



# Haverling

L O N D O N B O R O U G H

## HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

7.00 pm

Thursday  
24 September 2020

Virtual Meeting

Members 6: Quorum 3

**COUNCILLORS:**

**Conservative Group  
( 3 )**

Nisha Patel (Chairman)  
Ciaran White (Vice-Chair)  
Philippa Crowder

**Residents' Group  
( 1 )**

Nic Dodin

**Independents  
Residents' Group  
( 0 )**

Vacancy

**North Haverling  
Residents' Group 1)**

Darren Wise

**For information about the meeting please contact:**

**Anthony Clements 01708 433065  
anthony.clements@oneSource.co.uk**

### **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

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

(if any) – receive.

### 3 DECLARATIONS 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 disclose an interest in an item at any time prior to the consideration of the matter.

### 4 MINUTES (Pages 1 - 6)

To agree as a correct record the minutes of the meeting of the Sub-Committee held on 7 January 2020 (attached) and to authorise the Chairman to sign them.

### 5 MEETINGS PROTOCOL (Pages 7 - 10)

Attached for noting by the Sub-Committee.

### 6 HEALTHY CHILD PROGRAMME (Pages 11 - 24)

Report attached.

### 7 BHRUT PERFORMANCE INFORMATION (Pages 25 - 38)

Report attached.

### 8 COUNCIL PERFORMANCE INFORMATION 2020/21 (Pages 39 - 42)

Report attached.

### 9 HEALTHWATCH HAVERING ANNUAL REPORT (Pages 43 - 76)

Attached.

### 10 NOMINATIONS TO JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES (Pages 77 - 80)

Report attached.

### 11 SUB-COMMITTEE'S WORK PLAN

Members are invited to suggest items for scrutiny as part of the Sub-Committee's future work programme.

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

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**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE  
Committee Room 3B - Town Hall  
7 January 2020 (7.00 - 8.40 pm)**

**Present:**

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

Officers present:

Ian Buckmaster, Director, Healthwatch Havering  
Hazel Melnick, Deputy Director of Communications and Engagement, BHRUT  
Chris Ramsey, Assistant Director of Finance, BHRUT  
Shelagh Smith, Chief Operating Officer, BHRUT  
Carol White, North East London NHS Foundation Trust (NELFT)  
Lucy Goodfellow, Policy and Performance Business Partner, London Borough of Havering

There were no apologies for absence.

**18 DISCLOSURES OF INTEREST**

There were no disclosures of interest.

**19 MINUTES**

The minutes of the meeting of the Sub-Committee held on 29 October 2019 were agreed as a correct record and signed by the Chairman.

**20 UPDATE ON THE HAVERING HEALTH AND WELLBEING STRATEGY CONSULTATION**

Officers explained that it was a statutory duty of the Health and Wellbeing Board to develop this strategy. The Board currently included Councillors, Healthwatch, BHRUT and NELFT and could also expand in the future to include representatives of primary care networks. A draft strategy had been developed by the Board and a public consultation exercise had taken place in August 2019, a report of which was due to be published at the end of January 2020.

There were four priorities within the strategy. Firstly, the wider determinants of health such as employment, housing and reducing fear of crime. The strategy aimed to increase employment for people with health problems or

disabilities. Lifestyle and behaviour priorities included obesity prevention, and reduction in smoking, particularly in disadvantaged and vulnerable groups. Further priorities for the strategy covered communities and 'places we live in' and recognised the impact of regeneration on the health of local residents as well as the need for better working between housing, health and social care.

The strategy would cover a four year period with regular reports on progress with implementation being given to the Health and Wellbeing Board.

It was confirmed that most smoking cessation services had been stopped as a cost saving four years ago. A service was still available for pregnant women and Havering also contributed to a London-wide phone and internet smoking cessation service. It was planned that access to a smoking cessation medication service for Havering would be available by the end of the year.

The Sub-Committee noted the position.

21 **BARKING HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST (BHRUT) PERFORMANCE UPDATE**

It was noted that some data due to be presented had been delayed as this had to be validated with other hospitals. The 95% 'four hour rule' target for A & E had not been met by any London trust although it was noted that BHRUT had not met this target since July 2015. It was also noted that the Trust had seen an increase of 6% in A & E attendance which was in line with increases across London and England. Performance on referral to treatment timescales had also deteriorated.

Performance on the 62 day target from the receipt of a GP referral had been fairly consistent at around the local and national targets. Performance on the two week wait target from GP referral to first diagnostic appointment had deteriorated recently due principally to problems with the treatment of cervical cancers etc.

As regards treatments waits, only 16 patients had been waiting for more than a year. This had recently reduced to 8 patients, all of whom were on a pathway of some kind. Delays of this length were often due to pain issues. The main referral to treatment waiting list at the Trust had reduced by 1,230 patients and BHRUT was hoping that this could be reduced further by streamlining processes such as the introduction of a virtual fracture clinic.

It had proven difficult to meet targets for 7 day length of stay but the introduction of the Red2Green national initiative had allowed all clinical staff access to check why a patient was in hospital and any delays to their care. Weekly review meetings were held for all patients although it should be noted that long stays were often expected in areas such as stroke or neurological rehab.

Vacancies at the Trust were currently running at 13%. Recent initiatives to address this had included the setting up by the Trust of an Academy of Surgery which had seen a lot of doctors recruited by the Trust from overseas. The time to hire for medical staff had reduced by half in the last 12 months.

A senior intern programme had been introduced to support new nurses and this had led to an increase in nurse retention rates. Around 23 nurses from the Philippines were due to join the Trust each month for the next six months. The possible reintroduction of nursing bursaries could also assist with recruitment.

The Trust was keen to recruit local people and worked with local colleges and schools. The Trust also supported social care staff who may wish to move into nursing. Twitter was already used but it was accepted the Trust could also use Instagram for recruitment. It was suggested that the Trust could also link with National Apprenticeships Week.

The Trust had a target end of year deficit of around £51 million and was currently approximately £5 million off target for this. Trust finances had however improved by £7 million in the last year. The Trust's target was also to break even by March 2021.

Measures taken to reduce the deficit included reducing waste from the elective process such as reducing cancelled operations and using theatres more efficiently. It was also planned to reduce the number of unwarranted outpatient appointments and to reduce spending on agency staff.

Officers could provide full details of the amount of health tourism but the Trust was proactive in seeking to recover income from this. The current health tourism funding recovery rate at the Trust was 40-50%. It was noted that cases could not be turned away from e.g. maternity, even if there was a health tourism issue.

Officers agreed that family issues often meant older people had to stay in hospital longer than was necessary and felt recovery was normally better in a patient's own home than in hospital.

The Sub-Committee agreed that performance data on A & E and on referral to treatment times should be brought to a future meeting although these may be presented in a different format. It was suggested that patient stories could also be scrutinised in addition to the data itself.

**22 QUARTER 2 PERFORMANCE INFORMATION**

It was agreed that the Sub-Committee should, in addition to the performance items requested under the previous item, also seek to scrutinise at its next meeting performance information on health visiting and on the Child and Adolescent Mental Health Services.

**23 HEALTHWATCH HAVERING - VISITS TO QUEEN'S HOSPITAL A & E AND URGENT TREATMENT CENTRE**

A director of Healthwatch Havering advised that recommendations made by Healthwatch following a previous enter and view visit to the A & E and Urgent Treatment Centres at Queen's Hospital had not yet been implemented by BHRUT. It was accepted however that the operator of these areas had encountered a very heavy demand for services during this period.

A numbered ticket machine had not yet been installed in the waiting area although recent discussions with the operator had indicated that this could be counter-productive as medical need would mean patients were not necessarily dealt with in exact order of arrival.

There had been a large rise in attendances at A & E compared to the previous year it was felt that as much as 70% of attendances at A & E did not need to be treated there. Healthwatch remained of the view that there was insufficient waiting space in the public areas.

