



MEETING	DATE	ITEM
HEALTH OVERVIEW AND SCRUTINY COMMITTEE	10 MAY 2012	10

REPORT OF THE CHIEF EXECUTIVE

SUBJECT: ANNUAL REPORT 2011/12

SUMMARY

This report is the annual report of the Committee, summarising the Committee's activities during its year of operation ended May 2012.

It is planned for this report to stand as a public record of achievement for the year and enable Members and others to have a record of the Committee's activities and performance.

There are no direct equalities or environmental implications attached to this covering report. Any financial implications & risks from reviews and work undertaken will be advised as part of the specific reviews.

RECOMMENDATION

1. That the Committee note the 2011/12 Annual Report and authorise the Chairman to agree the final version for Council.
2. That the Committee agree the report be referred to full Council.

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Cheryl Coppel
Chief Executive

Background Papers - None

OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:

Annual Report 2011/12

CMT Lead:

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Under the Council's Constitution, each Overview and Scrutiny Committee is required to submit an annual report of its activities to full Council.

SUMMARY

This report is the annual report of the Committee, summarising the Committee's activities during the past Council year.

It is planned for the report to stand as a public record of achievement for the year and enable Members and others to note the Committee's activities and performance.

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REPORT DETAIL

During the year under review, the Committee met on six occasions and dealt with the following issues:

1. PRIMARY CARE ISSUES

- 1.1 Clinical Commissioning Groups - Throughout the year, the Committee scrutinised and kept up to date with developments regarding the Clinical Commissioning Group (CCG) or GP Consortium in Havering which will, from April 2013, assume a key role in the commissioning of many health services for local people. The role of the CCG has been explained to the Committee and several Members also attended an initial engagement event held by the CCG itself. The Committee will seek to further develop its relationship with the CCG (over which it will have full scrutiny powers) during the coming year.
- 1.2 St. George's Hospital – The Committee prioritised throughout the year plans for the development of St. George's Hospital. Proposals for the site were discussed with the NHS ONEL borough director although it was explained that the final decision on the future of St. George's would need to be taken by the CCG. Through the scrutiny process, it was also clarified that an area of land sold adjacent to the hospital was privately-owned by a third party and this did not have any impact on the future of the hospital site itself. In March 2012, Members undertook a site visit to the hospital where they were able to view those services still operating on the site and discuss future plans with representatives from the NHS ONEL estates department.

2. QUEEN'S HOSPITAL ISSUES

- 2.1 The Committee received throughout the year updates from senior officers at Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) on the latest position at both Queen's Hospital and the Trust as a whole. The Committee's focus had been principally on those areas particularly criticised by the Care Quality Commission – A & E and maternity. Each meeting of the Committee was attended by the Trust's Director of Planning and Performance (or a suitable substitute) who was able to discuss in detail the problems in these areas and actions the Trust was putting in place to resolve these. In addition, Members undertook site visits during the year to both A & E and maternity at Queen's. The visit to A & E allowed discussion with medical and managerial staff of plans to expand A & E services in light of predicted future demand and of the Trust's new Rapid Assessment and Treatment system. The tour of maternity allowed Members to gain a detailed insight into the issues faced by the department and to have useful discussion with the Sister on duty. In order to avoid duplication, the

Committee was pleased that a Member and officer from Barking & Dagenham were also able to attend the maternity visit.

- 2.2 Hospital Transport – In light of continuing concern over transport arrangements at Queen’s Hospital, the Committee received in October a presentation from the Council’s transport planning officer on hospital transport issues. This included work to persuade Transport for London to divert more Romford buses into Queen’s Hospital itself and also the current lack of any direct bus between King George and Queen’s hospitals. Other issues discussed included the lack of step free access at stations used for accessing the hospital and the need to continue to monitor the use of Blue Badge spaces at Queen’s Hospital.
- 2.3 Norovirus – The Committee received a presentation at its February meeting on the problem of norovirus at Queen’s Hospital and steps the Trust had taken to combat this. The BHRUT Director of Planning and Performance also circulated to the Committee copies of information about norovirus given to patients and hospital visitors.

3. NORTH EAST LONDON FOUNDATION TRUST (NELFT) ISSUES

- 3.1 At the start of the year, the Chairman met with the Chief Executive of NELFT in order to discuss a number of issues including developments at Goodmayes Hospital and the Trust becoming the principal provider of community services for the whole of Outer North East London.
- 3.2 The Committee also held a successful visit in December to the Brookside Child and Adolescent Mental Health Unit. Members were able to discuss with NELFT staff both the in-patient and day programmes offered in this specialist facility.

4. HEALTH SCRUTINY CORRESPONDENCE

- 4.1 The Committee has continued, where it feels it appropriate, to use its powers to request specific information and responses from the Health Trusts to matters of concern. Issues scrutinised in this way during the year included the issues of the sale of land near to St. George’s Hospital and the use of disabled Blue Badge parking bays at Queen’s Hospital. All letters and responses received are copied to all members of the Committee in order that they receive the latest information.

5. TOPIC GROUP WORK

- 5.1 On several occasions during the year, the Committee called separate, stand alone, topic group meetings in order to scrutinise specific issues in more depth. One such meeting allowed for detailed discussions with a BHRUT Director of the problems facing the A & E department at Queen’s Hospital. This allowed for a considerably more detailed scrutiny of these issues which were attracting national attention at the time.

