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Havering
LONDON BOROUGH

HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.00 pm	Wednesday 3 October 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:
Anthony Clements
anthony.clements@havering.gov.uk, tel: 01708 433065

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 DISCLOSURE OF PECUNIARY INTERESTS

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

4 MINUTES (Pages 1 - 14)

To receive the minutes of the meetings held on 4 July 2012 and 6 September 2012 (attached).

5 CHAIRMAN'S UPDATE

To receive an update from the Chairman on recent health scrutiny developments and meetings attended.

6 HEALTH AND WELLBEING BOARD

Update on the work and future plans of the Health and Wellbeing Board.

7 HOSPITAL RECONFIGURATION AND INTEGRATED CARE

Discussion with the project director on latest developments concerning hospital reconfiguration and integrated care in North East London.

8 BHRUT UPDATE

To receive an update on developments at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) from a senior Trust officer.

9 HAVERING CLINICAL COMMISSIONING GROUP

To receive an update on developments at the Havering Clinical Commissioning Group (CCG).

10 HAVERING LINK ANNUAL REPORT

Representatives of Havering Local Involvement Network (LINk) will give a brief presentation on the organisation's annual report.

11 AGEING WELL - PROSPECTIVE AGENDA ITEMS (Pages 15 - 16)

The Committee is invited to review the list of themes arising from the Ageing Well event (attached) and consider any items that could be added to the Committee's work programme.

12 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
4 July 2012 (7.25 - 9.50 pm)

Present:

Councillors Pam Light (Chairman), Wendy Brice-Thompson, Nic Dodin (Vice-Chair), Frederick Osborne, Ray Morgon and Georgina Galpin (In place of Linda Trew)

Apologies for absence were received from Councillor Linda Trew

1 **ANNOUNCEMENTS**

The Mayor advised all present of the action to be taken in the event of fire or other emergency requiring the evacuation of the building.

2 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received from Councillor Linda Trew with Councillor Georgina Galpin substituting.

Councillor Paul McGeary was also present.

Officers present:

Emma Cockburn, Transport Planning Team Leader, London Borough of Havering
Neill Moloney, Director Planning and Performance, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Heather Mullin, Health for North East London (H4NEL)

Cliff Reynolds and John Skillman, Havering Local Involvement Network (LINk) were also present.

3 **DISCLOSURE OF PECUNIARY INTERESTS**

There were no disclosures of interest

4 **MINUTES**

The minutes of the meeting held on 10 May 2012 were agreed as a correct record and signed by the Chairman.

5 PROPOSED REVISION TO MINUTES OF MEETING OF 28 FEBRUARY 2012

The Committee noted that a request had been received from BHRUT to amend a small section of the minutes of the meeting of 28 February 2012 in order to reflect the position that no start date had been agreed as yet for the transfer of maternity services from King George to Queen's Hospitals. The Committee therefore **AGREED** that the second paragraph of minute 22 (BHRUT Update) of the minutes of the meeting held on 28 February 2012 be amended to read as follows:

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.

6 HEALTH FOR NORTH EAST LONDON

The programme director for Health for North East London (H4NEL) explained that the programme assumed population growth in Havering of 2.8% per year for the five years from 2013. These figures were derived from the GLA growth forecast and included an additional 1.9% non-demographic population growth. The impact of these figures on local hospital bed numbers was currently being checked and this would be completed by August 2012.

Work had now started on the Midwife Led Unit at Queen's Hospital and this would be completed by the end of 2012. Barking Birthing Centre was now taking bookings and would also be fully operational by the end of 2012. The limit for births undertaken by the BHRUT Hospitals Trust had been set at 8,000 for the 2013/14 year.

As regards King George Hospital, renal dialysis facilities would open on the site in late 2012 as would a GP practice. Discussions were currently being held with local GP practices over which GPs would move onto the King George site. Details of the Urgent Care Centre at King George were still being worked on and a stakeholder event was planned for October 2012.

The programme director emphasised that all the local Councils, Health Trusts and Clinical Commissioning Groups (CCGs) were working together in order to successfully implement H4NEL. As regards user involvement, there

were focus groups with local service users and the People's Platform was meeting regularly. An additional bus route had now begun serving Queen's Hospital, from the Barkingside area.

A key priority was the problem of falls among older people locally and H4NEL were investigating the reasons why falls occurred. Work had also been undertaken with the falls clinic at St. George's Hospital and the programme director would report back once this work had been completed. Good practice at St. Mary's, Paddington and a unit in Rochdale was also being looked at and Councillor Osborne also suggested reviewing work in this area that had been undertaken by the London Home and Water Safety Council.

