



MEETING	DATE	ITEM
HEALTH OVERVIEW AND SCRUTINY COMMITTEE	25 JUNE 2013	

REPORT OF THE CHIEF EXECUTIVE

SUBJECT: ANNUAL REPORT 2012/13

SUMMARY

This report is the annual report of the Committee, summarising the Committee's activities during its year of operation ended May 2013.

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 2012/13 Annual Report.
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 2012/13

CMT Lead:

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Policy context:

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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.

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

RECOMMENDATIONS

1. That the Committee note the 2012/13 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.

REPORT DETAIL

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

1. QUEEN'S HOSPITAL ISSUES

- 1.1 Given the number of high profile issues affecting Queen's Hospital, the Committee prioritised keeping up to date with developments there and received regular updates at meetings from The Director of Planning and Performance at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT). At its March meeting, the Committee was also pleased to hold discussions with the BHRUT Chairman – Sir Peter Dixon.
- 1.2 Accident & Emergency – Key areas relating to Queen's Hospital included on going performance issues at A&E. Members were sympathetic to efforts by the Trust and its partners to promote use of alternative facilities to A&E but also felt that Queen's A&E itself needed to improve its performance. The Committee also undertook a visit to A&E during the year in order to discuss the department's Rapid Assessment and Treatment system with consultants and other key clinical staff.
- 1.3 Maternity – The Committee was pleased to note during the year the improved performance of maternity at Queen's Hospital. The closure of the equivalent unit at King George Hospital was closely scrutinised and impacts on both Queen's and other local hospitals were reviewed both by the Havering committee and the Outer North East London (ONEL) joint committee.
- 1.4 JONAH system and delayed transfers of care – Members paid two visits to Queen's Hospital during the year in order to discuss the operation of the JONAH computer system for tracking patients. The Committee learnt that JONAH was used to track patients in hospital and should not be used as a performance management tool or to analyse reasons for delays in patient discharge. Members were also concerned that the system could be accessed by a large number of hospital staff. The Committee also held useful discussions in February with a senior officer from the Council's adult social care department who explained in detail the issues around delays in patient discharge and work the Council was undertaking with partners to resolve these. These areas were also scrutinised further during the year at two topic group meetings on patient discharge, held in conjunction with Havering Local Involvement Network (LINK).
- 1.5 Hospital Complaints – The Committee has also scrutinised, with BHRUT officers, the complaints system at the Trust. Members noted with interest work to address the backlog of complaints received and also efforts to

reduce cancellations of outpatient appointments etc. Members continued to receive reports however of lengthy delays in responding to complaints made and a topic group meeting to scrutinise these areas in more detail is therefore scheduled to be held in June 2013.

2. HAVERING CLINICAL COMMISSIONING GROUP (CCG)

- 2.1 The Committee received an initial presentation in April from the chief operating officer of Havering CCG, the new GP organisation responsible for commissioning many local health services. The Committee considered in detail the role of the new body and its plans in a number of areas including increasing opening times of GPs and making more use of existing primary care facilities. Further scrutiny of the work of the CCG is likely to be undertaken by the Committee during 2013/14.

3. ST. GEORGE'S HOSPITAL

- 3.1 Throughout the year, the Committee has scrutinised changes at and plans for St. George's Hospital in Hornchurch. The Committee was kept fully informed of developments due to the sudden closure of the site for health and safety reasons and the Chairman, along with other Members, has visited the alternative facilities provided at Brentwood Community Hospital, King George Hospital (Foxglove ward) and Greys Court in Dagenham. Members have been generally approving of the level of care provided and have made a number of suggestions as to how facilities could be improved, particularly at Foxglove ward. The Committee remains concerned however at the additional travel distances involved for residents of Havering, whether patients or relatives, in getting to these facilities. The Committee will therefore continue to scrutinise the plans of providers for returning these services to facilities in the Havering area.
- 3.2 The Committee also scrutinised the recent consultation on future development of the St. George's site. Members were concerned that the proposals were too vague at this stage although it was accepted that more detailed plans would be brought by the CCG to scrutiny in due course. The Committee plans to continue its oversight of all plans for the St. George's complex during the coming municipal year.

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 facilities at Foxglove ward of King George Hospital, lack of clear signage at Queen's A&E and the condition of the buildings at the Victoria Centre in

Romford. All letters and responses received are copied to all members of the Committee in order that they receive the latest information.

