Public Document Pack

Havering
LONDON BOROUGH

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Tuesday 7 January 2020	Committee Room 3B - Town Hall

Members 6: Quorum 3

COUNCILLORS:

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

North Havering Residents'Group 1)

Darren Wise

For information about the meeting please contact:
Anthony Clements 01708 433065
anthony.clements@oneSource.co.uk

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

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

Reporting means:-

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

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

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

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

What is Overview & Scrutiny?

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

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.

2. Driving improvement in public services.

3. Holding key local partners to account.

4. Enabling the voice and concerns to the public.

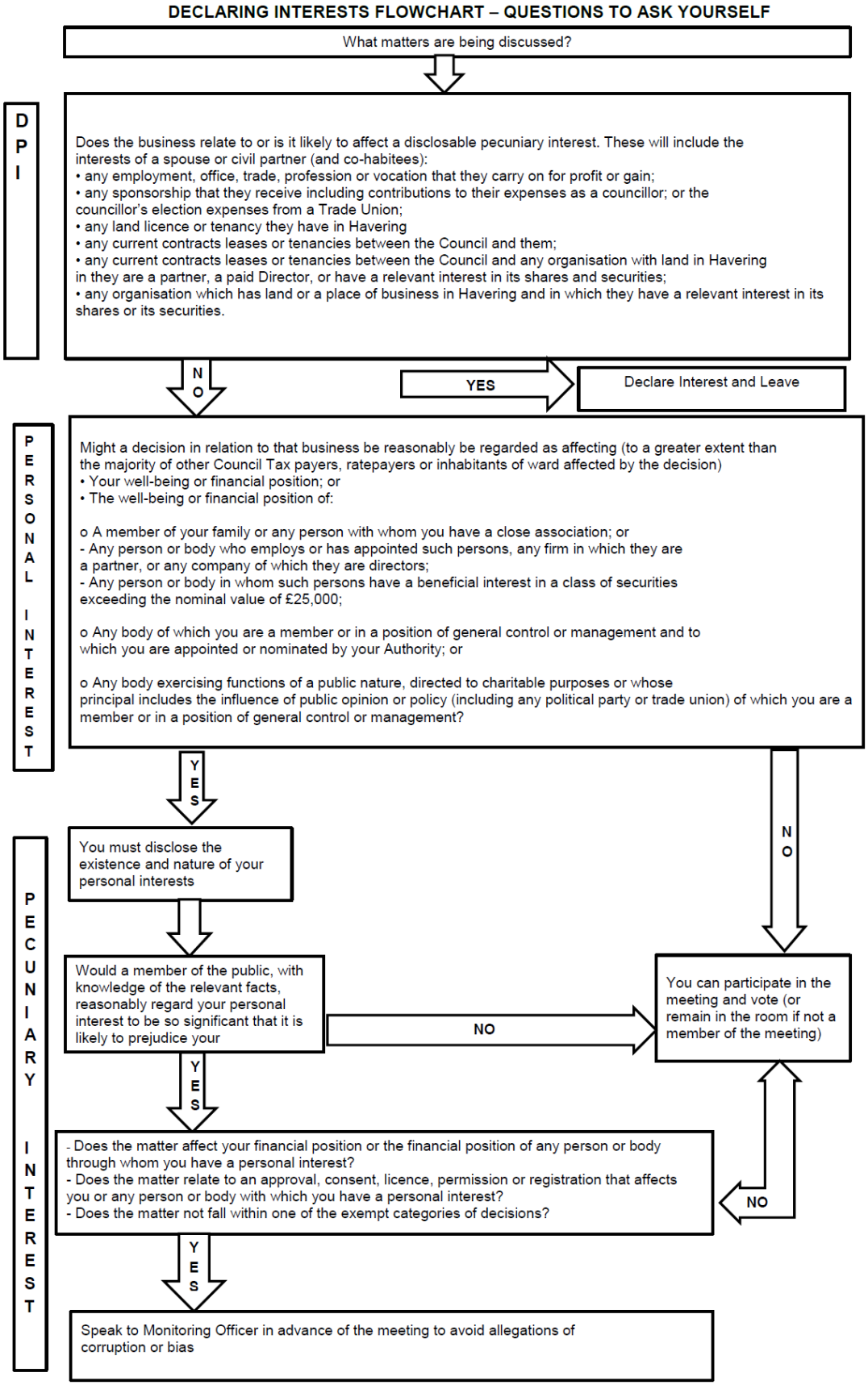
The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public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

Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for

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

Terms of Reference:

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


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

AGENDA ITEMS

1 ANNOUNCEMENTS

Details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation will be announced.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – receive.

3 DISCLOSURES OF INTEREST

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

4 MINUTES (Pages 1 - 6)

To agree the minutes of the meeting of the Sub-Committee held on 29 October 2019 (attached) and to authorise the Chairman to sign them.

5 UPDATE ON THE HAVERING HEALTH AND WELLBEING STRATEGY CONSULTATION (Pages 7 - 14)

Report attached.

6 BARKING HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST PERFORMANCE UPDATE (Pages 15 - 28)

Report attached.

7 QUARTER 2 PERFORMANCE INFORMATION (Pages 29 - 32)

Report attached.

8 HEALTHWATCH HAVERING - VISITS TO QUEEN'S HOSPITAL A & E AND URGENT TREATMENT CENTRE (Pages 33 - 50)

Report attached.

