

**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE  
Virtual Meeting  
24 September 2020 (7.00 - 9.30 pm)**

**Present:**

Councillors Nic Dodin, Nisha Patel (Chairman), Ciaran White (Vice-Chair) Nic Dodin, David Durant and Darren Wise.

Apologies for absence were received from Councillor Philippa Crowder.

Councillor Paul McGeary was also present.

Officers present:

Ian Buckmaster, Director, Healthwatch Havering  
Shelagh Smith, Chief Operating Officer, Barking Havering and Redbridge  
University Hospitals' Trust (BHRUT)  
Claire Alp, Senior Public Health Specialist,  
Pippa Ward, North East London NHS Foundation Trust (NELFT)  
Breda Kavanagh, (NELFT)  
Mark Ansell, Director of Public Health, London Borough of Havering  
Lucy Goodfellow, Policy and Performance Business Partner, London Borough of  
Havering

**25 DECLARATIONS OF INTEREST**

There were no disclosures of interest.

**26 MINUTES**

The minutes of the meeting of the Sub-Committee held on 7<sup>th</sup> January 2020 were agreed as a correct record and signed by the Chairman.

**27 MEETINGS PROTOCOL**

The Sub-Committee noted the virtual meetings protocol.

**28 HEALTHY CHILD PROGRAMME**

The Chair asked for an update on the Healthy Child Programme from Claire Alp, Senior Public Health Specialist. The panel were informed that the Healthy Child Programme had undertaken a procurement exercise to

commission a new contract. It was also explained that Covid-19 had impacted its delivery and mobilisation. The presentation provided Members with an update on how the services were impacted by Covid-19 and the plans going forward.

The two services - Health Visiting and the School Nursing service under the Healthy Child Programme had previously been commissioned separately. Carrying out the various checks such as antenatal checks, new birth visits, 6-8 week checks, 12-month checks and the 2-2 ½ year reviews, it then enabled various health reviews and assessments to be made as well as informed support and services to be offered to families and children.

In the previous contract only the New Birth Visits, 12-month checks and the 2- 2 ½ year reviews were offered universally, therefore key elements in the re-procurement last year were coverage of the Antenatal checks and 6-8 week checks.

The officer explained to the Members that once children reach school age they transition into the School Nursing Service.

The part of the school nursing services that Local Authorities are mandated to provide is the National Child Measurement Programme (NCMP). There were also five health reviews as part of the school nursing service which were not mandatory however the service was looking to implement these as part of the new contract.

A service review carried out by the healthy child programme highlighted work around healthcare plans and training as well as and safeguarding as key demands on staff time. The officers highlighted they will look at how to take this forward.

The Annual Value of the previous 5-year contract was £2.595m; officers informed the Members that approval for additional funding was obtained ahead of going out to procure. The procurement exercise started in May 2019 following the negotiated procurement route which enabled discussion and agreement around the uses of the additional funding in terms of providing delivery outcomes by the service moving forward.

In November 2019 Cabinet had approved the award of the 5 year contract with a potential two-year extension to NELFT - the incumbent provider,. Cabinet had also approved the additional investment in the 0-5 year element.

The new contract had commenced as of the 1<sup>st</sup> of April 2020 and the mobilisation phase plans leading up to this included staff recruitment, preparation for additional service delivery and finalising outcomes measures and performance reporting requirements.

How the service has been impacted by Covid.

40% of Health Visiting and School Nursing Service staff were redeployed into Covid roles. National Guidance informed the prioritisation at this time of safeguarding, new birth visits, follow-ups of high-risk mothers/babies/families and the offer of telephone or text advice.

Further national guidance published in June outlined priorities for restoration some of which are on hold e.g. the National Child Measurement Programme will not be recommencing until further notice across the country. Lockdown easing had seen staff return from redeployment in July.

Despite the significant impacts, NELFT was still able to deliver the services through various methods such as centralising services including admin and clinical duty and moving towards a remote or virtual delivery model.

**Q1- Cllr Patel:** On the topic of virtual antenatal checks, do we have a pathway to identify complex cases and how is this done?