5. COMMUNITY SERVICES

- 5.1 In March, the Committee scrutinised the work of North East London Community Services who provide a range of community services in Havering and neighbouring boroughs. Members were impressed that more services such as for those patients requiring an IV drip could now be provided in the community rather than an acute hospital. This presentation also allowed the Committee a further opportunity to scrutinise plans to relocate services formerly carried out at St. George's Hospital, at sites within Havering (see paragraph 3.1).

6. MENTAL HEALTH SERVICES

- 6.1 The Committee has continued to scrutinise local mental health services and a representative of North East London NHS Foundation Trust is present at most meetings. The Committee has been briefed on NELFT's services for older people. The Committee also noted that NELFT had introduced community clinics in order to deliver mental health services closer to people's homes.

7. SITE VISITS

- 7.1 The Committee has raised concerns throughout the year that existing medical facilities in Havering were being underused. To this end, a number of visits have been undertaken to local facilities in order to view, with senior health service officers, the type and extent of services currently available. At South Hornchurch Health Centre for example, Members found on both visits during the year, that a considerable amount of the building had been given over to office accommodation and that other areas were not being used for much of the day. Discussions are continuing with providers on how this could be resolved and better use made of such facilities.
- 7.2 In addition to those visits outlined earlier in this report, Members also visited the Victoria Centre in Romford and discussed with staff the breast screening service available there. While highly impressed with the service and level of care offered, Members were concerned about the poor condition of the estate and buildings at the site and the Chairman has initiated discussions with the Havering CCG on how this can be improved.

8. JOINT HEALTH SCRUTINY

- 8.1 The Chairman and other Members have continued to play 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:

- 8.2 Hospital Transport – Members of all Councils involved with the Joint Committee have expressed concern over travel difficulties encountered by residents in seeking to attend local hospitals etc. At a meeting with Transport for London officers in October, members of the Joint Committee raised issues such as there being no direct bus service between Queen’s and King George Hospitals. Other issues raised included the lack of step free access at many local stations and that the transport needs of hospital staff and visitors should be considered as well as those of patients.
- 8.3 Care Quality Commission – The Joint Committee has held discussions with the compliance manager for the Care Quality Commission who explained the organisation’s role in registration and inspection of a range of services including GPs and NHS dentists.
- 8.4 Maternity Services – The Joint Committee held a special meeting in February to consider the impact of changes to maternity services across North East London. This considered issues such as the births capacity at hospitals across North East London and plans to cope with expected increases in local population levels. The changes to maternity catchment areas were also scrutinised in detail.

9. HAVERING LOCAL INVOLVEMENT NETWORK (LINK) AND HEALTHWATCH HAVERING

- 9.1 The Committee has continued throughout the year to work closely with Havering LINK and receive updates on the organisation’s work. LINK members were present at each meeting of the Committee until the organisation’s abolition and replacement by Healthwatch Havering in April 2013.
- 9.2 Healthwatch Havering – In September, the Committee considered a requisition of an initial Cabinet decision on the commissioning of a Local Healthwatch service. This allowed the Committee to scrutinise in detail with the Council’s Assistant Director – Transformation (Commissioning) the plans and consultation for the commissioning of a Local Healthwatch service in Havering. Following the scrutiny, the requisition was not upheld by the Committee by a majority of four votes to zero (two abstentions). The Committee also held a further special meeting in October to scrutinise the results of the Healthwatch consultation. At its final meeting of the municipal year in April, the Committee received a presentation from the Chairman of Healthwatch Havering who explained the organisation’s structure and initial plans. The Committee is keen to further develop its relationship with Healthwatch in the coming year.

9. OTHER ISSUES SCRUTINISED

- 9.1 Health and Wellbeing Board – In October, the Committee received a presentation from the Chairman of Havering’s Health and Wellbeing Board (Councillor Steven Kelly). This covered the plans and priorities of the Board which included areas such as dementia identification and support, the early detection of cancer and reducing avoidable admissions to hospital. The Committee also discussed the Board’s plans give support to vulnerable elderly people to enable them to live independently.
- 9.2 NHS England – The Committee also held discussions with a representative of NHS England (formerly the NHS Commissioning Board) who explained the organisation’s role in commissioning specialised services and supervision of the work of CCGs. The Committee also scrutinised NHS England’s responsibilities as regards ensuring the safety and quality of NHS services.

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.