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Havering
LONDON BOROUGH

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Wednesday 27 July 2016	Havering Town Hall

Members 6: Quorum 3

COUNCILLORS:

Conservative (3)	Residents' (1)	East Havering Residents'(1)	Labour (1)
Dilip Patel (Vice-Chair) Michael White (Chairman) Carol Smith	June Alexander	Alex Donald	Denis O'Flynn

For information about the meeting please contact:
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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

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 DECLARATIONS 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 CHANGES TO MEMBERSHIP

The Sub-Committee is asked to note recent membership changes.

5 MINUTES (Pages 1 - 12)

To agree as a correct record the minutes of the meeting held on 10 March 2016 and of the joint meeting with the children and learning overview and scrutiny sub-committee held on 20 April 2016 and to authorise the Chairman to sign them (attached).

6 DIGITAL ROADMAP FOR INTEGRATION BETWEEN HEALTH AND SOCIAL CARE

To receive a presentation from Alan Steward, Chief Operating Officer, Havering Clinical Commissioning Group (CCG).

7 ST GEORGE'S HOSPITAL SITE

Update from Alan Steward.

8 ORCHARD VILLAGE HEALTH CLINIC

Update from Alan Steward.

9 CORPORATE PERFORMANCE REPORT QUARTERS 3 AND 4 (ANNUAL 2015/16) (Pages 13 - 24)

Report attached.

10 CORPORATE PERFORMANCE REPORT - QUARTER 1 2016/17

To be tabled.

11 HEALTHWATCH HAVERING ANNUAL REPORT (Pages 25 - 58)

Ian Buckmaster, Director, Healthwatch Havering, will present the organisation's annual report (attached).

12 NOMINATIONS TO JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES (Pages 59 - 62)

13 SUB-COMMITTEE'S WORK PLAN (Pages 63 - 64)

Attached for discussion and approval by the Sub-Committee.

14 URGENT BUSINESS

To consider any other items of which the Chairman is of the opinion, by means of special circumstances which shall be specified in the minutes, that the item shall be considered as a matter of urgency.

Andrew Beesley
Committee Administration Manager

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MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
10 March 2016 (7.00 - 9.20 pm)

Present:

Councillors Nic Dodin (Chairman), Dilip Patel (Vice-Chair), Jason Frost, Linda Van den Hende, Alex Donald and Garry Pain.

Officers present:
Ian Buckmaster, Healthwatch Havering
Dr Susan Milner, Interim Director of Public Health, London Borough of Havering
Caroline O'Donnell, North East London NHS Foundation Trust (NELFT)
Carol White, NELFT
Sarah See, BHR Clinical Commissioning Groups (CCGs)

One member of the public and one member of the press were also present.

46 **WELCOME AND INTRODUCTIONS**

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

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

Apologies for absence were received from Councillor Linda Hawthorn (Councillor Alex Donald substituting) and Councillor Carole Smith (Councillor Garry Pain substituting).

48 **CHANGES TO MEMBERSHIP**

It was noted that Councillor Gillian Ford had recently left the Sub-Committee. Councillor Linda Van den Hende was welcomed by the Sub-Committee to her first meeting as a Member.

It was also agreed unanimously that Councillor Van den Hende should take the vacant position on the Outer North East London Joint Health Overview and Scrutiny Committee.

49 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

50 MINUTES

The minutes of the meeting of the Sub-Committee held on 12 January 2016 were agreed as a correct record and signed by the Chairman.

51 NORTH EAST LONDON NHS FOUNDATION TRUST (NELFT)

Mental Health Liaison Service

Officers from NELFT explained that, while acute hospitals had always had some mental health liaison services, this was generally patchy and people with mental health issues often fared badly in acute settings, leading to longer lengths of stay etc.

NELFT favoured a model based on rapid access, intervention and discharge (RAID). This was very expensive and funding had been allocated for an enhanced service available 24:7 on site in A & E for over 18s. This had allowed the introduction of parallel assessment whereby BHRUT and NELFT mental health liaison staff assessed patients together. Staff also went into A&E seeking to identify cases with a mental health element.

The target of seeing all patients referred in 60 minutes was met by mental health liaison staff on 94% of occasions. On-ward targets were being met at 100% and the service could have up to 120 referrals per week. Patient satisfaction with the service was high with comments indicating the team was caring and engaged with family members.

Work was also in progress regarding high intensity users – those who attended A & E more than 10 times per year. NELFT wished to reduce this by setting up complex care plans in order that these patients could be better supported in the community.

The new service also sought to ensure people with dementia received appropriate care in hospital. Delirium could often be misdiagnosed as dementia and mental health liaison staff trained A & E colleagues in how to identify this. This had led to fewer breaches of targets at BHRUT. Other training offered to BHRUT staff included case discussions and more specific courses such as working with people with dementia.

Future initiatives planned included a street triage service to reduce the need for the Police to pick up people from the street under s. 136 powers. An under 18 service could also be introduced into A & E, albeit this would involve fewer patients and better IT systems would allow mental health records to be fully accessed from the A & E department.

It was emphasised that the mental health team worked closely with partners such as the Police and London Ambulance Service although more work needed to be undertaken with the Police. If the project was supported going forwards then work on identifying mental health issues could also potentially be undertaken with Police Community Support Officers.

It was confirmed that there were now two s. 136 suites at Goodmayes Hospital which reduced the need for people with mental health issues to be held in police cells. Officers felt there should be parity in A & E between responses for physical and mental health issues.

Patients with mental health issues would still attend the main triage in A & E but mental health liaison service staff would seek to proactively identify these patients and try to offer other community-based routes of crisis support where appropriate.

The Police were able to notify NELFT and the Council of people they had dealt with who had exhibited mental health issues and information sharing was included within this framework. Patients who refused treatment would be proactively contacted by staff but officers confirmed that nobody could be forced to accept treatment unless they were considered a danger to themselves or others.

Intermediate Care

Officers explained that changes to intermediate care were being implemented across Barking & Dagenham, Havering and Redbridge and that most Havering patients requiring intermediate care already accessed Foxglove ward at King George Hospital. The intermediate care beds at Grays Court in Dagenham were due to move to Japonica ward at King George by the end of March 2016.

NELFT officers would respond in due course to feedback from a recent enter and view visit that Healthwatch Havering had carried out to Japonica ward. General patient feedback on the new locations had been positive and any lack of space on the ward was being addressed.

There were a total of 51 intermediate care beds available at King George that could be increased to 57-61 beds if required. It was confirmed that the wards were currently full and that some additional beds were being used for intermediate care at present.

Officers confirmed that the referral of the intermediate care plans by Redbridge health scrutiny to the Secretary of State had not been upheld and implementation would proceed as scheduled.

It was **AGREED** that the Sub-Committee should undertake a site visit to Foxglove and Japonica wards at King George Hospital in late April or early May.

Acorn Centre

The Acorn Centre had begun operating in February 2015 and opened officially in summer 2015. Child and adolescent mental health services (CAMHS) were in the process of being relocated from Raphael House in Romford and it was hoped to complete this by September 2016.

Officers accepted that parking was a problem at the centre and were now looking for new staff parking areas. The installation of new pay and display bays near the centre had helped the situation slightly.

Staff at the centre used hot-desking which was working well overall. Clinicians no longer had dedicated office space in order to make the best use of the facility. A virtual tour of the Acorn Centre was available on the NELFT website and officers would send a link to this.

The Sub-Committee **NOTED** the updates.

52 **PRIMARY CARE STRATEGY (PMS REVIEW)**

Officers explained that the Primary Medical Services (PMS) contract was one of several contracts used for GPs and this was now under review nationally. Fifteen Havering GP practices used the PMS contract which carried a total premium of £1.1 million and equated to additional funding of £10-12 per patient.

The London PMS offer had now been confirmed by NHS England and this included mandatory Key Performance Indicators (KPIs) such as influenza services and cervical screening as well as optional KPIs covering areas such as breast screening and walk-in centres. In addition, premium service specifications in the London offer covered better use of on-line technology for patients, Saturday morning GP openings (as seen at the two hubs in Havering which could now access patients' GP records) and allowing additional hours and appointments capacity at practices. The total premium for Havering practices for these services equated to £11.18 per patient.

In view of these targets, PMS practices would be asked over the next year to increase patient uptake of on-line services. The Local Medical Committee had been receptive to overall commissioning intentions although individual negotiations with practices had not taken place as yet.

Two practices in Havering now provided blood pressure and ECG checks and it was felt more cost effective to commission these types of services

from GP practices. The new services would be monitored by Primary Care Commissioning officers as well as via the Council and Healthwatch.

In line with national trends, there was a shortage of GPs in Havering. Officers had sought to resolve this by working towards more place-based commissioning as well as considering new roles and career opportunities for GPs and other practice staff such as nurses.

It was confirmed that some practices allowed patients to register at the practice address in case of homelessness etc but this did not apply to all Havering GPs. There were also plans to remodel the sexual health service to form a more attractive offer for women. Officers agreed that practice nurses could potentially be used to work on this service.

It was clarified that GPs owned patient records on behalf of the Secretary of State. Each time a patient visited a GP hub, they were required to give consent for their records to be shared.

As regards appointments where patients did not attend (DNAs) these constituted 9-13% of GP appointments in Havering and cost in the region of £1 million a year overall. It was hoped that work to extend access to GPs would result in less DNAs occurring. Officers would confirm which GPs offered phlebotomy services.

The Sub-Committee were pleased that work with NELFT such as the Community Treatment Team had won a number of awards and was seen as a best practice model. Staff morale in the service was felt to be very good.
The new GP practice was at Orchard Village was currently under procurement and was due to open in October 2016. The walk-centre for this area would remain at South Hornchurch Health Centre. The Kings Park surgery contract in Harold Wood was also currently under procurement and the contract with the current providers had been extended until March 2017. Both the walk-in centre and GP contracts for the site would be procured at this point.

It was noted that one Havering GP practice had recently given notice of retirement and officers would provide further details on this.

The Sub-Committee **NOTED** the position and thanked officers for their input to the meeting.

53 PUBLIC HEALTH EXPENDITURE

The Interim Director of Public Health explained that when responsibility for public health transferred to the Council in April 2013, Havering had received one of the smallest grants in the UK. This had been based on the previous low expenditure on public health by the then Primary Care Trust. The Interim Director was required to account for how the Public Health Grant was spent and cuts to funding meant some services had been lost or reduced.

