



## HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

<b>7.00 pm</b>	<b>Tuesday 4 December 2018</b>	<b>Havering Town Hall</b>
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Members 6: Quorum 3

### COUNCILLORS:

#### **Conservative Group (3)**

Nisha Patel (Chairman)  
Christine Vickery  
Ciaran White (Vice-Chair)

#### **Residents' Group (1)**

Nic Dodin

#### **Independents Residents' Group (1)**

Jan Sargent

#### **North Havering Residents' Group (1)**

Darren Wise

**For information about the meeting please contact:  
Anthony Clements 01708 433065  
[anthony.clements@oneSource.co.uk](mailto:anthony.clements@oneSource.co.uk)**

## **Protocol for members of the public wishing to report on meetings of the London Borough of Havering**

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

## **What is Overview & Scrutiny?**

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.
2. Driving improvement in public services.
3. Holding key local partners to account.
4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

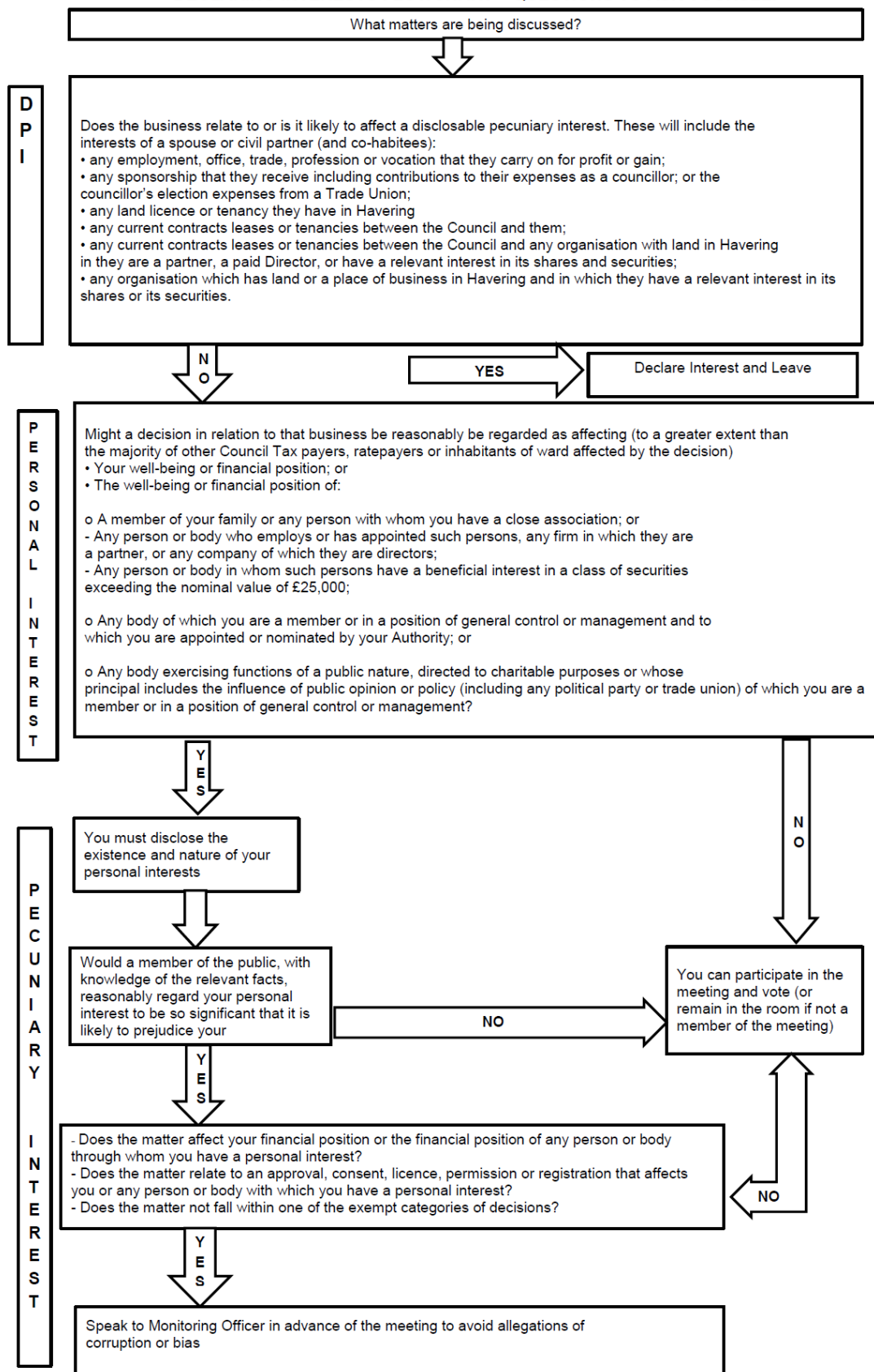
Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively

examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

**Terms of Reference:**

Scrutiny of NHS Bodies under the Council's Health Scrutiny function

**DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF**



## **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 MINUTES** (Pages 1 - 6)

To agree as a correct record the minutes of the meeting held on 26 September 2018 (attached) and to authorise the Chairman to sign them.

### **4 DISCLOSURE OF INTEREST**

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

### **5 ACCIDENT & EMERGENCY AND ASSOCIATED ISSUES** (Pages 7 - 24)

Report and presentation attached.

### **6 CARE QUALITY COMMISSION GP RATINGS** (Pages 25 - 34)

Report attached.

### **7 BLOOD TESTING SERVICES IN BHR** (Pages 35 - 46)

Report and presentation attached.

### **8 HAVERING CAMHS TRANSFORMATION UPDATE** (Pages 47 - 64)

Report and presentation attached.

### **9 QUARTER 2 2018/19 PERFORMANCE INFORMATION** (Pages 65 - 80)

Report attached.

**Andrew Beesley**  
**Head of Democratic Services**

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**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE  
Havering Town Hall  
26 September 2018 (7.00 - 9.40 pm)**

**Present:**

Councillors Nic Dodin, Nisha Patel (Chairman), Jan Sargent, Christine Vickery, Ciaran White (Vice-Chair) and Darren Wise.

**Also present:**

Alan Wishart, Deputy Director of Workforce, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

Andy Ray, Director of Financial Operations BHRUT

David Parke, Havering Clinical Commissioning Group

Lee McGanagal, Communications Manager, BHRUT

Mark Ansell, Director of Public Health

Anthony Clements, Principal Democratic Services Officer

All decisions were taken with no votes against.

The Chairman announced details of the arrangements in case of fire or other event that may require the evacuation of the building.

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

There were no apologies for absence.

**10 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**11 MINUTES**

The minutes of the meeting held on 18 July 2018 were agreed as a correct record and signed by the Chairman.

**12 BHRUT - GENDER PAY**

BHRUT officers advised the Sub-Committee that this was the first year in which the Trust had presented figures on gender pay. Of the 6,500 strong BHRUT workforce, 77% were female and 23% male. Figures illustrated however that, the higher the pay band at the Trust, the higher the proportion of male staff. It was noted that however that there were more women than

men at the very senior managements levels of the Trust. 57% of higher paid jobs were held by women but some 83% of lower paid staff were female.

The only pay bonus award available to staff – the Clinical Excellence Award received more applications from male than female staff and also saw fewer part-time workers apply. Some 76 applications had been received for the latest round of 33 awards. Applications were scored by a panel of 9 consultants and 9 managers and results of the awards were published on-line.

The Trust aimed to reduce its gender pay gap which would allow better recruitment and retention of women staff in the organisation. BHRUT wished therefore to offer more flexible, family-friendly working and to also take a more gender-neutral approach to recruitment in order to for example attract more male applicants for nursing roles.

Staff were aware of the current position with the Trust's gender pay gap although the precise impact on staff morale had not been tested.

The Sub-Committee noted the position.

### 13 **BHRUT - HEALTH TOURISM AND FINANCE UPDATE**

The Director of Financial; Operations at BHRUT explained that financial problems in 2017/18 had meant the Trust had assumed more income than it received in reality and had stopped paying suppliers for a period. The Trust had to obtain emergency loans and posted a £49m end of year deficit.

The Trust's financial recovery plans had now been agreed and shared with the Clinical Commissioning Groups. A financial governance steering group had been set up and there was now more detailed and transparent financial reporting to the Trust board.

For 2018/19, the Trust had planned a deficit of £52.5m and it was emphasised that any deficit would not impact front line services. The Trust had recruited a new director of finance and established a cost improvement programme of £39m. All proposed savings had been checked to ensure that they did not have any impact on medical quality. The Trust had also taken a further loan from the Department of Health in order to cover any shortfall. Savings had included a reduction in the clinical negligence premium for maternity services which had led to a rebate of more than £1m.

The Trust was also working to reduce the use of agency staff. Savings had also been established from having greater control of procurement and by the use of text reminders to reduce the number of patients not attending appointments.

Detailed NHS guidance on health tourism had now been released. NHS care was free to ordinary residents of the UK and overseas patients would be treated in cases of emergency or if maternity services were required. It



was accepted however that it could be difficult to obtain payment from patients for this treatment.

Only a small proportion of BHRUT work related to cases of health tourism. In 2016/17, there had been some 570 cases with a £3m charge of which £249k had been recovered. In 2017/18, this had reduced to 378 cases with £2.5 charges of which £419k had been recovered.

An action plan to increase collection rates had been developed and best practice in this area at other Trusts had been considered. More detailed questioning was now given to overseas patients and credit card payment for treatment as now able to be taken on all wards. BHRUT was also in the top quartile for identifying patients using the European Health Identification Card. It was accepted that health tourism was a national issue but the Trust felt it did now have a pro-active action plan.

The Trust made clear to patients that they would be charged for treatment and officers agreed that it was important to collect the money whilst a patient was still in the country. The issues around health tourism were now given more emphasis in hospital staff education and induction etc.

The Sub-Committee noted the update.

#### 14 **GP RECRUITMENT AND PRIMARY CARE UPDATE**

A representative of Havering CCG explained that of 44 GP practices in Havering, 15 were single-handed. Many GPs and nurses were also approaching retirement and Havering also had an elderly population. All Havering GP practices had been assessed by the Care Quality Commission and most (38) of the practices had been rated as good. None had been considered excellent and 5 practices had been rated as requiring improvement. One practice had received an inadequate rating and was now in special measures.