9 WORK PROGRAMME

The Sub-Committee is invited to consider items for inclusion in its future work programme.

Andrew Beesley
Head of Democratic Services

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MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
29 October 2019 (7.00 - 9.50 pm)

Present:

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

There were no apologies for absence.

Also present:
Ian Buckmaster, Director, Healthwatch Havering
Mark Ansell, Director of Public Health, London Borough of Havering (LBH)
Lucy Goodfellow, Policy and Performance Business Partner, LBH
Guy Selfe, Health and wellbeing Manager, LBH

Chris Bown, Interim Chief Executive Officer, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Natasha Dafesh, Communications Manager, BHRUT
Peter Hunt, Director of Communications and Engagement, BHRUT
Dr Magda Smith, Chief Medical, BHRUT
Nick Swift, Chief Financial Officer, BHRUT
Jacqui Van Rossum, Executive Director, North East London NHS Foundation Trust (NELFT)
Pippa Ward, Assistant Director Children's Servuices, NELFT
Tom Fletcher, SLM Ltd

10 **DISCLOSURES OF INTEREST**

Agenda item 5. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE.

Councillor Ciaran White, Personal, Member of Children and Young People Mental Health Transformation Board.

11 **MINUTES**

The minutes of the meeting of the Sub-Committee held on 17 July 2019 were agreed as a correct record and signed by the Chairman.

12 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE

The high level objectives for the CAMHS service were to encourage joint commissioning of services and to focus on early intervention and a shared collaborative approach. A tri-borough approach was therefore seeking to align contracts, specifications and timeframes. Core principles of this work were to seek greater integration between health, social care and education and to have greater digital enabling of services.

As regards Havering services, did not attend rates for CAMHS appointments were monitored and people asked why they did not attend. Approximately 7,000 people had been seen in the year to date. Waits for treatment were an issue but all service users had been seen within 18 weeks with the majority seen within 12 weeks.

There was now a part-time post within the CAMHS team to provide support and training to Havering schools re mental health. It was also hoped to pilot a similar support programme to GPs. A CAMHS nurse also worked with the Youth Offending Service as it was thought many young people known to the service may have an undiagnosed mental health condition.

Support had also been made available between the ages of 17 and 25 to support continuity of care between CAMHS and adult mental health services. There were four Support, Time and Resilience (STAR) workers to provide practical support to young people such as accompanying them to GP appointments if required. Drop in support sessions were also open to both parents and young people themselves.

Referrals to the CAMHS service were normally made via GPs and the NELFT CAMHS website gave a great deal of information on services available in the ONEL boroughs. All CAMHS teams were now co-located which allowed a more integrated service to be offered. Future developments were hoped to include a group for children with anxiety and a support group for parents. It was also planned to offer more support to young service users at home rather their having to be admitted. The East London consortium was also looking at new models of in-patient care for adolescents.

Around 70% of referrals to CAMHS were currently accepted and other referrals were signposted to alternative support. It was suggested that NELFT officers could meet with representatives of Havering MIND to discuss mental health support that could be offered in schools. The service was currently at its full budget for staff although a bid would be submitted for the recruitment of primary mental health workers. Recruitment to posts covering Havering had proved relatively easy.

Service users would be offered support by phone or signposted to other support whilst awaiting appointments. Urgent referrals were seen within five days and referrals could also be made to the Young Persons Home Treatment Team. Support was also available on-line and a link could be

circulated to the CAMHS website. It was agreed that one or two performance indicators covering areas such as the number of referrals from GPs or the Police or length of waiting times for CAMHS treatment could selected for scrutiny by the Sub-Committee. Parents could refer their children to the service and young people could also self-refer to CAMHS.

The Sub-Committee noted the update.

13 BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST (BHRUT) CLINICAL STRATEGY

Senior BHRUT officers explained that the Trust was currently halfway through a review of its clinical strategy. The strategy would not be developed in isolation and would be integrated with the overall system strategy across the local boroughs and a standing item on the clinical strategy had been agreed for future meetings of the Sub-Committee.

The strategy was underpinned by a number of priorities for change including rising population growth and the need to increase digitisation of services. It was hoped to treat more day patients in order to avoid stays in hospital and to make more use of digital referrals and virtual wards for outpatient appointments. The Trust also had one of the largest maternity departments in the country and it was hoped to deliver more antenatal care away from the hospital setting and closer to people's homes. Public health work was also planned around ensuring women were healthy prior to pregnancy.

It was hoped to use digital services where appropriate to reduce outpatient attendance by 30%. It was accepted however that this would necessitate a change of mindset by patients. There was a shortfall of 50 GPs across the three BHR boroughs and it was accepted that this worked to increase numbers of A & E attendances. It was suggested that an update on GP recruitment in Havering could be taken at a future meeting of the Sub-Committee. Whilst 135 nurses had recently been recruited to the Trust from the Philippines recruitment generally remained an issue for the Trust.

It was accepted that it was important that primary care and community services were also involved in the Clinical Strategy and the Council was represented on the Integrated Care Executive Group. The relationship of BHRUT with the neighbouring Barts Health NHS Trust was also included within the clinical strategy.

It was agreed that the Trust would consider what performance indicators could be usefully brought to the Sub-Committee for scrutiny. This could for example include numbers of outpatients appointments and the average length of hospital stay.

