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Havering
LONDON BOROUGH

HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.00 pm	Tuesday 25 June 2013	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 Sandra Binion	Nic Dodin (Vice-Chair) Ray Morgon		

Ian Burns
Acting Assistant Chief Executive

For information about the meeting please contact:
Anthony Clements
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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 - 8)

To agree the minutes of the meeting held on 18 April 2013 (attached).

5 CHAIRMAN'S UPDATE

6 BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST

To receive an update on current issues effecting the Hospitals Trust from the Director of Planning and Performance, BHRUT.

7 HEALTH AND WELLBEING BOARD MINUTES (Pages 9 - 14)

Minutes of Health and Wellbeing Board meeting of 8 May 2013 attached for information.

8 COMPLAINTS INFORMATION (Pages 15 - 16)

To note the attached diagram giving details about how Health Service complaints in Havering should be deal with.

9 ANNUAL REPORT OF COMMITTEE (Pages 17 - 24)

To approve the annual report of the Committee, 2012/13 (attached).

10 NOMINATIONS TO JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES (Pages 25 - 28)

Report attached.

11 COMMITTEE'S WORK PROGRAMME 2013/14 (Pages 29 - 32)

Report attached for discussion by the Committee.

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
18 April 2013 (7.00 - 9.35 pm)

Present:

Councilllors Pam Light (Chairman), Wendy Brice-Thompson, Frederick Osborne, Linda Trew, Ray Morgon and Barbara Matthews (substituting for Councillor Nic Dodin).

Also present:
Mary Black, Director of Public Health
John Atherton, Head of Assurance, NHS England
Alan Steward, Havering Clinical Commissioning Group (CCG)
Sarah Haider, Havering CCG
Anne-Marie Dean, Healthwatch Havering
Ian Buckmaster, Healthwatch Havering
Fiona Weir, North East London NHS Foundation Trust

62 **ANNOUNCEMENTS**

The Chairman gave details of the action to be taken in the event of fire or other event requiring the evacuation of the meeting room.

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

Apologies were received from Councillor Nic Dodin (Councillor Barbara Matthews substituting).

64 **DISCLOSURE OF PECUNIARY INTERESTS**

There were no disclosures of interest.

65 **MINUTES**

It was noted that Councillor Sandra Binion was in fact substituting for Councillor Wendy Brice-Thompson at the previous meeting rather than as stated. The minutes were otherwise agreed as a correct record and signed by the Chairman.

66 **CHAIRMAN'S UPDATE**

The NHS 111 telephone service had recently gone live in Havering and the Committee Officer would circulate a performance update on the service that had recently been received.

It had recently been announced that the 498 bus route from Brentwood to Romford Station would now call at Queen's Hospital. Similarly, the 499 route from Harold Hill would now stop at the rear entrance to the hospital in Oldchurch Road.

The Joint Committee had recently looked at the proposals for changes to services for urological cancer and had raised concern at the travel difficulties this may present to patients and their families. Possible solutions had included the offer of overnight stays, subsidised taxis and allocated parking spaces at the regional centres. The Joint Committee had felt it was essential that a transport plan was put in place before the changes to services were made.

A visit was being planned by the Committee to the South Hornchurch Health Clinic in order to ascertain how the building was now being utilised. It was also hoped to visit the new birthing centre at Queen's Hospital.

67 **NHS COMMISSIONING BOARD**

It was explained that the Board was now known as NHS England and that its main roles were to directly commission primary care and specialised services and to allocate the budget to local Clinical Commissioning Groups. NHS England also had a number of other roles however including health service strategy, civil emergencies, national standards setting, leadership development and helping commissioners to be more effective.

The London region of NHS England was split into North, Central and East areas and the establishment of NHS England had reduced complexity in the NHS. A policy of 'assumed autonomy' had been implemented with CCGs which meant there would be a more supportive, assurance driven process of supervision. Each region had a director of delivery – Paul Bennett for the region covering Havering and regional teams were made up of nursing, medical and finance colleagues.

NHS England managed the delivery of care across the whole of the sector and focussed on both standards and financial issues. Current challenges included the winter and spring pressures on A&E and the introduction of the 111 telephone service. NHS England wished to ensure that CCGs were being suitably ambitious and there were still some conditions placed on many CCG authorisations. The NHS England representative was also attending meetings of Havering's Health and Wellbeing Board.

