



Havering

LONDON BOROUGH

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

7.00 pm

Wednesday
26 October 2016

Havering Town Hall

Members 6: Quorum 3

COUNCILLORS:

**Conservative
(3)**

**Residents'
(1)**

**East Havering
Residents' (1)**

**Labour
(1)**

Michael White
(Chairman)
Dilip Patel (Vice-Chair)
Carol Smith

June Alexander

Alex Donald

Denis O'Flynn

For information about the meeting please contact:

**Anthony Clements 01708 433065
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Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

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 sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees 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 to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for

Health Overview & Scrutiny Sub-Committee, 26 October 2016

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 or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference:

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 DISCLOSURE OF 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 - 6)

To agree as a correct record the minutes of the meeting held on 27 July 2016 and to authorise the Chairman to sign them (attached).

5 BHRUT IMPROVEMENT PLAN AND PLAN FOR WINTER PRESSURES

A representative of Barking, Havering and Redbridge University Hospitals' NHS Trust will discuss with the Committee the Trust's improvement plan and plans for dealing with winter pressures.

6 INTERMEDIATE CARE UPDATE

An Executive Director of the North East London NHS Foundation Trust will update the Committee on the Trust's work in intermediate care.

7 CARE BED CHARGES

The Director of Adult Services will discuss with the Sub-Committee the position around charge levels for care beds if a resident is in hospital.

8 ACCOUNTABLE CARE ORGANISATION

The Director of Adult Services will present on the work taking place in Havering to establish an Accountable Care Organisation.

9 URGENT BUSINESS

To consider any other items 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 as a matter of urgency.

Andrew Beesley
Committee Administration Manager

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**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
27 July 2016 (7.05 - 8.15 pm)**

Present:

Councillors Michael White (Chairman) Dilip Patel (Vice-Chair) Alex Donald, Ray Morgon, Denis O'Flynn and Carol Smith.

*substituting for Councillor June Alexander

Also present:

Ian Buckmaster, Director, Healthwatch Havering
Dr Susan Milner, Interim Director of Public Health
Carol White, North East London NHS Foundation Trust

Anthony Clements, Principal Committee Officer

1 ANNOUNCEMENTS

The Chairman gave details of arrangements in case of fire or other event that may require evacuation of the meeting room or building.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillor June Alexander, Councillor Ray Morgon substituting.

3 DISCLOSURES OF INTEREST

There were no disclosures of interest.

4 CHANGES TO MEMBERSHIP

The Sub-Committee noted changes to its membership that had been made following the Annual Council meeting.

5 MINUTES

The minutes of the meeting of the Sub-Committee held on 10 March 2016 and of the joint meeting with the Children & Learning Overview and Scrutiny Sub-Committee held on 20 April 2016 were agreed as a correct record and signed by the Chairman.

6 DIGITAL ROADMAP FOR INTEGRATION BETWEEN HEALTH AND SOCIAL CARE

Due to the absence through illness of a representative from Havering Clinical Commissioning Group (CCG) this item was deferred to the next meeting of the Sub-Committee.

7 ST GEORGE'S HOSPITAL SITE

In the absence of a representative from Havering CCG, it was agreed that the Clerk to the Sub-Committee should seek to obtain a written update on this issue and circulate this to Members.

8 ORCHARD VILLAGE HEALTH CLINIC

In the absence of a representative from Havering CCG, it was agreed that the Clerk to the Sub-Committee should seek to obtain a written update on this issue and circulate this to Members.

9 CORPORATE PERFORMANCE REPORT QUARTERS 3 AND 4 (ANNUAL 2015/16)

The Interim Director of Public Health explained that Havering had met its target for HIV testing and had made progress on the numbers of schools achieving the Healthy Schools award. It was noted that this was due to become a traded service and that schools would be asked to pay £595 p.a. for healthy schools support.

The percentage of women smoking at the time of delivery had fallen and this was expected to reduce further as the population of Havering became more diverse.

It was accepted that the target for the number of eligible patients offered a NHS Healthcheck was not being met. This service was commissioned from Havering GPs and was a mandated service that the Council was required to commission. The Director explained however that this was similar to performance in other geographical areas and there was no evidence that healthchecks improved a person's overall health.

Healthchecks were required to be provided every 5 years to patients aged 40-74, unless they were already on a GP's disease register. Healthchecks included tests of Body Mass Index, blood pressure and cholesterol. Patients would be written to when their healthcheck was due although some GPs undertook this if a patient visited the surgery for other reasons.

It was emphasised that it was mandatory for the Council to commission the healthcheck service but it was uncertain what sanctions would be taken against the Council if this was not done. Audits were undertaken to ensure healthchecks were carried out and GPs were required to enter data from healthchecks on a computer system before they could be paid for this work.

Public Health England expected healthchecks to be carried out but there remained a lot of contradictory evidence as to their effectiveness.

