

Notice of Meeting

HEALTH SCRUTINY COMMITTEE

Tuesday, 24 March 2020 - 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

By Invitation: Cllr Maureen Worby and Cllr Jane Jones

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Chief Executive

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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 10 February 2020 (Pages 3 - 6)

4. North East London Foundation Trust's Response to Regulation 28 Reports (Pages 7 - 12)

5. North East London Foundation Trust's Update on the Care Quality Commission's Inspection Findings

This report is to follow.

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

7. 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.***

8. 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, 10 February 2020
(7:00 - 8:35 pm)

Present: Cllr Eileen Keller (Chair), Cllr Mohammed Khan, Cllr Donna Lumsden and Cllr Chris Rice

Also Present: Cllr Jane Jones

Apologies: Cllr Paul Robinson and Cllr Emily Rodwell

28. Declaration of Members' Interests

Councillor Chris Rice declared a non-pecuniary interest in item 4 of the agenda as he was a member of North East London Foundation Trust's Governing Body to which he was appointed by the Council.

29. Minutes (6 January 2020)

The minutes of the meeting held on 6 January 2020 were confirmed as correct.

30. Performance of Mental Health Services

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

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

Members asked the DIC whether there were differences in access rates when compared with Redbridge and Havering in relation to support that was over and above brief intervention. The DIC stated that there were variations in that regard, but these were not down to differences in clinical pathway thresholds, which was the same across Barking and Dagenham, Havering and Redbridge (BHR). The differences were due to changes in local commissioning arrangements; Havering had invested in commissioning in a primary care mental health team, and in Redbridge there had been a significant period of decommissioning in that respect. Barking and Dagenham was in a more favourable position compared to Redbridge but in a less favourable position to Havering.

In response to a question, the DIC stated that NELFT recognised that some children and young people may not have a mental health condition that required a referral to CAMHS, but may require other support, for example, due to having

adverse childhood experiences. The Local Safeguarding Children's Board had completed a report on vulnerable children which had been presented at the Health and Wellbeing board in relation to this. There were ongoing discussions amongst partners on what kind of services could be commissioned and how they could be dovetailed with the early help offer, to support this group of children and young people, and this work was a priority for the BHR Transformation Board.

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

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

In response to questions regarding the link between the mental health of children and their parents, the DIC stated that NELFT's mental health services operated a 'think family' approach - there was one recording system for adults' and children's assessments which helped staff make links; training was based around 'think family' approaches; and a lot of the joint work NELFT undertook with partners such as the Council's Community Solutions services, fostered a 'think family' approach. Furthermore, the Improving Access to Psychological Therapies (IAPT) service was open to all adults, so parents facing low level mental health difficulties could seek help via this service.

The Council's Director of Public Health stated that in the past, sometimes the perception of the commissioning model was that it 'hit the target but missed the point'. He asked the DIC what she would ask of her commissioning colleagues, if she had one ask. The DIC stated that she did not feel that providers and commissioners sat on different sides of the fence any longer and that the BHR Clinical Commissioning Groups (CCGs) had heard NELFT loud and clear on past issues. NELFT had made it clear that the primary and secondary mental health care offer had to work better as there were few beds, and it would not be realistic to expect a significant rise in the number of GPs locally; it was therefore a very positive step that the BHRCCGs were developing business cases to address the gaps in primary and community care commissioning. She anticipated significant investment and joint working in this area and urged the Committee to monitor progress in that regard.

The Healthwatch representative asked why there were low levels of take-up for the IAPT service. The BHRCCG's Commissioning Lead for Mental Health stated that the national target for IAPT take-up increased significantly every year, whereas the workforce was not necessarily increasing at the same rate. In Barking and Dagenham, take-up had increased by 13.72 percent over the period of a year; however, the target had increased by a bigger percentage. There had recently been a significant increase in the recovery rate and local performance in that

regard now met the national target.