It was noted that a new contract for running the Urgent Treatment Centres at Queen's Hospital and Harold Wood Polyclinic had been awarded with a commencement date of 1 July 2020. This had been won by the North East London NHS Foundation Trust and the Partnership of East London Collectives (PELC) and would mean the same management would be responsible for all local Urgent Treatment Centres. It was suggested that a representative of the new management could be invited to a future meeting of the Sub-Committee.

It was accepted that Queen's Hospital was a Private Finance Initiative and physical changes could therefore take a long time to implement. Members felt it was important that residents were made aware of alternatives to A & E and that perhaps Living magazine or the council's website could be used to assist with this.

**24 WORK PROGRAMME**

Officers explained that Government funding for anti-obesity trailblazer work had not unfortunately been obtained but an update could be given to the Sub-Committee on the Council's overall obesity strategy.

It was agreed that an update on the situation at St George's Hospital should be taken at the next meeting. The Sub-Committee also agreed to amend the date of its next meeting which would now take place on Thursday 19 March at 7 pm in Havering Town Hall.

It was suggested that details of Health Impact Assessments that were undertaken for new housing developments in the borough could be brought to a future meeting of the Sub-Committee for scrutiny.

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**Chairman**

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## LONDON BOROUGH OF HAVERING

### PROTOCOL ON THE OPERATION OF HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE MEETINGS DURING THE COVID-19 PANDEMIC RESTRICTIONS

#### 1. Introduction

In accordance with the Local Authority and Police Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panels Meetings (England and Wales) Regulations 2020, all meetings of Overview & Scrutiny Sub-Committees held during the Covid-19 restrictions will take place in a 'virtual' format. This document aims to give details on how the meetings will take place and establish some rules of procedure to ensure that all parties find the meetings productive.

#### 2. Notification of Meeting

Once the date for a meeting has been set, an electronic appointment will be sent to all relevant parties. This will include a link to access the virtual meeting as well as guidance on the use of the technology involved.

#### 3. Format

For the duration of the Covid-19 restrictions period, Overview & Scrutiny Sub-Committee meetings will be delivered through video conference call, using Zoom software. Instructions sent with meeting appointments will cover how to use the software. Additional IT support will also be provided to any Member requesting this in advance of the meeting.

#### 4. Structure of the Meeting

Although held in a virtual format, Overview & Scrutiny Sub-Committee Meeting will follow, as far as is possible, the standard procedure for these meetings, with the following principal stages:

- Chairman's announcements
- Apologies for absence
- Disclosures of interest
- Minutes of the previous meeting
- Presentation and consideration of reports

#### 5. Technology Issues

Agendas setting out the items for the meeting will be issued in advance in the normal way, to all parties, in accordance with statutory timetables. The agenda will also be published on the Council's website – [www.havering.gov.uk](http://www.havering.gov.uk) in the normal way. The guidance below explains how the meeting is to be conducted, including advice on what to do if participants cannot hear the speaker and etiquette of participants during the meeting.

Remote access for members of the public together with access for the Press will be provided via a webcast of the meeting at [www.havering.gov.uk](http://www.havering.gov.uk).

If the Chairman is made aware that the meeting is not accessible to the public through remote means, due to any technological or other failure of provision, then the Chairman shall temporarily adjourn the meeting immediately. If the provision of access through remote means cannot be restored within a reasonable period as determined by the Chairman in consultation with the Clerk, then the remaining business will be considered at a time and date fixed by the Chairman. If he or she does not fix a date, the remaining business will be considered at the next scheduled ordinary meeting of the Overview & Scrutiny Sub-Committee.

## **6. Management of Remote Meetings for Members**

The attendance of Members at the meeting will be recorded by the Democratic Services Officer clerking the meeting. The normal quorum requirements for meetings as set out in the Council's Constitution will also apply to a virtual meeting of Audit Committee.

Democratic Services Officers will monitor participant involvement during the virtual call to ensure that there are no drop outs. Members will be informed at the beginning of the meeting to use the chat function if they have missed part of the debate, and to request for the clerk or Chairman to recap briefly over what was said.

In the event that a Member's video feed has failed but he/she is able to hear what is being said then the Member should confirm as such to the clerk using the chat function .

In the event that a Member's audio and video feed has failed then the Chairman will invite the Committee to determine whether to proceed or adjourn the meeting to a later date.

## **7. Etiquette at the meeting**

For some participants, this will be their first virtual meeting. In order to make the hearing productive for everyone, the following rules must be adhered to and etiquette observed:

- The meeting will be presided over by the Chairman who will invite participants to speak individually at appropriate points. All other participants must remain silent or muted until invited to speak by the Chairman;
- If invited to contribute, participants should make their statement, then wait until invited to speak again if required;
- If it is possible, participants should find a quiet location to participate in the Zoom meeting where they will not be disturbed as background noise can affect participants.
- If there are intermittent technological faults during the meeting then the Chairman will ask the speaker to repeat from the point where the disruption started. Whilst intermittent disruption is frustrating, it is important that all participants remain professional and courteous.
- The Committee Procedure Rules as shown in the Council's Constitution will apply to the meeting in the normal way, as far as is practicable.

## **8. Meeting Procedures**

Democratic Services Officers will facilitate the meeting. Their role will be to control conferencing technology employed for remote access and attendance and to administer Member interaction, engagement and connections on the instruction of the Chairman.

The Council has put in place a technological solution that will enable Members participating in meetings remotely to indicate their wish to speak via this solution. This will be via the 'raise hand' function in the Participants field of the Zoom software used for the meeting.

The Chairman will follow the rules set out in the Council's Constitution when determining who may speak, as well as the order and priority of speakers and the content and length of speeches in the normal way.

The Chairman, at the beginning of the meeting, will make reference to the protocol for the meeting.

Members are asked to adhere to the following etiquette during remote attendance at the meeting:

- All Councillors and participating officers are asked to join the meeting no later than fifteen minutes before the start to allow themselves and Democratic Services Officers the opportunity to test the equipment.
- Any camera (video-feed) should show a non-descript background or, where possible, a virtual background relating to Haverling and Members should be careful to not allow any exempt or confidential papers to be seen in the video-feed.
- During general discussion, rather than raising one's hand or rising to be recognised or to speak, Members attending remotely should avail themselves of the remote process for requesting to be heard and use the 'raise hand' function in the participants field of the Zoom software.
- Members may only speak when invited to by the Chairman of the meeting.
- Only one person may speak at any one time.
- All speakers and attendees, both Councillors and members of the public, are welcome to remain on the Zoom call until the conclusion of the meeting. The meeting will also be webcast so that it can be viewed by non-participants.
- When referring to a specific report, agenda page, or slide, participants should mention the report, page number, or slide so that all Members have a clear understanding of what is being discussed at all times

Any voting will be conducted by the Clerk asking Members individually of their voting intentions. The Democratic Services Officer will announce the result of the vote and the Chairman will then move on to the next agenda item.

Any Member participating in a remote meeting who declares a disclosable pecuniary interest, or other declarable interest, in any item of business that would normally require them to leave the room, must also leave the remote meeting. The Democratic Services Officer or meeting facilitator will move the Member to the Zoom waiting room until the item is complete, and then return them to the meeting.

## **9. Public Access to Meeting Documentation following the Meeting**

Members of the public may access minutes, decision notices and other relevant documents through the Council's website. [www.haverling.gov.uk](http://www.haverling.gov.uk)

For any further information on the meeting, please contact  
anthony.clements@onesource.co.uk, tel: 01708 433065



**HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE**  
**24 September 2020**

<b>Subject Heading:</b>	<b>Healthy Child Programme</b>
<b>Report Author and contact details:</b>	<b>Claire Alp, Senior Public Health Specialist Claire.alp@havering.gov.uk</b>
<b>Policy context:</b>	<b>Ongoing work by public health team.</b>
<b>Financial summary:</b>	<b>No impact of presenting information itself</b>

**SUMMARY**

The attached presentation summarises the development of the Healthy Child Programme by the Council's Public Health team.

