



Havering

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

HEALTH & WELLBEING BOARD AGENDA

1.00 pm	Wednesday, 21 October 2020	Virtual Meeting
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Members: 16, Quorum: 6

BOARD MEMBERS:

Elected Members: Cllr Robert Benham
Cllr Jason Frost (Chairman)
Cllr Damian White
Cllr Nisha Patel

Officers of the Council: Andrew Blake-Herbert, Chief Executive
Barbara Nicholls, Director of Adult Services
Mark Ansell, Interim Director of Public Health

Havering Clinical
Commissioning Group: Dr Atul Aggarwal, Chair, Havering Clinical
Commissioning Group (CCG)
Ceri Jacob, BHR CCG

Other Organisations: Anne-Marie Dean, Healthwatch Havering
Jacqui Van Rossum, NELFT
Fiona Peskett, BHRUT

For information about the meeting please contact:
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What is the Health and Wellbeing Board?

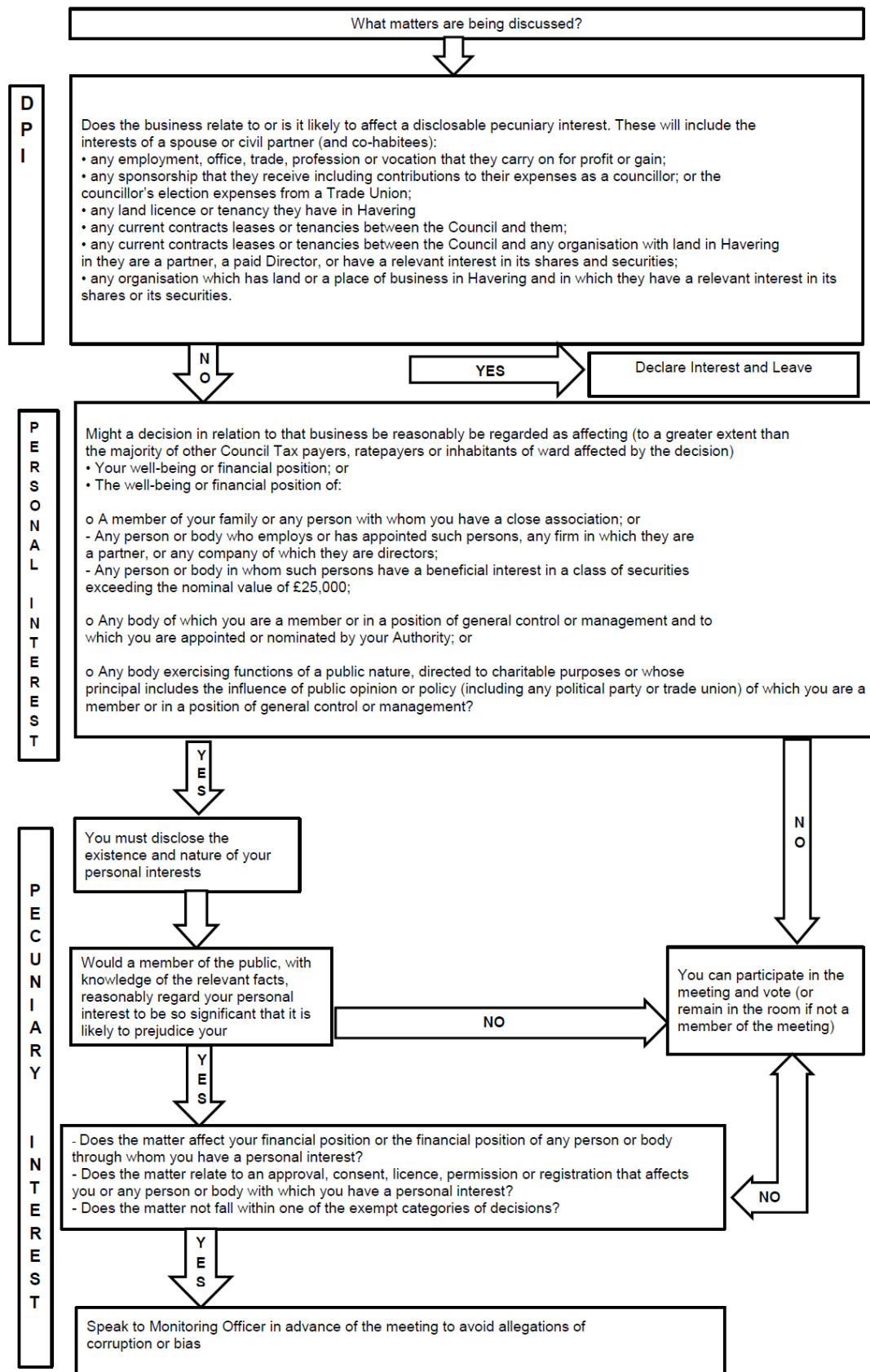
Havering's Health and Wellbeing Board (HWB) is a Committee of the Council on which both the Council and local NHS and other bodies are represented. The Board works towards ensuring people in Havering have services of the highest quality which promote their health and wellbeing and to narrow inequalities and improve outcomes for local residents. It will achieve this by coordinating the local NHS, social care, children's services and public health to develop greater integrated working to make the best use of resources collectively available.

What does the Health and Wellbeing Board do?

As of April 2013, Havering's HWB is responsible for the following key functions:

- Championing the local vision for health improvement, prevention / early intervention, integration and system reform
- Tackling health inequalities
- Using the Joint Strategic Needs Assessment (JSNA) and other evidence to determine priorities
- Developing a Joint Health and Wellbeing Strategy (JHWS)
- Ensuring patients, service users and the public are engaged in improving health and wellbeing
- Monitoring the impact of its work on the local community by considering annual reports and performance information

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2 APOLOGIES FOR ABSENCE

(If any) – receive

3 DISCLOSURE OF INTERESTS

Members are invited to disclose any interest in any of the items on the agenda at this point of the meeting.

Members may still disclose any interest in any item at any time prior to the consideration of the matter.

4 MINUTES (Pages 1 - 4)

To approve as a correct record the minutes of the Committee held on 23rd September 2020 and to authorise the Chairman to sign them.

5 MATTERS ARISING

To consider the Board's Action Log

6 THE FUTURE OF HEALTH AND CARE FOR NORTH EAST LONDON (Pages 5 - 32)

Report and appendices attached.

7 HEALTHWATCH HAVERING ANNUAL REPORT (Pages 33 - 66)

Report attached

8 CORONAVIRUS UPDATE

To be presented verbally.

9 ANY OTHER BUSINESS

10 DATE OF NEXT MEETING

The next meeting is due to be held on 25th November at 1.00pm.

**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Town Hall
23 September 2020 (1.00 - 2.41 pm)**

Present:

Elected Members: Councillors Robert Benham, Jason Frost (Chairman) and Damian White

Officers of the Council: Mark Ansell

Havering Clinical Commissioning Group: Dr Maurice Sanomi, Steve Rubery

Healthwatch Havering: Anne-Marie Dean

Also present:

John Green, Head of Joint Commissioning Unit
Elaine Greenway, Public Health Consultant
Gareth Nicholson, AD Customer and Communications
Dr Anil Mehta, Redbridge CCG
Patrick Odling-Smee, Director of Housing Services
Paul Rose, Havering Compact
Dr Magda Smith, Medical Director, BHRUHT
Fiona Peskett, BHRUHT
Carol White, NELFT

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman introduced the meeting and confirmed this was being held via Zoom due to the current Covid-19 restrictions.