**Answer:** The service works closely with midwives who are based in our clinics delivering their antenatal checks; therefore, any mothers they have concerns about are discussed. Virtual antenatal clinics have been established for working mothers.

**Q2 – Cllr Wise:** On the topic of school nurses working with schools in order to shape the service offer in light of the way schools are operating under Covid-19 guidance –what have they actually changed and what are they looking to shape there?

**Answer:** The service has a range of offers, with some schools having virtual calls with teachers so that they can have a consultation with the school nurse and a CAMHS practitioner if they have any concerns. Drop-in sessions and a text-in service are also offered and there are plans to re-send a survey about how children and parents would want to receive a service.

**Q3 – Cllr Durant:** You mentioned a 40% relocation of staff due to Covid - 19, in practice what sort of dip did this make on existing services? Presumably there is also a big backlog; can this be remedied quickly or not?

**Answer:** The service has caught up on the backlog through August. In terms of school nurses, the impact was not very big. As schools closed those school nurses that remained behind focused particularly on vulnerable families and on safeguarding – in terms of health visiting this is a greater impact. However, we were able to ensure we met the needs of vulnerable families by carrying out essential work such as antenatal and health visits. As we are now in the restoration phase and health visitors have returned, we are doing more universal clinics etc.

**Q4 – Cllr Durant:** What is the officer advice to schools, as there are mental issues that can arise from isolation?

**Answer:** Officers conducted a piece of work on this issue and found that children aged 11-16 who had other social factors at home may have undiagnosed or suspected ASD or ADHD. We therefore made contact with this group across NELFT; parents had a list of things to look out for, and signposted children to where they can get help online.

The Sub-Committee noted the update.

## 29 **BHRUT PERFORMANCE INFORMATION**

Officers advised that Covid-19 had of course affected services provided by the Trust. In mid-March BHRUT was faced with challenges of how to keep patients and staff safe physically and mentally as the focus turned to providing support for Covid. The Trust had suspended all but the most important services in its hospitals and quickly moved the most vulnerable e.g. trauma care and cancer patients to the independent sector which had worked well.

Virtual clinics worked well as the Trust converted thousands of face-to-face appointments to virtual meetings. Re-deployment and re-training of staff had taken place to respond to Covid demands on the service.

Most services that were previously pulled back due to Covid had been configured differently in a phased way in line with the national Infection Prevention and Control (IPC) guidance.

Due to the increased prevalence of Covid within the community the Trust was building on the lessons learned and how it managed Covid alongside keeping other services running, managing and balancing this across the two hospitals. Covid had however impacted all types of performance.

Emergency Department performance had dropped to 63.44% and although the Trust had less attendances it had to segregate services and at one point had 25% staff sickness.

Attendances were now starting to increase for complex patients and added to this has been the capacity reduced since Covid in hospitals due to social distancing measures. Other measures to get back on track included same day care improvements, the frailty unit set up at King George's Hospital now being back open and a whole hospital improvement plan.

The Trust's validated cancer performance had improved slightly in August and was expected to improve further in September.

Waiting lists had grown and BHRUT was working with partners to make sure it was using all capacity available. The national expectation for

outpatient activity was to be back on track for 70% outpatient activity in September.

Insourcing was being used to manage the problems with 52 week waits. Cancer services would continue to be managed through the independent sector. Current challenges included the capacity for swabbing and testing.

**Q1 - Cllr Ciaran White:** What is the strategy to keep A&E walk-ins low.

**Answer:** The strategy is 'talk before you walk' i.e. to contact NHS 111 first. This had reduced the numbers of walk in patients at A & E.

**Q2 - Cllr Ciaran White:** Can you explain the extra funding for A&E over the winter period?

**Answer:** NHS has been asked to bid for money (mostly capital); BHRUT has put in separate bids for the two hospitals and has been given £4-5 million for Queens Hospital.

**Q3 - Cllr Nic Dodin:** What is the position with the funding obtained for a new RAFTing System at King George Hospital?