Information was held on which GPs did not do healthchecks and publicising this was one possibility. Another option could be to work via the Accountable Care Organisation to make the carrying out of healthchecks more appealing to local GPs. It was also possible that more demand for healthchecks could be created through for example, an article in Living in Havering but it was important to avoid duplication and overspending of the healthcheck budget which was around £200,000.

The Director added that no savings were predicated on the impact of healthchecks as they were not felt to keep people out of hospital. The Director felt there was no evidence that the healthcheck programme was delivering on its purpose and that the resources committed could be used in a different way.

The Sub-Committee **NOTED** the position.

10 **CORPORATE PERFORMANCE REPORT - QUARTER 1 2016/17**

The Director explained that targets for participation in the national child measurement programme were being met and that the programme measured children in reception and year 6 in order to build up a database of information on childhood obesity. HIV testing targets were also continuing to be met.

The current provider was not meeting the target for the successful completion of drug treatments and the commissioner (the Council) and the provider were currently working on an action plan to address this.

The target for new birth visits by health visitors was being met by this service provider – NELFT.

The indicators chosen by the Council were some of only a few quantitative indicators in the public health service plan and the Sub-Committee could scrutinise quarterly performance against the service plan if it wished. It was **AGREED** that the annual report of the Joint Strategic Needs Assessment, as presented to the Health and Wellbeing Board, should be brought to the next meeting of the Sub-Committee.

11 **HEALTHWATCH HAVERING ANNUAL REPORT**

A director of Healthwatch Havering explained that Healthwatch was a statutory body established by the Health and Social Care Act 2012 in succession to earlier organisations such as Community Health Councils. Patient and Public Involvement Forums and Local Involvement Networks. A Healthwatch organisation had been established for every London borough and county and there was also a national Healthwatch England organisation.

Healthwatch represented the interests of patients and service users and had the unique statutory power of being able to undertake enter and view visits to health and social care premises.

There was a small team of part-time, paid Healthwatch staff but much of the organisation's work was undertaken by volunteers who included several former Health Service employees. In addition to involvement with several of the Overview and Scrutiny Sub-Committees, Healthwatch was a full member of the Health and Wellbeing Board and also sat on the CCG's Primary Care Commissioning Committee which allocated contracts to GPs. Healthwatch was also represented on the local Urgent Care Board. Healthwatch worked closely with the Care Quality Commission, NELFT, BHRUT and other Healthwatches in the local area.

All reports on enter and view visits undertaken were published on the Healthwatch website. The programme of visits had recently been extended to include GP practices and a report on this would be brought to a future meeting of the Sub-Committee. A total of 26 enter and view visits had taken place in the year under review and this included to Whipps Cross Hospital (which was used by some Havering patients) and St Francis Hospice.

Other Healthwatch activities included the introduction of 'Tell us what you think' cards that allowed people to comment, positive or negatively, on health and social care services and working with the local Positive Parents group for the parents of children with learning disabilities in order to improve links for this group with the Council, NELFT and the CCG. A joint review on delays to treatment at BHRUT had been established by Healthwatch and the Sub-Committee and this was believed to be the first such joint review in the country.

Survey work by Healthwatch had investigated why people went to A & E and showed low awareness among patients of alternative facilities such as community treatment teams and urgent care centres. Other Healthwatch research showed that most people preferred to speak to a person face to face regarding a medical issue rather than use a website or app.

The Healthwatch work programme for 2016/17 would include mental health, acute services, facilities for people with learning disabilities and domiciliary care. Healthwatch was funded principally via a grant of approximately £117,000 from the Council.

A representative of NELFT commended Healthwatch for the level of enter and view visits it undertook. The director felt that the organisation needed more volunteers in order to carry out its various workstreams. It was clarified that Healthwatch had only a very limited remit for children's services.

The Sub-Committee **NOTED** the annual report of Healthwatch Havering.

12 **NOMINATIONS TO JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES**

It was **AGREED** that Councillors White, Patel and Alexander should be the Sub-Committee's representatives on the Outer North East London Joint Health Overview and Scrutiny Committee.

It was also **AGREED** that Councillor White would be the Sub-Committee's representative on any pan-London health scrutiny work that may be required.

13 **SUB-COMMITTEE'S WORK PLAN**

It was **AGREED** that updates on developments at meetings of topic groups, the Outer North East London Joint Committee etc, should be given at meetings of the Sub-Committee.

It was **AGREED** that an update on the stroke services reconfiguration process should be given at a future meeting of the Sub-Committee.

It was felt that scrutiny of the Accountable Care Organisation and Sustainability and Transformation Plan could be most effectively conducted at the Joint Committee level although updates could also be fed back to the Sub-Committee.

The Clerk to the Sub-Committee would circulate a revised version of the workplan to Members for information.

14 **URGENT BUSINESS**

There was no urgent business raised.

Chairman

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