2 APOLOGIES FOR ABSENCE

Apologies for absence were received from Andrew Blake-Herbert, Chief Executive; Barbara Nicholls, Director of Adult Services; Dr Atul Aggarwal, Havering CCG

3 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

4 MINUTES

It was noted that Paul Rose has also been present at the meeting of the Board on 20 August 2020. The minutes of the meeting were otherwise agreed as a correct record.

5 MATTERS ARISING

There were no matters arising.

6 CORONAVIRUS UPDATE

The Board was advised that the national Covid-19 alert level had recently risen from 3 to 4 and that the r number currently stood at 1.2 – 1.4. The growth rate of cases in England had increased to between 3% to 7% per week with a similar rise seen in London.

There had been 75 cases in Havering last week which equated to a rate of 28 per 100k. North East London as a whole was seeing rapidly increasing case numbers – most were younger working age adults being identified via community testing. However, more worryingly, also evidence of increasing hospital admissions – a total of 31 Covid-19 cases were currently hospitalised at BHRUT with 6 in Intensive Care.

The numbers of cases now being seen locally meant Havering had passed the threshold for an area causing concern. Focus was now being put on prevention of and responding to outbreaks. Efforts were being made to ensure buildings were covid secure, businesses were assisted and that enforcement action was being increased with for example large notices being displayed in shopping centres. It was noted however that the Council only had limited powers – the section 92 police officers were assisting and the police generally had been directed to intervene more in Covid-19 enforcement matters.

Work was in progress to improve access to testing and to support the imminent launch of the NHS test and trace app. Council communications around social distancing etc would also be increased. Key messages would include to help the NHS to look after Covid-19 patients, protect staff and coordinate work across the BHR region. The Health and Wellbeing Board could play a key role as an interface between the health and social care systems.

It was noted that there had been issues in Havering with a rising number of residents falsely claiming they were exempt from wearing face masks.

The Board noted the update.

7 PREPAREDNESS OF HEALTH AND SOCIAL CARE SYSTEM FOR INCREASE IN CASES OF COVID-19

The emergency period that had been announced at the onset of the first wave of the virus had led changes being made to the pathways into the care system. This period had ended on 31 August and financial guidance was awaited on the future of care pathways.

The Council was required to provide an adult social care winter plan to the Department of Health by 31 October which would include input from community organisations, the voluntary sector and NHS partners. The first wave of Covid-19 had seen an over-commissioning of some care facilities so there was capacity in care homes to increase provision quickly.

There had been a gradual rise in hospital admissions although this had plateaued recently. Of the patients currently hospitalised at BHRUT with Covid-19, nine were Havering residents. Covid response actions were being restarted including increased frequency of meetings between the Council and the Hospitals' Trust and the updating of ward plans for the care of Covid actions. Work was also underway to consider the challenges posed by asymptomatic patients.

NHS England was expecting other health services to resume soon at their normal level. There were no staff issues and the use of virtual appointments was continuing. Face to face appointments and treatments were also still available.

It was clarified that testing was available via pillar 1 for staff of NHS Trusts and their families where children developed Covid symptoms. Acknowledged that route to testing for primary care staff was less clear and possibly not as accessible. Given focus on repeated testing of care home staff that health professionals entering care homes should be tested regularly although the risk was considerably reduced when appropriate PPE is worn.

Action – MA to clarify with CCG testing lead how primary care staff and family can access testing and if / how health professionals regularly visiting care homes might be offered regular asymptomatic testing as provided for care home staff themselves.

The contribution of NELFT to meet the needs of people shielding was outlined.

It was noted that there were concerns regarding the backlog of blood test appointments. BHRUT had performed almost 20,000 blood tests per week but this had had to stop at the start of the pandemic. NELFT were doing more and a primary care option was being rolled out over all three local CCGs. Provision was improving but residents were unaware of current performance and plans for further improvement.

Action – GN with NHS counterparts to investigate opportunities to raise public awareness of the continuing availability of NHS services during the pandemic, including both virtual and face to face contacts, particularly primary care and phlebotomy.

There was no other business raised.

9 DATE OF NEXT MEETING

The next meeting was scheduled for 21 October 2020 at 1.00 pm.

Chairman



HEALTH & WELLBEING BOARD

Subject Heading:	The future of health and care for the people of north east London (NEL); proposal for a single CCG
Board Lead:	Steve Rubery, BHR CCGs
Report Author and contact details:	Emily Plane e.plane@nhs.net

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

<input type="checkbox"/>	The wider determinants of health <ul style="list-style-type: none"> • Increase employment of people with health problems or disabilities • Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.
<input type="checkbox"/>	Lifestyles and behaviours <ul style="list-style-type: none"> • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improving settings
<input type="checkbox"/>	The communities and places we live in <ul style="list-style-type: none"> • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.
<input checked="" type="checkbox"/>	Local health and social care services <ul style="list-style-type: none"> • Development of integrated health, housing and social care services at locality level.
<input checked="" type="checkbox"/>	BHR Integrated Care Partnership Board Transformation Board <ul style="list-style-type: none"> • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care <div> Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board </div>



SUMMARY

This paper sets out the plan to establish a single CCG for north east London. The new CCG is part of the evolution to an Integrated Care System (ICS) and will be based on what is being referred to as the 80:20 principle. This is about 80% of delivery continuing at a local level and 20% at NEL level where it makes sense to do things together and achieve economies of scale. Among other benefits, this will reduce duplication and releasing capacity to focus on what matters: improving outcomes for residents.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to: note and comment on the proposal to establish a single CCG for north east London

REPORT DETAIL

1. Introduction and Background

- 1.1 Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (CCG) shared on Thursday 6th August 2020 two key stakeholder engagement documents which set out the plan to form a single north east London (NEL) CCG. This was part of a wider engagement exercise to share the proposals with key stakeholders from across the seven NEL CCGs.
- 1.2 The plans both build on and bring together the vision for how key stakeholders will work in partnership across north east London to provide the best health and care possible for residents.
- 1.3 The document 'The future of health and care for the people of north east London (NEL)' (appendix one) sets out the overarching NEL vision.
- 1.4 This is supported by appendix two; "What does the move to a single NEL Clinical Commissioning Group (CCG) mean for Barking and Dagenham, Havering and Redbridge (BHR)" which outlines the history of successful partnership work in BHR which the plans for a single CCG build on, alongside the vision and plan to continue to deliver the majority of health and care services at a local level, working in partnership with providers, local authorities, the community and voluntary sector and local people.

2 The plan for a single north east London CCG

- 2.1 The formal process to come together as an integrated care system (ICS) includes the creation of a new CCG for NEL. This is not about creating a large commissioning body; the greatest strengths of the partnerships that we have built across NEL are our local knowledge, strong relationships, and focus on delivering stronger community care.
- 2.2 The new CCG is part of the evolution to an ICS and will be based on what is being referred to as the 80:20 principle. This is about 80% of delivery



continuing at a local level and 20% at NEL level where it makes sense to do things together and achieve economies of scale.