**RECOMMENDATIONS**

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

**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.



# Haverling

LONDON BOROUGH

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## Healthy Child Programme Health Overview and Scrutiny Committee 24<sup>th</sup> September 2020

- ❖ Healthy Child Programme (HCP)
  - Health Visiting (HV) - 0-5 years
  - School Nursing (SN) - 5-19 years
  
- ❖ Delivered in collaboration with GPs, Early Help service, early years providers, schools and education services
  
- ❖ Evidence-based programme that, delivered in full, improves outcomes across a wide range of areas including maternal mental health, school readiness and childhood obesity.

- ❖ Only universal service provided to pre-school children
- ❖ The 0-5 health reviews are a mandated function of LAs:
  - Antenatal check
  - New Birth Visit
  - 6-8 week check
  - 12 month check
  - 2-2½ year review
- ❖ Inform the support offered to the family by the HV team and shapes the offer to the family from other health, education and social care professionals
- ❖ In previous contract, only NBV, 12 month check and 2-2½ year review were offered universally

- ❖ As children reach school age they transition into care of the SN service
- ❖ Central in linking schools to wider health and wellbeing services and in enhancing the value of Health Education and the Healthy Schools London programme
- ❖ National Child Measurement Programme (NCMP) is a mandated function of LAs
- ❖ The five 5-19 health reviews are not mandated
- ❖ Service review highlighted work around healthcare plans and training, and safeguarding as key demands on staff time

- ❖ Annual value of previous 5-year contract was £2.595m (HV - £2.005m, SN - £590k)
- ❖ Additional funding for 0-5s was agreed in principle ahead of the procurement
- ❖ Procurement exercise carried out between May and August 2019
- ❖ Evaluation panel made up of Commissioning, Public Health, Early Help and Education
- ❖ Followed negotiated procurement route which enabled us to discuss and agree added value that could be delivered through additional funding

- ❖ In November, Cabinet approved award of 5-year contract to NELFT and additional investment in 0-5s element:
  - £289k in year one of the contract
  - £578k in year two of the contract
  - £867k in years three, four and five of the contract

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Each increment of additional funding links to additional service delivery agreed through the negotiation process

- ❖ New contract commenced on 1<sup>st</sup> April 2020
- ❖ Mobilisation phase plans in the lead up to this included:
  - Recruitment of additional staff
  - Preparation for additional service delivery
  - Finalising outcomes measures, performance reporting requirements etc.

- ❖ The Covid-19 pandemic has impacted the HCP in the following ways:
  - 40% of HV/SN staff were redeployed into Covid roles
  - National guidance in April advised aspects of the HCP to be stopped, partially stopped and continued
  - Prioritised safeguarding, new birth visits, follow-ups of high risk mothers/ babies/ families, and telephone/ text advice
  - National guidance in June outlined priorities for restoration
  - Some elements remain on hold (e.g. NCMP)
  - Staff returned from redeployment in July

- ❖ Despite significant impacts on the team, the following was delivered:
  - Centralised approach to admin and clinical duty
  - Remote delivery model developed and implemented
  - HV team divided into two: one team delivered NBVs and 6-8 week checks, other focused on safeguarding
  - SNs provided regular telephone calls to vulnerable families and children on healthcare plans
  - Redeployed staff maintained oversight of emails and key cases related to their substantive posts
  - Referrals continued to specialist/ targeted services
  - Daily calls between NELFT and LBH Children's Services

- ❖ The following progress has been made:
  - Recruitment of new staff (commenced in post in July)
  - Each GP practice in the borough now has a named HV
  - The Havering 0-19 Service SPA (telephone and email contact) is fully operational with over 4000 calls received in 6 months
  - Social media presence has also increased
  - Virtual antenatal contacts commenced in partnership midwives – providing streamlined support to families
  - SNs are working with schools in order to shape their service offer in light of changes to the way schools are operating under Covid-19 guidance.
  - SNs delivering virtual sessions with CAMHS colleagues

- ❖ The following priorities have been identified:
  - Backlog of 1 and 2-year checks (completed in August)
  - Revise timescales for full mobilisation
  - Adjust Year 1 targets to account for Covid-19 impacts
  - Increase coverage of antenatal and 6-8 week checks
  - Develop delivery of integrated programmes of support with Early Help
  - Scope extension of service delivery hours
  - Introduce infant feeding and perinatal mental health roles
  - Improve tracking and follow-up of families who don't engage in health reviews

## ❖ National outcome measures

- High level (e.g. reducing smoking at delivery, increasing breastfeeding prevalence at 6-8 weeks, improving school readiness, reducing under 18 conceptions)
- HV and SN services contribute to these through their work with other agencies across the system

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## ❖ Local outcome measures

- Based on Public Health England's HCP guidance
- Focused on High Impact Areas for 0-5s and 5-19s
- Developed at individual, community and population levels

- ❖ For HV, two key areas in which we expect improvements as a result of increased service capacity are:
  - Coverage of antenatal checks
  - Coverage of 6-8 week checks
- ❖ We are therefore proposing these as the two performance indicators to be reported.
- ❖ For SN, we are proposing an indicator to reflect the joint work being done by school nursing and CAMHS to support children and young people's emotional wellbeing.

**HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE**  
**24 September 2020**

<b>Subject Heading:</b>	<b>Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) – Performance Report</b>
<b>Report Author and contact details:</b>	<b>Shelagh Smith, Chief Operating Officer, BHRUT</b>
<b>Policy context:</b>	<b>Ongoing performance information supplied by BHRUT.</b>
<b>Financial summary:</b>	<b>No impact of presenting information itself</b>

**SUMMARY**

The attached presentation summarises the latest performance information from BHRUT.

**RECOMMENDATIONS**

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

**REPORT DETAIL**

As shown in the attached slides, BHRUT have supplied for scrutiny details of the Trust's recent performance and how this has been impacted by the ongoing Covid-19 pandemic.

**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

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# WHERE HAVE WE BEEN?

Since last met, Covid-19 pandemic hit us - incredibly challenging times for all of us, professionally and personally

Staff have done an outstanding job in rising to the challenge

To mitigate spread of the virus in our hospitals, keep patients and staff as safe as possible, and to help support them emotionally:

- All but the most urgent services suspended in our hospitals
- Trauma care and cancer treatment moved to the independent sector; took over North East London Treatment Centre plus use of Spire East London and Hartswood
- Converted thousands of face to face clinics to phone clinics
- Increased our critical care capacity five-fold and set up a renal dialysis unit in 10 days
- Staff retrained and redeployed to support teams such as critical care
- Developed a comprehensive wellbeing package for staff including psychological support in person and over the phone from a team of psychologists
- Delivered more than 1,000 'Thinking of You' messages to patients.
- Worked closer than ever with system colleagues to support patient pathways eg increases in community beds

Huge thank you to our Scrutiny colleagues, other key stakeholders and residents for their overwhelming support – and keeping us in Easter eggs, pizza and curry!



# WHERE ARE WE NOW?

- Pausing services, and re-instating services, has been, and continues to be, dictated by national infection prevention and control (IPC) guidance, which is constantly updated as we learn more about the virus
- We have started bringing back services as and when safe to do so - phased approach
- Due to the pathways we need to follow under IPC guidelines, the pace of this is slower than we would ordinarily like
- It can also mean some services may need to be delivered from different locations to prior to the pandemic
- Complex and complicated – need to ensure services are sustainable during further peaks – living with Covid for many months to come
- Started with King George as easier to set up green pathways
- Endoscopy up and running at Queen's; now looking at phasing in planned care at the site, particularly surgery
- All patients under our care are now able to have their blood tests at our hospitals and children under 12 continue to be seen
- Focus on supporting staff wellbeing – it's been very traumatic and we need to make sure we care for them and ensure they are fit and well as we move into winter and possible future waves

# CONSTITUTIONAL STANDARDS – PERFORMANCE

## Emergency Department (ED) attendances

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Key Metrics	July 2020	Queen's	King George	National Target
<u>ED Performance</u>				
All Types	63.44%	72.50%	89.30%	95%
Type 1 only	78.33%	49.60%	83.87%	95%