The CCG wished for GP practices to collaborate more with each other and to have more practices located in modern buildings with more consulting rooms available. The move of some practices to a Personal Medical Services contract would mean GPs at these practices would lose some payments but would also introduce some extra monies to for example provide more appointments for patients.

There was a better GP:patients ratio in Havering than in Barking & Dagenham and Redbridge but Havering's figures were still below the average both for London and nationally. The GP nurse:patient ratio in Havering was also worse than the average.

Attempts had been made to recruit GPs from overseas but this had not been very successful with only two GPs recruited so far from a target of 35

for Outer North East London with the recruited GPs in fact being based in Waltham Forest. More opportunities were now available for GPs to spend time working with other stakeholders and seven GP had recently commenced work in Havering on this basis.

Physician associate posts had been introduced who could assist with triage, taking histories etc although they could not at present prescribe. Forty local students were currently studying for these positions with the first graduates expected in January 2019. Other plans included employing more clinical pharmacists for primary care and recruiting a senior nurse leader for primary care. There were no longer nursing bursaries although a small bursary was available for students undertaking the nurse associates course.

Other local developments included the move of all GPs to electronic referrals work to improve diabetic health checks and prevention. Pulse checks could be used to identify patients at risk of a stroke and work was ongoing to identify more patients at risk of stroke.

Funding had been given to GP practices to improve workflows and improvement grants had also been received from NHS England in order to build new consulting rooms etc. Investment in technology included voice recognition software to reduce GP paperwork and two-way text messaging re appointments which led to a financial saving through fewer missed appointments. The CCG also wished to have a single IT system for all GPs in Havering and that practices used the E-consult system for arranging repeat prescriptions etc.

Responses to the recent consultation on primary care were currently being analysed. The CCG was planning for the expected population growth in the borough with new health centres planned at Beam Park and on the former St George's Hospital site. It was also hoped to move some single handed GPs to a new practice at the Victoria Centre site in Romford. It was planned to have one practice for around 30,000 patients and there would not be separate reception desks for separate practices as seen elsewhere in the borough.

It was confirmed that overseas doctors were required to pass an English language test before practicing in the UK. There was also a target to provide on-line GP appointments for 30% of the population.

The Sub-Committee noted the position.

## **15 PERFORMANCE INFORMATION**

It was noted that there had not been any major changes to the performance indicators this quarter. Any update on the position with delayed transfers of care would be communicated to the Sub-Committee by way of a written response.

The Su-Committee noted the report.

**16 HEALTHWATCH HAVERING - INTRODUCTION AND ANNUAL REPORT**

A director of Healthwatch Havering explained that the organisation had existed since April 2013 and built on the work of previous organisations such as Community Health Councils and Local Involvement Networks. Healthwatch was a statutory organisation and had a right to membership of the Health and Wellbeing Board. Healthwatch Havering worked to improve matters for patients and service users and also worked closely with its equivalent organisations covering Barking & Dagenham and Redbridge. Research by Healthwatch Havering had found that few people understood the difference between urgent and emergency care.

Healthwatch had the legal power to conduct enter and view visits to social care premises including pharmacies, opticians and care homes and these visits could be unannounced if necessary. All reports of such visits, which were carried out by volunteers, were published on the Healthwatch Havering website.

Healthwatch had undertaken a successful joint topic group with the Sub-Committee covering referrals to hospital treatment. There were 81 care homes in Havering – the highest figure in London and it had been established by Healthwatch that these reports had been used by people choosing a care home for their relatives.

The organisation received a grant from the Council of £117k per year and expenditure was mainly on staff costs. Plans for 2018/19 included work on tobacco control and Healthwatch was working with the Council's Public Health team on a Healthy Working Environment project to reduce the amount of smoking near or outside work places.

It was confirmed that Healthwatch volunteers were mainly recruited by word of mouth.

The Sub-Committee noted and welcomed the Healthwatch Annual Report 2017/18.

**17 HEALTHWATCH HAVERING - SERVICES FOR VISUALLY IMPAIRED PEOPLE**

The Healthwatch director explained that fewer people were registered with the Council as blind than would be expected given the elderly population in Havering. Healthwatch had found that it was often difficult for patients in Havering to get from an optician to appropriate further treatment. It was planned by the local NHS bodies that there would in future be a facility to refer patients directly from opticians to Queen's ophthalmology department.

Healthwatch Havering's report on services for people who have a visual impairment had been presented at the North East London Eye Health Network where the recommendations made in the report had received strong support.

The ophthalmology department at Queen's Hospital was now bigger in size but was still located in the same area and hence was very overcrowded. Healthwatch was therefore pleased to have been asked to assist the Ophthalmology Department at Queen's in re-designing their accommodation. Healthwatch was also pleased that an Eye Clinic Liaison Officer (funded by the Royal National Institute for the Blind to support visually impaired people to access Council and NHS services) had been reinstated at Queen's.

Healthwatch had also met with adult social care staff to ensure that they received the correct data about people with visual impairments. Healthwatch also felt that there should be better communication about blindness issues between BHRUT, GPs and the Council.

The Sub-Committee thanked the representative of Healthwatch Havering for a comprehensive and effective report.

## **18 SUB-COMMITTEE'S WORK PROGRAMME**

It was suggested that performance information at BHRUT should be scrutinised with particular emphasis on the A & E department at Queen's Hospital and the performance of the respective children and adults areas of the department. The cost of parking for patients visiting A & E could also be considered.

Members also wished to scrutinise the Child and Adolescent Mental Health Service and it was felt that treatments available under local cancer services to support patients' mental health and wellbeing could also be detailed to the Sub-Committee.

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**Chairman**

## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 4 DECEMBER 2018

<b>Subject Heading:</b>	Accident & Emergency and Associated Issues
<b>CMT Lead:</b>	Mark Ansell, Director of Public Health
<b>Report Author:</b>	Anthony Clements, Principal Democratic Services Officer, <a href="mailto:anthony.clements@onesource.co.uk">anthony.clements@onesource.co.uk</a> , tel: 01708 433065
<b>Policy context:</b>	The information presented summarises the current position with Accident & Emergency services for Havering.
<b>Financial summary:</b>	No financial implications of the covering report itself.

### The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

### SUMMARY

Officers will present details of current issues affecting the performance of the Accident & Emergency Department at Queen's Hospital.

## **RECOMMENDATIONS**

1. That the Sub-Committee considers the information presented and takes any action it considers appropriate.

## **REPORT DETAIL**

Members of the Sub-Committee have taken a keen interest in the performance of the Accident & Emergency services provided for Havering by Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT). Officers are keen to emphasise that resolution of these issues requires a whole-system approach and, as such, the Sub-Committee should be joined for discussion of this item by representatives of both BHRUT and relevant commissioners.

Specific areas to be scrutinised in relation to A&E include performance against the four-hour targets, managing demand for services, the implementation of a whole-system approach and how BHRUT is planning to cope with the peak winter demand on A&E and related services. Some initial information on several of these issues is given in the attached extract from the current BHRUT annual report. The attached presentation also gives further details on the winter pressures issue.

## **IMPLICATIONS AND RISKS**

**Financial implications and risks:** None of this covering report.

**Legal implications and risks:** None of this covering report.

**Human Resources implications and risks:** None of this covering report.

**Equalities implications and risks:** None of this covering report.

## **BACKGROUND PAPERS**

None.

Appendices – Extract of BHRUT Annual Report and Accounts, 2017-18  
Presentation – BHRUT Winter Ready

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# CONSTITUTIONAL STANDARDS PERFORMANCE

**FOUR HOUR TARGET AND ED PERFORMANCE**  
This has represented a challenge for the trust this year. With a regional and national context of ever-increasing pressure on emergency services, it is unquestionably the case that this has been one of the most difficult areas of our performance.

It was an exceptionally busy winter particularly, with very high attendances throughout and continuing to the end of March. At times we were seeing around 900 attendees a day at our Emergency Departments.

We continued to see very high numbers of patients transferred via ambulance – once more Queen's Hospital saw more ambulances than almost any other hospital in London.

We also continue to notice an increase in acuity. Patients are sicker, and are staying longer.

Staffing, particularly in our Emergency Departments, also continues to be a significant issue. We are routinely in a position where we have to turn to agency staff to fill rota gaps. We know that this impacts upon our ability to see and treat patients efficiently.

As a result, we have not hit the constitutional standard of treating, admitting, or discharging

95% of patients within four hours this year. We received regular visits from the CQC, NHS England and NHS Improvement, particularly over the busy winter period, and the consistent feedback was that we continue to provide good quality care, which was pleasing.

However, we accept that we are not providing the level of service that we should. With the pressure seemingly set to continue, this will be one of the top operational priorities for the year ahead, across our Trust.

## CAPITAL INVESTMENT – ENHANCED URGENT CARE CENTRE (EUCC)

The Department of Health invited applications from trusts to bid for capital funding to invest in key changes to facilitate new ways of working to assess and stream patients.

We prepared a bid which set out the key changes we would seek to make to the layout and configuration of the Emergency Departments at Queen's and King George hospitals.

We were delighted to complete our EUCC project at Queen's Hospital on schedule, opening in January 2018.

The project entailed the reconfiguration of much of the wider space in and around the reception and waiting area, and moving the entrance to our Emergency Department. It required the movement of several teams to other areas of the hospital and was no minor undertaking, but we are pleased with the new environment and the improved accessibility to key services to help our patients more quickly.

We now have a new reception, with better private areas for initial assessments; more private consultation rooms – with walls and doors, not just curtains to separate them; and a number of services, such as blood tests and x-rays, are available in one place so patients aren't sent from department to department, having to find different areas across the hospital.

While there were some challenges in implementing some of the care pathways since the EUCC opened, we have now worked through them to ensure all patients receive the most appropriate treatment effectively.

We are now preparing to undertake improvements at King George which will be completed in 2018/19.

## OUTPATIENTS

There were nearly 740,000 outpatient appointments last year. Across both hospitals that's more than 2,000 a day. We also handle around 6,000 telephone calls to our appointments centre each week.