- 2.3 BHR CCGs General Practice (GP) membership are required to undertake a formal vote as part of this process and there is a full engagement programme underway with GPs in various forums over the coming weeks to gather feedback, outlining why this is the right thing to do and discussing how to achieve the best possible outcomes for local people.
- 2.4 There will also be a formal consultation with staff (alongside ongoing engagement) who are employed by the CCG as their employer will change from their current CCG, to the north east London CCG.
- 2.5 A new CCG for NEL will provide the support and strategic overview required to enable the Barking and Dagenham, Havering and Redbridge Integrated Care Partnership to continue on its local integration journey.
- 2.6 The NEL future is based on the following principles:
- Future proofing ahead of any further legislative changes
 - Building on achievements and looking ahead with a positive view of what has been done well and what can be done next both locally and together
 - Reducing duplication and releasing capacity to focus on what matters: local people
 - A level playing field in terms of payment systems and voice for mental and physical health, in and out of hospital care, social care and community health
 - Working together across the whole of NEL for the health of our communities and to drive out inequalities
 - Ultimately ensuring NEL is a place that our workforce want to live and work and our people are able to thrive and age well

3. Consultations (list if any)

- 3.1 There will be a formal consultation with CCG staff employed by the respective seven north east London CCGs as the creation of a single CCG will result in a change in employing organisation. This will continue to be an NHS organisation.

4. Recommendations

- 4.1 The Health and Wellbeing Board is asked to: note and comment on the proposal to establish a single CCG for north east London



IMPLICATIONS AND RISKS
None specifically arising from this item
BACKGROUND PAPERS
<p>'The future of health and care for the people of north east London (NEL)'</p> <p>"What does the move to a single NEL Clinical Commissioning Group (CCG) mean for Barking and Dagenham, Havering and Redbridge (BHR)"</p>

The future of health and care for the people of north east London



Overview - creating an ICS and one CCG for NEL by April 2021

- Direction of travel in the NHS Long Term Plan is one CCG per integrated care system (ICS) by April 2021
- We have taken more time in NEL than other areas to ensure development of our local arrangements and wider ICS
- Shared our proposal 'The future of health and care for the people of north east London' early August and seeking views from now and through September
- Please read our document and respond – <https://www.eastlondonhcp.nhs.uk/ourplans/the-future-of-health-and-care-for-the-people-of-north-east-london.htm>

A locally led system approach

- The vast majority of our health and care delivery will continue to be delivered at our local place and borough level, working together as partners with our local population. We call this the 80:20 principle – in recognition of the fact that decisions about health and care will take place as close to local people as possible.
- Local partnerships will decide how best to use resources in the best interests of patients
- Our single CCG would continue to be clinically led, with a clinical majority and include lay members. GP members' forums and representative bodies will be essential to making this successful, working with their local GP chair to make decisions about health and care in local communities.
- Primary care will be represented throughout the system with GP leaders on the ICS board, local multi borough (BHR) and borough level partnerships – and leading transformation programmes, continuing our good work.



How we will create one CCG for NEL

Key workstreams

- Communications and engagement – three stages
 - Engagement with members and wider stakeholders in advance of the vote in October - Aug - Oct 2020
 - Internal communications with our CCG staff about what this change will mean for them – Aug – March 2021
 - Once the vote outcome is clear, ongoing engagement with stakeholders as we develop our plan for NEL and wider ICS development – Oct 2020 – April 2021 (but there will be an ongoing approach to engagement beyond April as we develop our ICS)
- Governance
 - New constitution to be drafted and agreed. Positive working with LMC on this.
 - A membership vote. Election window to open in early October for up to a week and to be run independently.
 - Governance handbook – will include detail on how our decision making will work
- People
 - HR – develop structure of one CCG, align people policies and transfer of staff
 - OD – produce plan and support colleagues to work in a more integrated way, building on what we have been doing
- Enablers
 - Finance – allocation model, single ledger and finance operating model being developed to support maximum delegation
 - Estates
 - Digital – IT transfer

Benefits

- **Benefits for people**
 - Closer partnership working will enable people at all stages of their life
 - Working together with local councils, providers and the voluntary sector across north east London, we will address health inequalities and ensure we do everything possible to stop people getting ill to begin with
 - We will ensure that wherever you go in the system you won't have to tell your story again if you don't want to.
- **Benefits for staff**
 - We are committed to supporting our workforce to grow and develop and to creating a wider pool of opportunities for career progression and development for everyone
 - Reduced bureaucracy, fewer meetings and a reduction in duplication
 - Together we will build on our own local plans to develop a single consistent plan for the future, helping us to improve services and reduce variation
- **Financial benefits**
 - Ensure every single pound is spent to the benefit of every single person in north east London

How will the vote work?

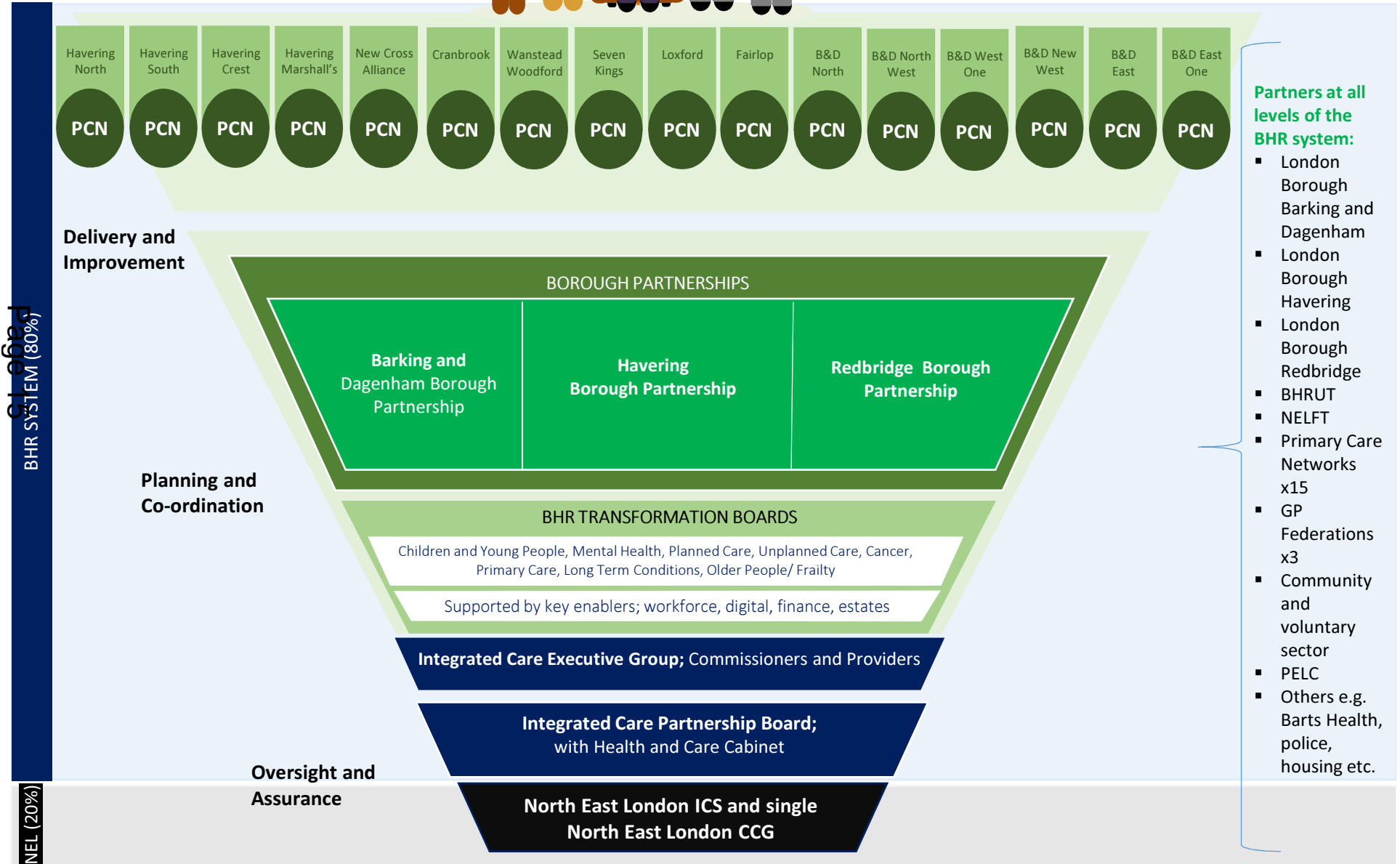
- The current vote will be conducted in line with current constitutions, which vary slightly across NEL. These are on a practice rather than all GP basis, with some areas having weighted voting. All of this will be made clear to members.
- An independent organisation, Civica, which specialises in running elections has been commissioned to conduct the vote across NEL. We have used them before (under their name Electoral Reform Society, now part of Civica) and they have run several CCG merger votes across the country.
- The vote will be conducted electronically rather than in person at a meeting as we usually do given the current restrictions on meetings given Covid-19.
- We will send information packs to members from 28 September and open a window for electronic voting for a week from 5 October.
- We will track progress on the vote during the voting window to ensure that practices are responding and that we meet the quorum required, and to help us understand the way in which practices are voting.
- We are working with LMC colleagues and have heard their feedback on the specific merger question (based on their experience elsewhere in London) and will be ensuring that the question we ask in NEL is transparent and clear.

