



HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.30 pm	Thursday 16 June 2011	Committee Room 3A - Town Hall
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Members 6: Quorum 3

COUNCILLORS:

Pamela Light (Chairman)
Wendy Brice-Thompson
Frederick Osborne
Linda Trew

Brian Eagling (Vice-Chair)
Nic Dodin

For information about the meeting please contact:

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What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

They have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.
2. Driving improvement in public services.
3. Holding key local partners to account.
4. Enabling the voice and concerns of the public to be heard.

The committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. Meetings of the Health Overview and Scrutiny Committee are regularly attended by senior officers from local Health Trusts. The Committee can then develop recommendations that they believe will improve performance, or as a response to public consultations. The Committee also works on issues that cover a wider geographical area either on an Outer North East London or pan-London basis as appropriate.

Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups typically consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research and site visits. Once the topic group has finished its work it will send a report to the Committee that created it and it will often suggest recommendations to the Council's Executive or to the local Health Trusts.

Terms of Reference

The areas scrutinised by the Committee are:

- Health
- Scrutiny of NHS Bodies under the Council's Health Scrutiny function.

AGENDA ITEMS

1 ANNOUNCEMENTS

Details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation will be announced.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) - receive.

3 DECLARATIONS OF INTEREST

Members are invited to declare any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

4 MINUTES (Pages 1 - 6)

To approve as a correct record the minutes of the meeting held on 12 May 2011 and to authorise the Chairman to sign them.

5 PRESENTATION FROM LONDON AMBULANCE SERVICE (PROVISIONAL ITEM)

6 NHS OUTER NORTH EAST LONDON

Presentation from Jacqui Himbury, Havering Borough Director, NHS Outer North East London.

7 COMMITTEE'S WORK PROGRAMME 2011/12 (Pages 7 - 10)

Report attached.

8 NOMINATIONS TO JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES (Pages 11 - 14)

Report attached.

9 URGENT BUSINESS

To consider any other item in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered at the meeting as a matter of urgency.

Ian Buckmaster
Committee Administration &
Member Support Manager

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MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**Thursday 12 May 2011 (7.30pm – 8.47pm)
Havering Town Hall**

Present:

Councillors Lynden Thorpe (Chairman) June Alexander (Vice-Chairman)
Wendy Brice-Thompson, Nic Dodin, Fred Osborne and Linda Trew.

Councillor Paul McGeary was also present.

There were no declarations of interest.

Officers present:

Marilyn D'Ath Stop Smoking Project Officer
Christine Harding (CH) Project Manager, NAEDI Bowel Cancer Project Officer
Ed Jye (EJ) Chief Executive, Audience Social Marketing Company

Mark Ansell (MA) NHS Outer North East London
Jacqui Himbury (JH) Havering Borough Director, NHS Outer North East London
Robert Royce (RR) Director of Strategy, BHRUT
Stephanie Dawe (SD) Chief Operating Officer, NELFT
Fiona Weir (FW) Havering Operational Director, NELFT
Joe Coogan (JC) Assistant Director (Commissioning) London Borough of Havering

Apologies were received from Michael Cornett, London Ambulance Service and it was therefore agreed to defer the presentation from the London Ambulance Service.

Joan Smith, coordinator, Havering Local Involvement Network (LINK) was also in attendance.

27. MINUTES

The minutes of the meeting held on 16 March 2011 and of the special meeting held on 1 March 2011 were agreed as a correct record and signed by the Chairman.

28. ANTI-SMOKING INITIATIVES IN HAVERING

The stop smoking service had been running in Havering since 1998. MD advised the Committee that the recent Health White Paper had stated that smoking remained the biggest single cause of inequalities in death rates. The White Paper aimed to reduce adult smoking rates to

18% of the population and also set targets for reducing smoking in pregnancy and amongst young people. In Havering, 13.5% of pregnant women and 20.6% of adults smoked, both of which were below the relevant target figures. The increase in the minimum age to buy cigarettes from 16 to 18 had reduced the numbers of young people smoking but MD accepted that there remained a long way to go. Smoking rates were also higher in manual as opposed to managerial occupation groups.

Smoking was responsible for many different health problems including stroke (causing 559 deaths per year in Havering) and Chronic Obstructive Pulmonary Disease of which there were many undiagnosed cases in Havering. There had also been 292 early deaths from cancer in Havering in 2009. 25% of lung cancer cases only made their first presentation at A&E.