NHS England was also involved with the regional quality safeguarding group which brought together all the agencies involved in safety and quality. The Healthwatch representative present considered this to be a very positive development.

A Member felt that the role of NHS England was too bureaucratic and that more focus was needed on local services. It was explained that the new NHS structure was leaner than previously and that NHS England was a smarter organisation than the previous Regional Health Authorities. The Director of Public Health agreed that the UK had lower health care administration costs than the USA but felt that this should continue to be monitored.

There was a financial limit in the administration costs of the CCG of £25 per head of population. Although the Havering population was rising, it did not necessarily mean that the CCG would get more funding; this would depend on the allocation formula.

The Director of Public Health wished NHS England to support efforts to increase Havering's public health allocation which was the third lowest in London. The NHS England representative accepted that Health Service structures were complicated but reiterated that the priority was to ensure good services on the ground. NHS England was itself held to account by the NHS mandate and local and regional teams ensured scrutiny of NHS England's work at a local or sector level. Local problems could also be raised by NHS England via their role with the Health and Wellbeing Board on which they were represented.

While NHS England had the responsibility of allocating funding to CCGs, it was emphasised that this would be done with a relatively light touch. Expectations around the required delivery of services would be set by the NHS Mandate and by the NHS Outcomes Framework. Struggling CCGs would be supported more directly by NHS England. Standards of performance for CCGs were expected to be published later this month.

As regards the acute sector, it was explained that BHRUT would be held to account for the performance of Queen's Hospital by the CCG which would itself be held accountable by NHS England. The NHS Trust Development Agency also addressed standards in Hospital Trusts.

Performance information for the CCG was now available and it was suggested that this could be scrutinised by the Committee in the future. This could for example include data on how BHRUT were performing against their contract with the CCG. Although NHS England saw the same CCG performance data, this was from a different perspective and officers felt that the CCG should be held to account by both the Overview and Scrutiny Committee and NHS England.

NHS England also commissioned some local primary care services which also had an impact on the numbers going to A&E etc. It was confirmed the four hour rule for A&E performance was not being dispensed with.

The Healthwatch Havering Chairman suggested it would be useful if all partners could get together in the coming weeks and seek to work through local relationships in the health sector. It was suggested that Healthwatch Havering should take this forward outside of the meeting. The Director of Public Health felt the outcome of this work could also potentially be presented at the Public Health England conference.

The Committee **noted** the update.

68 HAVERING CLINICAL COMMISSIONING GROUP

It was confirmed that the Havering Clinical Commissioning Group (CCG) was now fully authorised although, in common with many CCGs, there were some conditions on the authorisation in areas such as financial planning. The overall aim of the CCG was to improve services and outcomes for local people and communities. Specifically, the CCG was responsible for holding secondary care or hospital providers to account as well as providers of community and mental health services. While GP contracts were now with NHS England, the CCG also had responsibility for improving primary care. The CCG was also a member of the Health and Wellbeing Board which brought all partners together to check that their work fitted with overall strategies.

The CCG was made up of all Havering GP practices and had a formal governance structure. This included lay members representing audit and patient & public involvement. A secondary care consultant and a nurse were also members of the CCG Board, as well as GPs themselves. The CCG clinical directors were elected by the Havering GP practices.

The CCG could be scrutinised by each of the Health Overview and Scrutiny Committee, NHS England and Healthwatch Havering. All meetings of the CCG Board were minuted and held in public. For meetings from 1 April 2013, minutes would be available on the CCG website.

The CCG worked closely with its equivalent organisations covering Redbridge and Barking & Dagenham. Havering CCG took the lead on monitoring the contract with BHRUT. Havering CCG had developed its commissioning strategic plan following a process of engagement with patient representative groups. The CCG also had a number of different priorities including the improvement of General Practice, addressing emergency and integrated care and building effective partnerships. The work of the CCG was also closely aligned with the Health and Wellbeing Strategy.

Members were concerned that the CCG plans as presented were too generic, feeling in particular that GP surgeries should be open longer hours and that the current under use of some medical facilities should be addressed. The CCG chief operating officer confirmed that there were plans being developed to make more use of existing facilities. In the longer term, the CCG wished to see more services provided in the community or in people's homes which was also often a cheaper option. Evening GP sessions would be introduced and the CCG was also in discussion with its members about opening some GP surgeries at weekends.