What will the BHR System look like in April 2021?

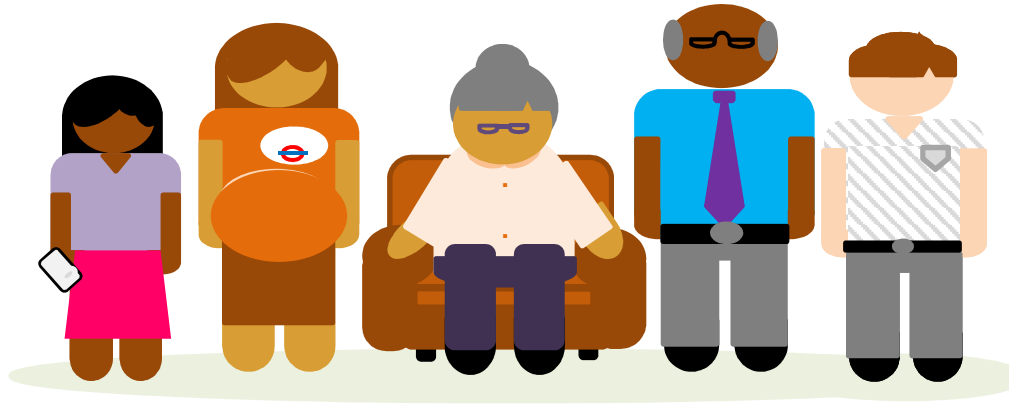


Co-production & Engagement

Our patients, residents and local communities



What are the benefits for us - BHR



Just some of the anticipated benefits include:



Clinical leadership at every level of the system, driving forward transformation and shaping plans



Stronger focus on Community Based, integrated Care, reducing inequalities



Doing things once rather than seven times where this makes sense, and having a stronger voice



Formalisation of the Barking and Dagenham, Havering and Redbridge Partnership work



Refocus of majority of resource at a local level on improving outcomes for our residents



Local people genuinely codesigning local services in partnership with clinicians and leaders

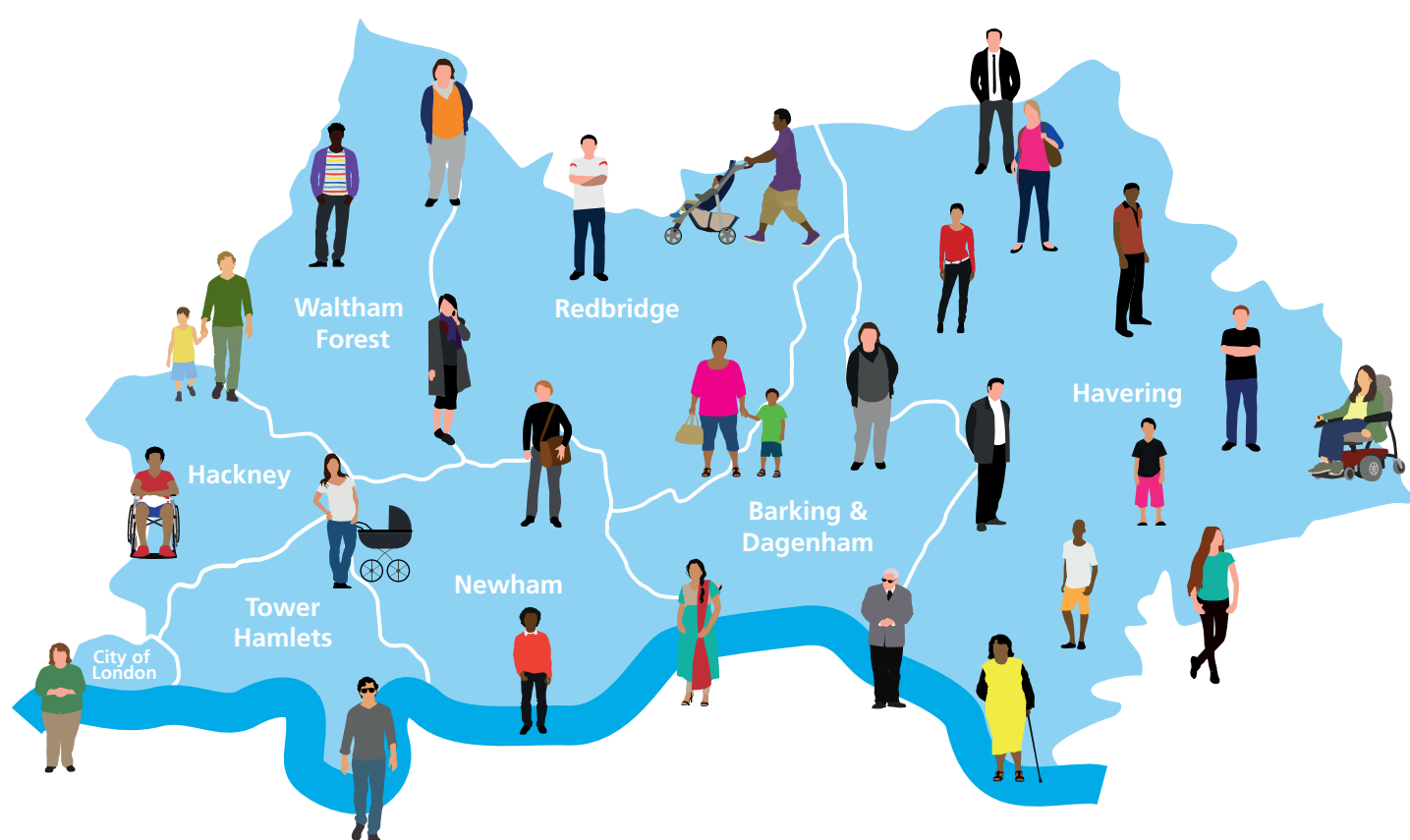


Focus locally on the wider determinants of health e.g. employment and housing



Achieve economies of scale for back office functions

The future of health and care for the people of north east London



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This is an overview of how we are changing the way we work across north east London (NEL) to improve the health of our communities.

By strengthening our already established local partnerships, streamlining our Clinical Commissioning Group (CCG) administrative and other functions into one joined up organisation and bringing together our partners as an integrated care system for NEL, we will have the infrastructure we need to provide the best health and care for our local populations.