The total grant for public health services in Havering was £9.7 million but this had received a significant in-year cut of £688,000. A further cut of around £1 million was required in 2016/17 and an additional £300,000 in 2017/18. A paper had therefore been taken to Cabinet in February 2016 suggesting disinvestment in some public health services worth a total of £850,000. These cuts did not impact on the Council's mandatory public health services nor on certain non-mandatory services such as school nursing, the drug and alcohol service and health champions.

Services that may be decommissioned included some sexual health and physical activity services as well as the stop smoking service. The final decision on whether to decommission these services was a matter for the relevant Cabinet Member.

The Council's public health team had been cut by one third and offered a corporate support service to other Council departments and partner organisations such as the Clinical Commissioning Group. Services which received the most funding were health visiting, sexual health and drug & alcohol services.

The Interim Director accepted that the most controversial proposal was to decommission the stop smoking service. Some negative feedback on the proposal had been received but it was felt this constituted the 'least worst' option in order to make the required savings. Smoking cessation services for pregnant women would be retained and it was noted that people were making more use of electronic support and obtaining nicotine replacement products from their GP.

The prevalence of smoking had fallen and this had made the stop smoking service less cost effective. Other boroughs were also considering decommissioning of smoking cessation services and it was possible that a pan-London digital platform could be commissioned for this. It was emphasised that non-smoking was the norm in Havering although prevalence of smoking was higher in certain sub-groups that could be targeted via services such as the Healthy Schools programme.

The Interim Director wished to identify the added value provided by the service and there were therefore public health business partners for each area of the Council. The service was able to comment on section business plans and was looking to integrate an assessment of public health into decisions. There was also a target to raise the profile of the Healthy Workplace programme.

The current sexual health service operated on an open access basis whereby people referred themselves to clinics for e.g. sexually transmitted infections. The Council had to pay for all Havering residents who received these services (other than HIV services) even if they were treated in other areas.

The Council was also obliged to commission open access to the family planning service which was managed by GPs from Queen's Hospital and four other sites within Havering. These services would not be changed although a remodelling of the sexual health service was being consulted upon.

It was noted that women tended to go to other sexual health services rather than their GP and could go to the family planning service to obtain the contraceptive pill although this was a more expensive method for public health to fund.

The Sub-Committee **NOTED** the position.

54 HEALTHWATCH HAVERING UPDATE

A director of Healthwatch Havering explained that the Care Quality Commission (CQC) had recently introduced an on-line map of care homes with links to their ratings and further details. The Healthwatch Havering website also now included links to the reports for facilities at which Healthwatch had conducted an Enter and View visit.

Healthwatch had received some complaints that patients registered at the North Street and Rosewood Medical Centres received inferior service compared to the GP hub surgeries at those sites. Healthwatch would be undertaking a review of the hubs in due course and would update the Sub-Committee on this work.

The three local Healthwatch organisations had been commissioned by the Clinical Commissioning Groups to consult the public on how they viewed Urgent Care Centres, Walk-in Centres and similar facilities. As such, a questionnaire on these and related issues had been distributed by Healthwatch. The results of this research project would be reported to the Clinical Commissioning Groups and an update given to the Sub-Committee.

55 URGENT BUSINESS

The Clerk to the Sub-Committee advised that preparations were continuing for the topic group review of delays to treatment at the Hospitals' Trust. The Director of Healthwatch Havering added that the Trust had been very supportive of the review thus far. It was noted that an initial briefing for the review would be held on 6 April and the Sub-Committee agreed some minor amendments to the scope of the review that had been suggested by Healthwatch Havering.

A Member reported staff from a local care home had complained that residents were at times being discharged from Queen's Hospital with cannulas left in their hands and without discharge letters or medication being provided. The Director of Healthwatch Havering agreed that the organisation would investigate this.

Chairman

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
(JOINT MEETING WITH CHILDREN AND LEARNING OVERVIEW & SCRUTINY SUB-COMMITTEE)
Council Chamber - Town Hall
20 April 2016 (7.00 - 8.05 pm)**

Present:

Councillors Nic Dodin (Chairman), Dilip Patel (Vice-Chair), Linda Hawthorn, Carol Smith and Linda Van den Hende

Caolin Maclaverty, Consultant Cbstetrician, Barking, Havering and Redbridge University Hospitals' NHS Trust.

Tim Aldridge, Assistant Director, Children's Services was present as were three other staff members from children's services.

One member of the press was also present.

56 **ANNOUNCEMENTS**

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

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

Apologies were received from Councillor Jason Frost.

58 **DISCLOSURES OF PECUNIARY INTERESTS**

There were no disclosures of pecuniary interests.

59 **FEMALE GENITAL MUTILATION (FGM)**

A consultant obstetrician from Barking Havering and Redbridge University Hospitals' NHS Trust (BHRUT) explained that female genital mutilation (FGM) was most common in the Horn of Africa countries where there was in excess of 90% prevalence. It was emphasised that FGM was not endorsed by any faith and was considered as more of a cultural practice.

The consultant added that most cases were relatively minimal, involving the removal of the clitoris but other forms were more invasive. The most extreme cases of FGM often led to problems such as urine infections,

menstrual difficulties, problems in childbirth and psychiatric problems. Most FGM cases the consultant had seen were less severe but still caused a lot of physical and psychological distress.

The practice had been illegal in the UK since 2003 and it was also illegal for e.g. family members to take a child abroad for FGM. FGM usually took place between the ages of 5 and 10 and the consultant was not aware of any cases being performed in Havering although she did see some cases that had been performed abroad. Around three deinfibulation procedures to partially reverse FGM were performed at BHRUT each year. This was a much lower figure than in hospitals in central London.

All pregnant women were asked, on their first visit to BHRUT about whether had ever had genital surgery and were asked this again, even if they had answered no, at a later stage of their pregnancy. If signs of female genital mutilation were identified, patients would be referred by community midwives to the consultant's team for specialist treatment. FGM had only been seen in Havering in first generation immigrants with the consultant never having seen any cases in second generation immigrants.

Community midwives were also able to advise women that taking a child abroad for FGM was illegal in the UK. With effect from October 2015, any child born to a woman had had undergone FGM also received a safeguarding alert.

Any cases of girls under 18 seen at the hospital with FGM had to be reported to the Police. In addition, a referral would be made to the multi-agency safeguarding hub (MASH) and the safeguarding midwife would be informed. BHRUT had also introduced a 'time to talk' programme where a midwife spoke individually with a pregnant woman about any confidential concerns or issues.

Most cases of FGM were identified in maternity units but only 10% of these required surgical intervention. Referrals could also come from areas such as paediatrics and sexual health services. It would be the responsibility of social care staff rather than the hospital to contact a young person's school if FGM was suspected.

The Assistant Director, Children's Services explained that Kensington & Chelsea had received funding to work with Horn of Africa communities on this issue. This had led to the establishment of a specific clinic and support to encourage women in the community to take ownership of the issue. A helpline for cases of FGM had also been established at Homerton Hospital. The FGM issue was normally led by women although it was agreed that there would be benefits if men in the community could also be brought on side over the issue.

The consultant felt that the main reason FGM was carried out was to improve a young person's prospects of marriage within the community by preserving their virginity.

Steps could be taken to prevent a person of in danger of FGM leaving the country but this would require a far higher level of evidence than a MASH referral. Teachers were also trained to spot cases of FGM as part of school safeguarding responsibilities. FGM referrals could also be made by schools to the MASH and schools had been proactive in doing this. It was also confirmed that the FGM was illegal in countries such as Egypt and Nigeria but still took place in these areas.

Community midwives received training annually on FGM and the consultant agreed that the most severe forms of the practice were quite shocking. It was also felt that it was unlikely that mothers who had undergone FGM would wish to pass this practice on to their children.

There had not been any convictions for FGM to date in the UK. There had however been convictions in France where there was a higher prevalence of FGM. It was not currently the practice to check whether children presenting at hospital had mothers who had undergone FGM. The consultant felt this was a complex issue as parents often did not feel they were being cruel to their child. It was also important to make sure the victim did not feel like a criminal.

It was confirmed that the Council's Children's Services would carry out a child protection investigation if they felt a child was at risk of undergoing FGM. The police would warn parents that they were liable to prosecution and a medical examination of a child could be ordered if it was felt that FGM may have taken place. A FGM order could be quickly obtained through the courts if needed although strong evidence was required. The police could also use their powers of protection if it was felt there was a risk of imminent harm.

Severe cases of FGM could be reversed during labour if found and it was also confirmed that it was illegal to close back up a case of FGM. Safeguarding guidance was sent to schools on a regular basis and this would cover FGM issues. FGM was also discussed at the Local Safeguarding Children's Board. Full data was kept by the MASH on where FGM referrals originated from.

The Sub-Committee **NOTED** the position and thanked the consultant obstetrician for her attendance and input to the meeting.

60 **URGENT BUSINESS**

There was no urgent business raised.

Chairman

Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE

Subject Heading:	Corporate Performance Report: Quarter 3 and Quarter 4 (annual 2015/16)
CMT Lead:	Dr Susan Milner, Interim Director of Public Health (Children, Adults and Housing)
Report Author and contact details:	Oriean Kay, Public Health Business Manager (oriean.kay.havering@havering.gov.uk)
Policy context:	The report sets out the Quarter 3 and Quarter 4 (annual 2015/16) performance for indicators relevant to the Health Overview and Scrutiny sub-committee

SUMMARY

The Corporate Performance Report provides an overview of the Council's performance for each of the strategic goals (Clean, Safe and Proud).

The report identifies where the Council is performing well (Green) and not so well (Amber and Red). The RAG ratings for 2015/16 are as follows:

- Red = more than the **'target tolerance'** off the target and where performance has *not improved*.
- Amber = more than the **'target tolerance'** off the target and where performance has *improved or been maintained*
- Green = on or within the **'target tolerance'** of the annual target

Where performance is more than the **'target tolerance'** off the target and the RAG rating is 'Red', '**Corrective Action**' is included in the report. This highlights what action the Council will take to address poor performance.