It was confirmed that Dr. Gurdev Saini was the lead at Havering CCG for the implementation of the H4NEL programme. As regards any changes planned for St. George's Hospital, it would be for the CCG to approach the Committee with details of these.

The poor budgetary state of BHRUT was accepted by the programme director who added that H4NEL still aimed to make the overall local health economy more sustainable. Changes to services etc. would be accommodated within a sustainable budget.

A representative from Havering LINk explained that the organisation was currently producing a report on domiciliary care and had met with a number of stakeholders including community matrons. An interim report on the domiciliary care review would be produced shortly.

It was confirmed that women were given a choice of what hospital they wished to give birth at, at the time of booking. Elective caesarean sections were now carried out at King George Hospital.

7 HOSPITAL TRANSPORT

The Council's transport planning officer explained that many of the H4NEL plans would mean the need to move between sites to access health services. This would be particularly true of people in Havering where some changes may require an additional 25 minutes journey to reach the facilities by public transport. As such, the Council's submission to the autumn bus review had requested that a number of existing bus services be extended or diverted in order that they call into Queen's Hospital. No response had however been received from TfL by the time of the spring bus review.

The Council's submission to the spring review had requested a higher frequency on the 365 route serving St. Francis Hospice as well as again requesting dialogue with TfL on bus services to Queen's Hospital. One

additional route had recently been introduced into Queen's Hospital – the 128 running between Ilford and Claybury Broadway. TfL had also recently indicated tentative support for bringing the 66, 498 and 499 routes into Queen's as well as a possible hourly service to St. Francis Hospice with a turnaround at Havering Atte Bower. TfL had in addition indicated a wish to be involved in the development of the Morrisons store near Queen's Hospital in order to try and secure some further bus improvements.

Work was currently underway to improve access at Chadwell Heath station. Planned work in conjunction with the Crossrail development would lead to step free access to all platforms at Gidea Park and Harold Wood stations but this would not be completed until mid-2015. Public information events on the works were planned for early 2013. A redesign of Romford station was still under discussion.

The officer clarified that consultations were undertaken to ascertain the bus services people wanted. Concerns raised by residents were also taken up over the course of the year. Members felt that they needed earlier notification of proposals for changes to bus services and also that residents needed to be engaged with more fully on this area. Perhaps information could be included with Council Tax bills or use could be made of Living Magazine. Officers responded that feedback was generated from residents by for example the Your Council Your Say survey.

It was explained that, while detailed work still needed to be undertaken, it was proposed to give bus routes 498 and 499 access to Queen's Hospital via Rom Valley Way. Members welcomed this but felt it was also essential to work on introducing a route linking Queen's and King George Hospitals.

There was currently a sloped walk between Harold Wood station and Harold Wood polyclinic. Once the new housing estate had been completed, it was anticipated that bus access to the vicinity of the polyclinic would be introduced. The parking situation at the polyclinic was not considered a major problem. The representative of BHRUT agreed that people should make more use of the polyclinic.

The Committee **NOTED** the update.

8 BHRUT UPDATE

The Director of Planning and Performance at BHRUT admitted that there were significant financial challenges at the Trust but felt that the Trust had the support of its partners in addressing these. H4NEL was also seen as part of the solution.

The Trust had recently agreed a cost improvement plan with support from the local NHS cluster. This would be shared with the Committee later in the year. It was emphasised that the transfer of services between Queens and

King George Hospitals was subject to a Gateway Review confirming that the existing services were sufficiently robust in quality.

The current sexual health service at Queen's was being relocated in order to allow more space for the reconfiguration of A&E at the hospital. A site for the service was currently being sought in Romford Town Centre. The Committee felt that the site identified for the service was too high profile and that such a service should not be housed in a separate, self-contained unit. The BHRUT officer agreed to feed these views back.

The transfer of A&E services from King George to Queen's Hospitals was currently being planned and updates on the timescale etc. would be brought to future meetings of the Committee.

The Care Quality Commission (CQC) had now given feedback to the Trust and had indicated they considered satisfactory progress had been made against most of their recommendations. The CQC had however highlighted continuing concerns around A&E and the Trust's Reset programme was designed to address emergency care transformation. The Rapid Assessment and Treatment system which had been successfully used at Queen's would shortly be introduced at King George. This system was intended to be consultant led but there remained a need to recruit further consultants to A&E at the Trust. Four more consultants had however recently been recruited to start work in September. It was also hoped to extend the hours in which the system operated. This would also require the extension of consultant cover at weekends etc.