Overview of health and care in north east London

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North east London (NEL) has a population of 2.3 million people and is a vibrant, diverse and distinctive area of London steeped in history and culture. The 2012 Olympics were a catalyst for regeneration across Stratford and the surrounding area, bringing a new lease of life and enhancing the reputation of this exciting part of London. This has brought with it an increase in new housing developments and improved transport infrastructure and amenities. Additionally the area is benefiting from investment in health and care facilities with a world class life sciences centre in development at Whitechapel and confirmed funding for the Whipps Cross Hospital redevelopment and a new health and wellbeing hub on the site of St George's Hospital in Havering, making it an exciting time to live and work in north east London.

At the heart of NEL are its people and together as health and care partners we have a collective vision of enabling our population to live healthy lives. This vision is reliant on a wide set of determinants beyond just health and which include: access to education, job opportunities and creating a healthy environment at all stages of a person's life, ensuring they have the best chances possible. To achieve this we need to make sure patients, clinicians and managers are working together in a way that ensures they can all reach their maximum potential.

Locally led successes across NEL

We have a number of fantastic examples of local leadership and achievements across our local areas. Together we can learn from each other and share our innovations and successes for the benefit of all our local populations. Some of these include:

- **Working together across primary care** – across our local areas we have led the way in supporting primary care to work differently. Through Primary Care Networks GP practices are working together across neighbourhoods and with community, mental health, social care, pharmacy, hospital and voluntary services.
- **Social prescribing** – is at the heart of our work and we have a variety of models in place across our area including link workers who facilitate social prescriptions between clinicians and patients.
- **Supporting our diverse population** – as part of our recovery from Covid-19 we are collectively committed to supporting local people, training, volunteering, education and creating apprenticeships at a local level, to support the recovery of our local economies, which have been significantly impacted by the pandemic.

Overview of health and care in north east London

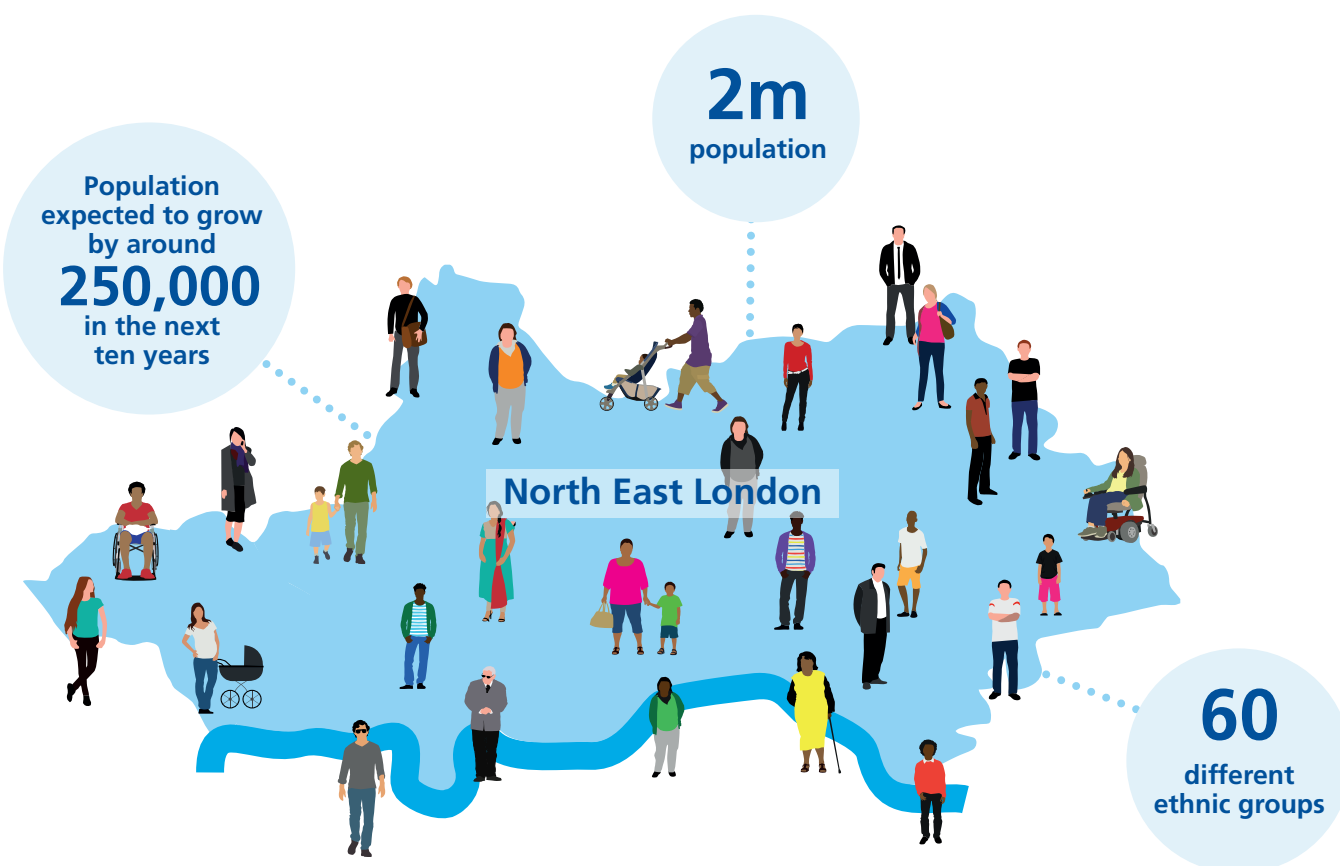
- **Promoting a healthy start in life** – across north east London children benefit from our healthy schools programme which supports children, families and adults to be more active and eat healthily.
- **Acute partnerships across NEL** – we are developing an acute alliance across NEL which brings together Barts Health NHS Trust, Homerton University Hospital Foundation Trust, Barking, Havering and Redbridge University Hospitals NHS Trust to set an overarching strategy for acute services to the benefit of all our people.
- **Urgent care** – to ensure that the Urgent and Emergency Care (UEC) needs of our population are met, we are working together to ensure that we have staff with the right skill mix at the right place and time to care for our people.
- **Mental health** – we are committed to supporting people with severe mental health difficulties and one way of doing this is ensuring they have access to employment opportunities. Across all our partnerships we have rolled out our individual placement and support service which provides tailored support including job placements and guidance for both the employer and the employee.
- **End of life care** – through our multi-disciplinary teams we are able to support patients to die at home or in the community surrounded by their loved ones.
- **Enhancing our local estates** – the regeneration of Whipps Cross, the Barking riverside development and new health and wellbeing hub at St George's will benefit our local populations
- **Digital progress** – we know that patients want to access their own information and only to tell their story once so are committed to improving access to patient records. As a result of Covid-19 patients can engage with services in many more ways: online, telephone, video as well as face to face.
- **Maternity** - across north east London, we work together as the East London Local Maternity System. This benefits staff as they are able to work across the whole patch and also allows us to ensure equal access to services. One priority for us is ensuring more choice and control for women and their families and we are prioritising personalised care plans for vulnerable women.
- **Major long term conditions** – we are working together to improve prevention of diabetes through education and training; running community based enhanced services to support and improve the care of those living with long term conditions and working to ensure services and support are joined up.
- **Ageing well** – we are committed to ensuring our workforce are trained to support our ageing population to support them to age well and maintain their independence, one example is our joined up teams consisting of physiotherapists, occupational therapists, social workers and consultant geriatricians.
- **Homelessness** – during the Covid-19 period we have worked closely with local authorities to provide support and care to rough sleepers. The pandemic offered a unique and powerful opportunity to address the needs of thousands of London's rough sleepers. Charity partners have worked intensively with hotel residents to assess their needs and agree the next steps. Across north east London we are committed to building on what has been achieved so far, working in partnership with local authorities and our voluntary sector colleagues.

