



## The Impact of the Healthier Communities Select Committee

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### Introduction

1. This note provides some brief background information on the impact the Healthier Communities Select Committee (hereafter known as the Committee) has had on health and social care services in Lewisham.

### Background and context

2. The Healthier Communities Select Committee is composed of ten non-executive Councillors and two ex-officio members in the Chair and Vice-Chair of Overview and Scrutiny. The Committee is granted powers as set out in legislation and allocated through the Lewisham Constitution.
3. In addition to those roles common to all select committees, the Healthier Communities Select Committee is granted statutory powers in relation to local health provision. These include:
  - a. a requirement placed upon local NHS Trusts to consult on major health service changes;
  - b. the power to refer contested service changes to the Secretary of State for Health;
  - c. the power to call NHS Trusts to the Committee to give information, answer questions and provide an explanation about services and decisions.
4. The Government health white paper<sup>1</sup> and accompanying consultations, in particular the paper entitled *Liberating the NHS: Increasing democratic legitimacy in health*<sup>2</sup>, opens the debate on the future shape of health scrutiny. Currently there is no final structure put forward in the consultations for how health scrutiny will function and what powers it should possess.
5. The following note is intended to support the Committee in its discussion on the white paper consultations and in considering a potential response.

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<sup>1</sup> Department of Health. Equity and excellence: Liberating the NHS (2010)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_117353](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353)

<sup>2</sup> Department of Health, *Liberating the NHS: Increasing democratic legitimacy in health* (2010)  
[http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_117586](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117586)

In particular, how the Committee view the future shape of health scrutiny within Lewisham and the potential impact of the proposals outlined in the white paper, including those related to the removal of statutory powers.

## **What is effective scrutiny?**

6. In assessing the impact of the Committee, it's important to first understand what are the key factors involved in good scrutiny. This will assist in understanding the impact of the Committee.
7. The Centre for Public Scrutiny (CfPS) defines the four key characteristics of effective scrutiny as being that it:<sup>3</sup>
  - a. provides a 'critical friend' challenge to executive policy-makers and decision-makers;
  - b. enables the voice and concerns of the public and its communities;
  - c. is carried out by 'independent minded governors' who lead and own the scrutiny process;
  - d. drives improvement in public services.
8. These principles are applicable to all select Committees in the performance of their scrutiny function. The additional statutory powers of health scrutiny allow the Committee to utilise these principles across the health care sector locally.
9. The following examples, taken from the work of the Committee over the past four years, highlight areas where the Committee has had an impact on health provision within the Borough. These include the:
  - In-Depth Men's Health Review
  - A Picture of Health
  - GP-led Service Consultation
  - Hydrotherapy Provision
  - Ageing Well Strategy
  - The Dr Foster Report
  - Dunoran House Consultation
  - In-Depth Women's Health Review
  - South London and Maudsley NHS Trust (SLaM) Consultations
  - Safeguarding Adults in Hostels: London service level agreement

## **In-Depth Men's Health Review**

10. In 2007 the Committee undertook an in-depth review into Men's Health in the Borough.<sup>4</sup> The review concentrated on a range of issues including:

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<sup>3</sup> Centre for Public Scrutiny. Accountability works!, 2010 <http://www.cfps.org.uk/what-we-do/publications/cfps-general/?id=128>

<sup>4</sup> Men's Health in Lewisham: a scrutiny review, 2007. <http://www.lewisham.gov.uk/NR/rdonlyres/148309C0-ABF8-4F4F-A7EE-84F8B7FD7EF1/0/MensHealthInLewisham.pdf>

- a. an exploration of the current service provision targeted at men's health;
  - b. developing an understanding on the nature of men's health issues and the inequalities between different groups of men;
  - c. considering improvements for access to men's health services;
  - d. Identifying specific action that the local authority and health partners might take to promote and improve men's health service provision and men's health awareness in general.
11. In performing this review the Committee was able to provide a voice to groups of resident's from across the Borough on often sensitive issues to do with personal healthcare. As part of the review the Committee called NHS managers and other health experts who advised on the current service provision. This assisted the Committee in forming its final report recommendations.
12. The impact of the Committee's review was seen through the action undertaken as a result of their recommendations, which have assisted in improving the delivery of men's health provision within the Borough.<sup>5</sup> These include:
- a. the launch of a new website targeted specifically at local men;<sup>6</sup>
  - b. the initiation of the Stroke Pathway Project to map the current stroke pathway in Lewisham and do further work to revise the Lewisham PCT Stroke Strategy;
  - c. a question relating to smoking included within the Annual Resident's Survey;
  - d. the development of a social marketing research project into smoking;
  - e. the Council's Sport and Leisure Service running two 8 week men's health programmes to identify some of the issues and barriers men face in accessing current Exercise on Referral (EOR) sessions. In addition, further work was undertaken with GPs to assess male participation in exercise schemes.