It was further agreed that the BHRUT five year financial plan could be shared with the Sub-Committee at a future point.

14 LEISURE CENTRES

It was noted that the Council's contract with its leisure centre services provider (SLM) brought a surplus to the Council. The Council was also committeed to increasing the number of leisure centres with for example the new Hornchurch leisure centre due to open in September 2020. An extension had also been added to the Central Park leisure centre as well as an outdoor facility which had been introduced at the Noak Hill Sports Park. A feasibility study was also in progress regarding establishing a leisure centre in the south of the borough.

SLM and their trading name Everyone Active had won the 20 year leisure contract in 2016 and it was hoped to considerably increase the use of digital innovations such as booking activities on-line. It was also wished to introduce a cashless environment at the leisure centres. There had been almost 2 million visits to Havering's leisure centres in the last year.

The service had received 1,883 attendances at leisure centres as part of health referral programmes in the last year. Numbers of swimming attendances had also increased, in contrast to national trends. Concessionary rates were offered with for example free gym use for residents under the Drug and Alcohol Rehabilitation Service. Monthly leisure centre membership was relatively expensive for London but did give access to all leisure centres in Havering and Barking & Dagenham. Prices for swimming were relatively cheap compared to other local centres and free swimming was available for over 50s and under 8s.

Officers were keen to accept more referrals as part of healthy lifestyles programmes (including self-referrals) and additional staff could be recruited for this work if required. Sessions had also been successfully introduced at leisure centres as part of the cardiac rehabilitation scheme. A pilot tier 2 weight management programme had resulted in 10 of 11 people completing the course and 9 of these losing weight. It was now planned for 4 of these courses to be run per year. A pilot session for a cancer rehabilitation scheme at a leisure centre had also been fully booked.

Data could be made available on weight loss, health improvements etc due to leisure centre attendance. Other sessions available included dementia gym sessions, sport for confidence for disabled adults and disabled swimming sessions. Partnership work had also taken place with Havering MIND which had trained leisure centre receptionists and whose service users accessed the sports hall during daytimes. Healthy vending machines had also been introduced in the leisure centres and more health foods had been put on display in the centre cafes.

Attendances at leisure centres had all increased year on year with for example casual swimming up 7.6% and group exercise bookings up 7.2%. Some 40-50 people per day accessed over 50s swimming and a second session had been introduced at the Sapphire Leisure Centre in Romford. The cost of this was borne by SLM.

It was noted that Healthwatch Havering research had shown that 75% of local people thought that physical activity was important or very important. It was clarified that leisure centres did not currently have contracts for diabetes prevention work. Referrals for anxiety or depression were accepted but only for adults at this stage.

Pre and post-natal aqua-aerobics had been offered in the past but had ceased due to no longer being able to secure the attendance of a maternity professional. Officers did wish to restart these sessions if the attendance of a midwife could be secured. Council officers would discuss what was feasible with BHRUT colleagues.

Discussions could also be held on what leisure centre services could be offered to children with special educational needs or disabilities. Internships at leisure centres were offered to these young people via a local college.

15 PERFORMANCE INFORMATION FUTURE WORK PROGRAMME

It was suggested that the following performance indicators or other information could be scrutinised by the Sub-Committee:

- Average length of hospital stay
- Uptake of leisure centre classes for pregnant women – an update to be brought to the Sub-Committee in six months.
- Support offered to visually impaired people including data on eye clinics offered at BHRUT and numbers of people currently supported with sight loss.

Officers would advise the Sub-Committee on precisely what information was available for scrutiny.

16 HEALTHWATCH HAVERING - WHAT WOULD YOU DO? SURVEY

A director of Healthwatch Havering explained that all Healthwatch organisations in England had been commissioned by NHS England to undertaken survey work covering what local residents saw as priorities for future health services. A key finding was that people were focussed on staying healthy for life and wished to stay active for longer. People also wished to stay in their own homes for as long as possible.

A high proportion of respondents to the Healthwatch survey were from the elderly population but this was considered to be in accordance with the demographics of Havering. The report made a number of recommendations

covering areas such as 'social prescribing' and arrangements for phlebotomy services.

The Sub-Committee noted the report.

17 **HEALTHWATCH HAVERING - ANNUAL REPORT**

As required by law, the annual report of Healthwatch Havering was before the Sub-Committee for scrutiny. The organisation had been active in the year under review with 590 followers on Twitter and more than 600 service users contributing their views and concerns. 25 enter and view visits had been conducted and 111 recommendations made for service improvement.

Income for the organisation was mainly in the form of funding from the Council and staff costs were the biggest expenditure. It was noted that a visit to the initial triage area of A & E at Queen's Hospital had been made in December 2018 with an unannounced follow up visit taking place in June 2019. The visit had found continued problems with the queueing system in this area of A & E. A ticket machine system had been delayed but this was due to be installed shortly. A report on these visits would be brought to the next meeting of the Sub-Committee.

It was suggested that the Sub-Committee could undertake a scrutiny visit to the Sunflowers Suite chemotherapy unit at Queen's Hospital as well as to the hospital's ophthalmology service.

The Sub-Committee noted the annual report.