- 5.2 Patient Discharge – Following the presentation to the Committee of the Havering Link report on patient discharge, the Committee agreed that the breadth of issues raised in the report meant that a topic group meeting should be arranged in order that these areas could be scrutinised in detail. As such, a meeting was arranged in February that was attended by members of Havering Local Involvement Network (LINK) as well as senior representatives of all local Health Trusts involved in the discharge process, the Clinical Commissioning Group and the Council's Adult Social Care section. Each stakeholder gave a detailed verbal response to the LINK's report and this led to a very productive session which gave all parties an insight into the issues preventing timely discharge from hospital. It was agreed that a follow-up meeting should be held in September to consider progress in this area.

6. SITE VISITS

- 6.1 In addition to the site visits detailed elsewhere on the report, the Committee visited several other local facilities as follows:
- 6.2 Saint Francis Hospice – In September, Members visited Saint Francis Hospice and toured the facilities. Members also discussed with the Hospice chief executive strategies for end of life care and the Hospice's day patient and outreach services.
- 6.3 Care Homes – While the Committee has no statutory power to inspect care homes, Members were pleased that several local facilities did invite them to tour their buildings and discuss issues of concern. One issue that was repeatedly raised by care home staff was the difficulty in obtaining full notes for residents who have been released from hospital. This was fed back to Havering LINK as part of their work on patient discharge issues.
- 6.4 Queen's Hospital Pharmacy - In April, the Committee visited the pharmacy at Queen's Hospital. Members were shown around by the Deputy Chief Pharmacist and gained an insight into the process involved in filling prescriptions for patients both in the hospital and ready to be discharged home.
- 6.5 Harold Hill Health Centre – Following concerns raised by the Committee that the facility was being underused, Members visited Harold Hill Health Centre and toured the facility in conjunction with senior officers from the then NHS ONEL estates department. While being generally impressed with the quality and size of the facilities at the health centre, Members remained concerned that the building was not being used sufficiently.

7. JOINT HEALTH SCRUTINY

- 7.1 The Chairman and other Members have played a full part during the year in the Outer North East London Joint Health Overview and Scrutiny Committee

which continues to look at a range of health issues relevant to the sector as a whole. All Members receive agendas and minutes of the Joint Committee as well as updates between meetings. Key issues scrutinised by the Joint Committee during the year have included:

- 7.2 LINKs referral of maternity services. In July, the LINKs covering Havering, Redbridge and Barking & Dagenham jointly referred, using their statutory powers, the problems with maternity at Queen's Hospital to the Joint Committee. The Joint Committee arranged for senior maternity officers at BHRUT to attend the meeting where they gave an update on maternity issues and answered detailed questions from both Members and LINK representatives themselves.
- 7.3 Changes to NELFT services – The NELFT chief operating officer met with the Joint Committee and discussed in detail the reasons for the decommissioning of certain services such as Think Arts and an eco-therapy project in Barking & Dagenham. At its April meeting, the Committee also scrutinised NELFT proposals to reprovide aspects of its psychotherapy services across the sector.
- 7.4 Cancer model of care – The Committee received a presentation from London Health Programmes on the latest pan-London work on a cancer model of care. It was noted that the proposed model aimed to improve early diagnosis rates and hence overall survival rates.
- 7.5 Commissioning Support Organisation – The Joint Committee has also scrutinised plans for the local Primary Care Trusts to offer commissioning support in the future to CCGs via a new Commissioning Support Organisation. This model would apply to the whole of North and East London and the Committee was pleased to welcome a Member from London Borough of Newham to the meeting who was also allowed to ask questions on this item.
- 7.6 Saint Francis Hospice – The Committee also received a presentation from the chief executive of Saint Francis Hospice on their outreach work covering most of Outer North East London. The Committee was given details of the hospice's role and funding arrangements as well as the hospice's at home and telephone services.

8. HEALTH FOR NORTH EAST LONDON

- 8.1 The Committee has continued to monitor developments with the Health for North East London proposals and will continue to take regular updates on this during the coming year. In June, the Chairman also gave evidence to the Independent Reconfiguration Panel considering the proposals.

9. HAVERING LINK

9.1 The Committee has continued to work effectively with Havering LINK throughout the year. LINK representatives are present at each Committee meeting and are given the opportunity to ask questions of the health officers present. The LINK formally presented its report on patient discharge to the Committee and this led to a full topic group session on the issues raised, as discussed above.

9.2 Queen's Hospital Enter and View – At the request of the Committee Chairman, the LINK undertook an enter and view visit to Sunrise Ward at Queen's Hospital to monitor the effectiveness of the red tray system to indicate those patients requiring assistance at mealtimes. The LINK presented its findings at a meeting of the Committee and, although there were many positive observations noted, the LINK also made a number of recommendations to the Hospitals Trust covering areas such as staff training and the overfilling of patients' water jugs.

10. OTHER AREAS SCRUTINISED

10.1 Annual Report of the Director of Public Health – The Director of Public Health for Havering presented her report to the Committee which this year focussed on cancer outcomes. The Committee was pleased to hear details of the bowel cancer screening programme in Havering but felt that such screening should ideally also be offered to younger patients.

10.2 Heartstart Havering – In February, the Committee received a presentation from an officer of Heartstart Havering, a local group giving free classes in lifesaving techniques such as cardiac massage. The Committee offered its full support to Heartstart Havering's plan to install more defibrillation machines in community areas.

IMPLICATIONS AND RISKS

Financial implications and risks:

None – narrative report only.

Legal implications and risks:

None – narrative report only.

Human Resources implications and risks:

None – narrative report only.

Equalities implications and risks:

While health issues and the work of the Committee can impact on all members of the community, there are no implications arising from this specific report which is a narrative of the Committee's work over the past year.

BACKGROUND PAPERS

None.