For Information
Wards Affected: None	Key Decision: No
Report Author: Magda Smith, Chief Medical Officer, BHRUT	Contact Details: Tel: 01708 435000 E-mail: duncan.jenner@nhs.net
<p>Summary</p> <p>Dr Magda Smith, Chief Medical Officer, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), will give a presentation to the Health Scrutiny Committee to explain the findings and subsequent actions of the Trust in response to a report by Health Education England.</p> <p>BHRUT hosts a large number of doctors in training. As part of the monitoring service for feedback from trainees, Health Education England, along with the General Medical Council, undertake reviews on the quality of the trainee experience. In addition, Health Education England will also carry out extra visits in regards to issues raised via the General Medical Council trainee survey.</p> <p>Health Education England undertook a risk-based trainee focus group visit to the Trust on the 2 April 2019. This was planned following the release of the General Medical Council National Training Survey (GMC NTS) 2018 results. During this visit a number of concerns were raised in relation to the acute medical on-call rota, clinical supervision, the relationships between the higher medical trainees and the Emergency Medicine department.</p> <p>Health Education England issued nine mandatory improvement requirements to the Trust and this led to the General Medical Council placing Acute Medicine into enhanced monitoring. This is a first level line level of monitoring adopted by the Health Education England when issues have been raised and additional oversight is recommended. The Chief Medical Officer and Director of Medical Education take these concerns very seriously and are leading the improvement work plan. The Trust and the Medical Education Team continue to work collaboratively with our colleagues at Health Education England and the General Medical Council and have provided updates and evidence of progress in line with the Health Education England Quality Visit Action Plan.</p>	
<p>Recommendation(s)</p> <p>The Health Scrutiny Committee is asked to note the report.</p>	

Reason(s)

This report is for noting and allows the Committee to put questions to the Officer presenting the report.

Public Background Papers Used in the Preparation of the Report:

None.




List of Appendices:

Appendix 1 – HEE Focus Group Findings and Actions

Appendix 1

Health Education England Focus Group findings and Mandatory required actions

Required Actions/Evidence	Action Taken	Reg Rate
M1.1a - The Trust is to ensure that all patients continue to receive a clinically appropriate triage, essential monitoring and treatment by the ED team until the patient has moved to the medical ward.	Chief Medical Officer met with Acute and Emergency Medicine Consultant Teams. ED Clinical Teams will provide continuous care to all medical patients until transfer to the Medical Wards. This will continue to be monitored at the Acute & Emergency Medicine Consultants Meeting.	
M1.2b - The Trust to appoint dedicated AIM consultant lead.	AIM Consultant Lead has been appointed.	
M1.3c - The Trust is required to provide evidence that the daily consultant-led handovers are taking place on MRU.	Consultant led handovers are in place at 8am and these will be monitored by handover registers. These registers will be made available to HEE. Additional handovers are being implemented at 4pm and 8pm in line with consultant job planning.	
M1.3d - The Trust to provide evidence that the consultant on-call is clearly identified and providing supervision and support to medical trainees.	The Consultant on-call is clearly identified and visible on the MRU Seminar/Handover Notice Board. This is updated daily by the Service Manager. Consultants contact detail e.g., DECT/Mobile phone numbers are clearly visible on the notice board.	
M1.4e -The Trust is required to provide a protocol which details the process for management of the medical rota including unplanned rota gaps.	The Trust has a weekly Medical Staffing Meeting in place to forward review rota gaps, and plan appropriate locum cover. The Trust's Medical Rota Oversight Board will develop a rota gap management protocol.	

<p>M1.5f - Further improvements required on the Acute Medicine Induction for cross site.</p>	<p>The Clinical Lead for Acute Medicine is updating the Acute Medicine Speciality Induction Booklet. The Medical Education Team is in the process of creating a virtual local departmental tour/video at both sites with trainee involvement. Once completed this will be sent to all Medical Trainees.</p>	
<p>M1.5g - The Trust to convene a joint Emergency Medicine and Acute Medicine forum.</p>	<p>The Director of Medical Education, in collaboration with the Chief Medical Officer and the People and Organisational Development Team, is overseeing a Trust plan to improve interactions between these two specialties. The Director of Medical Education is leading on a programme of work to improve human factors and professionalism in interaction. The OD Department will monitor behaviours through confidential staff surveys.</p> <p>On the 12th June 2019 the CMO Team together with the DME hosted the first of a series of Working Together – Improving Standards Workshop; these were attended by a multi-disciplinary team with trainee doctors taking part. The Emergency Care Intensive Support Team supported the initiative.</p>	
<p>M1.5h- The Trust to ensure that all medical trainees have an allocated AIM/GIM consultant education supervisor.</p>	<p>All Medical Trainees have been allocated with an AIM/GIM Consultant Educational Supervisor. The allocations list will be made available to HEE.</p>	
<p>M3.1b - The Trust to ensure that all ED referrals at KGH are being received by the medical higher trainee or consultant.</p>	<p>All ED Referrals at KGH will be received by the Higher Medical Trainees; any patient concerns can be escalated and discussed with the Consultant. Inappropriate referrals will be escalated to the Consultant. Referrals will be audited.</p>	

