19. Declaration of Members' Interests

There were no declarations of interest.

20. Minutes - To confirm as correct the minutes of the meeting held on 7 September 2016

The minutes of the meeting held on 7 September 2016 were confirmed as correct.

21. North East London NHS Foundation Trust's Response to the Care Quality Commission's Inspection Findings

The Executive Director for Integrated Care (London) and Corporate Communications (the ED) for North East London Foundation Trust (NELFT) delivered a presentation to update the Committee on the Care Quality Commission’s (CQC) inspection of the Trust in April 2016 that had resulted in the Trust receiving an overall rating of 'requires improvement. Members noted that NELFT provides community health and mental health services across Outer North East London and Essex.

The presentation briefly covered the inspection timeline, the process, and the following areas of the CQC’s findings:

- Some concerns in community health services;
- Some concerns in mental health services;
- Positive findings;
  - Good practice - community services;
  - Good practice - mental health services;
  - Good practice at provider level;
- Ratings for community health services;
- Ratings for mental health services; and
- Overall summary.

Members noted that the CQC had visited 62 NELFT wards, teams and clinics and spoken with a total of 265 patients and service users and that all boroughs covered by NELFT were inspected.

The ED explained that prior to publication, the CQC’s inspection report of the Trust had been shared with the Trust, who, in response, had given them considerable information around the factual accuracy of the report. However, the CQC decided not to amend the final report and NELFT chose to accept this decision and put its
efforts into moving the Trust forward, rather than legally challenge it.

Following this, NELFT’s Integrated Care Director (ICD), delivered a presentation to outline the Trust’s response to the inspection findings, which covered the following areas:

- NELFT’s vision remains unchanged;
- What NELFT expects;
- Quality Improvement Plans for each of the following of the CQC’s inspection domains: safety, caring, responsive, clinical effectiveness and well-led, and
- Successes.

Members asked whether the situation around the shortage of nurses had been addressed and whether the shortage had had an impact on referral to treatment times. The ICD stated that the Trust had invested in its resourcing team, who are working hard to address staff shortage, for example, by working with partners on localised recruitment campaigns. The Trust is currently meeting the 18-week referral target as it uses locum or temporary staff to fill vacancies and meet demand. However, there are several challenges around the use of such staff, such as the quality of supervision and staff development, which the Trust is also working to address. The Trust has arrangements in place for the senior oversight of risk assessments completed by staff and to triangulate these with risk incidents. Furthermore, better systems are being developed to measure staff against a range of competencies.

The ED stated that the resourcing team had undertaken significant work to reduce the Trust’s spend on temporary and agency staff. It is also making changes to ensure, where possible, equality between agency and permanent staff, such as paying permanent staff their remuneration every week, rather than every month, to bring them in line with agency staff. In addition, the Trust has worked with universities to help increase its recruitment.

A member of the Barking and Dagenham Clinical Commissioning Group’s Patient Engagement Forum asked what the Trust was doing to make it a more attractive place to work. The ED accepted that the Trust’s previous recruitment process had been too long and bureaucratic but stated that this is now being improved. The Trust offers good training, development and educational opportunities, apprenticeships, and rotations and works with innovative organisations such as Care City, all of which help the Trust with recruitment. There is a renewed focus on retention too; exit interviews are now held to determine the reasons people were leaving. However, the Trust does not offer ‘golden handshakes’ and only recruits the highest calibre staff who care about their role and share the Trust’s values. The ICD stated that it is important to note that there are pockets in NEFLT which do not have recruitment challenges. However, it is a challenge to overcome Barking and Dagenham’s image as a deprived area and the vast majority of recruitment is still based on word of mouth. Furthermore, NELFT is trying to implement changes to reflect staff feedback, for example, it is looking at making incentive payments for referrals.

Members asked whether the findings that the ‘fit and proper person’ requirements for directors was not being met, and that there was the lack of robust training for governors, had been addressed. The ED stated that the finding in relation to the fit
and proper person requirements was down to some easily resolvable issues such as a lack of two references and a small number of out of date Disclosure and Barring service checks, which are being addressed. In relation to training for governors, the ED stated that governors had received robust training in six of their meetings throughout the year; however, it may have been the case that the governors did not recognise these meetings as part of their formal training. The Trust had asked the governors what further training they would like and will be providing it where possible.

Members asked whether local representatives, such as local councillors, had been a part of the CQC’s inspection team. The ED stated that the CQC selected its inspection team; it did not include a local representative but did include a lay person. The team was smaller than what was expected, considering the size of the Trust. The inspection was carried out under the Mental Health framework so it was also surprising that there was only one psychiatrist in the inspection team.

Members referred to the CQC’s finding that “there was a lack of consistent recording of patient risk across the services to ensure these were captured and plans made to minimise risks” and asked why the Trust had allowed this happen. The ED explained that this finding was mainly in relation to ligature risks, which not all staff could identify within the ward and which were not consistently recorded in individuals’ risk assessments. The Trust had arranged bespoke training for staff to address this finding. The ICD stated that whether any trust could achieve a 100 percent rate of recording all risks was questionable but the Trust will make every effort to send a clear message to staff.