Overview of health and care in north east London

NEL is not without its challenges, with a high level of deprivation and inequality requiring us to work together in the best interests of patients. The Covid-19 pandemic has been a once in a lifetime challenge for all of us, testing us in every way possible not just as health and care providers but as a wider population too. Newham has been particularly impacted with the highest number of deaths in the country and more than ever before we have needed to draw on our strengths and experiences across NEL to respond to this, to learn from it and to ensure that everyone has equal opportunity to health in their lifetime.

As we continue to respond to our challenges and build on our partnership working to date, we are formalising this by coming together as an Integrated Care System (ICS). This will be how we come together as a partnership to strategically manage the health of the whole of our population and future proof ahead of any further legislative changes. Our NEL ICS and single CCG for NEL will provide support to our local places/boroughs, and in BHR's case its local system, where the vast majority of delivery and leadership will take place. We call this the 80:20 principle, placing most of our focus on delivery where it is best placed – closest to the individual. At a local level we will bring together an integrated partnership of local authorities, local acute trusts, local community services, local mental health services, local primary care, voluntary sector and most importantly local residents.

NEL – who we are





The vast majority of our health and care delivery will continue to be delivered at our local place and borough level, working together as partners with our local population.

The 80:20 principle

Our basic principle of 80:20 is in recognition of the fact that decisions about health and care will take place as close to local people as possible.

Local partnerships will decide how best to use resources in the best interests of patients.



A locally led system approach

Local integrated care partnerships and local delivery

Local delivery is critical to the success of this way of working. A key feature of our north east London partnership is our distinct population-focused collaborative systems or integrated care partnerships (ICPs): Barking and Dagenham, Havering and Redbridge (BHR); Waltham Forest, Tower Hamlets and Newham; City of London and Hackney.

Each of these systems has developed local priorities based on the needs of their populations, developed collaboratively across organisations and through working together with local communities. In some instances these priorities are place based and in some areas like BHR they have chosen to work together to develop priorities across a wider area and will continue to collaborate closely as we develop our new arrangements.

None of this is possible without the leadership of the local authority and without involvement from our voluntary sector, patients and the wider public.

At an even more local level we bring together our services to support patients with complex care needs such as frailty, those who are housebound, those who require terminal care and those with learning disabilities.

We remain committed to demonstrating collaborative leadership, this means leadership 'with', rather than leadership 'over'. An example being clinicians working with managers and with patients on developing pathways of care.

A clinically led CCG for north east London

One CCG for NEL would continue to be a clinically led organisation with strong clinical leadership and a GP voice at all levels. There would be one NEL CCG governing body and an ICS partnership board at a NEL level. Most decisions will take place through local governance arrangements. Each place will be represented by a GP chair on the NEL governing body and ICS partnership board.

GP members' forums and representative bodies will be essential to making this successful, working with the GP chair to make decisions about health and care in our local communities.

Involving lay members

We know that lay members bring a diverse range of expertise that augments the best of how we collectively work as clinicians, managers and patients. Their independent input ensures we focus on outcomes, patient voice, value for money and good governance.



Why create an integrated care system for north east London?

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We believe that creating an ICS across north east London will allow us to collectively respond to the challenges we face across NEL and benefit our local population in the following ways:

Benefits for people

- Closer partnership working will enable people at all stages of their life e.g. whether you are pregnant, have a long term condition, require trauma treatment or end of life care, you will have equal access to all services across the whole system.
- The amazing energy of health and care partners will be better shared so that we can keep you healthy.
- Working together with local councils, providers and the voluntary sector across north east London, we will address health inequalities and ensure we do everything possible to stop people getting ill to begin with. We will be truly responsible for the health of all our communities, not just managing health services.
- By working together across our organisations we will make sure that even if you have a complex condition requiring specialist care, you will be supported by all our services.
- We will ensure that wherever you go in the system you won't have to tell your story again if you don't want to.

Benefits for staff

- We are committed to supporting our workforce to grow and develop and to creating a wider pool of opportunities for career progression and development for everyone. We want north east London to be the place you want to live and work in.
- We want to ensure staff work in an environment with reduced bureaucracy, fewer meetings and a reduction in duplication.
- We want everyone to be a leader no matter where they sit in the organisation
- Our focus will be on relationships and solving problems together.
- Together we will build on our own local plans to develop a single consistent plan for the future, helping us to improve services and reduce variation.

Financial benefits

- Our overriding priority is to make sure every single pound is spent to the benefit of every single person in north east London. This means we can focus on where we can get the best value in terms of outcomes for patients and wider social value outcomes for our communities and neighbourhoods.

Our collective vision for north east London

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What do you want to achieve for our communities in the next few years?

"We support people with long term conditions to take control of their own health and care management allowing them to live full and happy lives"

Dr Atul Aggarwal, Chair, NHS Havering CCG



"Working in partnership to ensure that people are supported to age well and that quality of care is improved within our existing acute and community services"

Dr Ken Aswani, Chair, NHS Waltham Forest CCG

"Ensuring all our children in north east London have the best possible start in life, with their parents experiencing the best possible pregnancy and birth, right through to supporting schools to maximise the health of all children"

Dr Sam Everington, Chair, NHS Tower Hamlets CCG



"Making sure people have choice and control over the way they live their lives, and access to local resources and opportunities"

Dr Jagan John, Chair, NHS Barking and Dagenham CCG

"People with mental health conditions are able to live good lives – to be employed, have good relationships, somewhere comfortable to live, and to feel part of their community"

Dr Anil Mehta, Chair, NHS Redbridge CCG



Our collective vision for north east London

"By working together we address the causes of inequality and poor health in NEL, drawing on our collective strengths and experience to improve the lives of our local people"

Dr Muhammad Naqvi, Chair, NHS Newham CCG



"Grow our neighbourhood way of working, with thriving primary care networks an essential element, to ensure that across north east London our teams are working together to support local people"

Dr Mark Rickets, Chair, NHS City and Hackney CCG

"We make every pound count and invest our health and care resource so it improves population outcomes"

Henry Black, Chief Finance Officer, NELCA



"Engaging and involving our local populations continues to be at the heart of everything we do"

Marie Gabriel, Independent Chair, NEL ICS

"The benefits of working in partnership will give everyone the best start in life, deliver world-class care for major health problems, such as cancer and heart disease, and help people age well"

Jane Milligan, Accountable Officer, NELCA



In September 2020 we will produce a report on our proposal to merge, including feedback from stakeholders for consideration by NHS England who will need to approve our application later in the year.

How can I have my say?

Each CCG will engage with all its partners and members over the coming months. Engagement will continue through the summer, autumn and beyond. As questions come in we will develop a questions and answers document.

We also want to hear from anyone who wishes to share their views on the proposal set out in this document.