# FOUR HOUR EMERGENCY ACCESS STANDARD – GETTING BACK ON TRACK

## The position

- Emergency Department attendances significantly reduced during the peak; have started to increase but not back at previous levels
- Disappointed that our performance is not where we know it should be
- Need to tackle the issues and get back on track
- Crowding and capacity issues continue to be an issue at Queen's

## Getting back on track

- Launch of same day emergency care unit – offers diagnostics and specialty response to avoid unnecessary admissions
- Re-opened the frailty unit at King George Hospital
- Developed a robust and detailed programme of work to tackle the problems
- Whole hospital approach, not just the front door
- Clinically led and full engagement across clinical and admin teams
- Seven workstreams each with an Executive sponsor, and dedicated clinical, nursing and operational lead
- System approach - considers the patient journey from before they even step into our hospitals
- Considers the cultural and staff wellbeing aspects
- Strength of governance and monitoring to improve oversight and accountability

Working together across BHR and NEL to look at developing pathways for urgent and emergency care so patients access the appropriate care outside of a hospital setting where this is best for them- the Royal College of Emergency Medicine has stated we cannot go back to the days of overcrowded waiting rooms



# THE SEVEN WORKSTREAMS

1. Out of hospital and pre-hospital
2. First 24 hours
3. 24-72 hours
4. R2G, discharge, step down, rehabilitation
5. Workforce, rotas, wellbeing and accountability
6. Hearts and minds
7. Information, digital transformation, technology and infrastructure

# CONSTITUTIONAL STANDARDS – PERFORMANCE

## Referral to Treatment, Diagnostics and Cancer

Key Metrics	July	National Target
RTT Performance (unvalidated)	43.3%	92%
Diagnostic Performance	33.40%	<1%

Key Metrics	This month	National Target
Cancer performance (62 Day)	45% June 2020 (validated) 51.3% July 2020 (unvalidated)	85%
Cancer performance (2WW)	54.5% June 2020 (validated) 62.3% July 2020 (unvalidated)	93%



## PLANNED CARE, DIAGNOSTICS AND CANCER – GETTING BACK ON TRACK

- Nationally and locally, waiting lists have grown substantially for planned care
- Capacity impacted by infection prevention guidelines eg additional deep cleaning
- Working together across BHR and NEL to look at:
  - combined capacity to reduce waiting lists
  - a single patient tracker list

## PLANNED CARE, CANCER AND DIAGNOSTICS – GETTING BACK ON TRACK cont.

We are on track to meet the following, which are set against historic levels for the same period in 2019.

Outpatient activity and procedures:

- 70% in September
- 80% in October
- 100% in November

Day case and inpatient procedures:

- 80% in September
- 90% in October

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Diagnostics: CT, MRI and endoscopy:

- 100% in October

For diagnostics, endoscopy capacity has been a particular issue cross NEL and nationally; as a system we are creating additional capacity and now offer this at both Queen's and King George

Ongoing phasing of bringing back services



# PLANNED CARE, CANCER AND DIAGNOSTICS – GETTING BACK ON TRACK cont.

## 52 week waits

- Significant proportion in pain management - insourcing to help manage this

## Cancer

- Managed majority of cancer treatments during the peak through use of the independent sector
- Some treatments eg for our haematology patients, continued to be provided at Queen's
- Majority of radiotherapy treatments also continued
- Now seeing an increase in GP referrals for skin and breast – higher numbers in July than other trusts
- Slower increase in referrals for urology and lower GI – working with CCG and alliance
  
- On track to return to 2ww performance in August
- 62 day performance will take longer
- This is due to, for example:
  - the need to fully recover endoscopy services
  - the need for referrals for certain tumour groups that have high treatment numbers (such as lower GI and urology) to return to normal

# CHALLENGES, RISKS AND MITIGATIONS

## **Swabbing process and additional administrative workload limiting use of available capacity**

- Setting up a swabbing team that will be managed corporately to support endoscopy and theatres from start Sept
- Recruiting additional admissions officers for endoscopy
- Review processes; improve use of technology

## **Space constraints and social distancing**

- Ongoing work to locate services to run as efficiently as possible
- Continue with virtual and phone clinics wherever possible

## **Workforce – staff shielding/burnout/sickness**

- Recruit additional staff where possible
- Insourcing
- Continue to maximise use of staff who are shielding

## **Independent sector contract – reduction in use**

- Contractual discussions continuing via NHSE and locally
- Currently using Spire Hartswood (cancer) and the North East London Treatment Centre (orthopaedics and general surgery)
- Creating space on Day Surgery Unit being to provide additional capacity as the above reduce

## **Patients declining treatment due to anxieties and/or isolation requirements**

- Ongoing communications campaigns at a local and national level
- Safety messages and reassurances from booking staff, primary care colleagues and so on

# WHAT'S NEXT?



No Going Back – due to pandemic, transformed the way we care for our patients, the way we deliver our services, and the way we work together.

In the words of our staff – ‘there is no going back’.

Pace of change has been exhausting and extraordinary; our Trust bears little resemblance to before

Important we seize a once in a generation opportunity to improve care for the better

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- Continue to strengthen and improve system working across BHR and NEL to keep the learnings and improvements
- Happy and Healthy Hospitals – our ambition is to be amongst the happiest and healthiest hospitals in the country

## How you can help – key messages we would appreciate you sharing:

- encourage residents to have flu jabs
- we are open; reiterate importance of looking after our health; we'll be living with Covid for many months
- plans in place in our hospitals to keep people safe
- signpost to our website for latest information: [www.bhrhospitals.nhs.uk/our-services-during-covid-19](http://www.bhrhospitals.nhs.uk/our-services-during-covid-19)





**HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE,  
24 SEPTEMBER 2020**

<b>Subject Heading:</b>	2020/21 performance information
<b>SLT Lead:</b>	Jane West, Chief Operating Officer
<b>Report Author and contact details:</b>	Lucy Goodfellow, Policy and Performance Business Partner (Children, Adults and Health) (x4492)
<b>Policy context:</b>	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.
<b>Financial summary:</b>	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	<input checked="" type="checkbox"/>
Places making Havering	<input checked="" type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

**SUMMARY**

This report outlines the requirement for the Health Overview and Scrutiny Sub-Committee to consider which performance indicators to receive information on during the remainder of the financial year 2020/21.

**RECOMMENDATION**

That the Health Overview and Scrutiny Sub-Committee confirms the performance indicators it wishes to scrutinise during 2020/21 so that reporting arrangements can be established.

**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 did not select a suite of indicators for regular monitoring but instead identified a number of broader areas for scrutiny. Presentations relating to these areas were delivered over the course of the last three meetings.
3. From the presentations received and subsequent discussion, the following areas were identified as priorities for regular monitoring during the new financial year (2020/21):
  - Accident and Emergency performance (4 hour access standard);
  - Referral to Treatment (RTT) performance;
  - Child and adolescent mental health outcomes (including from early intervention);
  - Performance under the new 0-19 Healthy Child Programme contract (health visiting and school nursing services)
4. The Health Overview and Scrutiny Sub-Committee is now asked to consider whether these are still the areas it wishes to monitor performance against, and for the last two areas, to confirm the exact indicators that members wish to receive on a quarterly basis, so that reporting arrangements can be established for the remainder of the year. The proposed indicators for child mental health and the 0-19 Healthy Child Programme are:
  - The percentage of face to face antenatal checks completed by Health Visitors;

- The percentage of infants receiving a 6-8 week review by a Health Visitor by the age of 8 weeks;
- Evidence based interventions for those with social, emotional or mental health needs not meeting the threshold for CAMHS.

## **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.

# Annual Report 2019-2020

Guided by you – Informed by you



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Message from the Chair  
Anne-Marie Dean

Guided by you –  
Informed by you

Using our influence to  
achieve positive change

Welcome to our report.

This report sets out the work that we have undertaken during the year. This year we have heard over 550 experiences from residents using surveys, joining local community meetings, Patient experience forums, workshops, Enter and View visits and Twitter - thank you to our residents and volunteer members for their tremendous support and commitment

We have been able to influence and contribute to service improvements by providing advice and guidance based on your feedback across the borough in health and social care.