The chief operating officer agreed that the use of facilities in Havering needed to be addressed and a primary care investment strategy was being developed. The CCG wished to engage with patients and the public on these plans. As regards GP access, the CCG was looking at disseminating good practice and accepted that GP access was a major issue. Members agreed, feeling that the GP should be people's first point of contact and that out of hours availability was therefore vital.

Other issues raised by Members including the need for more chiropody services in the community, particularly in the light of patients from Cranham now having to travel to South Hornchurch for chiropody services. The CCG officers agreed that services such as the removal of stitches should be offered by GPs.

GP outcomes were measured by a series of GP Outcomes Standards that were available on-line. A comparison of local GPs was also available via the My Health London website and CCG officers would supply further details.

The decision to consult on developing a centre of excellence at the St. George's Hospital site was driven by the elderly nature of the local population. There would however also be other sources of treatment for local elderly people. The consultation was only on the overall principles of the development at this stage although a Member felt that it was unclear where the St. George's proposals fitted into the wider CCG plans.

The CCG chief operating officer also wished to see an enhanced GP service at St. George's and would look at comments made about this during the consultation. Some Members felt that the consultation had been inconsistent with little meaning although the Chairman and other Members disagreed with this. The chief operating officer agreed to come back to the Committee after the conclusion of the consultation with further details of the proposals.

Members also felt that the rising elderly population of the borough should be taken into account as should local transport issues.

The Committee **noted** the update.

69 HEALTHWATCH HAVERING

The Chairman noted that the Committee had enjoyed a good relationship with Havering LINk and was keen for this to continue with Healthwatch Havering. The Healthwatch Havering Chairman agreed and felt that Healthwatch had been given a strong voice to influence how health and social care services are provided locally.

Healthwatch Havering was a company limited by guarantee with, at this stage, three directors including the Chairman. The LINk coordinator had been transferred under the TUPE regulations to a similar role with Healthwatch.

Healthwatch Havering had a voluntary membership consisting of lay members working outside the health or social care sectors and volunteers who did work in these areas. Steps would be taken to avoid any conflicts of interest that volunteers may incur during their Healthwatch work.

It was planned to recruit six lay members and seven volunteers. The lay members would work with each CCG cluster while the volunteers would each be responsible for a certain area including mental health, Queen's Hospital, young people and over 50s services. Volunteers would also cover optical and pharmacy services which were new responsibilities that had been given to Healthwatch.

Governance arrangements for Healthwatch included a policy advisory board and a separate board to consider strategic, governance and quality issues. Healthwatch Havering was a member of the Health and Wellbeing Board and was also represented on the local and regional Quality Surveillance Groups. The Care Quality Commission was also legally required to take account of information gathered by Healthwatch Havering.

A lease was currently being progressed for Healthwatch Havering to be based in office premises at Harold wood polyclinic. Two surgery sessions per week would also be held at Care Point in Romford.

Recruitment of Healthwatch volunteers had commenced and volunteers would receive an induction, CRB checks and level one safeguarding training. Training in conducting enter and view visits would also be given to all 13 volunteers and lay members.

The Healthwatch chairman had met with Havering LINk and agreed a formal handover. The Healthwatch chairman thanked the LINk for their work and also recorded thanks to John Tench on Adult Social Care for his assistance in setting up Healthwatch and the Council, Overview and Scrutiny Committee and the CCG for their welcome and support.

A CCG representative felt it was important that Healthwatch was looking to involve young people. It was suggested that Healthwatch should look in

particular at the transition between paediatric and adult mental health services. The Committee recorded their disappointment that they had not been informed of a youth service event that had been held in Romford earlier that day.

It was noted that a Healthwatch director would attend future meetings of the Committee as well as of the Joint Committee. Members felt it was important that Healthwatch should avoid duplicating the work of the Health and Wellbeing Board and the Chairman added that she planned to ask Healthwatch to undertake enter and view visits to local health premises if a suitable issue arose. The Healthwatch Havering website had also recently gone live.

The Committee **noted** the presentation.