Chairman

Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE
7 January 2020

Subject Heading:	**An update on the Havering Health and Wellbeing Strategy consultation**
Report Author and contact details:	**Elaine Greenway, Public Health Consultant Elaine.greenway@havering.gov.uk**
Policy context:	**Health and Wellbeing Board statutory responsibility to produce a health and wellbeing strategy**
Financial summary:	**No impact of presenting information itself**

SUMMARY

The attached presentation summarises the background to the development and consultation on a new Health and Wellbeing Board Strategy for Havering.

RECOMMENDATIONS

That the Sub-Committee notes the information presented.

REPORT DETAIL

As shown in attached slides.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report

Legal implications and risks: None of this covering report

Human Resources implications and risks: None of this covering report

Equalities implications and risks: None of this covering report

BACKGROUND PAPERS

None

Background:

Health and Wellbeing Boards: established under the Health and Social Care Act 2012 to act as a forum in which leaders from the local health and care system can work together to improve the health and wellbeing of local people.

Each Health and Wellbeing Board has a statutory duty to produce a Joint Health and Wellbeing Strategy setting out its priorities to address the health and wellbeing needs of local residents as captured in the Joint Strategic Needs Assessment.

Development of Strategy

- Draft developed by the Health and Wellbeing Board:
  - Approach: four pillars of population health
  - Priorities: those issues otherwise likely to be neglected and/or where an effective response would benefit from:
    - Joint planning and action between partners
    - Better links between health and social care services
  - No duplication of work undertaken by BHR ICPB
- Public consultation August 2019
- Strategy agreed
- Consultation report due to be published end January

BHR Transformation Boards

- Older people and frailty and end of life
- Long term conditions
- Children and young people
- Mental health
- Planned Care
- Cancer
- Primary Care
- Accident and Emergency Delivery Board
- Transforming Care Programme Board

In addition, the East London Local Maternity System Group

Strategy Priorities

The wider determinants of health

- Increase employment of people with health problems or disabilities
- Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do.
- Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system

Lifestyles and behaviours

- The prevention of obesity
- Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups
- Strengthen early years providers, schools and colleges as health improving settings

Strategy Priorities (cont)

The communities and places we live in

- Realising the benefits of regeneration for the health of local residents and the health and social care services available to them
- Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.

Local health and social care services

- Development of integrated health, housing and social care services at locality level.
- An anchor institution is one that, alongside its main function, plays a significant and recognised role in a local area by making a strategic contribution to the local economy. Anchor institutions are typically large employers with significant purchasing power.

Implementation

- Action plan to be prepared for each priority
- Each plan will specify a lead officer, milestones, quantitative targets
- Regular reporting to demonstrate progress over time and the added value of leadership provided by the Havering Health and Wellbeing Board
- Tobacco Harm Reduction Strategy presented to the Board November 2019, both as
  - an exemplar for how future strategies might be presented to HWB
  - outline approach for reducing prevalence of smoking

Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 7 January 2020

Subject Heading:	BHRUT performance update
Report Author and contact details:	**Natasha Dafesh, Communications Manager, BHRUT**
Policy context:	**BHRUT officers will present an update on a range of performance data.**
Financial summary:	**No impact.**

SUMMARY

The attached presentation gives an update on a range of performance indicators at BHRUT.

RECOMMENDATIONS

That the Committee notes the information presented and confirms which performance data it would like to be regularly updated on, and takes any action it considers appropriate.

REPORT DETAIL

A presentation will be given on a range of performance data including:

- Constitutional standards (A&E, RTT (referral to treatment), diagnostics, cancer)

- 7 and 21 day length of stays
- Vacancies
- Finance

Following discussion, agreement is sought to confirm which (if not all) performance data is required for regular updating, and also the format in which it can be presented.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

PERFORMANCE REPORT

Shelagh Smith

Chief Operating Officer

TAKING PRIDE IN OUR CARE

Barking, Havering and Redbridge University Hospitals NHS Trust

BACKGROUND

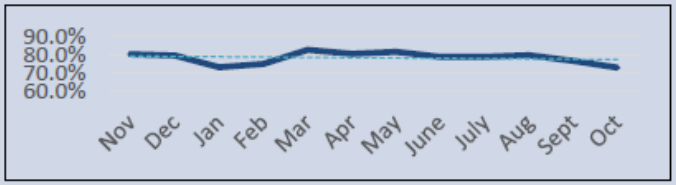
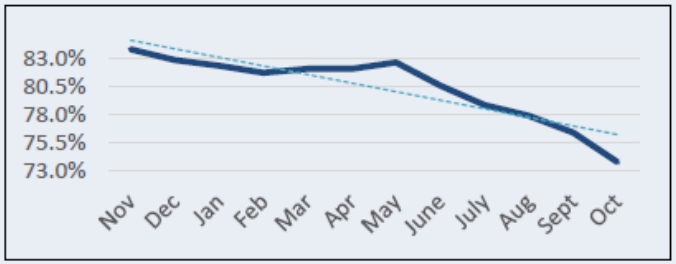
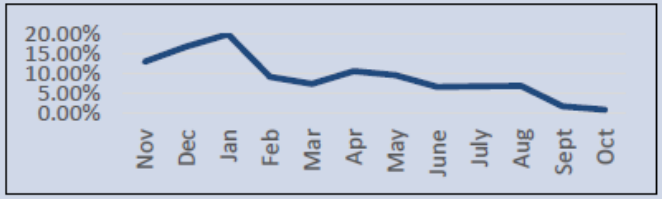
- This performance data is being provided for the Havering Health Overview Scrutiny Committee at their request, to consider which (if not all) data sets they would like to see as part of their regular performance monitoring.