RAG RATE KEY	RED – Not started	AMBER – In Process	GREEN – Completed
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HEALTH SCRUTINY COMMITTEE

25 June 2019

Title: Outer North East London Joint Health Overview and Scrutiny Committee	
Report of the Director of Law and Governance	
Open Report	For Decision
Wards Affected: None	Key Decision: No
Report Author: Masuma Ahmed, Democratic Services Officer	Contact Details: Tel: 020 8227 2756 E-mail: masuma.ahmed@lbbd.gov.uk
Accountable Director: Fiona Taylor, Director of Law and Governance	
Summary	
<p>This report is to:</p> <ol style="list-style-type: none"> i. Inform the Health Scrutiny Committee (HSC) of the local arrangements for joint health scrutiny and, ii. Ask the Committee to confirm the appointment of three HSC members to the Outer North East London (ONEL) Joint Health Overview and Scrutiny Committee (JHOSC) for the 2019/20 municipal year. <p>This report and the appended revised 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 revised Terms of Reference at Appendix 1 state that the JHOSC will consist of a specific number of members of the local authorities represented, appointed by each borough's health overview and scrutiny committee or Council. In Barking and Dagenham, in previous years, the Chair and Deputy Chair of the Health Scrutiny Committee have usually been put forward to fill two of the three vacancies.</p>	
Recommendation(s)	
<p>The HSC is recommended to:</p> <ol style="list-style-type: none"> (i) Note the Terms of Reference for the JHOSC; (ii) Note the matters that were discussed at the last meeting of the JHOSC; and (iii) Agree the appointment of three HSC members to the JHOSC for 2019/20. 	
Reason(s)	
To accord with joint health scrutiny arrangements.	

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".¹

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."²

¹ Department of Health, Local Authority Health Scrutiny Guidance, 27 June 2014, p12

² 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."³

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. The Outer North East London Joint Health Overview and Scrutiny Committee

4.1 The ONEL JHOSC will consist of three members from each of the following boroughs:

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

The London Borough of Waltham Forest used to be represented on the ONEL JHOSC via three of its health scrutiny members. However, following a meeting of its Council on 25 April 2019, it agreed to reduce its membership of the ONEL JHOSC from three members to one, and transfer its main membership to the Inner North East London JHOSC, to reflect changes in the local health landscape. This is partly why the ONEL JHOSC's Terms of Reference were revised and will be put to its next meeting on 9 July 2019 for agreement.

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.

³ Department of Health, p17

5. Further information regarding the JHOSC and Appointment of Members

5.1 The revised Terms of Reference at Appendix 1 describe the remit and governance of the JHOSC.

5.2 There are typically four JHOSC meetings a year with the boroughs taking turns to host the meetings. 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 2019/20 municipal year as listed below.

- 4pm, Tuesday 9 July 2019, Barking & Dagenham
- 4pm, Tuesday 15 October 2019, Havering
- 4pm, Tuesday 28 January 2020, Redbridge
- 4pm, Tuesday 28 April 2020, Waltham Forest

6. Update on issues discussed at the last JHOSC

6.1 The last JHOSC meeting was hosted by Havering on 9 April 2019. The following matters were discussed at this meeting:

6.2 NHS LONG TERM PLAN

6.2.1 Health officers explained that the local health economy faced a number of challenges including population growth, retention of workforce, and challenging health outcomes. There was a vision to provide community-based care with borough-based integrated community care partnerships being established. Long Term Plan work on mental health services would focus on what types of service would be needed, rather than necessarily altering the number of in-patient beds. In response to concerns raised by members of the public at the meeting, the Chairman read out a statement from the Leader of Redbridge Council giving assurances that A & E services would continue to be provided at King George. Officers accepted that primary care performance had been poor in Outer North East London and outlined efforts to improve GP retention.

The JHOSC requested that the Primary Care Strategy be brought to a future meeting of the Committee and that an update on implementation of the NHS Long Term Plan in Outer North East London should be given to the Committee in approximately 12 months' time. It noted that more detailed scrutiny of the NHS Long Term Plan would take place in a joint meeting with the equivalent committee for Inner North East London, scheduled for 18 September 2019.

6.3 NELFT STREET TRIAGE SERVICE

6.3.1 The Street Triage Service was part of the single NELFT pathway for mental health crisis which covered the four ONEL boroughs and gave a dedicated phone line for Police and London Ambulance Service officers dealing with people exhibiting mental health issues. This allowed direct contact with a clinician who could

undertake an assessment. The service has resulted in a reduced number of referrals to both A & E and Police custody. There was a higher level of section 136 detention among people of BME backgrounds. Revised training for Police on the use of section 136 powers was being considered.

The JHOSC requested that an update on the Street Triage Service be given to the Committee in approximately 18 months.