You can either email us at nel-ics.pmo@nhs.net

Write to us at **NELCA, 4th floor Unex Tower, Station Street, Stratford, E15 1DA**

Visit www.eastlondonhcp.nhs.uk



As part of our work to create an Integrated Care System over the last 18 months we have undertaken engagement with a wide range of stakeholders. We have listened to feedback and already taken in to account the following:

Topic	You told us you are concerned that...	What we are doing...
Money	Budgets may be held centrally and not passed on at a local level	Ensuring that budgets are devolved to a local level to match existing budget allocation, so there is no impact at a local level
Decision-making	We may lose influence on key decisions at a local level	Putting in place new governance arrangements to ensure that decisions are made at a local level
Clinical leadership	Clinical leadership may weaken as a result of moving to a single CCG	Building on our existing relationships with our clinical leaders and getting their input to shape a new way of working. Clinical leadership will exist at every level within the ICS and will be key to our success. Clinical leadership budgets for each CCG will be maintained, with clinical leaders freed up to lead clinical transformation of services rather than some of the current bureaucratic focus
Impact on services	A single CCG may mean reducing services for patients	Existing hospitals, NHS trusts, GP surgeries and community services will continue with no impact. What we are doing is changing the way we work so that we can deliver a better patient experience with access to more services more easily. By working collectively, we can attract transformation funds to improve services for local people where they are needed most. We will address variation for patients across NEL, with a focus on the highest standards
Impact on jobs	There may be impact on CCG staff as a result of the merger	We are aiming to minimise the impact on staff, maximise opportunities for career progression and training, and to tackle inequalities across our system. We are assuming that requirements to reduce or restructure posts will be minimal

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Annual Report 2019-2020

Guided by you – Informed by you



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Message from the Chair Anne-Marie Dean

Guided by you –
Informed by you

Using our influence to
achieve positive change



Welcome to our report.

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

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

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

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

About us

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

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

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

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

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

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

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

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

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

Guided by you Informed by you

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

The Coronavirus has changed the way we all live our lives

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

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

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

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



At the launch of our Friends Network

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

Highlights from our Year

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

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

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- Hosted by Councillor Jason Frost the Chairman of the Health and Wellbeing Board and chaired by Councillor Michael Deon Burton, the Mayor
- The purpose of the Friends Network is to **Enable, Empower** and **Enrich** the experience for residents of the health and social care services in our borough by sharing and supporting each other
- A huge thank you to Hornchurch Can't Sing Choir, the conductor and the singers who provided an amazing choral inspiration for us all
- Thank you to Gary Etheridge, Director of Nursing and Director of Safeguarding, for his presentation on the work that BHRUT are developing to widen and strengthen the role of the hospital in dementia care
- Thank you to Jenny Gray, Commissioner and Project Manager – Dementia, London Borough of Havering on her presentation on the breadth of work that the Council are undertaking to support residents who are affected by dementia
- Thank you to all our colleagues from across the Borough, LBH, BHRUT, NELFT, CCG, Care Homes, Third Sector, our Members and the public who joined us





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

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

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



How we have made a difference

This year we have participated in two assessment panels for the procurement of new health services:

- ❖ The CCG tender for a GP-led multi-disciplinary, integrated, community urgent care service.
- ❖ The ICS tender for the Special Allocations Service, providing primary care services for patients who have been excluded from other GP practices.

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Our Enter and View programme this year has included new homes and follow up visits.

All our reports are published and available on our website, and are also available on the Healthwatch England website.

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



How we have made a difference

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



Priorities that we were seeking to achieve from the appointed provider

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



How we have made a difference

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



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

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

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

(Appendix 3 has further information on our engagement work)

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

More than
200 people
across
England read
our reports

Over
70 reports
published on
Healthwatch
England's
website

Helping you to find the answers

We received over 60 telephone enquiries seeking advice

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

We gave talks about health and social care to audience of over 80 people

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

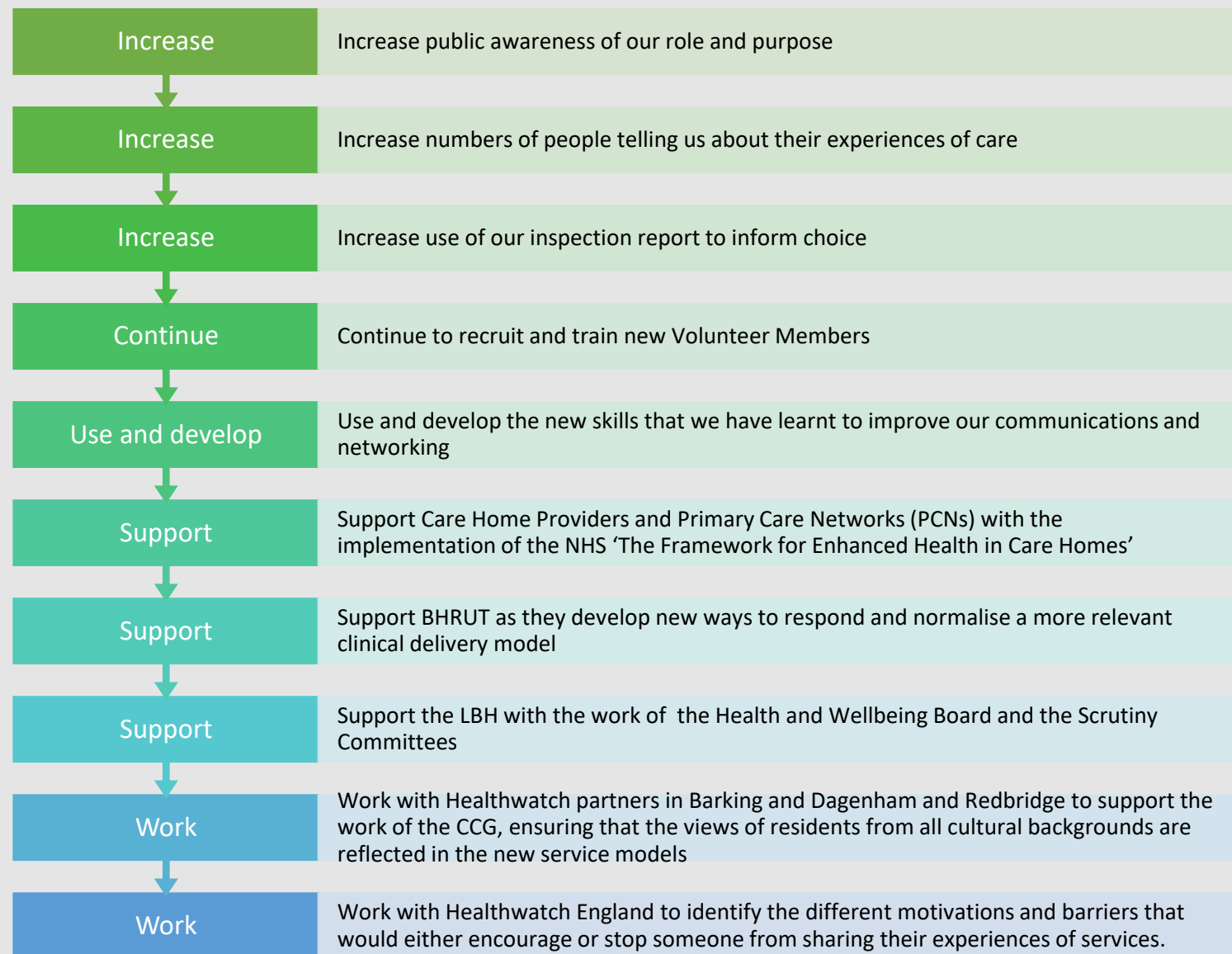
Over 1400 people visited our website, not only from Havering or the United Kingdom, but from afar afield as the United States, China, South Korea, Nigeria and the Philippines



