



## HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

<b>7.00 pm</b>	<b>Thursday 10 December 2020</b>	<b>Havering Town Hall</b>
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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 (1)**

David Durant

#### **North Havering Residents' Group (1)**

Darren Wise

**For information about the meeting please contact:  
Anthony Clements 01708 433065  
[anthony.clements@oneSource.co.uk](mailto: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.

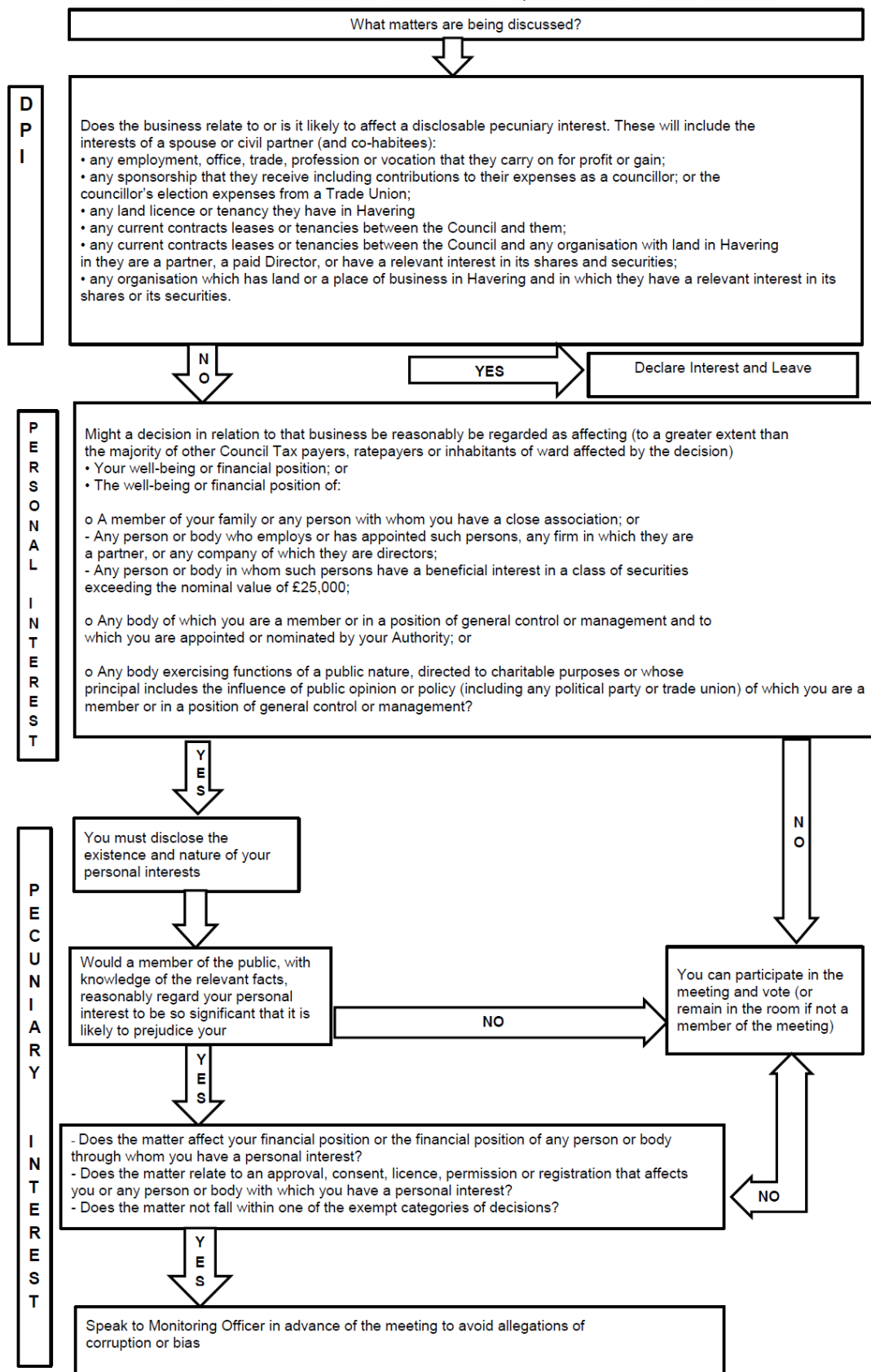
The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public 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

**DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF**



## **AGENDA ITEMS**

### **1 ANNOUNCEMENTS**

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

(if any) – receive.

### **3 DISCLOSURES OF INTEREST**

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

### **4 MINUTES** (Pages 1 - 8)

To agree as a correct record the minutes of the meeting of the Sub-Committee held on 24 September 2020 (attached) and to authorise the Chairman to sign them.

### **5 MEETINGS PROTOCOL** (Pages 9 - 12)

Attached for noting by the Sub-Committee.

### **6 BHRUT PERFORMANCE INFORMATION** (Pages 13 - 26)

Report attached.

### **7 NELFT PDREFORMANCE INFORMATION** (Pages 27 - 46)

Report attached.

### **8 HOUSING STRATEGY** (Pages 47 - 52)

Report attached.

### **9 HEALTHWATCH HAVERING REPORT - COVID-19 AND CARE HOMES** (Pages 53 - 82)

Report attached.

### **10 HEALTHWATCH HAVERING - DENTAL SERVICES IN HAVERING** (Pages 83 - 96)

Report attached.

### **11 SUB-COMMITTEE'S WORK PROGRAMME**

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  
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**

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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. 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 Meetings 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 an Overview and Scrutiny Sub-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 meeting 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 Havering 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.havering.gov.uk](http://www.havering.gov.uk)

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

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## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 10 DECEMBER 2020

**Subject Heading:**

BHRUT – Performance Report

**Report Author and contact details:**

**Anthony Clements, Principal  
Democratic Services Officer, London  
Borough of Havering**

**Policy context:**

**Barking, Havering and Redbridge  
University Hospitals NHS Trust  
(BHRUT) officers will give details of  
recent performance issues at the Trust.**

**Financial summary:**

**No impact of presenting information  
itself.**

### SUMMARY

This report gives details of recent performance and associated issues at BHRUT.

### RECOMMENDATIONS

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

### REPORT DETAIL

The attached information from BHRUT details recent performance at the Trust. This is in response to a previous request by the Sub-Committee to receive regular

updates from the Trust. Senior Trust officers will be present to explain the information presented and answer any questions from Members.

<b>IMPLICATIONS AND RISKS</b>
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**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.

<b>BACKGROUND PAPERS</b>
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None.

# PERFORMANCE REPORT

Havering HOSC  
December 2020

Shelagh Smith  
Chief Operating Officer



# OVERVIEW

Second wave of the pandemic – continues to be challenging times for all of us, professionally and personally

Cases increasing in the community means we're seeing a higher number of cases in our hospitals

Learnt a lot from previous wave to help care better for patients eg success of new drugs; proning; high flow oxygen, with ventilation a very last resort

Staff continue to rise to the challenge

Staff wellbeing focus at the highest level of the Trust - expanding wellbeing package eg dedicated partners for areas hardest hit to develop bespoke support packages; redeployment support; wellbeing rooms; psychological support

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

This means some services are being delivered from different locations to prior to the pandemic

Continue to work closely with independent sector and system colleagues to sustain services throughout this second wave



# CONSTITUTIONAL STANDARDS – PERFORMANCE

## Four hour emergency access standard

Key Metrics	October 2020	Queen's	King George	National Target
All Types	70.06%	65.97%	77.57%	95%
Type 1 only	49.39%	43.3%	61.29%	95%

# GETTING BACK ON TRACK

## The position

- Performance remains a challenge
- Disappointed that it is not where we know it should be
- Crowding and capacity continues to be an issue, at Queen's Emergency Department (ED) in particular
- Further impacted by infection prevention guidance
- Discharging Covid patients into the community is becoming harder and length of stay is increasing – impacts on flow from the front door through our hospitals

## Getting back on track

- Changed streaming system at Queen's to improve flow; protects patients from queuing outside during winter
- Urgent treatment centre at King George – run by PELC who now treat both minor illness and minor injuries (type 3); previously minor injuries were treated in the ED and therefore included in type 1 figures
- Continue with whole hospital approach, not just the front door, and to work together across BHR and NEL to develop pathways for urgent and emergency care so patients access the appropriate care outside of a hospital setting where this is best for them
- Review of our bed capacity to much demand in partnership with NELFT





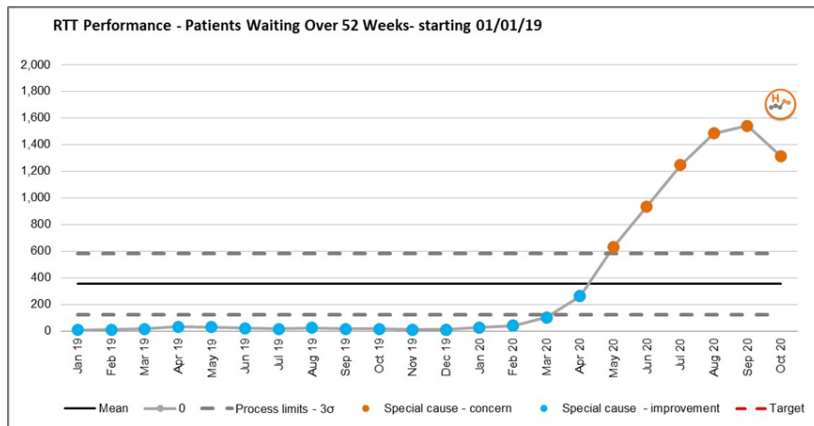
# CONSTITUTIONAL STANDARDS – PERFORMANCE

## Referral to Treatment, Diagnostics and Cancer

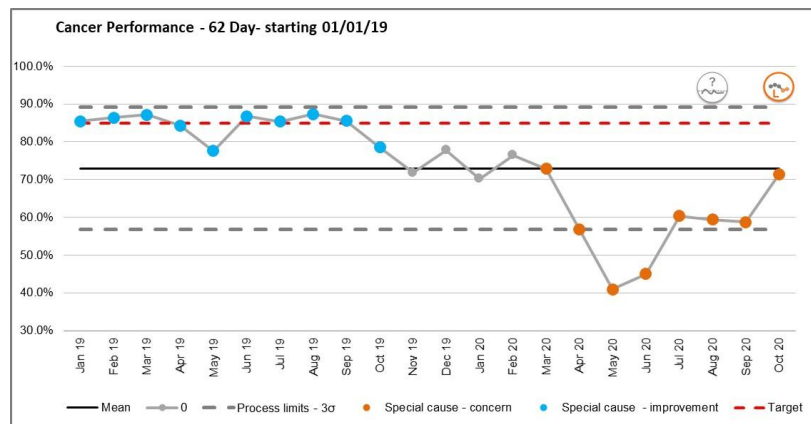
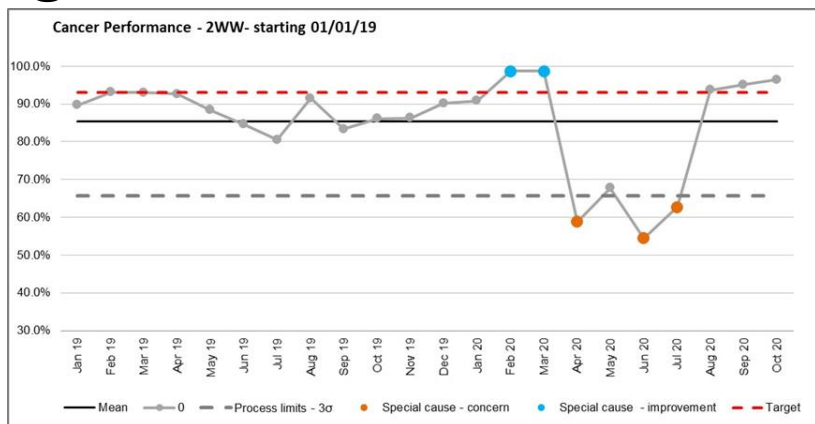
Key Metrics	October	National Target
RTT Performance (unvalidated)	59.4%	92%
Diagnostic Performance	18.76%	<1%

Key Metrics	This month	National Target
Cancer performance (62 Day)	58.7% September 2020 (validated) 71.7% October 2020 (unvalidated)	85%
Cancer performance (2WW)	95.1% September 2020 (validated) 96.4% October 2020 (unvalidated)	93%

## Trend line for Referral to Treatment patients waiting longer than 52 weeks



## Trend line for 2ww and 62 day cancer performance



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

- Nationally, waiting lists have grown over recent months for planned care
- The Trust's waiting list is relatively stable – however the number of patients waiting longer than 18 weeks grew during the height of Covid
- 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
- Continuing to work with the independent sector
- Temporary surgical hub at King George Hospital to help boost the amount of planned surgery we can carry out, getting more patients the care they need faster
- These steps have seen our number of patients waiting longer than 18 weeks reduce, and our performance steadily improve over the last few months, from 44 per cent in July, to 54.4 per cent in October
- Whilst we will do everything within our control, we need to accept that with cases rising and another lockdown, patients may be even more scared to come into hospital or may not, for example for financial reasons, be able to adhere to isolation guidance which will impact on waiting lists

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

## 52 week waits

- Numbers of patients are reducing since the peak at the end of September (1540 patients)
- Expect this to have decreased to below 1,250 patients in October after validation
- Mainly due to reduced numbers on our pain management pathway following increases in capacity through, for example, insourcing

## Cancer

### 2 week wait (time from GP appointment to first clinical contact)

- Met the 93% standard for three consecutive months (after being below 70% from April to July)
- Overall referral volumes for cancer have returned to normal levels
- In October, we saw 2,210 new patients on a 2ww cancer pathway – this is 95% of the number we saw over the same period in 2019

### 62 day (from referral to treatment)

- Improved for October although remains below the required 85%
- Multifactorial - a result of:
  - 1) lower referrals for some tumour groups where a high proportion are identified as cancerous (eg prostate)
  - 2) delays during Covid for key diagnostic tests (particularly endoscopy that ceased completely at the height of Covid and has a large backlog)
  - 3) ongoing challenges on diagnostic and treatment parts of the pathways for some tumour groups (eg gynaecology) where requirements for patients to self-isolate and receive a negative Covid swab before coming in is introducing delays
- Remedial actions include:
  - additional capacity (eg in endoscopy, gynaecology and radiology) to see patients whose diagnosis was delayed due to Covid
  - maintaining compliance with 2ww standard alongside increases in referrals
  - maintaining green theatre capacity to ensure continued compliance with 31 day standard