A local GP, Dr Rai, stated that as the Trust has a high turn-over rate of agency staff, it is vital that the Trust establishes an effective method of communicating the importance of recording risks in line with its protocols with all staff. Recording risks for patients who are at risk of self-harm and suicide should be mandatory and nothing less than 100 percent compliance should be acceptable. The Committee strongly agreed with Dr Rai’s comments and the NELFT officers accepted them but emphasised that the Trust was doing it all it could to address this point.

The Chair thanked the ED and the ICD for their attendance and asked that the Trust’s Action Plan in response to the CQC’s inspection be circulated to the Committee.

22. Cancer Awareness and its Barriers - what can be done Locally to Improve Cancer Outcomes?

The Council’s Public Health Consultant (PHC) introduced the following people:

- Jane Burt, Cancer Research Facilitator for Cancer Research UK (CRUK);
- Kate Kavanagh, the Commissioning Manager for the Barking, Havering and Redbridge Commissioning Support Unit; and
- Dr Rai, a local Macmillan GP with a special interest in cancer.

The PHC delivered a presentation that related to the Committee’s scrutiny review on Cancer Prevention, Awareness and Early Detection, which covered the following:
• The national picture;
• Barking and Dagenham Cancer numbers;
• Incidence of cancer in Barking and Dagenham;
• 1 year survival from cancer in Barking and Dagenham;
• Lifestyle influences;
• Screening for cancer;
• Emergency Presentation;
• Most common barriers;
• What is happening locally;
• How can we increase awareness and early diagnosis in Barking and Dagenham based on the evidence; and
• Supporting evidence.

The PHC, Dr Rai, Ms Burt and Ms Kavanagh described the positive work currently taking place to improve cancer outcomes from their own perspectives, such as collaborative work between GPs to share good practice and the development of local lifestyle hubs, which would have a key role to play going forward in raising awareness about reducing risk. However, they all agreed that there are significant challenges around raising awareness, primary care and the late presentation of cancer symptoms at A&E.

Dr Rai stated that the borough has seen an increase in the bowel cancer screening rate since GPs had been charged with contacting patients when they were due for screening.

Ms Burt stated that she welcomes members’ suggestions on how to increase attendance at roadshows arranged by Cancer UK and other organisations aimed at raising awareness about general health and diseases such as cancer. Members suggested that it may be possible to attract more people by offering small give-aways, and that as there is a very diverse community in the borough, the roadshows may take place nearer to community hubs such as mosques, churches and gurdwaras, if possible.

Members asked whether e-cigarettes could be more harmful than tobacco cigarettes. The PHC stated that the advice from Public Health England is that e-cigarettes are less harmful; however, the evidence is still developing so this is not conclusive. She stated also that the evidence so far indicates that there is not a link between young people vaping and smoking tobacco. The Council’s Director for Public Health (DPH) stated that in most cases, e-cigarettes will not suffice in helping the person to stop smoking and they will need to be given some form of nicotine replacement. E-cigarettes contain differing levels of nicotine and are popular amongst young people. He added that smoking shisha is also very dangerous as the substance contains nicotine as well as carbon monoxide, which means that authorities must check shisha cafes for compliance with the law.

In response to a question, Ms Kavanagh stated that currently the Barking, Havering and Redbridge University Hospitals Trust is not meeting all referral to treatment times for cancer and that she can circulate more detailed data around this after the meeting. Dr Rai stated that the Trust is currently meeting the initial two-week target. However, more referrals were now being generated as a result of NICE guidance, which had lowered the threshold for cancer referrals, and whilst this is a positive thing as it potentially means more people will be diagnosed; the
pressure being created by the increase means that, with the same amount of resources, the Trust may find it difficult to reach the referral targets going forward.

The local Healthwatch representative asked how GPs would identify women who had moved to the borough recently, who need screening for breast cancer. The PHC stated that there was a national breast cancer screening register and the patients would be notified via their GP when they are due for screening. In response to her second question, the DPH stated that women who were diagnosed with cancer in another area and then moved to the borough would be treated locally.

The Chair thanked the PHC for her presentation and the guests for their contributions.

23. Update and Feedback from Talk Cancer Session on 12 October 2016

Councillors Fergus, Jones and Rai provided feedback on a ‘Talk Cancer’ session they attended on 12 October 2016 as part of the Committee’s Scrutiny Review. The session was delivered by CRUK nurses and designed to help people feel confident to talk to people about ways to reduce the risk of cancer, spotting cancer early, and screening. Members were very positive about the session, which taught them that people did have control over their risk of cancer and that seeing your GP early on about changes that were not normal for you, was very important because early diagnosis meant better survival rates. All members strongly felt that the style of the session and its messages should be used in other services and programmes designed to raise awareness about cancer.

24. Results of inspections undertaken by the Care Quality Commission on Local Adult Social Care Services in Quarter 2

The Council’s Operational Director for Adults’ Care and Support (ODACS) summarised the report on the results of inspections undertaken by the CQC on local adult social care services in quarter two.

Members noted that two of the providers had issues around equalities and diversity and the ODACS stated that he would take this back for further consideration with staff who supported providers.

25. Joint Health Overview & Scrutiny Committee - update

The report was noted.

26. Work Programme

At the request of the Chair, members agreed to remove the session, ‘the views of residents’ which related to the Scrutiny Review, from the work programme as they felt it would be more appropriate to undertake this session as a smaller group and during a closed meeting.

Subject to this change, the work programme was agreed.