We have made some positive changes to our Outpatients team which have had impacts for our staff and our patients. We introduced a new senior team structure to improve the management of our Outpatients service, and to ensure that patient experience, quality of care and staff engagement are top priorities.

## SERVICE IMPROVEMENTS – TEXT MESSAGING, BOOKINGS AND OUTCOME FORMS

In November 2017 we introduced the Envoy text messaging system to improve our contact with patients and to reduce the numbers of patients not

attending appointments. The service is a two-way system that sends a reminder a week before an appointment reminding them of the date, time, site and team.

Another reminder is sent 48 hours before. The patient can confirm, rebook or cancel via text, so this flags the team in the booking centre who can attempt to rebook and fill any gaps.

This has had a positive impact on reducing the numbers of patients who Did Not Attend, along with our appointment of Hybrid Mail – a third party which is ensuring more of our letters reach our patients, guaranteeing they receive them.

We continue to feel the benefit of the booking system brought in last financial year, which helps ensure the right information is populated on the system and the right rooms are booked for clinics, reducing delays and confusion.

We have also made good progress on improving how we complete and distribute outcome forms from our outpatient clinics. These forms detail the necessary follow up actions for patients and any further referrals.

It's really important that we process them quickly and accurately, and we've made good changes to our processes on that front this year to ensure we are also getting accurate information to our Clinical Commissioning Groups (CCGs) about our numbers of patients, thereby ensuring we are giving an accurate picture of our levels of activity.



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# WINTER READY

**Chris Bown**

**Interim Chief Executive**

Barking, Havering and  
Redbridge University Hospitals  
NHS Trust and Chair of BHR  
A&E Delivery Board



**East London  
Health & Care  
Partnership**

Barking, Havering and Redbridge  
University Hospitals

NHS Trust



# CONTEXT

- Winter is the busiest time for both NHS and social care services
- We started planning earlier than ever this year
- We have a single action plan across the whole system in BHR, that feeds into the East London Health and Care Partnership plan
- We are working closely and collaboratively, but the next few months will undoubtedly be difficult
- We have been communicating advice on staying well and how/where to get help and will continue to do this throughout winter
- We'll all be using the national materials from the Help Us Help You (formally Stay Well This Winter) campaign
- Your support would be hugely valued to spread the word

# WINTER ISSUES IN NORTH EAST LONDON



Based on learning from 17/18, the following are our largest challenges across north east London:

- Workforce sustainability - particularly middle grade A&E doctors, A&E nurses, paediatric nurses, therapists and GPs who work within urgent care services. Working on short and longer term strategic solutions, including working with our GP Federations
- Discharging patients to ongoing care, particularly where patients are from outside London. We have cross-system working to support improvements
- Ensuring capacity within mental health services so patients coming to A&E get emergency mental health support can quickly
- Using shared data, such as knowing care home spaces across the area - exploring data management solutions

# SYSTEM PLAN

- Improving flu vaccine uptake rates
- CCG GP Chairs have been meeting with GP practices with highest urgent care demand to understand reasons for variation and opportunity to address these
- Communication and engagement with local GPs around support and services which can help prevent people needing to be admitted to hospital
- Public communications to raise awareness of where to go for urgent treatment and advice
- Review of paediatric demand and development of plan to address
- System level plans to improve demand management and ensure full benefit of new NHS 111 service
- Additional local structures in place to support performance challenges and winter:
  - Daily system calls with extra calls on Monday and Friday
  - Fortnightly A&E Delivery Board meetings attended by NHS England/NHS Improvement
  - Fortnightly escalation meetings with NHSE/NHSI
  - Monthly chief officer level system assurance meeting with NHSE/NHSI

Set up 5 new workstreams to address system-wide issues

These workstreams are:

- Ambulance conveyances
- Community capacity
- Hospital flow
- Out flow
- Frailty

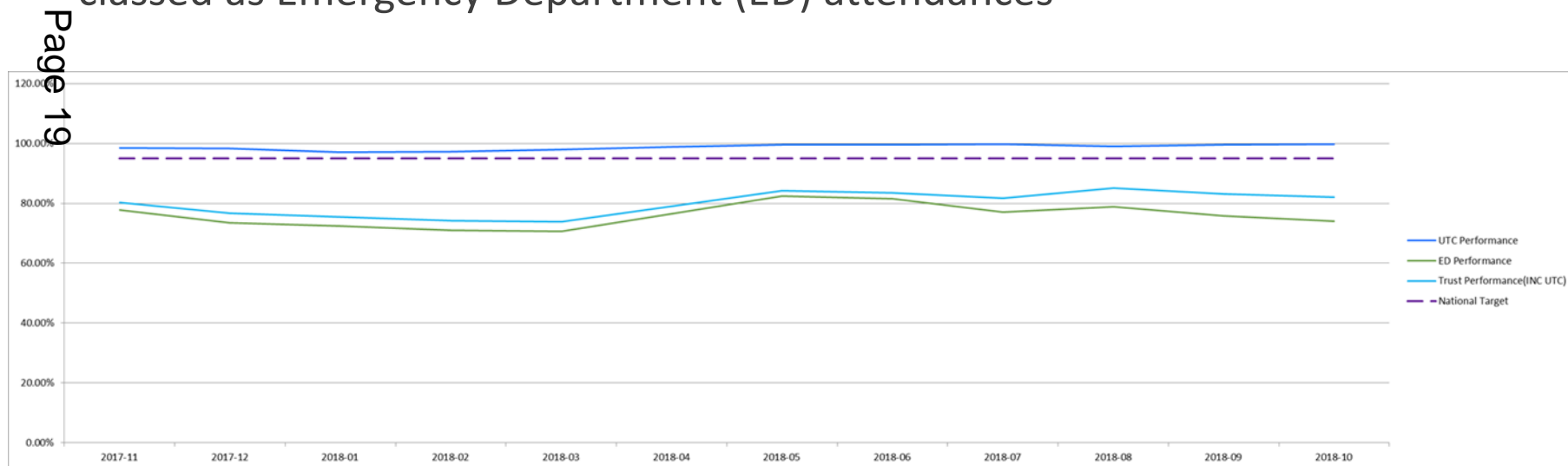
# BHRUT KEY CHALLENGES

- Increasing demand, in particular paediatric patients and ambulance conveyances
- Increasing acuity of patients
- Increased admissions
- Space constraints at Queen's Hospital (including expansion, capacity for c.400 patients per day; yet regularly seeing approx 550-600 patients per day)
- Workforce
  - ED better staffed than ever – 14 permanent consultants and one more to come (funded for 18); using consultant WTE to make up to 25 – all Trust or Bank staff; however still heavy reliance on agency and locums in across acute medicine and other specialties
  - main groups of concern in ED are band 5 nurses and registrars (up to 50% vacancy)
  - paediatric nurse shortages also an issue



# FOUR HOUR PERFORMANCE AND ATTENDANCE

- Meeting four hour standard more than we used to, however unable to keep up in line with increasing demand - need to continue to address patient flow through our hospitals, particularly to accommodate greater numbers of frail elderly patients
- Currently supporting PELC with phlebotomy services – these patients are classed as Emergency Department (ED) attendances



# ADDRESSING THE ISSUES

- Whole hospital flow improvement plan
- Roll out of Red2Green to support reduction in length of stay; invested in team capacity
- Focus on pre-noon discharges
- Front door
  - joint therapy support with NELFT for elderly patents who don't need medical care
  - consultancy firm 20/20 supporting specialty responses, diagnostics and streaming
- Expanding RAFTing (Rapid Assessment and Focused Treatment) area at Queen's to improve ambulance handovers
  - receive 16-18 ambulances per hour; currently have 5 cubicles
  - expanding to 8 cubicles plus a 'fit to sit' area
  - complete works 24 December
- Supporting PELC at Queen's (UCC) with phlebotomy services – once they have the right staff in place, they should be able to see 40-45% of patients. PELC currently seeing 35-40% of patients – big increase since July
- Partnership working including early escalation and improving pathways for patients with complex rehab needs

# IN ADDITION...

- Introduced our Academy of Emergency Medicine – support development of doctors to registrar level
- 24/7 resident consultant at Queen's ED and 8am to 2am at King George
- Managing nursing issues through robust rota management
- Replicated divisional triumverate model throughout each area of ED (majors, majors lite, paediatrics and so on) to provide dedicated, strengthened leadership
- Newly refurbished Emergency Department waiting areas at King George – adult and paediatric areas



# NHS 111 CLINICAL ASSESSMENT SERVICE



- New service began in August across north east London
- Most people initially assessed through clinically based questions; transferred to speak directly to a clinician if needed eg paramedic, pharmacist, GP
- Assessments over the phone for advice and treatment recommendations
- Direct booking of face-to-face appointments - more appointments available over coming months
- Ability to prescribe medicines over the phone
- Easy access to patients' records and care plans – details updated after calls
- Quick transfer to mental health crisis services for assessment/advice
- Access to personalised, clinical advice through a dedicated 111 online website
- Right advice and treatment first time



# OTHER URGENT CARE SERVICES



- Urgent treatment centres at Queen's and King George hospitals
- Urgent same day GP appointments at GP hubs every evening and weekend – will also be available on bank holidays
- NHS 111 Online
- Pharmacies – will also be available on bank holidays
- Focused work on frequent attenders to A&E
- Focused work on paediatric streaming at A&E
- Community pharmacists in care homes to ensure effective medicines optimisation reducing likelihood of medication related admissions to hospital

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# COMMUNICATIONS

- National Help Us Help You campaign – promotion across health hubs, online etc
- Media promotion – where to get urgent treatment, flu vaccine, how to stay well
- Websites and social media
- Videos (111, pharmacy, urgent GP appointments)
- Articles in council magazines and newsletters
- National TV and print adverts
- ...And we need your help too

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## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 4 DECEMBER 2018

<b>Subject Heading:</b>	Care Quality Commission GP Ratings
<b>CMT Lead:</b>	Mark Ansell, Director of Public Health
<b>Report Author:</b>	Alan Stephenson, Inspection Manager, Care Quality Commission, alan.stephenson@cqc.org.uk
<b>Policy context:</b>	The information presented summarises the position with Havering GP Practices where there has been an identified breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
<b>Financial summary:</b>	No financial implications of the covering report itself.

