Public Document Pack

Havering
LONDON BOROUGH

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Tuesday 29 October 2019	Havering Town Hall

Members 6: Quorum 3

COUNCILLORS:

Conservative Group (3)	Residents' Group (1)	Independents Residents'Group (1)
Nisha Patel (Chairman) Ciaran White (Vice-Chair) Christine Vickery	Nic Dodin	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

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.

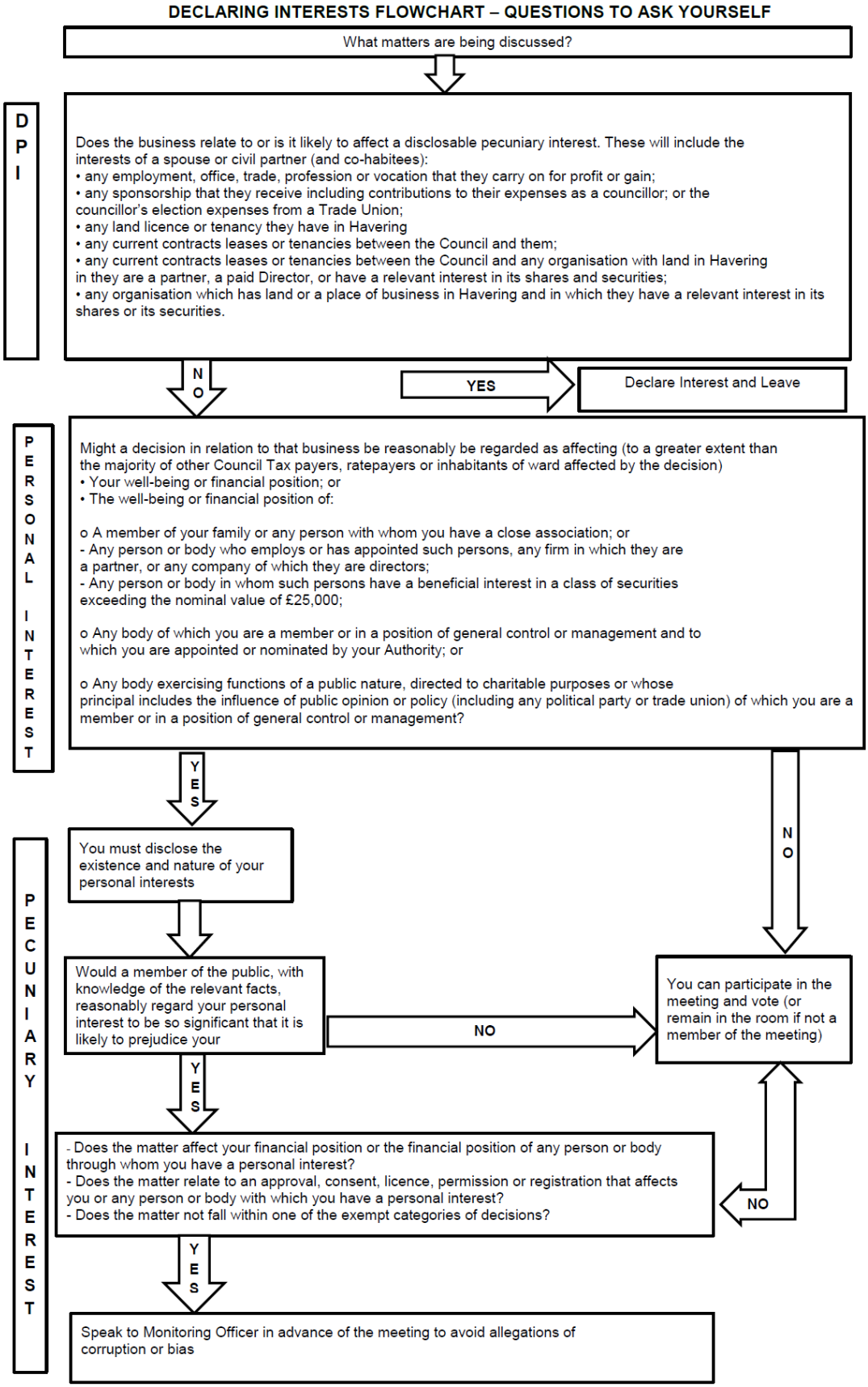
The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public 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
What matters are being discussed?
DPI
Does the business relate to or is it likely to affect a disclosable pecuniary interest. These will include the interests of a spouse or civil partner (and co-habitees):
• any employment, office, trade, profession or vocation that they carry on for profit or gain;
• any sponsorship that they receive including contributions to their expenses as a councillor; or the councillor's election expenses from a Trade Union;
• any land licence or tenancy they have in Havering
• any current contracts leases or tenancies between the Council and them;
• any current contracts leases or tenancies between the Council and any organisation with land in Havering in they are a partner, a paid Director, or have a relevant interest in its shares and securities;
• any organisation which has land or a place of business in Havering and in which they have a relevant interest in its shares or its securities.
NO
YES
Declare Interest and Leave
PERSONAL INTEREST
Might a decision in relation to that business be reasonably be regarded as affecting (to a greater extent than the majority of other Council Tax payers, ratepayers or inhabitants of ward affected by the decision)
• Your well-being or financial position; or
• The well-being or financial position of:
o A member of your family or any person with whom you have a close association; or
- Any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors;
- Any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000;
o Any body of which you are a member or in a position of general control or management and to which you are appointed or nominated by your Authority; or
o Any body exercising functions of a public nature, directed to charitable purposes or whose principal includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management?
YES
NO
PECUNIARY INTEREST
You must disclose the existence and nature of your personal interests
Would a member of the public, with knowledge of the relevant facts, reasonably regard your personal interest to be so significant that it is likely to prejudice your
NO
You can participate in the meeting and vote (or remain in the room if not a member of the meeting)
YES
- Does the matter affect your financial position or the financial position of any person or body through whom you have a personal interest?
- Does the matter relate to an approval, consent, licence, permission or registration that affects you or any person or body with which you have a personal interest?
- Does the matter not fall within one of the exempt categories of decisions?
NO
YES
Speak to Monitoring Officer in advance of the meeting to avoid allegations of corruption or bias

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 DISCLOSURES OF INTEREST

Members are invited to declare 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.

4 MINUTES (Pages 1 - 6)

To agree the minutes of the meeting of the Sub-Committee held on 17 July 2019 (attached) and to authorise the Chairman to sign them.

5 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE (Pages 7 - 30)

Report and presentation attached.

6 BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST (BHRUT) CLINICAL STRATEGY (Pages 31 - 42)

Report and presentation attached.

7 LEISURE CENTRES (Pages 43 - 50)

Report attached.

8 PERFORMANCE INFORMATION FUTURE WORK PROGRAMME (Pages 51 - 54)

Report attached.

9 HEALTHWATCH HAVERING - WHAT WOULD YOU DO? SURVEY (Pages 55 - 88)

Report attached.

10 HEALTHWATCH HAVERING - ANNUAL REPORT (Pages 89 - 112)

Report attached.

Andrew Beesley
Head of Democratic Services

MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
17 July 2019 (7.00 - 8.47 pm)

Present:

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

Apologies for absence were received from Councillor Nic Dodin.

Councillor Paul McGeary was also present.

Also present:

Natasha Dafesh, BHRUT Communications
Lima Khanom, NEL CCGs
Mark Ansell, Director of Public Health
Claire Alp, Senior Public Health Specialist
Lucy Goodfellow, Policy and Performance Business Partner
Sarah See, BHR CCGs
Emily Payne, Head of Primary Care, BHR CCGs

1 **ANNOUNCEMENTS**

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

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

Apologies were received from Councillor Nic Dodin.

3 **DISCLOSURES OF INTEREST**

There were no disclosures of interest.

4 **MINUTES**

The minutes of the meeting of the Sub-Committee held on 19 February 2019 were agreed as a correct record and signed by the Chairman.

5 HAVERING CLINICAL COMMISSIONING GROUP UPDATE

Representatives of Havering Clinical Commissioning Group (CCG) agreed that recruiting and retaining sufficient GPs remained a challenge although this was also an issue nationally. Efforts were being made to attract GPs at the start of their careers as well as support those in mid-career who may be suffering from stress etc. It was accepted that there were also a lot of Havering GPs approaching the end of their careers.

There were currently 42 GP Practices in Havering following the closure of a Practice in Collier Row by the Care Quality Commission. There were not any 'inadequate' rated Practices in Havering although five had been rated as 'requires improvement'. The CCG supported struggling GPs with resilience money and mentoring for GPs and practice managers. Work was also under way with the GP Federation to develop peer support for GPs. There were currently approximately nine singled-handed GPs in Havering.

There were now fewer GPs who worked full-time and the CCG had worked with partners including BHRUT, NELFT and Health Education England to attract newly qualified GPs to Havering. These GPs were funded by the CCG to work on a weekly basis in special interest areas such as mental health or minor surgery. This scheme had retained 17 newly qualified GPs within Havering, Barking & Dagenham and Redbridge although GPs retiring or otherwise leaving the profession remained an issue.

Senior GP nurses had also been funded by the CCGs in each of the local boroughs. It was accepted however that workforce issues remained the CCG's biggest risk area. It was also accepted that more communications should be released around the development of new roles such as a Physician's Assistant.

The Sub-Committee noted the update from Havering Clinical Commissioning Group.

6 HAVERING OBESITY PREVENTION STRATEGY

The prevalence of obesity among reception age children in Havering was worse than the averages for London and England. The position was also similar for levels of adult obesity in Havering.

There were a number of influences on obesity including society, food production and levels of food consumption. The Havering Local Implementation Plan included the Council's approach to its overall transport strategy. This incorporated the Healthy Streets approach and officers wished to ensure that existing journeys were more active. This included the proposals for routes for pedestrians and cyclists along the Beam Parkway in Rainham.

The Council was also involved with the Healthy Early Years London Programme which established a framework for supporting and improving

the health of early years children. Awards had been established for early years providers in Havering in order to encourage the promotion of a healthy lifestyle for children in Havering.

The Breast Feeding Welcome scheme was open to all businesses with at least a 3 star hygiene rating. This was a voluntary scheme that was advertised on a number of platforms including the Havering Show. A map of breast feeding sites was available on the Council website.

Oher initiatives included the water refill scheme which had been trialled in Havering during Recycle Week in September 2018. This reduced levels of plastic waste and encouraged the drinking of water rather than fizzy drinks. The Childhood Obesity Trailblazer Programme was focussed on Rainham Village and sought to address barriers to healthy eating and physical activity. This work had found that food takeaways were reluctant to offer alternative choices of food and work in the Trailblazer had focussed on ways to leverage demand for local options for healthy food. A number of positive relationships had been built up with traders in the Rainham area. Whilst funding had not been received for a continuation of the scheme, the Council had learnt a lot and identified other potential partners.

As regards planning policy, both the London and Local Plans sought to restrict the opening of new fast food outlets, including in the vicinity of schools. Officers also wished to work with existing takeaways etc in order to establish a Healthy Catering Commitment.

Partners in the Obesity Prevention Group worked with schools in order to encourage healthy eating among pupils. The school nursing service also now offered parenting sessions which covered healthy eating. It was accepted however that it was difficult to shift behaviour towards healthy eating.

Plans for the coming year included restricting the advertising of unhealthy food and drink on Council-owned hoardings. Health and wellbeing implications were also being incorporated into the template for key decisions and portions of vegetables would be served with all school meals.

The Henry programme was aimed at families with children aged 0-5 and aimed to develop parenting skills to encourage healthy eating and physical activity. This was a programme that had already worked successfully in the Leeds area.

The Havering obesity strategy and action plan was due to be revised this year and consultation was about to start on the new Health and Wellbeing Strategy. It was suggested that this latter item could be brought for scrutiny to the next meeting of the Sub-Committee. A representative of BHRUT added that the Hospitals' Trust was in full support of the strategy.

The Sub-Committee agreed that an update on the consultation on the new Health and Wellbeing Strategy should be taken if possible at the next meeting of the Sub-Committee.

7 QUARTER 4 2018/19 PERFORMANCE INFORMATION

There had been a very slight improvement in levels of obesity among children aged 4-5 years, compared to the previous year. There had been little change in levels of patient satisfaction with GP out of hours services. It was noted that the out of hours service provided at Queen's and King George Hospitals had received a 'good' rating from the Care Quality Commission. Delayed transfers of care had seen a slight improvement in the final quarter of the year and indications were that this had continued in April and May 2019.

BHRUT and adult social care officers reviewed length of hospital stay issues on a weekly basis and the introduction of a Trusted Assessor role at 20 Havering care homes had helped to lower average length of hospital stay by 2 days. A recent 'perfect week' initiative had seen adult social care staff work with the hospital to remove all blockages to patient discharge, where appropriate.

As regards future indicators for scrutiny, the 2019/20 Corporate Plan was due to be considered by the Overview and Scrutiny Board and would contain a number of areas for possible scrutiny by the Sub-Committee. These included the proportion of physically inactive adults, delayed transfers of care, the air quality action plan and the use of assistive technology.

Members felt it would be useful to look at issues related to physical activity such as leisure centre use and affordability as well as exercise levels. Perhaps the Council's 'Walking to Health' scheme could also be scrutinised. It was agreed that the Council's Health & Wellbeing Manager should be invited to the next meeting of the Sub-Committee to discuss the Council's leisure centres offer and suggest measures to monitor. It was suggested that future performance information reports should include numbers of referrals from GPs to leisure centres.

Other indicators that the Sub-Committee wished to scrutinise included those relating to the CAMHS transformation programme.

8 NOMINATIONS TO JOINT HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE

A report asked the Sub-Committee to confirm its nominations to the Outer North East London Joint Health Overview and Scrutiny Committee and to any pan-London Health Scrutiny Committee that may be established during the current municipal year.

The report was agreed unanimously and it was **RESOLVED** that:

1. **In line with political proportionality rules, the Sub-Committee nominate Councillors Nisha Patel, Nic Dodin and Ciaran White as its representatives on the Outer North East London Joint Health Overview and Scrutiny Committee for the 2019-20 municipal year.**

2. **That the Sub-Committee nominate Councillor Nisha Patel as its representative at any meetings of the pan-London Joint Health Overview and Scrutiny Committee during the 2019-20 municipal year.**

9 **WORK PROGRAMME**

In addition to the suggestions outlined elsewhere in the minutes, the Sub-Committee agreed to seek to arrange a daytime visit to Queen's Hospital and a visit to King George Hospital (to both general wards and the A & E department).

It was also suggested the Sub-Committee seek to visit cancer facilities including Sunflowers Suite at Queen's Hospital, the radiotherapy areas and the Cedar Centre at King George Hospital.

It was further suggested that visits be made to view local mental health facilities and this could be discussed by Members in further detail after the meeting.

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Chairman

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 29 OCTOBER 2019

Subject Heading:	Havering CAMHS Transformation Update
Report Author and contact details:	**Anthony Clements, Principal Democratic Services Officer, London Borough of Havering**
Policy context:	**NELFT officers will present details of CAMHS work locally.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

The attached presentation gives details of CAMHS transformation work undertaken in Havering.

RECOMMENDATIONS

That the Committee notes the information presented and takes any action it considers appropriate.

REPORT DETAIL

The Committee has requested details of work being undertaken in Havering around Child and Adolescent Mental Health Services (CAMHS). Senior officers from the North East London NHS Foundation Trust (NELFT) will be present at the meeting to hold further discussions and answer questions from members.

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.

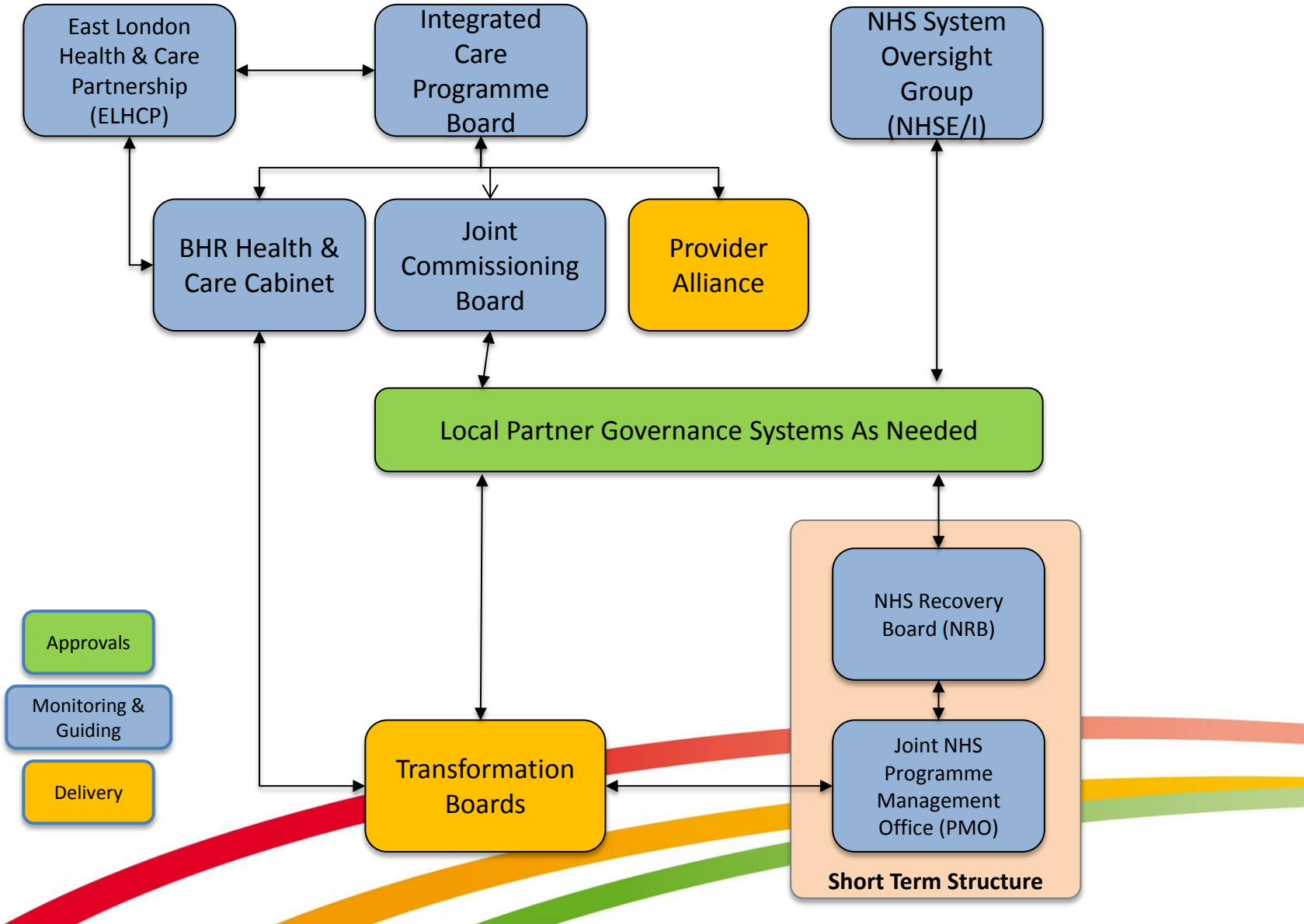
Havering CAMHS Transformation Update

Jacqui Van Rossum, Executive Director
NELFT
&
Pippa Ward Assistant Director
Childrens services NELFT

CAMHS Transformation

- The NHS Long Term Plan published January 2019 set out the plan for the next 10 year.
- It highlighted ambitious targets for transforming CAMHS provision.
- It highlighted new investment to support transformation.
- Transformation to be led locally.

Governance Arrangements



BHR

Approach

Children and Young People's Plan 2019/20 – 'Plan on a Page'

2019/20 High level objectives

To identify opportunities for joint commissioning and an action plan to achieve this within each of the themes encompassing all services currently delivered by Local Authority, Public Health, Education, Early Years , Health and CAMHS

Monitor and improve the performance of health and social care services (including clinical concerns) for Children and Young People (0-19) across BHR with a focus on improvement in outcomes.

