



HEALTH OVERVIEW AND SCRUTINY COMMITTEE

ANNUAL REPORT 2010/11

SUMMARY

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

It is planned for this 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.

RECOMMENDATIONS

That Council note the 2010/11 Annual Report of the Health Overview and Scrutiny Committee.

REPORT DETAIL

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

1. HEALTH SCRUTINY CORRESPONDENCE

- 1.1 During the year, the Committee Chairman has used regular correspondence with local Health Trusts as a key means of gaining information about local health services. A total of 23 letters were sent to local Health Trusts during the year covering issues such as delays at Queen's Hospital A&E department, maternity triage at Queen's and accessing treatment at Harold Wood polyclinic. All letters and responses are copied to all Members of the Committee in order that they receive the latest information.

2. CHAIRMAN'S INTRODUCTORY MEETINGS

- 2.1 At the start of the year, the Chairman met informally with the Chief Executives of all the local Health Trusts and with the Chair and coordinator of Havering LINK. These meetings proved extremely productive and served as useful introductions to more formal scrutiny sessions with each of the Health Trusts as the year progressed.

3. NHS HAVERING ISSUES

- 3.1 Role of the Trust - At its first meeting of the year, the Committee received a presentation from the Chief Executive of NHS Havering. This covered the overall role of the Primary Care Trust but also explained to Members plans for the redevelopment of the St. George's Hospital site. This was to include a new polyclinic, diagnostics and rehabilitation services. The Committee continued to scrutinise this project throughout the year and several Members attended a stakeholder event to discuss the plans in autumn 2010. The Committee will seek further updates on the redevelopment from the newly-established cluster Primary Care Trust – NHS Outer North East London.
- 3.2 ONELCS Transfer - The Committee has also investigated during the year the transfer of the Primary Care Trust's provider organisation – Outer North East London Community Services (ONELCS) to the North East London Foundation Trust. Representatives of both Trusts have attended the Committee to discuss the transfer which is now scheduled to take place in July 2011.
- 3.3 Polyclinic Issues – In August the Committee held a successful visit to the Harold Wood polyclinic as well as to the Orchard Village health centre. Members were impressed with the services and facilities at both sites although they were concerned that the polyclinic should be used to its maximum capacity. Members were therefore pleased to be informed at the Committee's March meeting that outpatient clinics had now commenced operation from the polyclinic. The Committee was disappointed that the proposed further polyclinics at Queen's and St. George's Hospitals had been put on hold.
- 3.4 St. George's Hospital Redevelopment – The Committee has kept a keen interest in the proposed redevelopment of St. George's Hospital throughout the year. Several Members attended a stakeholder event on the project in autumn 2010 as well as receiving regular updates at the Committee during the year. The Committee will continue to scrutinise the project as it is taken forward under the new NHS structures.

- 3.5 Changes in NHS Structures – At its March meeting, the Transition Chief Executive of NHS Havering updated the Committee on planned changes to the structure of NHS services. These included the establishment of two GP consortia to eventually undertake commissioning of health services in Havering and the introduction of a cluster PCT Board to replace the Boards of NHS Havering and of neighbouring Primary Care Trusts.

4. NORTH EAST LONDON NHS FOUNDATION TRUST (NELFT) ISSUES

- 4.1 New In-patient Facilities – In September, the Committee toured the site of the new inpatient mental health facilities at Goodmayes Hospital. The facilities were being built at the time and the visit gave Members a valuable opportunity to see the new accommodation that would be available to service users from Havering as well as to discuss the development with senior NELFT officers. Several members also attended the new unit's official opening in January.
- 4.2 Discussions with Chief Executive – The NELFT Chief Executive, with other senior Trust officers, attended the Committee's meeting in November. The Committee was therefore able to scrutinise with the officers, not just the new build at Goodmayes Hospital but also issues such as the transfer of ONELCS to NELFT and work on early identification of dementia amongst patients admitted to Queen's Hospital.
- 4.3 Dementia Strategy Topic Group Review – In conjunction with the Individuals Overview and Scrutiny Committee, members of the Committee undertook a topic group review of Havering's strategy for dealing with and supporting cases of dementia. The topic group formulated a number of recommendations in areas including developing the market for people with day opportunities, supporting GPs to make early diagnoses of dementia and closer working with Age Concern on dementia issues. These recommendations will be responded to by Cabinet, the North East London NHS Foundation and NHS Outer North East London in the new municipal year.

5. BARKING, HAVERING AND REDBRIDGE UNIVERISTY HOSPITALS NHS TRUST (BHRUT) ISSUES

- 5.1 A&E Visit – In addition to correspondence on A&E and maternity issues mentioned above, Members of the Committee also visited the A&E department at Queen's Hospital in July 2010. The Committee were able to view the various facilities and have discussions with clinical staff and Trust officers. Members also visited the department on a Friday night in May 2011 in order to see the department when demand was at its peak.

- 5.2 Meeting with Chief Executive – At its March meeting, the Committee held discussion with the newly-appointed Chief Executive of BHRUT. Subjects discussed including the ongoing issues in A&E and maternity at Queen’s as well as the financial problems facing the Trust.

