

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
14 July 2021 (7.00 - 9.22 pm)**

Present:

Councillors Nisha Patel (Chairman), Ciaran White (Vice-Chair) and David Durant

Also present via videoconferencing:

Ian Buckmaster, Healthwatch Havering
Mark Ansell, Director of Public Health
Lucy Goodfellow, Policy and Performance Business Partner
Jacqui Clare, St John Ambulance
Mike Threadgold, St John Ambulance
Ceri Jacob, North East London Clinical Commissioning Group
Melissa Hoskins, North East London Clinical Commissioning Group
Richard Pennington, BHRUT
John Mealey, BHRUT
Remi Odejinmi, Partnership of East London Cooperatives (PELC)
Pippa Ward, NELFT

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillors Philippa Crowder and Nic Dodin.

2 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

3 MINUTES

The minutes of the meeting of the Sub-Committee held on 23 February 2021 were agreed as a correct record and would be signed at a later date.

4 ST JOHN AMBULANCE - COMMUNITY FIRST RESPONDERS

The Sub-Committee was advised that the Community First Responders (CFR) programme was a partnership between St John Ambulance and the London Ambulance Service. Trained volunteers from the local community were dispatched at the same time as ambulances to cases of cardiac arrest chest pain, stroke, breathing difficulties etc. Volunteers were trained to

London Ambulance Service (LAS) standards and responded to calls from their own homes and in their own cars. Volunteers were unable to disregard traffic lights etc when responding.

The CFR service also gave Covid-19 support to local hospitals and ambulances by donating personal protective equipment, scrubs etc. The service was also involved with supporting the LAS on the falls programme that had been set up for the local area. CFRs would assess patients who had fallen and note the time of the fall as well as check for potential injuries. Patients who had fallen more than 4 hours previously would be taken to hospital. Welfare and safeguarding issues were also considered with CFRs able to check patients' ability to get food, hot drinks, medication etc for themselves.

It was noted that a representative of Healthwatch Havering who was present at the meeting was also a member of St John Ambulance. Healthwatch Havering was fundraising for CFRs via a sponsored walk, in cooperation with the St John Ambulance fundraising department. Further information could be provided on promotional work for the service.

The priority for responses to emergency calls was decided by the LAS control centre. CFRs used the same radios as LAS staff and recruitment was undertaken from the general public. It was suggested by a representative of NELFT that the new Integrated Care System and Local Borough Partnerships would allow the third sector to work productively with local health and social care services.

The Sub-Committee noted the position.

5 NORTH EAST LONDON FOUNDATION TRUST (NELFT) 0-19 CHILDREN'S SERVICES

A new contract for health visiting had commenced from 1 April 2020. This had included funding for 3 new health visitors and 2 new staff nurses. Health visitors undertook visits at antenatal and newborn stages as well as at 6-8 weeks, 1 year and 2 years of age. These services were still delivered during the pandemic but were carried out virtually. Face to face visits were still made for vulnerable children.

Additional services offered by NELFT included a lead officer and support group for mental health.

School nurses had assisted with the reinstatement of the National Child Measurement Programme. School nurses also offered face to face and drop-in appointments with young people.

Partnership working included the Henry programme for Healthy Eating and the establishment of Dads Groups. Work was ongoing to establish a digital platform and the 0-19 years services Facebook page had received a good response. Work was also in progress with the Primary Mental Health Team to establish parent, school and student conversations and drop-in sessions. There was also regular contact with the Council's Public Health Team. Public Health officers received monthly performance reports and there was quarterly monitoring of the NELFT contract with the Council. Services had recovered quickly following the pandemic.

It was confirmed post-natal depression was checked for at the 6-8 weeks visit and weekly or monthly 'listening visits' could be implemented to offer additional support. Referrals could be made to the mental health team or a support group.

It was clarified that any respiratory problems encountered by the under 2s were due to a lack of exposure during the pandemic, not because of wearing a mask. Joint Committee on Vaccination and Immunisation guidance was followed on what age groups to vaccinate. It was accepted that there were potential risks from social isolation, even with the availability of virtual services.

6 BHRUT PERFORMANCE INDICATORS

BHRUT officers explained that preparations were currently under way for the third wave of Covid-19. The numbers of Covid patients in hospital were however relatively low compared to previous waves. A number of services had been reinstated including surgery and diagnostics. Some 40% of outpatient services were now taking place virtually. Work was in progress with the independent sector to reduce waiting times.