### The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

### SUMMARY

- 1.1. This report provides a summary of GP practices in the London borough of Havering where there has been an identified breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

**RECOMMENDATIONS**

1. That the Sub-Committee considers the information presented and takes any action it considers appropriate.

**REPORT DETAIL**

**2. Stakeholder Engagement**

- 2.1. The CQC north east London inspection team are working collaboratively with external stakeholders to ensure the sharing of learning and appropriate management of identified risks. The stakeholders include:

**2.2. NHS England – Medical Group**

The inspection team discuss all identified risks and potential risks regarding individual practitioners on a fortnightly basis. The panel consider known risks and agree a joint course of action for potential risks.

**2.3. Clinical Commissioning Group/ NHS England Commissioning Teams**

The inspection team maintain frequent correspondence with the commissioning teams to ensure all stakeholder are aware of risks as soon as they are identified. The development of this relationship over the past 18 months has led to inspection schedules being produced collaboratively based on collective knowledge of risk within the borough. Contractual and CQC enforcement actions are aligned to ensure action taken is consistent. The collaborative working has allowed each organisation to use their respective powers using shared intelligence. This has reduced the need for each organisation undertaking separate investigations, ensured evidence used for enforcement action is consistent and ensured practices are able to receive the necessary support in a timely manner.

**2.4. Havering Healthwatch**

The inspection team are currently working with the CCG Transformation team to develop a collaborative inspection process to reduce the impact of inspections from the CQC and Healthwatch enter and view programme. The proposal is to follow the Leicestershire model which permits the CQC and Healthwatch Inspectors to visit a location concurrently and share the findings.



## **2.5. Havering Health GP Federation**

Havering Health Ltd have agreed to work with the CQC to analyse breaches of regulations and where trends are identified provide training and support in the relevant area.

For example, due to the number of practices rated Requires Improvement or Inadequate in the Safe key question, the federation will work with practices to develop a governance protocol which will ensure all practices are undertaking the necessary checks such as fire risk assessments, legionella risk assessments to ensure they are undertaken consistently, on time and all identified actions have been addressed. This could have a positive impact on the Well-led key question as failings in governance arrangements often leads to a requirement notice in this key question.

## **3. Summary of locations with identified breaches of regulation.**

### **3.1. Dr Hamilton-Smith and Partners**

The practice was inspected 6 November 2018 and the report is currently being reviewed as part of the internal quality assurance process.

The inspection team found insignificant improvements had been made since the previous inspection in March 2018 and the proposal had been made to terminate the registration of the provider as the practice has failed to demonstrate it can or ever will be compliant with the regulations.

### **3.2. Modern Medical Centre**

The practice was inspected on 17 September 2018 and the report was published on 29 October 2018.

The practice was rated Requires Improvement overall.

#### **Regulation 12 - Safe**

- The practice did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular: On the day of the inspection the practice did not have written evidence that they had consistently followed the appropriate systems that safeguarded children and adults from abuse.

#### **Regulation 17 - Governance**

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, was not effective

and therefore did not always minimise risks. The system to manage infection prevention and control did not include the checking of disposable products or the cleaning of the curtains.

Plan of action: The practice will be re-inspected at the latest September 2019.

### **3.3. Drs. Zachariah, Lee, Acheson & Sinha**

The practice was inspected 5 March 2018 and the report was published 6 April 2018.

The practice was rated Requires Improvement Overall.

#### **Regulation 12 - Safe**

- The practice did not have an effective system in place to ensure the security of blank prescription forms against theft and misuse.
- There were gaps in the assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:
- Staff used single use equipment but the inspection team found a drawer containing syringes which expired in August 2017.
- The practice had a clinical waste contract to remove clinical waste weekly. However, we found areas where the practice had not followed the Healthcare Technical Memorandum (HTM) 07-01 'Safe Management of Healthcare Waste'. This requires waste bags and bins to be correctly segregated and labelled. For example, the clinical waste bags in the clinical waste bins in the consulting and treatment rooms were not distinguishable from the normal waste bags. Staff had not correctly labelled the large clinical waste bags in the outdoor clinical waste bin and some of the waste bins in the practice.

#### **Regulation 17 - Governance**

- The practice did not have effective governance arrangements which led to infection control, emergency equipment, and management of medication guidelines not being adhered to.
- The practice staff failed to follow written standard operating procedures when managing blood tests.

In addition to the breaches of regulation the practice were advised to review the following issues.

- Review the recruitment procedure to ensure that staff do not commence work without a current DBS check.
- Review the procedure for checking the defibrillator to ensure it meets the Resuscitation Council guidance.

- Review the storage of patient medicines to ensure that it is auditable.
- Review the procedure for cleaning the treatment room and consultation room curtains to ensure it meets The Health and Safety Executive guidance.
- Provide patients with information about how to access the services offered.
- Review the policies and procedures to ensure staff capture the system for recording and responding to test results and the Duty of Candour.
- Ensure all staff are aware of any lessons learnt from significant even.

### **3.4. Dr Kodaganallur Subramanian**

The practice was inspected 23 October 2018 and the report was published 9 February 2018.

The practice was rated Requires Improvement overall and for and Requires Improvement for the Safe, Effective and Well led key questions.

#### **Regulation 12 - Safe**

- The registered persons had not done all that was reasonably practicable to mitigate the risks to the health and safety of patients receiving care and treatment. In particular:
- Failing to action recommendations of the fire safety and legionella assessment.
- Failing to identify, record and investigate significant events in a timely manner.
- Failing to provide evidence of a completed control of substances hazardous to health risk assessment (COSHH).
- There was an ineffective system for reviewing and cascading safety alerts.

#### **Regulation 17 - Governance**

- The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:
- Failure to action recommendations from fire safety and legionella assessments.
- There was an ineffective system for reviewing and cascading safety alerts.

#### **Regulation 18 - Staffing**

- The members of staff employed by the registered provider did not receive developmental support including training, professional

development, supervision and appraisal as necessary to enable them to carry out their duties.

- Staff had not received training for safeguarding, chaperoning, equality and diversity and the Mental Capacity Act.

Plan of action: In November 2018 the registration changed to a partnership and therefore an inspection will be scheduled as a new provider within the coming 12 months.

### **3.5. Dr Joseph**

The practice was inspected 31 August 2017 and the report was published 20 March 2018.

The practice was rated Requires Improvement overall and Requires Improvement for all key questions.

#### **Regulation 17 - Governance**

- There was no on-going quality improvement programme (including clinical audit).
- There was no system in place to improve and monitor practice performance in regard of patient satisfaction scores from the National GP Patient Survey.

#### **Regulation 19 - Fit and Proper Persons**

- The registered person did not have effective systems in place to ensure that recruitment procedures and policies are established and operated effectively.
- The practice did not obtain references or undertake the appropriate checks through the Disclosure and Barring Service, to confirm that staff employed are of good character.
- New staff were not able to access a comprehensive induction process.

Plan of action: the practice will be re-inspected December 2018

### **3.6. Berwick Surgery**

The practice was inspected 20 March 2018 and the report was published 29 June 2018.

The practice was rated Requires Improvement overall and Requires Improvement in the Safe and Effective key questions.

#### **Regulation 12 - Safe**

- The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:
- Although there were safety systems in place, these did not always operate effectively to minimise risks to patients. Staff had not been trained in relation to dealing with suspected cases of sepsis; there was no evidence that sepsis had been discussed at practice meetings and there was no formal guidance available to staff.
- We found that practice staff had not acted in accordance with its policy on monitoring uncollected prescriptions.
- There was no formal system to assess and profile risks for older patients who are frail or for monitoring patients' unplanned admissions to hospital.
- NHS health checks for patients aged over 75-years were not being provided.

In addition, the practice were advised to review the following:

- Continue with work to improve patient outcomes.
- Continue to review and where necessary implement action to improve patients' telephone access to the service and to reduce waiting times at appointments.
- Provide clarification to patients over appointments with the nurse practitioner.
- Continue to review and where necessary implement action to improve patient satisfaction with consultations.

Plan of action: The practice will be re-inspected May 2019.

### **3.7. Cecil Avenue Surgery**

The practice was inspected on 17 July 2018, the report was published 6 September 2018.

Overall Rating: Inadequate

#### **Regulation 12 - Safe**

- We found that the provider was failing to provide care and treatment to service users in a safe way. In particular, the fire safety arrangements did not keep patients safe and the fire risk assessment completed by the practice manager in October 2017 did not identify or mitigate risks to patients and staff.
- Assessments of the risks to the health and safety of patients and staff were not being carried out.
- We identified risks relating to infection prevention and control.

- We identified risks relating to the arrangements for the safe management and administration of medicines.

Regulation 17 - Governance

- The policies and procedures were either not in place or staff failed to complete tasks in accordance with the relevant procedure.
- There were ineffective governance arrangements in place to assess, monitor and mitigate the risks to patients and staff and improve the quality and safety of the services being provided.

Following the publication of the report the practice have submitted an application to cease the contract with NHS England and cancel their registration with the CQC. The practice will no longer provide services as of 31<sup>st</sup> December 2018. The patient list will be dispersed to local practices.

<b>IMPLICATIONS AND RISKS</b>
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**Financial implications and risks:** None.

**Legal implications and risks:** None – all information contained within this report is within the public domain.

**Human Resources implications and risks:** None of this covering report.

**Equalities implications and risks:** None of this covering report.

<b>BACKGROUND PAPERS</b>
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None.