- The usual Havering Council performance template has been used where possible, although not all fields are recorded in the same way by BHRUT and so, consideration is also asked for future reports as to whether flexibility can be applied to reporting of data, so as to ensure we provide the most useful data and narrative.

- There is some variation of dates, so as to provide the most up-to-date data prior to submission deadlines – all data provided is a snapshot in time, rather than a cumulative / average quarter period.

CONSTITUTIONAL STANDARDS – PERFORMANCE

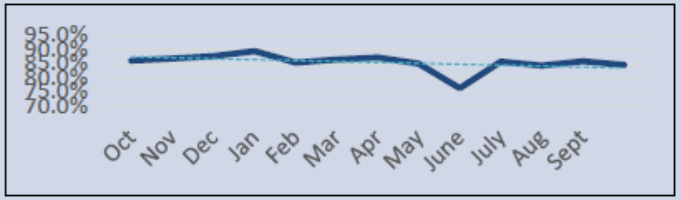
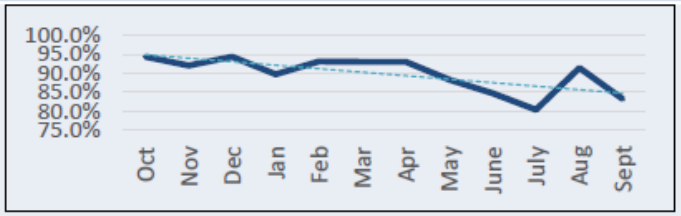
A&E / ELECTIVE

Key metrics	This month	Trend	Local Target/Threshold	National Target/Threshold
A&E performance	72.90% Queen's – 70.32% KGH – 76.92%		85.4 %	95%
RTT performance	Oct 73.73%* (unvalidated) Sept 76.4% (validated)		85.1% 84.6%	92%
Diagnostic performance	0.8%		0.2%	<1%

*RTT validation typically increases performance by c. 1.5%

CONSTITUTIONAL STANDARDS – PERFORMANCE

ELECTIVE

Key metrics	This month	Trend	Local Target/Threshold	National Target/Threshold
Cancer performance (62 Day)	Sept: 84.5% (validated)		85%	85%
Cancer performance (2WW)	Sept: 83.3% (validated)		93%	93%

CONSTITUTIONAL STANDARDS – NARRATIVE

4 Hour Access Standard

- Average daily attendances in October increased by 5.88% when compared to October 2018, whilst the average number of patients seen within 4 hours decreased by 5.83%.
- However, if attendances had remained the same as October 2018, given the number of patients seen within 4 hours, overall Trust performance would have been 77.24%, a 4.34% improvement on actual performance of 72.9% against the 85.37% trajectory.

Referral to treatment (RTT) /Cancer/ Diagnostics

- The Trust reported 16 patients over 52 weeks in September, in line with the trajectory we have agreed with our commissioners.
- We delivered against the national diagnostic performance target for October, reporting 0.80% breaches(against a national standard of 1%). This was improved compared to September, when we reported 1.62%. We reported fewer than half the number of breaches in October (82 breaches) compared to September (171). Both MRI and ultrasound were below the 1% threshold.
- Our RTT waiting list fell by 1,230 patients to 41,337 in September (from 42,567 in August). We expect this to fall again when we report November.
- To support our outpatients transformation plan, and to further reduce our patient waiting list, we have commenced clinical triage of cardiology and neurosurgery patients to make sure the most clinically important patients are seen as soon as possible and ensure that patients are seen in the most appropriate setting. This follows on from initial pilot work in general surgery and trauma and orthopedics which is continuing.

LENGTH OF STAY - PERFORMANCE

Indicator and Description	Value	Tolerance	2019/20 Annual Target	2019/20 Q2 Target	October 2019 Performance	Short Term DOT against July 2019	Long Term DOT against October 2018
7days (Internal agreement; excluding Critical care and maternity)	Smaller is better	n/a	296	n/a	400	348	345
21 Days (Target set using national long length of stay methodology; excluding Critical care and maternity)	Smaller is better	n/a	85	n/a	141	113	126

LENGTH OF STAY - NARRATIVE

- Red2Green is a national initiative that looks to highlight delays in patient care, our team then looks at how every day can be made to count and implements improvement initiatives to help transform our services and patient flow
- The programme is implemented on 30 wards across the Trust who have all made individual improvement pledges
- We have recently launched 'Red2Green Live' which enables data on delays to be reviewed daily following afternoon rounds to help unlock delays for patients
- We have held three 'perfect week' events throughout 2019, helping to highlight the importance of patient flow and learn from each campaign and had success in reducing length of stay as a result
- We have established a weekly rhythm to target high demand days and built in a weekly long length of stay reviews to improve our 7 and 21 length of stay patients
- We have introduced weekly conference calls with our health system partners (CCG and LAs)
- The majority of our increase in 21 day length of stay patients are within neuro and stroke