We have watched in admiration as our colleagues at Barking, Havering & Redbridge University Hospitals Trust (BHRUT), Havering Council, the North East London Foundation Trust (NELFT), the London Ambulance Service (LAS), Havering Clinical Commissioning Group (CCG), the new Havering Primary Care Networks (PCNs), Care Homes and the Voluntary sector and Charities worked together, shared together and delivered care and support together – thank you

For all those who have obeyed the rules of lockdown – thank you. In memory of those who are no longer with us, we are committed to working in partnership with organisations and the community to build on the many amazing things that have been achieved simply – by working together



# About us

Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

We are the independent local champion for people who use health and social care services. We're here to find out what matters to people, and help make sure their views shape the support they need.

People's views come first - especially those who find it hardest to be heard. We champion what matters to you and work with others to find ideas that work. We also help people find the information they need about services in their area.

We find out what people like about services, and what could be improved, and we share these views with those with the power to make change happen.

Healthwatch England is our national body and they are a statutory committee of the independent regulator the [Care Quality Commission \(CQC\)](#).

Healthwatch England provides all local Healthwatch with leadership, guidance, support and advice.

You can find out more about how we are organised in **Appendix 1 – Our governance**

You can see where our money came from, and what we spent it on, in **Appendix 2 – Summary of Income and Expenditure**

And our work with service users is reported on in **Appendix 3 – Engaging Service Users**



## Guided by you Informed by you

'Have your say' and help to design the health and social care services for the residents of Havering for the future

The Coronavirus has changed the way we all live our lives

Many services have responded by re-designing how they work - accessing your GP, attending A & E, using on-line information and advice for self care

Residents are already telling us about their experiences during the Covid-19 pandemic sharing their concerns and identifying positive service improvements.

Tell us what you think, and we will work diligently to

- ✓ **enable** you to get the help and support you need
- ✓ **empower** you to seek out answers to be stronger and more confident, especially in controlling your own life
- ✓ **enrich** your, and everyone's health and social care delivered in our borough



At the launch of our Friends Network

Left to Right: Cllr Jason Frost, Cabinet Member for Health & Social Care; Anne-Marie Dean, Chairman, Healthwatch Havering; and Ian Buckmaster, Director, Healthwatch Havering

# Highlights from our Year

- The launch of our Friends Network in October 2019 was a very special event. It was attended by our colleagues from across the borough who work in both health and social care and their support was very much appreciated. No-one on that day could have foreseen the Covid 19 pandemic which would change everyone's lives. Our Friends Network has enabled us to engage with residents and organisations across the borough – we have acted as a conduit for as many organisations as possible helping to ensure that residents get as much helpful information and advice as possible.
- We are regularly commissioned by the CCG to support their work in understanding the views of local residents on existing and future models of care, an example of this would be, the Interpreting Service for whom English is not the first language. Our Partner organisation for the survey was the Havering Adult College.
- We work with local organisations such as Havering Over Fifties Forum (HOFF) whom we partner with regularly; this year we worked together on the changes to the NHS Continuing Healthcare Fund. The changes were reasonable and supported but most importantly for HOFF members was to achieve appropriate advocacy support for families and friends who are affected by changes in the care arrangements, which the London Borough of Havering confirmed would be provided.
- Following a CQC report in 2019 regarding the provision of dental care in care homes, we undertook a local survey of the care homes in Havering, we are awaiting final comments from the dental care provider and anticipate that the report will be published in summer.

## Launch of our Friends Network at the Town Hall in October 2019

- Hosted by Councillor Jason Frost the Chairman of the Health and Wellbeing Board and chaired by Councillor Michael Deon Burton, the Mayor

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The purpose of the Friends Network is to **Enable, Empower** and **Enrich** the experience for residents of the health and social care services in our borough by sharing and supporting each other

A huge thank you to Hornchurch Can't Sing Choir, the conductor and the singers who provided an amazing choral inspiration for us all

- Thank you to Gary Etheridge, Director of Nursing and Director of Safeguarding, for his presentation on the work that BHRUT are developing to widen and strengthen the role of the hospital in dementia care
- Thank you to Jenny Gray, Commissioner and Project Manager – Dementia, London Borough of Havering on her presentation on the breadth of work that the Council are undertaking to support residents who are affected by dementia.
- Thank you to all our colleagues from across the Borough, LBH, BHRUT, NELFT, CCG, Care Homes, Third Sector, our Members and the public who joined us





Highlights of our year – sharing your thoughts and ideas on our projects in Dental Services in Care Homes, changes to the NHS Continuing Healthcare Funding and Interpreting Services

# Highlights from our year - health and care that works for you - providing support

- Over 80 people have received and shared our Friends Network
- More than 650 people we engaged with Twitter
- 30 recommendations in our reports for health and social care providers



# How we have made a difference

This year we have been members of two assessment panels for the procurement of new health services.

The CCG tender for a GP multi-disciplinary service, integrated, community urgent care service.

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The STP tender for the Special Allocations Service, specialist service providing primary care services for patients who have been excluded from other GP practices.

Our Enter and View programme this year has included new homes and follow up visits. All of our reports are published and available on our website, they are also available to all our national Healthwatch colleagues on the Healthwatch England website.

*We find out what people like about services, and what could be improved, and we share these views with those with the power to make change happen.*



## How we have made a difference

Procurement of the Special Allocation Service (SAS) for GP care for vulnerable people, patients who have been excluded from other GP practices,

### Priorities that we were seeking to achieve from the appointed provider

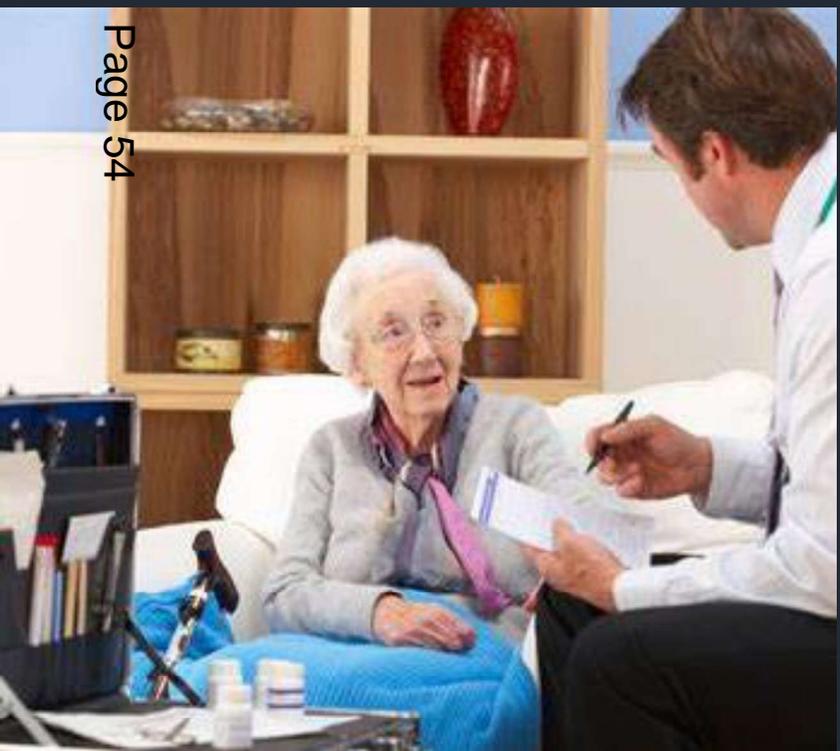
- ✓ Will there be a duty doctor/nurse practitioner available throughout the contract core hours to provide an urgent consultation, including face to face
- ✓ How will you establish and develop effective relationships with them so as to improve patient health and care outcomes
- ✓ Experience of managing patients who show challenging behaviour
- ✓ Policies and systems in place to ensure that service users are always treated with dignity and respect by the practice and any outreach services

## How we have made a difference

Members of the bid evaluation team commissioning an integrated community urgent care service.