Provide a focus on early intervention and a shared collaborative approach to solutions across Children and Young People's health and social care services

Ensure that our health and social care services genuinely listen to children and young people and empower them to be equal partners in their own solutions

By 2020/21 deliver:

A model of a joined up care and health service to BHR children and their families providing help as early and as often as required and unhindered by organisational, service or professional boundaries programme

Cross-cutting foundations : Children & Young People's focussed thinking & actions , integrated /multi-agency workforce development e.g. to model & identify risk, development of shared IT and portal platform/s for professionals & CYP & Families

(SEND)

Re-establish & re-energise tri-borough SEND health/LA forum with simple project action plan for the year

Understand the commissioning cycles & potential for shared approach across H & S & plan forward – children's community health, high cost residential/ISS/ISP

LA to investigate possibility of joint commissioning of SENDIAS service – advocacy & mediation services

Tri-borough approach to banded funding arrangements for EHCP funded provision & specialist education place planning

A sustainable Education Psychology Service – to remove competition of this scare resource across tri-borough

Measurable results:
Accessible shared education, health & social care plan (EHCP) for the child, family & practitioners
Co-ordinated SEND CYP commissioning – CCG & 3 LA's
Framework/consortium approach to providing residential & high support placements

Vulnerable Young People

Looked after children to be treated as VIP clients & establish specific health & social care pathways which support this

Services across health & social care for looked after children based on need and not eligibility criteria

Establish tri-borough health & LA joint task group which practically addresses this commitment

Measurable results:
A service for looked after children across health & social care that works for the population it serves not for the benefit of those in service.
A distinct service specification for looked after children across health & social care
Safe integrated spaces and venues (health & social care)

Emotional Wellbeing & Mental Health

EWMH (CAMHS & other) services delivered in a safe & comfortable environment that is a accessible for CYP

Voluntary sector utilised as key building resilience deliverer within commissioning arrangements

Flexible well thought out tri-borough and co-ordinated approach to commissioning of EWMH services including `buy-in' approach

Support use of apps. & creative ways of CYP engagement e.g. `brain in hand' app used for LD CYP adapted for EWMH needs

Measurable results:
A service specification which:
Actively listens to what the child, young person is saying & has CYP at the heart of its design
Has common understanding of cultural/familial EWMH & what it means to child/family
Whole family delivery approach which is flexible strengths based, encourages emotional agility & partnership
Investigate business case for tri-borough commissioned approach to EWMH services & appropriate timing

Early Intervention

Progress work of Early Years Transformation Academy

Locality self managed integrated teams – place based pilot including local GP's

Building resilience in young people – violence reduction initiative

Develop health & social care shared responsibility and accountability for early intervention & prevention being at the heart of our services with simplified pathways & review of commissioning arrangements

Measurable results:
Early Years Transformation Academy learning objectives 0-5 years as agreed with led LBBD
At least one locality integrated team established in each borough across BHR
Violence reduction initiative established with clear deliverables
Early intervention shared health & social care mission statement & associated opportunities for joint commissioning explored (timings & finance)

Specific Health Conditions

Public health data/training provided to all services (including schools) re. asthma, diabetes & other specific health conditions

IT support /portal development to enable sharing of care plans

Parental & school nurse partnership supported by IT – super user groups project

Agreement with secondary care – BHR wipe clear

Measurable results:
Learning from Regulation 28 reviews embedded across services
Easy to produce care plans that can be shared across agencies (all specific heath conditions)
Clear step up and step down pathways across services for children with specific health conditions
Standardised process for was not brought across services - safeguarding

Acknowledgement of required thinking and actions to enable CYP Transformation across BHR

1 **Efficiency** - separate borough meetings and associated plans on our shared themes to join up as a tri-borough approach. Really important that these discussions happen asap.

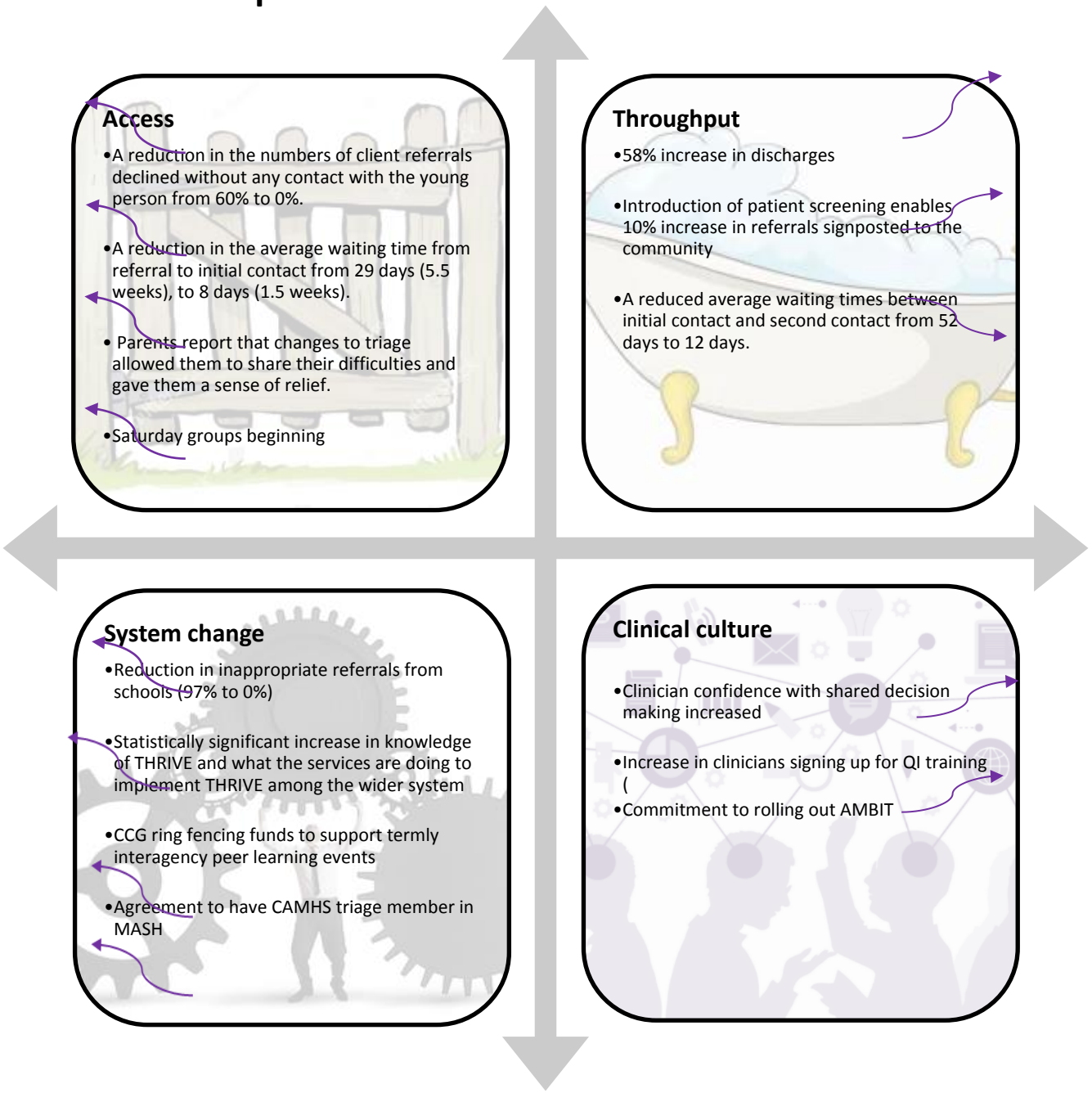
2 **Aligning of contract specification requirements & timeframes –** ensuring there is joint commitment across BHR around aligning timeframes and agreed BHR core provision for our themes of delivery

3 **Political landscape** – recognising there is a differing political landscape across BHR. Tim Aldridge (chair) to take forward with LA reps. re. elected member briefing for June 2019.

4 **Developing our shared trust** – we have developed a strong sense of trust and a `can do' culture across the CYP Board. We need to ensure that we continue to nurture and grow this trust across our work within our task groups.

5 **Understanding what is ` as is' , recognising and moving on –** historical investment across the three boroughs has meant there is defined delivery based on old formulas and data which needs to be quantified and understood. Potential action for each task group to consider and define what specifically needs to be understood and request support from Public Health (LA) Team

Developments in thrive implementation:



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

Monitoring:

- CAMHS DNA Rate Last quarter: 13.8%
- Activity year to date: 7029 clients
- Access contacts year to date : 1691 clients
- 5 by 5 data : Likely or Extremely likely
- Referral to Treatment in 18 weeks: 100%

Havering

Local developments

Schools Link:

- Engage with all schools in Havering (primary, secondary, independent, special and sixth forms) to establish Mental Health Leads in all schools and a corresponding link person in CAMHS.
- Provide specific mental health training to help with early identification and strategies for those children with mental health needs to School staff in contact with children (teaching staff, Home school support workers, pastoral teams, SENCOs) as either a training package or train the trainer model.
- Attend SENCO meetings and SENCO annual conference and help establish a similar network for the growing 'Home School Support Worker' and pastoral roles in schools.
- Attend Schools Nurse meetings.
- Attend the Primary School and Secondary School BAP and pastoral meetings.
- Work with LBH to establish robust communication channels with schools for mental health information, for instance circulation of the CAMHS drop in sessions to the head teachers' bulletin, through the SENCO network and via the schools portal.

YOS

- Why have a CAMHS Specialist in the YOS Team?

- Development of CAMHS within YOS
  - Implementation of the Thrive model

  - Initial Screening process.

  - Appointments are also arranged in an environment that best meets the needs.

Transition CAMHS:

- Increased continuity of care between adults and children's service.
- More comprehensive Transition care planning.
- CAMHS offering support to over 18s to enable better transition,.

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 (2019)

The star workers where at a parents evening giving out really helpful information.

(parent Havering School sent by email)

Communication has been excellent – Clockhouse Primary School

Helpful - sending us regular details and reminders of services and resources available – Olive Academy

So friendly and welcoming, "This is an excellent resource to support parents and children" – Ardleigh Green Infant & Juniors

I would not have known all the links and agencies she contacts me with. STAR Worker even came to my coffee morning and a CIN meeting to provide information on signposting for parent – Crownfield' s Junior School

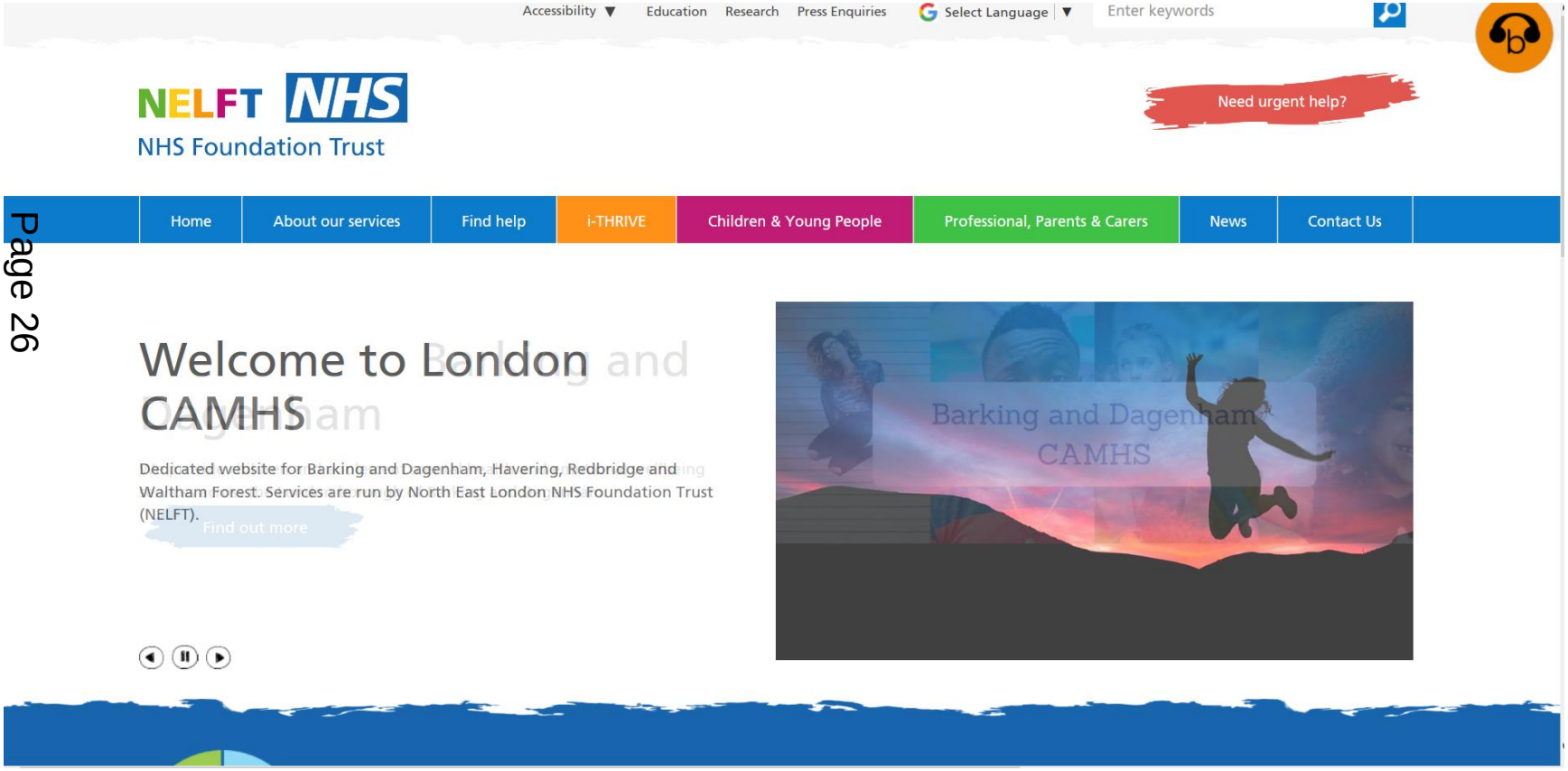
We have appreciated being sent resources, information about courses – Oasis Pinewood Primary School

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 – Marshall's Park Senior School

CAMHS Referral Source:

Month	Received referrals	Source of referral			
		GP	Self	School	A&E
June	139	79	18	21	4
July	98	54	8	21	3
August	74	51	9	0	6
Sept	124	88	19	5	1

NELFT CAMHS Website:



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

What has been the Outcomes

- Improved Early Intervention
- Improved Support to education
- Improved and additional support to YOS
- Transition worker posts
- New OT posts
- Closer working with the systemic model in LBH

Development

- New post supporting early Intervention:
- Occupational Therapist
- Speech and Language Therapist
- Physiotherapist
- Nursery Nurse

Early intervention Group program:

- Way to play
- Way to say
- Happy hands
- Joint clinic with targeted and Universals service
- Integrated groups between services including ASD

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LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 29 OCTOBER 2019

Subject Heading:	BHRUT clinical strategy update
Report Author and contact details:	**Natasha Dafesh, Senior Communications Officer, BHRUT**
Policy context:	**BHRUT officers will present an update on the development of the clinical strategy.**
Financial summary:	**No impact.**

SUMMARY

The attached presentation gives a progress update on the development of the BHRUT clinical strategy.

RECOMMENDATIONS

That the Committee notes the information presented and takes any action it considers appropriate.

REPORT DETAIL

A presentation will be given by Chris Bown, Interim Chief Executive, Dr Magda Smith, Chief Medical Officer, and Nick Swift, Chief Strategy and Financial Officer of BHRUT to update the Health Scrutiny Committee on its progress in developing a new clinical strategy.

This will include the work done so far, the case for change and emerging ideas for service improvement.

This is now a regular standing item until March 2020, to ensure the Committee is regularly engaged on and updated about developments and progress.

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.

CLINICAL STRATEGY UPDATE

Chris Bown
Interim CEO

Dr Magda Smith
Chief Medical Officer

Nick Swift
Chief Financial Officer

TAKING PRIDE IN OUR CARE

Barking, Havering and Redbridge University Hospitals NHS Trust

THESE ARE EXCITING TIMES FOR HEALTH AND CARE IN BHR

London's vision is to be the best global city to receive care

Making London the most digitally enabled health and care system of any global city

East London is one of the most diverse and rapidly growing parts of the capital

The population of BHR is expected to grow from just over 750,000 to 1 million in the next 20 years, with 7 Crossrail stations transforming the area

We're getting ready to provide our population with outstanding, integrated health and social care

THE BIGGER PICTURE

North East London Integrated Care System
- London vision

BHR Group strategy
- acute, community and mental health working with primary and social care to transform services
- infrastructure to engage on continuous improvement

BHRUT clinical strategy – how we deliver care in our hospitals

Group model – architecture to enable delivery of our strategy

DEVELOPING OUR CLINICAL STRATEGY – WHAT'S HAPPENED SO FAR

Understanding our business

- data collection from Trust and system partners
- series of interviews and workshops with clinicians and staff, patient partners, and healthcare partners such as GPs and local authorities
- Trust-wide survey

Outputs

- principles and objectives of the strategy
- case for change (the current opportunities to improve)
- 10 priority areas

Engagement with stakeholders and public on outputs above and informing the evaluation criteria

OUR CASE FOR CHANGE

1. The number of people needing hospital services is growing.

2. We are one of the largest maternity units in the country.

3. Some patients could be more appropriately seen by other services, particularly for emergency care.

4. Quality and safety of services have been improving over time, especially in maternity, stroke services and critical care.

5. ...however many patients are waiting too long for treatment.

6. We could make better use of our capacity (for example, beds, appointment slots, theatres etc).

CASE FOR CHANGE…CONTINUED

7. We want to implement more best practice ways of working and reduce pressures on ambulatory care and outpatients.

8. Staffing challenges are affecting our ability to continue to deliver sustainable services.

9. We could be treating more patients currently seen elsewhere.

10. Some services could be improved if they saw more patients, had more staff or were based at fewer locations.

11. We can improve our use of technology and digital innovations, and make better use of our current estate (buildings) and infrastructure.

EMERGING IDEAS FOR SERVICE IMPROVEMENT

Working with clinicians, patient partners and health and social care partners - some interesting ideas were generated to respond to our case for change.

Emerging ideas include:

- A one-day service to prevent people who need to be currently admitted – for example, for diagnostics, being treated differently so they avoid admission into our hospitals. We are also looking at increasing senior clinicians' input into the triage process to improve clinical decision-making process at an early stage to help respond to the growing demand for urgent and emergency care.

- For outpatient appointments and planned care and treatment, digital referrals and virtual wards could provide a better patient experience and help to address workforce and current referral issues.

EMERGING IDEAS FOR SERVICE IMPROVEMENT… CONTINUED

Emerging ideas continued:

- Strengthening links with primary care and community teams to enable our children and young people to receive personalised care out of hospital.

- Increased level of choice and support mothers receive through midwife-led care out of hospital.

- Clinical support services that enable same day diagnosis and dedicated hot clinics.

DEVELOPING THE STRATEGY – WHAT'S NEXT

Over the coming weeks and months:

- Ongoing review and engagement on ideas emerging from clinical workshops
- Developing and engaging on the evaluation criteria
- Apply agreed criteria to all options
- Develop recommended option(s) and proposed way forward
- Standing agenda item on HOSC and HWB boards
- Creating opportunities for face to face engagement with patients and our communities
- Providing updates on your feedback

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Havering
LONDON BOROUGH

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE

Subject Heading:	Leisure Centre's Contribution to Health
SLT Lead:	Jane West, Chief Operating Officer
Report Author and contact details:	Guy Selfe, Health & Wellbeing Manager, 01708 433866, guy.selfe@havering.gov.uk
Policy context:	Havering as a great place to live
Financial summary:	This report is for information only and contains no financial implications.

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

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

SUMMARY

At the Sub-committee's meeting on 17 July 2019, Members requested that a report be brought to the next meeting of the Sub-committee on the Council's leisure centres and their contribution to health. The attached presentation summarises this contribution.

RECOMMENDATIONS

It is recommended that the Sub-committee notes this report and presentation.

REPORT DETAIL

The attached presentation, that will be given at the Sub-committee meeting, sets out the Council's leisure centres contribution to health.

IMPLICATIONS AND RISKS

1. **Financial implications and risks:**
   There are no financial implications or risks associated with this report.

2. **Legal implications and risks:**
   There are no legal implications or risks associated with this report.