## **A Picture of Health (APOH)**

13. In January 2008 a Joint Committee of Lewisham, Greenwich, Bexley and Bromley Primary Care Trusts put forward proposals for a substantial service change to NHS provision in south east London, entitled 'A Picture of Health' (APOH). In response, the Health Scrutiny Committees in these Boroughs used their statutory powers to establish a Joint Health Overview and Scrutiny Committee (JHOSC) to assess the proposals. This was led by the Chair of Lewisham's Healthier Communities Select Committee.
14. As a result of this work, the JHOSC decided to refer elements of the APOH proposals to the Secretary of State for reconsideration. Consequently the

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<sup>5</sup> Men's Health Review Action Update, 2008. <http://www.lewisham.gov.uk/NR/rdonlyres/71A12572-2C3A-4CC6-A424-A49BB82A0AF6/0/aeafd55ead6f448789439c50e37b48bdcltem6AppendixAMensHealthActionPlanupdate.PDF>

<sup>6</sup> Lewisham Malehealth, 2010. <http://www.malehealth.co.uk/21130-lewisham-malehealth>

Secretary of State asked the Independent Reconfiguration Panel (IRP) to undertake a review of the proposals.

15. While the IRP review concluded that overall the APOH proposals were in the interests of the local health service and service users, they made a number of recommendations to improve the original proposals. The Secretary of State for Health required that these recommendations be included into an amended set of proposals. These new plans addressed many of the JHOSC concerns.
16. This included:
  - a. that University Hospital Lewisham (UHL) retain 24-hour emergency surgery and not move toward 12-hour differentiated take (8am-8pm);
  - b. that further work be undertaken with the London Ambulance Service to confirm the number of additional emergency ambulances as well as non-emergency patient transport provision required to support the proposals;
  - c. the development of detailed plans for critical care to be undertaken to support the proposals. In addition to the engagement with the South East London Critical Care Network to ensure that the proposals met capacity requirements and the required standards across the network;
  - d. that the IRP did not support the original proposals for non-complex paediatric surgery and recommended further examination for non-complex paediatric surgery at UHL, Princess Royal University Hospital, Queen Marys Sidcup and Queen Elizabeth Hospital;
  - e. that urgent work take place, prior to the changes in hospital services, to agree the clinical and patient pathways for seamless service delivery across primary, secondary, community and social care. Furthermore the IRP recommended that estates and facilities planning work to accommodate the proposals as a matter of urgency;
  - f. a rigorous review be undertaken on the workforce implications of the proposal as soon as possible, with full involvement of staff representatives;
  - g. that a clear process is immediately put in place that will allow for the financial viability of the proposals to be reassessed and assured through the lifetime of the programme, which should be overseen by NHS London;
  - h. the immediate operation of the newly established Transport Group in order to work together to mitigate the effects of the proposal on those individuals most affected;
  - i. that a comprehensive and inclusive public engagement strategy relating to the implementation phase be agreed by the JHOSC.

## **GP-led Service Consultation**

17. The Committee used its statutory powers in 2008 in declaring the development of a GP-led service within the Borough as a substantial variation. As part of the initial stages of discussions between the Primary

Care Trust (PCT) and the Committee regarding the development of the service, the PCT outlined their proposed 8 week consultation.