- BHR vision for a GP led, multi-disciplinary service that effectively prevents avoidable A&E attendances
- 4 Urgent Treatment Centre services (UTCs) 1 Out of Hours Home Visiting service (OOHV) (the "Services").
- All services will be commissioned under a single contract.
- Ensuring that patients are treated in the most appropriate setting, according to their clinical and wellbeing needs.



# How we have made a difference – Enter and View visits by the Engagement Panel

- We have visited 16 care homes in Havering
- We have made over 30 recommendations
- Since we began we have published over 120 reports
- Our reports are published on Healthwatch England’s website and shared with the CQC

(Appendix 3 has further information on our engagement work)

More than 200 people across England read our reports

Over 70 reports published on Healthwatch England’s website

• “Thank you to you and your team. It was nice to meet your representatives” (care home manager)

# Helping you to find the answers

We received over 60 telephone enquiries seeking advice

We helped 22 people with concerns about the health and social care service with advice and signposting

We gave talks about health and social care to audience of

Over 80 people

We had 650 followers on Twitter, to whom we regularly sent information

Over 1400 people visited our website, not only from Havering or the United Kingdom, but from afar afield as the United States, China, South Korea, Nigeria and the Philippines



## Our volunteers members and our Friends Network

- We have 25 active volunteer members of our Community Interest Company
- Between them they are members of/or work with over 60 third sector organisations across the borough
- Volunteer members guide the management of our Healthwatch as members of the Governance Committee and the Engagement Panel.
- Our Friends Network, launched in October 2019, had 84 subscribers at the year end, and continues to grow
- More detail will be reported in next year's Annual Report but, as the Covid-19 pandemic took hold at the end of the year under review, our Friends Network enabled us to disseminate up-to-date information and advice to a growing number of people.

# Our Plans for our organisation and working with colleagues in 2020-21

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### Our governance

#### Status of Havering Healthwatch

Havering Healthwatch C.I.C. is a company limited by guarantee, registered in England & Wales. Its operating name is Healthwatch Havering. All active participants in Healthwatch Havering are admitted as members of the Company.

Page

Following a competitive procurement exercise, Havering Council awarded the company a new contract for providing the Healthwatch Havering service running for five years from 1 April 2019, with the possibility of an extension for two further years. This report relates to the first year of the contract.

In preparation for the new contract, Healthwatch Havering reviewed extensively its operating policies, procedures, and governance procedures.

## Involving our volunteers

In early 2019, a Governance Committee was set up, which ran successfully during 2019/20. From the Company AGM in June 2020, the volunteer members of this Committee will be elected by the general membership (subject to certain criteria); the other members of the Committee are the Executive Directors and paid staff. The Committee meets 10 times a year.

The scope of the former Enter & View Programme Panel was extended to cover all public engagement activities of Healthwatch Havering, and it was renamed the Engagement Programme Panel. All members of Healthwatch Havering are automatically entitled to participate in Panel meetings. The Panel also meets 10 times a year.

The Management Board (again involving all members) continues, but it now meets a maximum of four times a year.

The Annual General Meeting, held in accordance with the requirements of the Companies Acts, is held in June with Extraordinary General Meetings held as and when necessary.

## Compliance with statutory requirements

We have maintained our engagement with the Havering Health and Wellbeing Board, Health and other Overview & Scrutiny Committees and the Outer North East London Joint Health Overview & Scrutiny Committee. We have been represented at most meetings of these bodies.

We have used the Healthwatch logo on stationery, reports and on our website. We continue to hold a licence from Healthwatch England to do so.

Copies of this Annual Report will be sent to various stakeholders, including Healthwatch England, Havering Council, Havering CCG and the British Library.

We are registered as a Community Interest Company with Companies House and for data protection purposes by the Information Commissioner.

## Dealing with the consequences of the Covid-19 pandemic

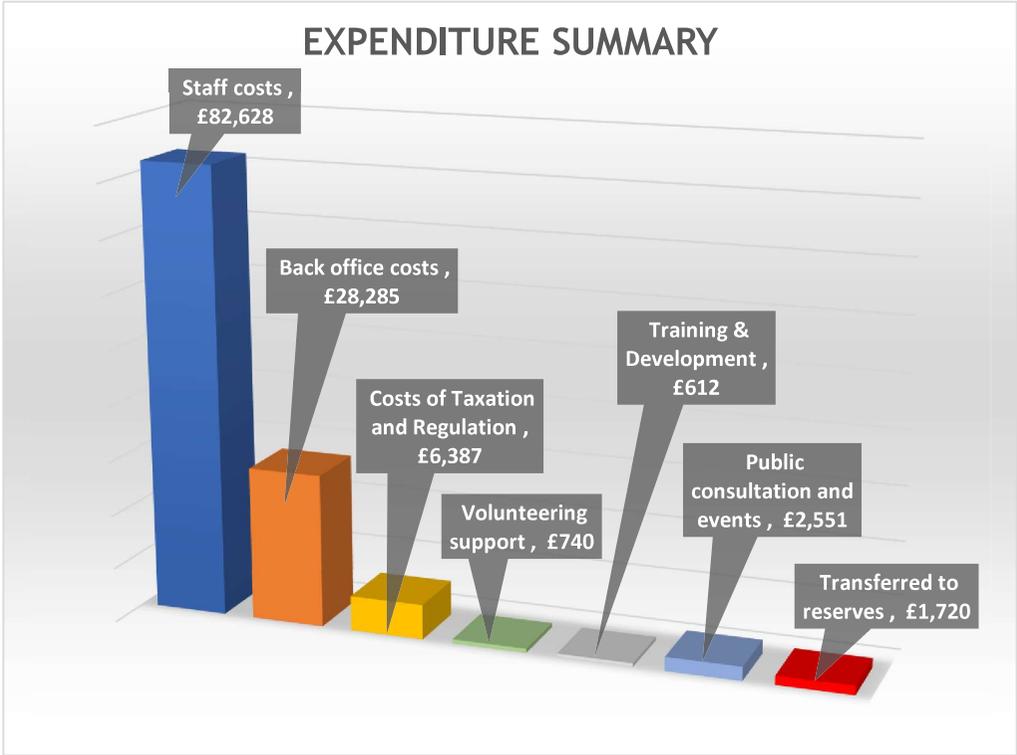
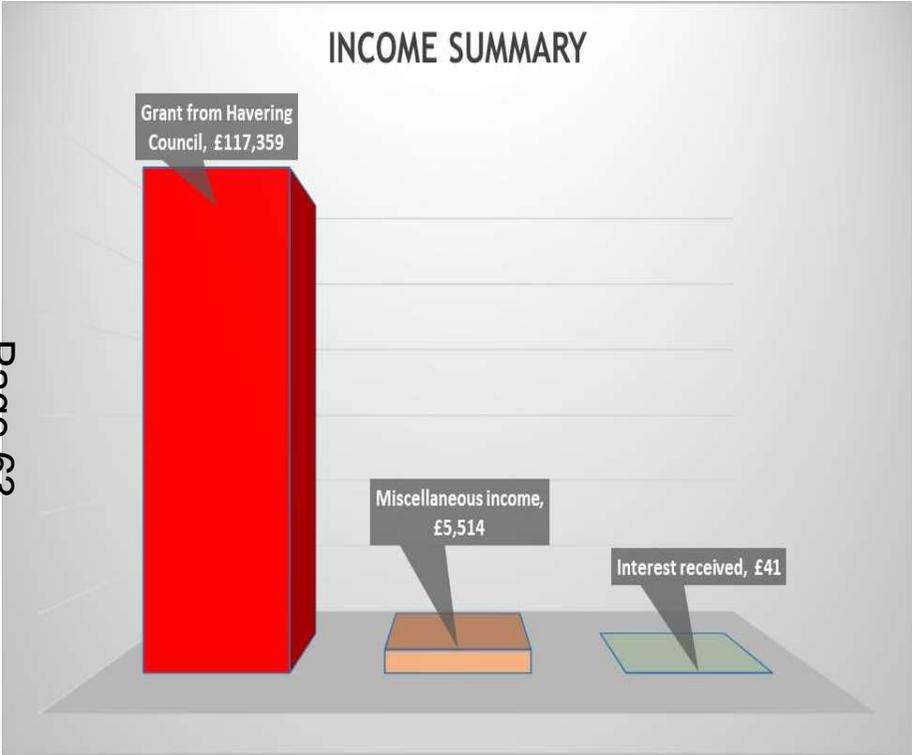
During the final quarter of 2019/20, the Covid-19 coronavirus pandemic began to develop worldwide. Initially, although the developments were a matter of concern, they did not impact upon Healthwatch activity and our Enter & View visits and other engagement activities continued as planned.