VACANCIES (% OF FTE) - PERFORMANCE

Indicator and Description	Value	Tolerance	2019/20 Annual Target	2019/20 Q2 Target	October 2019 Performance	Short Term DOT against July 2019	Long Term DOT against October 2018
Medical and dental	Lower is better	n/a	n/a	n/a	11.6%	14.5%	14.9%
Registered nurse and midwifery	Lower is better	n/a	n/a	n/a	15.3%	18.2%	15.5%
Clinical other	Lower is better	n/a	n/a	n/a	13.2%	14.7%	8.4%
Non-clinical	Lower is better	n/a	n/a	n/a	12.1%	12.4%	15.1%
Overall vacancy	Lower is better	n/a	11%	11%	13.4%	15.3%	13.2%

VACANCIES - NARRATIVE

- Medical recruitment
  - Academy of surgery (innovative way to attract new doctors globally – recruited from more than 20 countries)
  - Acute division 33 Clinical Fellow posts in pipeline
  - Time to hire has reduced from 150 days to 71 days in last 12 months
- Nursing recruitment
  - Senior intern programme (first of its kind in the country)
  - Improved retention rates – from 25% leaving within first year to 9%
  - Nurse Associate programme – 57 qualified
  - Nurse apprenticeships
- Over next six months circa 23 Philippine nurses due to join each month
- Seeing continued improvement in turnover and stability rates
- During 19/20 increase in starters due to medical recruitment drive
- Some areas remain challenging locally and nationally

FINANCE – PERFORMANCE

Indicator and Description	Value	Tolerance	2019/20 Annual target	2019/20 target to October	2019/20 Performance to October	2019/20 Q1 Performance to October	2018/19 Performance to October
Financial performance	Positive is better	n/a	-£50.8m	-£26.2m	-£31m	-£13.9m	-£38.2m

FINANCE – NARRATIVE

- Delivery of the planned £50.8m deficit will trigger payment of £27.7m through the Financial Recovery and Provider Sustainability Funds
- Integral to the Trust plan are a number of key transformational programmes of work:

    1. Elective flow – reducing waste from this process will improve efficiency and performance with savings materialising through more effective use of theatre capacity
    2. Reduction in outpatient activity – reducing the number of unwarranted outpatient appointments. The ambition is to reduce by 10% per year
    3. Reduce spend on premium cost staffing

- We have high levels of confidence in our diagnosis of the deficit drivers but implementing the necessary changes is taking longer than planned.
- Additional short term cost control initiatives are being put in place to close the current gap to plan

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 7 JANUARY 2020

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

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

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

SUMMARY

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

RECOMMENDATION

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

REPORT DETAIL

1. During the financial year 2018/19, the Health Overview and Scrutiny Sub-Committee received regular updates on three performance indicators (PIs), responsibility for which sat in three different areas. These related to child obesity (Public Health); patient experience of out-of-hours services (Clinical Commissioning Group) and delayed transfers of care (Adult Social Care).

2. For 2019/20, the Health Overview and Scrutiny Sub-Committee has not, to date, agreed a suite of indicators for regular monitoring but has instead identified a number of broader areas for scrutiny. For some of these, presentations have been given and in other cases, presentations or briefings are planned.

3. From the presentations received to date and subsequent discussion, the following areas have been identified as potential areas for regular reporting:

Child and Adolescent Mental Health Services (CAMHS)

3.1 A focus on outcomes from earlier intervention by CAMHS was suggested by NELFT but this may require further exploration for reporting to be established. Data that is more readily available includes the percentage of referrals accepted by CAMHS, and a breakdown of other services to which referrals are signposted.

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) performance

3.2 BHRUT will be presenting on the following areas as a separate item on this evening's agenda. The sub-committee may wish to consider selecting one or two specific PIs from these for regular reporting:

- Constitutional standards (A&E, Referral to Treatment, Cancer)
- Vacancies
- Current financial deficit
- Length of stay

Primary care recruitment

3.3 Similarly, following discussion at the last Health Overview and Scrutiny Sub-Committee meeting, the CCG was asked to present an item on primary care recruitment challenges. Members may wish to select a suitable PI from this presentation for regular reporting.

Visual impairment

3.4 Following a discussion at the last Health Overview and Scrutiny Sub-Committee meeting, Healthwatch put forward the topic of Visual Impairment as an area for scrutiny. A briefing on vision services has been arranged for members in January 2020 and following this, the Health Overview and Scrutiny Sub-Committee may wish to select one or two PIs from the following list [put forward by Healthwatch] for regular reporting:

- No. of Havering residents with suspected visual impairment (VI) seen
- No. of residents diagnosed with VI
- No. of CVIs issued by BHRUT to Havering Adult Social Care
- No. of people registered as blind / No. of people added to blind register

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no direct financial implications arising from this report. It should be noted that adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services. SLT officers are focused upon controlling expenditure within

approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

Legal implications and risks:

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

Human Resources implications and risks:

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

Equalities implications and risks:

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

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

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

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

BACKGROUND PAPERS

None.

Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 7 JANUARY 2020

Subject Heading:	Healthwatch Havering – Visits to Queen's Hospital A & E Streaming and Urgent Treatment Centre
Report Author and contact details:	**Anthony Clements, Principal Democratic Services Officer, London Borough of Havering**
Policy context:	**Healthwatch will give details of recent visits undertaken by the organisation.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

This report gives details of a recent repeat enter and view visit undertaken by Healthwatch Havering to local emergency care facilities.

