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Havering
LONDON BOROUGH

HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.30 pm	Wednesday 4 July 2012	Havering Town Hall

Members 6: Quorum 3

COUNCILLORS:

Conservative Group (4)	Residents' Group (2)	Labour Group (0)	Independent Residents' Group (0)
Pam Light (Chairman) Wendy Brice-Thompson Frederick Osborne Linda Trew	Nic Dodin (Vice-Chair) Ray Morgon		

Ian Buckmaster
Committee Administration & Member Support Manager

For information about the meeting please contact:
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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 - 8)

To approve as a correct record the minutes of the meeting held on 10 May 2012 (attached) and to authorise the Chairman to sign them.

5 PROPOSED REVISION TO MINUTES OF MEETING OF 28 FEBRUARY 2012 (Pages 9 - 10)

To consider the proposed amendment to the minutes of the meeting held on 28 February 2012 (attached).

6 HEALTH FOR NORTH EAST LONDON

To receive an update on the implementation of the programme from Heather Mullin, Health for North East London.

7 HOSPITAL TRANSPORT

To receive an update on hospital transport issues from Council transport planning officers.

8 BHRUT UPDATE

To receive an update on issues affecting Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) from Neill Moloney, Director of Planning and Performance, BHRUT.

9 COMMITTEE'S WORK PROGRAMME 2012/13 (Pages 11 - 14)

Report attached.

10 NOMINATIONS FOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES (Pages 15 - 18)

Report attached.

11 URGENT BUSINESS

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

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MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall
10 May 2012 (7.30 - 10.00 pm)

Present:

Councillors Pam Light (Chairman), Nic Dodin, Frederick Osborne, Linda Trew, Linda Hawthorn and Frederick Thompson

Apologies for absence were received from Councillor Brian Eagling and Councillor Wendy Brice-Thompson

24 ANNOUNCEMENTS

The Chairman gave details of the arrangements in case of fire or other events that might require the building's evacuation.

25 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillor Wendy Brice-Thompson (Councillor Frederick Thompson substituting) and from Councillor Brian Eagling (Councillor Linda Hawthorn substituting).

26 DECLARATIONS OF INTEREST

There were no declarations of interest.

27 MINUTES

The minutes of the meeting held on 28 February 2012 were agreed as a correct record and signed by the Chairman.

28 AGEING WELL EVENT

Committee Administration officers presented a report detailing the outcomes of the Ageing Well event held earlier in the year. This had been an event organised, with support from the Centre for Public Scrutiny, for stakeholders to consider issues impacting on the older population in Havering. Members were invited to review the issues and themes raised during the event and to consider which of these could be included within the Committee's work programme for the coming year.

Members felt it was important that the Overview and Scrutiny Committees worked jointly on these areas where possible and officers advised that a further report summarising the work areas identified would be brought to the Committee once future work programmes had been confirmed. The Chairman felt that issues as the suitability of bus stops were relevant, not just to elderly people but also to children, people with disabilities and other groups in society.

The Committee **noted** the officers' presentation and **agreed** to consider the issues raised when drawing up its work programme.

29 **BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST QUALITY ACCOUNT**

The Clinical Governance Director from Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) thanked the Committee for the opportunity to present the Trust's Quality Account. The Trust had undergone a number of changes in the last year including a new Chief Executive and new Interim Chair. A new Director of Transformation would also be starting shortly. As Members were aware, many parts of the Trust's operations had recently been reviewed by the Care Quality Commission and a lot of improvement had been required in maternity, A&E and vascular services. An 81-point action plan had been developed in response to the Care Quality Commission report and this was reviewed on a weekly basis.

The Care Quality Commission had emphasised partnership working and the Trust's partners had felt that the main priority should be to achieve an improvement in the attitude of hospital staff. The BHRUT Director of Transformation would lead on this work and other priorities for the year included patient safety and clinical effectiveness.