70 **URGENT BUSINESS**

Several Members reported renewed problems with the complaints system at BHRUT where it had been stated that complaints were not being acknowledged for a long time, if at all. It was therefore **agreed** that a topic group meeting should be arranged where these issues could be scrutinised with BHRUT officers in more detail. This would include an explanation of the BHRUT standard operating procedures and worked examples of how complaints about hospital services were dealt with at the Trust.

Chairman

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MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD

Commitee Room 2 - Town Hall
8 May 2013 (1.30 - 3.22 pm)

Present

Cllr Steven Kelly (Chairman) Deputy Leader of the Council, LBH
Cllr Andrew Curtin, Cabinet Member, Town and Communities (Culture), LBH
Cllr Paul Rochford, Cabinet Member, Children & Learning, LBH
Conor Burke, Accountable Officer, Havering CCG
Dr Gurdev Saini, Board Member, Havering CCG
Dr Mary Black, Director of Public Health, LBH
Joy Hollister, Group Director, Social Care and Learning, LBH
John Atherton, NHS England
Anne-Marie Dean, Healthwatch
Alan Steward, Chief Operating Officer (non- voting) CCG

In Attendance

Julie Brown, HWB Business Manager, LBH
Louise Dibsdall, Senior Public Health Strategist, Public Health, LBH.
James Goodwin, Committee Officer, LBH (minutes)

Apologies were received for the absence of Councillors Lesley Kelly, Cheryl Coppell and Dr A Aggarwal.

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

10 **MINUTES**

The Board agreed the minutes of the meeting held on 10 April as a correct record.

11 **MATTERS ARISING**

Abdominal Aortic Aneurysm Screening Programme

The screening programme had been presented to local GPs. There was concern that with Centres of Excellence being located in Central London it became more difficult to develop specialist services locally. Healthwatch indicated that they could understand the benefits of centralising surgery but were of the opinion that a significant proportion of the surgery which could still be carried out locality. Consideration needed to be given to the needs of the patient, the cost of travelling

to and from Central London could be expensive and the travelling could be tiring and upsetting if it followed major surgery. These were issues which need to be considered by NHS England.

The three year plan for configuration had been signed off by the Secretary of State for Health. In support of these, local Trusts needed to produce Strategic Plans which would indicate which services they wished to provide locally. It was anticipated that the Strategic Plan for Barking, Havering and Redbridge University Hospital Trust (BHRUT) would be available in June. BHRUT might not wish to provide these services locally.

These specialist services would be commissioned directly by NHS England.

It had to be recognised that Queen's Hospital was a very expensive PFI hospital and an economic use of the premises needs to be found.

Once the screening was completed the patient would be referred back to the GP to arrange for the operation to be undertaken at the Centre of Excellence.

ACTION: The Director of Public Health would compose a set of notes for the NHS England representative on what should be discussed with the Board..

Substitute Members

Only the CCG members could send a substitute to the meeting.

Measles outbreak

The CCG and Director of Public Health had looked at the implications of the measles outbreak in Wales, for Havering. The Director of Public Health was able to give an assurance that all GP's in the area were ready to tackle any outbreak locally. Such was the effectiveness of arrangements locally the Director of Public Health was advising the Department of health on how to write up systems.

Locally nearly 90% of under 5's had been inoculated. The problem area was the 16/19 age group where only 30-50% were immunised. Plans are in place to tackle this gap.

12 PRIORITY 2: IMPROVED IDENTIFICATION AND SUPPORT FOR PEOPLE WITH DEMENTIA

Consideration of the report was deferred until the next meeting.

13 FURTURE DEVELOPMENT OF THE JOINT STRATEGIC NEEDS ASSESSMENT

Moving forward local authorities and Clinical Commissioning Groups share joint responsibility for preparing and demonstrating the use of the JSNA to inform commissioning decisions. The latest guidance recommended the establishment of

strong working partnerships with the local Healthwatch organisation to ensure that views were fed in through the community participation process.