3. **Human Resources implications and risks:**
   There are no human resource implications or risks associated with this report.

4. **Equalities implications and risks:**
   There are no equalities implications or risks associated with this report as this report is for information only.

Health O&S Committee

HAVERING LEISURE CONTRACT OVERVIEW

1,954,595 VISITS TO OUR LEISURE CENTRES

513,864 VISITS TO OUR GYM

50% OF PEOPLE BOOKED ACTIVITIES ONLINE

1883 ATTENDANCES TO OUR HEALTH REFERRAL PROGRAMES 18/19

313,418

VISITS TO OUR POOLS FOR PUBLIC SWIM

5,793 CHILDREN & ADULTS ARE TAKING PART IN OUR SWIMMING LESSONS

Affordability price watch

	Havering sites (1 = most affordable)
Monthly membership	Ranked 8 out of 14 local centres
Children's swimming lessons	Ranked 5 out of 14 local centres
Adult casual swim	Ranked 2 out of 14 local centres
Concession membership	Ranked 5 out of 14 local centres

- PAYG concession prices for Exercise Referral, Cardiac Rehab, Drug and Alcohol Rehab Service

Everyone Active Havering Healthy Lifestyles Programmes

- Exercise Referral Scheme (April 18 to March 19)
- 541 appropriate referrals across 60 GP Practices/Health Centres
- 246 clients started
- 79 clients completed plus 21 clients joined a gym independently
- Obesity and anxiety and depression main reason for referral

- Cardiac Rehab Scheme (Oct 18 to March 19)
- 46 referrals
- 26 clients started
- 11 completers

Everyone Active Havering
Healthy Lifestyles Programmes

- Tier 2 Weight Management Programme Pilot (Jan-April 19)
- 11 participants
- 10 completed
- 9 lost weight
- Participants also lost body fat, cm's from waist and lowered BMI
- Improved self-esteem and eating habits reported by most participants
- Looking at securing further delivering of the programme

- Cancer Rehab Scheme starting in October

Everyone Active Havering
Healthy Lifestyles Programmes

- Dementia gym sessions, in partnership with Havering Memory Service
- Sport For Confidence Programme
- Funded internships
- Disabled swim sessions
- Free swim for 50+ and under 8's
- Partnership working with MIND including peer group sessions, sports activities, half marathon
- Know Your Numbers health checks in centre and community outreach
- Sugar Smart centres

Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 29 OCTOBER 2019

Subject Heading:	2019/20 performance information
SLT Lead:	Jane West, Chief Operating Officer
Report Author and contact details:	Lucy Goodfellow, Policy and Performance Business Partner (Children, Adults and Health) (x4492)
Policy context:	There are a number of policies and strategies of relevance to the Health Overview and Scrutiny Sub-Committee, which the sub-committee may wish to consider when selecting performance indicators.
Financial summary:	There are no direct financial implications arising from this report. 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	[X]
Places making Havering	[X]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

This report outlines the requirement for the Health Overview and Scrutiny Sub-Committee to consider which areas to receive performance information on for the remainder of 2019/20.

RECOMMENDATION

That the Health Overview and Scrutiny Sub-Committee considers, as part of its on-going priority setting and forward planning, which areas it wishes to scrutinise during 2019/20 so that relevant performance indicators can be provided.

REPORT DETAIL

1. During the financial year 2018/19, the Health Overview and Scrutiny Sub-Committee received regular updates on three performance indicators. These were:
    - The percentage of Obese Children (age 4 to 5 years)
    - The percentage of patients whose overall experience of out-of-hours services was good
    - 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)

2. At the last meeting of the Health Overview and Scrutiny Sub-Committee, members received Quarter 4 performance outturns for the indicators above and were asked to consider areas for scrutiny during 2019/20. Two areas were identified which are covered within other items on the agenda for this evening. These were in relation to: physical activity and leisure centre usage; and Child and Adolescent Mental Health Services (CAMHS).

3. It was also noted at the last meeting that a large number of indicators that may be relevant to the work of the Health Overview and Scrutiny Sub-Committee are reported through the following outcome frameworks:

    Public Health Outcomes Framework – The PHOF sets out a vision for public health that is to improve and protect the nation's health, and improve the health of the poorest fastest. The framework focuses on two high level outcomes to be achieved across the public health system and beyond, which are increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities.

    NHS Outcomes Framework – The NHS OF is a set of indicators developed by the Department of Health and Social Care to monitor the health

outcomes of adults and children in England. The framework provides an overview of how the NHS is performing.

Adult Social Care Outcomes Framework - The ASCOF measures how well care and support services achieve the outcomes that matter most to people. The measures are grouped into four domains which are typically reviewed in terms of movement over time.

4. Due to the number of indicators available for reporting across these three frameworks, it is recommended that the Health Overview and Scrutiny Sub-Committee further considers the areas it wishes to prioritise for scrutiny during 2019/20, so that relevant indicators can be provided based on these priorities. This may or may not include any areas of performance that are covered within other agenda items for this meeting, as well as indicators that were monitored during 2018/19.

5. The Health Overview and Scrutiny Sub-Committee may also wish to consider relevant Council policies and strategies when setting its priorities and areas of scrutiny for the year. These include (but are not limited to):

- Drug and Alcohol Strategy
- Obesity Strategy
- End of Life Strategy
- Joint Health and Wellbeing Strategy
- Joint Suicide Prevention Strategy
- All Age Autism Strategy

Similarly, key policy areas within the NHS may be relevant to the work of the Health Overview and Scrutiny Sub-Committee.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no direct financial implications arising from this report. It should be noted that 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. 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:

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

(i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
(ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
(iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

BACKGROUND PAPERS

None.

Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 29 OCTOBER 2019

Subject Heading:	Healthwatch Havering Report - What would you do? sURVEY
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	The information presented summarises recent survey work undertaken by Healthwatch Havering.
Financial summary:	No financial implications of the covering report itself.

SUMMARY

Details are given in the attached report of survey work undertaken by Healthwatch Havering in response to the NHS long-term plan.

RECOMMENDATIONS

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

REPORT DETAIL

As part of a national programme of work, Healthwatch Havering has undertaken a survey of residents in Havering concerning how they would like to see the NHS

develop during the period of NHS England's long-term plan. A report detailing the outcomes of the survey is attached.

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.

healthwatch Havering

NHS Long Term Plan

What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Community Interest Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

'You make a living by what you get,
but you make a life by what you give.'
Winston Churchill

Executive summary

Background

During April 2019, Healthwatch Havering gathered views from residents of Havering about how they would like to see the NHS develop during the period of NHS England's long-term plan. This was part of a nation-wide exercise, led by Healthwatch England on behalf of NHS England and involving the Healthwatch network across England.

Seeking residents' views is a very important part of our role and already during 2019 we have undertaken two important 'seeking your views' exercises. In Havering, we do this in partnership with other organisations and these two public consultations have included the North East London Health Joint Overview & Scrutiny Committee, the Barking, Havering & Redbridge Clinical Commissioning Group and Barking, Havering & Redbridge University Hospitals Trust (BHRUT). These have been on Cancer Services and Urgent and Emergency Care – both very high up on everyone's agenda locally; the results of both consultations have been published.

In undertaking these two surveys we worked with local organisations that we know well. We have been conscious that often organisations and individuals feel 'survey exhaustion' and it is important to recognise that to continue to inspire residents to share their views we need to respect the time that they give and not overburden them. We have included some of this evidence within this report.

In undertaking the survey we are now reporting on, we worked with individuals and groups that we had not worked with before. Although, regrettably, fewer individuals responded than we had hoped for (and many of those who did participate were reluctant to give their views in full), we have learnt a considerable amount about these groups which will support transforming our communications with the public, and ensuring that their voice is heard in the planning, development and delivery of health and social care.

A significant number of people told us that they felt that the survey was too long and complicated, and many objected to completing the demographic details at the end, terming them "the nosey pages". One respondent asked:

"why do you need to know who I sleep with?"

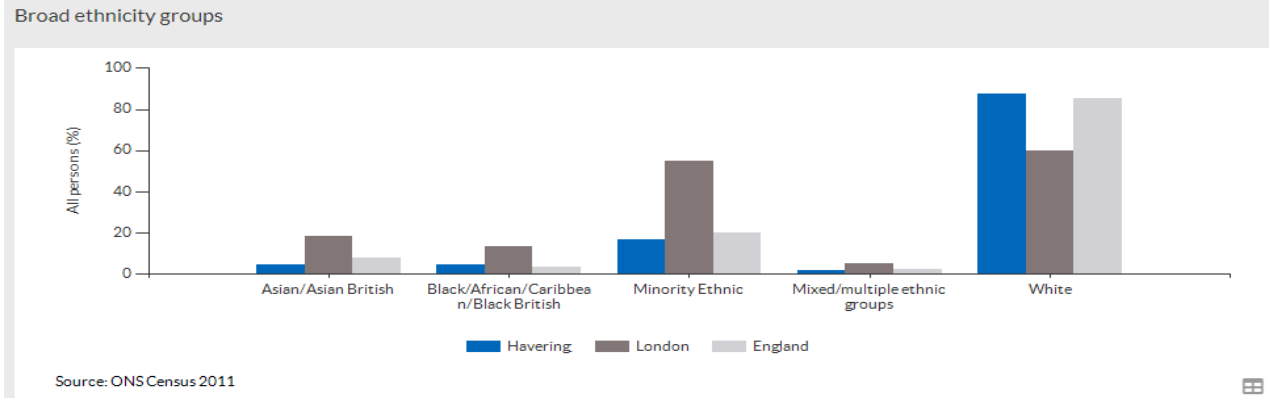
STP priorities

Havering is one of seven London Boroughs to the east of central London, and the City of London itself, that together comprise the North East London Sustainability and Transformation Plan (STP) area; the STP brings together the statutory health and social care agencies that cover that area and is being taken forward by the East London Health and Care Partnership (ELHCP), led by the Clinical Commissioning Groups for the boroughs working jointly.

The STP priorities for the ELHCP are: Cancer, Mental Health, Primary Care, End of Life Care, Prevention, Urgent and Emergency care and Maternity. For reasons of practicality, it was not possible for our survey to cover all of these priorities, but aspects of it address Cancer, Primary Care, End of Life, Prevention and Urgent and Emergency Care.

Demographics

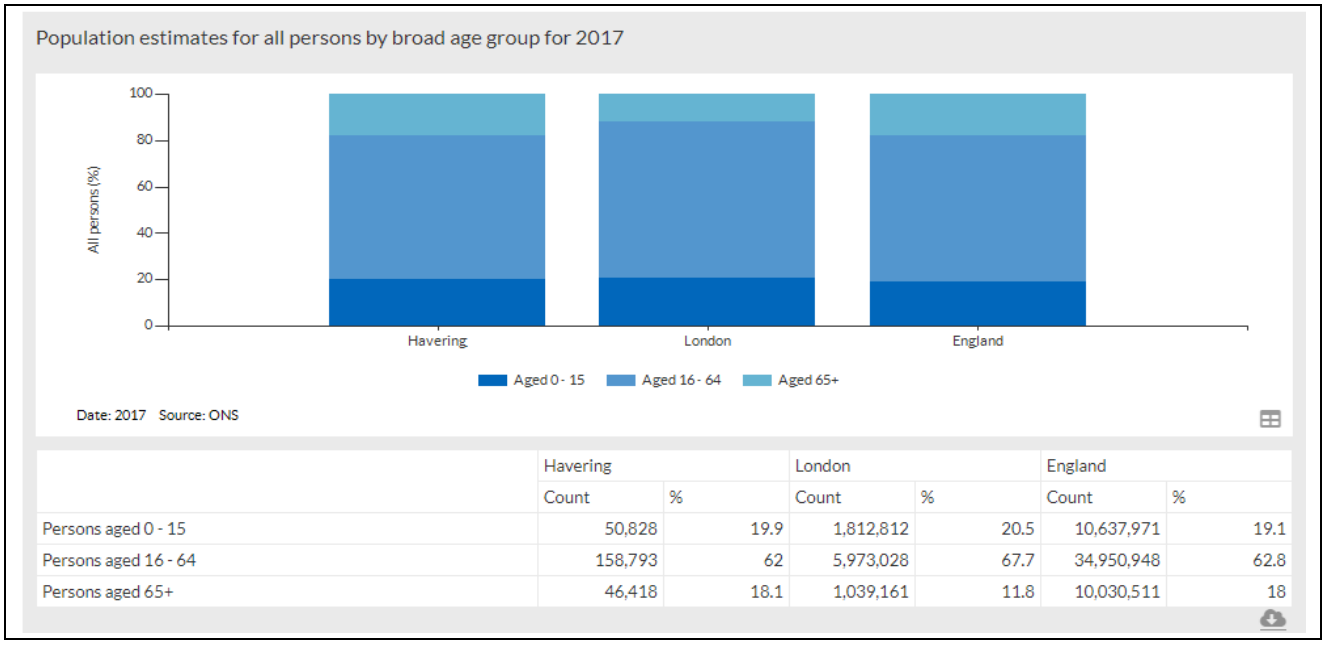
Havering is a London Borough, with a population estimated in 2017 of about 256,000[1], with the lowest level of ethnic diversity in London: in the 2011 census, the population was broadly split between those identifying as White – 87.7%; and other ethnicities – 12.4% (Asian 4.9%; Black 4.8%; mixed 2.1%; other groups 0.6%); further demographic changes since then suggest that the current balance is likely to be around 80% white and 20% other ethnicities:



	Havering		London		England	
	Count	%	Count	%	Count	%
Asian/Asian British	11,545	4.9	1,511,546	18.5	4,143,403	7.8
Black/African/Caribbean/Black British	11,481	4.8	1,088,640	13.3	1,846,614	3.5
Minority Ethnic - Total	39,617	16.7	4,504,657	55.1	10,733,220	20.2
Mixed/multiple ethnic groups	4,933	2.1	405,279	5	1,192,879	2.3
Other ethnic group	1,324	0.6	281,041	3.4	548,418	1
White	207,949	87.7	4,887,435	59.8	45,281,142	85.4

[1] The general demographic data here and elsewhere in the report are taken from the Havering Data Intelligence Hub provided by Havering London Borough Council (https://www.haveringdata.net/population-demographics/)

Havering's age-profile is also atypical of London – it has the highest proportion of elderly residents of any London Borough but there are also a growing number of children and young people:



	Havering		London		England	
	Count	%	Count	%	Count	%
Persons aged 0 - 15	50,828	19.9	1,812,812	20.5	10,637,971	19.1
Persons aged 16 - 64	158,793	62	5,973,028	67.7	34,950,948	62.8
Persons aged 65+	46,418	18.1	1,039,161	11.8	10,030,511	18

152 people responded to our survey, which we carried out at seven events within the borough, using both one-to-one interview and focus group approaches. In reporting, we have also considered other Healthwatch activity we have carried out on related matters.

The detailed demographics of the respondents to our survey are set out on pages 26 and 27 following. Comments from individual respondents are set out in quotations throughout the text.

Purpose

The purpose of this survey was to discover how people felt about the health services they receive and how that might be improved, in order to inform the development of NHS England's Long Term Plan for the NHS nationally, and the STP locally.

Objectives

To ensure that the views and aspirations of patients and service users are taken into account in the development of health and social care services as the NHS Long Term Plan is developed and delivered, whether at national, regional or local level.

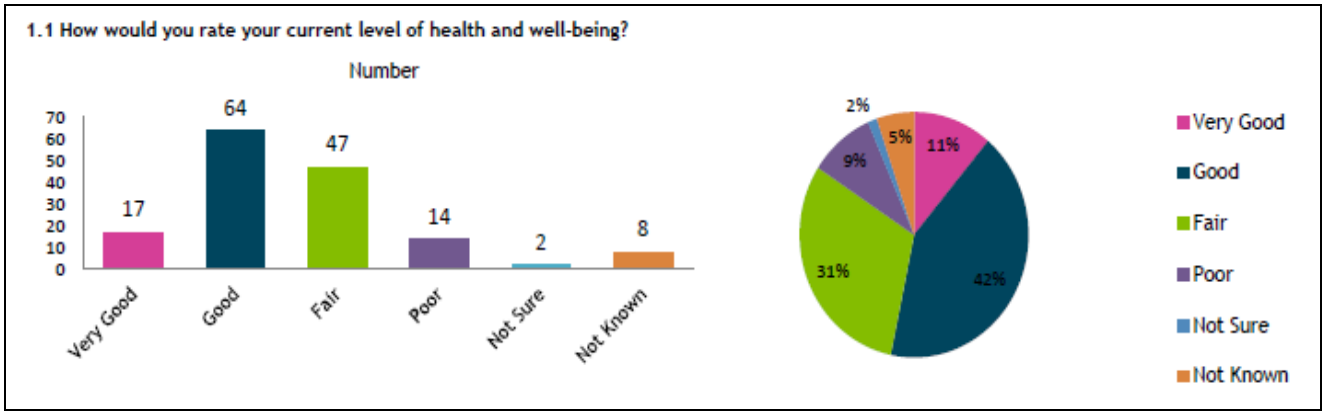
In addition to the work on this and similar surveys by other Healthwatches, nationally and in North East London, we will continue to use the data we have obtained by this and other surveys and activities to influence the development of local health and social care facilities.

Prevention: staying healthy for life

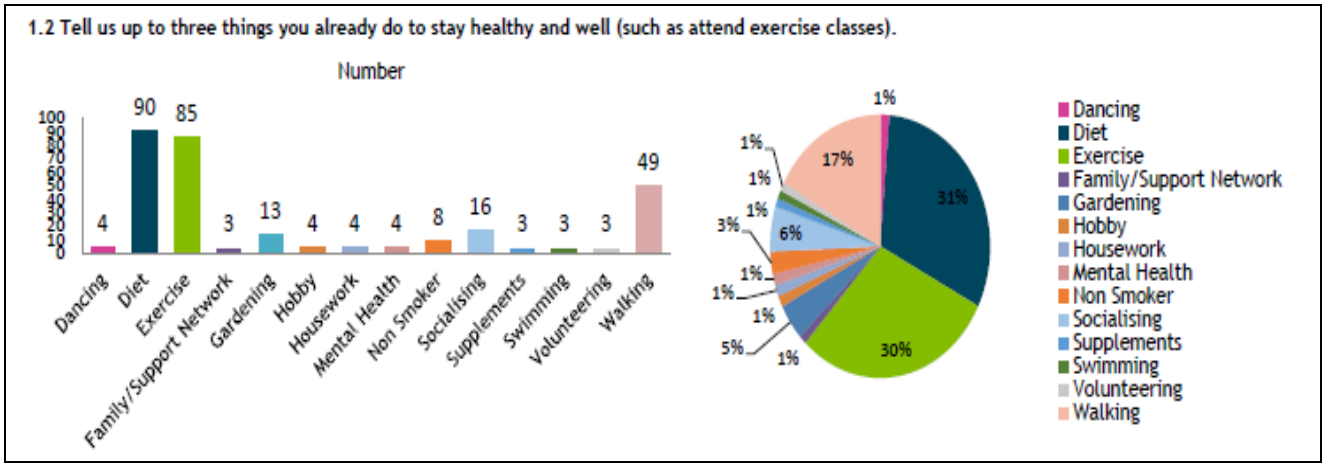
The NHS isn't just there to help us when we're ill, but to support us to live a healthy life too. What do we need, to live a healthy life?

What matters most to people in Havering?