# ENDOSCOPY OPTIMAL WEEK

- Dedicated week - focus on maximising service efficiency to increase patient volumes through the units at both hospitals
- Designed to rapidly and efficiently treat 2WW patients who had been waiting for their diagnostic procedure and were delayed due to Covid-19 or required surveillance
- Aimed to perform as many procedures as possible
  - fully utilise available lists
  - minimise attrition through avoidable causes
- Adopted a collaborative approach
- Successfully supported the care of more than 400 patients
- Created a 47% increase in throughput compared to that achieved in the previous 6 weeks

# PERFECT ORTHOPAEDIC WEEK

Natasha Mercer, 31, had a total hip replacement on the first day and was able to go home safely that same day



- Part of our surgical hub preparation
- Aim of the week to complete:
  - 100 joint replacements
  - 80 day cases
  - 25 spinal procedures
- We exceeded expectations
  - 135 joint replacements
  - 88 day case surgeries
  - 27 spinal procedures
- Partnership working with Practice Plus Group (North East London Treatment Centre)

# CHALLENGES, RISKS AND MITIGATIONS

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

- Set up a swabbing team that will be managed corporately to support endoscopy and theatres
- Recruited additional admissions officers for endoscopy; investing in admissions staff for other specialties
- 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 in appropriate functions and roles

## Independent sector contract

- Contractual discussions continuing via NHSE and locally
- Currently using Spire Hartswood (cancer), the North East London Treatment Centre (orthopaedics and general surgery) and Spire London East (primarily paediatric surgery)
- Creating space on Day Surgery Unit 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



# WE NEED YOUR HELP

## Key messages to share:

- Remember: Hands – Face – Space
- We are open to care for you - we'll be living with Covid for many months and it is important you look after your health
- We have plans in place to keep you safe
- Watch our latest videos:  
[Keeping cancer patients safe](#)  
[Cancer won't wait for Covid](#)
- Visit our website for latest information including latest visitor restrictions:  
[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, 10 DECEMBER 2020

**Subject Heading:**

North East London NHS Foundation Trust  
(NELFT) - Performance Report

**Report Author and contact details:**

**Anthony Clements, Principal  
Democratic Services Officer, London  
Borough of Havering**

**Policy context:**

**NELFT officers will give details of  
recent activity and performance issues  
at the Trust.**

**Financial summary:**

**No impact of presenting information  
itself.**

### SUMMARY

This report gives details of recent performance and associated issues for certain services at NELFT.

### RECOMMENDATIONS

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

### REPORT DETAIL

The attached information from BHRUT details recent performance for certain services at the Trust. This is in response to a previous request by the Sub-

Committee to receive regular updates from the Trust. Senior NELFT officers will be present to explain the information presented and answer any questions from Members.

<b>IMPLICATIONS AND RISKS</b>
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**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.

<b>BACKGROUND PAPERS</b>
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None.

## PMHT/ STARS/ School Nurse Activity September – October 2020

- Individual Case loads – **49** young people and parents / **173** sessions
- Parents virtual Workshops – 2 workshops per subject - Total – **134** attendees
- Sleep Hygiene - **32** attendees/ Anxiety management – **64** attendees / Physical Health and emotional resilience- **38** attendees - (more planned Nov'-Dec' as a rolling programme).
- School Consultations - Total attended **46** (av. 3-4 schools per session)
- Parents Drop ins\* - Total **52** parent drop-ins
- Pupil Drop-ins\* - Total **48** pupil drop-ins
- \* School Nurses are attending both Parents' and Pupil drop-ins
- Both Ardleigh Green & Clockhouse Hubs to re-open when available



# CAMHS UPDATE

## - What we have been doing during Lockdown

**Five** STAR workers and **four** Mental Health Workers currently in post.

### Contact Details:

**North Team – STAR Worker** - Marie-Jose Hagan-Asmah ([Marie-Jose.Hagan-Asmah@nelft.nhs.uk](mailto:Marie-Jose.Hagan-Asmah@nelft.nhs.uk)). **PMHT** – Justyna Brandys ([Justyna.Brandys@nelft.nhs.uk](mailto:Justyna.Brandys@nelft.nhs.uk))

**North Central Team – STAR Worker** – Emma Wood ([Emma.Wood@nelft.nhs.uk](mailto:Emma.Wood@nelft.nhs.uk)). **PMHT** – Rebecca Donn ([Rebecca.Donn@nelft.nhs.uk](mailto:Rebecca.Donn@nelft.nhs.uk))

**South Team – STAR Worker** – Chance Brako ([Chance.Brako@nelft.nhs.uk](mailto:Chance.Brako@nelft.nhs.uk)). **PMHT** – Trevor Watson ([Trevor.Watson@nelft.nhs.uk](mailto:Trevor.Watson@nelft.nhs.uk))

**South Central Team – STAR Workers** – Jamila Mohamed ([Jamila.Mohamed@nelft.nhs.uk](mailto:Jamila.Mohamed@nelft.nhs.uk)) and Katie Lidington ([Katie.Lidington@nelft.nhs.uk](mailto:Katie.Lidington@nelft.nhs.uk)). **PMHT** – Aimee Peters ([Aimee.Peters@nelft.nhs.uk](mailto:Aimee.Peters@nelft.nhs.uk))

**Schools Link Role:** Diana (CAMHS Service Lead) supporting STARs and Ambassador to link in with schools to provide bespoke support ([Diana.Daniel-Dawson@nelft.nhs.uk](mailto:Diana.Daniel-Dawson@nelft.nhs.uk))

## North

Bower Park (Secondary)  
Broadfords (Primary)  
Clock House (Primary)  
Crownfield Infant and Junior (Primary)  
Dame Tipping (Primary)  
Drapers Academy (Secondary)  
Drapers Brookside Infants and Junior (Primary)  
Drapers Mayland (Primary)  
Drapers Pyrgo (Primary)  
Harold Court (Primary)  
Hilldene (Primary)  
Marshalls Park (Secondary)  
Mead (Primary)  
Oasis Pinewood (Primary)  
Quarles College (College)  
Rise Park Infant and Junior (Primary)  
St Patricks (Primary)  
St Ursulas Infants and Juniors (Primary)

## South Central

Ardleigh Green Infants and Juniors (Primary)  
Brittons (Secondary)  
Benhurst (Primary)  
Campion (Secondary)  
Concordia (Primary)  
Francis Bardsley (Secondary)  
Gidea Park (Primary)  
Hornchurch High (Secondary)  
Hylands (Primary)  
Langtons Infants and Juniors (Primary)  
Nelmes (Primary)  
RJ Mitchell (Primary)  
Royal Liberty (Secondary)  
Scargill Infants and Juniors (Primary)  
St Mary's Catholic (Primary)  
Suttons (Primary)  
The Bridge (PRU)

## South

Brady (Primary)  
Branfil (Primary)  
Coopers (Secondary)  
Elm Park (Primary)  
Engayne (Primary)  
Gaynes (Primary)  
Hacton (Primary)  
Hall Mead (Secondary)  
Harris Academy (Secondary)  
James Oglethorpe (Primary)  
La Salette (Primary)  
Newtons (Primary)  
Parsonage Farm (Primary)  
Rainham College (College)  
Rainham Village (Primary)  
Sacred Heart (Secondary)  
Sanders (Secondary)  
St Josephs (Primary)  
Upminster Infants and Juniors (Primary)  
Whybridge Infants and Juniors (Primary)

## North Central

Abbs Cross (Secondary)  
Ardleigh Green (College)  
Crowlands (Primary)  
Emerson Park (Secondary)  
Harold Wood (Primary)  
Harrow Lodge (Primary)  
Havering Sixth Form (College)  
Mawney (Primary)  
Olive Academy (PRU)  
Parklands Infants and Juniors (Primary)  
Scotts (Primary)  
Squirrels Heath Infants and Juniors (Primary)  
St Albans (Primary)  
St Edwards (Primary and Secondary)  
St Peters (Primary)  
Tower Infants and Juniors (Primary)  
Redden Court (Secondary)



## STAR Worker support during Lockdown includes\*:

- Weekly emails to schools sending the most recent resources and support available for emotional wellbeing
- We have created resources such as a COVID-19 useful resources guide (31/03 and 02/07), school transition resource (01/06), anxiety/behavioural difficulties/low mood packs for primary/secondary schools (14/08), a bereavement (18/06) and kindness week pack (14/05) and a sleep hygiene resource (to be sent out)
- Introducing ourselves virtually to our new school clusters (with PMHT)
- Monthly virtual student/parent drop-ins (with PMHT) and weekly virtual school consultations (with PMHT)
- Liaising with clinicians to support and update teachers who are concerned about a student
- Support calls to parents/carers of young people with ASD to check in and send a resource (with PMHT)
- Issue 2 of the Havering CAMHS Newsletter
- Local Authority back to school pack, supporting young people, parents/carers and professionals
- Back to School workshops x 2 (with PMHT) approx. 30 attended, a mixture of parents/carers and professionals
- Parents workshops x 6 rolling programme - sleep hygiene, anxiety and physical/emotional health (with PMHT)

**\*Please note some STAR Workers have spent a significant amount of time redeployed during this period**



## PMHT support during Lockdown includes:

- Back to School workshops x 2 - approx. 30 attended, a mixture of parents/carers and professionals
- Local Authority back to school CAMHS presentations x 2
- COVID-19 resource - BHR
- Local Authority back to school pack, supporting young people, parents/carers and professionals
- Parents workshops x 6 rolling programme - sleep hygiene, anxiety and physical/emotional health
- Introducing ourselves virtually to our new school clusters (with STARs)
- Monthly virtual student/parent drop-ins (with STARs)
- Weekly virtual school consultations (with STARs)
- Daily availability to discuss individual teacher queries outside of consultation
- Support calls to parents/carers of young people with ASD to check in and send a resource (with STARs)



- Introducing ourselves to our new school clusters
- Trialling our first virtual student and parent/carers drop-ins and school consultations
- Creating kindness packs for schools to mark Mental Health Awareness Week and receiving positive feedback
- Continuing to support schools with any queries or additional resources to support their pupils needs during this time
- Working together with schools to offer them support in a collaborative way



## North Schools Update: PMHT: Justine Brandys; STAR Worker: Marie Hagan-Asmah

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- We have met with **13/22** schools/colleges to introduce our roles, discuss how we can work together virtually and organise support for the academic year. We have **2** more booked to meet with us over the next month and have been in contact with the other schools to agree a suitable date to set up a meeting. We plan to call schools we have not yet heard back from
- **9** schools have attended our virtual school consultations, discussing a total of **15** students. We have schools booked onto our next consultation date in October.
- We have arranged a virtual meeting with the school nurses in our cluster
- We have responded to **over 17** school email or telephone queries about individual students
- We have provided **1** virtual parent/carer drop in. We are organising more virtual parent/carer drop ins and virtual student drop ins for October/November
- We have sent **over 50** emails containing resources and information regarding emotional wellbeing/support available



## North Central Schools Update: PMHT: Rebecca Donn; STAR Worker; Emma Wood

- We have met with **15/23** of our schools/colleges to introduce ourselves and discuss how we can work together in the 'new normal'. We are arranging more booked to meet with us over the next couple of weeks and will be ringing the other schools to ask about setting up a meeting if we don't hear back from them
- **10** schools/colleges have attended our virtual school consultations, discussing a total of **23** students. We have schools booked onto our next monthly consultation date in October
- We have provided **7** virtual parent/carers drop-ins school and **3** virtual student drop-ins
- We have arranged meetings with our school nurses and met with one cluster so far
- We have responded to **over 7** immediate school/parent e-mail or telephone queries about individual students
- We have sent **over 50** emails containing resources and information regarding emotional wellbeing/support available

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## South Central Schools Update: PMHT; Aimee Peters STAR Worker; Jamila Mohamed

- We have met with **6/20** of our schools to introduce ourselves and discuss how we can work together in the 'new normal'. We will be calling the remaining schools to arrange a date to meet with us over the next couple of weeks.
- **4** schools have attended our virtual school consultations, discussing a total of **19** students. We have 2 consultation dates each month for schools to book on.
- We have provided **2** virtual parent/carers drop-ins and have parents booked in to our October dates
- We have responded to **over 4** immediate school/parent e-mail or telephone queries about individual students
- We have sent **over 42** emails containing resources and information regarding emotional wellbeing/support available

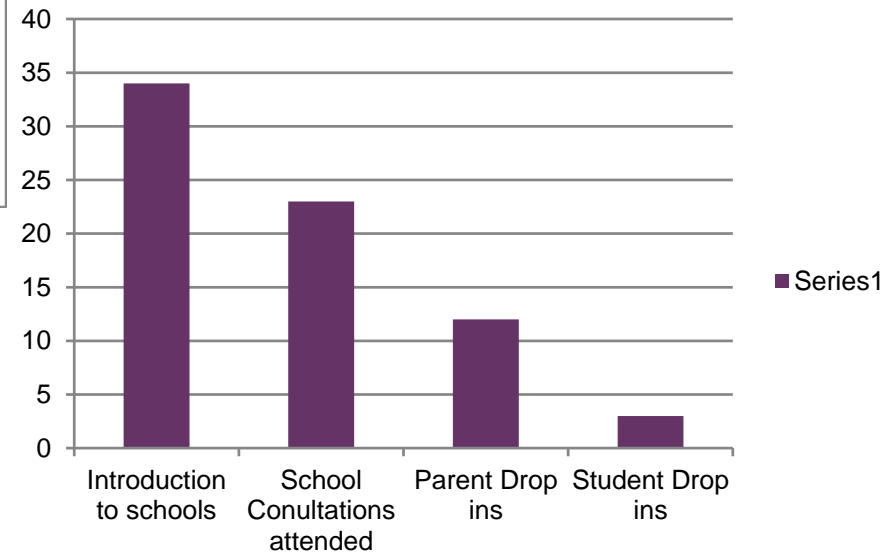
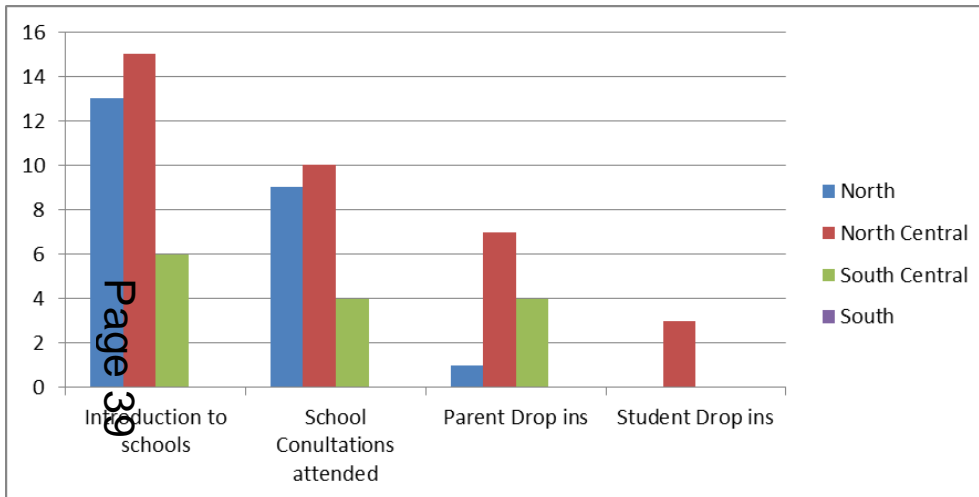