## Health Overview and Scrutiny Sub-Committee, 4 December 2018

### Latest published overall rating for Primary Medical Services services in Havering

Date run: 15/11/2018

Org Name	Org ID	Org Status	Org Post Code	Rating	Publication Date
Bervick Surgery	1-4513042592	Active	RM13 9QU	Requires improvement	29/06/2018
	1-549284703	Inactive-Dereg	RM13 9QU	Inadequate	02/05/2017
Billet Lane Medical Practice	1-679347196	Active	RM11 1XA	Good	02/10/2017
Cecil Avenue Surgery	1-952202123	Active	RM11 2LY	Inadequate	06/09/2018
Central Park Surgery	1-565345034	Active	RM3 9SU	Good	24/03/2017
Dr Abdul Jabbar	1-501156668	Active	RM3 9SU	Good	17/08/2016
Dr Abdul-Razaq Abdullah	1-505444512	Active	RM13 9AB	Good	28/06/2017
Dr Amar Kaw	1-507808099	Active	RM3 7JJ	Good	23/11/2017
Dr C Dahs & Dr I P Humberstone	1-571362170	Inactive-Dereg	RM14 2JP	Good	17/02/2017
Dr C Dahs & Dr IP Humberstone	1-571362153	Active	RM14 1BJ	Good	27/01/2017
Dr Chanh Tran	1-510323700	Active	RM11 1XA	Good	19/01/2017
Dr Colin Marks	1-506699311	Active	RM1 2SB	Good	01/08/2018
Dr Immaneni Sudha	1-567807998	Active	RM14 1RG	Good	16/08/2016
Dr John O'Moore	1-522508208	Active	RM12 6PL	Good	11/09/2017
Dr Joseph	1-575608505	Active	RM5 3PR	Requires improvement	20/03/2018
Dr Kodaganallur Subramanian	1-511521194	Active	RM13 7UP	Requires improvement	09/02/2018
Dr Nagendra Kumar Gupta	1-493180760	Active	RM7 8BU	Good	07/02/2018
Dr PM Patel/Dr R Kumar	1-544271899	Active	RM12 4LF	Good	29/09/2017
Dr Pushpa Chopra	1-497334249	Inactive-Dereg	RM14 3DP	Requires improvement	07/01/2016
Dr Rana Chowdhury	1-517196855	Active	RM3 0PT	Good	28/12/2017
Dr Selvaratnam Kulendran	1-505532207	Active	RM5 3PJ	Good	11/09/2017
Dr Sikan Subramaniam	1-525197285	Active	RM13 7XJ	Good	04/07/2017
Dr s S & V KUberoy	1-557919264	Inactive-Dereg	RM12 4AN	Good	03/03/2016
Drs N A Kuchhai and Dr B S Saheecha	1-543958039	Active	RM3 9SU	Good	06/04/2017
Drs. Zachariah, Lee, Acheson & Sinha	1-569362807	Active	RM3 0DR	Requires improvement	06/04/2018
Haiderian Medical Centre	1-589645273	Active	RM14 2YN	Good	07/09/2018
Harold Wood Polyclinic	1-551713614	Active	RM3 0FE	Good	22/06/2016
High Street Surgery	1-2125780402	Active	RM11 3XT	Good	24/03/2017
Lynwood Medical Centre	1-584019750	Inactive-Dereg	RM5 3QL	Good	15/03/2017
Mawney Medical Centre	1-570836520	Active	RM1 3DQ	Good	15/02/2017
Maylands Health Care	1-552900837	Active	RM12 4EQ	Good	22/03/2016
Modern Medical Centre	1-571421268	Active	RM7 0PX	Requires improvement	29/10/2018
North Street Medical Care	1-586215185	Active	RM1 4QJ	Good	06/08/2015
North Street Medical Centre	1-1786516059	Active	RM1 4QJ	Good	04/09/2018
Petersfield Surgery	1-584983961	Active	RM3 9PD	Good	06/04/2017
Spring Farm Surgery	1-1099743619	Active	RM13 9RZ	Good	30/05/2018
Straight Road Doctors Surgery	1-559740409	Active	RM3 7JJ	Good	10/04/2018
The New Medical Centre	1-547151492	Active	RM2 5SU	Good	28/11/2017
The Robins Surgery	1-542361499	Active	RM3 9SU	Good	25/05/2018
The Rosewood Medical Centre	1-2013210425	Active	RM12 5NJ	Good	06/09/2018
	1-547942558	Active	RM12 5NJ	Good	13/08/2015
The Surgery	1-4015671914	Active	RM11 3SZ	Good	18/07/2018
The Surgery, Dr T Rahman and Dr CY Tsoi	1-569100521	Active	RM12 5PA	Good	18/04/2017
Upminster Medical Centre	1-549653466	Active	RM14 3DH	Good	28/04/2017
Western Road Medical Centre	1-495604802	Active	RM1 3LS	Good	10/03/2016
Wood Lane Medical Centre	1-565361558	Active	RM12 5HX	Good	25/04/2017

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## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 4 DECEMBER 2018

<b>Subject Heading:</b>	Blood Testing Services in BHR
<b>CMT Lead:</b>	Mark Ansell, Director of Public Health
<b>Report Author:</b>	Tracy Welsh, Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups
<b>Policy context:</b>	The information presented summarises the current position with blood testing services in Havering.
<b>Financial summary:</b>	No financial implications of the covering report itself.

### The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

### SUMMARY

The attached presentation gives details of the current position regarding blood testing services in Havering.

## **RECOMMENDATIONS**

1. That the Sub-Committee considers the information presented and takes any action it considers appropriate.

### **REPORT DETAIL**

The attached presentation gives details of the issues and challenges facing phlebotomy services in Havering. This follows several concerns raised by Members of the Sub-Committee and of the Council as a whole concerning reports of long waits and difficulty accessing blood tests in several locations in the borough. Representatives of the local Clinical Commissioning Groups, Barking, Havering and Redbridge University Hospitals NHS Trust and the North East London NHS Foundation Trust are expected to be present at the meeting in order to give further details and to answer Members' questions.

### **IMPLICATIONS AND RISKS**

**Financial implications and risks:** None of this covering report.

**Legal implications and risks:** None of this covering report.

**Human Resources implications and risks:** None of this covering report.

**Equalities implications and risks:** None of this covering report.

### **BACKGROUND PAPERS**

None.

# Blood testing services in BHR

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## **Havering Health Scrutiny Committee**

Tuesday 4 December 2018

Tracy Welsh, Barking and Dagenham, Havering and Redbridge CCGs.  
Len Kemp, Barking, Havering and Redbridge University Trust.  
Bob Edwards, North East London Foundation Trust.

Decorative graphic at the bottom of the slide consisting of several overlapping, curved bands in shades of orange and yellow, creating a sense of movement.

# Overview


- Set out current blood testing services across Barking and Dagenham, Havering and Redbridge
- Recent issues with local blood testing in Havering
- Our partnership working – how BHR CCGs and key providers, BHRUT and NELFT are working together to improve blood testing services across the boroughs
- Our plans – review underway looking at a new model for blood testing services across BHR
- Questions



# Blood testing services in BHR

Local people currently access blood testing services in numerous locations across Barking and Dagenham, Havering and Redbridge.

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- Blood testing services are provided by BHRUT, NELFT and local GPs.
  - Currently there are around **40** locations across the boroughs, this includes GP practices, health clinics and our hospitals (King George Hospital, Queen's Hospital and Barking Community Hospital ).
  - Redbridge patient also access Whipp's Cross Hospital for blood tests.
  - On average, it is estimated around **255,000** people use blood testing services across BHR every year, and we expect this to increase over the coming years.
- 

# Recent issues

Some Havering clinics recently experienced a higher than usual demand for blood testing and this resulted in unexpected delays. Some of these issues and what we are doing to resolve are as follows:

1. Some Havering practices from where BHRUT provided the blood taking services were temporarily stopped.  
 ✓ **This was due to lack of receptionist cover available at the practice which compromised the safety of the service. Services that closed temporarily have now reopened.**
2. Temporary closure of BHRUT community clinics to prioritise blood testing at Queen's Hospital – causing pressure on NELFT services at Elm Park and Victoria Centre.  
 ✓ **BHR CCGs, BHRUT and NELFT are currently conducting a system wide strategic review to manage demand by location. This will ensure the right number of phlebotomists are available at each location/or for longer so they can see more patients.**

# Our challenges

BHR CCGs recognise that the level of service in Havering is not as extensive as the service in the other two boroughs, this includes:

- **Community outreach clinics:** Havering is geographically larger than Redbridge and B&D, therefore having more phlebotomy outreach clinics at new locations or extending the hours of current provisions will improve patient experience. At present there is 6 outreach clinics. Due to limited capacity of the outreach clinics most people in Havering potentially visit Queen's Hospital for blood testing.
- **Services in GP practices:** While some practices in B&D and Redbridge have in house Phlebotomists, no Havering practice provide this additional service. This is a historical issue due to shortage of GPs, lack of building space and shortage of practice nurses. More Havering GPs need to offer this service locally.
- **Opening hours:** We have received feedback that the current opening times are not adequate and do not meet the increasing demand.

# Why can't more GP practices provide blood testing?

To provide blood testing services, the premises need to be large enough to accommodate additional patients waiting to be seen. This could be anything between 15-20 or more patients at one time.

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The majority of GP practices in Havering are single-handed practices, and due to their small size are not able to accommodate large clinics.



At present practices that host outreach clinics for NELFT/BHRUT are the larger clinics/practice and would have been selected based on the size of practice and their ability to provide the clinic space/reception staff required to provide a ticketing system for phlebotomy tests.



# Working with BHRUT and NEFLT to improve the service

BHR CCGs, along with BHRUT, NEFLT and Bart's are currently reviewing blood testing services across BHR. The aim of this strategic review is to:

- ✓ **Better manage the demand** - this will be through mapping the current locations, opening times, and looking at the number of people using the services.
- ✓ **Improve access** – look at how the service could be redesigned to make it easier to access blood testing services closer to home.
- ✓ **Improve equality** - identifying where changes are needed to increase the level of service to all BHR residents .

**One suggestion made so far is to have as a priority one online page for BHR residents with details locations and opening times of all the blood testing services available in BHR - regardless of the provider. We will look into doing this following our review.**

# Working towards a new service

## Next steps

- Scope current services – location mapping, outlining key issues and current demand for the service.
- ✓ **We have started this process, and will finish by December 2018.**
- Strategic review that outlines options to improve current services (potential new sites, and extend opening hours at existing sites).
- ✓ **Review will begin from January 2019.**
- We will engage with local people, partners, and providers on options for any new service model
- ✓ **We will do this from February 2019.**
- Review feedback, continued engagement, work with providers, and launch new service.
- ✓ **Potentially launch new configured service from spring 2019.**

# Questions?



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## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 4 DECEMBER 2018

<b>Subject Heading:</b>	Having CAMHS Transformation Update
<b>CMT Lead:</b>	Mark Ansell, Director of Public Health
<b>Report Author:</b>	Anthony Clements, Principal Democratic Services Officer, <a href="mailto:anthony.clements@onesource.co.uk">anthony.clements@onesource.co.uk</a> , tel: 01708 433065
<b>Policy context:</b>	The information presented summarises the current position with Child and Adolescent Mental Health Services (CAMHS) for Havering.
<b>Financial summary:</b>	No financial implications of the covering report itself.