The new requirements for the production and use of the JSNA were:

- Statutory duty on Local Authorities (including Public Health) and NHS Clinical Commissioning Groups, fulfilled through Health and Wellbeing Board
- Relatively high **organisational significance**
- Integral to new-decision making forums
- More involvement of the local community in development of the JSNA through the Health and Wellbeing board (Health Watch representative)
- Robust link to commissioning
- Resource mapping to complement integrated planning and commissioning agendas
- Focus on community 'assets' and ''deficits'
- A wide range of partner engagement
- Moving from 'snapshot' to 'trend' data, using both quantitative and qualitative data

Whilst the JSNA contained a lot of useful data, the discussion stressed that there needs to be a clearer statement of what needs to be done to address the issues highlighted. It was felt the JSNA should include examples of not just what is wrong but also areas of resilience in society.

The concept of 'deep dive' chapters was supported but to avoid a dilution of effort a smaller number of issues needed to be identified.

Reference was made to work being undertaken in Camden in the form of a Data 'Hack-a-thon', when the authorities' data would be made available to everyone. Everyone was facing the same problems of data overload and The Director of Public Health has submitted an abstract to be considered at the Public Health England conference later this year.

The JSNA needs to be linked to the Health and Wellbeing Strategy; therefore it needs to be reviewed one year before the Strategy is reviewed to help inform the strategy. A timetable needs to be drawn up to ensure deadlines are not missed. We also need to timeline 'deep dives' so they fit in with the reviews.

It was agreed that the Director of Public Health should chair the JSNA sub group.

ACTION: That a further report be brought to the next meeting addressing the issues raised with the current JSNA.

14 HEALTH AND WELLBEING BOARD SUB STRUCTURE GOVERNANCE AND TERMS OF REFERENCE

The report outlined the process and having considered the report it was agreed that it was not necessary to form an Integrated Care Group nor a Hospital Performance Group as the work proposed for these bodies was being picked up already. It was also highlighted that the proposed Health Protection Forum should not be a direct sub-committee of the Health and Wellbeing Board.

Given the tight turn around between Board Meetings it was important the Board had a clear Work Plan in place.

ACTION: It was agreed that Joy Hollister, Mary Black and Alan Steward should get together and develop a work plan. Similarly the key meeting between cycles was the clearance meeting when officers met the Chairman to clear reports. How officers reached this point was unimportant to the Board, what was needed was an assurance that a process was in place to ensure the Board received reports in a timely fashion.

15 DEMENTIA FRIENDLY ENVIRONMENTS: CAPITAL INVESTMENT AND PILOT SCHEME INITIATIVE

The Board noted progress with the Four Seasons Gardens project.

16 DISCHARGE PLANS FOR PEOPLE WITH LEARNING DISABILITIES

The Board was updated on progress on the Winterbourne Concordat. This involves identifying those patients with learning disabilities and highly complex needs who need to be discharged from long stay hospitals. 9 persons had been identified who required discharge and a person-centred plan must be in place for these people by the end of June 2012. However, there was some concern as to whether as partners we had sufficient capacity or the right services locally to meet their highly complex needs.

ACTION: A report would be submitted to a future meeting identifying the current progress of the plans, where we are now, and the cost which would be shared by the Council and the CCG in the form of Pooled budgets. A bigger piece of work was required to develop long-term plans for those with learning difficulties.

In addition we have a moral duty to develop plans for those diagnosed with dementia.

All plans would need to be underpinned by advocates for the clients. A briefing would be provided for the chairman on where we are and a paper would be submitted to the next meeting of the Board.

17 WELL MAN SCANS

The chairman mentioned that he had seen proposals for voluntary checking for dementia in all men between 50-75. Did the Board think this was right and if it was where was the funding to come from?

The CCG representative advised that this was in addition to the work of the memory clinics which were already oversubscribed. GS informed the Board that GP's were being required to undertake dementia screening for all patients between 50 and 75 who have a long term illness. This was part of the government's proposals to encourage Primary Care to do better. This had not started yet as GP's needed to be trained in how to do the memory tests.

If the screening revealed a patient was suffering from dementia who was responsible. The Director of Public health advised that this was in her remit. And she would present a paper to the next meeting of the Board.

18 HEALTHWATCH

AMD provided an update on the work of Healthwatch.

They had expressed concern around nursing homes and were to meet the CQC to discuss issues which had arisen

By the beginning of June they anticipated being in their own offices and would be looking for 13/15 senior volunteers.

19 DATE OF NEXT MEETING

The Board noted that the next meeting was due to take place on Wednesday 12th June 2013.