Most of the respondents (128) told us that they felt their current health and well-being to be very good, good or fair. Only 14 people told us they were in poor health and 10 people declined to answer that question:



Most people were taking conscious steps to remain healthy and independent and the vast majority (128) felt it was important that they be supported to remain in their homes rather than move to residential care or hospital, and to be able to travel around on their own (for which the London Freedom Pass, providing free public transport was an important factor). Even those with mobility problems told us that they tried to get out as much as they could:



All of our respondents felt that access to healthcare was important and most wanted reliable information on which to base decisions about their health and wellbeing:

"keep to NHS promise e.g. when given a 2-week referral this should happen and not just to be told there are no appointments"

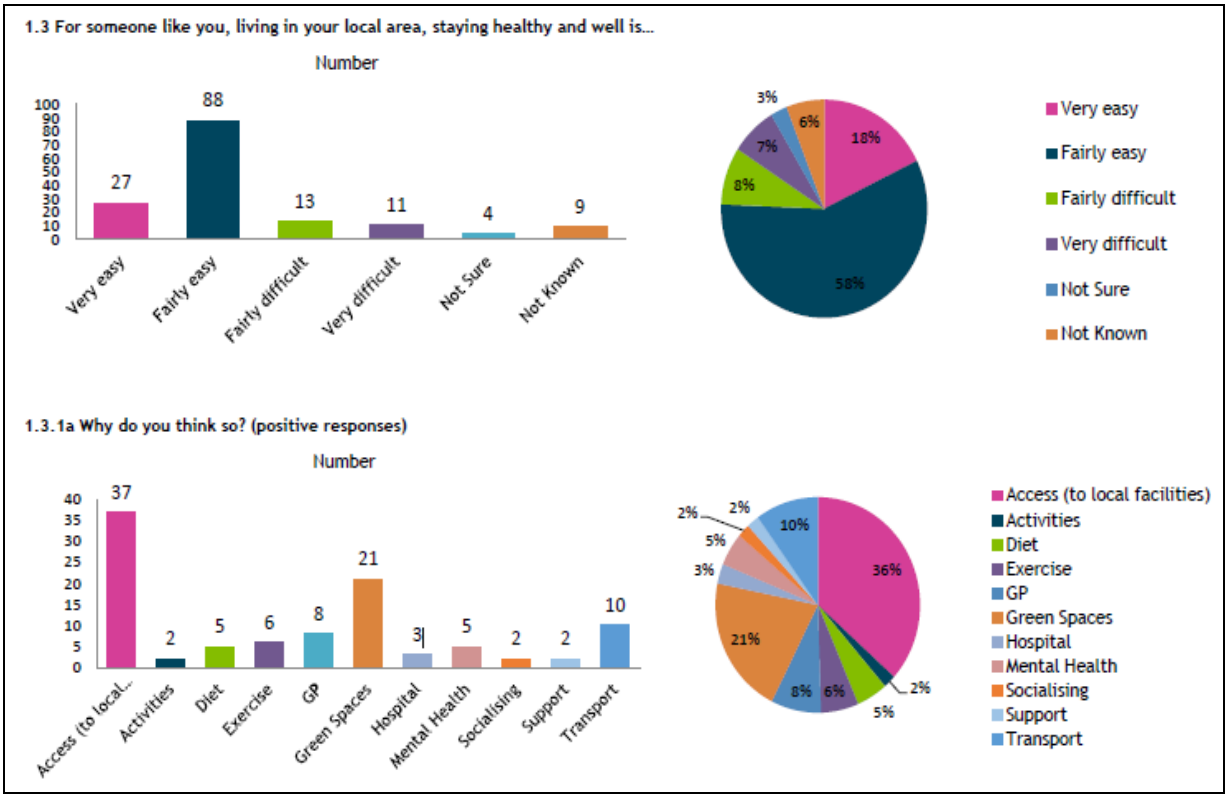
What did they tell Healthwatch?

Almost all respondents told that us they felt their current health and wellbeing was fair or better. They took personal responsibility for maintaining that by a range of actions, including taking exercise – not necessarily formal exercise but simply walking (especially with their dog) – and participating in hobbies. They took care of their diet and had taken positive steps to promote their own health, such as giving up smoking. They took part in active hobbies including gardening, bowling, line dancing and attending clubs. They took part in, and enjoyed, socialising.

Most respondents found it easy to stay healthy and well. They felt that access to healthy amenities such as local parks was easy and that they were well served by local transport.

- **What works well?**

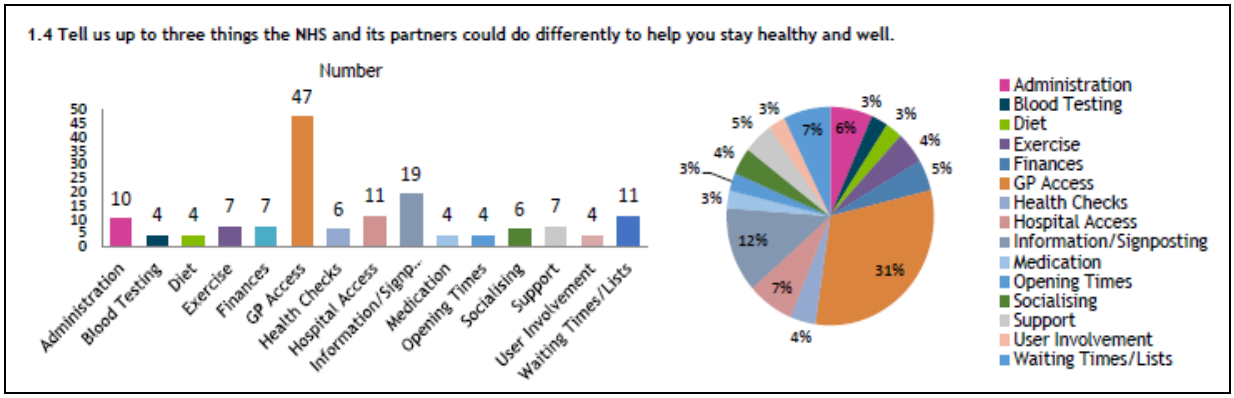
  Respondents felt that local facilities worked well for them – most could get out and about and had easy access to parks and shops, although some were housebound or less mobile and were not so easily able to access those facilities. So far as the NHS was concerned, nearly all respondents felt that the treatment provided by the service was excellent but that its ancillary services needed to improve:



- **What could be better?**

  Many respondents wanted improvements in the GP service: a common complaint was that there is a long wait for appointments to see the GP and that it should be easier to see one. They wanted to see GPs offer more services, such as phlebotomy and stitch removal; they also wanted more out-of-hours appointments and home visits: 133 respondents felt it was important that they should be able to see the healthcare professional of their choice.[2]

  Respondents wanted a range of improvements in GPs' services, including healthchecks, blood tests and blood pressure checks:



"Blood tests needed at surgeries especially for tests needed after fasting"

"The phlebotomy service locally seems to be in meltdown"

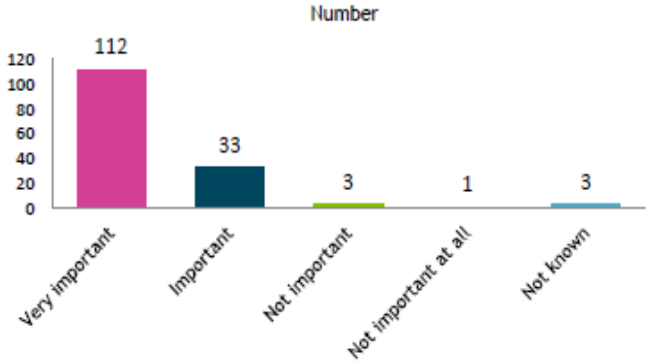
"More staff needed to take blood tests, long waits or being told to come back another day is not acceptable"

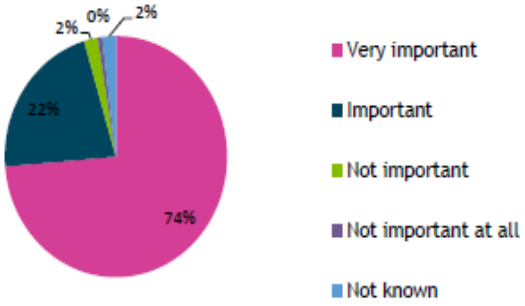
Staying healthy and well

We asked respondents what they thought was important for staying healthy and well. Most told us that they considered a healthy diet, physical activity, having friends and taking part in social activities, dealing well with stress, feeling safe and being able to access reliable information about their health were all important:

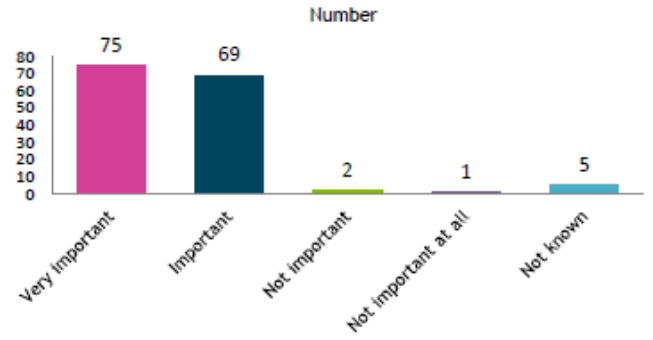
[2] This reinforces findings from our Enter & View visits to various GP surgeries in the borough

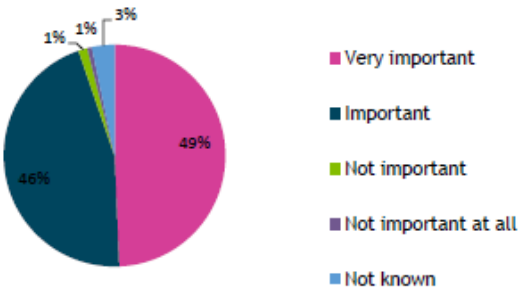
1.5a How important do you think each of the following are for staying healthy and well?: A healthy diet



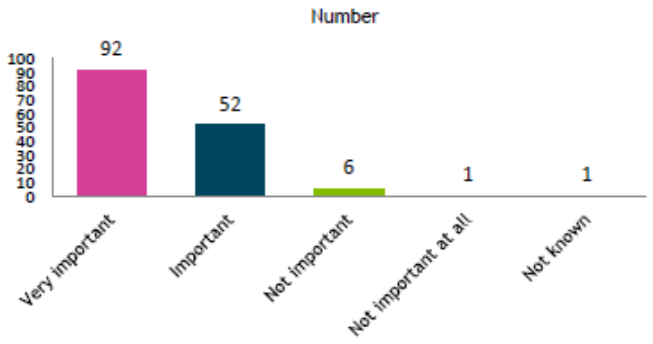


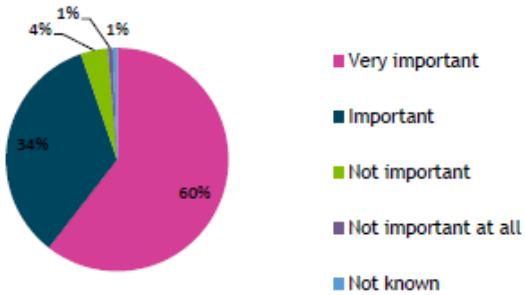
1.5b How important do you think each of the following are for staying healthy and well?: Physical activity



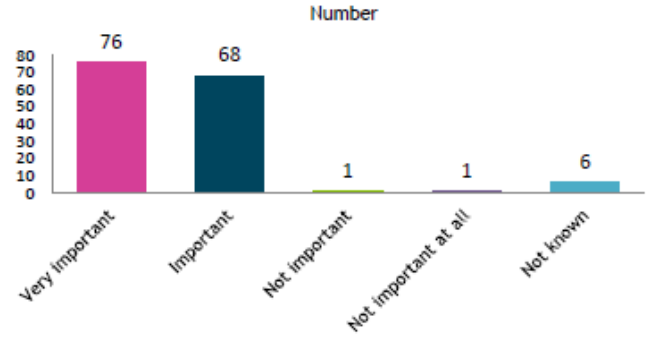


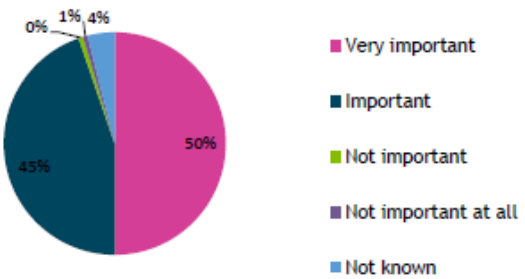
1.5c How important do you think each of the following are for staying healthy and well?: Having friends and taking part in social activities

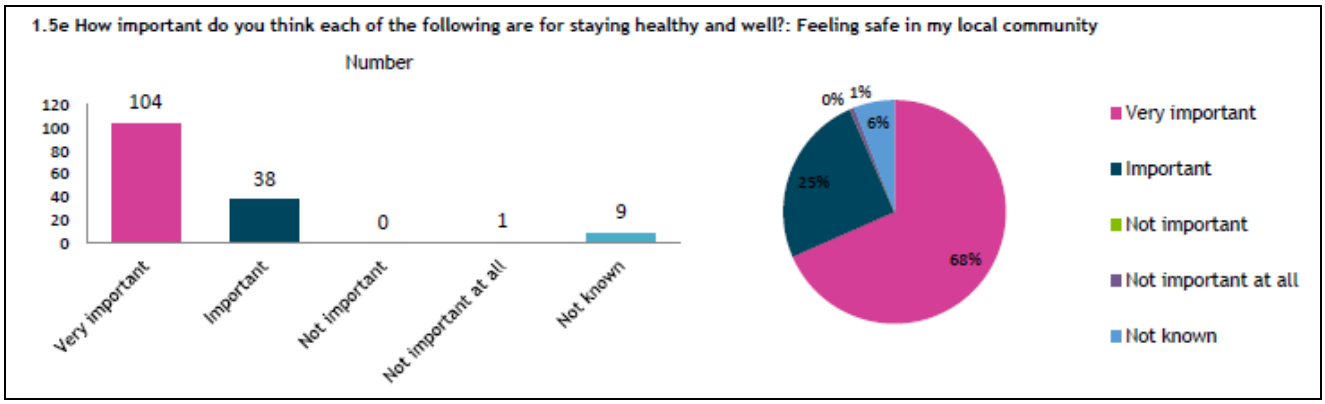


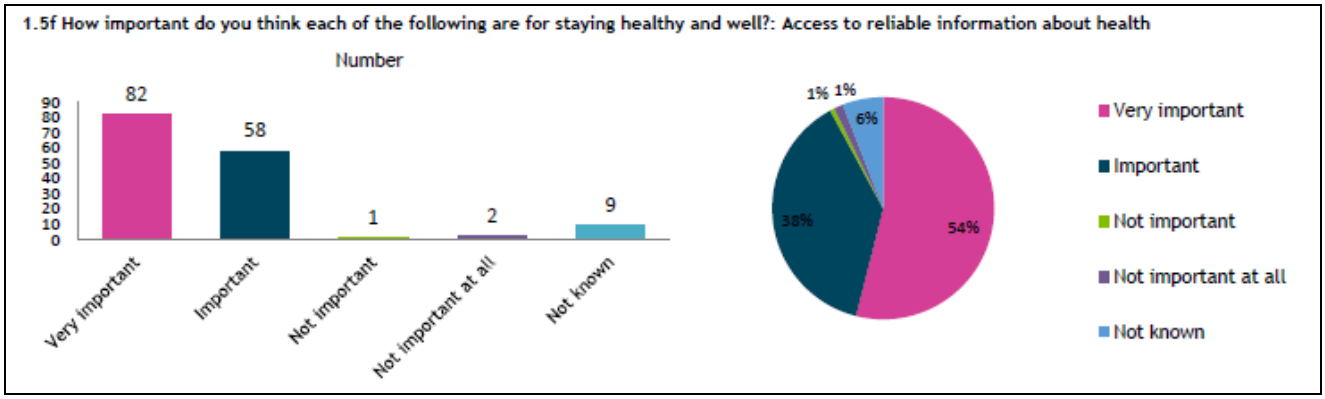


1.5d How important do you think each of the following are for staying healthy and well?: Dealing well with stress



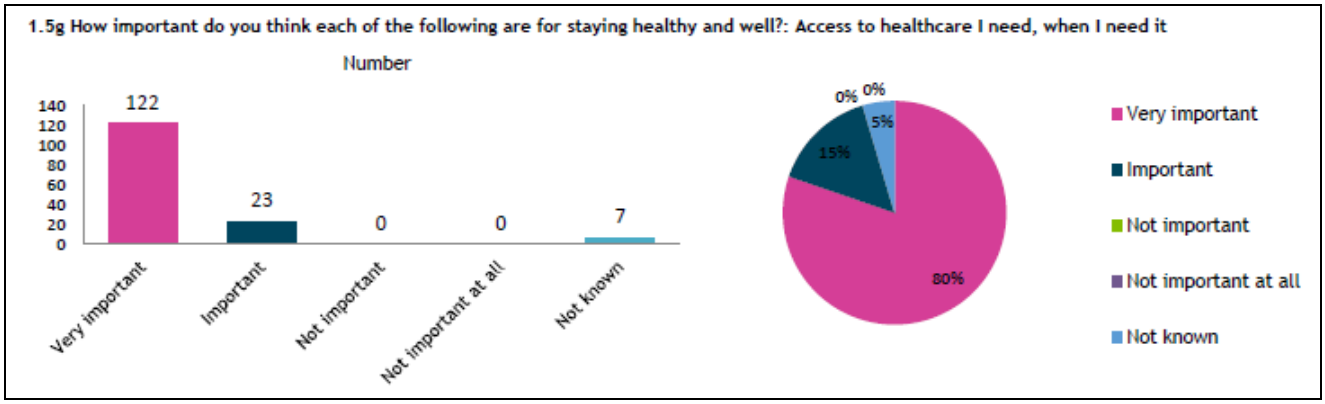






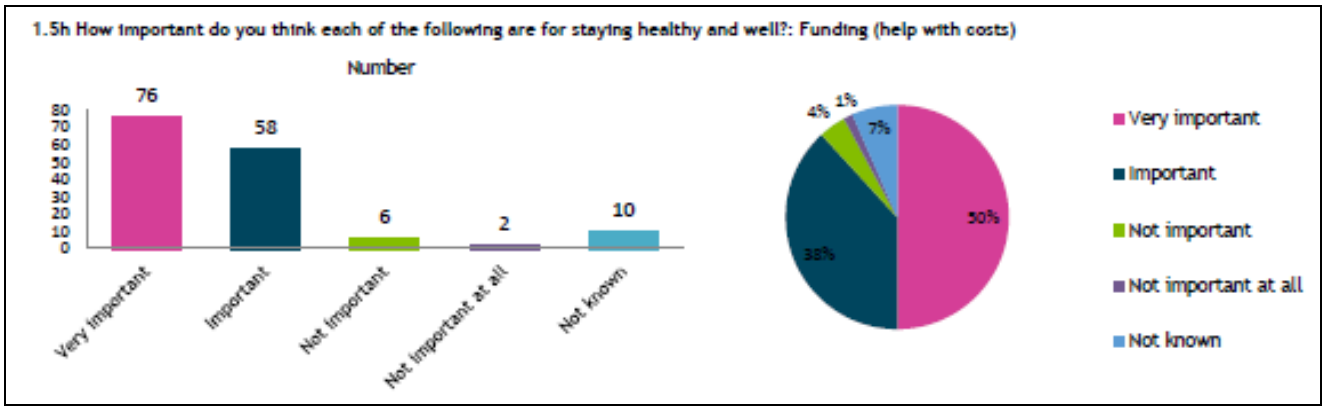
Access to healthcare

We also asked respondents how important it was to them to access the healthcare they needed, when they needed it. None told us it was unimportant – most felt that accessing healthcare when needed was very important:



"Having only one GP and one nurse in practice offers no choice"

Most respondents felt that it was important to have be able to access funding to help with preventing ill health:



"GP services need more resources and support"

Conclusion:

The data from our survey suggests that most people regard staying healthy, well and independent as a priority, and that they look to the NHS and other social care agencies to support them in maintaining that.

It may be thought that such a conclusion is self-evident, but the data clearly supports the view that public policy needs to be directed firmly at maintaining people's health, wellbeing and independence. In the past, not all public policy has been able to achieve all three: change is therefore needed to ensure that work is focused on these priorities holistically.