RECOMMENDATIONS

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

REPORT DETAIL

The attached report from Healthwatch Havering gives details of a recent return visit it has undertaken using its 'enter and view' powers to the A & E department at Queen's Hospital including the assessment and streaming facilities managed by the Partnership of East London Cooperatives (PELC).

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

Enter & View

Queen's Hospital, Romford

Rom Valley Way
Romford RM7 0AG

Emergency Department (A&E) Streaming and Urgent Treatment Centre

provided by PELC

(Second visit: Unannounced)

12 June 2019

Healthwatch Havering is the operating name of
Havering Healthwatch C.I.C.
A community interest 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 in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

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

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

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

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

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

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

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

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

What is Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Occasionally, we also visit services by invitation rather than by exercising our statutory powers. Where that is the case, we indicate accordingly but our report will be presented in the same style as for statutory visits.

Once we have carried out a visit (statutory or otherwise), we publish a report of our findings (but please note that some time may elapse between the visit and publication of the report). Our reports are written by our representatives who carried out the visit and thus truly represent the voice of local people.

We also usually carry out an informal, follow-up visit a few months later, to monitor progress since the principal visit.

Background and purpose of the visit:

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the welfare of the resident, patient or other service-user is not compromised in any way.

IMPORTANT NOTE:

This report relates to the Emergency Department (A&E) Streaming and Urgent Treatment Centre as it was observed during the visit on 12 June 2019. Between then and the publication of this report, various changes and improvements were made in day-to-day operation, so that the circumstances reported are not necessarily reflective of current conditions. Although the ticket machine referred to in the report has still not, at the time of publication, been installed, it is understood that it is due to be installed soon, and that improved signage will also then be provided.

Introduction

Although the bulk of services at Queen's Hospital are provided by the Barking, Havering and Redbridge University Hospitals Trust (BHRUT), the Urgent Treatment Centre (UTC) and streaming of patients arriving for emergency or urgent treatment is provided by PELC (the Partnership of East London Co-operatives, an organisation set up by GPs in East London to provide some out of hours GP services and other support for primary care).

PELC have been running the current Streaming System since the beginning of July 2018. The aim of the system is to relieve pressure on A&E by ensuring that only patients who have severe illnesses or injuries are referred to it and that others are dealt with more

appropriately, either in the Urgent Treatment Centre that adjoins A&E, or by referral elsewhere to their GP, pharmacist or other healthcare professional.

PELC have advised that they see and discharge more than 99% of patients within the 4 hour standard, against a target of 98% which is set by the Havering CCG.

Healthwatch carried out an announced Enter & View visit in December 2018, as a result of which a number of recommendations were made for improvement in the arrival and waiting arrangements.[1]

These arrangements were also referred to, in the context of patients receiving treatment for cancer who required urgent treatment for other health issues, in a report of Cancer Treatment at Queen's Hospital, prepared by the Healthwatch organisations for Barking & Dagenham, Havering and Redbridge [2].

Given the importance of the arrangements for initially assessing patients for A&E services, Healthwatch decided to carry out an unannounced visit as a follow-up to the December visit and the later review in March. This report sets out the findings of the follow-up visit.

The Premises

When the team arrived for the visit, there were 52 people waiting in the reception area, 14 of whom were waiting in the queue. Not all of these people were, however, patients but friends and relatives accompanying them; it was not always possible easily to distinguish those who were patients waiting to be seen and those who were the patients' companions.

[1] Queen's Hospital: A&E Streaming and Urgent Treatment Centre (provided by PELC) - visited 5 December 2018 (Healthwatch Havering: March 2019)

[2] Changes to chemotherapy services at BHRUT: a review of patient experience by Barking, Havering and Redbridge Healthwatch (Healthwatches BHR, April 2019)

At the time, there were three Emergency Nurse Practitioners (ENP) and four doctors on duty. There was no duty manager available (in view of other commitments); a doctor offered to talk to the team but they declined as that would not have been the best use of his time.

The team spoke for a while to a very informed ENP who explained the procedure for A & E, and then with the Deputy Manager and an assistant who were most helpful, honest and enthusiastic.

All Patients arriving in the waiting room queue by a "queue here" sign and are seen by PELC staff (ENP's or GP's) who stream them, and depending on condition, decide whether they need to be referred to A & E (Majors and Resuscitation) or can be dealt with in another way. If they are accepted for treatment, they are then registered. Some patients are asked to wait in the PELC area if they need blood tests or X Rays. Minor injuries requiring immediate attention were dealt with in the UTC (Urgent Treatment Centre). Children are signposted to the children's waiting area (which appears quite shabby and lacks toys, television or any means of entertainment for those who are waiting).

A third streaming room had been equipped and was being used while the visit was under way.

All streaming booths had panic buttons.

If patients did not need to be seen in A&E or the UTC, they were referred elsewhere, such as to their GPs, pharmacy, other healthcare professionals or out of hours GP Hubs. Sometimes it was possible for the streaming clerk to make them an appointment elsewhere, such as with the patient's own GP or the GP Hub/out of hours surgery.

People waiting in this room included patients waiting to be streamed, streamed patients awaiting assessment, those waiting to be called to other departments and those part-way through their treatment awaiting results, or to speak to a doctor.

During the visit, the team witnessed several people who had been assessed but were confused about where to go next.