6. HEALTH FOR NORTH EAST LONDON (H4NEL)

- 6.1 In addition to work on H4NEL undertaken as part of the Joint Health Overview and Scrutiny Committee (see section 8 below) the Committee undertook Havering-specific work on H4NEL. Updates were taken on the implications of the plans from NHS Havering and the local impact of H4NEL was also considered at the Committee’s meeting in November. Areas discussed included poor communication about the plans, the role of walk-in clinics and the Committee’s view that Queen’s was failing to cope with its current workload. At a special meeting in March 2011, the Committee voted unanimously to refer the proposals to the Secretary of State. As a result of this and referrals by neighbouring Overview and Scrutiny Committees, a full review of the proposals has been initiated by the Independent Reconfiguration Panel.

7. CANCER SERVICES

- 7.1 At its October meeting, the Committee scrutinised proposed changes to local cancer services. It was planned to transfer breast surgery from Queen’s to King George Hospital in order to allow greater concentration of surgical skills. A further proposal was to move breast screening from the Victoria Centre in Romford to the polyclinic at Harold Wood. Officers were questioned in detail on the plans and responded to local concerns that had been raised about the projects.

8. JOINT SCRUTINY

- 8.1 H4NEL – The Committee’s representatives on the Outer North East London Joint Health Overview and Scrutiny Committee (JOSC) - Councillors Brice-Thompson, Dodin and Thorpe played a full part in scrutiny of the H4NEL proposals throughout the year. The JOSC, together with its counterpart for Inner North East London, remains the statutory consultee for the proposals and as such received regular updates on progress from H4NEL officers. This included a special meeting of the Joint Committee in December 2010 in order to give Members a further chance to comment on the proposals before final decisions were taken by a Joint Committee of Primary Care Trusts. Havering’s members of the JOSC supported the majority decision of the Joint Committee in March 2011, to also refer the proposals to the Secretary of State for review.

- 8.2 Cluster Primary Care Trust – The Joint Committee met twice during the year with the Chief Executive of NHS Outer North East London whose geographical remit now closely matches that of the Joint Committee. This allowed consideration of the future role of GP consortia across the sector. The role of the cluster PCT in acute commissioning was also discussed with the Chief Executive at the Committee’s January meeting.
- 8.3 Acute Trusts – Chief Executives from both BHRUT and Whipps Cross attended the Joint Committee during the year. The new Chief Executive of BHRUT discussed issues facing the Trust as a whole while officers from Whipps Cross discussed problems that Trust had encountered with outbreaks of Norovirus, the development of a new A&E department at the hospital and the proposed merger of the Trust with those covering Barts and Newham hospitals.
- 8.4 Review of Children’s Heart Surgery – At its March meeting, the Joint Committee received a presentation from officers from the London Strategic Commissioning Group on the review of Children’s Heart Surgery. This was a national programme to rationalise the number of hospitals offering these services and it was anticipated that the number of London hospitals offering the service would reduce from three to two. The Joint Committee was pleased that several Councils from outside the Outer North East London area were able to send representatives to the meeting and hence allow scrutiny of the plans over a wide geographical area.

9. OTHER ISSUES SCRUTINISED

- 9.1 Childhood Obesity – In October, the Committee received a presentation from public health staff at NHS Havering concerning childhood obesity. This considered the link between childhood obesity and health problems in later life such as back problems, high blood pressure and risk of type 2 diabetes. Officers also explained work being undertaken to reduce childhood obesity such as the MEND programme teaching families about nutrition and healthy eating.
- 9.2 Cultural Activities and Health – The Head of Cultural and Leisure Services explained to the Committee how areas such as sport, the arts and parks could positively impact on people’s health. Activities offered by the Council that had been shown to improve physical or mental health included Walking for Health, music classes and reminiscence sessions at Havering Museum. Work on allotments had also been shown to improve people’s health and wellbeing.
- 9.3 Havering Local Involvement Network (LINK) – The Committee has continued to have a very productive relationship with Havering LINK.

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- Representatives from the LINK are present at all meetings of the Committee and the LINK Chair formally presented the LINK's annual report at the Committee's October meeting where key achievements of the LINK were discussed including the obtaining of an additional receptionist at A&E at Queen's and securing renovation of the relatives viewing area at the hospital. The Chairman was also pleased to speak at the LINK's AGM.
- 9.4 Anti-smoking Initiatives – At its May meeting, the Committee received a presentation from a member of Havering's Stop Smoking Service. This discussed a number of initiatives to reduce numbers of people smoking in Havering including work with local GPs, pharmacists and with local hospitals. The Committee expressed its full support for the service's work.
- 9.5 Bowel Cancer Project – The Committee also received details of a current campaign to highlight the symptoms of bowel cancer among residents of Havering, Barking & Dagenham and Redbridge. The campaign, developed in conjunction with local people, sought to use simple advertising messages to increase awareness of bowel cancer symptoms and also emphasise that effective treatments were available, provided that the disease was diagnosed at an early stage. The Committee was impressed with the campaign and its innovative strategies to raise awareness including the use of social networking websites and a tie-in with local betting shops who had agreed to display literature from the campaign.