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Chairman

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CONTACT DETAILS FOR COMPLAINTS ABOUT HEALTH SERVICES IN HAVERING - A GUIDE FOR COUNCILLORS

PRIMARY CARE	COMMUNITY HEALTH SERVICES	HOSPITAL SERVICES	CLINICAL COMMISSIONING GROUPS
• General Practitioners • Dentists • Pharmacies • Opticians	• Health visitors • School nurses • District nurses • Physiotherapists • Speech/language therapists • Mental health care	• Queens • King George	• Individual Funding Requests for procedures of limited clinical value • Continuing Healthcare, more generally being unhappy with capacity/access/location of a health service
NHS ENGLAND 0300 311 2233 England.contactus@nhs.net http://www.england.nhs.uk	North East London Foundation Trust (NELFT) 0300 555 1200 ext 6666 nelftcomplaints@nhs.net http://www.nelft.nhs.uk	Barking Havering Redbridge University Hospitals Trust (BHRUT) 01708 435032 complaints@bhrhospitals.nhs.uk http://www.bhrhospitals.nhs.uk	Havering CCG 01708 574902 Eileen.williams@haveringccg.nhs.uk http://www.haveringccg.nhs.uk

HEALTHWATCH HAVERING
The aims of this new body are

- To enable people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved
- To signpost people to information about local health and care services and how to access them

01708 303300
www.healthwatchhavering.co.uk

Dr Mary E Black, Director of Public Health, Havering
June 2013

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Havering
LONDON BOROUGH

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.

Staff Contact: Anthony Clements
Principal Committee Officer

Telephone: 01708 433065

Cheryl Coppell
Chief Executive

Background Papers - None

OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Annual Report 2012/13
CMT Lead:	Ian Burns Acting Assistant Chief Executive
Report Author and contact details:	Anthony Clements Principal Committee Officer 01708 433065 Anthony.clements@havering.gov.uk
Policy context:	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.

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
25 JUNE 2013

AGENDA ITEM

Subject Heading:	Nominations to Joint Health Overview and Scrutiny Committees
CMT Lead:	Ian Burns, Acting Assistant Chief Executive – Legal and Democratic Services
Report Author and contact details:	Anthony Clements Tel: 01708 433605 Anthony.clements@havering.gov.uk
Policy context:	To agree the Committee's nominations to serve on the Outer North East London Joint Health Overview and Scrutiny Committee and any pan-London Joint Health Overview and Scrutiny Committee.

SUMMARY

Havering has previously played a major role in the Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JOSC) as well as in the pan-London equivalent. The Committee is therefore asked to confirm its nominations to both Committees for the current municipal year.

RECOMMENDATIONS

1. That, in line with political proportionality rules, the Committee nominate two Conservative and one Residents' Group Members as its representatives on the Outer North East London Joint Health Overview and Scrutiny Committee for the 2013/14 municipal year.

2. That the Committee nominate the Chairman as its representative at any meetings of the pan-London Joint Health Overview and Scrutiny Committee during the 2013/14 municipal year.

REPORT DETAIL

There are a large number of proposed changes and other health service issues that affect a considerably wider area than Havering alone. Issues related to Queen's Hospital for example impact not just on Havering residents but also those from Barking & Dagenham and Redbridge as well as parts of Essex. Mental health issues, under the remit of the North East London NHS Foundation Trust, impact on all these areas as well as Waltham Forest.

As regards formal consultations, Members should note that it is a requirement (under the NHS Act 2006 and the Health and Social Care Act 2011) that all Councils that are likely to be effected by proposed changes to health services must form a Joint Health Overview and Scrutiny Committee in order to exercise their right to scrutinise these proposals.

In light of these requirements, the boroughs of Barking & Dagenham, Havering, Redbridge and Waltham Forest as well as Essex County Council have formed a standing ONEL JOSC to deal with cross-border issues. Further details of the Committee's work and copies of the reports etc. it has produced can be obtained from officers and are available on the Council's website. It is suggested that the Committee agree, as in previous years, three representatives to sit on the ONEL JOSC, in line with proportionality rules.