The stop smoking service employed three full-time staff but many level two advisers had been trained in pharmacists and doctors' surgeries. Level one training comprising basic stop smoking information could also be given to GP receptionists and pharmacy staff. Staff at a school in Rainham had also been trained to level 2. Stop smoking appointments were offered at Queen's Hospital and on Wednesday evenings at the town hall. Hospital in-patients were also given support to give up smoking and a pregnancy smoking clinic ran at Harold Hill Health Centre. An on-site clinic also ran at a Romford GP and workplace stop smoking sessions were also organised.

The service's dedicated school worker post had recently been deleted. NICE guidelines however indicated a need to reinstate this post. Since the service, which was free of charge, had commenced over 11,000 people in Havering had stopped smoking. The service had achieved its target for last year of assisting 1,024 people to stop smoking. Referrals were made via GPs, hospital wards, outpatients or as self-referrals. The recovery time after quitting smoking varied with age but a significant fall in the risk of developing lung cancer could be seen after a person had stopped smoking for five years. Initial benefits from stopping inhalation of carbon monoxide could however be seen within 24 hours.

MD agreed to supply latest figures for the prevalence of smoking in Havering and the numbers of people quitting. MD felt that peer pressure was the major reason for young people starting smoking and that the correct messages were not getting through. It should be noted that nicotine was an addictive substance equivalent to cocaine and heroin. The ban on smoking in enclosed places had led to a reduction in smoking prevalence and in hospital admissions for heart attacks and other conditions.

The Committee **noted** the presentation and thanked MD for her attendance at the meeting.

29. BOWEL CANCER PROJECT

Officers explained the campaign was part of the National Awareness and Early Diagnosis Initiative. The campaign was running until the end of June in Barking & Dagenham, Havering and Redbridge and was likely to expand to Waltham Forest. The campaign's target audience was people aged over 50 and engagement had been undertaken with GPs, Age Concern, Havering LINK and other organisations. All members of the Committee had seen the campaign posters currently on display.

Bowel cancer was the third most common cancer in the UK and the second biggest killer. Survival rates were poor compared to the rest of Europe and there were over 38,000 undiagnosed bowel cancer cases in the UK each year. Earlier diagnosis led to better survival rates and younger patients also often had a better prognosis. The rate of uptake of bowel cancer screening in London was 44.75%. Havering had a survival rate after one year of 66% and this compared to 82-84% in Europe.

The campaign itself had been created and shaped by local people. The campaign aimed to raise awareness of the prevalence and symptoms of bowel cancer in the 50+ age group. It was also aimed to increase perception of bowel cancer as being treatable, provided there was early diagnosis. Advertisements were placed on bus shelters, toilet doors and in the local press. Public events were also used where a "big bowel" display was used to give face to face consultations with a nurse.

The campaign gave a very straightforward message and showed that bowel cancer could affect both men and women. Different posters were used for different environments with for example an image of the late Bobby Moore (who died from bowel cancer) used in men's wash rooms. The campaign was backed by the NHS, Social Care, local charities and Havering LINK.

The campaign had been launched on 1 April 2011 securing local press coverage. There was also a dedicated Facebook page. Local hospitals had been very supportive with posters displayed on toilet doors as well as information on the campaign being available in the atrium at Queen's Hospital. A direct mail campaign included a letter from the lead GP and Coral betting shops had agreed to help by displaying flyers giving bowel cancer information in all their shops.

Havering LINK and the Islamic Cultural Centre had assisted the campaign to approach BME communities and the main campaign leaflets had been translated into other languages. Posters were also being displayed in Mercury House and day centres and an article on the campaign would also feature in the next issue of the Council's Living magazine. Campaign officers would also attend the Havering town show. It was clarified that bowel cancer screening, a separate

initiative to the campaign itself, was carried out every two years for people aged 60-69.

The Committee **noted** the presentation and congratulated the officers on a very good campaign.