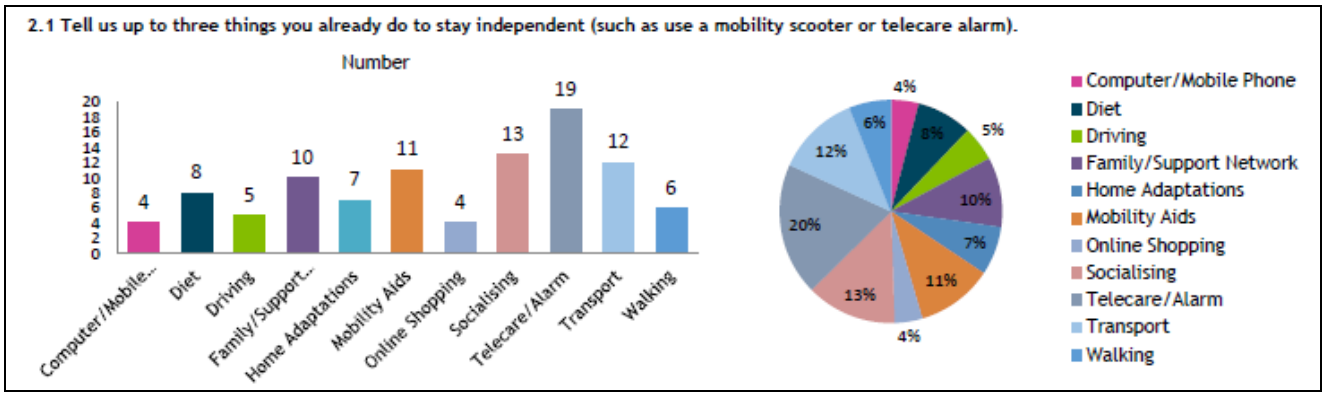
For the majority of our respondents, the keys to achieving this were the ability to access health and social care, green spaces and public transport facilities.

Maintaining health and personal independence

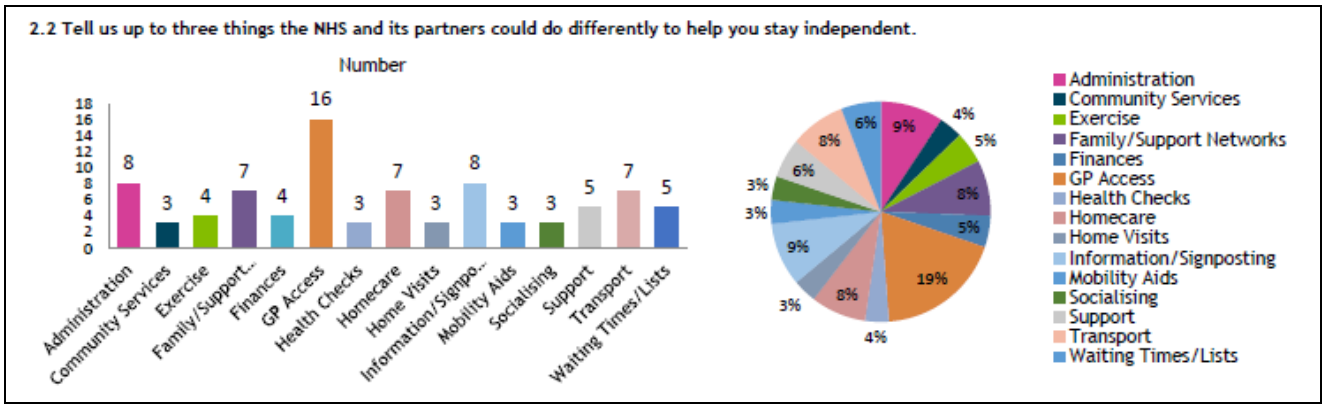
Every community has a diverse range of needs. How can we best tailor services to meet our individual needs, to help us stay healthy and independent?

A key priority for respondents was the ability to maintain their own independence; they wanted to retain their independence for as long as possible, and most were taking active steps to remain healthy, even those in the later stages of life.

We asked what people were doing to maintain their independence. Respondents told us that they used a variety of means to do so:



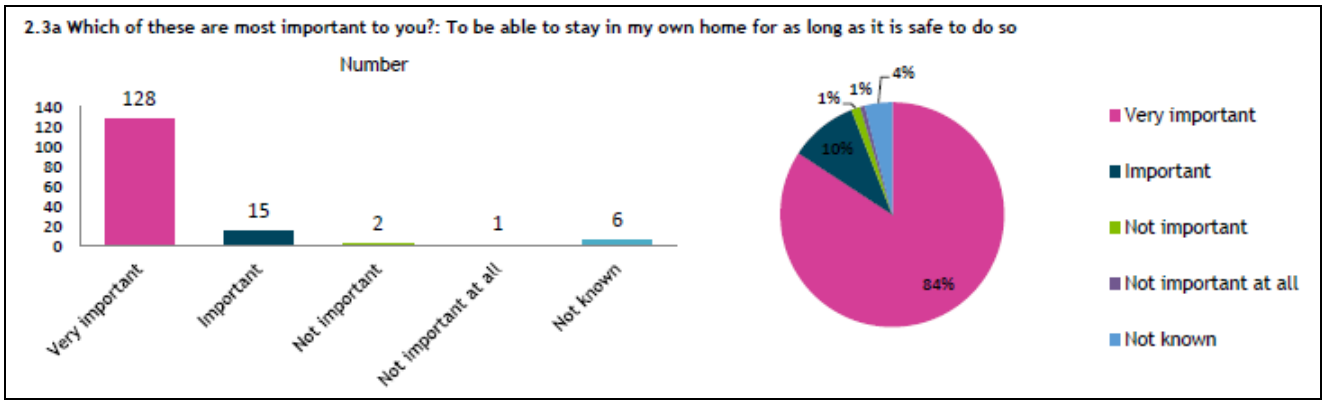
We asked specifically what the NHS and other health and social care agencies could do to help maintain people's independence. Respondents told us that there were various improvements the agencies could make to support their independence:



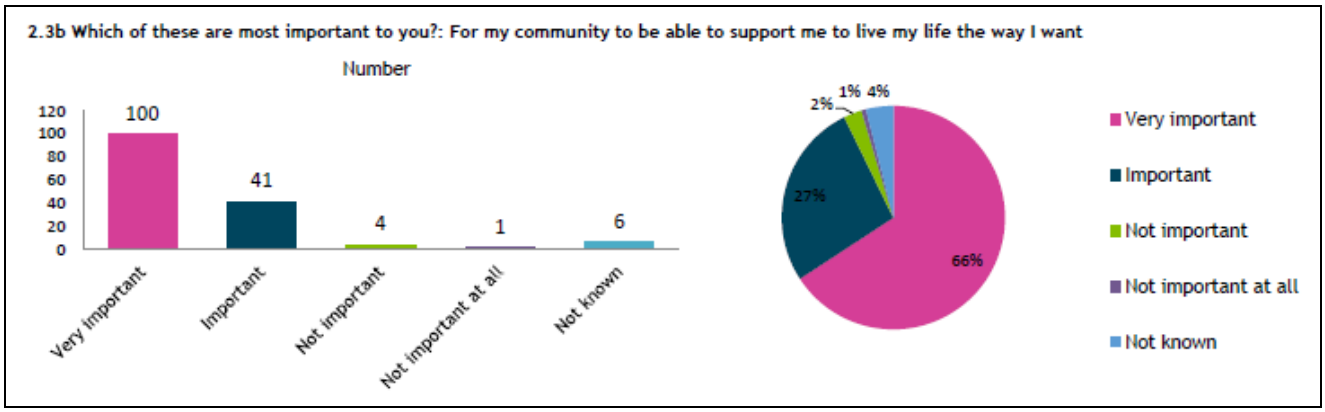
"Make getting GP appointments easier and not have such long waiting lists to see consultants"

"Easier access to telephone advice from surgery"

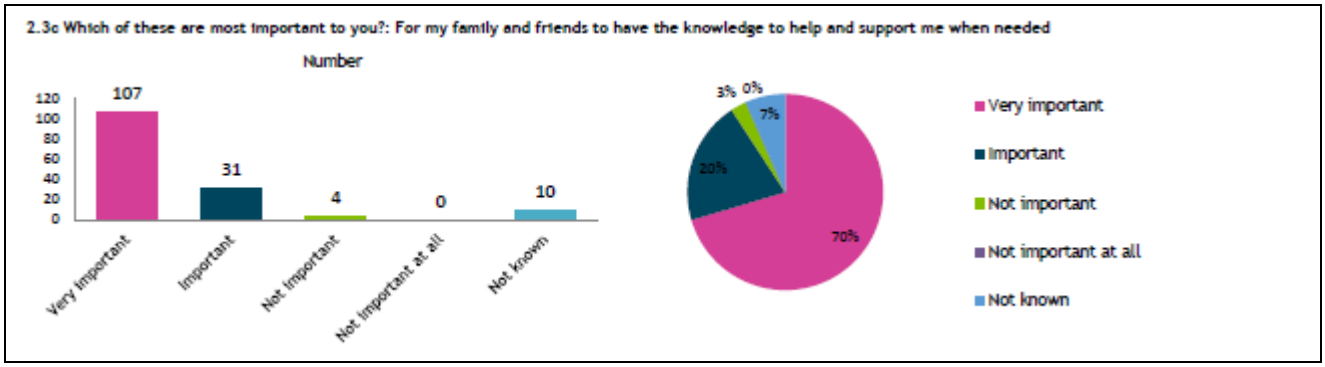
Almost all respondents felt that staying in their own home for as long as it was safe to do so was important:



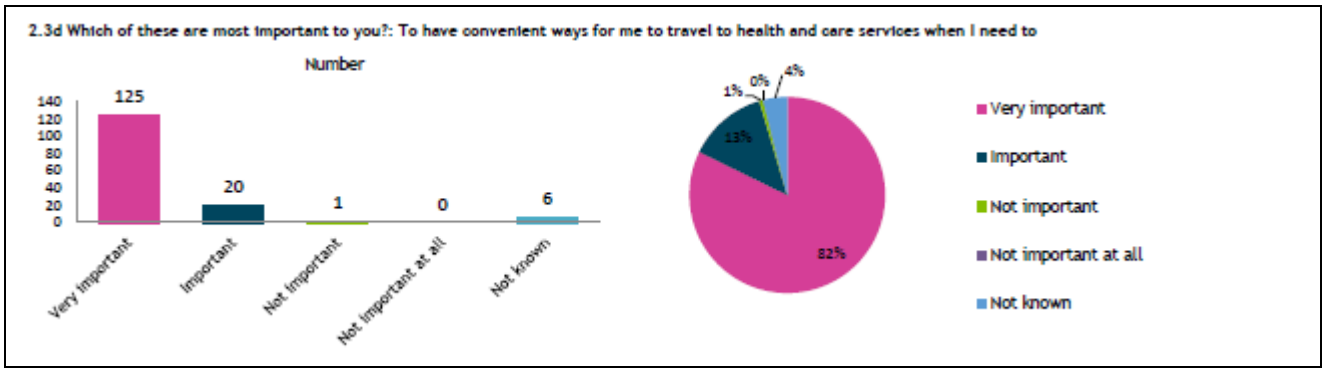
They also wanted the support of their community:



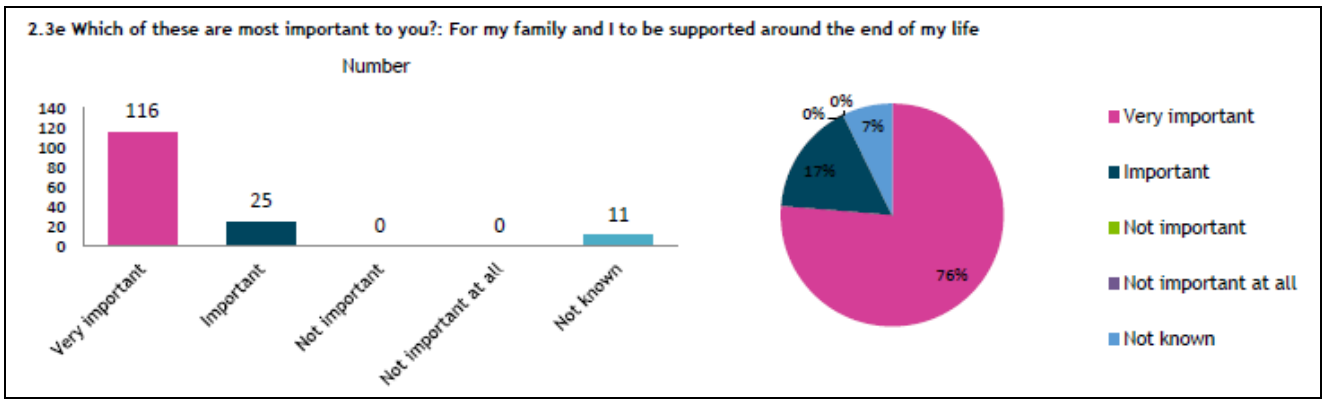
… and for friends and family to know how to give that support:



The ability to get to health and care services was also important:



This extended to care at the end of life – perhaps not surprisingly, no respondent told us that such was unimportant:



Conclusion:

In addition to staying healthy people want to maintain their independence and look to health and social care agencies to support them in doing that at all stages of life.

"Overall I have a very high opinion of the NHS but feel it is drowning in excessive admin and bureaucracy"

"Support needed for local groups and STOP trying to close them"

"Remember the elderly, otherwise we can be very vulnerable at home alone"

"Not enough support given to people that are housebound"

"I am 92 – I don't think the NHS knows me anymore"

Case study - Cancer care: changes to chemo-therapy services in Havering

In late autumn 2018, BHRUT decided to rationalise cancer care services by concentrating chemotherapy treatment at Queen's Hospital, Romford – previously, chemotherapy had been delivered both there and at King George Hospital, Goodmayes. This was a move that generated some local controversy and the Healthwatches for Barking & Dagenham, Havering and Redbridge were asked to carry out a consultation exercise to ascertain what patients felt about the change[3]. A focus group was held in late March to which a random sample of patients was invited, who said that staff in the wards at Queen's Hospital were:

> ***"really welcoming, nurses were great, amazing, caring, wonderful volunteers, professional and brilliant"***

There was a calm atmosphere and they felt safe and supported. They did, however, feel that the accommodation was cramped and privacy was compromised:

> ***"we're packed in like sardines"***

They also complained about a lack of natural lighting (a common criticism of the Queen's Hospital building).

Patients considered that staff were doing an excellent job under difficult circumstances, coping with additional tasks but with little time to devote exclusively to their patients. Their shift patterns had been altered and staff seemed under greater pressure.

Patients recounted their experiences, including being expected to administer their own injections of medication without explanation or instruction, and attendance at the Emergency Department (A&E – the commonly used term) for treatment unrelated to their cancer at which their need for priority treatment was not recognised: one patient told us:

> ***"I'm scared of A&E at Queens as they're not specialised in cancer care"***

Another said:

> ***"I went to A&E after my third (chemotherapy) treatment as my temperature had soared. I had to explain the issue to four doctors! They had no knowledge of the risk to oncology patients"***

[3] **Changes to chemotherapy services at BHRUT:** a review of patient experience by Barking, Havering and Redbridge Healthwatch (Healthwatches Barking & Dagenham, Havering and Redbridge – April 2019)

A third told us:

> ***"The staff at A&E didn't know how to take blood from the PICC line. They were about to take it from my toe but my wife had to stop them and pointed out that a chemotherapy patient can't have blood taken from their toe"***

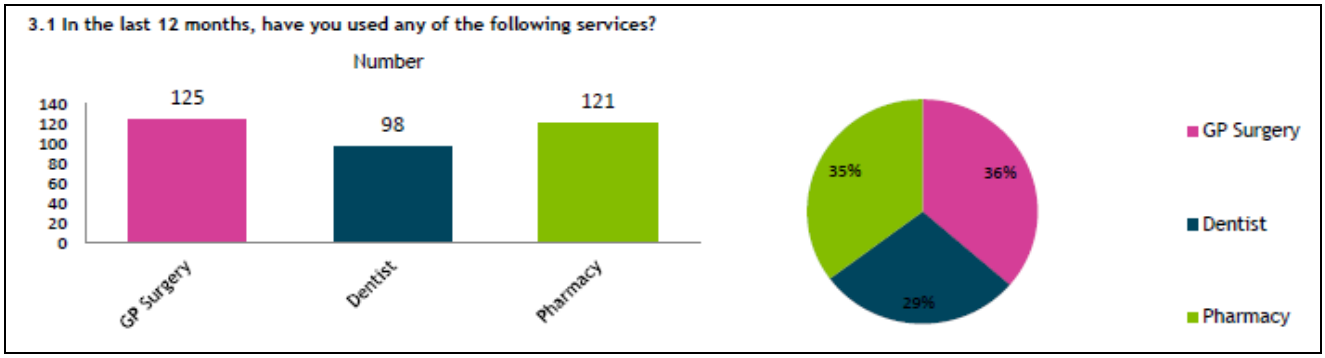
We had already been looking closely at the A&E department and its adjunct, the Urgent Treatment Centre co-located at Queen's Hospital, amid concerns that the department was often over-crowded and slow to process individuals calling there for urgent attention. We will be looking closely at the response to the complaints about the attention paid to patients undergoing cancer treatment who attend A&E for unrelated urgent care.

Pleasingly, subsequent observations tend to confirm that the importance of prioritising cancer patients has been recognised and is being given the appropriate attention.

Developing Primary Care

The plan aims to 'join up' services. As part of this, primary care services (such as GPs and Pharmacies) will be expanded to include a greater range of services.

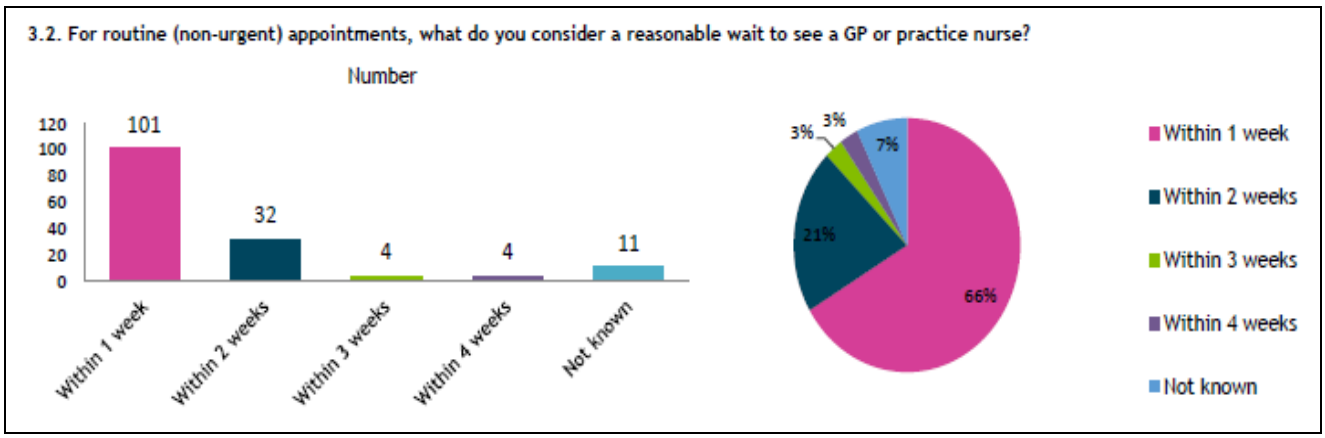
We asked respondents whether they had used a primary care service (GP, Dentist or Pharmacy) in the past 12 months. Some had used only one service, others two or all three:



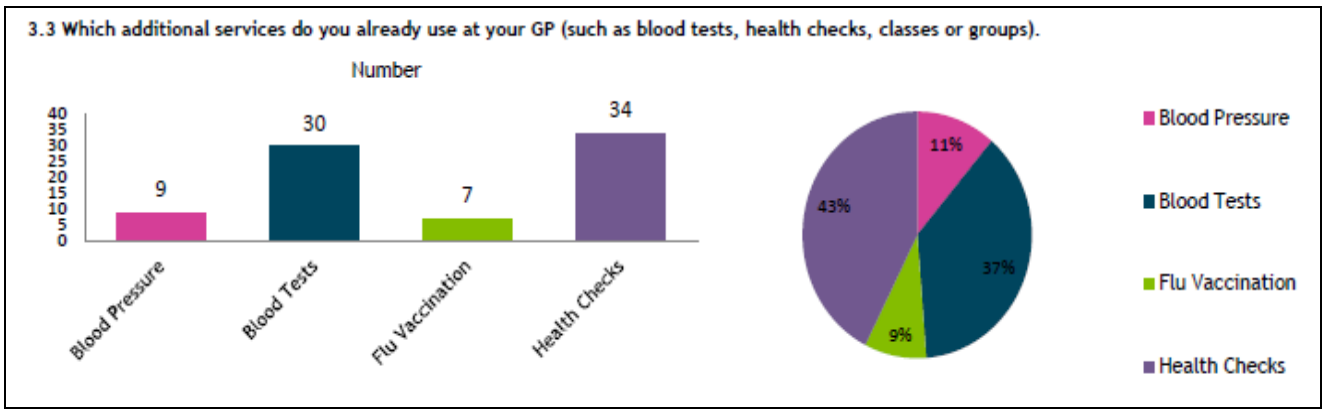
Respondents were asked what would improve the service they receive from the NHS.