## South Schools Update: PMHT: Trevor Watson; STAR Worker: Chance Brako

- We have meeting set with **5/22** of our schools to introduce ourselves and discuss how we can work together in the 'new normal'. We will be calling the remaining schools to arrange a date to meet with us over the next couple of weeks.
- **6** schools have attended our virtual school consultations, discussing a total of **40** students. We have our consultation running weekly on Wednesday
- We have sent out our First virtual parent/carer drop-ins and have strong uptake / First student drop in session trail running our new way of working before
- We have responded to **over 50** immediate school e-mail or telephone queries about individual students
- We have sent **over 100** emails containing resources and information regarding emotional wellbeing/support available Parents/ teachers invite to CAMHS workshops on Sleep , going back to school, anxiety, physical health & wellbeing
- We have attend parent form groups in partnership with our school nurse for totally of **70+** parents signposting
- We have sent resource and information based on mental health and wellbeing resource to help and assisted our school nurse and nurse nurses
- **Feedback below from some South schools on Having information from CAMHS:**
- *The information that has been sent out during lockdown has been very informative.- Lorri Garnell*
- *The resources that were sent through have helped us to develop our own well being page on our website. We have been able to sign post parents to support where needed from the information given. I have had quick responses and support regarding individual queries that I have had. Support / signposting given directly to parent.- Elizabeth Birchall*
- *Anything that can be improved on: Under the circumstances, I can't think of anything else that could have been done. I had more than enough resources. If I think of anything, I'll email again.*



## ALL Schools Update: PMHT; STAR Worker;



## Feedback from schools and students during Lockdown about the STAR Worker and PMHT support provision

“I have found the materials being sent very useful indeed. I find it hard to keep track of everything on offer and these serve as timely reminders and also make it clear how to access. It seems like the service has ramped up a notch with regards to that and I have been selecting certain resources that you share and sending them on more widely to my school community. I have received some thankful emails from parents too in response to sharing these. I also think the virtual staff consults are an amazing idea. The fact I am able to get staff to call in directly on concerns is a massive strength. I often act as a middle man with notes, so I can really see the benefit here” – **REDDEN COURT SENIOR SCHOOL**

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“Thank you very much for all your support over Lockdown. Really appreciated the support you gave.” – **OLIVE ACADEMY (PRU)**

“Thank you so much for the support. This has really helped me.” – **VIRTUAL STUDENT DROP IN**

“Thank you for the resources you have been sending us. They are very useful and I pass them on to the relevant people. I attach some of the work our children have done at home during mental health Awareness Week. Their parents have agreed for it to be shared on your website or Facebook page.” - **MAWNEY PRIMARY SCHOOL**

## Feedback from schools and students during Lockdown about the STAR Worker and PMHT support provision

“Thank you for this, I have forwarded to the new mental health lead at the school. The SEND department will be looking to work closely from September.” – **MARSHALLS PARK ACADEMY (SECONDARY)**

“Thank you all for your support this afternoon we found the process very useful.” (Virtual School Consultation) – **CROWNFIELDS PRIMARY SCHOOL**

“The information that has been sent out during lockdown has been very informative. Thank you.” – **HAVERING COLLEGE**

““I feel your availability, support and advice has been invaluable, particularly for when I have parents questioning things that have happened and you can look into this and advise. It just helps with that joined up thinking and as well it can help to show that health and education are working together. I would like that to continue as I feel it is invaluable to have both professional teams working together as at times they can be played off against one another if you understand what I mean.

“Just wanted to say thank you for the resource- I am keeping an eye out on what you are sending and sending to relevant staff so yes very useful.” – **DRAPERS ACADEMY (SECONDARY)**

I feel that training sessions (virtually) would really benefit staff and myself so that we have a clear knowledge of how we can support. I think any practical tips to support children in school would be helpful too as although information (alongside the borough also) has been sent over sometimes it is tricky to know where to start. I felt the virtual meeting with Justyna was helpful too so that we know that this service is available .” – **CLOCKHOUSE PRIMARY SCHOOL**

## Feedback from schools and students during Lockdown about the STAR Worker and PMHT support provision

“Thank you so much for sending this. I have just completed the school refusal one and it is great. Second one will be done this afternoon.” – **PARKLANDS INFANTS**

“From our point of view, we have really found the resources helpful. We have either used them for individual families and/or made them accessible on our website. Being signposted to different services that may be able to support us or our families was also useful.  
Thank you for your continued support through difficult times.” – **OASIS PINEWOOD ACADEMY**

“Thank you for your support and communication both of you its always really helpful to be able to speak to someone directly.  
I also would like to thank you, for your quick and informative responses when I requested any information.  
The information I asked for, parents were grateful for and it was good to be able to respond to their needs quickly.” – **CLOCKHOUSE PRIMARY SCHOOL**

“Thank you for all the information you are forwarding to us at the college, it has been very useful and we are forwarding it to our colleagues and students. We have a team of coaches that work with students in a class environment and have 1:2:1 meetings, therefore signposting is something that we always do.” - **HAVERING COLLEGE- QUARLES**



## Feedback from schools and students during Lockdown about the STAR Worker and PMHT support provision

“I have found the support from PMHT/Stars over lockdown to be helpful. I submitted a couple of referrals to CAMHS during the Summer Term lockdown and these were picked up. Aimee and I worked together to support one family. It was reassuring to know that support was available albeit in a social distancing way. I think the September parent sessions are a great idea.

Thank you both for all of your work and support. It is appreciated.” – **BENHURST PRIMARY SCHOOL**

“I think the planning meeting was really helpful and all the specific resources following that meeting were really good.” – **ROYAL LIBERTY SCHOOL**

“Thanks so much for your presentation, staff said they found it very informative. I will share the slides with staff now. Thank you all for joining (Virtual INSET Meeting).” – **RISE PARK PRIMARY**

# Health Visitor Contacts

Ante Natal Contacts	Universal	Targeted	Type of Contact
28- 34 weeks	Working towards 65%	100%	Virtual and face to face
Post Natal Contact	75%	100%	Virtual and face to face



# Case Study –School Nursing Team

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**A School Nurse referred a child to Noise Solution programme run by CAMHS , this child is on a CIN plan /CP for past 2 years caught between family conflict- was struggling in school with behaviour changes / vulnerable to CSE.**

**Having commenced this programme 4 weeks ago there has been continuous positive feedback- is better engaged in school work and more focused. Relationships improving, self-confidence improved .**

**This is a positive piece of work from school nurse team as having built up a rapport with the child, able to have discussions with child/ family, seen at home and in school to promote the emotional health and wellbeing of child .**

**Improvements now evidenced in child's behaviour which has been accomplished by good partnership working with school staff , CAMHS, family and Children's Social Care**

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### HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE

#### 10th December 2020

<b>Subject Heading:</b>	Housing Strategy
<b>Board Lead:</b>	Patrick Odling-Smee, Director of Housing
<b>Report Author and contact details:</b>	Gill Butler, Head of Housing Strategy and Service Development

#### SUMMARY

The Council remains committed to doing everything we can to tackle the 'Housing Crisis' both in providing those much needed new affordable homes for local people in Havering and supporting vulnerable members of society to have a home that they can be proud to live in.

*"Whether you live in a council home, rent privately, or own your own home, we understand people deserve to live in a place that they love."*

Cllr Damian White, Leader of Havering Council

Current Housing Strategy covered a successful period of delivering valuable services to our residents, but now we need a new one to take into account the ever-changing environment.

Havering, like many local authorities, faces huge challenges not only in housing but also in social care, health and other public services. Councils' are under vast pressure to deliver excellent services at a time of increasing demand and financial restriction. This challenge is ever more demanding when we take into account the potential impact on the Council from the covid-19 pandemic!

However building new homes remains a high priority to meet the needs of our fast growing population in Havering. The Council is taking a pro-active approach to housing delivery, as it recognises the importance of ensuring that there is the necessary provision of genuinely affordable homes for local people.

We are doing this by working with partners to build new homes, with an ambitious 12 estates regeneration programme across existing Council estates to revitalise Havering's Housing and investing in building new communities.

Alongside our existing ambitious regeneration plans for Havering, we will set out our vision for those living in Council managed new and existing homes within the borough, and how we will work with local residents to shape sustainable communities, future proofing for the next five years.

#### RECOMMENDATIONS

We are proposing that Havering Council deliver a new Housing Strategy to set out the strategic aims of Housing for the 5-year period 2021–26. This strategy will form

part of a joined up approach to tackling the housing challenges for all residents of Havering.

As part of the overall development of the strategy, it is recommended that the **Health O&S committee input into the vision and draft objectives of the proposed Housing Strategy and consider the plans for consultation and proposed timetable.**

## REPORT DETAIL

### Our approach to developing a Housing Strategy

Councillor Joshua Chapman, Cabinet Member for Housing, says about the vision for a new Housing Strategy:

*“Our ambition is to foster a positive culture that runs through our service with a commitment to engaging with our tenants and leaseholders across Housing – We understand that ‘home is where the heart is’ - It’s not just about the bricks and mortar, (although that is important), it’s also about how residents ‘feel’ about living in their home and local community.”*

The Housing Strategy will define what ‘affordable’ housing actually means in a Havering context, based on: legislation, national and local government guidance and best practice, local and national demographic information and Strategic Housing Market Assessment, Housing Needs Assessment, as well as changes to the planning regulations, and the review of the Local havering plan and the GLA – revised London plan.

The Housing Strategy will set out our proposed solutions to what type of housing is needed in our borough and how new housing relates to infrastructure planning and ‘place-making’, so making that crucial link with Social Care, Health care, Education and Employment, mental health and wellbeing of those living in our homes.

As a social landlord, Housing Services has a distinct responsibility to those living in Council managed homes. So Housing Services needs to focus on preserving and enhancing the borough’s valuable assets i.e. existing Council homes, but we also care about those living in our homes and their aspirations for the future.

We have just completed an extensive stock investment survey and will be developing an Asset Management Strategy that will sit alongside the Housing Strategy and inform residents about our programmes to invest in managing and maintaining Council homes over the coming years.

Other Housing documents will also contribute to delivery of the commitments contained within the new Housing Strategy: so a Supported Housing Strategy and our new Prevention of Homelessness and Rough Sleeping Strategy, will be key to achieving that holistic approach to Housing in Havering, along with the Council’s Health & Wellbeing Strategy.

In order to produce a corporately owned document, it is important that the strategy be developed in conjunction with wider Council partners including:

- *Public Health – Promotion of improved health and wellbeing, adopting a ‘whole person approach’ which recognises that housing forms one part of the ‘wider determinants of health.’ Responses to covid-19*
- *Adult Services – solutions around older people, people with learning difficulties, mental health, and supporting people with their housing needs*



*as well as initiatives that seek to tackle loneliness and isolation.*

- *Children's Services – initiatives around inclusion & support for young people, linking to early help & Children's Centres, care leavers, employment and the role of the Community hubs.*
- *Digital inclusion, customer engagement*
- *Infrastructure and urban planning*
- *Council's Environmental strategy*

The Cabinet Member for Housing has indicated that the strategy should focus on four key priorities that will seek to enhance the lives of all our residents and drive our service delivery in Housing Services.

It is proposed that the underpinning principle to the new Housing Strategy remain a commitment to a borough that is **Cleaner, Safer, Prouder, Together.**

A presentation on the draft vision and objectives for the Housing Strategy was made to:

- Senior Leadership Team (SLT) and Housing Resident Participation Panel on 17 November 2020
- Elected Members 18 November 2020
- Health & Wellbeing Board 25 November 2020

Following this consultation, we have made some amendments to the original draft objectives previously submitted and this will form basis for further consultation with stakeholders and residents.

We are proposing that we agree four short, snappy statements of intent or 'aims', under which will sit the greater detail around our commitments to deliver the Housing Strategy objectives. An action plan will be included in the final draft based on responses received as part of informal and formal consultation.

### **Statement of Housing's Aims to:**

- 1. Deliver more genuinely affordable homes that meet the needs of Havering residents.***
- 2. Maintain quality homes, prioritising safety and environmental sustainability.***
- 3. Support existing and future residents to live independently and well.***
- 4. Deliver good quality housing services for all residents.***

Under the third aim it is important that we set out ways in which Housing Services will work in partnership with other Council services to:

### **Support existing and future residents to live independently and well.**

Priority objective: ***We will –***

- ***Prevent homelessness and end rough sleeping in the borough by providing pathways into appropriate housing and support for people who are homeless or at risk of homelessness, to improve their opportunity to find a settled home.***



- *Work with our partners to actively support the improved **health and wellbeing** of our residents.*
- *Champion early intervention so that people in Havering can feeling included and supported to live independent lives.*
- *Support residents with a vulnerability by helping with housing related health and wellbeing initiatives across the Council, and within our Supported and Sheltered Housing.*

We would welcome discussion on whether these aims and objectives are the right ones to steer this important strategy and if there are any further objectives that should be considered.

## IMPLICATIONS AND RISKS

As part of the project delivery plan, we will be maintaining a risk register. At present the main risks identified are:

- Changes in National legislation: -
  - MHCLG has published its **Charter For Social Housing Residents** (Social Housing White Paper) 17 November 2020. The commitments in this long awaited document will need to be embedded into the strategy.
  - Changes to the planning system (Planning White Paper 2020) – which may lead to revisions to the ‘standard method’ for calculating the housing need minimum target for a local planning authority.
- Housing Strategy being defined solely in terms of building homes – Regeneration is an important part of the strategy in creation of sustainable communities.
- Lack of potential buy-in from private sector landlords and/or Housing Associations.
- Emphasis on linking to Havering residents’ health and wellbeing as a way to support vulnerable residents living in our Council managed homes.