The Clinical Governance Director explained that some areas had improved their performance with for example reduced waiting times in the stroke unit and improved midwife ratios for women in labour. The Trust's mortality ratio had also reduced. It was accepted that MRSA targets had been narrowly missed and work was underway to reduce pressure ulcers and numbers of falls. Real time patient surveys had been introduced leading to the receipt of very helpful feedback from patients.

It was clarified that the reduction in length of patient stay in hospital was done safely with treatment administered in a timely way. The required 1:29 midwife to patient ratio had been maintained even during the recent reintroduction of elective caesarean section deliveries at the Trust as midwife recruitment had been continued successfully.

Members were pleased that the Trust had taken on board a number of issues raised by the committee although further progress was needed in several areas. It was confirmed that all midwives recruited from overseas were interviewed by Trust staff and sat language and other examinations. Midwives were mainly recruited overseas by the Trust from Ireland and Italy.

Members were concerned at feedback from a representative of Havering Local Involvement Network (LINk) that the butterfly scheme for identifying patients with dementia had not yet been implemented. The Clinical Governance Director agreed to check when the Trust was due to implement this.

The Health for North East London (H4NEL) lead reported that the midwife-led unit at Barking was now taking bookings with the first deliveries expected by December. Services at the unit would be provided by the Barts Health NHS Trust. Officers would clarify whether midwives recruited to the Barking unit would also be required to undertake tests in English language. Members felt it would be useful to undertake a scrutiny visit to the Barking unit.

The Committee noted the improvements presented in waiting times in A&E but felt that considerable further progress was needed in this area. Members were also concerned that the Queen's A&E department would be unable to cope with the rising population in the local area as seen in several large local property developments that were currently being constructed. The H4NEL lead assured the Committee that the rising population was taken into account during the planning process but agreed to give details on this process when she next attended the Committee.

Officers felt that there were now fewer diversions of ambulances away from Queen's Hospital but Members were also concerned at reports of patients waiting long periods in ambulances before they could be admitted to A&E. Reviews were undertaken by the Trust if patients were waiting in ambulances for more than an hour. It was also clarified that ambulance staff could not leave a patient until a formal clinical handover with hospital staff had taken place.

It was confirmed that the resuscitation area in A&E was a mixed-sex area with seven adult bays and one child bay. Dignity was however always maintained via the use of screens etc.

The Committee **noted** the presentation and **agreed** that the Committee Officer should draft a letter summarising the views expressed which could be included in the final version of the Trust Quality Account.

30 NEW COMMISSIONING ARRANGEMENTS

The Director of Clinical Commissioning Group Development at NHS North East London and the City briefed the Committee on changes to commissioning arrangements resulting from the recent passing into law of the Health and Social Care Act. Primary Care Trusts (PCTs) and Strategic

Health Authorities would be abolished from April 2013 and would be replaced by a number of organisations including Clinical Commissioning Groups, the National Commissioning Board and Health and Wellbeing Boards.

Approximately 60% of PCT budgets would be transferred to the Clinical Commissioning Groups (CCGs) with the remainder covering pharmacists, dentists, optometrists and National Commissioning Board services. At the same time, LINks would be replaced by local Healthwatch organisations.

There was now a single CCG for Havering with clinical directors elected. It was planned for the CCG to receive full authorisation in 2013. The CCG was led by local Havering GPs who, it was envisaged, would gradually develop their expertise in commissioning. The Director felt it was essential that clinical leaders worked closely with Council Members and indeed the authorisation process would require the CCG to demonstrate its engagement with the Council. The CCG management budget amounted to approximately £25 per head which was only half of the equivalent budget at the PCT.

The Havering CCG would apply for authorisation in October 2012 and would know by January 2013 if it had been successful. For the period up to April 2013, NHS North East London and the City remained the accountable organisation and would continue to monitor providers. The Trust was also involved with the commissioning of health services for the Olympic and Paralympic Games.

It was clarified that primary care management costs had been reduced by 50% over the last two years but the changes would also result in a significant cost saving.