Our volunteer members and our Friends Network

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

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



Our governance

Status of Havering Healthwatch

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

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

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

Involving our volunteers

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

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

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

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

Compliance with statutory requirements

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

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

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

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

Dealing with the consequences of the Covid-19 pandemic

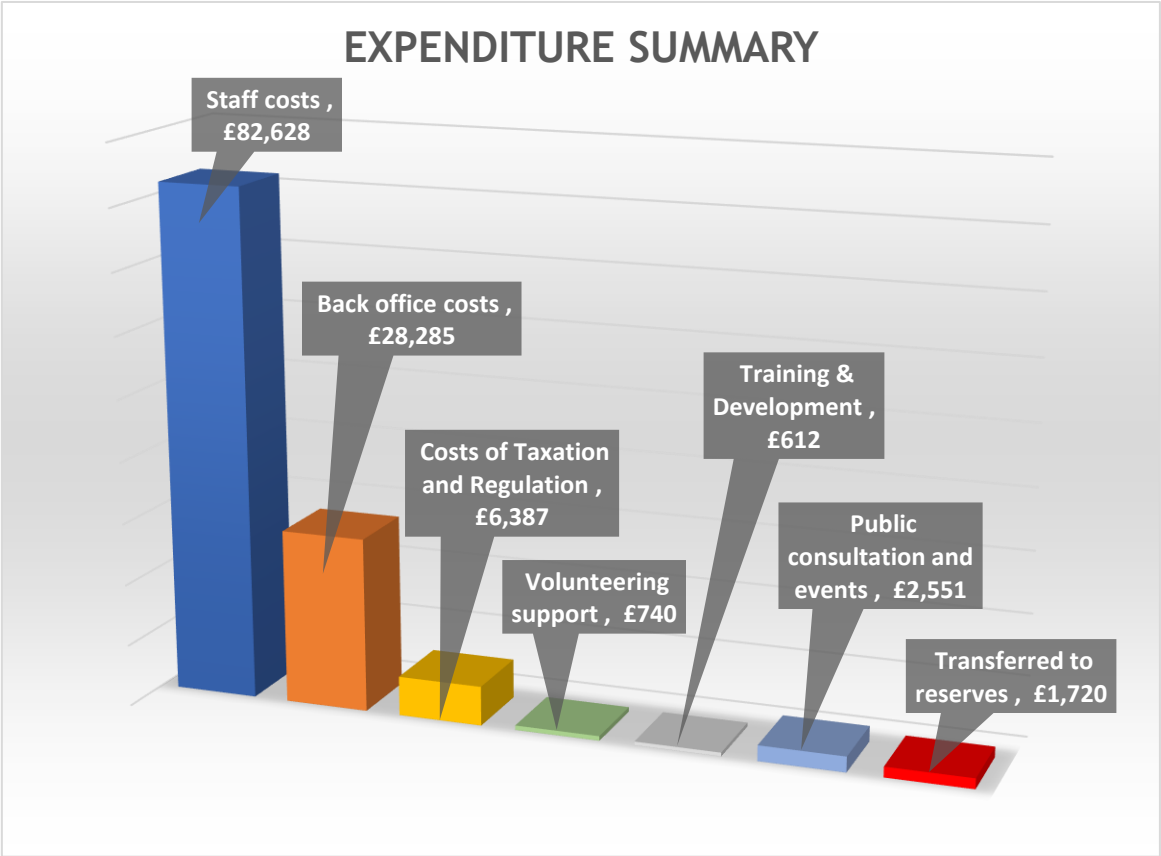
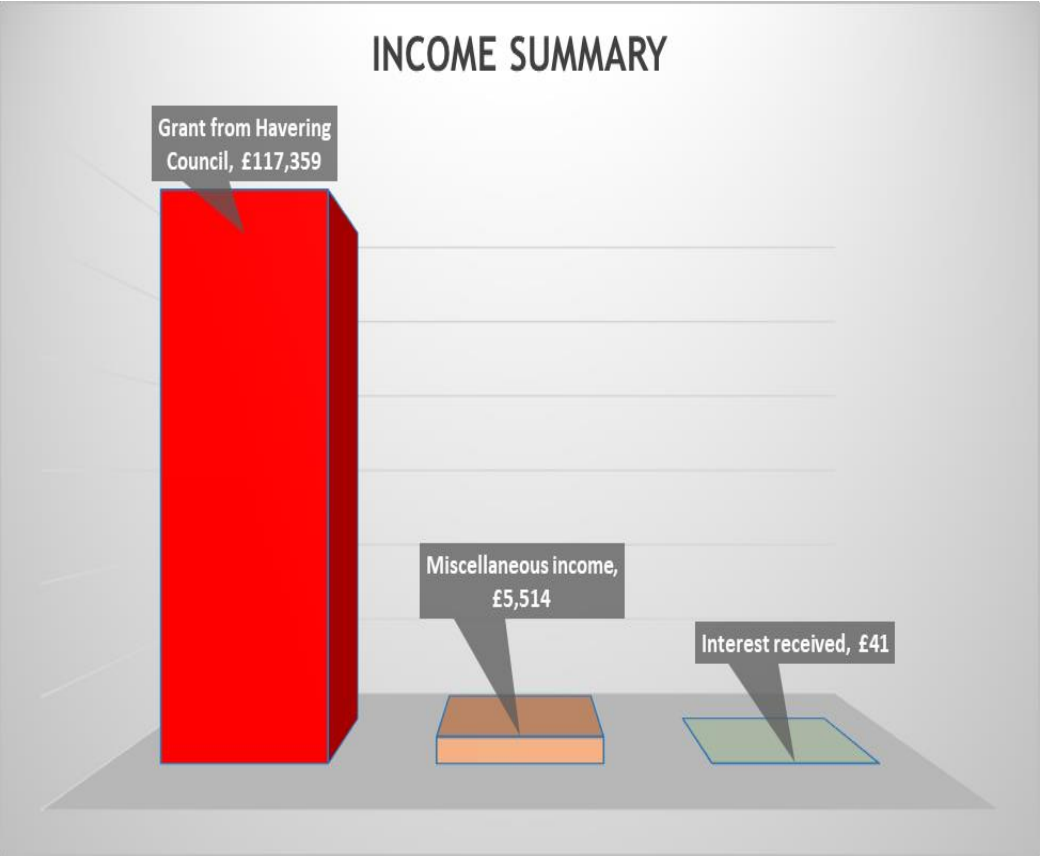
During the final quarter of 2019/20, the Covid-19 coronavirus pandemic began to develop worldwide. Initially, although the developments were a matter of concern, they did not impact upon Healthwatch activity and our Enter & View visits and other engagement activities continued as planned.

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

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

Summary statement of Income and Expenditure

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

Engaging service users...



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

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

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

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

Enter and View visits

To ensure the robustness of the Enter and View programme, we identify premises that should be visited through a monthly meeting of staff and volunteers at which the programme is managed, visits are arranged and the findings of recent visits are reviewed. The programme is informed by CQC reports on establishments, by information gathered through meetings with local regulatory agencies and by complaints (and compliments, should we receive any) from service users as well as previous visits. Most visits are announced in advance but, occasionally, we carry out unannounced visits without prior warning.

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

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

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

All reports of our visits have been published on our website www.healthwatchhavering.co.uk/enter-and-view-visits and shared with the home, GPs or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies. Owing to the thorough nature of pre-publication checks, not all of the reports had been published at the date this report was prepared.

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

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

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

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

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

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

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

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

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

Surveys

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

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

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

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

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

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

Provision of Interpretation Services at GPs' surgeries

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

Emergency dental care for residents of care homes

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

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

Planned survey

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

Healthwatch Havering Friends' Network

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

Talks to other organisations

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

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

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



Thank you and how to contact us

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