## BACKGROUND PAPERS

### Draft project delivery plan timetable

The Housing Strategy and Service Development team is leading on the research and development of the new Housing Strategy and have proposed a project delivery plan based on five key stages,(the sixth being implementation), as below.

Council residents and other stakeholders will play a key role in feeding back their opinions throughout the development of the strategy. Although we have proposed formal resident consultation on the strategy vision and draft objectives takes place from December 2020 – February 2021, we have already commenced informal consultation with Tenants and Leaseholders and stakeholders. We will be keeping all stakeholders updated at each stage as to progress with strategy development against the milestones of the project plan.

**Stage 1 -**

**Stage 2 -**

**Stage 3 -**

**Stage 4 -**

**Stage 5 -**

**Stage 6 -**





Evidence base development	Scoping document	Stakeholder Engagement & Strategy development	Strategy final drafting	Cabinet Approval Process	Implementation and monitoring
2 weeks period / 26 Oct.2020 – 8 Nov. 2020	2 week period / 9 – 22 Nov. 2020	12 week period / 30 Nov. 2020 – 21 Feb. 2021	4 week period / 22 Feb. 2021 – 21 March 2021	10 week period / 22 March 2021 – 30 May 2021	June 2021 – ongoing
Including benchmarking, ONS data, locally held data (e.g. This is Havering report).	Including: Project Plan, Project Tasks to Senior Mgt and Member for Housing.	Including: AD and staff Workshops, Public Consultation, Stakeholder Meetings.	Including reconciling outcomes of Stakeholder Engagement with Lead Member for Housing's vision.	Including: 'Theme Board' and Lead Member Final Briefings.	Including: monitoring of the action plan/ 'SMART' actions. Reporting and annual reviews.

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## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 10 DECEMBER 2020

<b>Subject Heading:</b>	Healthwatch Havering – Covid-19 and Care Homes Report
<b>Report Author and contact details:</b>	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
<b>Policy context:</b>	Healthwatch Havering officers will give details of a recent care homes survey undertaken by the organisation.
<b>Financial summary:</b>	No impact of presenting information itself.

### SUMMARY

This report gives details of a recent survey relating to care homes undertaken by Healthwatch Havering.

### RECOMMENDATIONS

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

### REPORT DETAIL

The attached report from Healthwatch Havering gives details of a recent survey it has undertaken of friends and relatives of residents of Havering care homes. This asked for ratings to be given for the care residents received the first part of the pandemic period.

**IMPLICATIONS AND RISKS**

**Financial implications and risks:** None of this covering report.

**Legal implications and risks:** None of this covering report.

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

**Equalities implications and risks:** None of this covering report.

**BACKGROUND PAPERS**

None.

# healthwatch

## Havering

### Covid-19 and Care Homes



## October 2020



## What is Healthwatch Havering?

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

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

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, who are supported by a team of part-time staff and volunteers.

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

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

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

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

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

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

## Introduction

The Covid-19 pandemic of 2020 took the world by surprise.

At the end of 2019, stories began to circulate of a strange new infection that was running rife in the Chinese city of Wuhan (of which few people outside China had then heard). During January, news emerged that the infection was spreading both within China and, gradually, to other countries. Initially, in Europe, Italy appeared to be badly affected; then Spain; then the first person in the United Kingdom became infected. Soon, people were dying because of the infection. By mid-March, it became apparent that drastic action was needed to reduce, if not halt, the spread of the disease; on 23 March the Prime Minister instructed people other than key workers to “stay home, stay safe and protect the NHS”.

The infection was so novel that, even at the time of writing this report, there is no single name for it - the scientific name, “severe acute respiratory syndrome coronavirus 2” (abbreviated SARS-CoV-2), is not particularly easy to say or remember, so the generic name “Coronavirus” has become common (even though that is a family name for a range of viruses); another term, Covid-19, is also in common use and will be used in this report.

Nationally, the imperative to prevent the NHS being over-run by Covid-19-infected patients became paramount: one consequence was that, across the United Kingdom large numbers of care home residents who had been in hospital for any reason were discharged back to their care homes without being tested for Covid-19.

As of 9 October, worldwide some 35.8 million cases of Covid-19 infection had been reported, with 382,686 known cases in England and 41,432 deaths<sup>1</sup>. In Havering, there had been 1,815 known cases and 286 deaths (about 0.1% of the population of the borough).

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<sup>1</sup> The statistics in this report, unless stated otherwise, are drawn from national statistics provided by the Office of National Statistics (ONS) or derived from them. © Crown Copyright, used in accordance with the Open Government Licence

Although Havering has one of the largest concentrations of care homes in London, and the largest population of people over 65 years of age, the number of deaths in care homes was remarkably low - the first death in a care home occurred during the week ending 3 April; no care home deaths were recorded after 26 June until the week ending 9 October. The total of deaths in care homes was 44 (up to 9 October).

One of the criticisms (in hindsight) of the government and NHS that emerged was that care home residents in hospital at the time were discharged from hospital to care homes without being tested for Covid-19 infection. Although a more detailed breakdown is not available, Barking, Havering & Redbridge University Hospitals Trust (BHRUT) have advised that between weeks ending 22 March and 31 May, 53 people were discharged from Queen's Hospital, Romford and 44 from King George Hospital, Goodmayes into care situations (including foster care)<sup>2</sup>. The statistics suggest that, other than in mid-April when the pandemic was at its worst, it is unlikely that discharges from hospital to care home led to many deaths in those care homes.

Given the age and, in general, frailty of care home residents, when the Government ordered a nation-wide lockdown on 23 March, it was inevitable that they would be subjected to higher levels of protection than the general public. Visitors were no longer permitted to enter care homes and opportunities to visit were greatly restricted, if allowed at all. This inevitably caused great distress to family members and residents alike. As lockdown continued, various concerns emerged about the wellbeing of care home residents: the availability of personal protective equipment for staff; the movement of care home staff from home to home; the mental health of the residents, given the denial of visitors.

Appendix 1 to this report gives relevant statistics.

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<sup>2</sup> BHRUT response to Freedom of Information request: see the Appendix 1 to this report



## The survey

The pandemic and consequent lockdown generally caught the public unawares; it was only in mid-March that the seriousness of the situation became obvious, and there was little time to prepare (and panic buying of “essentials” such as toilet rolls and baked beans ensued).

During the first few months of lockdown, it did not seem appropriate to trouble people by asking them to complete a survey but, in June (some three months into lockdown) Healthwatch Havering concluded that it would be useful to survey friends and relatives of care home residents to find out what they felt about their experience since lockdown began so that lessons can be learned for the future.

The survey was launched online in July and closed at the end of September. It was supplemented by three online videoconferences, one in July and two in September. The survey was conducted anonymously and participants were not asked to name the care home in which their relative or friend was a resident.

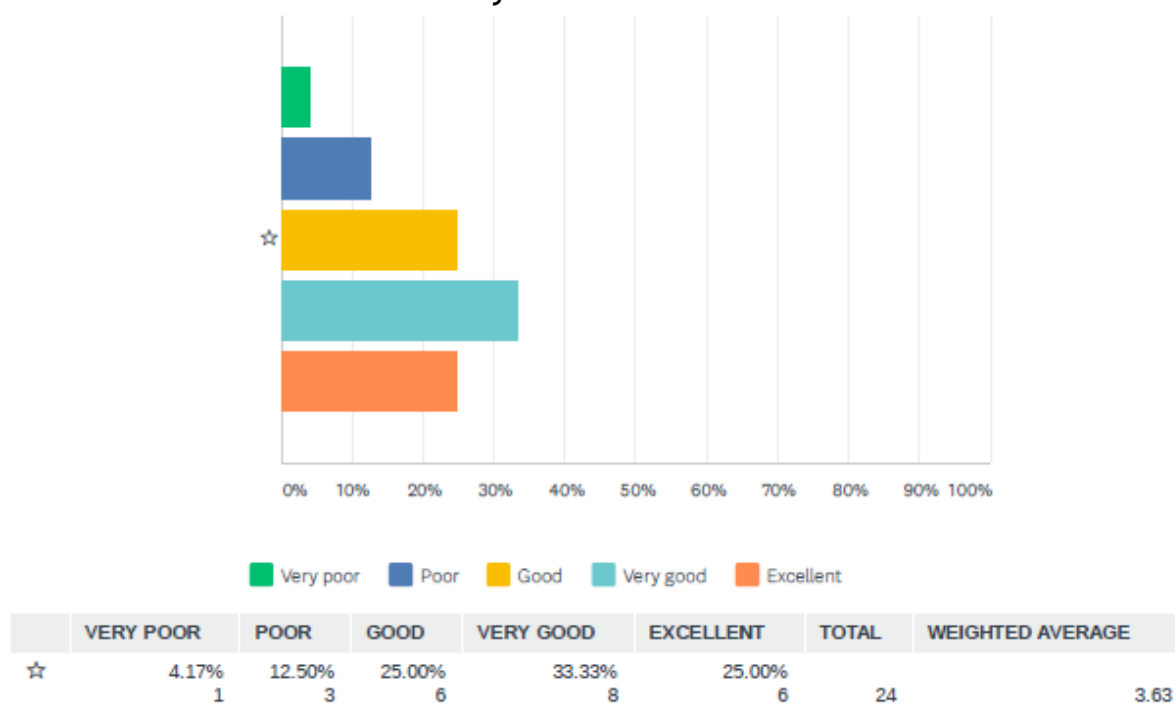
Participants were asked to rate their experience of the care given to their friend or relative, mainly on a scale from 1 (Very Poor) to 5 (Excellent), although there were also some Yes/No answers and detailed comments.

Overall, the weighted average score was 3.8, bordering Very Good, which indicates that, in general, people were satisfied with the care offered *under the particular circumstances* of the Covid-19 pandemic. Inevitably, and unsurprisingly, people were distressed by the difficulty (if not impossibility) of seeing their loved ones as they would have prior to the pandemic but were prepared to tolerate the restrictions on doing so that were the result of the pandemic, accepting their inevitability.

It is important to bear in mind that everyone will have experienced the homes' response to the pandemic lockdown differently, even those commenting on the same home's response.

## Survey results

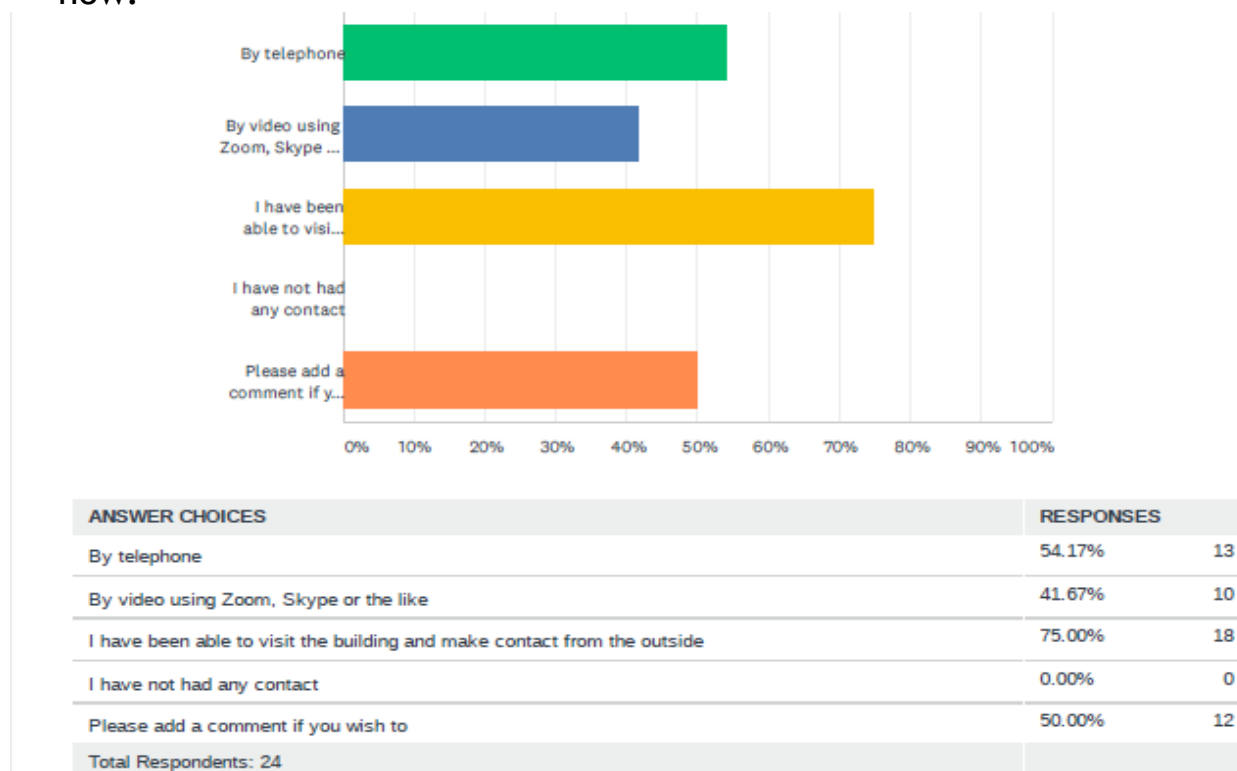
Q1 Have you managed to communicate and keep in touch with the care home staff and was this easy to achieve?



Q2 Have you managed to get adequate feedback from staff?