Also included in the report are Direction of Travel (DOT) columns, which compare:

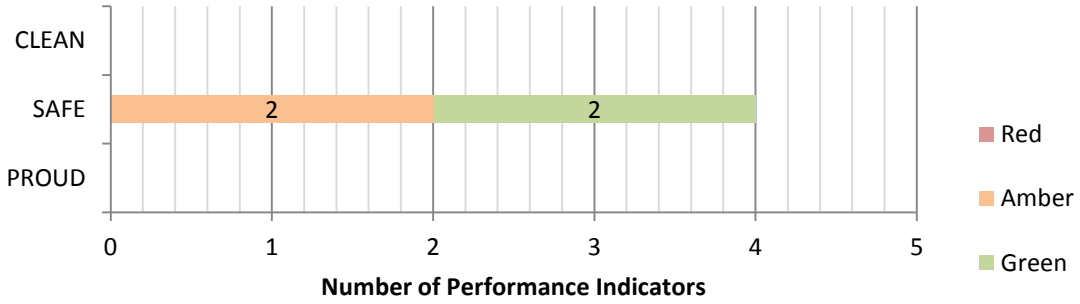
- Short-term performance – with the previous quarter
- Long-term performance – with the same quarter the previous year

A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance is the same.

OVERVIEW OF PUBLIC HEALTH INDICATORS

4 Corporate Performance Indicators fall under the remit of the Health Overview & Scrutiny sub-committee. These all relate to the Public Health Service.

Annual 2015/16 RAG Summary for Health



Of the 4 indicators, all have been given a RAG status in the annual report. 2 **(50%)** are **Green** and 2 **(50%)** are **Amber**.

Future performance reporting arrangements

As approved by the Cabinet through the Quarter 2 Corporate Performance Report, from the new financial year onwards the quarterly and annual Corporate Performance Reports will be considered first by the individual overview and scrutiny sub-committees, then the Overview and Scrutiny Board and finally the Cabinet. This will allow the Overview and Scrutiny Board to maintain oversight of the value the individual committees are adding in monitoring and influencing performance and would also allow the Cabinet reports to reflect any actions the overview and scrutiny committees may be taking to improve performance in highlighted areas. Work has been undertaken with Committee Services when setting the annual corporate calendar to ensure that the Overview and Scrutiny Board and the Cabinet would still receive the reports within the same timescale as currently, but with the added benefit that the individual scrutiny committees would already have had the opportunity to scrutinise the data and commission relevant pieces of work in response. The time taken to complete the entire reporting cycle will therefore be shortened.

The current levels of performance need to be interpreted in the context of increasing demands on services across the Council. Also attached to the report (as **Appendix 3**) is a Demand Pressure Dashboard that illustrates the growing demands on Public Health, and the context that the performance levels set out in this report have been achieved within.

Measuring customer satisfaction

Whilst the PIs currently included in the Corporate Performance report provide both Members and officers with vital performance information that can be used to improve services, there are few PIs that focus on customer satisfaction. There are various

options to address this, from undertaking small surveys on a quarterly basis, to larger surveys on an annual basis, consulting focus groups to setting up consultation panels, as well as many other options in between. So that the Council may fully understand the options available and what the benefits and resource implications of each option may be, the Communications Service is currently seeking views from an external consultant to gain expert advice on how we can gauge residents' satisfaction in the most meaningful way. This will inform any new performance indicators to be included in the Corporate Performance Report during 2016/17.

Future performance reporting arrangements

As approved by the Cabinet through the Quarter 2 Corporate Performance Report, from quarter 1 of 2016/17 onwards the quarterly and annual Corporate Performance Reports will be considered first by the individual overview and scrutiny sub-committees, then the Overview and Scrutiny Board and finally the Cabinet. This will allow the Overview and Scrutiny Board to maintain oversight of the value the individual committees are adding in monitoring and influencing performance and would also allow the Cabinet reports to reflect any actions the overview and scrutiny committees may be taking to improve performance in highlighted areas. Work has been undertaken with Committee Services when setting the annual corporate calendar to ensure that the Overview and Scrutiny Board and the Cabinet will still receive the reports within the same timescale as currently, but with the added benefit that the individual scrutiny committees would already have had the opportunity to scrutinise the data and commission relevant pieces of work in response. The time taken to complete the entire reporting cycle will therefore be shortened.

RECOMMENDATIONS

That Members of the Health Overview and Scrutiny Committee:

1. **Review** the levels of performance set out in **Appendices 1** and **2**; and the corrective actions that are being taken; and

2. **Note** the content of the Demand Pressures Dashboard attached as **Appendix 3**.

REPORT DETAIL

PEOPLE WILL BE SAFE, IN THEIR HOMES AND IN THE COMMUNITY.

All of the four indicators relative to Health are under the SAFE goal, of which two are currently shown as having a green RAG status:

- Percentage of new patients attending sexual health services accepting offer of an HIV test; and

- Percentage of women smoking at Time of Delivery.

Two indicators are currently shown as having an amber RAG status:

- Number of schools achieving the stated level of healthy schools award; and
- Percentage of eligible patients offered an NHS Health Check.

Highlights:

The percentage of new patients attending sexual health services accepting and offer of HIV test is rated Green. Performance (85.7%) is above target (85.0%).

Percentage of women smoking at Time of Delivery is also rated as Green. Performance (6.7%) is significantly lower than target (10.0% where smaller is better) and better than at the same point in the previous year (10.6%). There are a number of factors that are likely to have contributed to this including the new Havering/B&D jointly funded Baby Clear programme. There has also been increased national publicity on the effect of passive smoking on children, including in cars when children are passengers.

Improvement required:

Number of schools achieving stated level of healthy schools award (rated Amber), has not performance to the target level in each area.

- The number of schools Registered (63) is below target (65);
- The number of schools awarded Bronze (27) is above target (25);
- The number of schools awarded *Silver (7) is below target (8); and
- The number of schools awarded Gold (1) is below target (2).

*Two schools have submitted their silver award applications, received feedback, resubmitted, and are awaiting final approval by the Healthy Schools London team. From 1st April 2016, support from the Council to schools to achieve the Healthy Schools London award will become a traded service. Therefore this is the last time this indicator will be reported.

The percentage of eligible patients offered an NHS Health Check (rated Red) has ended the year at 12.0% (significantly below the target of 20.0% where bigger is better) and worse than at the same point in the previous year (18.7%). To date, 7,973 people have received an invite offer to undertake an NHS Health Check; 4,578 fewer than at the same point in the previous year. Underperformance is as a result of a combination of factors. The level of payment for this activity, although comparable to that paid by other boroughs, is insufficient to really motivate GPs to undertake the activity. Havering provided additional support to GPs to increase activity but it has not led to sustained improvement. Havering are also not in a position to increase the payments to GPs to undertake this work.

IMPLICATIONS AND RISKS

All the implications and risks relate to Health Checks.

Financial implications and risks:
An increased financial incentive for the health check offer was implemented during 14/15 which had a positive effect. The financial incentive has been maintained but no further increases can be considered in light of the in-year cuts to the Public Health grant.

Human resources implications and risks
In response to the anticipated in-year cuts to the Public Health grant, the Public Health service has been reduced to meet this cost pressure and this approach will be maintained.

Legal implications and risks:
Health Checks is a local authority mandated service that continues to be provided and is funded through the Public Health grant.

Equalities implications and risks:
The Council, through the Public Health grant, is mandated to provide Health Checks and continues to do so. This service has been commissioned from Havering CCG general practices (GPs) who have access to the registered patient list. This enables the GP to identify the eligible population suitable for a Health Check and thereafter update the relevant record. As a consequence of this niche market position, we are limited in the types of alternative providers that we can successfully engage with. Additional support has been sourced from the GP federations within the current financial envelope.

BACKGROUND PAPERS

The Corporate Plan 2015/16 is available on the website at http://www.havering.gov.uk/Documents/Council-democracy-elections/Corporate-Plan-on-a-page-2015-16.pdf

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Appendix 1 - Quarter 3 2015/16 Corporate Performance Report

RAG Rating		Direction of Travel (DOT)	
Green	On, above or within the 'target tolerance' of the quarter target	↑	**Short Term**: Performance is better than the previous quarter **Long Term:** Performance is better than at the same point last year
Amber	More than the 'target tolerance' off the quarter target but where performance has improved or been maintained.	→	**Short Term:** Performance is the same as the previous quarter **Long Term:** Performance is the same as at the same point last year
Red	More than the 'target tolerance' off the quarter target and where performance is worsening	↓	**Short Term:** Performance is worse than the previous quarter **Long Term:** Performance is worse than at the same point last year

Description	
Corporate Plan Indicator	
Outturns reported cumulatively	**(C)**
Outturns reported as snapshot	**(S)**
Outturns reported as rolling year	**(R)**

Description	Indicator	Value	2015/16 Annual Target	2015/16 Quarter 2 Target	Variable Tolerance	2015/16 Quarter 3 Performance	Short Term DOT against 2015/16 (Q2)		Long Term DOT against 2014/15 (Q3)		Comments	Service	O&S Sub-Committee
SAFE: Supporting our community													
	Percentage of new patients attending sexual health services accepting offer of HIV test	Bigger is Better	85%	85%	±5%	86% GREEN	↑	84.5%	–	NEW	Improvement can be seen between quarters 2 and 3 with target being exceeded.	**Public Health** *Local performance indicator*	**Health**
(C)	Number of schools achieving stated level of healthy schools award	Bigger is Better	65 Registered 25 Bronze 8 Silver 2 Gold	60 Registered 19 Bronze 6 Silver 1 Gold	Under performance on more than 1 level of achievement	59 Registered 25 Bronze 3 Silver 1 Gold AMBER	→	58 Registered 23 Bronze 3 Silver 0 Gold	–	NEW	"Registered" and "Silver" are slightly below target, but we remain confident that we will meet the Q4 target.	**Public Health** *Registered with Healthy Schools London*	**Health**
(S)	Percentage of women smoking at Time of Delivery	Smaller is Better	10%	10%	±1%	5.4% (Q2 2015/16 time lag) AMBER	↑	10.9% (Q1 2015/16 time lag)	↑	11.5% (Q2 2014/15)	There is a time lag in relation to this indicator, as such performance shown is that of Q2. 2015/16 Q2 performance is 5.4% compared to Q1 performance of 10.9% (where lower is better). There are a number of factors that are likely to have contributed to this. This includes a new Havering/B&D jointly funded BabyClear programme. There has also been increased national publicity on the effect of passive smoking on children, including in cars when children are passengers.	**Public Health** *Reported to Department for Health (DH) (PHOF)*	**Health**
SAFE: Using our influence													
(C)	Percentage of eligible patients offered an NHS Health Check	Bigger is Better	20% (equates to 13,343)	15%	±10%	10.6% (7,104 of 66,713) AMBER	↑	8.2% (5,474 of 66,713)	↓	14.2% (9,529 of 67,265)	Q3 cumulative performance (10.6%) is below target (15.0%) and worse than at the same point in the previous year (14.2%). However performance has improved since Q2. To date, 7,104 people have received an invite offer to undertake an NHS Health Check; 2,425 fewer than in 2014/15. The level of payment for this activity, although comparable to that paid by other boroughs, is insufficient to really motivate GPs to undertake the activity. We provided additional support to GPs to increase activity but it has not led to sustained improvement. We are not in a position to increase the payments to GPs to undertake the work. Therefore we anticipate continued underperformance.	**Public Health** *Local performance indicator (The statutory return to the DH uses less accurate population data)*	**Health**