The Committee **noted** the presentation and **agreed** that the Chairman of the Havering Clinical Commissioning Group should be asked to attend a future meeting of the Committee in order to give an update on the CCG's plans and progress.

31 **HEALTH FOR NORTH EAST LONDON UPDATE**

Senior officers from Health for North East London (H4NEL) and BHRUT gave an update on implementation of the H4NEL plans. BHRUT was represented by Nick Hume who was working on how care that was currently provided in hospital could be safely provided in the community. He felt that one third of patients in hospital beds at any one time did not need to be there. The officers felt however that clarity was needed as soon as possible around BHRUT's clinical strategy in order that the amount of resources needed to provide care in or near people's homes could be gauged more accurately.

The H4NEL process had been running for three years and the project lead confirmed that the current plans were to relocate the existing King George Hospital A&E department to Queen's Hospital from around November 2013. It was emphasised that an urgent care centre would remain operating at King George. The sexual health service at Queen's would have to be relocated in order to allow the building of a larger A&E at the hospital. Half of all current users of A&E at King George would still be seen there by GPs in the Urgent Care Centre.

It was planned for there to be midwifery-led units at each hospital and Cornflower A ward at Queen's had recently been closed in order to start construction on the midwifery-led unit there. It was anticipated that the current maternity unit at King George Hospital would close by mid-2013. Cases would be then be seen at Queen's, Whipps Cross or the Barking Birthing Centre. No closure of King George maternity would take place however until the quality of the alternative facilities had been successfully demonstrated.

The King George site would contain an elective treatment centre, polyclinic, the urgent care centre, a renal dialysis unit and rehabilitation beds. Havering and Barking & Dagenham had a combined total of 176 beds but there were still often issues and delays in the care pathway. As such, an integrated care pathway was being developed jointly by the three local Councils and Clinical Commissioning Groups. GPs were also keen to redesign the frail elderly pathway.

A representative of Havering LINk felt that officers should consider the recent LINk report on hospital discharge. The LINk was also now looking at the issue of domiciliary care and had made a difference by working in partnership with the Overview and Scrutiny Committee, something that was often not seen in other boroughs. The H4NEL lead responded that she had read and responded to the report and agreed that the report contained a number of quick and simple measures that could improve patient care.

The health officers confirmed there were no current plans for changes to the Ambulance Service. The polyclinic at King George Hospital was expected to be open by the end of 2012 and existing local GP practices who were operating from premises in poor condition would move in. The polyclinic would also have access to other facilities on site at King George such as blood testing.

Checks on people giving care at home would be more the responsibility of the Council's Adult Social Care directorate. It was not possible to entirely guarantee continuity of care but efforts were being made to base care teams around GPs and hence meet more of people's care needs at home.

There was currently insufficient space at Queen's to include a polyclinic at the site although GPs did work in A&E in order to stream out cases not requiring emergency treatment. It was possible the introduction of a

polyclinic could be reconsidered when the other changes at Queen's had been completed. The business case for the work required at Queen's would be developed by the end of July and initial discussions had started with the hospital's PFI partner.

Members expressed concern about the practice of using cook-chill food at Queen's that had been transported from Wales and it was agreed that comments on this could be included in the response to the BHRUT Quality Account. The issue could also be raised with the relevant director at BHRUT. Members felt that the food at Queen's Hospital was nutritionally very poor and health officers agreed that very few Trusts got hospital food right.

Plans for St. George's Hospital would be included within the NHS NELC estates strategy which would be brought to the Committee once finalised.

The Committee noted the update and agreed that the officers should come to future meetings and give further reports on the implantation of the H4NEL plans.

32 HAVERING LINK - ENTER AND VIEW

The representative from Havering LINk explained that the organisation had recently undertaken a follow-up visit to Sunrise A & B wards at Queen's Hospital following an initial visit in October 2011 that had been requested by the Chairman of the Committee.

The LINk had visited the ward at 11.30 am on a Sunday and reported positive feedback overall. Staff had been pleased to see the LINk members and had seemed more relaxed and open than on the previous visit. The ward now had a meal manager who was known to the nursing staff.