30. **REPORT OF DEMENTIA STRATEGY JOINT TOPIC GROUP**

The topic group's report was **noted** by the Committee and it was **agreed** that the report's recommendations be referred to the Cabinet, NELFT or NHS Outer North East London as appropriate. Councillor Trew felt that a similar campaign to that for bowel cancer could be undertaken for dementia. SD confirmed that the report had been through the NELFT executive management team and congratulated the topic group on its work. It was confirmed that there was now a dedicated space in A&E at Queen's Hospital for NELFT staff to undertake their work and the NELFT officers thanked the Committee for their support in obtaining this.

The Committee also recorded its thanks and appreciation to Wendy Gough, Committee Officer for her work in supporting the review.

31. **COMMITTEE'S ANNUAL REPORT**

It was **agreed** that the Committee's annual report be referred to full Council and that the Chairman be authorised to agree the full version for Council.

32. **OFFICER UPDATES**

JH reported that the GP consortia were continuing to progress and were developing delivery plans. RR advised that the Independent Reconfiguration Panel reviewing the Health for North East London proposals had now commenced site visits and would be taking evidence in May and June.

Councillor Osborne asked why two different letters relating to the same outpatients appointment were being sent and felt that this indicated a great deal of unnecessary duplication and cost. Councillor Osborne agreed to forward the letters via the Clerk to the Committee to the health officers.

RR reported that the induction of the new midwives had gone very well. Joan Smith, the Havering LINK coordinator felt it was good that the Hospitals' Trust had amended appointment letters for scans to advise

patients to bring a dressing gown etc. as an alternative to the hospital gowns.

The complaints handling system at BHRUT was currently being reviewed. RR confirmed that there were a total of seven Executive Directors at the Trust.

FW and SD reported that from 1 May 2011, NELFT had become the provider of community services in South West Essex including the Brentwood and Thurrock areas. The acquisition by the Trust of Outer North East London Community Services was continuing to progress. Mascalls Park was no longer in use by the Trust. Due to planning issues, the site had not been finally disposed of but it was being used in the interim. The new Sunflowers Court unit at Goodmayes Hospital had been very positive for patients.

33. URGENT BUSINESS

The Committee **agreed** that the Chairman's forthcoming evidence session with the Independent Reconfiguration Panel would serve to also give the point of view of the Committee as a whole and that there was therefore no need for the Committee to meet separately with the Panel.

The Chairman reported a very positive visit she had undertaken recently to the new cancer unit at Barts Hospital and it was **agreed** that the Clerk to the Committee would seek to arrange for the Committee as a whole to visit the site.

Councillor Dodin expressed concern at the recent lack of press releases from NHS Outer North East London, particularly around the commencement of breast screening at Harold Wood Polyclinic and JH agreed to feed this back. MA suggested he could send an update on this subject from the recent cancer locality meeting.

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

16 JUNE 2011

Subject Heading:

Committee's Work Programme 2011/12

CMT Lead:

Ian Burns, Acting Assistant Chief
Executive – Legal and Democratic
Services

Report Author and contact details:

Anthony Clements
Tel: 01708 433605
Anthony.clements@havering.gov.uk

Policy context:

To agree the Committee's work
programme for the 2011/12 municipal
year.

SUMMARY

At this stage of the municipal year, the Committee needs, so far as is practicable, to agree its work programme for the forthcoming year. This applies to both the work plan of the Committee as a whole and to the subject of any topic group run under the Committee's auspices.

RECOMMENDATIONS

That the Committee agree its work programme for the 2011/12 municipal year.

REPORT DETAIL

Shown in the schedule at the end of the report is a draft work programme for the Committee's five meetings during the municipal year (this does not include the Joint Overview and Scrutiny Committee meeting held in January to consider the Council's budget). This has been drawn up by officers following initial discussions with the Chairman.

It is suggested that the Committee allocate time during the year for senior representatives of each of the local Health Trusts or other relevant bodies to brief the Committee on current issues and progress. The programme in the schedule therefore includes these briefing sessions as well as specific issues that are known at this stage.

Members will note that a significant proportion of the work plan has been left blank at this stage. This is to reflect the fact that Members may wish to select further issues for scrutiny in light of the briefings they are given by health sector officers during the year. In addition, previous experience has shown that is beneficial to leave some excess capacity in order to allow the Committee to respond fully to any consultations or other urgent issues that may arise during the year.

Additionally, the Committee may wish to select an issue for more in depth scrutiny as part of a topic group review. Council has recommended that, in view of limited resources, only one such topic group is run at any one time. The Committee is therefore requested to consider what should be the subject of its next topic group review, if any.