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Appendix 2

Annual 2015/16 Corporate Performance Report

RAG Rating		Direction of Travel (DOT)	
Green	On or within the 'target tolerance' of the annual target	↑	**Short Term**: Performance is better than the previous quarter **Long Term:** Performance is better than at the same point last year
Amber	More than the 'target tolerance' off the annual target but where performance has improved or been maintained.	→	**Short Term:** Performance is the same as the previous quarter **Long Term:** Performance is the same as at the same point last year
Red	More than the 'target tolerance' off the annual target and where performance is worsening	↓	**Short Term:** Performance is worse than the previous quarter **Long Term:** Performance is worse than at the same point last year

Description	
Corporate Plan Indicator	
Outturns reported cumulatively	**(C)**
Outturns reported as snapshot	**(S)**
Outturns reported as rolling year	**(R)**

Ref.	Indicator	Value	2015/16 Annual Target	VariableTarget Tolerance	2015/16 Annual Performance	Short Term DOT against 2015/16 (Q3)		Long Term DOT against 2014/15 (Annual)		Comments	Service	O&S Sub-Committee
SAFE: Supporting our community												
(C)	Percentage of new patients attending sexual health services accepting offer of an HIV test	Bigger is Better	85%	±5%	85.7% GREEN	↓	86.0%	–	NEW	Although performance between quarters 3 and 4 of 2015/16 has decreased very slightly, the target remained exceeded (where bigger is better).	**Public Health** *Local performance indicator*	**Health**
(C)	Number of schools achieving the stated level of healthy schools award	Bigger is Better	65 Registered 25 Bronze 8 Silver 2 Gold	Under performance on more than 1 level of achievement	63 Registered 27 Bronze 7 Silver 1 Gold AMBER	↑	59 Registered 25 Bronze 3 Silver 1 Gold	–	NEW	The number of schools "registered" is slightly below target. "Bronze" is above target. "Silver" is one school below target but two schools have submitted their silver award applications, received feedback, resubmitted, and are awaiting final approval by the Healthy Schools London team. "Gold" is also one school below target and one school is intending to submit early in the summer term. From 1st April 2016, support from the Council to schools to achieve the Healthy Schools London award will become a traded service.	**Public Health** *Registered with Healthy Schools London*	**Health**
(S)	Percentage of women smoking at Time of Delivery	Smaller is Better	10%	±1%	6.7% (Q3 2015/16 time lag) GREEN	↓	5.4% (Q2 2015/16 time lag)	↑	10.6% (Q3 2014/15)	Please note that there is a time lag on this measure. 2015/16 Q3 performance at 6.7% shows an improvement from Q2 (5.4%). The slight rise in percentage in Q3 could be due to the fact that BHRUT has recently installed a new electronic referral system which has been problematic and not fully operational. It is in the process of resolving these issues as referrals are not consistently being received by the stop smoking services.	**Public Health** *Reported to Department for Health (DH) (PHOF)*	**Health**
SAFE: Using our influence												
(C)	Percentage of eligible patients offered an NHS Health Check	Bigger is Better	20% (equates to 13,343)	±10%	12.0% (7,973) AMBER	↑	10.6% (7,104)	↓	18.7% (12,551)	Q4 cumulative performance (12.0%) is below target (20.0%) and worse than at the same point in the previous year (18.7%), although improvement has been made when compared to Q3 of 2015/16. During the financial year, 7,973 people have received an invite offer to undertake an NHS Health Check; 4,578 fewer than in 2014/15. The level of payment for this activity, although comparable to that paid by other boroughs, is insufficient to motivate GPs to undertake the activity. We provided additional support to GPs to increase activity but it has not led to sustained improvement. We are not in a position to increase the payments to GPs to undertake the work. Therefore we anticipate continued underperformance.	**Public Health** *Local performance indicator* *(The statutory return to the DH uses less accurate population data)*	**Health**

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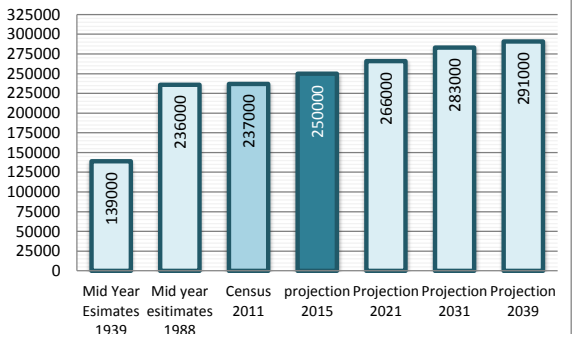
Appendix 3: Quarter 4 2015/16 Demand Pressure Dashboard

Annual **POPULATION**

DP 01: Havering Population Growth



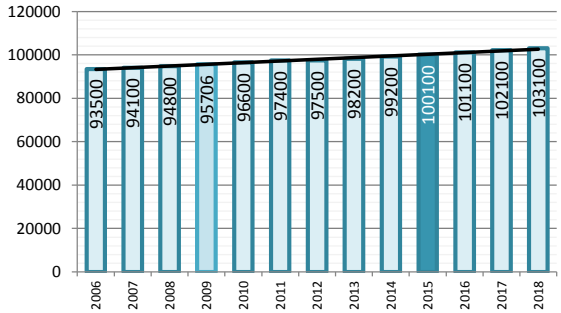
Source: ONS population estimates; 2011 Census; GLA 2013 round capped SHLAA projections

The ONS population estimates, the 2011 Census and GLA 2013 round capped SHLAA Projections show that Havering's population has seen the second largest proportional increase in London from 1939-2015 (80%). Hillingdon has the highest (82%) and Bromley saw the third highest proportional increase in London(35%).

** Figures rounded to nearest 100*

Annual **POPULATION**

DP 02: Households - GLA Projections



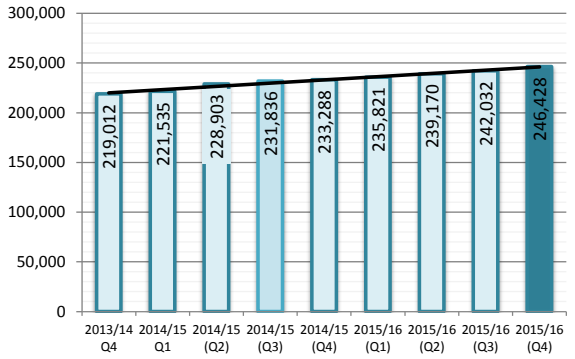
Source: GLA Round Demographic Projections, 2014

Using GLA estimates of the total number of households by borough, 1991-2041, the number of households in Havering has grown by 6,600 households (as at 2015) and is projected to grow by a further 3,000 households by 2018 .

** Figures rounded to nearest 100*

Quarterly **POPULATION**

DP 03: GP Registrations



Q4 data shows Havering's GP registrations are continuing to increase each quarter, with 4,396 additional registrations between Q3 2015/16 and Q4 2015/16.

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ANNUAL REPORT, 2015/16

Making a difference…

Presented in accordance with
"The Matters to be Addressed in Local Healthwatch Annual Reports Directions, 2013"

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383

What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. 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 are able to 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 Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and a number of volunteers, both health and social care professionals and 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 reinforces 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 will be 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 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

CONTENTS

We will be sending copies of this Annual Report to the statutory recipients (including the British Library) and circulating it widely to local health and social care organisations. In the interests of the environment and economy, we are not producing printed copies this year but the report is available for downloading from our website, www.healthwatchhavering.co.uk .

This report contains hyperlinks (in italic type) to the relevant sections and to external URLs. Healthwatch Havering is not responsible for the content of external websites.

Foreword

Anne-Marie Dean, Chairman, Healthwatch Havering

Welcome to our third annual report. Again this year we have had tremendous commitment and support from our volunteers enabling us to achieve an even higher number of Enter and View visits on behalf of local residents.

In Havering we consider this a very important part of our role. We are very pleased to report that Barking Havering and Redbridge University hospital, the North East London Foundation Hospital, St Francis Hospice and all of the nursing and care homes which we have selected to visit have been very supportive and co-operative.

Following a visit, we always write a report and provide recommendations. All of our reports are published on our website and you can view lots of other information about our role within the borough at *www.healthwatchhavering.co.uk*

Seeking the views of local people is also very important to us and during this year we have launched the *'Tell Us What You Think'* cards scheme. This is the beginning of an evolving process. The cards offer residents the opportunity to provide comments and feedback on any local care service they are using on a simple reply paid card. Within the report you can read the first feedback that we have received.

We are increasingly working with a wider number of voluntary organisations and groups and this helps us formulate views on our priorities and how local care services can be improved. Working in partnership with the Clinical Commissioning Groups (CCG), the hospital trusts and the local authority enables us to be at the forefront of the changes and challenges which need to be understood and met. Most importantly to understand what the impact might be for residents.

Currently we are working with the Council's Health Overview and Scrutiny Committee to investigate and understand how and why so many patients have not had access to timely hospital health care such as investigations, outpatient appointments and surgical treatment. You can read more about this in the report.

The closure of the Meals on Wheels service provided by the borough is also being monitored by our volunteers. This is to ensure that some of our most vulnerable residents are properly able to order and access a wide and nutritional range of foods.

Accident and Emergency services continue to come under enormous pressure. It is important to understand the reasons behind our residents needing to use the Accident and Emergency services and how our residents can get the most appropriate, timely and relevant services for their needs. As part of that, recently in partnership with the CCG and other local Healthwatch we participated in a survey of over 1,000 patients across Barking & Dagenham, Havering and Redbridge seeking their views on the urgent and emergency care services. *The key headlines for Havering are contained within the report*.