"I think a lot of Doctors don't really listen to what is wrong with you. They should take more time with patients"

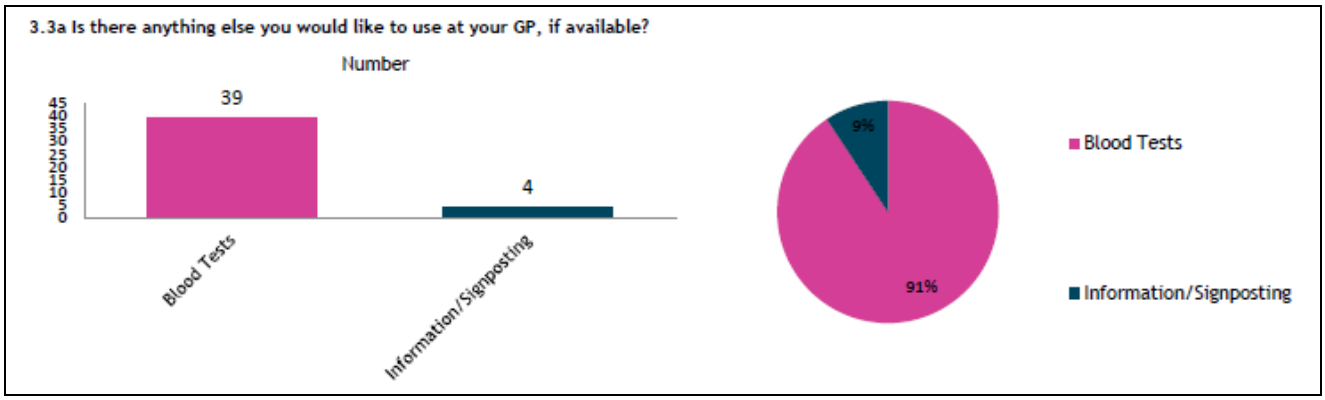
A common response was to suggest that the appointments system be improved. Many respondents complained that it was difficult to get an appointment within a timescale they considered reasonable, or with the GP (or other professional – e.g. Practice Nurse) within what they felt was a reasonable time. Some told us that they had experienced waiting times for an appointment of one month, or even longer. Most felt that a reasonable waiting period for a routine, non-urgent appointment was up to one week:



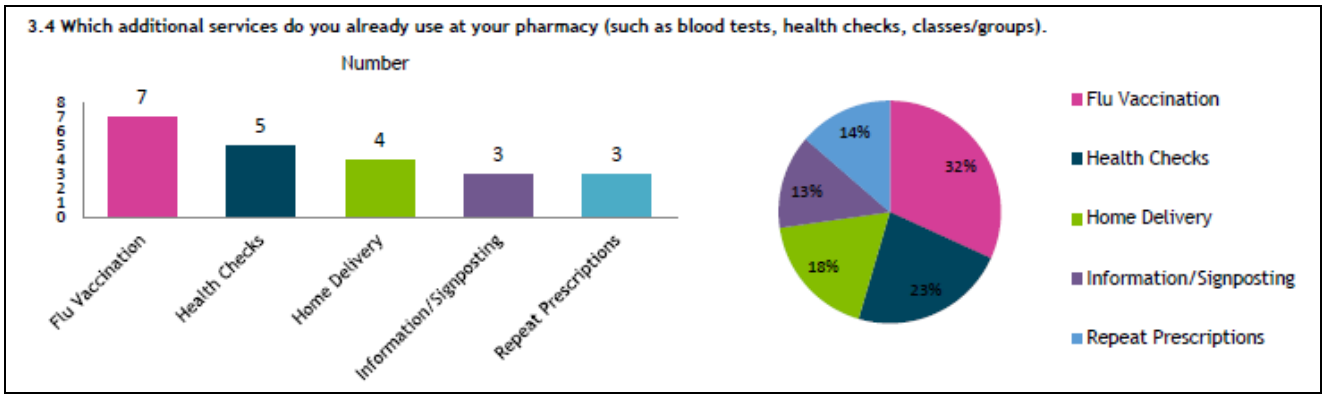
Many were able to use additional services at their GP practice:



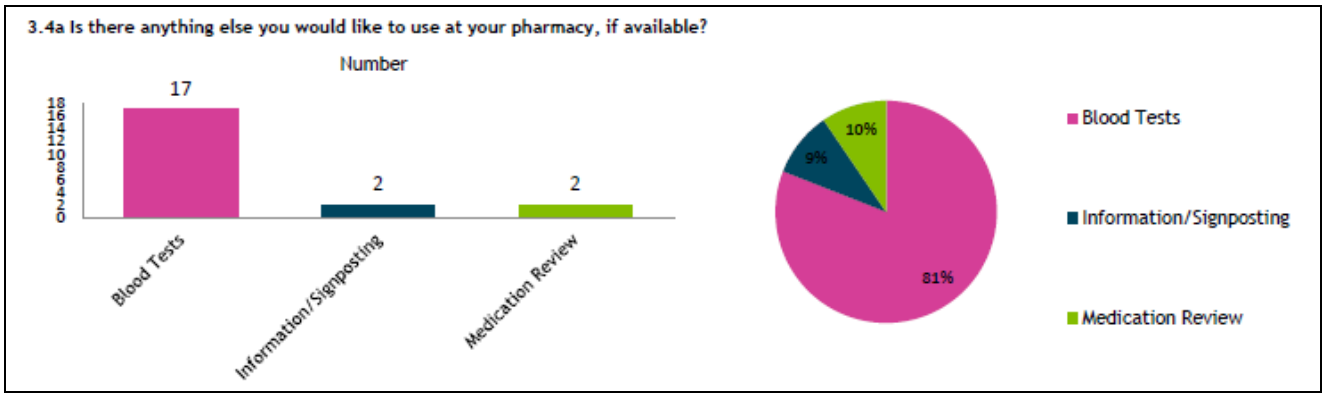
When we asked those whose GPs did not offer other services, they told that blood tests in particular were an additional service that many wanted to see available at their GP practice:



Similarly, respondents were asked what services they used at their local pharmacy:



Again, asked what additional services they would like to see provided at pharmacies, respondents told us:

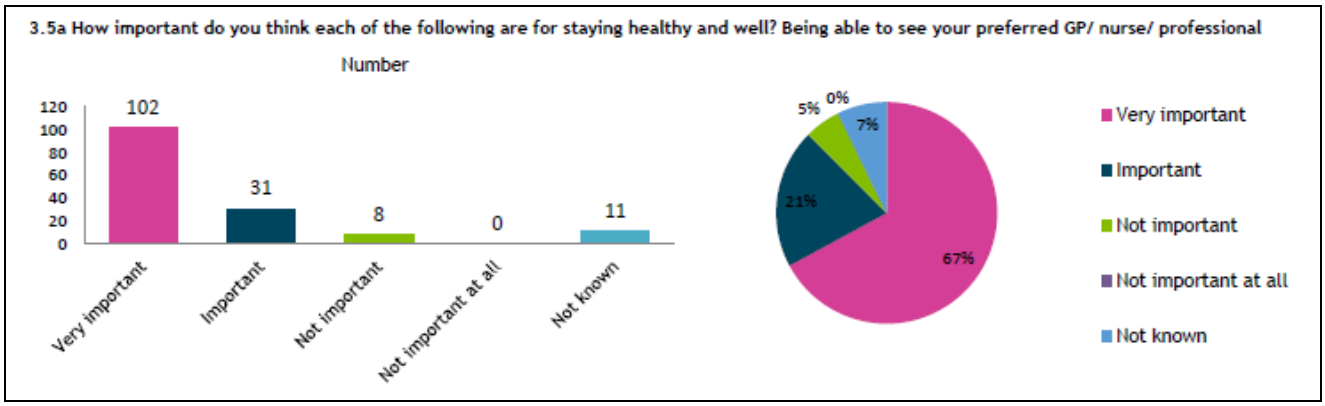


"Continue improving pharmacy advice"

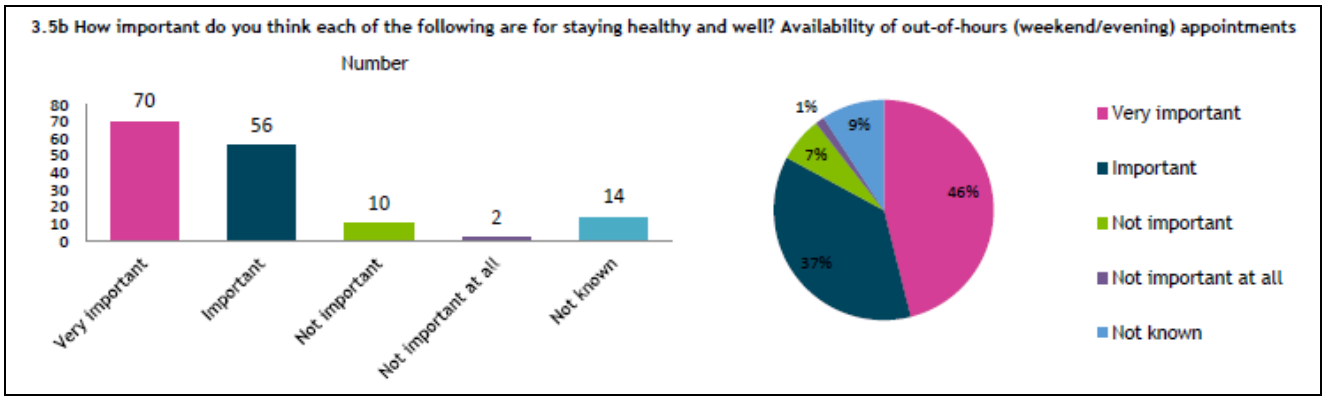
Clearly, the availability of blood tests is a major concern for respondents in Havering. Currently, these are available from Queen's Hospital, Romford and several "satellite" centres around the borough but (aside from this survey) we have received complaints from users about difficulties in accessing the service, such as centres offering only limited numbers of tests on a "first come, first served" basis, providing them only within a limited time period and, at Queen's Hospital, extended waiting periods. We have decided to carry out a review of blood test services in Havering later in 2019.

We asked respondents what they thought was important for staying healthy and well. They told us that more services needed to be available, or more accessible, at or from GP practices, including blood tests (phlebotomy) and health checks. A few wanted to see pharmacies adjacent to GP practices. They did not appear to be interested in using a pharmacy for primary care.

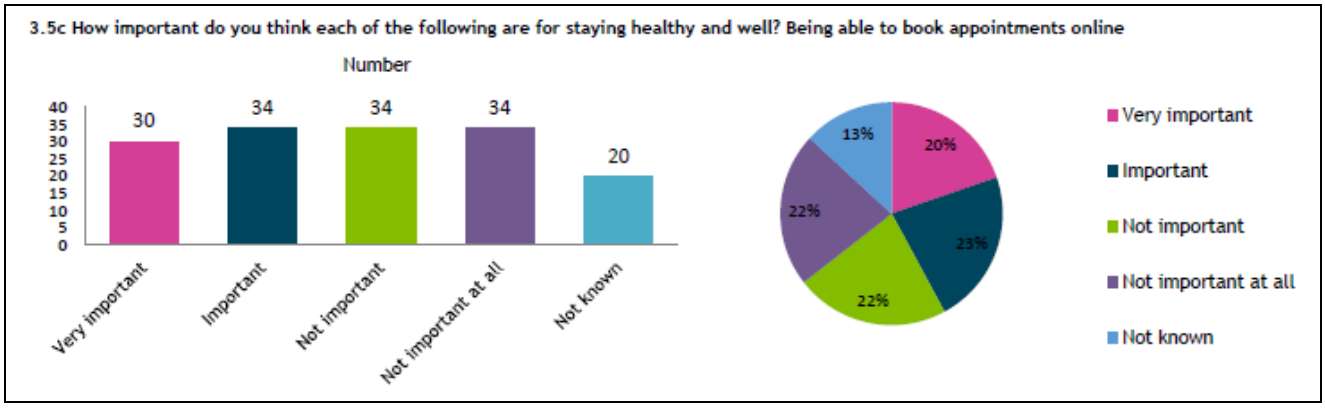
Most wanted to be able to see the healthcare professional of their choice:

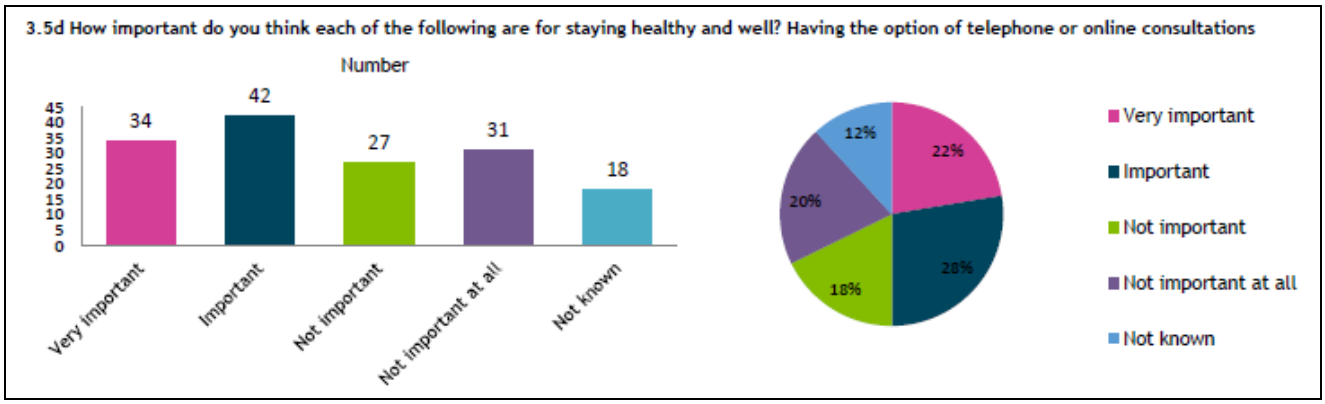


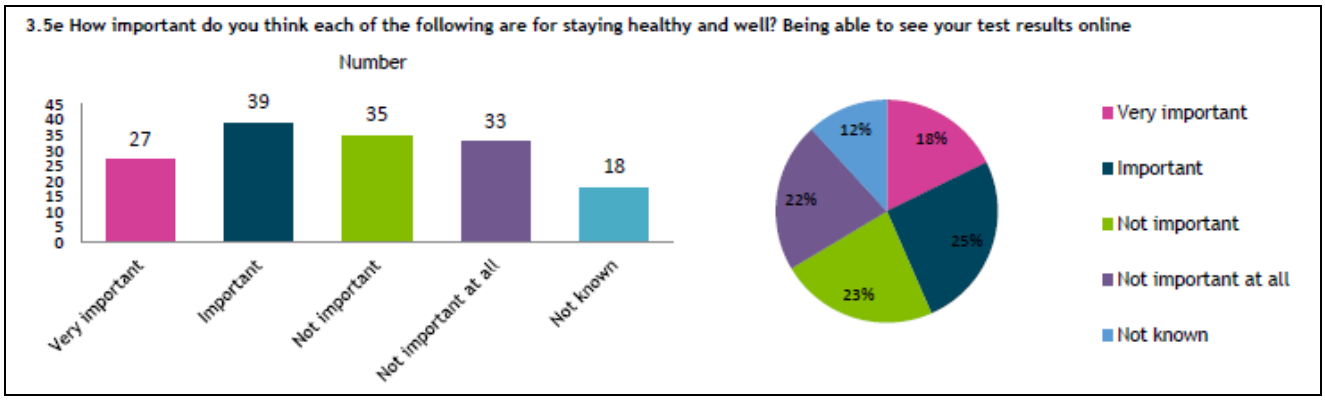
The accessibility of primary care services when needed, "out of hours", was of paramount importance:

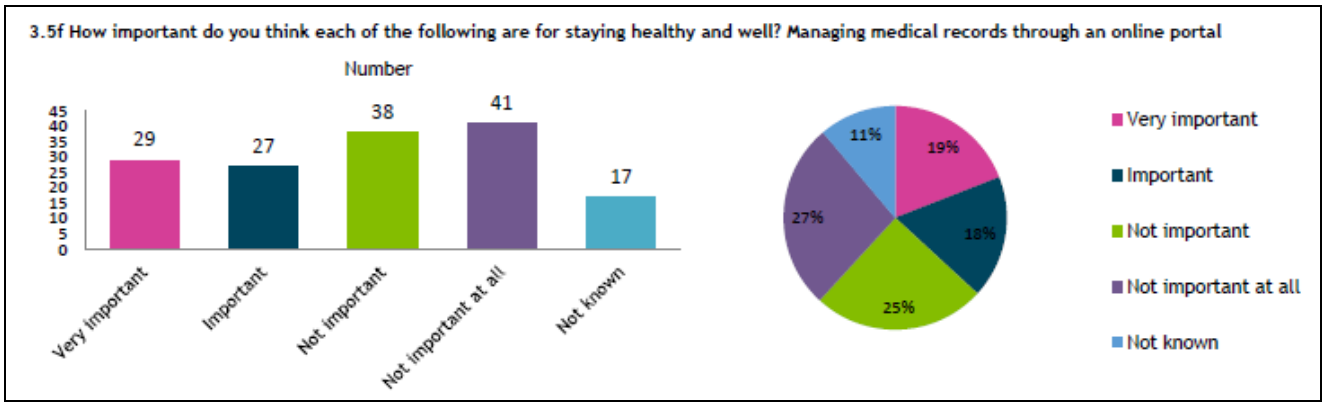


Most people also wanted to have face-to-face consultations: options for remote access such as online or by telephone were regarded as unimportant by the majority:

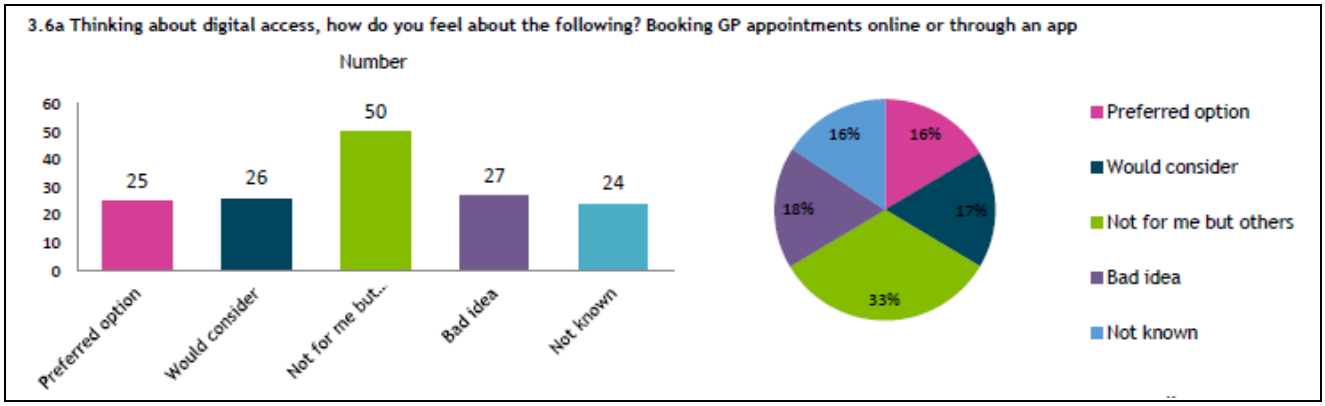








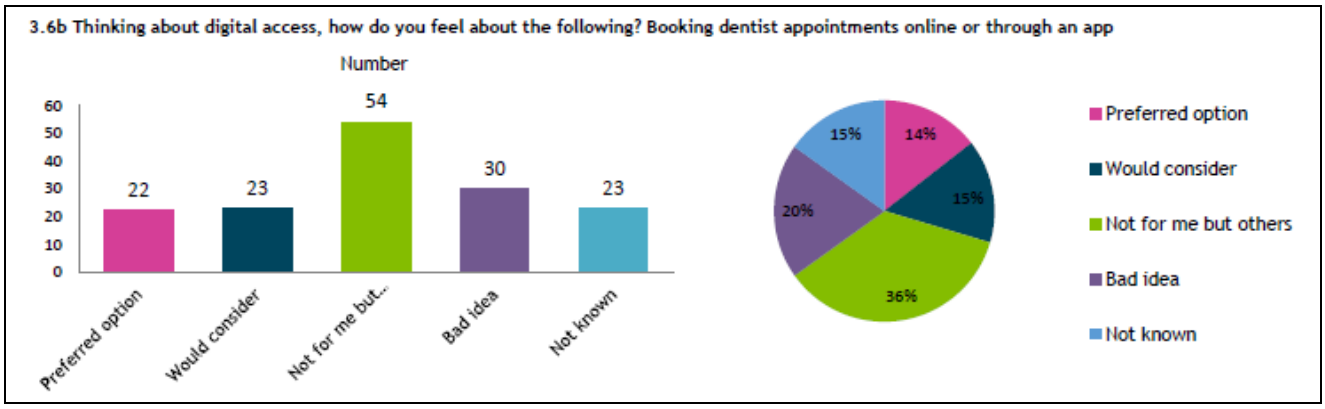
Only about one-third of respondents seemed to find the prospect of booking appointments for GPs online acceptable; another third told us that they thought others might do so but they did not fell it was something they wanted:



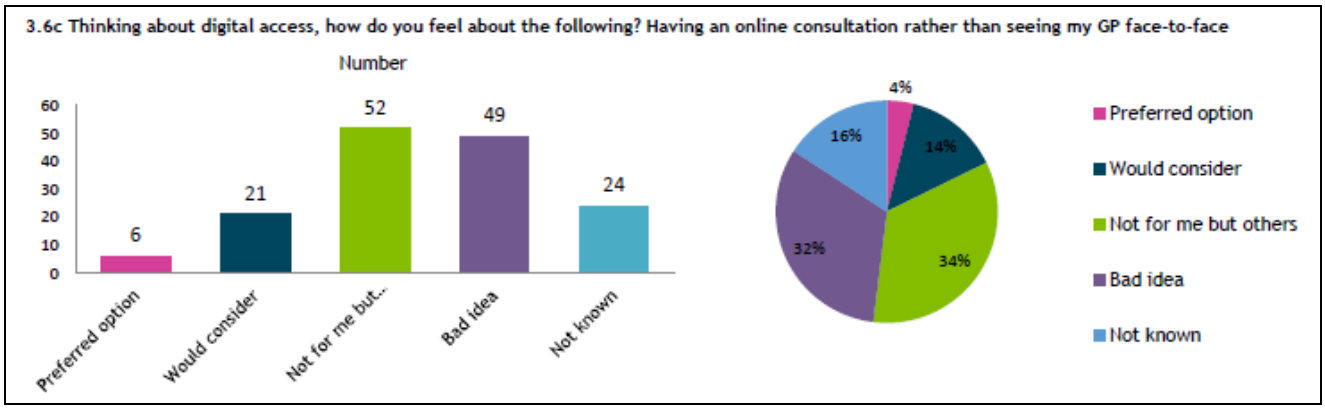
"People who do not have computers should be able to make an appointment at GP surgery in a reasonable time"

"Important to have telephone appointments as no access to a computer"

The reaction to making digital bookings to see a dentist was similar:

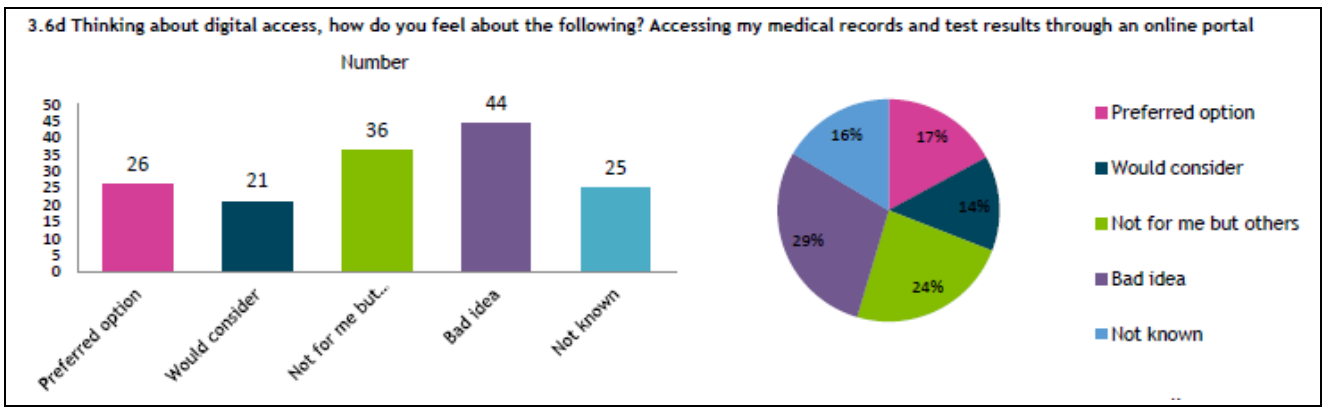


Fewer respondents would be happy with online rather than face-to-face consultations with their GP:



"If you could see a GP when you are first unwell then many complications would not arise. GPs have too many patients on their books so are therefore unable to cope with the demand. No one is a winner"

Similarly, respondents were not keen on accessing medical or test results online:



Conclusions

What people expect during their treatment journey

Most respondents' comments related to primary care, predominantly GPs' services. As noted earlier, a key concern was the time needed to obtain an appointment: respondents reported long waiting times for an appointment. In other tests of opinion we have carried out during Enter & View visits to GP practices, patients have frequently commented that they have difficulty in getting same-day appointments and, in some cases, have had to wait for up to a month for a routine appointment. Most respondents expected to be seen, if not the same day, then within a couple of days but told us it was rarely possible to achieve that.

For those who had had to use hospital services, improvements to A&E were essential. Waiting times there were considered unacceptable and, although new streaming arrangements had been introduced, they were not felt to be working as well as expected. As noted above, a particular concern has been identified for patients undergoing treatment for cancer, whose condition was not recognised by A&E staff – this is being remedied.[4]

Comments were also made about the cost of using the hospital's car park.

What people expect during service change and transformation

Other surveys we have carried out[5] have shown that people are confused by the terminology used by the NHS – for example, few people can easily distinguish between the terms "urgent care" and "emergency care", which to some extent explains the large number of non-emergency patients who go to A&E (although with the new streaming approach, they will be referred to the adjoining Urgent Treatment Centre rather than A&E). Evidence from other surveys suggests that much clearer information needs to be available to service users in order to inform their choice of treatment pathway – in response to this survey, 140 respondents told us that information was important (of whom 82 said it was "very important"). Only three respondents thought good information was "not important".

Nearly all respondents felt it was important to be supported by their local community, friends and family and to be able to travel easily; they also

[4] We are undertaking a series of Enter & View visits at the Emergency Department (A&E) of Queen's Hospital, Romford (including the separate initial streaming arrival area) to observe how the new arrangements are working in practice following receipt of complaints about the system.

[5] **Urgent and Emergency Care Consultation Responses** (2016) and **Urgent and Emergency Care: Right care, Right place, First time** (2018) (Healthwatches Barking & Dagenham, Havering and Redbridge)

wanted good support for their end of life journey. The metrics for each of those issues showed over 140 respondents feeling that it was important or very important to have those forms of support.

Interestingly, support for digital or online services was low, possibly in contrast to other Healthwatch areas. This may reflect the age profile of the respondents to our services; as shown later, most respondents to our survey were aged 65 or over. But it demonstrates that any determined drive to digitise services may well result in people being less able to access essential services; it is particularly important to bear this in mind when planning services – a "one size fits all" approach is unlikely to work for everyone.

"It is very important to see a GP not just read a screen so that concerns can be discussed and issues sorted out. The waiting times at A & E are at an unacceptable level. There is a need for more staff so that sick people can be seen and treated in a few hours and not spend the whole night waiting to see the next person"

Next steps

This report, and others like it from Healthwatches across North East London, and indeed the whole country, will be used to inform the development of the Long Term Plan nationally and within Sustainability and Transformation Plan areas; the STP area for Havering is North East London.

Locally, we will be presenting these findings (together with evidence gathered from other surveys and activities we have undertaken) to the local health bodies and to the local authority (including the Health & Wellbeing Board and Health Overview & Scrutiny Committee) so that account can be taken of this evidence in the planning of health and social care services for Havering.

Recommendations

Our survey was part of both a regional and a national exercise, and there will doubtless be broader recommendations of general applicability across North East London and England generally once the survey results have been collated. But there are some local points that have emerged that we invite the Havering CCG and other players in the Havering health and social care economy to consider.

As mentioned elsewhere in the report, the demography of Havering is different to much of the rest of London; the proportion of people from BME backgrounds is lower than elsewhere in London, whilst there are more people in the 55+ age ranges. Solutions that might be applicable to other parts of North East London or across Greater London may not work in Havering.

Prevention: staying healthy for life

1 **That "social prescribing" be used more extensively than at present to encourage service users to make more use of non-medical facilities to support their health and wellbeing**

2 **That more information be made available as to where patients should go to arrange for stitches to be removed**

3 **That the arrangements for blood-testing (phlebotomy) in Havering (and Barking & Dagenham and Redbridge) be reviewed to address service users' complaints about inadequate service (such as**

restricted numbers of tests or opening times (or both) and long waiting times before being seen) [6]

Maintaining health and personal independence

4 That signposting and advisory services be reviewed to enable service users more easily to access information, not just about the health services they need to use but about broader health and wellbeing issues

5 That, in developing future health and wellbeing policies and individual service developments, the underlying theme be the need to maintain individual health and personal independence for so long as possible and practicable

Cancer care: changes to chemo-therapy services

6 That the arrangements for patients undergoing cancer treatment who attend the Emergency (A&E) Department at Queen's Hospital for unrelated reasons be reviewed to ensure that they are accorded the priority of treatment that their condition requires

7 That the accommodation used for cancer treatment at Queen's Hospital be reviewed to ensure that the patient experience is not adversely affected by over-crowding, lack of privacy or inability to enjoy natural day light

Developing Primary Care

8 That, in developing online consultations and other, non-traditional forms of contact between patients and healthcare professionals, the needs of those who prefer to deal with HCPs face-to-face be acknowledged and honoured

[6] As noted in this report, we will be carrying out our own survey of phlebotomy services during 2019

Methodology

We spoke to people at seven events, organised with –

Havering Over Fifties Forum

Romford Evangelical Church

Romford Salvation Army Drop-in Group

Havering Partially Sighted Society

Tea Pot Friendship Group

Havering Sign Language Club

Havering Sight Strategy Group

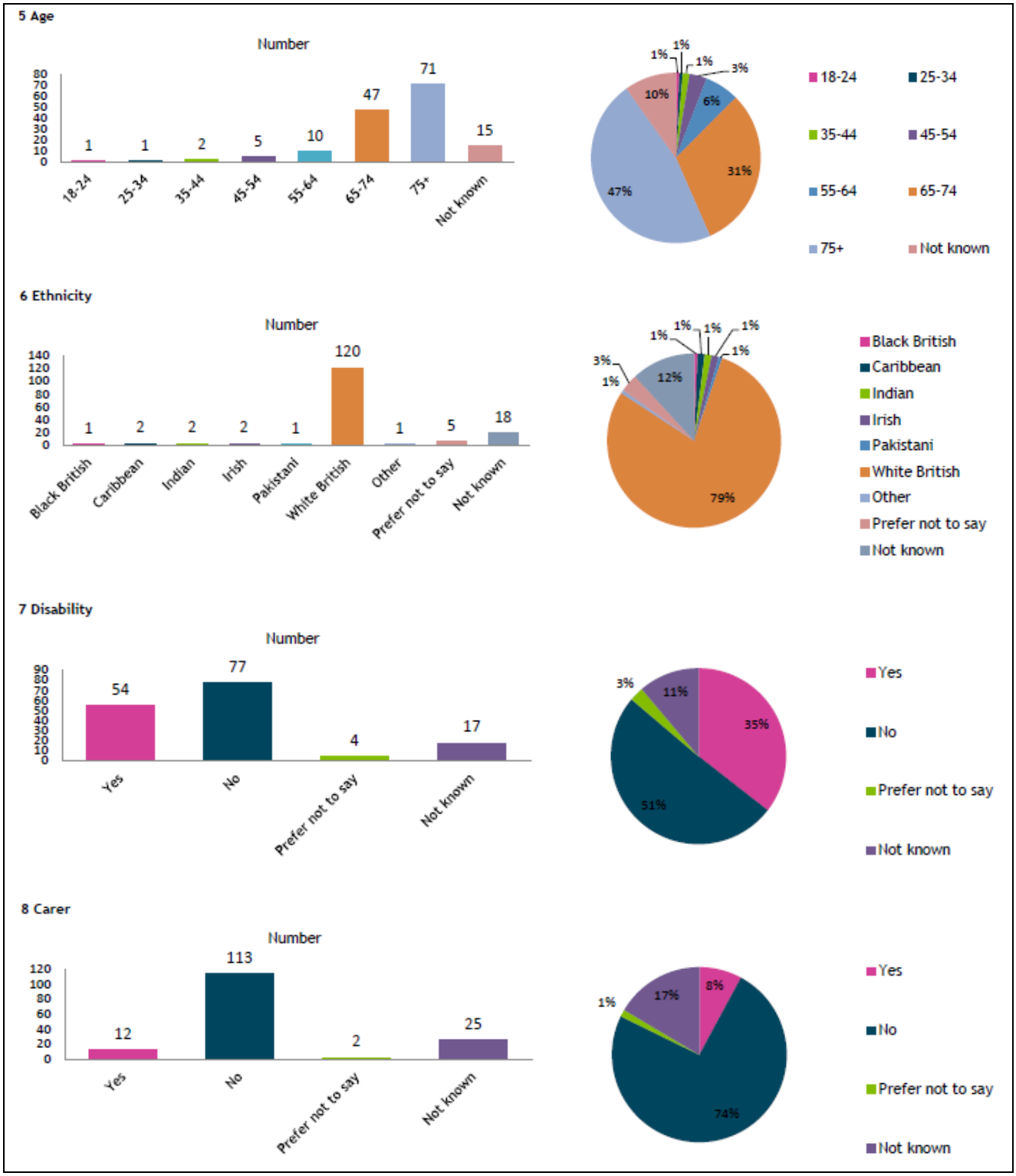
Not all those who attended these events were willing to participate in the survey.

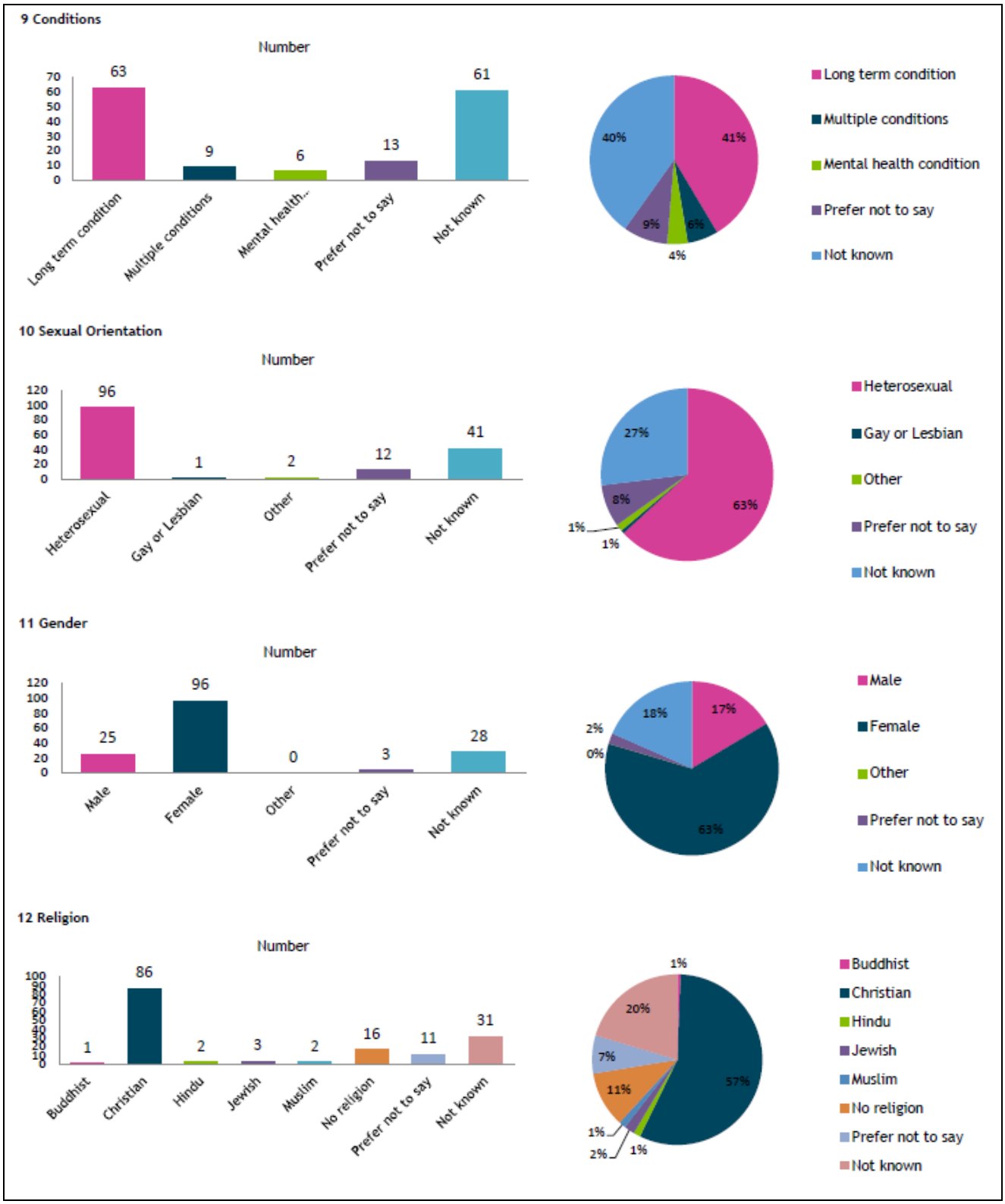
In addition, we have included in the report a summary of an event we organised jointly with our Healthwatch colleagues in Barking & Dagenham and Redbridge for patients undergoing treatment for cancer at Queen's Hospital, Romford.

Several survey forms were also completed by members of Healthwatch Havering.

Demographic data of respondents to the survey

In all, we received back 152 survey forms. Respondents who completed these forms declared the following demographics:





The level of response to the survey was disappointing – we had hoped to persuade more participants to respond. As noted earlier, some were put off by the complexity of the questionnaire and what they saw as intrusive and unnecessary requests for personal information. In the time available for this survey, we were not able to arrange a broader range of events: with more time, we would have been able to conduct a more broadly-based survey.

Acknowledgements

We would like to thank all respondents to the survey, and the organisers of the various bodies that hosted our consultation events:

Havering Over Fifties Forum

Romford Evangelical Church

Romford Salvation Army Drop in Group

Havering Partially Sighted Society

Tea Pot Friendship Group

Havering Sign Language Club

Havering Sight Strategy Group

Cancer patients from Queen's Hospital

We would also like to thank respondents from Havering who took part in events arranged by our colleagues in Healthwatch Redbridge, whose survey forms were passed to us for processing.

Thanks also go to Darren Morgan, Data Analysis and Community insight Manager, Healthwatch Waltham Forest, for his help in analysing the data obtained from this survey, and to colleagues from the ELHCP and North East London Healthwatches for their support for the surveys carried out across the area.