The Trust now had a new management structure with 11 clinical directors and had received support from NHS London to recruit senior doctors. It was accepted that there remained a lot of work to be done but the BHRUT director felt there had been significant improvements in the last year.

It was explained that the A&E at King George would not be closed until work on the A&E at Queen's had been completed. Work was in progress with the CCGs and NELFT on the clinical model of care with the aim of enhancing community provision in order to reduce hospital admissions.

It was agreed that the BHRUT officer would seek to obtain figures for he redundancy costs etc. associated with the recent changes at Trust Board level and supply these to the Committee. It was pointed out however that several staff affected were currently still employed by the Trust.

A Member related problems a constituent had encountered concerning extremely long waits for appointments at the hearing aid service. The BHRUT officer agreed to look into the specific details of the case as hearing aid service appointments were normally required to be provided within six weeks. The design of the overall outpatient function was currently being reviewed with the possibility of introducing a partial booking system where initial appointments were made six months ahead with the exact date being agreed with the patient six weeks before the appointment was due.

Details of debts outstanding from health tourists were regularly reported to the Trust's finance committee. It was acknowledged that the Trust often had no choice but to provide treatment in urgent cases. The BHRUT officer agreed to obtain figures for debts of this sort that had been written off.

It was accepted that the Trust's identification of patients with dementia had not been as good as it should be. The Trust was now required to identify patients suffering from this condition and to provide appropriate treatment.

A detailed action plan had been developed in response to the CQC report and the Trust asked for evidence showing that each recommendation had been completed. This work was also subject to external scrutiny via a clinical quality review meeting chaired by the Director of Nursing at NHS North East London and the City. A new chief operating officer and new director of transformation had been recruited and reconfiguration work at the Trust was being led by Nick Hulme.

A ward had now been freed up at Queen's in order to be converted into further maternity beds. Proposals for the expanded A&E unit at Queen's were due to be considered by the Trust board on 1 August. Some current Queen's services would have to be relocated in order to allow for the expanded A&E department. The predicted growth in A&E activity had been factored into the plans although further work was needed on the bed capacity at Queen's.

Records were kept on why people attended A&E and the BHRUT officer's views was that many patients did not need to attend A&E and could be treated in the Urgent Care Centre. A scheme had also been run to supply patients who did not need to be seen in A&E with appointments with their GPs which had been supported by the CCG.

Consultants were recruited on a full-time basis although locum staff were also used. Figures would be supplied to the Committee on the proportions of locum and permanent consultants. It was accepted that the use of agency staff was more expensive and the Trust wished to reduce the resources spent on using temporary staff.

It was reiterated that patients would not come across from King George to Queen's until the relevant facilities were in place. 65% of current patients at King George A&E would still be treated on the site and 58% of patients admitted at King George would be transferred to Queen's. The Committee was pleased at the planned reduction in overall births at Queen's to 8,000 per year.

BHRUT officers would also report back plans for dealing with rising rates of diabetes. It was accepted that it would be better to prevent hospital admission by treating diabetes and related conditions in the community.

The issue of toric lenses had been raised with commissioners but these would not be routinely commissioned. Individual funding requests could be made which would be considered on a case by case basis.

The Committee **NOTED** the update.

9 COMMITTEE'S WORK PROGRAMME 2012/13

In addition to the proposed work programme contained in the agenda papers, the Committee expressed a wish to see more performance information from the local Health Trusts. A useful first step would be for the committee officer to circulate papers for Trust board meetings as these often contained this type of performance information.

The Committee requested the arranging of a number of visits including King George Hospital to view the areas affected by the reconfiguration, Hornchurch clinic which the Committee felt may be underused and to Cranham Health Centre.

The Committee also expressed a wish to scrutinise the issues of dementia locally. This would need to be done in conjunction with the Individuals Overview and Scrutiny Committee and it was decided to hold this after the Members had attended the dementia awareness training later in the year.

The Committee also wished to receive more details on the breast cancer screening programme and the precise services offered at the Victoria Centre and Harold Wood polyclinic.

With the addition of the comments shown above, the Committee **AGREED** the proposed work programme for 2012/13.

10 NOMINATIONS FOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES

It was **AGREED** unanimously that Councillors Light, Brice-Thompson and Dodin would be the Committee's representatives on the Outer North East London Joint Health Overview and Scrutiny Committee.

It was further **AGREED** that Councillor Light would be the Committee's representative on any pan-London health scrutiny committee that may need to be formed during the 2012/13 municipal year.

