

# **MINUTES OF HEALTH SCRUTINY COMMITTEE**

Tuesday, 22 October 2019  
(7:00 - 8:10 pm)

**Present:** Cllr Eileen Keller (Chair), Cllr Paul Robinson (Deputy Chair), Cllr Mohammed Khan and Cllr Chris Rice

**Also Present:** Cllr Maureen Worby

**Apologies:** Cllr Donna Lumsden and Cllr Emily Rodwell

## **15. Declaration of Members' Interests**

There were no declarations of interest.

## **16. Minutes - 3 September 2019**

The minutes of the meeting held on 3 September 2019 were agreed.

## **17. Barking, Havering, and Redbridge University hospitals Trust's Clinical Strategy Update**

The Interim Chief Executive (ICE), Chief Medical and Chief Financial Officers for Barking Havering and Redbridge University Hospitals Trust (BHRUT) jointly delivered a presentation on the Trust's recent work to develop a new Clinical Strategy, which covered:

- The bigger picture;
- What's happened so far;
- Case for change;
- Emerging ideas for service improvement; and
- Developing the strategy – what's next.

In response to questions from members, BHRUT Officers stated that:

- The Trust's perinatal mental health service was very robust, providing a good platform for it to expand. With regards to provision for those with other mental health problems, there was much to do across the board, which would also be a part of this Strategy;
- The Trust was working closely with Barts Health Trust as part of this Strategy, in relation to a number of services. One example was neurosurgery, to explore whether the Trusts could work together to provide greater scale, as the current provision within the Trust was not sustainable;
- Maternity services would need to be a key part of discussions at a North East London level as demographic changes to the population in this part of London meant that the current model would not be sufficient to meet the need and complexities that lied ahead. Health services could be doing much more to prepare women for birth, for example, by raising awareness of how factors such as obesity and diabetes affect pregnancy and birth;

- Giving women more choice around the settings to give birth (home, birthing centre, ward, etc) was the right thing to do; however, the Trust would need to address the challenges around recruiting experienced midwives first;
- The vision for the Strategy was consistent with plans to bring down the Trust's deficit of £65m;
- The work the Trust was doing with NELFT would not conflict with the Strategy, and new clinical models that integrate secondary and community services presented opportunities to provide more seamless services, for example, the trusts were in the process of integrating the current separate rehabilitation services for stroke patients. Better integration for 'sectioned' patients who needed care for their physical wellbeing was also being considered; and
- The role of the third sector had not been given detailed thought at this stage; however, the Trust would be considering it in the next stage of its Strategy development.

Members felt that the Strategy would need a key focus on paediatrics given the high number of children and young people in the Borough and the long waiting times in A & E and other services. The Chief Medical Officer (CMO) commented that the BHR System did recognise the growth in the children and young people population, as well as the associated rise in complex needs; however, increased resources would not only be needed in hospital, but also in community settings to adequately meet these needs.

Members felt that to create a successful strategy, Trust Leaders would need to refer to and think of their patients as residents first, recognising that to change behaviours, the Trust would need to make residents a part of the solution by making them key stakeholders in the upcoming changes. The ICE stated that he took on board these comments which would be reflected in the Trust's engagement plans for this Strategy over the coming months.

The Chair thanked the ICE, CMO and CFO for their presentation and attendance.

## **18. Barking, Havering, and Redbridge Clinical Commissioning Groups - Financial Update**

The Director of Transformation and Delivery –Unplanned Care (DTD), and the System Director of Recovery for Barking and Dagenham, Havering and Redbridge (SDR) delivered a presentation to provide a financial update on the Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups' (BHR CCGs') financial position. The presentation covered:

- Barking and Dagenham CCG and BHR CCGs' spend breakdown;
- Overview of the 19/20 Financial Position;
- NHS Financial Position to 2023/24;
- Financial Benchmarking for the BHR CCGs;
- Closing the Excess Spend Gap;
- System Efficiencies with >£1m Net Benefit;
- Mental Health Parity of Esteem; and
- Prevention Investment (primary and secondary).

Members asked how confident the CCGs were that further investment in the Child

and Adolescent Mental Health Services (CAMHS) would lead to improvements in the services. The DTD stated that the BHR CCGs' draft response to the NHS Long Term Plan (LTP) included reference to improving access to CAMHS and prevention work. At the moment, the CCGs were analysing information and having discussions with the service provider, NELFT, on workforce and costs, which would be followed by the final submission of the CCGs' response to the LTP in November.

Members were disappointed that despite both the Care Quality Commission and Ofsted highlighting the need for improvements to the local CAMHS, it did not receive health transformation funding, with this going to other areas instead. The DTD stated that she was also disappointed and that where possible, the BHR CCGs provided challenge around such funding decisions. She assured members that there had been some investment and change within the local CAMHS and that the BHR CCGs recognised that CAMHS was a significant priority for the borough. She added that the CCGs had been successful in securing transformation funding for community crisis teams which treated and supported adults with mental health problems.

Members emphasised the importance of investing in prevention and early detection across all health specialities and especially in primary care, as all the evidence showed that this approach had the best outcomes. The DTD strongly agreed, adding that in the next financial year, the BHR CCGs were expecting to receive funding to develop community mental health services, which would help prevent people escalating to a point where they would need secondary care services.

In response to questions the DTD stated that:

- There was a specific programme being developed for the care pathway for people with autism, which would end in March 2020 and there was wider focus on this in the response to the LTP
- In respect to local demand for acute beds for patients with mental health problems, unfortunately, earlier this year, some patients had been transferred to beds out of the borough; however, all except one were now back in the borough. The CCGs were in the midst of working out future capacity and demand to address this going forward.
- Predictions around the demand for access to Improving Access to Psychological Therapy (IAPT) services had been increased allowing for the possibility of more investment in the service; however, the provider of the service would have to address staffing issues and more thought would need to be given on co-locating IAPT services with other primary care services to achieve the best outcomes.

The Chair thanked the DTD and SDR for attending the meeting and their presentation.

## **19. Joint Health Overview and Scrutiny Committee - Verbal Update**

Councillor Paul Robinson stated that the Joint Health and Overview Scrutiny Committee's overall response to the BHR CCGs' Continuing HealthCare Placements Policy Consultation at the meeting on 15 October 2019 was broadly in

line with this Committee's response, which was based on patient choice, opposition to the policy applying to those approaching the end of their life, composition of the appeals panel, and the need to exclude young people from the Policy.

## **20. Work Programme**

The Committee noted the updated version of its Work Programme.