In response to further questions, the Commissioning Lead stated that there were no formal targets around the proportion of older people, for example, that must access IAPT; however, there were expectations. The CCGs had made a drive to improve staffing levels and communication campaigns and undertook a review on the lack of take-up of IAPT generally, as well as those from people in different demographic groups. One of the key findings was that there was significantly higher take-up of IAPT services when they were co-located with GPs. He added that IAPT now offered group therapy (in addition to one to one sessions), which worked well for many people. Furthermore, there were also new modes of service delivery, including digital, for those with different needs. The DIC stated that BHR was one of two areas selected to take part in a digital referral project to reflect that for many people, that was the preferred means of support.

Members expressed concern at the digitalisation of services as some members of the community may not be able to access these, and even if they could, these services may not be appropriate to their needs. The DIC and Lead Commissioner assured Members that digital services were not being introduced to replace current ones; in fact, access to one to one and group therapies was being increased. Digital services could involve real people, and they would be offered alongside existing therapies. There would be safeguards and systems in place to ensure they were appropriate for the patient, and that the patient could access face to face support if needed.

In response to questions, the DIC stated that NEFLT had implemented some steps to recognise the links between physical and mental health, for example, directors for different specialities now had mental health under their remits. A year-long mental health training programme was also now on offer for certain practitioners, such as nurses, to become a dual skilled practitioner so that they could offer better integrated mental and physical health care. Many of the Trust's training programmes ensured that one of the individual's rotations was mental health. She added that the Trust was also looking at improving access to appropriate therapies for those with long term conditions, as the evidence showed that they were more likely to suffer from clinical mental health issues, such as depression.

In response to a question, the DIC stated that it was no longer the case that the finalisation of Education and Healthcare (EHC) plans for children with special needs and disabilities was dependent on a diagnosis, although that view may still persist. EHC Plans were now based on needs and improving outcomes. It was recognised that a diagnosis was important to parents and schools, but this could be a very complex process and was not always a perfect science and therefore, it was not right that EHC Plans should be dependent on diagnosis.

31. Healthwatch Reports

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

Members thanked Healthwatch for the informative report and for acting as a consumer champion for both health and social care, to give local residents and

communities a stronger voice to influence and challenge how health and social care services were provided within the Borough.

32. Joint Health Overview and Scrutiny Committee - Update

The Chair stated that the last meeting of the Joint Health Overview and Scrutiny Committee was held on 28 January 2020 at Redbridge Town Hall. The draft minutes were now available on Havering Council's website, but to summarise, the issues that were discussed were:

- The North East London Commissioning Alliance's report on what had changed following engagement around changes to their commissioning policy that would affect our residents as well as those of City and Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest;
- Barking, Havering and Redbridge University Hospital Trust's (BHRUT) report, which covered finances and performance against constitutional standards; and
- BHRUT's response to Healthwatch Redbridge's queries around services for patients with cancer, including fast-tracking at A&E, parking and transport provision, appointments and other matters.

33. Work Programme

The latest version of the Work Programme was noted.

HEALTH SCRUTINY COMMITTEE

24 March 2019

Title: North East London Foundation Trust's Response to Regulation 28 Reports	
Report of the Interim Chief Executive of North East London Foundation Trust (NELFT)	
Open Report	For Information
Wards Affected: None.	Key Decision: No
Report Author: Mog Heraghty, Associate Director Quality and Patient Safety, NELFT	Contact Details: Tel: 0300 5551201 x 64335 E-mail: margaret.heraghty@nelft.nhs.uk
<p>Summary</p> <p>Under the Coroner's and Justice Act 2009 coroners have a legal duty to issue a report where the coroner believes that shortcomings in care identified during the inquest may reoccur and cause or contribute to the deaths of the patients in the future. These are known as Regulation 28 Reports or Reports to Prevent Future Deaths (PFD).</p> <p>In the last 5 years NELFT has been invited to contribute to 296 inquests and has been issued with 10 PFDs. NELFT has a robust process in place to ensure appropriate actions are taken and learning is embedded following the issue of a PFD.</p> <p>As part of this year's internal audit cycle NELFT have commissioned a BDO audit of coroner's inquest and PFD processes, to provide independent assurance. The audit has been completed and we are awaiting the final report.</p>	
<p>Recommendation</p> <p>The Committee is recommended to note the contents of this report and ask questions of NELFT's representatives to obtain assurance that the Trust's response to PFDs is robust.</p>	
<p>Reason</p> <p>This report is for noting and allows the Committee to put questions to the officer presenting the report.</p>	

