HEALTH AND ADULT SERVICES SELECT COMMITTEE

13 November 2017

Joint Health Overview and Scrutiny Committee: Update

Report of the Director of Law and Governance

Open Report For information

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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 10 October 2017, at Redbridge 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 10 October 2017. The next meeting will be held at 4.00pm on Tuesday 16 January 2017 at Havering Town Hall.
2. **Matters discussed at the last meeting of the JHOSC**

2.1 The last JHOSC meeting was held on 10 October 2017 at Redbridge Town Hall and was chaired by Councillor Neil Zammett. An outline of the matters discussed at the meeting is provided below.

2.2 **Whipps Cross Care for Patients with Dementia**

2.2.1 The Committee was addressed by a member of the public who had serious concerns over the standard of care given at Whipps Cross Hospital in December 2016 and January 2017 to her late mother who had suffered with dementia. She explained in detail the issues with the care provided including that there had been a lack of dementia care nurses and care had not been patient-centred. Officers from Barts Health NHS explained the actions and arrangements now in place to ensure a better standard of care for patients with dementia. The Committee thanked the member of the public for their input to the meeting. It was agreed that the Chair, in conjunction with the clerk, should ask for more detailed information on this subject from Barts Health.

2.3 **Spending NHS Money Wisely 2 (SNMW2) Consultation**

2.3.1 The Committee was addressed by a group of local osteopaths who were concerned at a lack of engagement around the proposals in Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups’ (BHR CCGs) SNMW2 consultation document. Representatives of BHR CCGs explained that the consultation was in response to the financial and demographic challenges seen in Outer North-East London and outlined the key proposals. The engagement programme had included drop-in sessions in locations including Romford Market and the Barking Learning Centre. Responses could also be made via e-mail, social media and by phone.

The JHOSC’s comments around the proposals are in Appendix 3 of the report for agenda item 4.

2.4 **Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) - Improvement Update**

2.4.1 The Chief Operating Officer of BHRUT provided an update on the Trust’s progress since its last Care Quality Commission inspection. It was noted that attendances at the emergency department continued to rise and that the 92% referral to treatment target had been met in June and July. It was noted that very few delayed transfers of care at the Trust were due to problems with social care and that the Trust planned to discharge people earlier in the day by, for example, speeding up the dispensing of prescriptions. It was accepted that demand for urology services outstripped supply and the Trust’s urology improvement plan was in the process of being revisited. Members raised ongoing concerns regarding the Emergency Department with failures to meet the four-hour waiting time target and cases of patients waiting over an hour in ambulances before being transferred into the Emergency Department.

2.5 **East London Health and Care Partnership (ELHCP) Update**

2.5.1 Representatives of the ELHCP provided an update on the Partnership’s progress and plans. It was noted that the ELHCP covered eight local authority areas and 12 NHS organisations but that different parts of North East London required different solutions to health and social care issues. The creation of a single accountable officer for the Partnership had been driven by the local CCGs and this position had now been
advertised. The consultation on payment systems had now concluded and proposals, with a 12-18 month pilot period, would be brought forward for further discussion. It was accepted that there had thus far been few definite proposals from the ELHCP on which to engage. It was emphasised that the Partnership was not a formal decision-making body and any proposals from the ELHCP would have to go through the constituent organisations’ individual governance arrangements. Public meetings about the ELHCP were planned in each borough from February 2018 onwards.

2.6 Healthwatch Redbridge’s Reports on Discharge Pathway

2.6.1 The Chief Executive of Healthwatch Redbridge reported that the organisation had visited the discharge lounges of all local hospitals and played a short film it produced in which a member of the public, who had since died, related the poor experiences she had suffered relating to her discharge from hospital. There had been particular problems found in relation to the discharge of Redbridge residents who used Whipps Cross Hospital. A Member reported similar issues from Barking and Dagenham residents who were taken to Newham Hospital. There were also felt to be particular concerns around the out-patient discharge lounge at King George Hospital which was in an isolated location with no staff present. It was felt by the Healthwatch representative that there may be a lack of consistency in social workers when elderly people were discharged from hospital and that the system may not be fully integrated. A Member added that a further problem was that intensive physiotherapy often could not be accessed in care homes. It was agreed that the Committee should scrutinise further the issue of hospital discharge, and that complaints management and how outcomes and learning from complaints were looked at by hospital trusts could also be considered by the Committee. It was agreed that the responses received to the Healthwatch Redbridge report on the discharge pathway should also be circulated to the Committee.

3. Implications

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

Background Papers Used in the Preparation of the Report:

Minutes of the JHOSC meeting held on 10 October 2017:
http://democracy.havering.gov.uk/ieListDocuments.aspx?MId=3692&x=1

List of appendices: None.