Joint Health Overview and Scrutiny Committee: Update

Report of the Director of Law and Governance

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**Summary:**
This report updates the Health and Adult Services Select Committee (HASSC) on the issues that were discussed at the last meeting of the Joint Health Overview and Scrutiny Committee (JHOSC), held on 18 July 2017, at Barking Town Hall.

**Recommendations**
The HASSC is recommended to note the update.

**Reason**
To keep the HASSC updated on issues discussed at JHOSC meetings.

1. **Introduction and background**

1.1 The Outer North-East London JHOSC is a discretionary joint committee made up of three health scrutiny members of the following local authorities to scrutinise health matters that cross local authority boundaries:

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

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

1.2 As agreed by the HASSC at its meeting on 21 June 2017, the London Borough of Barking and Dagenham’s representatives on the JHOSC for 2016/17 are Councillors Chand, Oluwole and Jones.

1.3 Four JHOSC meetings are usually held per municipal year and are chaired and hosted by each constituent authority on a rota basis. This report covers the matters that were discussed at the first meeting of this municipal year, on 18 July 2017. The next meeting will be held at 4.00pm on Tuesday 10 October 2017 at Redbridge Town Hall.
2. Matters discussed at the last meeting of the JHOSC

2.1 The last JHOSC meeting was held on 18 July 2017 at Barking Town Hall and was chaired by Councillor Chand. An outline of the matters discussed at the meeting is provided below.

2.2 Barking, Havering and Redbridge University Trust (BHRUT) - Update on Safety of Services

2.2.1 The Chief Nurse at BHRUT advised that the Trust was now above the national average for incident reporting – an indication of a healthy organisation. Few of the reported incidents were serious or harmful in nature. All complaint responses were reviewed by the Chief Nurse, complaints were now more focussed on specific issues and the Trust welcomed the chance to meet face to face with complainants. The Trust had recently received its first Regulation 28 report from a coroner in 18 months concerning a patient who had died following a liver biopsy. One maternal death had recently been reported by the Trust, the first such occurrence for two years, although two terminally ill mothers who had given birth were also required to be included in the statistics.

2.3 North East London Foundation Trust (NELFT) - Future Plans

2.3.1 The NELFT representative stated that the Brookside unit for young people had been rated as inadequate by the Care Quality Commission in 2016 and concerns had been raised over care planning and risk assessment on mental health inpatient wards. The Unit had been closed for a period in response and a new model of service had now been agreed with the commissioners, NHS England. The CQC had revisited the refurbished Unit in October 2016 and was now happy with the services, although it was still closely monitored.

2.3.2 A shortage of adolescent mental health beds nationally meant there had been pressure on the Unit to admit patients from elsewhere. This had improved however, and patients were mainly from the Outer North-East London boroughs. Improvement work was under way to address the CQC findings around care planning and risk assessments. Work to eliminate ligature risks in would be completed by spring 2018 and the Unit would be closed while this work was carried out. The CQC would carry out a further inspection on the ‘well led’ domain in October 2017 when some other areas that had previously been found to need improvement, would also be assessed.

2.3.3 A ward at Goodmayes that catered for patients with learning disabilities had originally been closed due to the presence of a very challenging patient on the ward, leading to safety issues for other patients. This unit was now open to admissions but a written response would be provided.

2.3.4 The CQC report had made a total of 137 recommendations covering NELFT as a whole and 106 of these had now been completed.

2.4 Great Ormond Street Hospital - Great Ormond Street Hospital had to send apologies as it could not send a representative to the meeting.
2.5 Healthwatch Havering - Reports

2.5.1 The Chair of Havering Healthwatch explained that the organisation had received a number of complaints about meals at Queen’s Hospital which led to enter and view visits being undertaken to three wards in October 2016. These found that the overall standard of food on Bluebell A and B wards were good but the standard on Sunrise B ward, which catered for patients suffering from dementia, was much lower (it was accepted by Healthwatch Havering that staff on the ward were under significant pressure). In response, the BHRUT Chief Nurse, who confirmed that she was aware of the problems on Sunrise B ward prior to Healthwatch’s intervention, welcomed the report and described the work undertaken to improve the position.

2.5.2 Havering Healthwatch also presented a report on NELFT’s Street Triage Service. Healthwatch was very supportive of this service, which was operated by NELFT, the Metropolitan Police and the British Transport Police with the aim of being able to intervene with people having a mental health crisis in a public area without their being criminalised and avoid people being taken to a police station or to A & E. As a result of their report, Healthwatch made a number of recommendations to the commissioners and providers of the service. The local CCGs had confirmed the scheme was a priority area in the East London Health and Care Partnership and that options to invest in the service were being looked at. It was noted that no response to the report had been received from the Metropolitan Police (Havering’s Crime & Disorder Scrutiny Committee would be seeking a response). No response had been received from Waltham Forest CCG to the report yet.

2.6 Committee’s Work Plan

2.6.1 It was agreed that a standing item should be put on the agenda for future meetings for an update on developments with the East London Health & Care Partnership. In addition to the proposed workplan submitted, it was agreed that the following issues should be scrutinised, if possible, by the Joint Committee during the municipal year:

- Problems with supply of oxygen to patients
- Local delivery of chemotherapy treatments
- A Healthwatch Redbridge report on the discharge pathway
- An update on maternity services to cover responses to recent CQC reports and progress since the closure of the maternity unit at King George Hospital
- Clarification over which boroughs (if any) had formally signed a memorandum of understanding re the East London Health and Care Partnership.
- Procurement issues across the local NHS
- An update on performance of the Health 1000 project
- It was also agreed that a visit to Whipps Cross Hospital should be arranged.

3. Implications

3.1 There are no legal or financial implications arising directly from this information report.

Background Papers Used in the Preparation of the Report:
Minutes of the JHOSC meeting held on 18 July 2017:

List of appendices: None.