1. Introduction and Background

- 1.1 The Committee has asked for assurance from NELFT around the actions it is taking in response to recent Regulation 28 reports. The Committee has requested that the Chief Executive of NELFT attend so this can be discussed.
- 1.2 Under the Coroner's and Justice Act 2009 coroners have a legal duty to issue a report to a person, organisation, local authority or government department/ agency where the coroner believe that shortcomings in care identified during the inquest may reoccur and cause or contribute to the deaths of the patients in the future. These are known as Regulation 28 Reports or Reports to Prevent Future Deaths (PFD).

1.3 The organisation receiving the PFD has a duty to provide a response to the coroner detailing action taken/ proposed to be taken and a timetable for this, within 56 days of the PFD being issued.

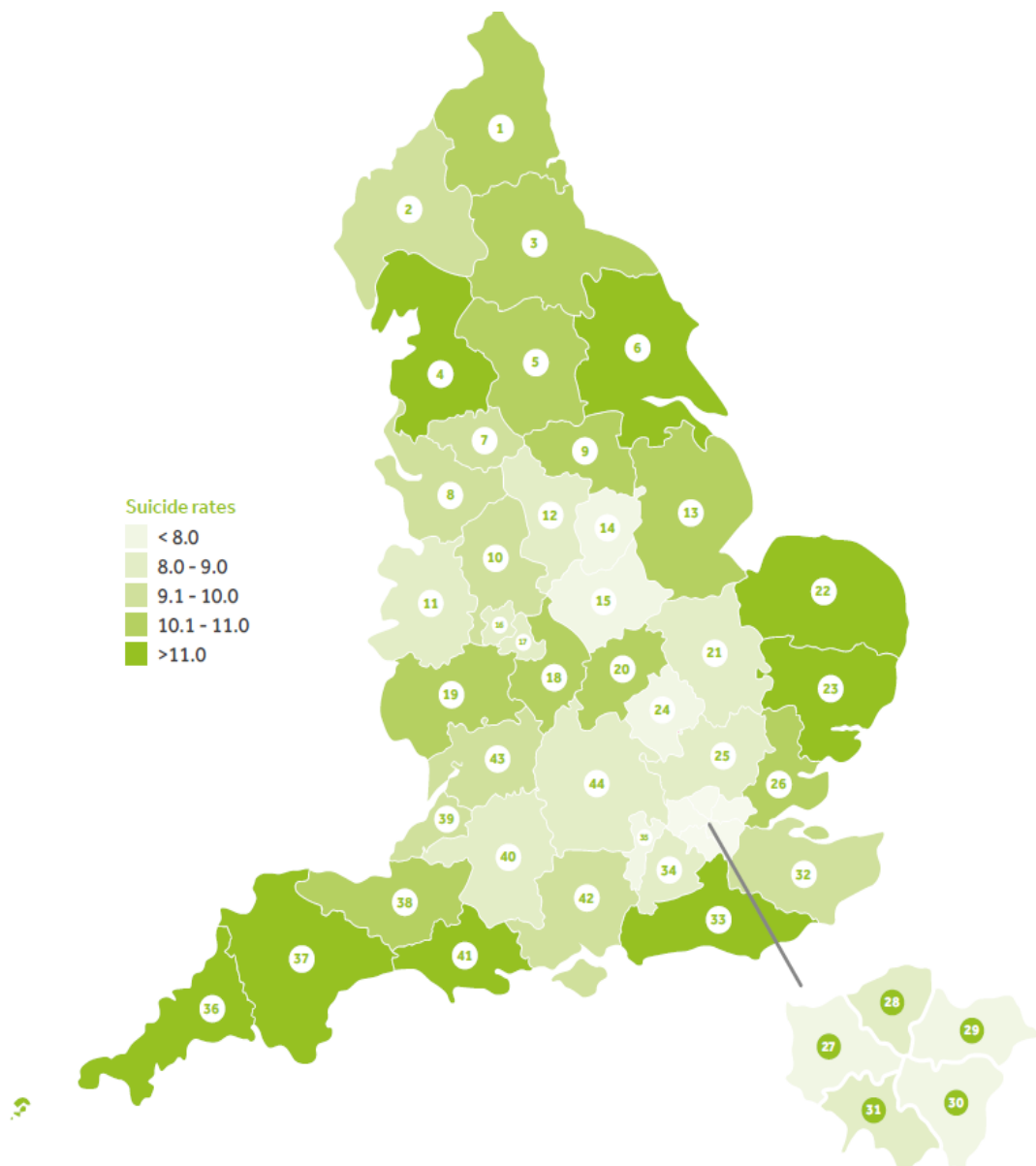
2. Benchmarking and Reporting Culture

2.1 NELFT provides mental health and community health services for a population of around 4.3 million. During the month of January 2020 we provided mental health care to 20,243 individuals and community health care to 39,754 individuals. Many of these people received multiple episodes of care from the treating service.

2.2 The most recent National Confidential Enquiry into Suicides and Safety (2019) demonstrated that the East London Sustainability and Transformation Partnership (STP) footprint had one of the lowest rates of suicide per 100,000 population in England at 7.5 per 100,000.

Figure 1

Rates of suicide per 100,000 population by STP 'footprint' area of residence



2.3 The National Reporting and Learning System benchmarking report (September 2019) publishes comparative data to help organisations identify under-reporting of patient safety incidents. The figure below indicates that NELFT continues to be a high reporter, which is considered as having a positive patient safety culture.

Figure 2 Reporting Culture