Healthwatch Havering is the operating name of
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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 29 OCTOBER 2019

Subject Heading:	Healthwatch Havering – Annual Report
Report Author and contact details:	**Anthony Clements, Principal Democratic Services Officer, London Borough of Havering**
Policy context:	**Healthwatch will present the annual report of the organisation.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

This report gives details of the activities undertaken by Healthwatch Havering in the period under review.

RECOMMENDATIONS

That the Committee notes the information presented and takes any action it considers appropriate.

REPORT DETAIL

The attached annual report of Healthwatch Havering gives details of the work undertaken by the organisation in the year under review. A director of the organisation will be present at the meeting to discuss the report and answer questions etc.

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.

healthwatch Havering

Annual Report 2018 - 2019

Havering's independent champion for people using local health and social care services

Message from our Chairman

Welcome to this year's annual report. This report provides you with a resume of the work that we have undertaken on behalf of the residents of Havering and our plans for the coming year.

Our role is to listen to what people like about services and what could be improved. We share your views with those with the power to make change happen.

To achieve this on your behalf, we work in partnership with Queen's and King George Hospitals, Mental Health services, Clinical Commissioning Groups, GPs, the London Borough of Havering and the Care Quality Commission (the organisation that sets and inspects the standards of care in health and social care).

As usual our volunteers have been busy undertaking Enter and View visits in nursing and residential homes, GP practices and Queen's Hospital. Our volunteers are local residents and they made over 100 recommendations aimed at improving care locally in 2018/19.

Message from our Chairman (continued)

During this past year the NHS has been developing the most ambitious plans in its 70 year history.

The Long Term Plan has been based on ‘bottom up’ discussions with major charities, voluntary organisations and patient groups.

This year over 600 residents have helped us to shape services in Urgent and Emergency Care, Cancer Services, Vision Services and GP and Primary Care.

We want more of our residents to be able to influence and achieve the services that are important for them.

As GPs begin to work more closely together in groups called Primary Care Networks which include community services, patients’ views will be an important aspect of shaping the service model.

The views of patients who have disabilities, the frail and elderly members of our community are essential as the care models change to supporting people to live at home safely for longer.

About Us - People are at the heart of everything we do

We are a small but effective team, comprising:

- Three directors who work part-time
- Two office staff, also part-time
- Fifteen active volunteers
- Four volunteers who take a less-active part
- Five people who are training to become full volunteers

Our volunteers

We see our volunteers as our Ambassadors, championing the role of Healthwatch across the borough and beyond as many Volunteers attend other voluntary and community group meetings, such as:-

- Alzheimer's Society and the Havering Dementia Action Alliance
- GP Practice Participation Groups
- Havering MIND
- NHS Retirement Fellowship
- Richard Poyntz Charity (Upminster and Cranham)
- Queen's Hospital volunteering, patient experience and participation
- St John Ambulance
- Church and Synagogue volunteering
- First Step
- Havering Over Fifties Forum
- NHS England patient participation
- NHS Retirement Fellowship
- Tapestry
- Townswomen's Guild

Highlights of our Year

- Over 600 service users, carers and relatives contributed by sharing their views and concerns
- Over 590 users follow us on Twitter and we have had more than 2,100 people visited our website
- 25 Enter and View reports on Hospitals, GPs' Nursing and Residential Homes
- Working with other organisations, we have attended over 110 meetings
- 111 recommendations for service improvement

How we have made a difference by listening to your views.

Right care, Right place, Right time - consultation on urgent and emergency care

Over 40 comments from patients were included in the report

From listening to residents, the 3 recommendations below were made to the CCG

- ✓ That the CCG acknowledge the popularity of the option to walk in to urgent care facilities without prior appointment and ensure that, as services develop, the option of attending for urgent care without appointment be preserved.
- ✓ That all GP surgeries be requested to ensure that the options for seeking urgent care when the surgery is closed are prominently displayed, within and outside (where possible and practicable) the surgery premises, and that use of electronic screens for that purpose be considered.
- ✓ That any information campaign use images of NHS staff “on the job” as the main means of communicating the message and that use of closely worded text be avoided so far as possible.

These recommendations have all been taken on board and are being implemented

Listening to you – our report on Vision Services

Our report crossed the boundaries between Hospital, Primary care, Social care, the Royal College of Ophthalmologists and the Royal National Institute for the Blind

Our aim was that services for visually impaired residents, children and adults, was that in future, in our Borough, Vision Services would be able to cross the boundaries as seamlessly as our report

Listening to residents and voluntary organisations, The Partially Sighted Club and Sight Action Havering together we made a total of 18 Recommendations – and all of them are being implemented




Vision Services - change is happening!

The CCG have recommissioned community services with a much wider and consistent offer for all

BHRUT are working in partnership with RNIB to provide an Eye Clinic Liaison Officer arriving shortly

North East London Eye Network has supported the development of services

BHRUT are re-designing their hospital services and their internal facilities

Helping you find the answers

- ✓ Havering has the highest number of older people in London
- ✓ We work alongside Nursing and Care homes together we aim to improve the lives of residents
- ✓ Our volunteers visited 25 care and nursing homes, GP practices and hospital services this year
- ✓ Our volunteers made over 100 recommendations for improvement

Networking...

Chairman Anne-Marie Dean, Andrew Rosindell MP, Julia Lopez MP and Director Ian Buckmaster

At the Healthwatch England Conference in the House of Commons, January 2019

Havering Volunteer Centre Chief Executive Shelley Hart, Havering Mayor Cllr Dilip Patel and three Healthwatch volunteers

At the Havering Volunteer Centre Awards, 2018

Our plans and priorities for the year ahead must recognise the importance of ensuring that residents views are at the centre of the health and social care changes which will begin to affect residents in the coming months.

- We will combine this with our Enter and View work, ensure the continued improvements in Vision Services, and identify a simple project selected by our volunteer members for this year
- To develop our consultation and engagement skills working across the span of all age groups
- Work closely with the CCG and LBH to ensure that we are available to support the proposed health and social care changes
- To improve our knowledge and widen our understanding of the diverse needs of our growing community
- Develop a model of engagement to work with children and young people

Our Finances 1

Our principal source of income continued to be the grant from Havering Council. At £117,359, this grant has remained at the same level since 2013 – for more detail see Our Finances 2 following

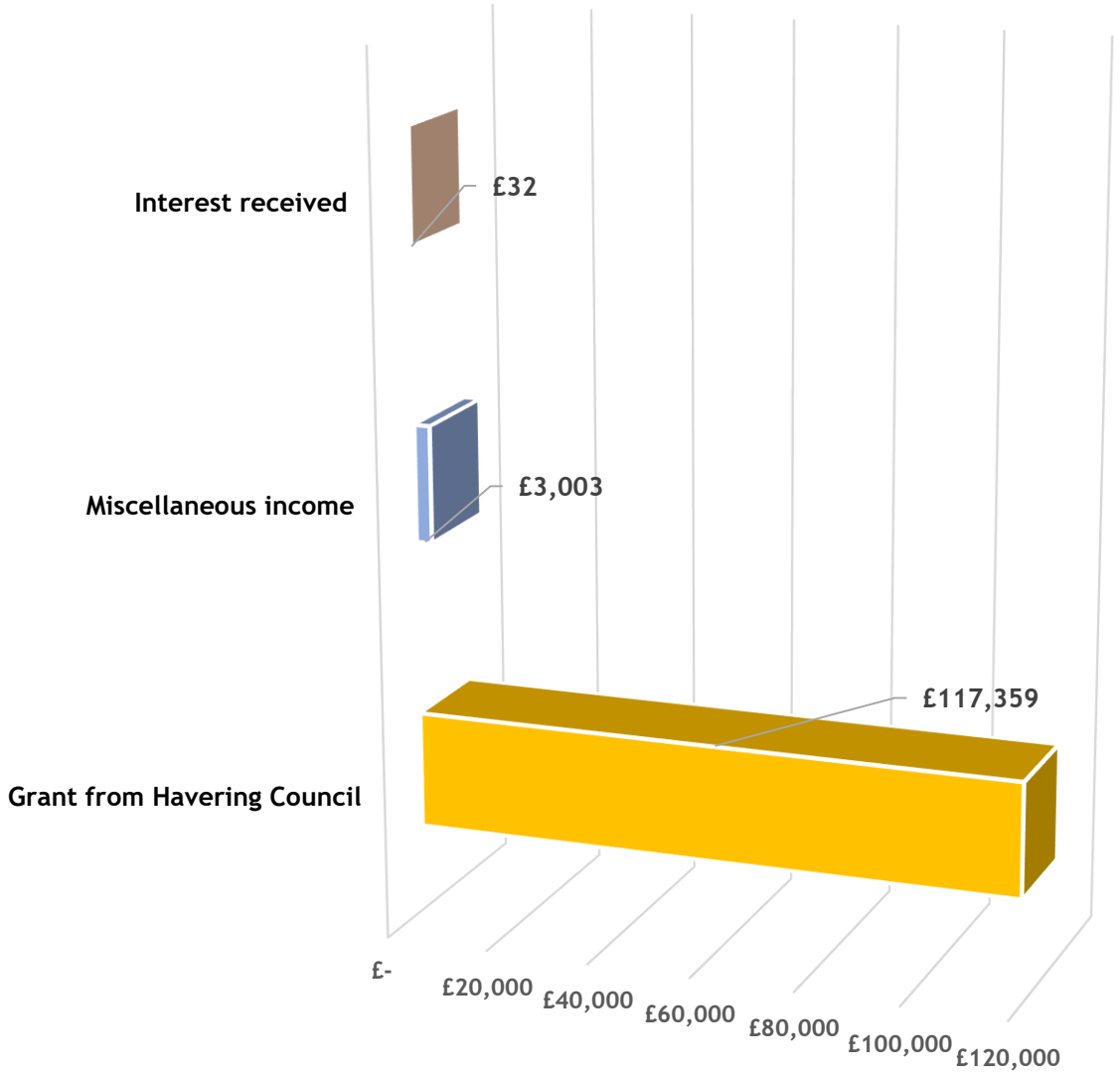
We had miscellaneous income of just over £3,000, including £2,000 for commissioned work undertaken on behalf of Havering CCG and £250 from the sale of redundant computers– for more detail see Our Finances 3 following

As always, our main expenditure was on our staff.

The statutory annual accounts are available on our website at http://www.healthwatchhavering.co.uk/our-activities

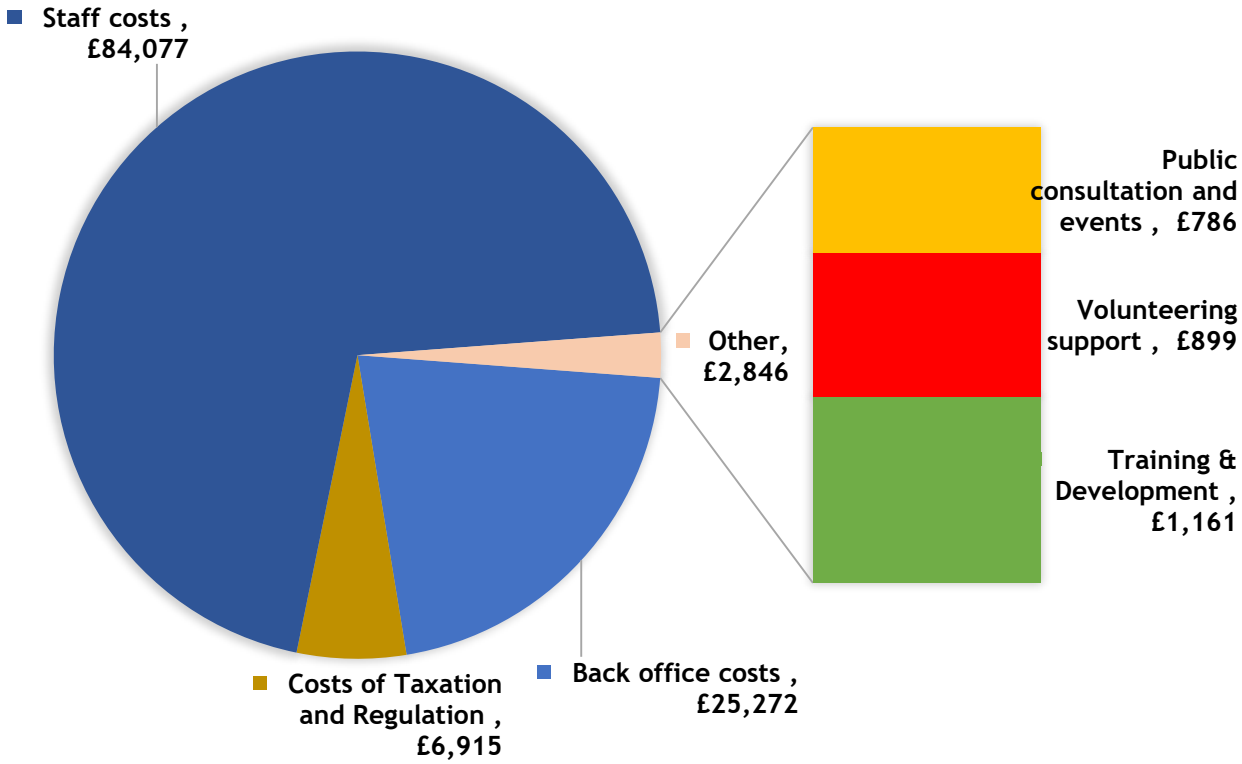
Our Finances 2

INCOME SUMMARY



Our Finances 3

EXPENDITURE SUMMARY



Our Enter & View programme 1

Introduction

Havering has one of the largest residential and care home sectors in Greater London, a significant number of single-handed or small partner GP practices, one of the busiest hospitals in the country and a community health Trust that provides a range of services beyond the borough's boundaries.

We have long taken the view that a robust programme of Enter and View visits is the best way that we can be sure that the needs of users of health and social care services are being met. Entering and viewing facilities enables our volunteers to observe first-hand how facilities work, in real time. This provides assurance to the public that facilities are the sort of places they would want to use for themselves, their relatives and friends.

To that end, we identify premises that should be visited through a monthly meeting of staff and volunteers at which the programme is managed, visits arranged and the findings of recent visits reviewed. In 2018/19, we carried out 25 visits (with one premises visited twice). The list of facilities we have visited follows.

Our visiting teams have always been made welcome and managers and proprietors are very co-operative in facilitating the visits. The team members were able to discuss the facility with staff, residents/patients and their relatives and friends alike.

Where we have made recommendations, we have been, or will be, following up to see what effect they have had.

All reports of our visits are published on our website www.healthwatchhavering.co.uk/enter-and-view-visits and shared with the home and all relevant agencies. Owing to the thorough nature of pre-publication checks, not all of the reports had been published at the date this report was prepared.

The powers of Healthwatch to carry out Enter and View visits are set out in legislation and all of these visits were carried out in exercise of them.

We did not find it necessary to make recommendations to Healthwatch England on special reviews etc, nor has anyone failed to respond to our reports.

Our Enter & View programme 2

Visits 2018 up to September

Date of visit	Establishment visited		Reasons for visit	Number of recommendations for improvement
	Name	Type		
2 May	Hillside	Nursing Home	To observe the normal operation of the home	5
14 May	The Robins Surgery	GP	To observe the normal operation of the practice	None specific to practice
15 May	Dr Abdullah, Rainham Health Centre	GP	To observe the normal operation of the practice	6
21 May	Queen's Hospital: Outpatients' Departments	Hospital	To observe the normal operation of the departments	6
18 July	Abbcross Nursing Home	Nursing Home	To observe the normal operation of the home	4
24 July	The Willows	Residential Care Home	To observe the normal operation of the home	None
1 August	Billet Lane Medical Practice	GP	To observe the normal operation of the practice	None specific to practice
1 August	Dr S Subramaniam, Mungo Park Practice	GP	To observe the normal operation of the practice	None
13 September	Queen's Hospital: Maternity	Hospital	To observe the normal operation of the department	4
19 September	Queen's Hospital: Emergency (A&E) Department	Hospital	To observe the normal operation of the department	5
29 September	Romford Nursing Care Centre	Nursing Home	To observe the normal operation of the home	None

Our Enter & View programme 3

Visits 2018 from October

Date of visit	Establishment visited		Reasons for visit	Number of recommendations for improvement
	Name	Type		
4 October	Queen's Hospital: Patients' Meals (Third visit)	Hospital	To observe the normal operation of the department	6
8 October	Faringdon Lodge	Residential Care Home	To observe the normal operation of the home	2
16 October	Langley House	Residential Care Home	To observe the normal operation of the home	4
11 September and 1 November	Barlewcroft	Residential Care Home	To observe the normal operation of the home	12
7 November	Dr K Subramanian, Harlow Road Surgery	GP	To observe the normal operation of the practice	3
19 November	The Lodge, Collier Row	Residential Care Home	To observe the normal operation of the home	6
3 December	Dothan House	Residential Care Home	To observe the normal operation of the home	5
5 December	Urgent Treatment Centre (PELC) at Queen's Hospital	Hospital/ Community Care	To observe the normal operation of the department	5
10 December	Arran Court	Residential Care Home	To observe the normal operation of the home	None

Our Enter & View programme 4

Visits in 2019

Date of visit	Establishment visited		Reasons for visit	Number of recommendations for improvement
	Name	Type		
25 January	Greenwood Practice: Ardleigh Green and Gubbins Lane branches	GP	To observe the normal operation of both branches of the practice	8
6 February	Havering Court	Nursing Home	To observe the normal operation of the home	4
11 February	Queen's Hospital: Discharge Lounge and Ambulance Waiting Lounge	Hospital	To observe the normal operation of the department	8
20 February	Alton House	Residential Care Home	To observe the normal operation of the home	None

Our governance

1

Name and status of Havering Healthwatch company; and new contract

- Since the inception of Healthwatch, the service in Havering has been provided by the Company (Havering Healthwatch Limited) originally set up by Havering Council in 2013. Between 2013 and the end of March 2019, the service was funded by a series of annual grants from the Council to the Company.
- In October 2018, however, the Council announced that it intended to undertake a test of the market for the provision of Healthwatch services from April 2019 by running a competitive bidding process. Havering Healthwatch Limited was one of two prospective providers to submit bids and, after a close-run competition, was successful in retaining the contract to provide the service.
- The specification of the contract differed in some respects to the original grant-funded arrangement, requiring changes in the way that the service is provided. Restrictions in the contract required the name and status of the company to be altered and, following the appropriate legal process, on 15 March 2019 the name of the company was changed to **Havering Healthwatch C.I.C.** and it became a Community Interest Company.
- Havering C.I.C. remains a company limited by guarantee, registered in England& Wales.
- The new contract will run for five years, until 2024, with the possibility of an extension for two further years.

Our governance 2

Involving volunteers in governance

- In consequence of the new contract, a range of changes to governance arrangements and policies and procedures are in hand. We will report fully on them in our next Annual Report.
- During 2018/19 we continued to involve our volunteers in governance of our organisation.
- All volunteers are entitled to attend both our Engagement Programme Panel (formerly the Enter & View Panel) and the Management Board. The Panel meets monthly and the Board generally meets every couple of months.
- All volunteers are also members of the Company and are entitled to attend its general meetings. In 2018/19, we held an Annual General Meeting and an Extraordinary Meeting to deal with the change of name and status to a Community Interest Company.
- In preparation for the new contract, we also established a Governance Committee, which will meet monthly in 2019/20.
- We also arranged for a small group of volunteers to review our governance arrangements and their recommendations have been taken into account in our new governance arrangements that will apply from April 2019.

Our governance 3

Compliance with statutory requirements

- We have maintained our engagement with the Havering Health and Wellbeing Board, Health and other Overview & Scrutiny Committees and the Outer North East London Joint Health Overview & Scrutiny Committee. We have been represented at most meetings of these bodies.
- We have used the Healthwatch logo on stationery, reports and on our website. We continue to hold a licence from Healthwatch England to do so.
- Copies of this Annual Report will be sent to various stakeholders, including Healthwatch England, Havering Council, Havering CCG and the British Library.
- We are registered as a Community Interest Company with Companies House and for data protection purposes by the Information Commissioner.

Contact us:

healthwatch Havering

Healthwatch Havering is the operating name of
Havering Healthwatch C.I.C.
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