

**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.