**Answer:** The Rapid Assessment and Fast Treatment Area (RAFT) is in Queens however, this is not currently in place at King George. In terms of the activity the Trust did not currently compare this like for like across the two hospitals but would be starting to do so from the 15<sup>th</sup> September.

**Q4 – David Durant:** What is the distinction between Covid cases and mortality? is there a big distinction?

**Answer:** Testing was key to this but the Trust would supply a response via the medical director.

**Q5 – David Durant:** If we are relying on the vaccine – what is the effectiveness of the flu vaccine?

**Answer:** The Council's Director of Public Health confirmed that there was very strong evidence that the vaccine reduced the most serious consequences of the flu, therefore it would reduce the number of people being admitted to hospital and potentially dying of the flu. It did not however stop the spread of influenza itself.

The Sub-Committee noted the position.

## 30 COUNCIL PERFORMANCE INFORMATION 2020/21

The Chairman asked Members which performance indicators they would like to consider. Towards the end of the last financial year the committee concluded that there were four areas of performance that Members wanted to regularly scrutinise including accident and emergency performance -

specifically the four hour access standard and indicators around child and adult mental health services (CAMHS)

In terms of CAMHS suggested indicators in the report were around evidence based interventions for those young people with social, emotional or mental health needs who do not meet the threshold for CAMHS. Suggestions for these indicators arose from discussions between NELFT and the Local Authority, the first indicator being the numbers of children and staff attending joint consultations with school nursing or star workers. The other indicator put forward was the time referrals to the primary mental health team.

Other indicators selected included the percentage of antenatal checks completed by health visitors and then the proportion of 6-8 week reviews completed.

**Q1 – Councillor David Durant:** As this will affect the indicators, how long will GPs remain closed?

**Answer:** The CCG would provide an update in the coming weeks on GPs.

## 31 HEALTHWATCH HAVERING ANNUAL REPORT

The Chair introduced Ian Buckmaster, a Director of Healthwatch Havering. Ian introduced the annual report of Healthwatch Havering. As the report year ended on the 31<sup>st</sup> of March 2019, there would be little mention of Covid.

Highlights of the report included launching the Friends Network last year with a well attended opening ceremony in the Council Chamber and assisting the CCG in their procurement of services for vulnerable people. In the course of the year Healthwatch Havering visited 16 care homes and GP practices. The impact of Covid meant these visits had ceased, and surveys were being conducted instead for the present.

Goals for this year included increasing awareness about Healthwatch Havering's role and purpose, increasing the number of users, increasing the organisation's role in inspection reports as well as continuing to recruit and train members and staff.

Nearly all Healthwatch Havering's income of almost £133,000 came from the Council. The biggest single spend was on staffing and the back office costs that go with this.

**Q1 – Councillor David Durant:** Will the impact of Covid be part of Healthwatch work going forward e.g. on how it has affected the NHS.

**Answer:** Very much so and this will of course be covered in next year's annual report.

**32 NOMINATIONS TO JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES**

This report invited Members to confirm nominations to the equivalent Joint Health Scrutiny Committee for Outer North East London and for any scrutiny meetings on a pan-London basis.

**It was agreed that, in line with political proportionality rules, Councillors Patel, White and Dodin should be the Sub-Committee's representatives on the Outer North East London Joint Health Overview and Scrutiny Committee for the remainder of the municipal year.**

**It was further agreed that Councillor Patel should be the Sub-Committee's representative on any pan-London health scrutiny committee that may be established during the municipal year.**

**33 SUB-COMMITTEE'S WORK PLAN**

Further updates on performance updates on performance at BHRUT were requested by the Sub-Committee.

The panel noted that the update on the impact of Covid in care homes etc. from Dr. Mark Ansell could be a standing item until the end of the pandemic.

The panel were also interested in BHRUT performance update particularly regarding the health conditions of those testing positive. Also as two private companies are running these tests, how many tests are taking place this figure would be useful to put the amount of cases and deaths into context. The committee considered welcoming a report and perhaps representation from the Harold Wood Urgent Treatment Centre, which opened in July.

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**Chairman**