There are a number of other examples of our work within the report and I very much hope that you enjoy reading about them.

Finally, I would like to thank you for reading our report, and our volunteers, residents and colleagues for their support.

The year at a glance

ENTER AND VIEW VISITS

This year we have undertaken 26 Enter and View visits to hospitals, community services, GP surgeries, nursing and care homes.

For every visit, our volunteers prepare a series of questions and issues that we want to discuss with the staff, patients and residents. This is based on feedback that we get from CQC reports, from relatives and patients, articles in papers and national issues which impact on health and social care. You can read all our reports and recommendations on our website at *http://www.healthwatchhavering.co.uk/enter-and-view-visits*

As the year ended, we carried out our first Enter and View visit to a GP surgery.

Read more about our Enter and View activities on page 11 and in Appendix 1

? - *People asked – "How can we be sure that our loved ones are getting the best possible care?"*

√ - *We have visited a large number of local health and social care establishments to ensure that they deliver good care and we have made recommendations for improvements where we felt it necessary to do so*

URGENT AND EMERGENCY CARE – what have residents said about this service

This year we have undertaken a detailed consultation using a questionnaire. This questionnaire was completed by a wide range of people living and working in our borough. Over 1000 people completed the 8-page questionnaire which had been designed in partnership with the CCG and our Healthwatch colleagues in Barking & Dagenham and Redbridge. People who completed the questionnaire ranged from young professional people working in the borough to older residents who were actually waiting for treatment in A and E departments, Walk-in centres and GP practices. The information given by these people is already helping to shape the new care models for GP practices and helping Queen's Hospital think about how to re-design their services.

Want to know what local people said? – read about it on page 14.

? - *People asked – "why do we have to go to A&E at hospital rather than have an appointment at our GP?"*

√ - *We have carried out a survey to find out what prompts people to go to A&E rather than their GP*

INFLUENCING THE CHANGING SHAPE OF HEALTH AND SOCIAL CARE

It is very important that we all take part in helping to design the changes that are needed for health and social care. It is also very important that we think how best to use the services in a way that it is simple and easy for patients and carers. This year there have been two very significant national issues which will change how our care is delivered this is the **Accountable Care Organisation** (ACO) bid, which is about the three boroughs working together to design more integrated services. The **Sustainability and Transformation Plan** (STP) involves designing services across the whole of North East London. All health and social care organisations across England will be part of an STP. We are working with both the ACO and the STP to help ensure and assist with the consultation process which is vital to informing the new models of care.

More information about the plans can be found at:

Accountable Care Organisation (ACO)
http://democracy.havering.gov.uk/ieListDocuments.aspx?CId=374&MId=3178&Ver=4

Sustainability and Transform Plan (STP)
https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/

? - *People asked – "How do we make sense of the changes going on around us?"*

√ - *We are actively participating in planning for the ACO and STP to ensure that the voice of the patient, resident and carer is heard and taken into account as the plans are developed*

THE LAUNCH OF 'TELL US WHAT YOU THINK' REPLY PAID CARDS FOR RESIDENT FEEDBACK

This year we have launched our *'Tell Us What You Think' reply paid, feedback cards* which enable residents to send us their thoughts and views, positive or negative, on any health or social care service that they are receiving within the borough. We have received a number of responses, which has enabled us to begin developing a database which will enable us to provide useful feedback for CQC inspections and Enter and View visits, and better inform consultation processes. We believe that positive feedback is a powerful tool and so we welcome feedback on services which are responding to residents and working well.

? *- People asked – "How can we tell you about the things we like – or the things we don't like – about health and social care facilities?"*

√ *- We have added "Tell Us What You Think" cards to the ways in which people can contact us and let us know what they think – in addition to contacting us by telephone, email, through the website or by personal call at our office*

The governance of the organisation

Team work is what has made this year not only successful in respect of our achievements but also in our ability to be able to work in an open and transparent group in running our Healthwatch organisation.

Involving members in the governance of the organisation

Last year we told you about the changes that we intended to develop this year which expanded the full role of our volunteer members to influence the management of Healthwatch.

Probably the most significant is the autonomy that we have created regarding the selection and decision-making by the volunteer members in determining one of the most important aspects of Healthwatch work that is the statutory responsibility set out in the Local Healthwatch Organisations Directions 2013 – Section 211 activities.

The Enter and View Panel meeting takes place monthly. The Panel is made up of volunteer members and is supported by Healthwatch staff. The Panel undertakes the following roles:

- ✓ Determining the organisations and premises that will be receiving a visit
- ✓ Reviewing the current timetable of visits and amending it if required
- ✓ Setting the dates for visits and identifying the team members who will carry them out
- ✓ Organising the dates for the preparation meeting prior to visiting and the de-briefing session
- ✓ Reviewing outstanding reports, including comments received from organisations that have been visited

- ✓ Considering all intelligence received regarding services in the borough
- ✓ Providing the draft information to prepare the final reports and provides final comments before publication

Our organisation is governed by a management board which comprises the company directors, staff and volunteer members. The board:

- ✓ Receives reports from the Enter and View Panel
- ✓ Considers monthly and projected financial reports
- ✓ Reviews reports from visits and meetings attended by directors, staff and volunteer members
- ✓ Approves changes to policy documents
- ✓ Receives presentations on strategic issues
- ✓ Provides opportunity for hearing the views of the public which have been shared with board members

Healthwatch Havering is in legal terms, a company limited by guarantee called Havering Healthwatch Limited. As a company limited by guarantee, it has no shareholders and is prohibited by law from distributing any financial surplus (or profit).

Making a difference

The Enter and View programme - A TOTAL 26 VISITS

With Havering having the largest number of care homes in London and a District General Hospital placed in "special measures" by the CQC and under close supervision by the former Trust Development Agency (TDA) (now NHS Improvement), we concluded that a major part of our work would have to be the Enter and View programme, since only by seeing facilities at first hand is it possible to judge how well they provide and care for those who use them, which is a key function of Healthwatch following the failures identified at Mid-Staffordshire Hospital, Winterbourne View and other health and social care facilities.

Towards the end of the year, we became aware of patients' complaints and concerns about a particular GP surgery in the south of the borough. Following consultation with local Councillors and the CCG, we decided to carry out an Enter and View visit to the surgery in order to gauge whether the concerns reported to us were valid and, if so, what might be done to address them. Our team had opportunity for an extended conversation with the practice partners and was also able to interview a number of patients who were waiting for consultations.

One of the issues highlighted to us was the lack of common training for reception and other front-line staff in GP surgeries – while recognising that each practice is, in effect, an independent small enterprise, all practices are an integral part of the NHS and it is in no one's interest for there to be huge variations in the standards and knowledge of these key staff. We have therefore formally recommended to the CCG that the possibility of their providing common training for surgery staff should be investigated and have indicated that, if asked, we would be happy to contribute to such a programme.

In the year, we carried out a number of visits to different wards and departments of Queen's Hospital, Romford, to NHS Community Services and to a number of care and nursing homes across the borough. The full details of our visits are set out in *Appendix 1*.

We have decided to introduce a system of re-visiting the facilities where we have carried out Enter and View visits a few months after publication of the relevant report so that we can gauge what progress proprietors and management have made in implementing our recommendations.

Did any service providers or persons who had a duty to respond to Local Healthwatch not do so?

We would like to take this opportunity to acknowledge the commitment and openness that all organisations across the borough have demonstrated. This approach evidences to us that all the organisations that we have worked with this year are committed to improving the care provided and will actively work to achieve improvements by using the recommendations provided by our volunteer members and it has not been necessary to recommend to Healthwatch England a special review.

Making Enter and View effective

It has always been our policy to ensure that our members – whatever their professional background, knowledge and expertise – are trained not only in Enter and View procedures but also in safeguarding and mental capacity and deprivation of liberty awareness. In addition, and in conjunction with Saint Francis Hospice (which is located in Havering and is a well-recognised training organisation for the Gold Standard Framework for End of Life Care), this year a number of our volunteers received End of Life Care training and Dementia Friendly awareness training.

We encourage our members to use these skills to be confident that the residential care and nursing homes that we visit are offering good care for people who have dementia or who are nearing the end of their lives.

Influencing official bodies and others

Enabling our activities to have an impact on the commissioning, provision and management of the care services

Joint Review of delayed treatments (RTT)

In the autumn of 2015, it emerged that a considerable backlog of referrals to treatment (RTTs) had been found at the two hospitals (Queen's, Romford and King George, Goodmayes) provided by the Barking, Havering and Redbridge University Hospitals Trust (BHRUT), a clear breach of NHS Constitution standards and potentially having serious consequences for the health of a large number of local people.

While responsibility for this failure rested with the previous rather than current management at BHRUT, tackling the consequential problems was clearly a matter for BHRUT and a plan was put in place to achieve that.

Initial estimates suggested that as many as 90,000 out-patient appointments and some 6,000 surgical procedures may have been missed, although the outpatients backlog was subsequently revised to around 50,000 – a significant reduction but still an obviously totally unacceptable number.

The concern at this prompted Healthwatch and Havering Council's Health Overview and Scrutiny Committee to launch a Joint Review.

As the year under review closed, planning for the Review was well-advanced but it had yet formally to begin. A full report of the Review will be included in next year's annual report but, at this stage, it seems likely that the key themes to be explored will include:

- ✓ The robustness of the IT systems used by BHRUT to deal with RTTs, outpatient and inpatient appointments and the exercise of "Patients' Choice"
- ✓ The effect of the delayed treatments on other patients' RTTs
- ✓ The robustness of alternative arrangements for treatment (for example, rather than surgery being undertaken by BHRUT, it might be undertaken by GPs who have the requisite skills and facilities, non-NHS providers or other NHS hospitals)
- ✓ The relationship between BHRUT and GPs and the extent to which GPs follow up referrals that do not appear to have been actioned
- ✓ The extent to which commissioners were aware of, and sought to remedy, the failure to action RTTs

The objective of the Joint Review is to understand how and why the failure of process occurred, to ensure that the measures in hand to deal with it are sufficiently robust to ensure that all patients who have experienced delay are not further placed at risk and that the knock-on effects for others are minimised, and to seek assurance that all due "lessons" have been learned in order to avoid a recurrence of the problem.