6.4 ACCESS TO HEALTHCARE BY VULNERABLE MIGRANTS

- 6.4.1 An officer from Refugee and Migrant Forum Essex & London (RAMFEL) explained that the organisation's report, which involved interviewing 20 people, concluded that vulnerable migrants often faced a hostile environment when trying to access healthcare. Refugees and asylum seekers were permitted access to healthcare; however, in reality, those who were classified as having 'no recourse to public funds' were often denied healthcare which could have negative implications for their health as well as costs to the NHS. The report recommended that there should be improved training for NHS staff on immigration status and related issues. The managing director of BHR CCGs stated that she was aware of the confusion over eligibility for access to primary care. The JHOSC requested that an update on the position with access to healthcare for vulnerable migrants should be brought to the Committee in one year's time.

6.5 JOINT COMMITTEE'S WORK PLAN

- 6.5.1 Potential future work programme items included updates on community urgent care, NHS performance targets for 2019/20, performance in A & E, waiting lists, race equality issues and the NHS workforce disability equality scheme.

It was agreed that a review of the recent unsuccessful bid for £49m for reconfiguration of local A & E services should be undertaken at the next meeting of the Committee. This could include scrutiny of why nearly all bids from Outer North East London had been unsuccessful. It was agreed that the next meeting agenda should also include an update on changes to cancer services and an update on the development of the plans for the East London Health Care Partnership.

- 6.6 The minutes of all the JHOSC meetings are available on the link below (to a page on the London Borough of Havering's website):

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

7. Financial Implications

- 7.1 This report is largely for information and seeks to confirm the appointment of three Health Scrutiny Committee (HSC) members to the Outer North East London Joint Health Overview and Scrutiny Committee, for the 2019/20 municipal year. As such, there are no direct financial implications arising from the report.

8. Legal Implications

Implications completed by: Dr Paul Field, 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 exercises 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 2019/20 municipal year.

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

List of appendices:

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

Appendix 1 – Proposed Revised 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 (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013.

Membership

2. The JHOSC will consist of three Members appointed of each of the Borough OSCs with the exception of Waltham Forest which will have one Member.
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.

Appendix 1 – Proposed Revised Terms of Reference

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
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
Moorfields Eye Hospital 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, and Redbridge 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.

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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.

Meetings shall be open to the public and press in accordance with the Access to Information requirements. The public and press are permitted to report on JHOSC meetings using electronic media tools however oral commentary will not be permitted in the room during proceedings.

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

Appendix 1 – Proposed Revised Terms of Reference

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 current Department of Health Guidance on the Overview and Scrutiny of Health, 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.

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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 two 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

Appendix 1 – Proposed Revised Terms of Reference

Democratic Services 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.

Work Programme 2019/20

Relevant Cabinet Member: Councillor Worby, Social Care and Health Integration

Health Scrutiny Committee

Chair: Councillor Keller | Deputy Chair: Councillor Robinson

Meeting	Agenda Items	Officer/ Organisation	Final Report Deadline
3 Sept 2019	<ul style="list-style-type: none"> ▪ BHR System Governance and the Alliance of Providers ▪ Work of the Integrated Healthcare Partnership and the Priorities of the Health and Well-being Board ▪ BHRUT – Clinical Strategy Consultation (TBC) ▪ Barking Riverside update ▪ JHOSC update 	<p>Ceri Jacob (CCGs) & Fiona Peskett (BHRUT)</p> <p>Cllr Worby (LBBD)</p> <p>BHRUT</p> <p>Ceri Jacob (CCGs), Matthew Cole & Graeme Cook (LBBD)</p> <p>Democratic Services Officer (LBBD)</p>	19 Aug
22 Oct 2019	<ul style="list-style-type: none"> ▪ Scrutinising Local NHS Finance ▪ Update on INEL/ONEL JHOSC meeting on 18 Sept ▪ Verbal JHOSC update from October meeting 	<p>BDCCG</p> <p>Democratic Services Officer (LBBD)</p> <p>Democratic Services Officer (LBBD)</p>	7 Oct
17 Dec 2019	<ul style="list-style-type: none"> ▪ Using the Borough Data Explorer in Healthcare and Targeted Care 	Pye Nyunt (LBBD)	2 Dec

	<ul style="list-style-type: none"> ▪ Communicating with the Local Population on Where to get the Right Care ▪ Outcomes of the Social Prescription Model ▪ Progress Report on Childhood Obesity Scrutiny Review 	<p>Andy Strickland (BHRCCGs)</p> <p>Mark Fowler (LBBD)</p> <p>Public Health (LBBD)</p>	
10 Feb 2020	<ul style="list-style-type: none"> ▪ Mental Health update ▪ The Health Response to OFSTED ▪ The Vision for, and the Wider Delivery of the new Locality Structure ▪ Healthwatch – Overview of Key Projects’ Findings ▪ JHOSC update 	<p>Cllr Chris Rice (Mental Health Champion, LBBD), Melody Williams (NELFT), CCG representative</p> <p>Chris Bush (LBBD)</p> <p>Mark Tyson (LBBD)</p> <p>BD Healthwatch</p> <p>Democratic Services Officer (LBBD)</p>	27 Jan
24 Mar 2020	<ul style="list-style-type: none"> ▪ Older People’s Transformation Programme ▪ Report back on Officer-led Review on Services for Vulnerable People 	<p>BHRCCGs</p> <p>Mark Tyson (LBBD)</p>	9 March
23 June 2020 (first meeting of next municipal year)			