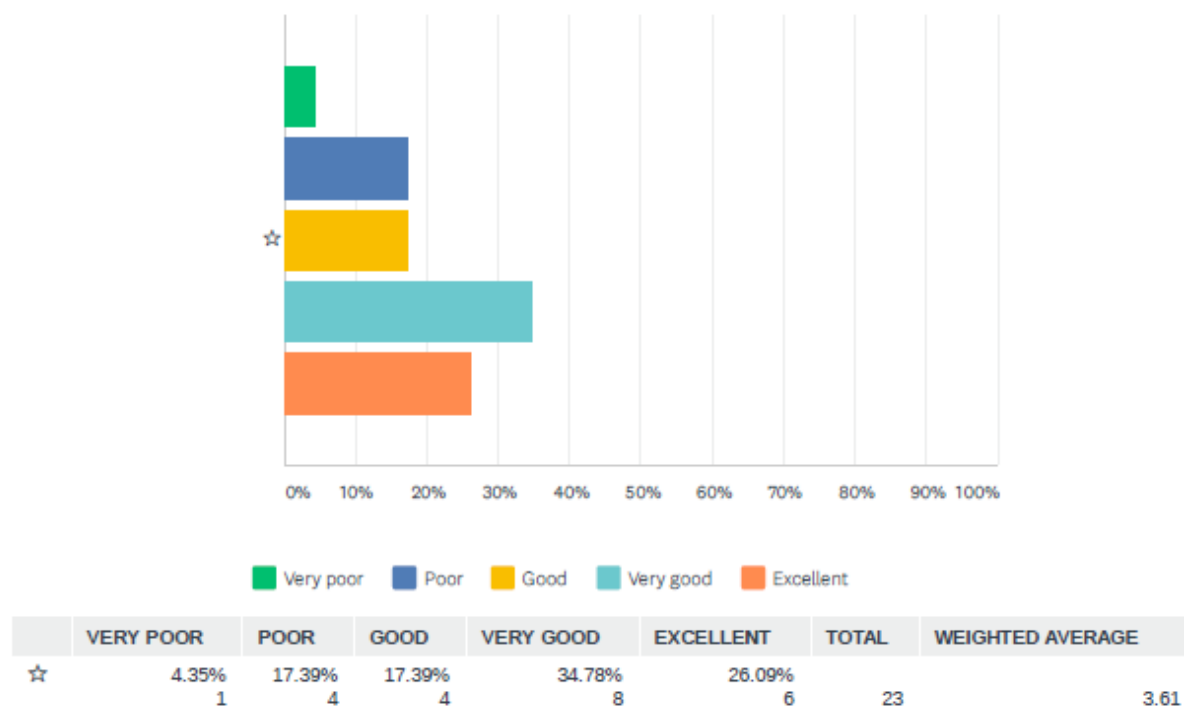
Q3 Have you managed to keep in touch with your loved one and, if so, how?



Responding to this question, people gave comments including:

- Able to arrange garden visits up until 18 August when taken into hospital since then not strong enough to sit in garden
- Visited in garden 6 times since April now back in lockdown no visiting
- Short walk just nearby wheeling relative on days not too hot. We met at front door and kept mask on while outdoors
- We have been able to meet my mum in a small marquee in the grounds
- My mother doesn't respond well on the telephone, so the outdoor visits have been wonderful
- It has been very difficult to get information with the care home staff regards the family trying to ensure human, verbal and visual contact with our relative which is paramount to their emotional and physical wellbeing. Even at this stage it is a constant battle to have any form of contact with our relative. There seems to be a total lack of common sense. It is very bizarre that many members of different staff can have contact with our relative but we are refused which is resulting in severe emotional and mental repercussions on our loved relative. It seems she is in a concentration camp. She has lost her power of speech due to stroke and on the occasion where we were allowed to see her at a distance in the garden the staff had not put in her hearing aids which removed the one method of communication we had with her as all others removed, no touching. I feel the staff need training as each resident's needs are individual and the present methods of care are cruel

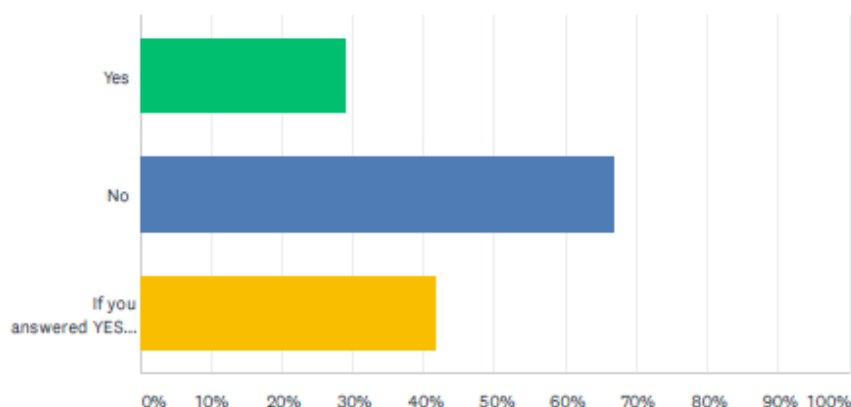
Q4 How effective have you found the care home to be in meeting your relative/ friend's communications needs, enabling you to keep in touch to raise any concerns?



Responding to this question, people gave comments including:

- Speak to care home staff on a daily basis
- Visits very good, telephone contact not so good
- No leeway to visiting at present. I live abroad and have just been able to visit my mother after 7 months. My mother's home will not agree to my daughter visiting in my place. We are her only immediate family
- They have taken the time to make sure all residents have been offered face time with relatives
- I have not been in the home yet as my wife has only been there for 2 months. Generally, I am quite happy with the standard
- They are restricted by the guidance

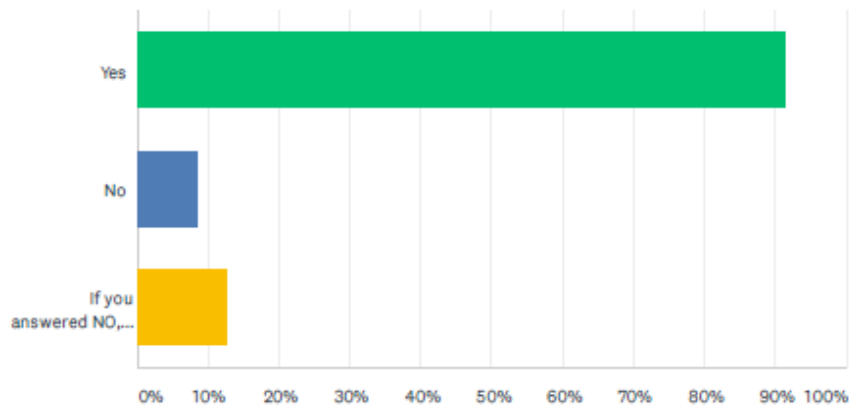
Q5 Were you able to offer any support to the Care home and if so, how was this achieved?



Responding to this question, people gave comments including:

- By sending cards and letters of appreciation to the staff.
- Short walking nearby accompanied, with me wheeling chair. Done with mask on while weather warm.
- Met at front door
- I handed in person specific supplies for my relative at the front door plus biscuit and chocolate treats for staff.
- The only support we have been able to give has been through co-operation and encouragement.
- I offered as per government guidelines to be regularly tested if I could visit home on a weekly basis to attend to personal needs of our relative e.g. do hair, nails etc to maintain some form of human contact with family to help our relative whose life on this earth is limited and family contact is vital
- I offered to help with volunteer gardening but they refused all help, even outdoor help! No logical explanation as to why outdoor help is so hazardous but this demonstrates home's over-protective approach to this crisis.

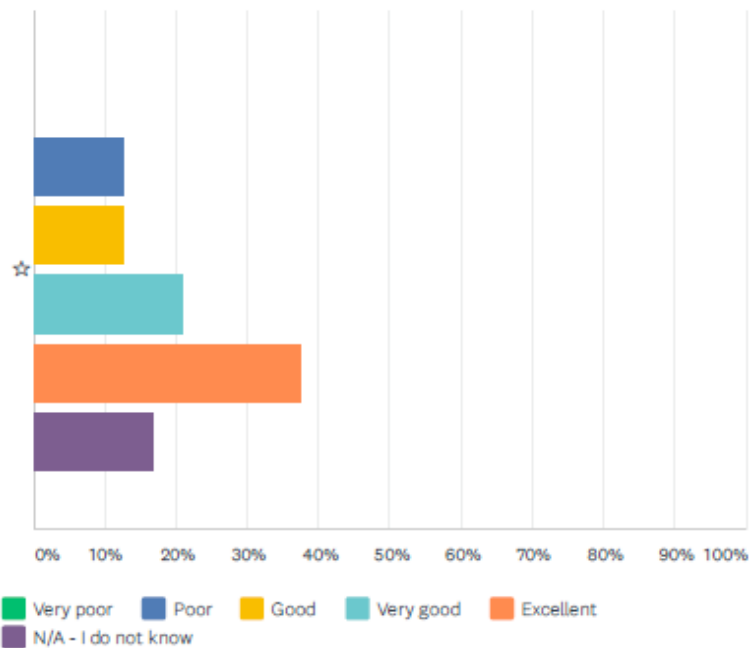
## Q6 Do you feel the home achieved a safe environment?



Responding to this question, people gave comments including:

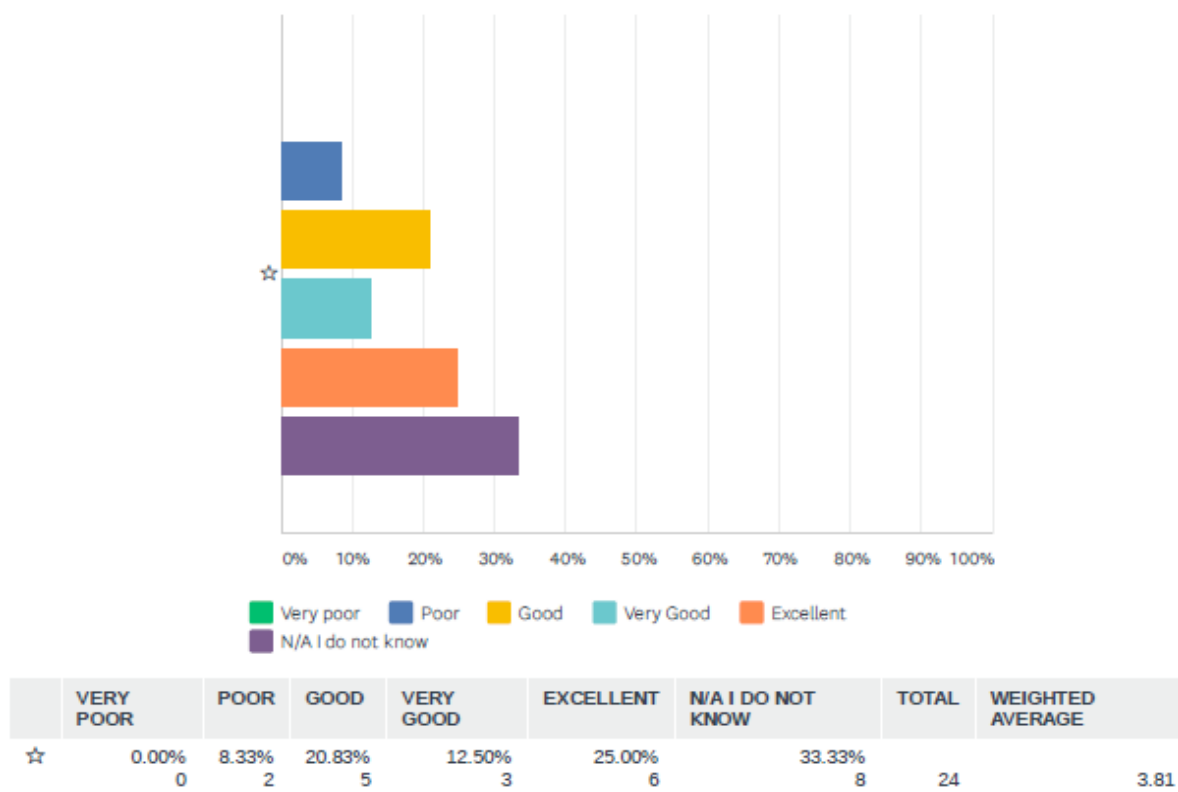
- Many different members of staff have regular contact with our relative, then they go out into community where Covid is present but on any occasion we have seen them with our relative they have not worn PPE, no mask wearing.
- Staff not always wearing masks
- The home has been great

## Q7 How would you rate the home's arrangements for Personal Protective Equipment?

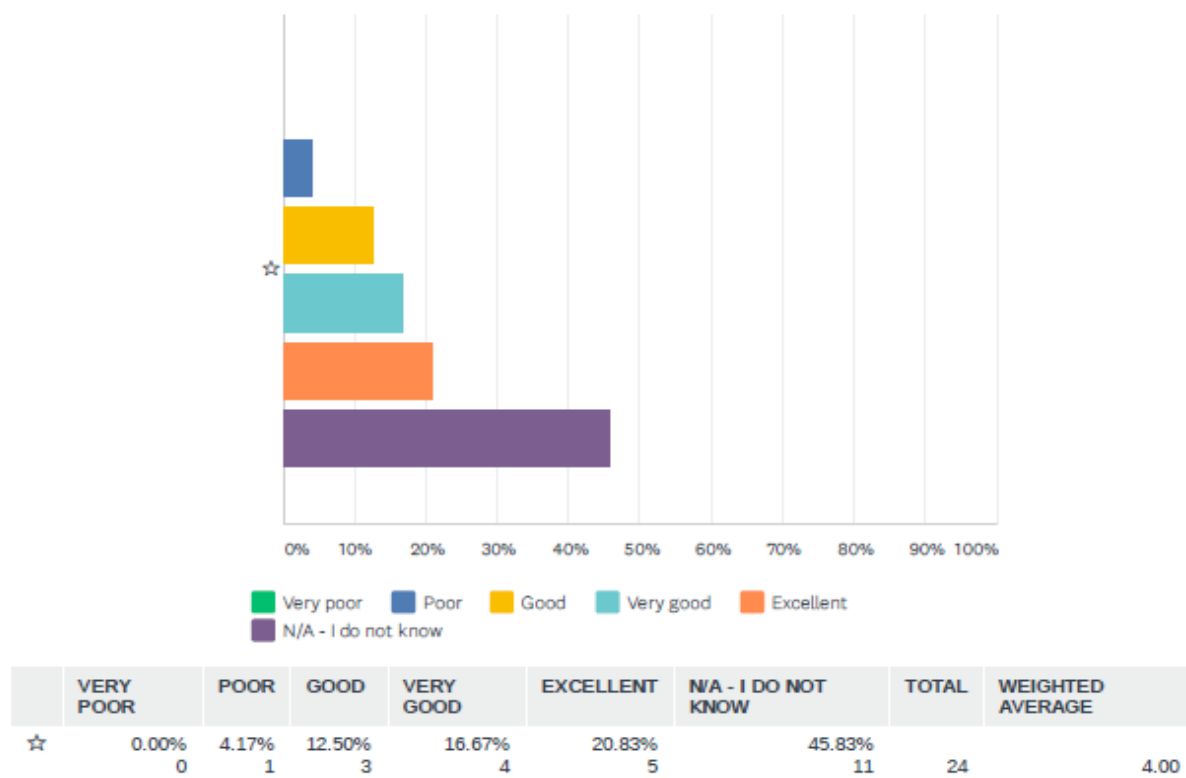


	VERY POOR	POOR	GOOD	VERY GOOD	EXCELLENT	N/A - I DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	12.50% 3	12.50% 3	20.83% 5	37.50% 9	16.67% 4	24	4.00

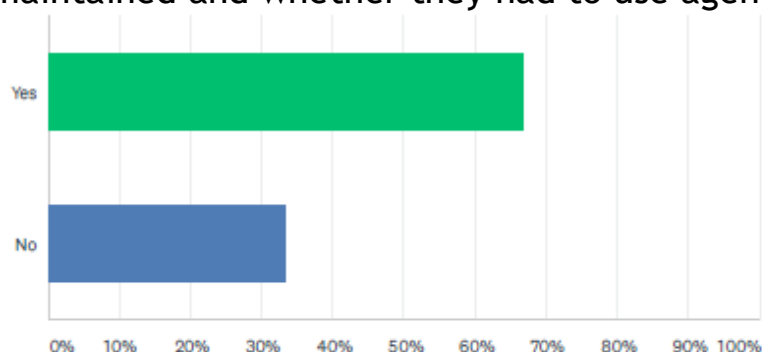
## Q8 How would you rate the home's arrangements for testing staff and residents for Covid-19?