Public consultation and participation

The opportunity to embrace working across a wide range of local people was achieved in partnership with the CCG and our colleagues in Healthwatch Redbridge and Barking & Dagenham, embracing over 1000 residents in face to face discussion.

In March 2016, the Barking & Dagenham, Havering and Redbridge (BHR) CCGs jointly commissioned the Barking & Dagenham, Havering and Redbridge Healthwatches to carry out a survey of patients about their understanding of urgent and emergency care.

This survey was part of research by the CCGs into the changes needed in urgent and emergency care provision to address the over-use of hospital accident and emergency services. A&E attendances at Queen's Hospital, Romford are the highest in Greater London and proportionately near the highest nationally, with ambulance attendances also excessive.

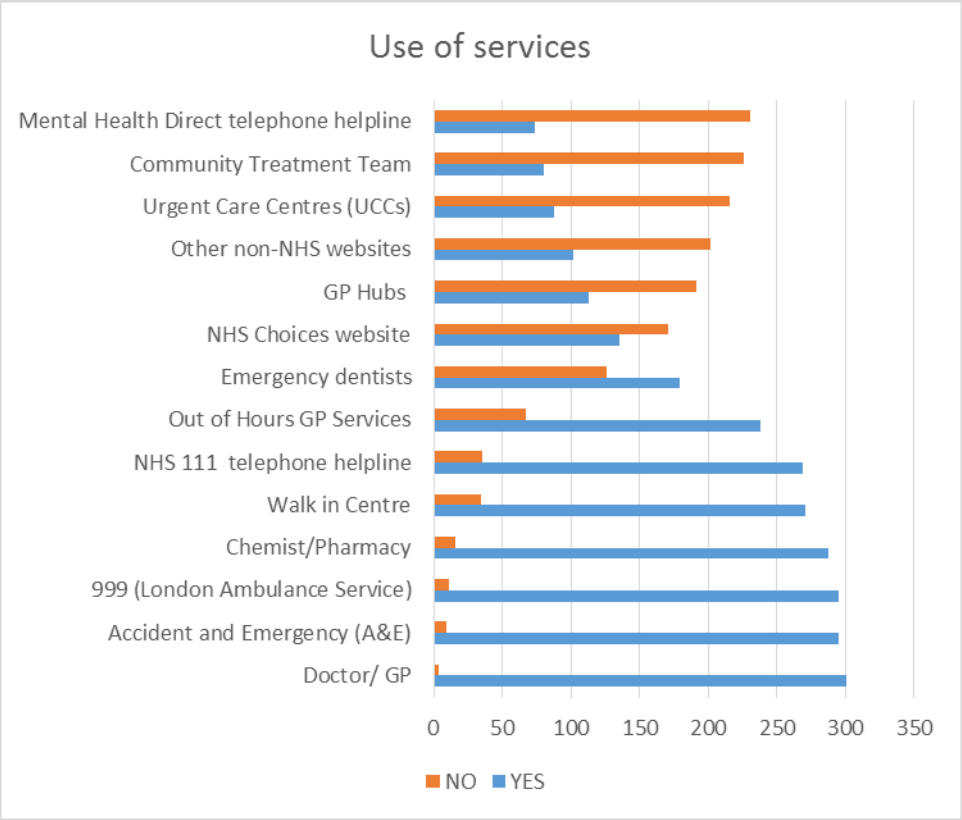
The purpose of the survey was to explore patients' understanding of the alternatives to attendance at A&E and how (or indeed whether) they would access advice before seeking treatment there.

Each Healthwatch interviewed, or saw in focus group/workshop settings, some 300 local residents. Venues used by Healthwatch Havering included a meeting of the Council's Health Overview and Scrutiny Committee, several GP surgeries, the urgent care centre at Queen's Hospital, Harold Wood Polyclinic, a training centre for young people with disabilities and the Havering Over Fifties Forum.

The survey revealed similarities and distinct differences between the three boroughs.

For example, Havering residents reported that they were less likely than the residents of the other two boroughs to seek advice before attending A&E – this is believed to be because Havering has a far more settled population than the other boroughs, so that people are more likely in Havering than elsewhere to decide for themselves where best to go and how to get there.

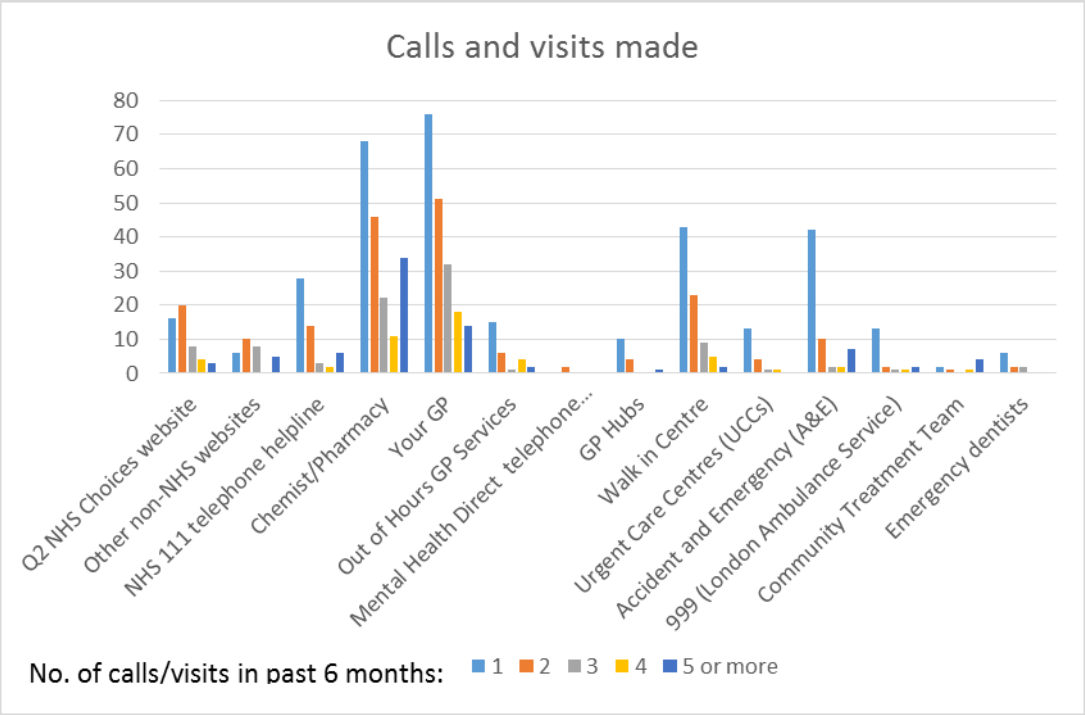
When asked what use they made of urgent and emergency healthcare facilities, the Havering residents surveyed responded as indicated in the following chart:



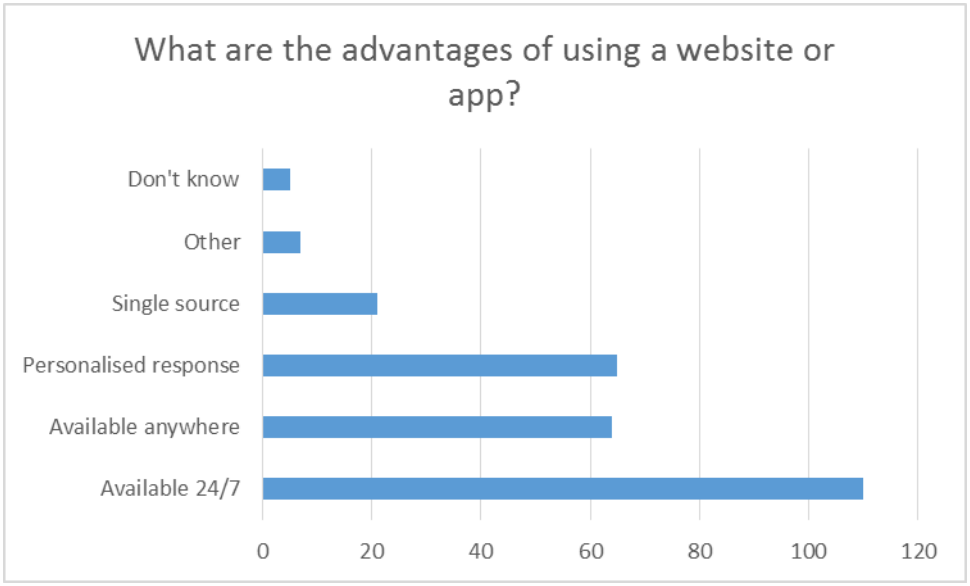
This clearly indicated that, for most of them, "traditional" sources of care and advice remained the places of choice from which to seek assistance. Unsurprisingly, by far the majority would seek assistance from their GP or from A&E in preference to other forms.

Likewise, when asked how often they had contacted the various sources of assistance, the GP was the most frequently used, though the pharmacy

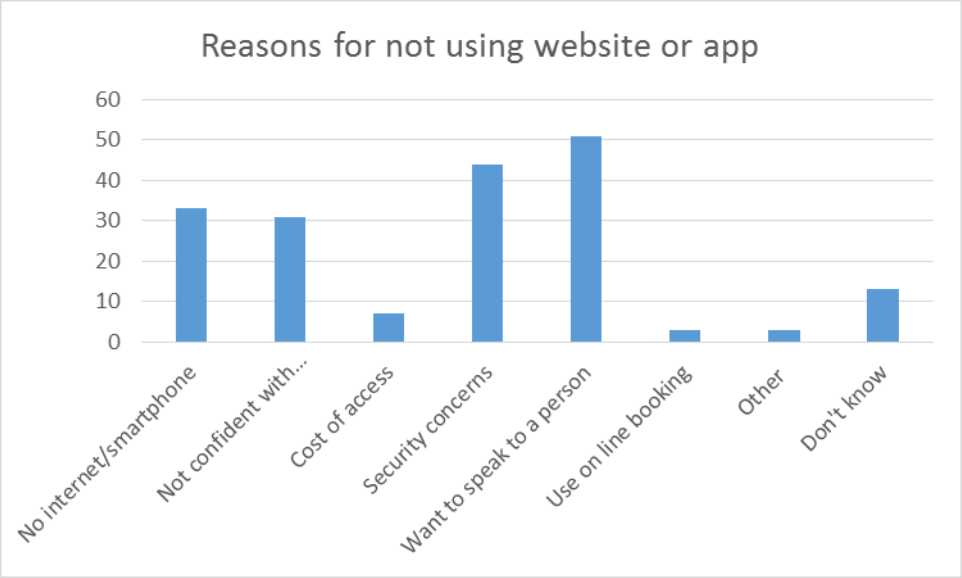
was also visited quite often – A&E and the Polyclinic (Walk In centre) were the third most frequently visited.