2.4 The Care Quality Commission (CQC) inspection report published in September 2019 stated: “The trust managed patient safety incidents well. Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support. Incidents were investigated in a timely manner and the reports were completed to a high standard”.

2.5 The annual CQC staff survey also provides comparative data relating to staff experience, including staff confidence in the safety culture of the organisation. In the Red Amber Green (RAG) charts below, the red segment represents the range of scores achieved by the lowest scoring 20% of organisations within the sector, the amber segment represents the middle 60% and the green segment represents the top 20%. The latest survey results released in February 2020 are presented below. 3,500 staff responded, equating to a 59% response rate.

Figure 3 Staff Perception of Safety Culture

Safety Culture			
Theme 9 - Safety Culture	Org. Score	Sector Score	RAG Rating
17a. My organisation treats staff who are involved in an error, near miss or incident fairly.	60%	59%	●
17c. When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	74%	71%	●
17d. We are given feedback about changes made in response to reported errors, near misses and incidents.	68%	63%	●

- 2.6 Between January 2015 and December 2019, NELFT was invited to contribute to 296 inquests in relation to unexpected deaths, which equates to around five inquests a month. These related to patients who were, or had historically, received mental health or physical health care from NELFT. During this five year period, ten PFDs were received from Coroners. One related to mental health care provided in Barking and Dagenham. A further two related to Barking and Dagenham residents receiving care in the Acute and Rehabilitation Directorate - one in the 136 Suite and the other in our intermediate care wards for physical health.
- 2.7 The Patient Safety Lead for Mental Health NHS England and NHS Improvement (NHSE/I) was approached for benchmarking data in relation to PFDs across other London Trusts; however, they do not collect this data as they do not believe it is meaningful, due to differences in Trust size/ portfolio and different individual Coroner's approaches to issuing PFDs.