### The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

### SUMMARY

Officers will present details of recent investments in CAMHS services in Havering and how the service is currently performing.

## **RECOMMENDATIONS**

1. That the Sub-Committee considers the information presented and takes any action it considers appropriate.

## **REPORT DETAIL**

The Sub-Committee has previously expressed a wish to scrutinise mental health services provided for children and young people in Havering, provided principally by the North East London NHS Foundation Trust. The Sub-Committee has previously been briefed on the new base for the service established in the Romford area and now wishes to receive an update on progress with and the issues facing the service.

The attached presentation gives details of current work and progress with the CAMHS service and senior NELFT and Clinical Commissioning Group officers are due to be present at the in order to assist scrutiny by the Sub-Committee.

## **IMPLICATIONS AND RISKS**

**Financial implications and risks:** None of this covering report.

**Legal implications and risks:** None of this covering report.

**Human Resources implications and risks:** None of this covering report.

**Equalities implications and risks:** None of this covering report.

## **BACKGROUND PAPERS**

None.

# Havering CAMHS Transformation Update

Jacqui Van Rossum, Executive Director  
NELFT

&

Doug Tanner, BHR CCG

# Investment

- In 2017/18 new investments in childrens and adolescent mental health servcies were announced
- In summer 2018 these investments were realised in Havering and new posts created and recruited to.
- The new way of working is based on a model change as well as additional resource.



# i-THRIVE in NELFT: Impact and how it was achieved

- Change in processing referrals so all yp were called as part of the triage process before declining or accepting
- By calling young people as part of triage processes the time taken to offer an initial assessment was reduced
- Parents were called to discuss referral as part of new triage processes
- By utilising workers on the 'bank' the service could set up Saturday groups without the need to draw from the current staff pool
- Outreach scoping exercise to discuss schools' need, tailored follow up, and regular meetings / emails to maintain relationships
- Stakeholder event which focused on what THRIVE means in borough including case study discussion
- Proposal put forward to transformation steering group
- Proposal put forward to transformation steering group

## Access

- A reduction in the numbers of client referrals declined without any contact with the young person from 60% to 0%.
- A reduction in the average waiting time from referral to initial contact from 29 days (5.5 weeks), to 8 days (1.5 weeks).
- Parents report that changes to triage allowed them to share their difficulties and gave them a sense of relief.
- Saturday groups beginning

## Throughput

- 58% increase in discharges
- Introduction of patient screening enables 10% increase in referrals signposted to the community
- A reduced average waiting times between initial contact and second contact from 52 days to 12 days.

- Introduction of MDT discharge clinics for staff, and dedicated time in supervision to discuss discharge
- Calling parents to discuss difficulties as part of triage process
- Introduced new system for allocating initial assessments to clinicians

## System change

- Reduction in inappropriate referrals from schools (97% to 0%)
- Statistically significant increase in knowledge of THRIVE and what the services are doing to implement THRIVE among the wider system
- CCG ring fencing funds to support termly interagency peer learning events
- Agreement to have CAMHS triage member in MASH

## Clinical culture

- Clinician self rated score re: confidence to discharge increased from an average of 4 out of 10, to 7.3 out of 10
- Clinician confidence with shared decision making increased from an average of 2.3 out of 5 to 3.9 out of 5
- Increase in clinicians signing up for QI training (from 0 to 7)
- Commitment to rolling out AMBIT

- Introduction of MDT clinic to discuss discharge
- i-THRIVE grids training
- Support from implementation team to use QI to implement changes
- Proposal put forward following i-THRIVE learning event on risk support

# THRIVE

- Is a needs based model that enables care to be provided according to four distinct groupings, determined by a patient's needs and preferences for care
- Emphasis is placed on prevention and the promotion of mental health and wellbeing
- Patients are empowered to be actively involved in decisions about their care through shared decision making (SDM)
- THRIVE is complimentary to successful existing models e.g. CYP IAPT
- It provides a clearer distinction than before between:
  - **Treatment and support**
  - **Self-management and intervention**
  - More systematic integration of **shared decision making** and routine **collection of preference data**

## Core principles

- Integration between Health, social care and education
- Self care and self management
- Early intervention and outreach
- Distinction between support and intervention
- Shared decision making
- Digitally enabled
- Systematic use of outcome data
- Continuous improvement



## Schools link

- Vision: close collaboration with schools so that young people who don't need a specialist intervention can be effectively supported in a timely way.
- Borough wide schools survey to find out about range of provision within schools, and,
- to find out what type of support from specialist CAMHS is most needed.
- Results of survey will shape scope of the pilot, which will begin with a small number of schools and will be scaled up

## Support Time and Resilience worker

- Providing practical support to young people
- Offering advice and guidance to teachers and school staff
- Supporting with transition of young people into adult services.

## Feedback Questions

1. What has been helpful since STAR Worker has been in post
2. What wasn't helpful
3. Support you feel would be beneficial going forward within the scope of the STAR Worker

# Feedback

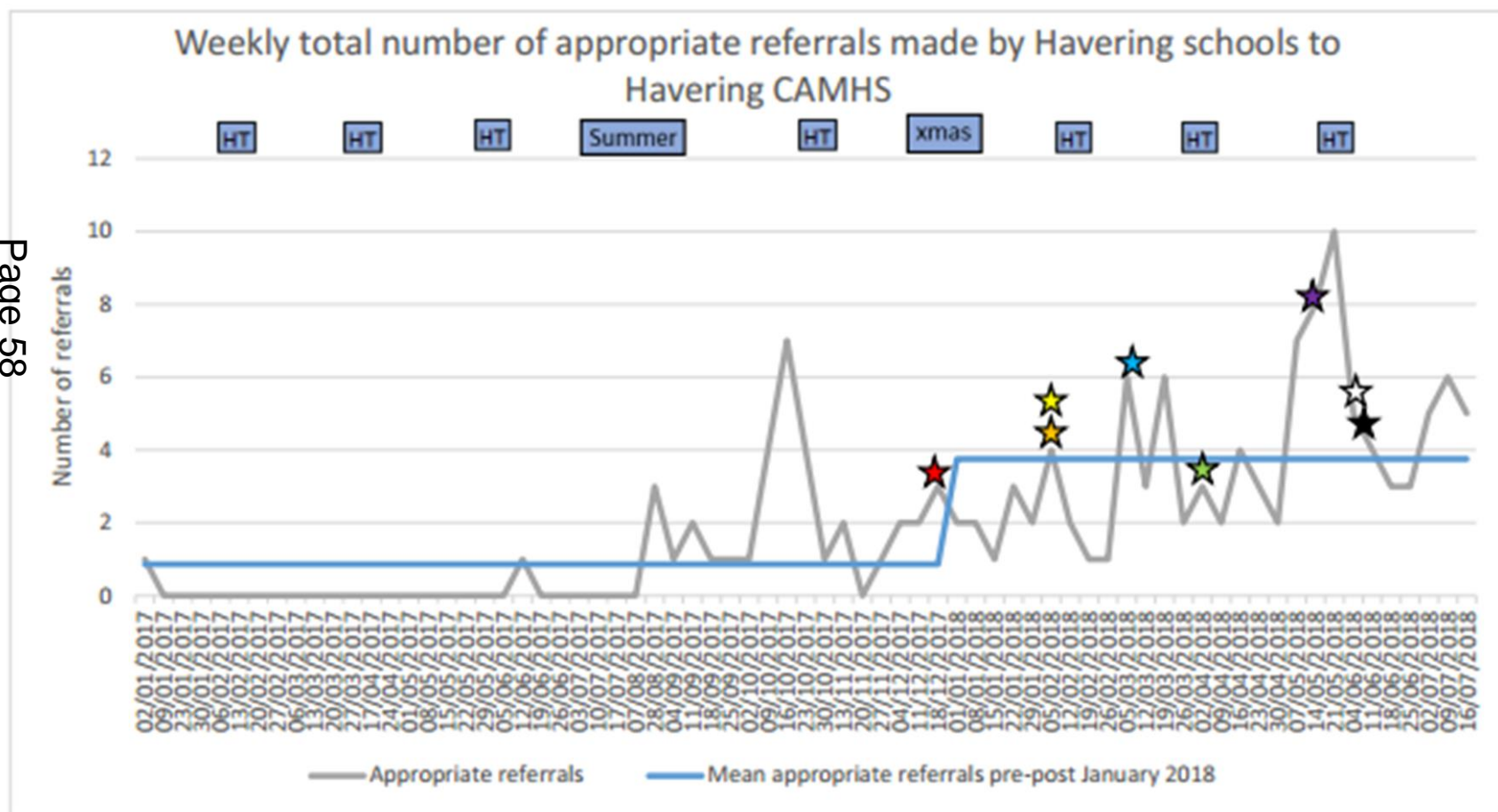
*“Rebecca has been fabulous – I would not have known all the links and agencies she contacts me with”*

*“We have appreciated being sent resources, information about courses, and just having someone to ask questions!”*