## Q9 How would you rate the home's arrangements and facilities for residents who needed to be quarantined?

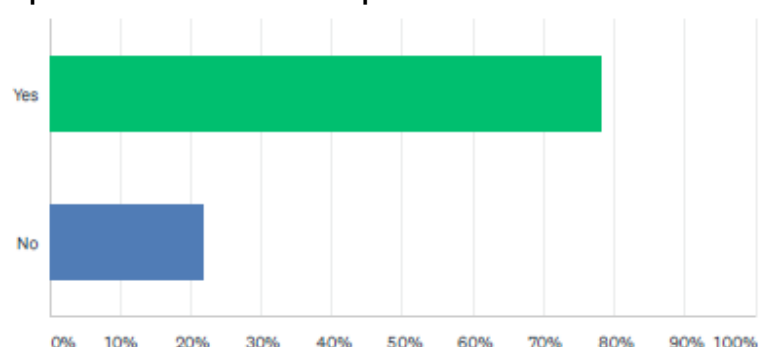


Q10 Did the manager or staff advise you on how their staffing levels were being maintained and whether they had to use agency staff?



ANSWER CHOICES	RESPONSES	
Yes	66.67%	16
No	33.33%	8
TOTAL		24

Q11 Are you confident that you were kept up to date on whether the home had people who had tested positive for Covid-19?



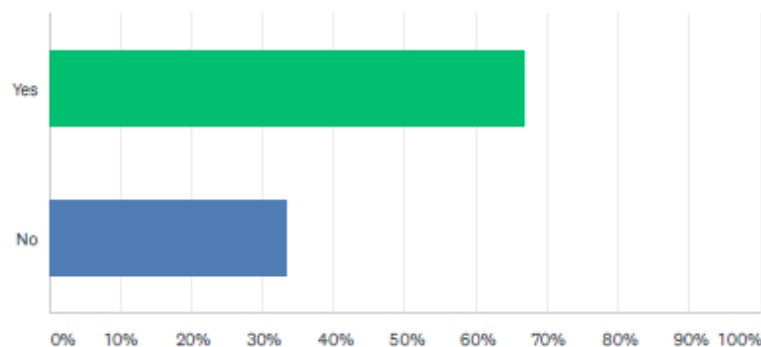
ANSWER CHOICES	RESPONSES	
Yes	78.26%	18
No	21.74%	5
TOTAL		23

Responding to this question, people gave comments including:

- No members of staff or residents have been positive. The home kept abreast/ahead of precautions.
- No cases at all in my mother's care home
- Their concern about covid was very reassuring
- Praise God, they have all been safe
- The home did not have COVID at all no residents had the virus excellent



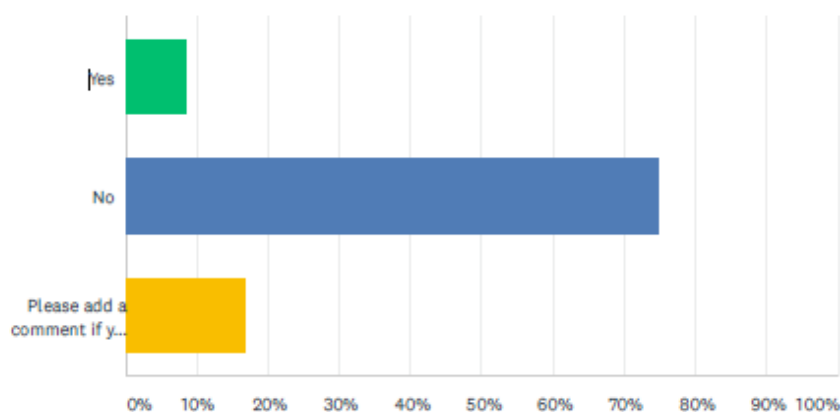
### Q12 Have you been kept informed about the needs and any changes to your loved one's care plan?



Responding to this question, people gave comments including:

- Decision made to put my mother on a Prozac drug without first advising me. Video call with doctor and drug prescribed and started. I received a phone call to tell me this had happened
- No communication, on phoning always told they are busy, call back in one hour; still busy and on and on the same story. Told call when manager on duty but impossible to get through

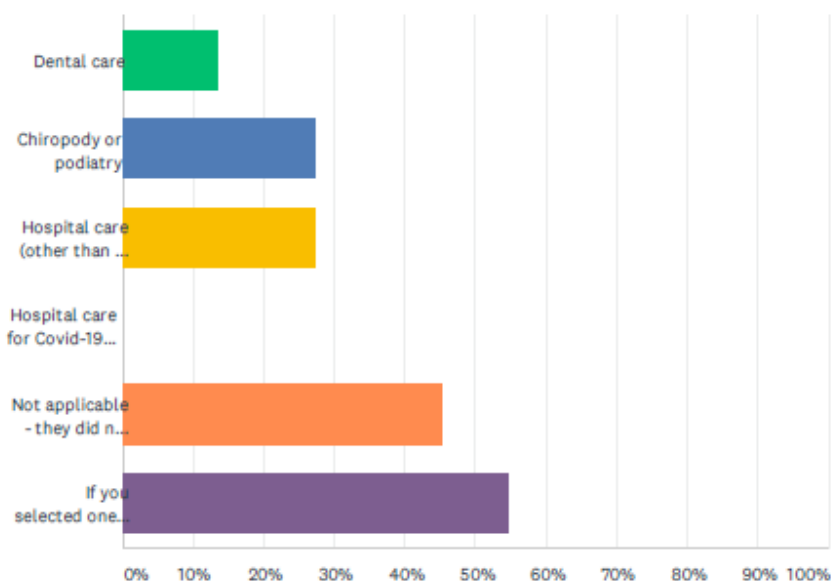
### Q13 Have you had any concerns regarding the medical care at the home, and their care plans?



Responding to this question, people gave comments including:

- Have phoned when he had a fall
- There have been the inevitable difficulties regarding outside help for optician, hearing, dentist etc, but that has been unavoidable
- Doctors did not visit home when I thought an actual visit was required. How many undiagnosed ailments have occurred due to doctors not visiting homes? If we could shop with face masks, doctor visits should have been achieved!

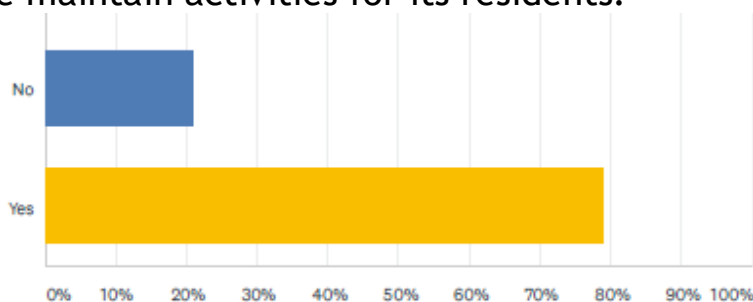
Q14 Has your friend/relative required additional care since the crisis began, and how was the service they received?



Responding to this question, people gave comments including:

- Broken dentures: I collected them and took them for repair (Excellent service)
- Mum required it but she did not receive it. Care home staff not qualified even to cut fingernails. She has had a stroke and her fingers curl up and long nails could cut into hand. All care homes are very isolated.

Q15 Did the home maintain activities for its residents?

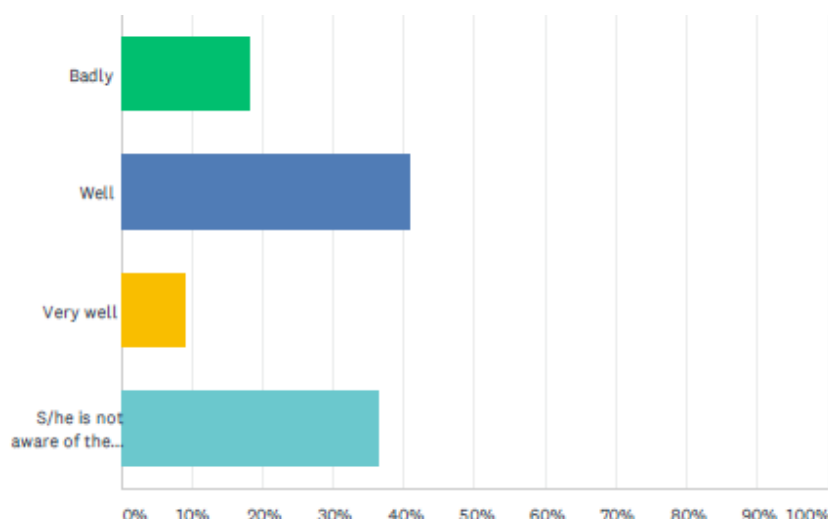


Responding to this question, people gave comments including:

- Very good on Facebook
- Believe all outside entertainments cancelled. Believe staff may have carried out some sessions
- Think the home has done the best they could at this time with activities and residents' birthdays & celebrations
- The activities programme has been very good and often posted for relatives to see. But how many games of bingo and quizzes should one person have to partake in. Mum needed some physical exercise which she needs assistance with due to the stroke but she has not had this therefore has lost mobility and confidence

- Think the home has done the best they could at this time with activities and residents' birthdays & celebrations

Q16 How has your friend/relative been able to cope with life during the pandemic?

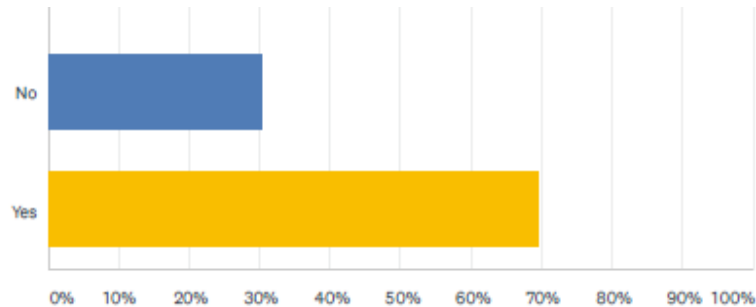


Responding to this question, people gave comments including:

- I feel a lack of regular family visitors has led to a decline in both mental and physical health.
- Not sure - sometimes better than others
- Some frustration. Does not like change of routines
- I visited my mother every six weeks from France where I live. I have done this since 2006 when my father died. The last time I saw her was in January 2020. My next trip was cancelled and all subsequent ones until 11th July 2020. I have been able to visit for 6 consecutive days for half hour outside. **She no longer recognises me**
- Although have put well, she is finding things very difficult
- Relative's mental health has got a lot worse in this period
- It's been hard on everyone concerned, but the home has done the best they can to make everyone as safe and relaxed as possible
- Mum really misses visitors, not badly but not well!
- She has coped amazingly especially considering she is also grieving loss of her husband 6mths ago. BUT her low points are very low and she feels imprisoned as she has lost all her liberty. The home has not asked how she is coping or what can be done to assist. Her poor mental health affects her desire to want to get up and be mobile and hence she is losing what little mobility she has left. **SHE IS DETERIORATING AND I FEEL SO HELPLESS**

UNABLE TO HELP HER. PLEASE TELL OUR GOVERNMENT NOT TO FORGET  
CARE HOME RESIDENTS.

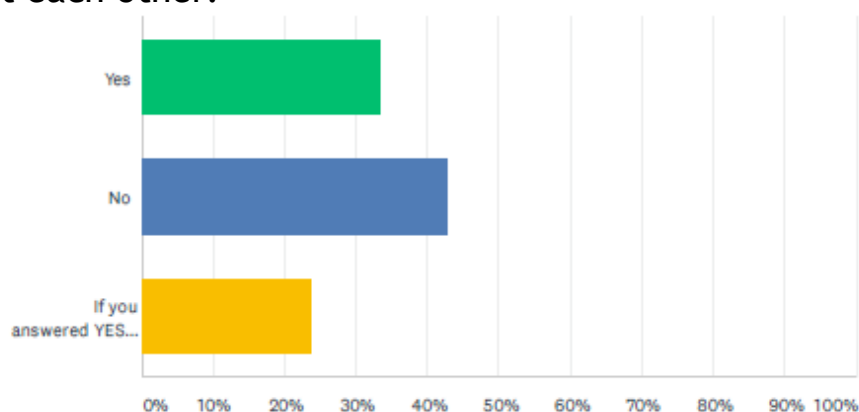
Q17 Have friends and relatives been able to offer each other support?



Responding to this question, people gave comments including:

- Havering Dementia Carers support group have kept in touch and are there to help with advice if needed
- Giving lifts to care home sometimes and allowed to visit in bedroom or garden, as well. Masks worn.
- There was a WhatsApp group set up so that relatives have the option of joining
- A couple of Zoom meetings for relatives to keep us all up to date and an opportunity to ask questions, share ideas.
- As a family we communicate with each other which is supportive.

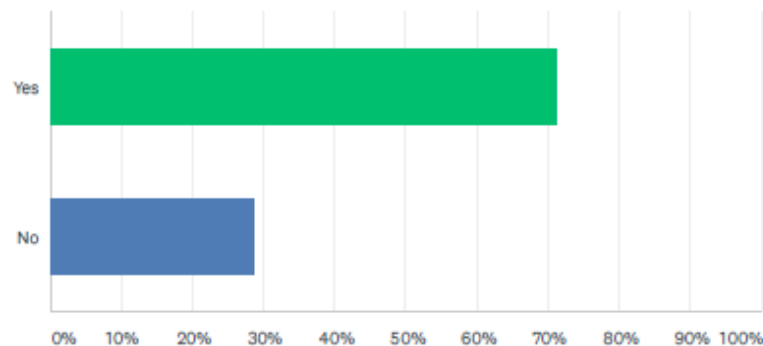
Q18 Would you like there to be a way for friends and relatives to support each other?