As the situation worsened during March, however, we had to take the very difficult decisions of curtailing both our Enter & View visits programme and two surveys that were being undertaken for Havering CCG. The Prime Minister's instruction to the nation to work from home during a period of lockdown that began on 23 March 2020 meant that we had to close our office from that point and our staff began to work from home. This occurred at the end of the year under review and did not greatly impact upon the work now reported on.

A full report on our activities during the lockdown period and afterwards will be included in the Annual Report for 2020/21, to be published in June 2021.

# Summary statement of Income and Expenditure

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For more detail, please refer to the annual accounts available on our website at <http://www.healthwatchhavering.co.uk/our-activities>

## Engaging service users...



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

Engaging with the users of this large range of services has therefore been a major part of our role in the seven years of our existence.

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

Since being awarded the contract for Healthwatch services until April 2024, however, we have considered how we could expand our engagement activity and have begun to carry out more public surveys, giving talks to other organisations and have launched our Healthwatch Havering Friends Network.

## Enter and View visits

To ensure the robustness of the Enter and View programme, we identify premises that should be visited through a monthly meeting of staff and volunteers at which the programme is managed, visits are arranged and the findings of recent visits are reviewed. The programme is 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 as well as previous visits. Most visits are announced in advance but, occasionally, we carry out unannounced visits without prior warning.

Unfortunately, in 2019/20, we were unable to pursue as a full a programme as we had intended but were able to carry out 12 visits (during which we visited a total of 16 registered premises; we visited one establishment twice, and two visits were to locations where there were several registered establishments). The full list appears below.

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

Few major problems were identified and mentioned in our teams' reports of their visits. Where we did make recommendations, we have been, or 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](http://www.healthwatchhavering.co.uk/enter-and-view-visits) and shared with the home, GPs or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies. Owing to the thorough nature of pre-publication checks, not all of the reports had been published at the date this report was prepared.

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

The programme of visits was curtailed in comparison with earlier years mainly as a consequence of the award to us of the new contract; that was inevitably followed by a period of mobilisation, during which we reviewed policies and procedures to make adjustments to accommodate the new contract terms, during which visits were suspended. Towards the end of the year, however, the growing concerns consequent upon the spreading Coronavirus Covid-19 pandemic forced a reappraisal of the practicalities of carrying on with visits. At the time of writing this report, it seemed unlikely that it would be practicable to resume the programme for some months to come; next year's Annual Report will cover these issues in much greater depth.

Date of visit	Establishment visited		Reasons for visit	Recommendations for improvement
	Name	Type		
2019				
5 June	Beech Court Nursing Care Home	Nursing Home	To observe the home in normal operation	The team did not find it necessary to make any recommendations as a result of this visit but will pursue with the local authority improvements in the supply of incontinence pads.
12 June (Un-announced)	Queens Hospital: A&E Streaming and Urgent Treatment Centre (provided by PELC)	Hospital and GP services		<ul style="list-style-type: none"> <li>• That, as children coming into A&amp;E must initially go through the same registration process as adults before being signposted to the children's A&amp;E waiting area 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&amp;E area;</li> <li>• That signage within the waiting area be replaced; 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 be encouraged to have only the absolute minimum of companions waiting with them;</li> <li>• That a member of staff be tasked to monitor in an obvious way as a means of reassuring patients and ease any anxieties they may experience; and</li> <li>• That a more child-friendly process be developed, enabling children to go straight to the dedicated A&amp;E service, with adequate signage to ensure that the risk of confusion is minimised.</li> </ul>
31 July (Un-announced)	Barleycroft Care Home	Residential Care	To observe the home in normal operation	When the team carried out this visit, they observed conditions that were, frankly, disappointing. The exterior of the building was untidy, security appeared lax, and the overall appearance of the interior was of neglect. Residents spoken to in the course of the visit were uncomplimentary and staff to whom the team spoke appeared unmotivated and inadequately trained. (See also the entry for 15 January 2020 below)

Date of visit	Establishment visited		Reasons for visit	Recommendations for improvement
	Name	Type		
<i>2019 continued</i>				
9 October (Follow Up Visit)	Hillside Nursing Home	Nursing Home	To follow up on a visit made on 2 May 2018	<p>The team were pleased to learn of and see many improvements since the visit in May 2018. It was clear that the Manager was receiving support from the proprietors.</p> <p>The team congratulated the Manager for having made significant strides in dealing with the many problems she had inherited. The place did not look tired as it previously had, the residents were tidy, the staff looked good and all greeted the team as they met.</p> <p>The team were surprised to learn of a lack of dental facilities for residents when they are immobile, a situation outside the Manager's control as (in common with other homes nationwide) NHS dentists were reluctant to provide a home calls service. This was an issue highlighted in July 2019 by the Care Quality Commission and Healthwatch Havering is pursuing the question of securing dental care for care home residents across Havering. (See also the section below on Surveys)</p>
23 October	Freshfields	Residential Care	To observe the home in normal operation	The team were very impressed with the home and the overall presentation and dedication of the staff. The team did not wish to make any recommendations as a result of this visit.

Date of visit	Establishment visited		Reasons for visit	Recommendations for improvement
	Name	Type		
2019 <i>continued</i>				
30 October	Lilliputs Complex (The Farmhouse; The Day Centre; The Paddocks; Cherry Tree and Annex)	Co-located Residential Care and Day Care	To observe the several establishments in normal operation	<p><b>The Farmhouse:</b> That bedding be replaced and urgent attention given to the ground floor corridors to ensure that any possible hazard be avoided; and that a recruitment drive for applicants who have experience in this type of care.</p> <p><b>The Day Centre:</b> The team were disappointed to observe that the recommendations made following the 2017 visit had not, on the whole, been carried out. The team recommended:</p> <ul style="list-style-type: none"> <li>• That the cloakrooms in the Entrance Hall be upgraded, for example by attending to taps and wash basins, and one of the cloakrooms be converted into a wet room;</li> <li>• That flooring be replaced and/or carpets laid;</li> <li>• That attention be given to the fences, not least to reduce (if not eliminate) security concerns;</li> <li>• That the swimming pool area be deep steam cleaned, the floor area tiles replaced, and the area redecorated; and</li> <li>• That the arrangement with recruitment agencies be reviewed to ensure that they provide staff who are better suited to the Centre's staffing needs and pre-qualified with DBS clearances, etc.</li> </ul> <p><b>The Paddocks:</b> That the obsolete trampoline be removed as this may present a safety hazard; and that residents be encouraged to keep the gardens neat and tidy and, perhaps, develop flower/vegetable gardens.</p> <p><b>Cherry Tree &amp; Annex:</b> That consideration be given to encouraging those residents who are physically able to do so, to take more interest in the gardens and to help maintain/develop flower beds</p>

Date of visit	Establishment visited		Reasons for visit	Recommendations for improvement
	Name	Type		
<i>2019 continued</i>				
6 November	Emerson Court Care Home	Residential Care	To observe the home in normal operation	The team recommended that consideration be given to redecorating the building, including installing laminated flooring; and that management arrange to visit the night staff on a regular basis.
15 November	The Fountains Care Centre	Residential Care	To observe the home in normal operation	That attention be given to the outstanding need for minor repairs and maintenance; that menus be displayed, and consideration be given to widening the choice of food available; that heating around the home be reviewed to ensure that residents' comfort is maintained year round; that action be taken to eliminate unpleasant odours; that the arrangements for residents' bedding be improved; that arrangements for staff training be reviewed to ensure that staff are paid when participating in training events; and that consideration be given to improving the heating and cooling arrangements in the laundry and kitchen areas
22 November	Ravenscourt Nursing Home	Nursing Home	To observe the home in normal operation	The team felt that the home was very motivated and caring, with a relaxed and homely atmosphere, and did not consider it necessary to make any recommendations for improvement.