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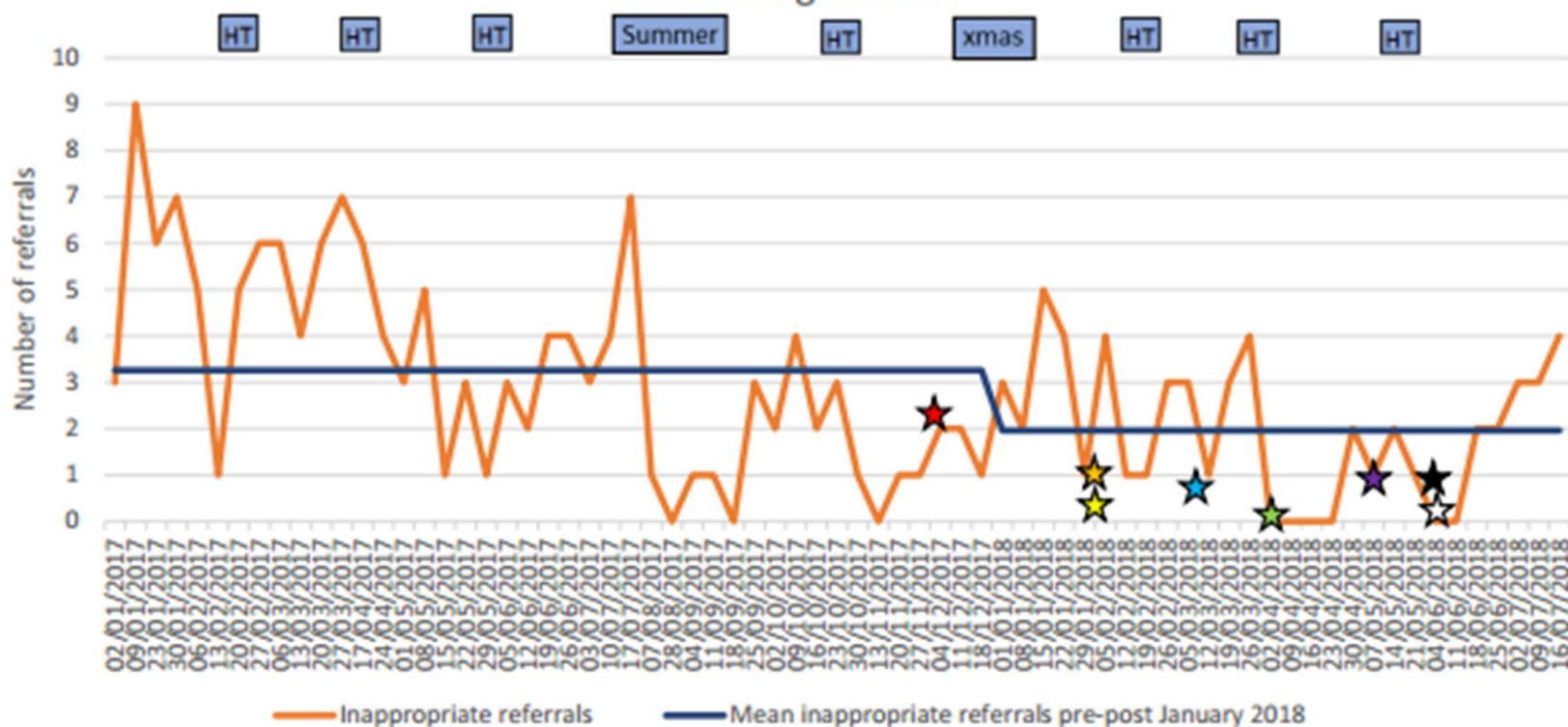
*The LSA training re listening, helping start up a HOPE lunchtime group, having the Star worker available for parents meetings so immediate conversations/ reassurance can be given”*

*“Links to charities, websites, signposts extremely helpful. Being available for parents evening next year to aid parents etc...”*





# Weekly total number of inappropriate referrals made by Havering schools to Havering CAMHS



# Leaflet

## Web Sites



[www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)



[www.beat.co.uk](http://www.beat.co.uk)



[www.bigwhitewall.com](http://www.bigwhitewall.com)



[www.mycamhschoices.org](http://www.mycamhschoices.org)



[www.coap.org.uk](http://www.coap.org.uk)



[www.docready.org](http://www.docready.org)



[www.getconnected.org.uk](http://www.getconnected.org.uk)



[www.headmeds.org.uk](http://www.headmeds.org.uk)



[Www.mindfresh.nelft.nhs.uk](http://www.mindfresh.nelft.nhs.uk)

## Apps: Emotional Health & Wellbeing



Mindshift



SAM

(Self– help for Anxiety Management)



NHS

Wellmind



NELFT (NHS)

Mindfresh



Calm Harm

# Speech and Language

- Offering initial assessments to LAC children within required 0-4 weeks
- Targeted support for vulnerable children with known Speech, Language and Communication Needs (SLCN) not accessing core service provision
- Individual caseload for children with significant SLCN which impacts on behaviour and participation at school
- Classroom based support to children and young people who are accessing Alternative Learning Programmes (e.g. Koru)
- Delivering training to relevant partners e.g. Early Help & Community Nursery Nurses
- Supporting Early Help by empowering Early Years Practitioners to run Language Groups at Children's Centres

# Outcomes

- Improved early intervention
- Improved support to education
- Improved and additional support to YOS
- STR worker posts
- Transition worker posts
- New OT posts
- Closer working with the systemic model in LBH
- The children's locality pilot

# Development

New post:

Occupational therapist

Speech and Language Therapist

Physiotherapist

Nursery Nurse

Early intervention Group program:

- Way to play
- Way to say
- Happy hands

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## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 4 DECEMBER 2018

<b>Subject Heading:</b>	Quarter 2 2018/19 performance information
<b>SLT Lead:</b>	Jane West, Chief Operating Officer
<b>Report Author and contact details:</b>	Lucy Goodfellow, Policy and Performance Business Partner (Children, Adults and Health) (x4492)
<b>Policy context:</b>	The report sets out Quarter 2 performance against indicators relevant to the Health Overview and Scrutiny Sub-Committee.
<b>Financial summary:</b>	There are no direct financial implications arising from this report which is for information only. However adverse performance against some performance indicators may have financial implications for the Council.

### The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input checked="" type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

## **SUMMARY**

This report supplements the presentation attached as **Appendix 1**, which sets out the Council's performance against indicators within the remit of the Health Overview and Scrutiny Sub-Committee for Quarter 2 (July 2018 – September 2018).

## **RECOMMENDATION**

That the Health Overview and Scrutiny Sub-Committee notes the contents of the report and presentation and makes any recommendations as appropriate.

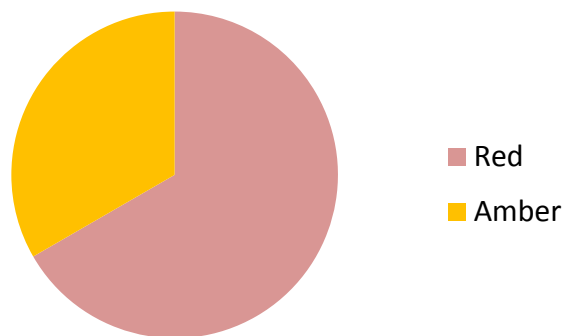
## **REPORT DETAIL**

1. The report and attached presentation provide an overview of the Council's performance against the performance indicators selected for monitoring by the Health Overview and Scrutiny Sub-Committee. The presentation highlights areas of strong performance and potential areas for improvement.
2. Tolerances around targets (and therefore the amber RAG rating) have been reinstated for 2018/19 performance reporting. Performance against each performance indicator has therefore been classified as follows:
  - **Red** = outside of the quarterly target and outside of the agreed target tolerance, or 'off track'
  - **Amber** = outside of the quarterly target, but within the agreed target tolerance
  - **Green** = on or better than the quarterly target, or 'on track'
3. Where performance is rated as '**Red**', '**Corrective Action**' is included in the report. This highlights what action the Council and/or its partner organisations will take to improve performance.
4. Also included in the presentation are Direction of Travel (DoT) columns, which compare:
  - Short-term performance – with the previous quarter (Quarter 1, 2018/19)
  - Long-term performance – with the same time the previous year (Quarter 2, 2017/18)



5. A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance has remained the same.
6. In total, three performance indicators have been selected for the sub-committee to monitor. Performance data is available for all three indicators this quarter, and these have all been given a RAG status.

### **Q2 Indicators Summary**



In summary, of the 3 indicators:

1 (33%) has a status of **Amber**

2 (67%) have a status of **Red**

This is consistent with the position at the end of Quarter 1.

### **IMPLICATIONS AND RISKS**

#### **Financial implications and risks:**

There are no financial implications arising directly from this report, which is for information only. However adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services, such as adults' social care. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

**Legal implications and risks:**

Whilst reporting on performance is not a statutory requirement, it is considered best practice to regularly review the Council's progress.

**Human Resources implications and risks:**

There are no HR implications or risks arising directly from this report.

**Equalities implications and risks:**

Equality and social cohesion implications could potentially arise if performance against the following indicator currently rated as Red does not improve:

- Obese Children (4-5 years)

The attached presentation provides further detail on steps that will be taken to improve performance and mitigate these potential inequalities.

**BACKGROUND PAPERS**

Appendix 1: Quarter 2 Health OSSC Performance Presentation 2018/19



# Havering

LONDON BOROUGH

# **Quarter 2 Performance Report 2018/19**

## **Health O&S Sub-Committee**

**4 December 2018**

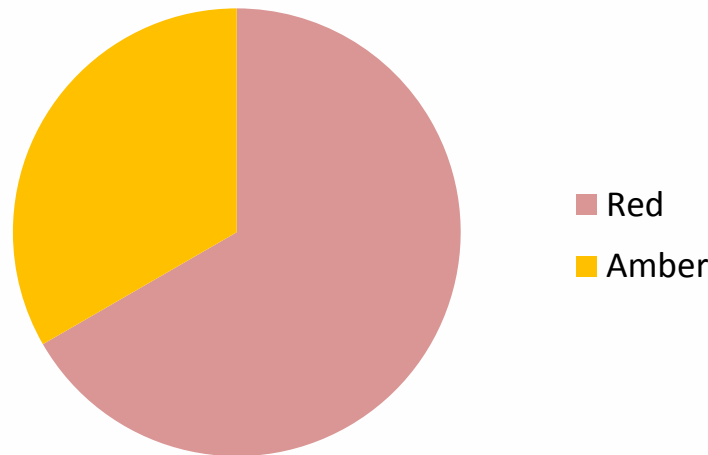
## About the Health O&S Committee Performance Report

- Overview of the Council's performance against the indicators selected by the Health Overview and Scrutiny Sub-Committee
- The report identifies where the Council is performing well (**Green**), within target tolerance (**Amber**) and not so well (**Red**).
- Where the rating is '**Red**', '**Corrective Action**' is included. This highlights what action the Council will take to address poor performance.