Participants were also asked to indicate whether they would use online facilities to seek healthcare assistance: a small majority (150 out of 272) indicated that they would. When asked what they saw as the advantages of using a website or app, respondents said:



Those who said they would not use a website or app gave the following as their reasons for declining to do so:



The clear message was that, for a significant minority of respondents, using a website or app was not considered an option because they wished to speak to a person, or lacked confidence in its security or in their ability to use it.

This survey is a rich data source for designing urgent and emergency care and these results will support the Vanguard pilot for urgent and emergency care of which Healthwatch will be a partner.

Seeking the views of our local residents: the pilot "Tell Us What You Think" cards

In autumn 2015 we began piloting a new means of gathering service users' and others' views – "Tell Us What You Think" cards. These are reply-paid cards that are being distributed across the borough, which people can complete and return to us with comments about health and social care facilities. We made it clear that these cards were not "complaints forms" and would be used primarily to help inform and guide our activities, for example by drawing our attention to health or social care facilities where there was cause for concern – or for that matter, where an excellent service was experienced.

Our intention is to use the comments on the cards as intelligence to help us decide what facilities to visit using Enter and View powers or, where appropriate, to raise an issue with the relevant provider and to pursue it as necessary.

As of the end of March 2016, we had distributed several thousand cards through our meetings with local voluntary organisations and official bodies.

To our disappointment, only 46 cards had been returned by then; however, we are aware that many people are keeping them to use at an appropriate time for them. Despite the apparently low level of response, those that were returned contained much useful intelligence and so we have decided to continue their use. The experience gained in this initial first phase of the scheme will enable us to redesign the cards in order to increase their usefulness. In addition, we have bought a supply of dispensers that we can place in suitable locations to enable people to help themselves to cards.

Importantly, this data can be put on Healthwatch England's Customer Relationship Management (CRM) programme which enables us locally to support the national confidential data base, which looks at national trends.

Health and Wellbeing

Healthwatch is a statutory member of the Health and Wellbeing Board, which has the responsibility of championing the local vision for health improvement and specifically looking at issues such as prevention and early interventions. The Board has to consider how best to tackle health inequalities and uses documents such as the Joint Strategic Needs Assessment (JSNA), which is produced by the Director of Public Health's team to provide the evidence to help support and determine local priorities.

The Board also has the responsibility of ensuring that patients, service users and the public are engaged in improving health and wellbeing and monitoring the impact of the boards work on the local community by considering annual reports and performance information.

This year the board has discussed and approved a range of issues that include:

- ✓ Drug and Alcohol reduction strategy
- ✓ Obesity Strategy
- ✓ Better Care Fund Plan
- ✓ Sexual Health Reconfiguration consultation
- ✓ Adult Social Care issues which has included, adapted housing for people with physical or sensory disabilities, key issues around the provision of home care.

Adult Social Care is a key issue for the borough as Havering is a high importer of older people and has one of the highest numbers of older people in the country.

The Board also looks at wider structural issues affecting the delivery of health and social care, including the development of the Accountable Care Organisation (ACO) bid. We have been involved in current consultation exercises seeking the view of the voluntary sector and the local people they represent.

Learning disabilities

We continue to champion initiatives to make the day-to-day lives of people with learning disabilities easier. Also committed to helping parents and carers receiving the support they need. We regularly attend and support BHRUT's Learning Disability Working Group, which includes hospital staff, Community Learning Disability Team staff, people with learning disabilities and carers. At its meetings, concerns about the needs of people with learning disabilities using the hospital services are discussed, trying to ensure that all the needs of people with a learning disability are considered in all hospital polices and ensuring that reasonable adjustments are made to the treatments provided to people with a learning disability.

Our work in this area has been centred around parents and carers in the community. We continue to chair (as a neutral participant) the quarterly meetings that bring together NELFT, the CCG, BHRUT, CAMHS, the local authority and Positive Parents, a representative group of parents of children who have learning disabilities. These meetings have gone from strength to strength in re-establishing a good working relationship between the parents and the service providers, who are all represented at a senior level. The meetings address long standing concerns and confident moves are being made towards designing services which reflect the needs of the children, their families and carers. Each meeting results in an action plan addressing the important issues for parents and carers of children with learning disabilities.

Our plan for 2016/17

We develop a work plan as a tool that helps us to identify the issues and activities that we need to undertake. The work plan is led and developed in participation with our volunteers. As an organisation that is grant funded, our work plan acts as a useful document contributing also to transparency as it is available to organisations that have a need to know what we are doing during this period.

Our priorities for 2016/17 are:

1 Mental Health Services

(a) Examine initial access to Mental Health Services (in Q2/3)

(b) Arrange training for Healthwatch members for Enter and View visits to Mental Health facilities

(c) Include in the Enter and View Programme visits to mental health facilities across the borough

2 Learning Disability Services

(a) Examine GP involvement with supporting patients who have a learning disability (LD), including health checks; and what use is made of CCG funding for GPs for LD support

(b) Continue working with Positive Parents

(c) Commence working with The Learning Centre, Harold Hill

(d) Carry out a further Enter and View visit to Lilliputs complex (in Q4)

(e) Examine the Adult Social Care programme of annual assessments

3 Acute Hospital Services

(a) Continue Enter and View visits (including follow-up) to Queen's Hospital

(b) Continue the Delayed Treatments Review jointly with Health OSC

4 Enter and View programme

(a) Continue Enter and View programme

(b) Continue review of GP Hub system

(c) Begin a programme of visits to pharmacies

(d) Begin follow-up visits to premises visited

5 NHS/Local Authority Vanguard and Accountable Care Organisation programmes

(a) Strategic issues as programmes develop

(b) UEC/UCC/A&E survey – follow up

6 Domiciliary Care Services

(a) Examine provision and commissioning of Domiciliary Care Services

(b) Examine care for those living with dementia in their own homes

(c) Examine provision of alternatives to Meals on Wheels

Funding, staff and organisation

Funding

Havering Council provided grant in 2015/16 to fund our activities at the same level as pertained for the financial years 2013/14 and 2014/15, £117,359.

The survey carried out with our neighbouring Healthwatch organisations on behalf of the CCGs produced income of £7,240. Part of that was defrayed to meet the costs of our participation in that exercise; the rest was used to defray general expenses or added to reserves carried forward.

A summary of the annual accounts is set out in Appendix 2.

Allowing for Corporation Tax adjustments (and subject to audit), the amount carried forward at the end of 2015/16 was £2,325.

Staff

Staff remained unchanged during 2015/16 from those in post at the end of March 2015. There are three directors – two who are engaged in executive roles as Chairman and Company Secretary respectively for 21 hours per week, while the third undertakes a non-executive role – and two part-time employees, the Community Support Officer and the Office Administrator.

Organisational Structure

There have been no organisational changes since the end of March 2015. The new structure we agreed then has proved worthwhile and we continue to use it.

The "Healthwatch" logo and trademark

Havering Healthwatch Limited has a licence agreement with Healthwatch England governing use of the Healthwatch logo and trademark.

The Healthwatch logo is used widely for Healthwatch Havering activity. It is used on:

- The Healthwatch Havering website
- This Annual Report
- Publications such as reports of public consultation events and Enter and View visits
- Reports to official bodies, such as the Health and Wellbeing Board and Overview and Scrutiny Committees
- Official stationery, including letterheads and business cards
- Members' identity cards
- Newspaper advertisements
- Flyers for events

Appendix 1: Enter and View Visits

Havering has one of the largest residential and care home sectors in Greater London and, consequently, there is a need for a large programme of Enter and View visits. Recruitment, training and careful planning of the programme meant that it was not until near the end of 2013/14 that the first formal Enter and View visit could be undertaken (this was reported on in the 2013/14 Annual Report). However, during 2014/15, the number of visits increased and, in all, we carried out 22 visits, including two visits to a particular home. That active programme continued during 2015/16, with a total of 26 visits being made, and a number of visits is in hand for 2016/17 too.

On the whole, our visiting teams were made welcome and managers and proprietors were very co-operative in facilitating the visits. The team members were made to feel welcome by staff, residents and residents' friends and relatives alike.

Our teams also visited a number of wards or units at Queen's Hospital and at Goodmayes Hospital; there too they were made welcome and their visits carried out with the full co-operation of management and staff.

Few problems were identified and mentioned in our teams' reports of their visits. Where we did make recommendations, we will be following up to see what effect they have had.

All reports of our visits have been published on our website *(www.healthwatchhavering.co.uk/enter-and-view-visits)* and shared with the home or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies.

Visits undertaken

In addition to these formal Enter and View visits, we have continued working informally to improve facilities for patients at a health centre/GP practice about which we had received a number of complaints.

We did not exercise Enter and View powers at a dental practice, community pharmacy or ophthalmology practice during this year.

The powers of Healthwatch to carry out Enter and View visits are set out in legislation[1] and most visits were carried out in exercise of them. On four occasions however, noted in the table that follows, visits were carried out at the invitation of the establishment's owners/managers and there was no need for the exercise of our statutory powers; but that has not affected how we have reported on such visits.