It had been observed that all patients had water jugs but these were often overfilled so that patients could not lift them. It was however understood that the introduction of smaller water jugs on the ward was now being considered. There was also a lack of any butterfly signs to indicate patients suffering from dementia. There had been a mixed reaction seen to the hospital food and a woman on a soft diet was observed to have been served roast potatoes.

There were now two more care assistants on the ward which had been a recommendation of the previous LINk report. Staff shifts were now shorter and staff took their scheduled breaks.

Members agreed with the point made by both the LINk and the hospital Deputy Chief Pharmacist that if doctors could write up prescriptions themselves, this would result in quicker discharge from hospital.

Once patients had been identified as needing assistance at mealtimes, the LINk had found that such assistance was regularly and effectively given by hospital staff.

The Committee **noted** the LINk report and thanked the LINK for the important work it was undertaking via the enter and view visits.

The LINk representatives also gave an update on their current domiciliary care project. It was felt that the work undertaken at Royal Jubilee Court, which had recently been visited by members of the Overview and Scrutiny Committee, was extremely important. Some people still however needed assistance in their own home.

A Member suggested that the LINk could obtain feedback on the quality of domiciliary care at the over 50s forum.

33 COMMITTEE'S ANNUAL REPORT, 2011/12

The Committee's annual report was **agreed** unanimously and it was further agreed that the Chairman be authorised to approve the final version for submission to full Council.

34 URGENT BUSINESS

The Chairman asked Members to consider what items should be placed on the Committee's work programme for the municipal year and also what facilities e.g. the Barking midwifery-led unit could be visited by the Committee.

The London Air Ambulance service was raised and Members understood that the service only received a minimal amount of NHS funding as it preferred to operate in a more independent way.

It was agreed that the Council's transport manager should attend a future meeting of the Committee in order to update on efforts to improve transport links to and between local hospitals. The Committee also wished to scrutinise the work of the Health and Wellbeing Board and to receive a presentation on public health issues. It was also agreed to ask the Chair of the Havering CCG to attend and update the Committee on the group's work.

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Chairman

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
PROOSED REVISION TO MINUTES OF MEETING, 28 FEBRUARY 2012

22 BHRUT UPDATE

(Second paragraph only)

The capital funding of approximately £1.5 million for expansion of the maternity facilities at Queen's had now been agreed. It was anticipated that works would be completed by November 2012 and this would be followed by works to expand the Special Care Baby Unit. The start date for the transfer of maternity services from King George to Queen's had not yet been agreed. Capacity issues at Whipps Cross and Newham hospitals would also be considered as part of the Health for North East London programme. Members were anxious that maternity and other services at King George were not reduced until the new facilities were in place.

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Agenda Item 9

Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

4 JULY 2012

Subject Heading:	Committee's Work Programme 2012/13
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 2012/13 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 2012/13 municipal year.

REPORT DETAIL

Shown in the schedule at the end of the report is a draft work programme for the Committee's six 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 and the discussions held at the Committee's last meeting.

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

Meeting Date	**4/07/12**	**3/10/12**	**20/11/12**	**7/02/12**	**21/03/12**	**18/04/12**
	BHRUT Update	LINk Annual Report	GP consortia	NELFT	Clinical Commissioning Group	Quality Accounts
	Work programme report	Clinical Commissioning Group	BHRUT (A&E and maternity)	Hospital Complaints	Public Health	Annual Report
	JOSC nominations	Health and Wellbeing Board	Community Services (NELCS)			Healthwatch
	Hospital Transport					
	H4NEL	H4NEL	H4NEL	H4NEL	H4NEL	H4NEL

Other dates to note:

25 June 2012 – Health Scrutiny Training
6 September 2012 – Patient Discharge Topic Group

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
4 JULY 2012

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@havering.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 2012/13 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 2012/13 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. This remains the position under the recently passed Health and Social Care Act.

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. 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 2012/13 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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