18. The Committee expressed concerns that in order to achieve the most out of any new GP-led service, an 8 week consultation was neither extensive enough, nor in line with Department of Health best practice guidance.
19. The Committee resolved that, as per good practice, when undertaking service changes a more extensive 12 week consultation was needed.<sup>7</sup> As part of the Committees statutory powers it was able to refer a substantial service change to the Secretary of State for Health based upon inadequate consultation. In taking this into account, the PCT resolved to adjust their initial proposals and issue a formal 12 week consultation.<sup>8</sup>
20. Additionally, the PCT incorporated the Committee suggestion that a more in-depth consultation was required, which asked consultees for their views on those services which should be provided as part of any change.
21. The Committee responded to the PCT consultation, resolving that the Waldron Centre appeared to be a suitable location for the government required service, based on assurances that this would be the first of a number of services across the Borough.

## Hydrotherapy Provision

22. In October 2006 the Committee decided to examine the Equalities Impact Assessment of Sundermead and Wavelengths pools. In addition, the Committee received information relating to the potential closure of the hydrotherapy pool at UHL.
23. As part of the Committees work with UHL on a possible consultation for closing down the hydrotherapy pool, the Committee brought its experience from engagement with constituents across the Borough to assist the Hospital in their consultation planning.
24. As a result of work undertaken, the Committee was concerned about the adequate provision of hydrotherapy pools in Lewisham. The Committee referred these concerns onto the Mayor and Cabinet.
25. Consequently the Mayor requested that the Executive Directors of Community Services and Children and Young People investigate the Committees suggestions for exploring further hydrotherapy provision and extending the opening times of the hydropool at Watergate School to be accessible to the public outside of term time.<sup>9</sup> Subsequently through

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<sup>7</sup> Healthier Communities Select Committee Minutes, 2008.

<http://www.lewisham.gov.uk/NR/rdonlyres/80F18DE1-5DCA-4A2F-BA9A-8896DAA67D83/0/bec81ae9a05c493c9c0ffcef97e8bf4f02Minutes16October2008.PDF>

<sup>8</sup> Healthier Communities Select Committee Minutes, 2008.

<http://www.lewisham.gov.uk/NR/rdonlyres/66D46CA0-FDCC-47CD-8177-0C48F4DE9A37/0/2e31e9bff6a24d03af49f449cb63af1d02Minutes27November2008.PDF>

<sup>9</sup> Matters referred by the Healthier Communities Select Committee – provision of Hydrotherapy facilities in Lewisham, 2007.

<http://www.lewisham.gov.uk/NR/rdonlyres/8C0ECB71-DA58-4E65-A962->

discussions initiated as a result of the Committees action, both Watergate and Greenvale schools, subject to conditions, agreed to make their hydrotherapy facilities available for community use.

## **Ageing Well Strategy**

26. The Committee performs a policy overview function, in addition to its scrutiny role. This role informs the effective discharge of the Committees statutory consultation functions. When discussing the Ageing Well Strategy. The Committee felt that those issues included did not sit solely under the responsibility of the Community Services Directorate. The Committee felt that the key objectives of the strategy would be best delivered if merged more holistically into updated key strategies across the Council and where appropriate Community Services would lead on this agenda.

## **The Dr Foster Report**

27. In November 2009 Dr Foster Intelligence released a report that cited Lewisham Hospital as one of the worst performing Trusts in the country on patient safety. This was a cause of concern for many residents in the Borough.

28. In response to the publication of the report, the Committee used its legal powers to request UHL to give a presentation on patient safety at its December 2009 meeting and take questions on the report's findings. As a result of this and further questioning the Committee was able to ascertain in a public forum the full nature of the report and the particular elements that UHL were deemed to have performed poorly on.

29. As a result the Committee was able to express the views of many residents across the Borough who had relayed their concerns on the issue and in turn develop an in-depth understanding of patient safety at UHL, the reporting mechanisms used and the unclear methodology within the Dr Foster report. This information assisted Councillors in responding to residents' questions and concerns.

## **Dunoran House Consultation**

30. As part of the process for managing service variations, NHS Trusts will often discuss with the Committee the development of consultation documents relating to the proposed change. This is done due to the Committees power to refer inadequate consultations on service variations to the Secretary of State for Health. In the case of Dunoran House, a long term care facility for the chronically disabled, UHL were able to gain useful insight from the Committee as part of their preliminary work on a consultation on its potential closure.