3. Actions and Learning

- 3.1 The following process is undertaken within NELFT following the issue of a PFD, to ensure appropriate actions are taken and learning is embedded:

Regulation 28 PFD received from Coroner
Operational Director provides response and develops action plan
Chief Executive Office approves response and sends to Coroner, CQC, Commissioners
Action plan implemented, evidence of completed actions monitored at Divisional Business Meeting
Exceptions reported to Quality Leadership Team Meeting and escalated to Quality Senior Leadership Team Meeting
Local learning event held at service level for immediate learning. Representation from equivalent services in other Directorates for shared learning.
Learning from inquests report disseminated by Legal Team through governance meeting structures to support wider learning
Specific Trust wide learning disseminated in a learning cascade by Serious Incident Team- also available to all staff via a 'shared learning' desk top icon
Learning shared at NHSE/I Provider Mental Health Patient Safety Forum to support London wide learning
Action plan includes audit to ensure learning is embedded in practice
Completed PFD action plan and evidence submitted to Quality Leadership Team Meeting to approve closure
Current inquests and outcomes reported to Executive Management Team bi-weekly
Quarterly Learning from Inquests report to Board – combined with Learning from Serious Incidents, Complaints and Patient Experience to ensure data is triangulated

- 3.2 A thematic review was undertaken of the ten PFDs received by NELFT between January 2015 and December 2019. Eight of these related to patients receiving different care, from different services and different concerns were raised for learning. There were two PFDs (2016 and 2019) which related to the Section 136 Suite and

the handover and recording of information between London Ambulance Service / Police and the mental health crisis team.

- 3.3 The action plan in relation to the Section 136 Suite was completed and approved for closure in November 2019. This included:
- Evidence of service and Directorate level learning events
 - An ongoing training package for London Ambulance Service staff
 - Police handover and escalation of concerns added as standing agenda item for Police Liaison Group
 - Audit showed full compliance that handover information had been uploaded, documented and shared with the assessing team
- 3.4 In addition to the Section 136 Suite PFD, there were two further PFD's in 2019. One related to our intermediate care wards for physical health and the ordering of emergency pendant alarm telecare equipment. The action plan was completed and approved for closure in October 2019. This included:
- Trust wide patient safety learning cascade for all Occupational Therapists (OTs)
 - Telecare training for inpatient and community OTs including Borough specific processes and phone system requirements
 - Equipment ordering processes and telecare added to the local induction process for new starters
 - Trust wide pendant alarm working group established.
- 3.5 The remaining PFD related to Barking and Dagenham Mental Health Access and Assessment / Specialist Psychological Services. The response and action plan were submitted to the Coroner on 29 January 2020. A local learning event has been held, including representation from the equivalent services in other NELFT Directorates and 5 of the 20 actions have already been completed. The anticipated closure of this action plan is due in September 2020 – i.e. all 20 actions to be completed and evidence of completion finalised. Actions include:
- Strengthening of recording of key worker details
 - Care planning and review of length of stay within a brief intervention team
 - Restructuring of the specialist psychological services to embed them within the core services, thus facilitating improved working arrangements between services and specialists.
- 3.6 The Senior Coroner for the area of East London and the Patient Safety Lead for Mental Health NHSE/I have been invited to speak at NELFT's annual learning event this month.

4. Risk Management

- 4.1 As part of this year's internal audit cycle, NELFT have commissioned an independent audit of coroner's inquest and PFD processes, which will be completed by the approved auditors, BDO, to provide independent assurance.

The BDO Public Sector Internal Audit team are experts in delivering internal audit services to NHS, central government and local government organisations. Internal audit minimises operational risk and promotes good governance through the scrutiny of the effectiveness of systems and processes.

The audit has been completed and the final report is due in April 2020, which will present findings and recommendations for NELFT.

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

List of Appendices: None.