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
		2015	
20 April	Queen's Hospital: Elderly Care – Sky A Ward	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Reported problems with discharge of elderly patients
27 April	Hillside	Nursing Home	➢ CQC identified "care and welfare of people who use services" as requiring attention in October 2014 inspection report
1 June	Queen's Hospital: Maternity Unit	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Previous concerns about care provided in Unit ➢ To review progress following previous E&V visits
2 June	Abbcross	Nursing Home	➢ CQC rated as "Requires Improvement" in October 2014 report
24 June	Romford Grange	Residential Care for the elderly	➢ CQC rated as "Requires Improvement" in March 2015 report ➢ Previously visited in April 2014
6 July (visit by invitation)	Whipps Cross Hospital	Acute Hospital	➢ Whipps Cross Hospital has been in special measures since May 2015 ➢ Accompanying a Group of Councillors from Outer North East London Joint Health Overview & Scrutiny Committee
6 July	Queen's Hospital: Discharge Unit	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Reported problems with discharge of elderly patients
6 July	Queen's Hospital: Ambulance Arrival Lounge	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Reported problems with discharge of elderly patients

[1] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
9 September	Upminster Nursing Home	Nursing Home	➢ CQC rated as "Requires Improvement" in February 2012 report
21 September	Lilliputs Care Home complex and Day Care centre (registered by CQC as four separate units)	Residential and Day Care for people with a Learning Disability	➢ CQC reports rated Units as "Requires Improvement" (at various times since 2013)
1 October	Queen's Hospital: Outpatients' Departments	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Patients' reports of problems with appointments and other aspects of clinic administration
1 October	Queen's Hospital: Reception Areas (fire evacuation and security arrangements)	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013
1 October	Queen's Hospital: Pharmacy	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Reported problems with discharge of elderly patients
9 October (visit by invitation)	St Francis Hospice	Hospice for End of Life Care	➢ CQC reported "met all requirements" in November 2013 ➢ Visit carried out as part of arranged tour of premises
10 November	Derham House	Residential Care for the elderly	➢ CQC rated in December 2014 as overall "Good" but "effective service" rated "Requires improvement"
16 November	Hornchurch Nursing Centre	Nursing Home	➢ Reported concerns about care standards
24 November	Queen's Hospital: Ophthalmology Department	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Reported problems with appointments and other aspects of clinic administration
1 December	Lodge, The Lodge Lane, Collier Row	Residential Care for the elderly	➢ Rated by CQC in August 2015 as "Good" (but "Safe" Requires improvement) ➢ Concern expressed about care standards
18 December	Goodmayes Hospital: Sunflower Court in Turner Ward	Community Hospital (Mental Health)	➢ Concern expressed about care standards

Date of visit	Establishment visited Name	Type	Reason for visit
		2016	
19 January	Queen's Hospital: Tropical Lagoon - (Paediatrics)	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Concern expressed about regarding delays and errors in dealing with patients
25 January	Barleycroft	Residential Care for the elderly	➢ CQC rated in April and November 2015 as "Requires improvement" ➢ Concern expressed about care standards
11 February (visit by invitation)	Japonica Ward, King George Hospital	Community Hospital (Rehabilitation Services in Acute Hospital setting)	➢ Visit by invitation to observe new care facility for elderly patients requiring rehabilitation before discharge
18 February	Ebury Court	Residential Care for the elderly	➢ CQC rated in December 2013 as meeting all requirements and in February 2016 as "Outstanding" ➢ To view Namasté approach to End of Life Care in practice
16 March (visit by invitation)	Community rehabilitation: Gray's Court Dagenham (Community Treatment Team/K466 Joint NELFT-LAS Team/Intensive Rehabilitation Service)	Community Health Services	➢ Visit by invitation to observe new care services
17 March	The Willows	Residential Care for the elderly	➢ CQC rated in January 2015 as "Requires Improvement" ➢ Concerns about care standards
31 March	Rosewood GP surgery	GP practice	➢ Following patients' reported concerns about changes in practice procedures

Future programme

Our future programme will be informed by CQC reports on establishments, by information gathered through meetings with local regulatory agencies and by complaints (and compliments, should we receive any) from service users.

We have already identified a number of establishments that we plan to visit during the course of 2016/17, including GP practices and pharmacies in the programme.

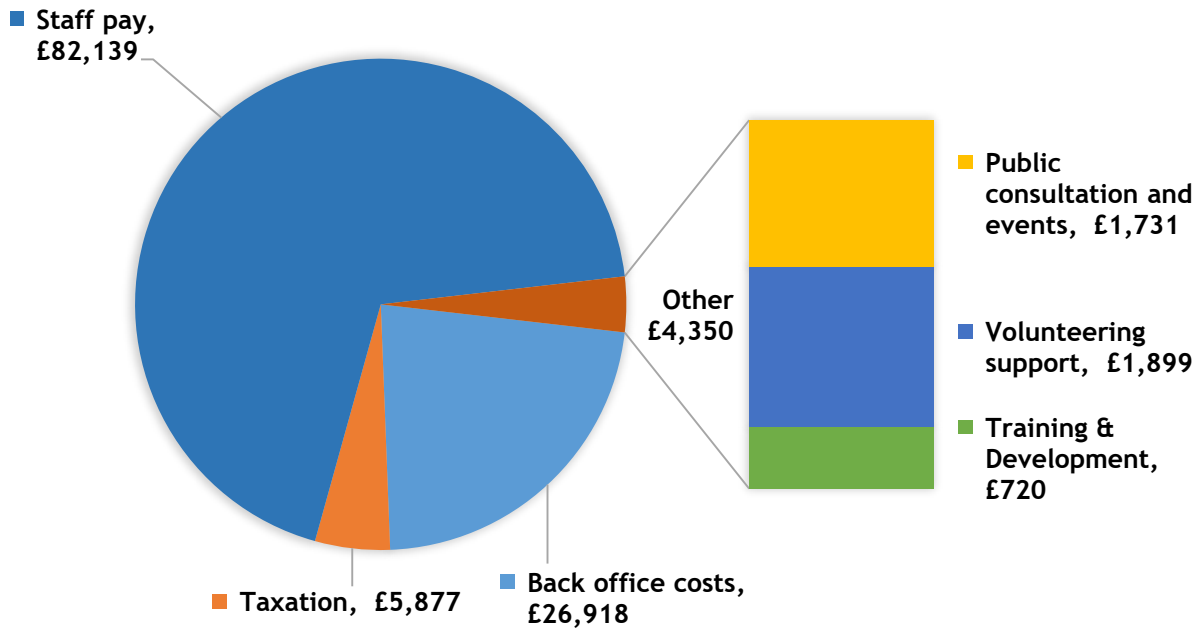
Appendix 2: Annual income and expenditure

The full details of our Annual Accounts will be published on the Financial reports section of our website, http://www.healthwatchhavering.co.uk/our-activities. Set out below is a summary version.

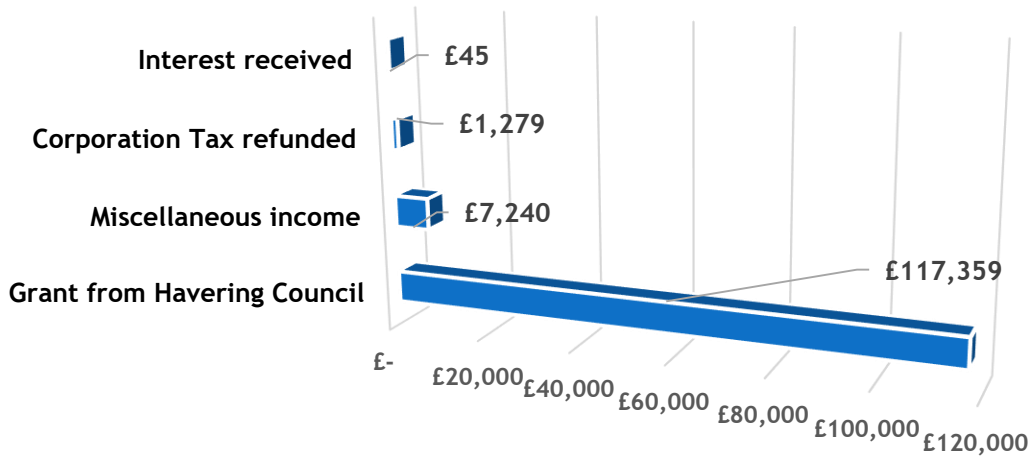
Please note that, at the time of preparing this Annual Report, the approved and audited Annual Accounts were not available. The summaries below are therefore based on the pre-audit accounts and are subject to correction. The Annual Accounts, once published, will be definitive.

The charts below summarise our Income and Expenditure for 2015/16. The surplus will be subject to Corporation Tax and the net surplus will be carried forward into 2016/17.

EXPENDITURE SUMMARY



INCOME SUMMARY



Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**; or email

enquiries@healthwatchhavering.co.uk

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE
27 JULY 2016

Subject Heading:	Nominations to Joint Health Overview and Scrutiny Committees
CMT Lead:	Daniel Fenwick, Director of Legal and Governance
Report Author and contact details:	Anthony Clements Tel: 01708 433605 Anthony.clements@havering.gov.uk
Policy context:	To agree the Committee's nominations to serve on the Outer North East London Joint Health Overview and Scrutiny Committee and any pan-London Joint Health Overview and Scrutiny Committee.

SUMMARY

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

RECOMMENDATIONS

1. That, in line with political proportionality rules, the Committee nominate three Group Members as its representatives on the Outer North East London Joint Health Overview and Scrutiny Committee for the 2016/17 municipal year.

2. That the Committee nominate the Chairman as its representative at any meetings of the pan-London Joint Health Overview and Scrutiny Committee during the 2016/17 municipal year.

REPORT DETAIL

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

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

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

Some issues, such as changes to stroke and trauma services, impact across the whole of Greater London and all boroughs therefore need to be involved in the scrutiny of these areas. As such, arrangements have previously been in place for a pan-London JOSC to meet when such proposals are brought forward. Previous practice has been that the Chairman represents Havering at any pan-London JOSC meetings and the Committee is requested to agree this for the 2016/17 municipal year.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are none arising directly from the report. The work of the Committees mentioned is supported by existing staff resources and minor budgets within Democratic Services. With regard to the Joint OSC, the other four participating Councils make a financial contribution towards the support provided by Havering staff.

Legal implications and risks:

None.

Human Resources implications and risks:

None.

Equalities implications and risks:

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

BACKGROUND PAPERS

None.

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HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE WORK PLAN 2016-17

27 July 2016	**26 October 2016**	**17 January 2017**	**19 April 2017**
St George's Hospital (CCG)	BHRUT improvement plan and plan for winter pressures	CCG	NELFT
Corporate Performance Indicators (Q3 and 4 – reports, Q1 – presentation)	Intermediate Care (NELFT)	Public Health	Healthwatch Havering
Orchard Village – new health centre	Healthwatch Havering	Health tourism	Appointments Cancellation Topic Group report or update
Digital roadmap for integration between health and social care	Rates charged for care beds if a resident is in hospital	Update on BHRUT plan for winter pressures	
Healthwatch Havering Annual Report			
Joint Committee nominations			
Committee's future work programme			

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