Responding to this question, people gave comments including:

- For places like the above group to be able to meet up and chat
- We have this set up with almost daily calls to each other
- I would like to know if other relatives are as frustrated as me, then we could petition the home and government together.

Q19 If you have not been able to visit your friend/relative, do you know when that might be possible?



Responding to this question, people gave comments including:

- Have visited twice, but the home is now in lockdown again.
- Need to know what will happen when the weather changes - they have told me of an area they would like to use but needs to be approved by the CQC
- Visits in an outside marquee began as soon as the government gave permission. The home had already anticipated and prepared for it.
- Only one person once a week - which has now stopped
- We have been able to visit weekly since the beginning of July
- We have had a garden visit which has been explained above
- The home thankfully has been more lenient than government guidelines, allowing up to 3 visitors at a time in a carefully managed outdoor setting. Very sensible.
- The home set up a place outside with social distancing and with protection provided excellent

**Q20 What has impressed you most about the way the home has handled the crisis?**

- Regular testing for residents and staff and no visitors inside the care home
- Their care, compassion, and selflessness, especially when it has meant putting themselves and their own families at risk
- Caring for residents is top priority
- Compassion and flexibility. Professional and can-do attitude in spite of rules for Virus
- Their anticipation of events and emphasis on residents' mental as well as physical wellbeing. The Zoom meetings with relatives.
- They have kept the residents and staff safe and have kept residents entertained and occupied. There seems to have been a really good community feel within the home. The manager has been very open with relatives, and very thorough in safeguarding against Covid.
- I believe the staff deserve the most praise. They continue to look after everyone to the best of their ability under such horrendous circumstances
- They have cared for mum very well, considering the circumstances
- The home has had no Covid in it which is great and my relative's physical health has Improved
- They have kept us informed at every level and there has been no case of Covid-19 in the Home
- My wife has settled from the first minute and seems comfortable. I feel they are providing a better standard of life than I did
- Very poor training of staff. Total lack of human understanding
- The home has kept virus-free. The dedication of the caring staff in working throughout.
- Transparency throughout, clear rules clearly communicated. Attention to detail and going above and beyond in the care shown to residents. A dedicated team giving consistent care of a high standard
- Keeping the families/friends informed
- The home has had no Covid in it which is great and my relative's physical health has Improved
- Keeping them safe from COVID
- Staying Covid free

Q21 Staff and residents have had a difficult time the last 4 months.

Can you see any positives that we need to ensure remain part of the recovery and new ways of working and living together?

- Not having recovering covid sufferers sent into care homes
- Continuity of staff had been very important, particularly for residents
- That residents are allowed to see their loved ones more regularly
- People use masks indoors explaining why and are very scrupulous on hygiene. Continue to communicate in the easiest way. Perseverance and cheerfulness and optimism.
- Outdoor visits by relatives have had a positive effect on frail residents, but cannot continue in the same way through the winter
- We need to see dementia relatives in care homes
- It is hard to say as we are not able to go into the home. But the sense of community that, as far as we can make out, has been strengthened and development has been good, as for many weeks there was no outside contact
- I think that families are really important to the health and wellbeing of our relatives in care.
- They need to maintain their connections to their past and present. We are that connection
- Think maybe homes need to share ideas.
- People seem to have more time for each other and are constantly checking to make sure everyone is happy. It's great to see people making more time for each other
- Since my wife has been in the home, I have realised how stressed I was. I am more relaxed; my friends have noticed a change for the better in me. Also, the guilt I expected to have has only materialised occasionally.
- To continue to use social media to enable us to thank the staff as well as see what everyone is doing.
- Designated family member being able to visit and help with care of relative in the home as has been allowed elsewhere. A safe bubble.
- There are no positives in being locked in a home for over 4 months. Please survey the residents who can explain first-hand how it feels to be the last in society to be still locked away when their carers can shop/socialise/go on holiday!!!
- Open and honest communication. Staff need recognition for their unwavering commitment to those they care for.
- Well done on your hard work and compassion

## Conclusions

It is clear that the majority of participants in the survey were appreciative of the efforts of care homes' managers and staff to keep their loved one safe during a situation that was without precedent and in circumstances that were traumatic for all concerned. The distress experienced by those residents aware of their surroundings at the near total exclusion of visitors can only be imagined; their relatives and friends experienced similar feelings but accepted the inevitability of the restrictions and that they were introduced to protect their loved ones' health and safety from infection.

That said, some themes emerge from the survey:

- Most participants found communication with care home staff easy to maintain but many felt more could have been done
- Feedback about staff was generally very good
- Most homes tried to ensure contact was maintained, including visits outdoors, but not always successfully, with some participants feeling that more could have been done ("It seems she is in a concentration camp"; "I live abroad... [but the] home will not agree to my daughter visiting in my place")
- Homes were not always open to offers of help from relatives and friends of their residents
- Although generally relatives and friends felt that homes achieved a safe environment and made good use of personal protective equipment (PPE), there was concern that staff were not always using PPE and that some residents were being cared for by different members of staff, some of whom were attending more than one home and generally moving about in the community
- Most participants were confident that homes were keeping them up to date regarding Covid-19 infection among staff and residents - this is borne out by the relatively low number of deaths in the homes in the period under review (see Appendix 1)



- There was, however, concern that relatives and friends were not informed about changes in their loved ones' care plans although there were few general reservations about medical care
- Residents were generally able to access health care such as dentistry, chiropody and hospital care when needed
- Generally, homes were able to continue to offer activities to keep residents engaged - although there was criticism of an over-reliance on bingo!
- Most residents appeared to have coped well with the restrictions imposed by lockdown. But there was concern about the mental health consequences of prolonged inability to see visitors. Feelings of being imprisoned and losing liberty were reported, leading to diminished mobility and an inability to recognise visitors
- The ability of residents to support one another was welcomed
- Participants nonetheless found much to be impressed about in the way homes had coped with the situation
- Homes need to nurture their relationship with residents' friends and relatives, and keep them informed of all relevant developments

At the time of writing this report, England has gone into another period of lockdown and the Government have issued updated guidance on outsiders' access to care homes <sup>3</sup>. It is to be hoped that the lessons learned during the initial lockdown can be applied in the interests of residents during the coming period.

**During the initial phase of the pandemic, despite all the difficulties, homes in Havering were able to control infection well, ensuring that**

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<sup>3</sup> New guidance to support safe care home visits during lockdown, DHSC, 4 November 2020 (<https://www.gov.uk/government/news/new-guidance-to-support-safe-care-home-visits-during-lockdown>)

the number of fatalities from Covid-19 among residents was lower than elsewhere, with some homes experiencing none. Homes and their staff are to be congratulated for that achievement; and may that vigilance and care continue.

Healthwatch Havering would like to thank all respondents to the survey and videoconference calls for their help and co-operation, which is much appreciated.

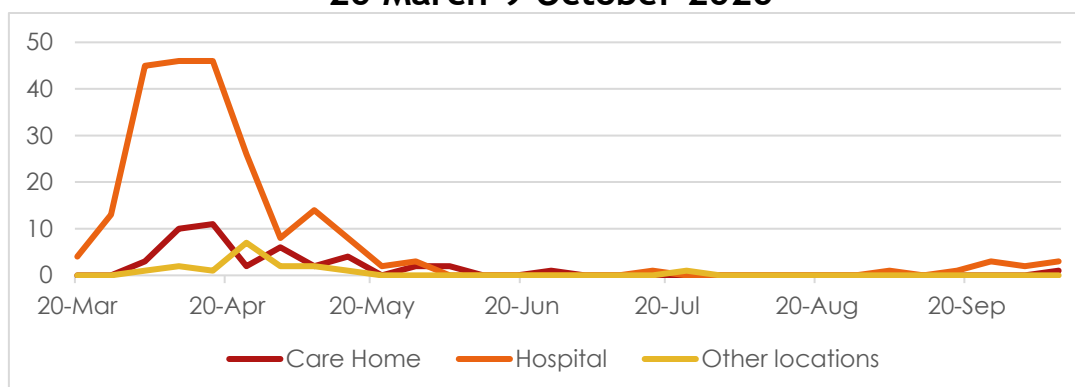
### Disclaimer

This report relates to the videoconferences in July and September 2020 and the related survey and is representative only of those individuals who participated. It does not seek to represent all service users' relatives.

This report is dedicated to the memory of all who lost their lives as a result of the Covid-19 pandemic.

Appendix 1

**ONS reports: Mortality from Covid-19 in Havering,  
20 March-9 October 2020**



Week Ending	Deaths		
	Hospital	Care Home	Other locations <sup>4</sup>
20-Mar	4	0	0
27-Mar	13	0	0
03-Apr	45	3	1
10-Apr	46	10	2
17-Apr	46	11	1
24-Apr	26	2	7
01-May	8	6	2
08-May	14	2	2
15-May	8	4	2
22-May	2	0	0
29-May	3	2	0
05-Jun	0	2	0
12-Jun	0	0	0
19-Jun	0	0	0
26-Jun	0	1	0
03-Jul	0	0	0
10-Jul	0	0	0
17-Jul	1	0	0
24-Jul	0	0	1
31-Jul	0	0	0
07-Aug	0	0	0
14-Aug	0	0	0
21-Aug	0	0	0
28-Aug	0	0	0
04-Sep	1	0	0
11-Sep	0	0	0
18-Sep	1	0	0
25-Sep	3	0	0
02-Oct	2	0	0
09-Oct	3	1	0

Key: No deaths =  -9 =  10-19 =  20 or more

<sup>4</sup> Source ONS: Deaths at Home, in the Hospice, in other Communal Establishments and “Elsewhere”

**Persons discharged from BHRUT Hospitals to care homes,  
March-May 2020**

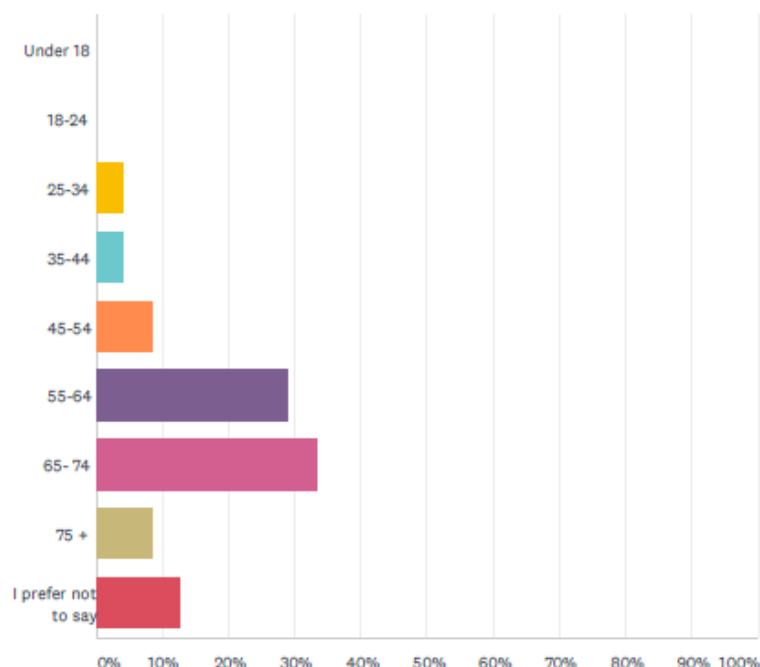
<b>Week Ending</b>	<b>King George Hospital</b>	<b>Queen's Hospital</b>	<b>Grand Total</b>
22/03/2020	2	2	4
29/03/2020	5	8	13
05/04/2020	4	7	11
12/04/2020	5	4	9
19/04/2020	5	6	11
26/04/2020	8	3	11
03/05/2020	4	2	6
10/05/2020	4	9	13
17/05/2020	5	4	9
24/05/2020	0	6	6
31/05/2020	2	2	4
<b>Grand Total</b>	<b>44</b>	<b>53</b>	<b>97</b>

**Source: Response to Freedom of information request from BHRUT**

## Appendix 2

### Demographics of participants in the survey

#### Age range:



ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
18-24	0.00%	0
25-34	4.17%	1
35-44	4.17%	1
45-54	8.33%	2
55-64	29.17%	7
65- 74	33.33%	8
75 +	8.33%	2
I prefer not to say	12.50%	3
Total Respondents: 24		

**Gender:** Women: 87.5%; Men 12.5%

**Ethnicity:** White British: 96%; White Other: 4%

**There were no respondents from an ethnic minority (probably reflecting the ethnic mix in care homes in the borough)**

## Participation in Healthwatch Havering

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

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

**We are looking for:**

### Members

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

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

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

### Supporters

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

## Interested? Want to know more?



Call us on **01708 303 300**

email [enquiries@healthwatchhavering.co.uk](mailto:enquiries@healthwatchhavering.co.uk)

To join the Healthwatch Havering Friends Network,  
[click here](#) or contact us as above



*Healthwatch Havering is the operating name of  
Havering Healthwatch C.I.C.  
A community interest company limited by guarantee  
Registered in England and Wales  
No. 08416383*

*Registered Office:  
Queens Court, 9-17 Eastern Road, Romford RM1 3NH*



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## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 10 DECEMBER 2020

<b>Subject Heading:</b>	Healthwatch Havering – Dental Services in Havering Report
<b>Report Author and contact details:</b>	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
<b>Policy context:</b>	Healthwatch Havering officers will give details of a recent survey re dental services that has been undertaken by the organisation.
<b>Financial summary:</b>	No impact of presenting information itself.

### SUMMARY

This report gives details of a recent survey relating to dentistry undertaken by Healthwatch Havering.

### RECOMMENDATIONS

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

### REPORT DETAIL

The attached report from Healthwatch Havering gives details of a recent survey of Havering dental practices covering whether NHS patients were being accepted and other relevant issues.

**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.

# Dental Services in Havering

October 2020



## What is Healthwatch Havering?

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

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

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

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

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

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

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

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

***‘You make a living by what you get,  
but you make a life by what you give.’  
Winston Churchill***

## Introduction

Following the lockdown to deal with Covid-19 in March 2020, dental services - both NHS and private - across England were suspended, with only emergency treatments being available, mainly through calls via NHS111. By August, however, the restrictions on dentistry began to be gradually relaxed and routine treatments and dental checks became more widely available (although nowhere near to pre-Covid levels).