Some issues, such as changes to stroke and trauma services, impact across the whole of Greater London and all boroughs therefore need to be involved in the scrutiny of these areas. As such, arrangements have previously been in place for a pan-London JOSC to meet when such proposals are brought forward. Previous practice has been that the Chairman represents Havering at any pan-London JOSC meetings and the Committee is requested to agree this for the 2013/14 municipal year.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are none arising directly from the report. The work of the Committees mentioned is supported by existing staff resources and minor budgets within Democratic Services. With regard to the Joint OSC, the other four participating

Councils make a financial contribution towards the support provided by Havering staff.

Legal implications and risks:

None.

Human Resources implications and risks:

None.

Equalities implications and risks:

None although one outcome of effective health scrutiny will be to reduce health inequalities for Havering residents.

BACKGROUND PAPERS

None.

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

25 JUNE 2013

AGENDA ITEM

Subject Heading:	Committee's Work Programme 2013/14
CMT Lead:	Ian Burns, Acting Assistant Chief Executive – Legal and Democratic Services
Report Author and contact details:	Anthony Clements Tel: 01708 433605 Anthony.clements@havering.gov.uk
Policy context:	To agree the Committee's work programme for the 2013/14 municipal year.

SUMMARY

At this stage of the municipal year, the Committee needs, so far as is practicable, to agree its work programme for the forthcoming year. This applies to both the work plan of the Committee as a whole and to the subject of any topic group run under the Committee's auspices.

RECOMMENDATION

That the Committee agree its work programme for the 2013/14 municipal year.

REPORT DETAIL

Shown in the schedule at the end of the report is a draft work programme for the Committee's five meetings during the municipal year (this does not include the Joint Overview and Scrutiny Committee meeting held in January to consider the

Council's budget). This has been drawn up by officers following initial discussions with the Chairman and Vice-Chairman.

It is suggested that the Committee allocate time during the year for senior representatives of each of the local Health Trusts and Clinical Commissioning Group or other relevant bodies to brief the Committee on current issues and progress. The programme in the schedule therefore includes these briefing sessions as well as specific issues that are known at this stage. Given particular concerns Members have raised around aspects of the work undertaken by Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) and the Havering Clinical Commissioning Group (CCG) it is suggested that representatives of these two organisations be given an agenda item at alternate meetings of the Committee throughout the year. It is also suggested that Healthwatch Havering be asked on a six-monthly basis to present to the Committee on their current work and any issues of concern.

Members will note that a significant proportion of the work plan has been left blank at this stage. This is to reflect the fact that Members may wish to select further issues for scrutiny in light of the briefings they are given by health sector officers during the year. In addition, previous experience has shown that is beneficial to leave some excess capacity in order to allow the Committee to respond fully to any consultations or other urgent issues that may arise during the year.

Additionally, the Committee may wish to select an issue for more in depth scrutiny as part of a topic group review. Council has recommended that, in view of limited resources, only one such topic group is run at any one time. The Committee is therefore requested to consider what should be the subject of its next topic group review, if any. A topic group meeting on patient discharge is scheduled for 10 September and a similar meeting regarding the BHRUT complaints system is in the process of being arranged.

It should be noted that the Committee has in the past made considerable use of its powers to request written information from the Health Trusts on any subjects within its remit. These powers can be used by the Committee at any time and are not therefore considered within this report.

IMPLICATIONS AND RISKS

Financial implications and risks:

None – it is anticipated that the work of the Committee can be supported by existing staff resources and minor budgets within democratic services.

Legal implications and risks:

The Committee's scrutiny powers are as given in the Health and Social Care Act 2011.

Human Resources implications and risks:

None.

Equalities implications and risks:

None although one outcome of effective health scrutiny will be to reduce health inequalities for Havering residents.

BACKGROUND PAPERS

None.

SCHEDULE: PROPOSED HEALTH OSC WORK PROGRAMME 2013/14

Meeting Date	**25/06/13**	**2/10/13**	**12/12/13**	**6/02/14**	**20/03/14**
	BHRUT Update	CCG Update	BHRUT Update	CCG Update	BHRUT Update
	Work programme report	St. George's Hospital	Healthwatch		Healthwatch
	JOSC nominations	Community Services (NELCS)	Mental Health Services (NELFT)		
	Health and Wellbeing Board minutes (for information)	Stroke Nurse			
	Management of complaints diagram				

Other dates to note:

10 September 2013 – Patient Discharge Topic Group

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