## OVERVIEW OF HEALTH INDICATORS

- 3 Performance Indicators are reported to the Health Overview & Scrutiny Sub-Committee.
- Performance ratings are available for all 3 indicators.

**Q2 Indicators Summary**



Of these 3 indicators:

**1 (33%)** has a status of **Amber** (within tolerance)

**2 (67%)** have a status of **Red** (off target)

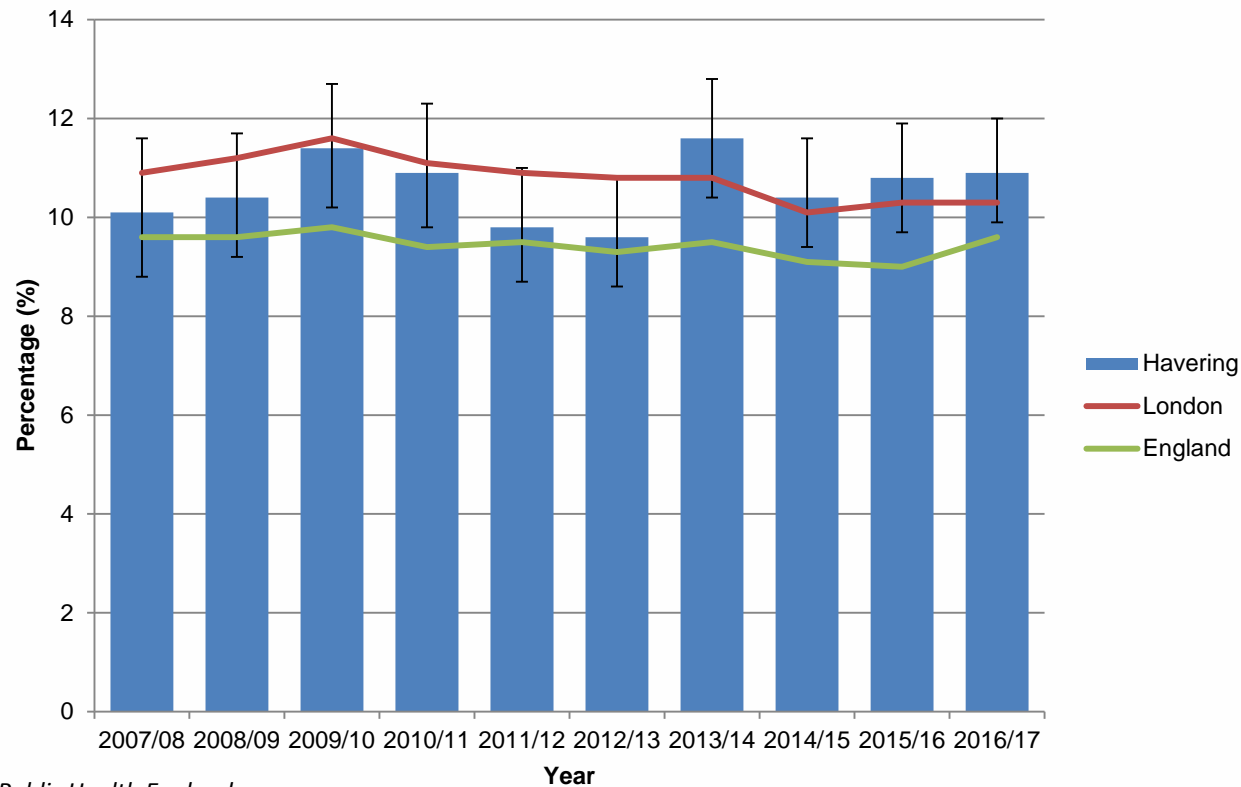
## Quarter 2 Performance

Indicator and Description	Value	Tolerance	2018/19 Annual Target	2018/19 Q2 Target	2018/19 Q2 Performance	Short Term DOT against Q1 2018/19		Long Term DOT against Q2 2017/18		Service
Obese Children (4-5 years) (Annual)	Smaller is better	Similar to England	Better than England (9%)	Better than England (9%)	10.9% (2016/17) RED Worse than England	-	N/A	↓	10.8% (2015/16)	Public Health
Percentage of patients whose overall experience of out-of-hours services was good (Partnership PI) (Annual)	Bigger is better	Similar to England	Better than England (69%)	Better than England (69%)	64% (2018) AMBER Similar to England	-	N/A	↓	67% (July 2017)	Havering CCG
The number of instances where an adult patient is ready to leave hospital for home or move to a less acute stage of care but is prevented from doing so, per 100,000 population (delayed transfers of care)	Smaller is better	±10%	7	7	7.8	→	7.8	↓	5.1	Adult Social Care

## About Childhood Obesity

- Prevalence of obesity amongst 4-5 year olds in Havering has seen no significant change over the past 9 years. In 2016/17 Havering's performance remained significantly worse than England but similar to London.

**Percentage of Obese Children, Havering, London & England, 2007/08 – 2016/17**



Source: Public Health England



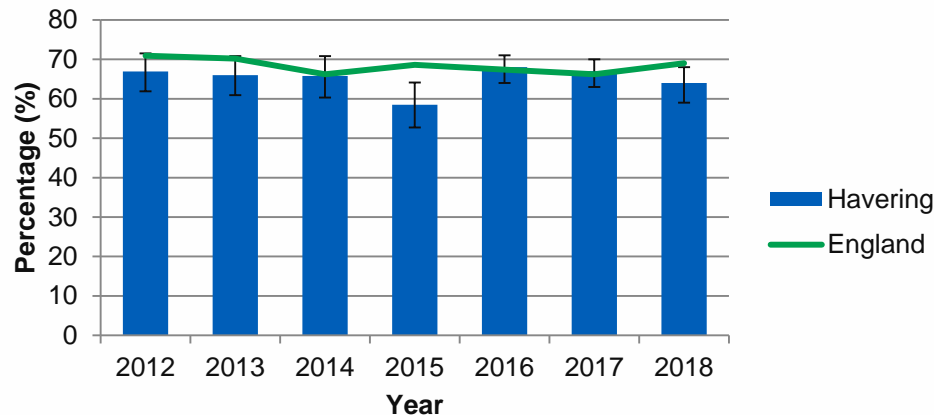
## Improvements Required: Childhood Obesity

- Directed by Havering's 'Prevention of Obesity Strategy 2016-19', our borough working group continues to progress actions that are within the gift of the local authority and partners, and within available budgets.
  - Progress on actions since the last update are as follows:
    - ✓ The Breastfeeding Welcome scheme was publicly launched in August and to date, 25 venues across the borough have registered.
    - ✓ 'Starting Solid Foods' workshops, co-delivered by Health Visitors and Early Help Practitioners, now run regularly at Collier Row and Rainham Village children's centres and we continue to scope expansion of these to other centres to complement support provided in Infant Feeding Cafés.
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- Following successful completion of the Healthy Early Years London pilot, the scheme was officially launched on 17<sup>th</sup> October. To date 32 Havering settings have registered with 11 completing 'First Steps', three achieving the bronze award and two the silver award.
- ✓ In September, Public Health supported Waste and Recycling events across the borough, promoting refillable water bottles with the dual aim of decreasing single-use plastic use and decreasing sugary drink consumption.
  - ✓ A cross-council briefing paper was produced on LBH's approach to preventing over-proliferation of fast food outlets. Resulting actions will be incorporated into the Obesity Prevention action plan.
  - ✓ Veggie Run continues to gather momentum with the range of prizes presented increasing and new branding being rolled out across primary school canteens. HES Catering has reported a 14% increase in school meal uptake.
- Obesity is a complex issue and many of the opportunities to tackle it fall outside of the local authority's influence. As such, work continues at national level, guided by the national 'Childhood Obesity: A Plan for Action' and we continue to link with national campaigns and programmes where appropriate.

## About Patient Experience of GP Out-of-hours Services

- The latest available data (2018) for patient experience of GP out-of-hours services shows no significant difference between the percentage of patients who are satisfied with the service in Havering (64%, 95%CI: 59%-68%) and the England average (69%, 95%CI: 68%-69%). This follows an overall improvement in the England average performance as compared to the previous year (2017 – 66%) whereas Havering’s performance has not significantly changed. Use of out-of-hours services includes contacting an NHS service by phone (e.g. 111) and going to A&E - which a vast proportion (54% and 31% respectively) of the 882 Havering respondents who answered this question say they did.

**The percentage of patients who are satisfied with the GP out of hours services, Havering & England 2012 - 2018**



Source: NHS Digital & GP Patient Survey Database

## Considerations for: Patient feedback on Out of Hours Services –

- When practices are closed (outside of 8 am – 6.30 pm) they can provide their own Out of Hours (OOHs cover) or ‘opt-out’. If a practice ‘opts out’ the commissioner is responsible for ensuring appropriate OOHs cover is in place.
- In Havering, all practices have opted out of OOHs, therefore the CCG commissions PELC to provide OOHs cover in which the clinical responsibility for patients is transferred to the OOHs provider. PELC provide services out of hours on the Queens and King George hospital sites and at Grays Court in Dagenham.
- London Ambulance Service took over 111 services from 1<sup>st</sup> August – they were previously provided by PELC. 111 are able to book patients into the OOH services. In addition, there are seven GP hubs providing an out of hours service across BHR and there are two in Havering at Rosewood Medical Centre and North Street Medical Centre.
- A number of factors affecting use of OOHs have changed as part of the NHSE London Access strategy reflecting the ambition of the General Practice Forward View (GPFV).
- The survey results are now collected only once per annum rather than every six months and are therefore slower to reflect changes. Trends will therefore only be discernible from the July 2017 data collection point on.

## About Delayed Transfer of Care

- In the first five months of 2018/19, there has been an average of 16 delayed discharges per month (7.8 days per 100,000) whereas at the same stage last year there had been an average of 10.
- The vast majority of delays are in the acute sector and are the responsibility of Health.

# Any questions?



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