It should be noted that the Committee has in the past made extensive use of its powers to request written information from the Health Trusts on any subjects within its remit. This power can be used by the Committee at any time and is not therefore considered within this report.

IMPLICATIONS AND RISKS

Financial implications and risks:

None – it is anticipated that the work of the Committee can be supported by existing staff resources and minor budgets within democratic services.

Legal implications and risks:

The Committee's scrutiny powers are as given in the NHS Act 2006, s. 244.

Human Resources implications and risks:

None.

Equalities implications and risks:

None although one outcome of effective health scrutiny will be to reduce health inequalities for Havering residents.

BACKGROUND PAPERS

None.

SCHEDULE: PROPOSED HEALTH OSC WORK PROGRAMME 2011/12

<u>Meeting Date</u>	<u>16/06/11</u>	<u>13/10/11</u>	<u>07/12/11</u>	<u>28/02/12</u>	<u>10/05/11</u>
	LAS Presentation	BHRUT (A&E and maternity)	GP consortia	NELFT	
	Work programme report				Annual Report
	JOSC nominations				
	NHS ONEL Borough Director				

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 16 JUNE 2011

Subject Heading:

Nominations to Joint Health Overview and Scrutiny Committees

CMT Lead:

Ian Burns, Acting Assistant Chief Executive – Legal and Democratic Services

Report Author and contact details:

Anthony Clements

Tel: 01708 433605

Anthony.clements@haverling.gov.uk

Policy context:

To agree the Committee's nominations to serve on the Outer North East London Joint Health Overview and Scrutiny Committee and any pan-London Joint Health Overview and Scrutiny Committee.

SUMMARY

Havering has previously played a major role in the Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JOSC) as well as in the pan-London equivalent. The Committee is therefore asked to confirm its nominations to both Committees for the current municipal year.

RECOMMENDATIONS

1. That, in line with political proportionality rules, the Committee nominate two Conservative and one Residents' Group Members as its representatives on the Outer North East London Joint Health Overview and Scrutiny Committee for the 2011/12 municipal year.
2. That the Committee nominate the Chairman as its representative at any meetings of the pan-London Joint Health Overview and Scrutiny Committee during the 2011/12 municipal year.

REPORT DETAIL

There are a large number of proposed changes and other health service issues that affect a considerably wider area than Havering alone. Issues related to Queen's Hospital for example impact not just on Havering residents but also those from Barking & Dagenham and Redbridge as well as parts of Essex. Mental health issues, under the remit of the North East London NHS Foundation Trust, impact on all these areas as well as Waltham Forest.

As regards formal consultations, Members should note that it is a requirement (under the NHS Act 2006) that all Councils that are likely to be effected by proposed changes to health services must form a Joint Health Overview and Scrutiny Committee in order to exercise their right to scrutinise these proposals.

In light of these requirements, the boroughs of Barking & Dagenham, Havering, Redbridge and Waltham Forest as well as Essex County Council have formed a standing ONEL JOSC to deal with cross-border issues. Further details of the Committee's work and copies of the reports etc. it has produced can be obtained from officers and are available on the Council's website. Much of the work programme of the JOSC (which is clerked and organised by Havering) in recent months has been focussed on scrutinising the Health for North East London proposals for changes to healthcare services across the region. It is suggested that the Committee agree, as in previous years, three representatives to sit on the ONEL JOSC, in line with proportionality rules.

Some issues, such as changes to stroke and trauma services, impact across the whole of Greater London and all boroughs therefore need to be involved in the scrutiny of these areas. As such, arrangements are also in place for a pan-London JOSC to meet when such proposals are brought forward. Previous practice has been that the Chairman represents Havering at any pan-London JOSC meetings and the Committee is requested to agree this for the 2011/12 municipal year,

IMPLICATIONS AND RISKS

Financial implications and risks:

There are none arising directly from the report. The work of the Committees mentioned is supported by existing staff resources and minor budgets within

Democratic Services. With regard to the Joint OSC, the other four participating Councils make a contribution towards the support provided by Havering staff.

Legal implications and risks:

None.

Human Resources implications and risks:

None.

Equalities implications and risks:

None although one outcome of effective health scrutiny will be to reduce health inequalities for Havering residents.

BACKGROUND PAPERS

None.

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