Although Healthwatch Havering had hitherto not seen dentistry as a priority for attention, from September a growing number of enquiries from people who had been unable to obtain treatment for non-routine dental conditions through NHS dentists in the borough prompted a survey of dental practices to ascertain whether they were accepting NHS patients, and other relevant issues.

It should be acknowledged that, despite its importance to health and wellbeing, people generally have long viewed dentistry as something of an optional extra to the NHS. Although most people see their dentist regularly for check-ups and minor treatments like fillings, a significant minority do not do so - some people are proud to say that they have not seen a dentist “for years”, often because of a previous bad experience or they are fearful of the sort of treatments for which dentists are responsible. The absence of dental services for much of the initial lockdown period aggravated this position.

Some of the enquiries made to Healthwatch Havering suggested that some people were unaware that (with the exception of people on certain social security benefits) all dental treatments provided through the NHS bear charges - as at 1 October 2020 these were £22.70 for emergency treatment or routine treatments, £62.10 for fillings, root canal treatments or extractions, and £269.30 for treatments such as crowns, dentures and bridge work. Charges for private dentistry are, of course, unlimited and vary widely from practice to practice.

It is well-documented that many dentists either do not offer treatment thorough the NHS or primarily offer private treatments as a matter of practice policy.

### **Taking on new NHS patients**

This prompted Healthwatch Havering to carry out a short survey of all dental practices in the borough - 45 are registered by the CQC. It should be added that people are not obliged to use a dental practice within their borough of residence: they are free to use the practice of their choice. Thus, the availability of dental practices in the borough is not of itself fully indicative of the level of dental services accessible by residents, but equally people from elsewhere may be patients of practices in the borough.

Members of Healthwatch Havering telephoned all the registered practices to ask them the survey questions; 27 practices responded. Of those that did respond, only four told us that they were accepting new NHS patients at the time (Note: this does not mean that those which were not accepting new patients would not offer NHS treatments, just that they were treating existing patients only).

Of those not currently accepting new NHS patients, two told our members that they were likely to start accepting new NHS patients by no later than December 2021 and one later than then. The remainder did not respond to that question or said that they would not be accepting new NHS patients at all.

The results of the survey are set out in full in the Appendix to this report.

### **Facilities and services at dental practices**

The survey contained several questions about facilities and services for patients.

### Waiting time

The waiting time for an appointment for routine treatment, perhaps unsurprisingly, varied greatly across the practices surveyed. Responses varied from one week to two months, with one practice telling the survey that they would offer appointments only “once the backlog has gone”, another seeing patients “as required” according to a treatment plan, and one saying honestly that they “Cannot say”. For at least one practice, no routine appointments were available.

### Dealing with emergencies

Most practices were fitting emergency patients into the nearest available appointment slot or prioritising according to need. Just under a third said that they would refer emergency patients to another practice.

### Covid-19 precautions

All practices told our survey that their staff wore Personal Protective Equipment (PPE) and required patients to wear masks when not undergoing treatment; nearly all said that the room was cleaned thoroughly between patients. About a quarter of practices made a charge to patients for the use of PPE.

Six practices commented on screening patients for Covid-19 infection before seeing them, saying that they were reliant on patients being truthful in their responses to the screening questions.

## Conclusion

It is worrying that fewer than 10% of dental practices in Havering seem willing to accept new NHS patients at present.

Although the number of dentists offering NHS services has been falling nationally for several years, the Covid-19 pandemic lockdown has brought the lack of NHS cover to the fore. Those patients who had not accessed dental treatment for some time suddenly found themselves unable to do so and with little, if any, choice as to where they could do so when it became available. Added to that, their lack of recent experience of NHS dental services meant that they were unfamiliar with the current charging structure and unaware either that charges were payable or of their extent.

Obviously, it is not within Healthwatch's remit to encourage those dental practices who do not wish to, to accept NHS patients. The main reason cited for dentists' reluctance to accept NHS patients is that they find the terms of the NHS dentistry contract too onerous to make it worth their while acceding to it.

Given the importance of good dental health to an individual's wellbeing, it is to be hoped that NHS England will find a way to devise an improved contract offer to incentivise more dentists to offer NHS dentistry.

Healthwatch Havering thanks all practices who were contacted for the survey for their help and co-operation, which is much appreciated.

## Disclaimer

This report relates to the survey carried out during October 2020 and is representative only of those practices that participated.

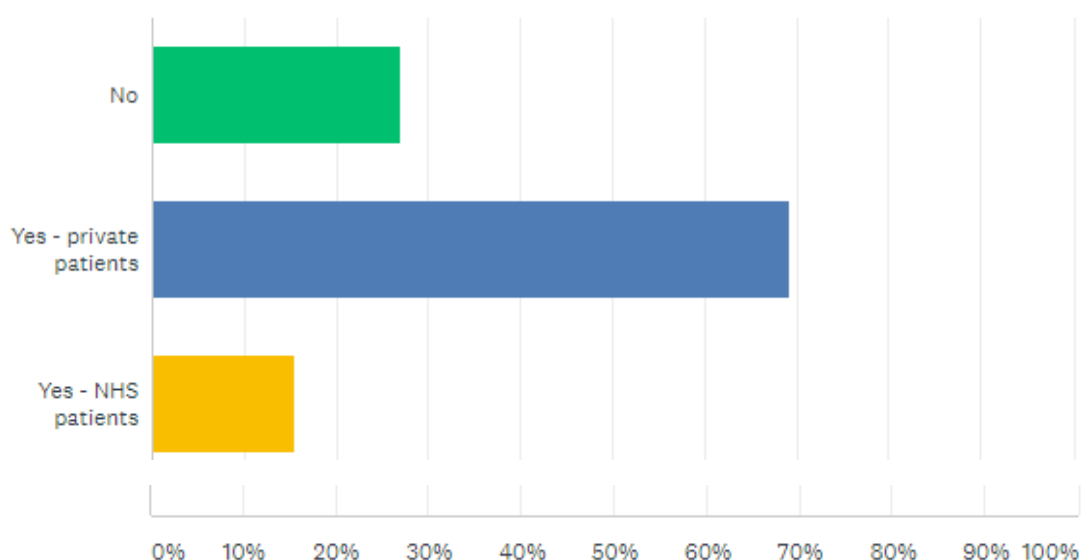


## Appendix

### Survey findings: details

The survey asked the following quantitative questions. Not every practice contacted felt able to answer every question, so some replies are derived from fewer than 27 practices:

#### 1 Are you accepting new patients?



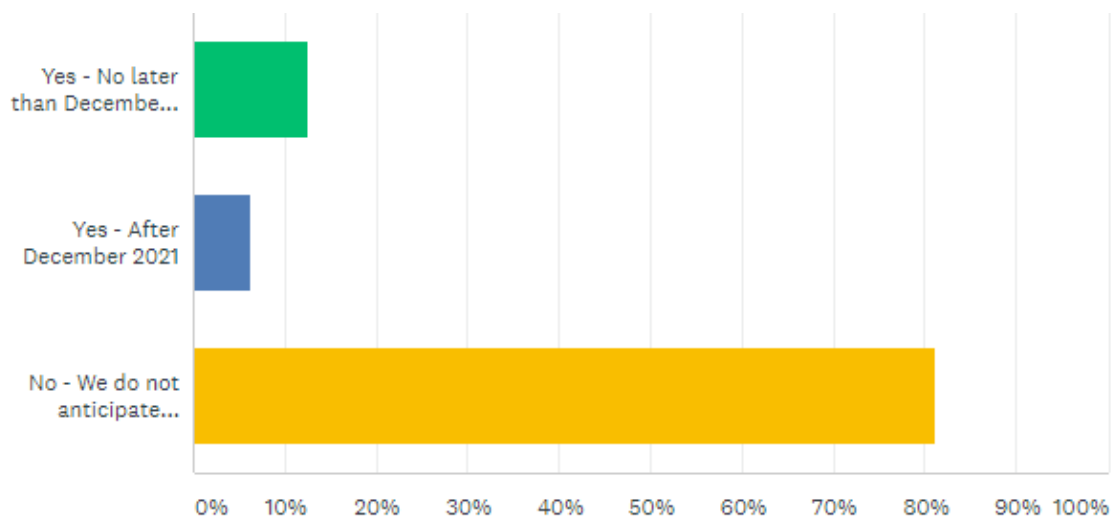
**No = 7 (27%)**

**Yes, private patients = 18 (69%)**

**Yes, NHS patients = 4 (15%)**

***Note: percentages exceed 100 as some practices are accepting both NHS and private patients***

## 2 If you are not accepting new patients at present, when do you anticipate doing so?

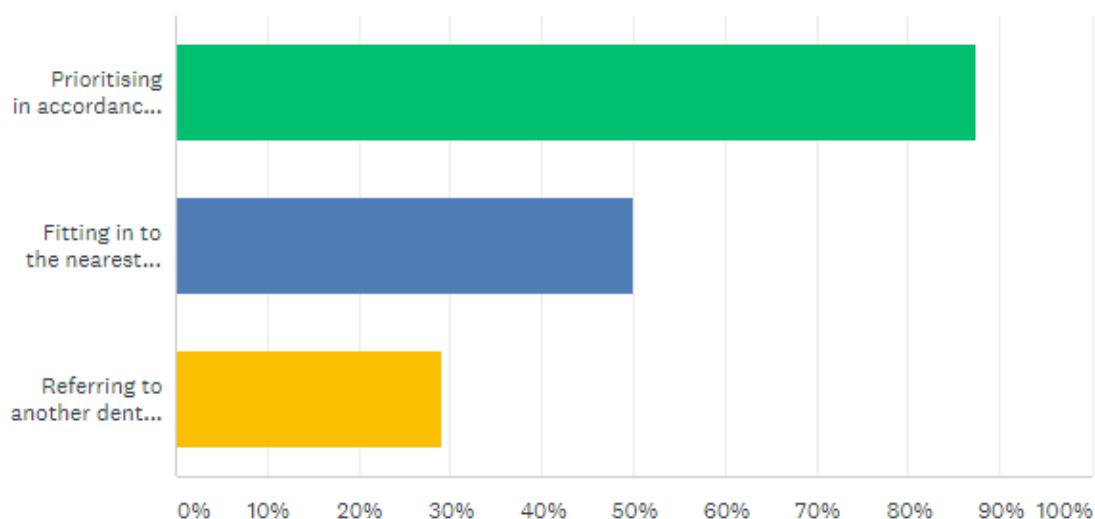


Yes, no later than December 2021 = 2

Yes, after December 2021 = 1

No, we do not anticipate accepting NHS patients = 13

## 3 How are you dealing with emergency patients?

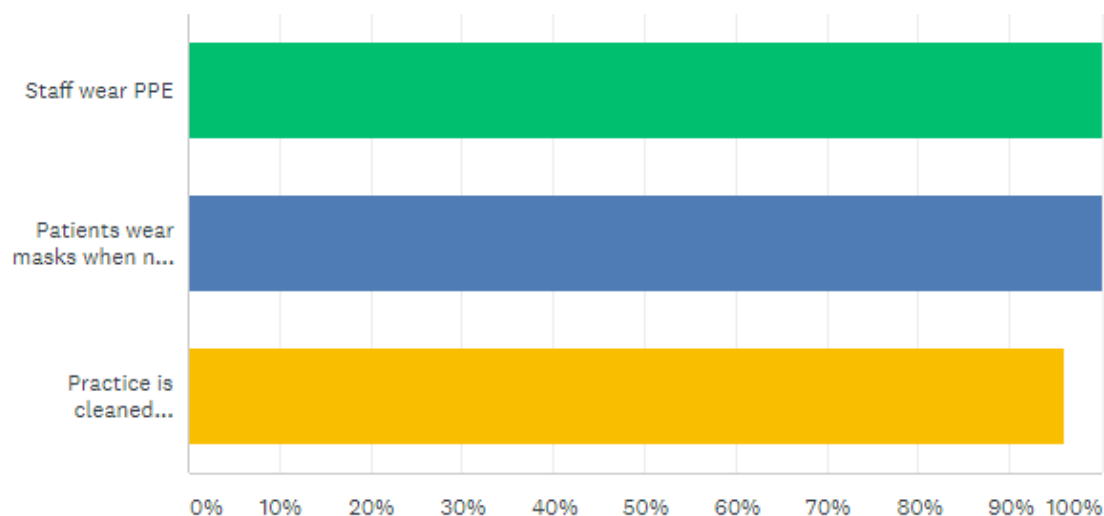


Prioritising in accordance with need = 21

Fitting in to the nearest available appointment slot = 12

Referring to another dental services = 7

#### 4 What precautions are you taking when patients attend?

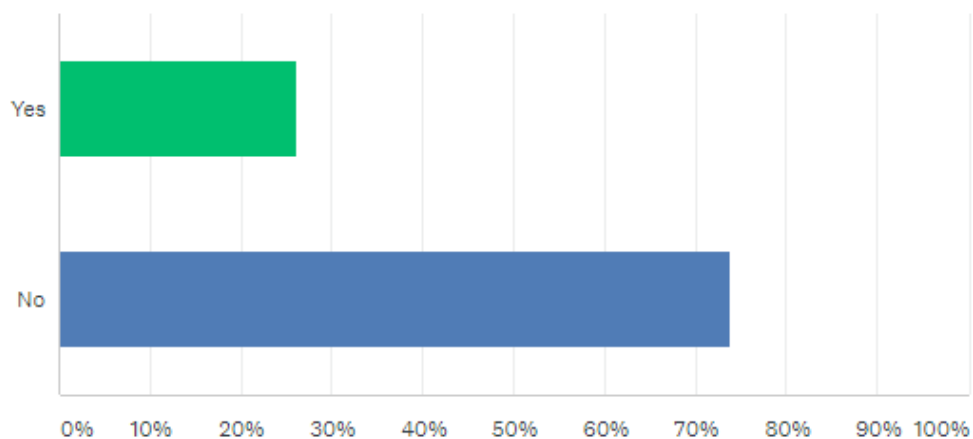


**Staff wear PPE = 25**

**Patients wear masks when not undergoing treatment = 25**

**Practice is cleaned thoroughly between patients = 24**

#### 5 Do you make a charge to patients for use of PPE?



**Yes = 6**

**No = 17**

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### Friends Network

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### Interested? Want to know more?



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email **[enquiries@healthwatchhavering.co.uk](mailto:enquiries@healthwatchhavering.co.uk)**

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