11 URGENT BUSINESS

The Committee **AGREED** to start future meetings at 7.00 pm rather than 7.30 pm.

A representative of Havering LINk explained that the organisation was meeting shortly with representatives of Homes in Havering to discuss domiciliary care. This was to consider Council procedures and the quality of care agencies commissioned, given that a high proportion of tenants were aged over 60.

The LINk was also encouraging the use of a butterfly logo on care plans etc. to indicate patients suffering from dementia. The LINk requested the Committee's support in this initiative and the Committee **AGREED** to support Havering LINk's campaign to introduce the use of the butterfly logo.

The Committee briefly discussed the future of St. George's Hospital, the decision on which now rested with the Clinical Commissioning Group. It was noted that this was an ongoing issue that would require further scrutiny as the plans became clearer.

Chairman

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY COMMITTEE
Committee Room 3B - Town Hall
6 September 2012 (7.00 – 8.15 pm)**

Present:

Councillors Pam Light (Chairman), Wendy Brice-Thompson, Frederick Osborne, Linda Trew, Ray Morgon, Clarence Barrett and Frederick Thompson

12 **ANNOUNCEMENTS**

The Chairman gave details of the action required in case of fire or other event requiring the evacuation of the meeting room.

13 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received from Councillor Linda Trew (Councillor Frederick Thompson substituting) and from Councillor Nic Dodin (Councillor Clarence Barrett substituting).

Councillors Keith Darvill and Paul McGeary were also present.

The Chair, Vice-Chair and coordinator of Havering Local Involvement Network (LINk) were present. One member of the public was also present.

14 **DISCLOSURE OF PECUNIARY INTERESTS**

There were no pecuniary interests disclosed.

15 **REQUISITION OF CABINET DECISION - COMMISSIONING OF A LOCAL HEALTHWATCH SERVICE**

The Committee were informed that, at its meeting on 15 August, Cabinet had considered a report on commissioning of a Local Healthwatch service. The Cabinet decision was as follows:

1. To note the consultation on models for the commissioning of a local Healthwatch service.

2. To confirm the inclusion of the Independent Complaints' Advisory Service in the function to be carried out by Healthwatch.

3. To delegate the consideration of consultation responses, the LINk's

legacy analysis, consultation with the host organisation and current chair/vice chair of LINk and selection of the appropriate commissioning route to the Cabinet Member for Individuals and Deputy Leader.

4. To note that further work would be undertaken to draw up the specification and proposed operating model for Healthwatch in Havering once the procurement route has been established.

The decision had been requisitioned for the following reasons:

1) to address the concerns of the Local Involvement Network (Havering LINk)
about the recommendations within the Cabinet Report;

2) to ensure that the consideration of consultation responses, the LINk's legacy analysis, consultation with the host organisation and current chair/vice chair of LINk and selection of the appropriate commissioning route is not delegated the Lead Member for Individuals and Deputy Leader;

3) to give more detailed consideration of the advantages and disadvantages of a shared Healthwatch 'Hub & Spoke' model with joint commissioning led by LB Barking & Dagenham.

The Assistant Director – Transformation (Commissioning) for Adult Social Care explained that the Health and Social Care Act required Havering to have a fully functioning Local Healthwatch by 1 April 2013. A consultation on the options had been launched in August 2012 and it was accepted that it had not been possible on this occasion to give a 90 day consultation period as recommended in guidance. The Assistant Director acknowledged that the consultation questionnaire was slightly misleading and unhelpful and apologised for this.

It was accepted that the consultation had caused concerns but a positive point was that a lot of responses had been generated and this had shown the strength of feelings around the outcomes achieved by Havering LINk. The Assistant Director was happy to have direct meetings with any interested parties and would feed in all feedback received before the end of September.

The Assistant Director was aware of the good work carried out by Havering LINk in the last 3-4 years and felt that Havering LINk had outperformed LINks in neighbouring boroughs. It was accepted that this was not reflected in the written consultation document. The Assistant Director and his team had met with the LINk Chair and Vice-Chair as well as the LINk host organisation – Shaw Trust. Meetings were also being arranged with the Patient Advice and Liaison Service and with the Independent Complaints Advisory Service. The Assistant Director wished to build on the legacy of Havering LINk going forward into Healthwatch.

Local Healthwatch would have 4-5 times more funding than LINk as it would cover several additional work strands and the Assistant Director wished to recognise and build upon the work of the LINk. He added that several consultation responses had mentioned a wish to avoid the mistakes made when the former Patient and Public Involvement Forums changed to Local Involvement Networks.