If there were more than 6 people in the queue, the OPEL process (Operational Pressures Escalation Levels) was escalated. The team observed this happening.

Although there were 52 people in the waiting room, staff told the team that there were 25 or fewer actual patients. Every now and then a member of staff would ask for a show of hands to clarify how many of those in the waiting room were actually patients.

The team were advised that patient arrivals for streaming often coincided with the arrival of local bus services (a number of bus routes serve the hospital).

At the time of the visit, over 70% of the patients who walked in were seen within the UTC, an improvement from 45% being dealt with there, which was happening at the point PELC had taken over the contract in July 2018. This reduced the number of patients going to the main A&E department, relieving the pressure there, whilst ensuring patients were treated in the right place at the right time.

The team observed a very active cleaner, and wheelchairs being kept for use.

The team were pleased to witness a chemotherapy patient rightly being afforded priority (although she clearly found being sent to the front of the queue embarrassing!).

The team specifically compared what they observed during this visit with the action plan that had been proffered following the previous visit. They considered that the signage was still in need of improvement, that the "tannoy" system was not in use and that staff were not clear whether the loop system (for hearing aid users) was working.

Use of numbered ticketing for patients awaiting streaming

The team noted that a numbered ticket system for those waiting to be streamed had still not been implemented. Enquiries subsequent to the visit indicated that the ticket machine was on site but that difficulty had

been experienced in arranging for it to be installed and brought into operation.

In consequence, Healthwatch raised this issue with both PELC and BHRUT; it appears that this intervention has prompted some action and, at the time of publication of this report, it was understood that the system was due shortly to be brought into operation.

Recommendations

1. Children coming into A&E must initially go through the same registration process as adults before being signposted to the children's A&E waiting area. The team were told that there were no plans to change the process for registering children but it is **strongly recommended** that consideration be given, in the interests of child protection and safeguarding, to creating a more child-friendly process by moving children's registration elsewhere and that they be sent thence directly to the children's A&E area.
2. Signage within the waiting area still requires updating. It is **recommended** that, when the new ticketing system is introduced, all existing signage be replaced. A sample of an easy read sign that could with advantage be introduced is set out on the following pages.
3. While acknowledging that there are severe physical constraints to the waiting room accommodation, the team observed a number of companions of patients taking up space that ought to have been available for use by other patients. It is **recommended** that all possible effort be made to improve conditions in the waiting area and, in particular, although it is understandable that patients should want to be accompanied by friends or family, they should be encouraged to have only the absolute minimum of companions waiting with them.

4. A member of staff should be tasked to monitor in an obvious way as a means of reassuring patients and ease any anxieties they may experience.

HEALTH PATHWAY GROUP NEWSLETTER

ISSUE 6 – MARCH 2019

Welcome to our Sixth Newsletter!

In this issue:

- Getting help in the right place
- Top Tips for people with Diabetes

Where to go to get help

Self-care

Grazed knee
Cough or cold
Sore throat

Make sure your medicine cupboard is stocked up with over the counter remedies

Pharmacy

Diarrhoea
Runny nose
Headache

Ask at the Pharmacy for advice on common illnesses and medicines to treat them

NHS 111

CALL 111
When it's less urgent than 999

Unsure?
Unwell?
Need to know where to go?

Phone 111 when you need help fast but it's not a 999 emergency

Your GP and Out of Hours

Ear pain
Backache
Throat Infection

For illnesses or injury that won't go away, make an appointment to see you GP, or call your local GP Hub for an out of hours appointment.

Urgent Care Centre

Urgent Care Centre

Fever, fractures, strains, sprains, stitches

Go to the Urgent Care Centre for illnesses and minor injuries

A&E and 999

Choking
Chest pain
Blackout
Blood loss

Call 999 for life threatening situations and go to A&E in an emergency


NHS
CALL
111
Not sure if you need A&E?
Call 111 for medical advice, assessment and direction to the best medical treatment for you.
www.nhs.uk/111

Children's A&E

The Children's A&E service is obviously associated with the PELC area but is a little distance from it and is operated completely independently by BHRUT.

Given the comments earlier in this report about emergency services for children, it was decided that, following on from the visit to PELC, a visit should be carried out at the children's area. This visit was also unannounced but simply because it was a follow on to the main visit.

The team's main objectives were to observe patient flows to the department and to ascertain whether signage from the PELC area to the A&E had been improved.

Regrettably, the team could not see any improvement in signage, which meant the possibility of patients finding it difficult to move between the two areas.

The department's accommodation is very limited. There are a few wall-mounted toys, but the team were advised that the "mobile" ones "walk" very quickly and there is a problem with sanitising them on a regular basis. Staff do have a stock of teddy bears for little ones.

The team were told that, once in the department, children would be triaged within 15 minutes and seen by a doctor within an hour.

As noted earlier in the report, however, currently children attending A&E must first go through the streaming process. It is **recommended** that a more child-friendly process be developed, enabling children to go straight to the dedicated A&E service, with adequate signage to ensure that the risk of confusion is minimised.

Healthwatch Havering thanks all service users, staff and other contributors who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 12 June 2019 and is representative only of those service users, staff and other contributors who participated. It does not seek to be representative of all service users and/or staff.

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**

email **enquiries@healthwatchhavering.co.uk**

Find us on Twitter at @HWHavering

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