Date of visit	Establishment visited Name	Establishment visited Type	Reasons for visit	Recommendations for improvement
2020				
15 January	Barleycroft Care Home	Residential Care	To follow up on the visit made on 31 July 2019 - see above)	<p>Upon arrival, the team were met by the home's proprietor's Area Manager, who introduced them to the home's Manager and Deputy Manager. Bearing in mind that the visit was unannounced, the team noted considerable activity in progress: windows were being cleaned and the dining rooms on both floors were being cleaned and mopped after breakfast service. A few carers were performing morning tea rounds, and residents were participating in activities in the common rooms.</p> <p>The team were pleased to note immediately that the flooring in the arrival area had been replaced with a laminated surface, which greatly improved the appearance of that area. They were told that the carpets throughout the building were being replaced, and when walking around they saw that improvement work was well underway, although much obviously remained to be done. A skip outside was full of old furniture.</p> <p>Overall, the team were impressed with the improvements made at the home since the July visit. They did not feel it necessary to offer recommendations but agreed that a further visit be undertaken later in the year to review progress.</p>
10 February	Rosewood Medical Centre	GP Practice	To observe the practice in normal operation	<ul style="list-style-type: none"> <li>• That value-added focus groups be set up as a way of moving the practice on to Outstanding;</li> <li>• That consideration be given to providing a designated phone line for priority patients to facilitate their contacting the surgery for advice on health problems and to make appointments; and</li> <li>• That consideration be given to introducing advice sessions for people with long-term conditions, such as training sessions for newly diagnosed diabetic patients on how to cope.</li> </ul>

Date of visit	Establishment visited Name	Type	Reasons for visit	Recommendations for improvement
<i>2020 continued</i>				
2 March	Maylands (Maylands Healthcare GP; Parkview Dental; and Parkview Pharmacy)	Co-located GP Practice, Dental Practice and Pharmacy	To observe the practices and pharmacy in normal operation	GP practice - That consideration be given to improving privacy in reception and to the installation of hearing loop if this is not currently available Dental surgery - No recommendations Pharmacy - No recommendations

**We did not find it necessary to make recommendations to Healthwatch England for special reviews etc.**

## Surveys

In several years past we have carried out surveys but, in consequence of the new contract, in 2019/20 we carried out more, and had plans for others that have been suspended as a result of the Coronavirus Covid-19 pandemic.

### NHS Long Term Plan - "What would you do - It's your NHS. Have your say"

At the beginning of the year, together with Healthwatches across the country, we undertook a survey of people's views of the NHS Long Term Plan (LTP) on behalf of Healthwatch England. Working with our Healthwatch colleagues in North East London we gathered the view of the public about what the LTP for the North East London Integrated Care Service should look like.

### Audit of attendances at Emergency Departments (A&E) and Urgent Treatment Centres (UTC)

Along with our colleagues at Healthwatch Barking & Dagenham and Healthwatch Redbridge, we were commissioned by the Barking, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) to carry out a "snapshot" survey of the reasons why patients had attended A&E and/or UTC for treatment.

Unfortunately, the developing Covid-19 pandemic led to curtailment of this project and we were unable to survey as many patients as we had hoped to.

### Provision of Interpretation Services at GPs' surgeries

Again, with our colleagues from Healthwatch Barking & Dagenham and Healthwatch Redbridge, we were commissioned by the BHR CCGs to survey patients' use of Interpretation Services at GPs' surgeries in advance of their re-procuring the service. As with the A&E/UTC survey, this survey was curtailed by the Covid-19 pandemic.

### Emergency dental care for residents of care homes

As a result of our follow-up visit to Hillside in October 2019 and following the publication earlier in the year by the CQC of a report that found that many residents of care homes across the country had difficulty accessing emergency dental care, we carried out a survey of care homes in Havering to ascertain the extent to which, if any, they found difficulty in accessing that service.

Although the survey was largely completed by the end of the year under review, completion of the report was delayed as a result of the Covid-19 pandemic.

### Planned survey

We had planned to put in hand a survey of patients' experience of Phlebotomy (Blood Testing) Services, in advance of the BHR CCGs re-procuring the service. As in other cases, the advent of Covid-19 led to a postponement of the procurement exercise and thus the survey.

## Healthwatch Havering Friends' Network

In October, we launched the Healthwatch Havering Friends Network (HHFN). This enables anyone interested in our work to sign up to receive regular emails about our activities, our surveys and developments in the local health economy. The Network came into its own during the Covid-19 pandemic. We will report in greater depth on the use made of the Network for that in next year's report.

## Talks to other organisations

We continued to give talks to other organisations about our activities. Among the organisations we visited were:

- Havering PCN Managers
- Havering North PCN
- HUBB - mental health support group
- Havering Care Association
- deafPLUS

A planned talk to Maylands Surgery Patient Participation Group was due near the end of March but had to be postponed because the developing Covid-19 emergency and lockdown.

**healthwatch**  
Havering

**Friends  
Network**

# Thank you and how to contact us

- Thank you for finding the time to read this report to the last page. We very much hope that you have found this report helpful. We have chosen 10 themes that we will work on this year, please do share your thoughts and ideas on these.
- You can contact us:
  - Through our website at [www.healthwatchhavering.co.uk](http://www.healthwatchhavering.co.uk)
  - By email to [enquiries@healthwatchhavering.co.uk](mailto:enquiries@healthwatchhavering.co.uk)
  - By telephone on 01708 303300
  - By writing to us at **Freepost Healthwatch Havering**

**HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE**  
**24 September 2020**

<b>Subject Heading:</b>	Nominations to Joint Health Overview and Scrutiny Committees
<b>SLT Lead:</b>	Addus Choudhury, Deputy Director of Legal and Governance
<b>Report Author and contact details:</b>	Anthony Clements, <a href="mailto:anthony.clements@onesource.co.uk">anthony.clements@onesource.co.uk</a> , tel: 01708 433065
<b>Policy context:</b>	To agree the Committee’s nominations to serve on the Outer North East London Joint Health Overview and Scrutiny Committee and pan-London Joint Health Overview and Scrutiny Committee.
<b>Financial summary:</b>	None arising directly from this report.

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

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

**SUMMARY**

Havering has previously played a major role in the Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JOSOC) 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 Sub-Committee nominate three Members as its representatives on the Outer North East London Joint Health Overview and Scrutiny Committee for the 2020-21 municipal year.
2. That the Sub-Committee nominate the Chairman as its representative at any meetings of the pan-London Joint Health Overview and Scrutiny Committee during the 2020-21 municipal year.

**REPORT DETAIL**

There are a large number of proposed changes and other health service issues that affect a considerably wider area than just 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, principally 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 Sub-Committee agree, as in previous years, three representatives to sit on the ONEL JOSC, in line with proportionality rules. It is suggested therefore that Councillors Patel, Dodin and White are nominated as the Sub-Committee's representatives as this will most closely fulfil the political proportionality requirements.

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 Sub-Committee is requested to agree this for the 2020-21 municipal year.

## IMPLICATIONS AND RISKS

**Financial implications and risks:** There are none arising directly from this report. The work of the Sub-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:** Article 6, paragraph 6.03 of the Constitution states:

The Health Overview & Scrutiny Sub-Committee is authorised pursuant to Regulation 28 of the Local Authority (Public Health, Health, Wellbeing and Health Scrutiny) Regulations 2013 to establish together with the Health Overview & Scrutiny Committees or equivalent of one or more other local authorities a Joint Overview & Scrutiny committee.

Any such joint overview & scrutiny committee shall have such terms of reference, and shall exist for so long, as the appointing Overview & Scrutiny Committees may agree.

Accordingly the appointment of representatives to the Joint Overview and Scrutiny Committee is within the scope of these powers.

**Human Resources implications and risks:** None.

**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.