Officers accepted that the consultation document listed more positives for option C (the shared model with Barking & Dagenham) than for the other options and agreed that it looked like the document was trying to prejudice the outcome. Officers emphasised that this was not the case and that no decisions had been made at this point. Most consultation responses received thus far had favoured a Havering-specific model. A paper would be produced by officers in October 2012 which would look in a balanced way at the advantages and disadvantages of each of the different Local Healthwatch models.

The Assistant Director agreed that the coordination of volunteers needed to be a key part of the new model. He had met with Havering LINk and stated this aim. It was accepted that the consultation had had a negative impact so far but efforts were being made to recover from this. The Assistant Director wished to build the LINk work plan into Local Healthwatch and had offered to meet with the LINk steering group.

The Assistant Director offered to circulate the responses and main themes of the consultation once these had been received after the end of September. These would be attributed to their sources where the individuals and organisations concerned had agreed to this. The decision on the Local Healthwatch model would be taken by the Lead Member.

It was confirmed that the consultation assumed the full budget would be available to Local Healthwatch although final figures would not be known from the Government until December 2012. It was hoped that the full anticipated funding would be received.

The Assistant Director confirmed he had met with officers from the Shaw Trust earlier that week and a positive meeting had taken place. He felt that Shaw Trust had done a good job supporting the LINK. Shaw Trust had been very supportive and had lots of ideas re the transition to Healthwatch.

The funding for Healthwatch was expected to consist of approximately £60,000 existing LINk funding, £47,000 additional Healthwatch funding, £105,000 for PALS functions and £58,000 for ICAS functions.

Councillor Darvill, a requisitioner of the decision, addressed the Committee and felt that pre-decision scrutiny and debate on the proposals should have taken place some months ago. Perhaps a debate should have taken place at full Council as this was an essential aspect of local government policy. He wished to record strong criticism of the Administration for the delay in bringing the Local Healthwatch proposals forward. Councillor Darvill also felt

that the decision on Healthwatch should be taken either by Cabinet as a whole or via a report to full Council and not left to the individual Cabinet Member. Scrutiny of the consultation process should also be allowed.

The Assistant Director agreed that it would have been positive to have this debate earlier but this had not been possible due to delays in the Health and Social Care Act being passed and in the publication of the Healthwatch Regulations which were now expected towards the end of September.

It was explained that both Local Healthwatch and the Health Overview and Scrutiny Committee would call the Clinical Commissioning Group (CCG) to account if necessary.

The Assistant Director was unaware of any meetings in June 2012 concerning a potential four-borough Healthwatch for Outer North East London but would make enquiries regarding these discussions.

It was anticipated that borough Healthwatches (if this type of model was chosen for Havering) would need to work together on a regular basis in order to deal with cross-border issues. The Assistant Director confirmed that the role of Local Healthwatch with Children's Services was less extensive and this would be clarified in the Regulations.

It was **agreed** that a further special meeting of both Committees would be held after the end of the consultation period. This would allow the Assistant Director to present the outcomes and main themes of the consultation to the Committees. Any views expressed by Members could be fed back by the Assistant Director to the Lead Member. No formal recommendations would however be made at this meeting.

The Chair of Havering LINk thanked Members for calling this special meeting and confirmed that he did not have any questions at this time.

The matter was then put to a vote.

The proposal that the requisition be upheld (and therefore that the matter be referred back to Cabinet for further consideration) was LOST (by 4 votes to 0) and it was therefore **RESOLVED**:

> **That the requisition of the Cabinet decision taken on 15 August not be upheld.**

The voting was as follows:

Councillors Brice-Thompson, Light, Osborne and Thompson voted against upholding the requisition.
Councillors Barrett and Morgon abstained.

Chairman

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Ageing Well Event : Themes by OSC

Environment OSC:

- Highway Claims/ Insurance
- Subway Access to Romford Market
- Blue Badge Scheme (assessment)

Individuals OSC:

- IT for the Elderly
- Dial a Ride
- Update on Safeguarding
  - Banking Protocol
  - Safety of Individuals
  - Rogue Traders
- Impact on housing for Elderly

Health OSC:

- Hospital Reconfiguration and Integrated Care
- A&E (BHRUT)
- NELFT – mental health and community services

Value OSC:

No specific reviews, but happy to jointly work with other OSCs if relevant.

Towns and Communities OSC:

- Collier Row Town Centre Regeneration
- Hornchurch Town Centre Regeneration
- Romford Leisure Centre

Children and Learning OSC:

None

Crime and Disorder

No specific issue which they wished to look at, although they will monitor the fear of crime amongst older people.

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