## In-Depth Women's Health Review

31. The Committee established a working group to undertake a review of women's health inequalities in Lewisham, between October 2007 and July 2009. The group set out to investigate a number of issues, including; the current provision of health services for women, an understanding of the nature of women's health issues and action that the local authority and/or it's health partners can take to promote and improve women's health.
32. The working group used the Committees legal powers to request NHS managers give information, answer questions and provide an explanation on a wide range of local services. This information was analysed by the group who produced a final report with recommendations, which the Committee agreed at it's July 2009 meeting.<sup>10</sup>
33. The Mayor considered the report in November 2009 and agreed that an action plan be developed combining the Council and partners responses to the recommendations.
34. As a result the action plan outlines a number of measures to improve the health of women within Lewisham.<sup>11</sup> These include:
  - a. NHS Lewisham undertaking a review of the effectiveness and feasibility of establishing a Sickle Cell register.
  - b. NHS Lewisham undertaking work to identify current practice in Lewisham against the standards in the report by the Sickle Cell Society and prepare recommendations for future action where necessary.
  - c. Council officers to include in the new leisure contract specification a requirement that no sunbeds can be installed or used within Lewisham's leisure facilities.

## South London and Maudsley NHS Trust (SLaM) Consultations

35. The Ladywell Unit, located in the grounds of UHL, is the inpatient facility for Lewisham's Adult Mental Health Services. In 2008 SLaM proposed to undertake a restructure of the unit, which the Committee deemed to be a substantial variation. As a substantial service variation, SLaM began to undertake early and in-depth consultation with the Committee as to the future shape of the new development.<sup>12</sup> This involvement with the Committee was beneficial in assisting SLaM to develop and restructure

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<sup>10</sup> Women's Health Inequalities Review, 2009.  
<http://www.lewisham.gov.uk/NR/rdonlyres/A985E6E5-F10B-4127-9C08-21E3FA94FA94/0/ee11aa5e7f304beab8cef1e27714986310WomensHealthReviewREPORT.PDF>

<sup>11</sup> Women's Health Inequalities Review Progress and Planned Actions, 2010.  
<http://www.lewisham.gov.uk/NR/rdonlyres/9D0680EC-DB53-42A7-869B-7A93E20A3BB6/0/25b06b4364884a64b23c4a78f494e72b05Womenshealthrecommendationsandactionplan.PDF>

<sup>12</sup> Healthier Communities Select Committee Minutes, 2008  
<http://www.lewisham.gov.uk/NR/rdonlyres/E51AE741-3AAE-4A30-9441-D3112505A1C7/0/a8e809b9e9404160899b27fbc34e4efa01Minutes15July2008.PDF>

service provision at the unit toward one that complied with single sex requirements.

36. In 2007 SLaM carried out a review of their rehabilitation services in the Borough. This review was enhanced by input from the Committee. Consultation with the Committee allowed for a public discussion about the reinvestment of savings from service changes. This involvement led to an improved service for patients.

## **Safeguarding Adults in Hostels: London Service Level Agreement**

37. In September 2009 the Healthier Communities Select Committee discussed the benefits of developing a service level agreement between London Boroughs to address the safeguarding of cross borough placements of vulnerable adults in hostels. As a result the Committee made a referral to Mayor and Cabinet, supporting a pan London protocol.
38. In response to the referral the Mayor asked officers to prepare further information to which he could respond. As a result, a report to Mayor and Cabinet in February 2010 was agreed, which endorsed the promotion of a London wide protocol for authorities placing adults in hostels outside their Borough.<sup>13</sup>
39. Resultant work undertaken by officers has supported current developments between authorities to institute procedures for safeguarding adults across London hostels, with expected agreement by all London Safeguarding Adult Boards in the autumn.

## **Conclusion**

40. This report has provided examples where the Committee, utilising the support of its statutory powers, has had a direct impact upon the improvement of health service delivery locally. It is intended to provide evidence, which the Committee can consider when formulating a potential response to the national white paper consultation regarding the future role of health scrutiny.

**Overview and Scrutiny - 0208 314 7298**

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<sup>13</sup> London Wide Agreement on Cross Borough Placements in "Hostels", 2010.  
<http://www.lewisham.gov.uk/NR/rdonlyres/03280378-0A29-41D6-8992-B5FCE30E7EA9/0/b3a96f4fbbe746d685ecfb376fe55a10Item11Londonwideprotocolsforhostels2.PDF>