Performance on the 4 hour A & E target had declined between March and May but there had been a 20% rise in attendance numbers during this period. Frailty units had been introduced on both hospital sites which allowed quicker and more direct access to care. There were also walk-in centres at both sites. The same day emergency care pathway aimed to avoid the unnecessary admittance of patients onto wards.

The numbers of patients waiting in excess of 52 weeks for treatment had increased during the Covid peaks. This had now reduced by around 1,000 people but was still considered to be too high. Cancer performance had deteriorated during the Covid peaks but was now back above target. The performance on the 62 day target for starting cancer treatment had improved but there was still a backlog to be cleared.

Patients were still swabbed on entry and it was accepted that high numbers of staff having to self-isolate could be a danger. Work was ongoing with local communities to address patient concerns. Outpatients had been somewhat affected by the need to maintain social distancing as fewer patients could be seen at each clinic. It was noted however that less than 0.1% of BHRUT staff had tested positive and less than 1% were self-isolating.

No beds had been lost due to Covid and demand & capacity issues were continually reviewed by the Trust. Covid and non-Covid zones had been created at both hospitals.

The staff absence rate, including those who had been 'pinged' and told to self-isolate, remained very low. It was also policy that the NHS app should be turned off whilst staff were at work and only turned on when staff were not at work. Covid protocols were very tight and evidence-based. Details of the numbers of cycles/amplifications used in the PCR Covid test could be provided.

The Sub-Committee noted the update.

7 2021/22 PERFORMANCE INFORMATION

The Sub-Committee was presented with a list of performance indicators which it may wish to scrutinise during the year. It was suggested that officers could produce a rationale and more details of each proposed metric before any final decisions were taken. It was suggested a mix of direct performance measures and measures focussing on post-performance recovery could be chosen.

Members were invited to give suggestions for which performance indicators they would like to scrutinise to the Chairman or clerk, outside of the meeting.

8 CORONAVIRUS VACCINATION PROGRAMME

The Managing Director of the local Integrated Care Partnership advised that 76% of the eligible population in Havering had received the first dose of the Covid-19 vaccine and 57% had received a second dose. Efforts were continuing to vaccinate everybody over 80 years of age but young people were also being targeted in the Eastern European and BME communities. Messages to younger people focussed on the freedom a vaccine could offer and the potential financial loss resulting from not having a vaccination.

Pop-up vaccination clinics had been established at locations such as Hornchurch Library and Tesco at Gallows Corner. The Partnership's website was regularly updated with questions & answers and videos relating to the vaccine. Work had been undertaken with groups such as the Polish

Community Association and a vaccines video in Lithuanian was currently in production.

Numbers of Covid bases were rising in North East London but remained below the London average. Both vaccines were effective against the Delta variant. Good joint working had been seen in Havering between the Council and the voluntary sector.

All vaccination sites were quality checked and a physician was available to deal with any concerns. Clinicians at vaccination centres were aware of the Yellow Card system for reporting side effects as this was an established process in the NHS.

Vaccines were offered to all people aged 18 or over. Vaccines were however only offered to people younger than this for defined clinical reasons and there were no definitive targets for vaccinating people aged under 18. A list of the key priorities for the receipt of vaccines could be supplied. The Joint Committee on Vaccination and Immunisation had felt that fewer vaccines of under 18s were necessary than seen in other countries. There was also good evidence that adult vaccine immunity was better than natural immunity.

Whilst no vaccine was 100% effective, rates of Covid immunity were increasing in line with vaccination rates. There were currently 25 Covid in-patients at BHRUT hospitals, compared with 170 when the infection rate was last at the current levels. Officers stated that this showed the impact of vaccines in giving a much lower hospitalisation rate. A high rate of vaccine coverage would also protect vulnerable people.

A Consultant Anaesthetist present stated that it was uncertain how long natural immunity would last and unvaccinated people who developed Covid-19 were likely to be extremely unwell. As many people as possible should therefore be encouraged to take the vaccine.

Officers added that it was important to increase vaccination rates in order to avoid other hospital work stopping due to Covid pressures. Vaccination could have avoided many of the more than 920 deaths from Covid that had been seen in Havering. Officers did not accept that reference to the death rate was being unnecessarily alarmist.

The Sub-Committee noted the update.

9 **HAROLD WOOD URGENT TREATMENT CENTRE (UTC)**

Officers representing the UTC management explained that their contract had commenced on 1 July 2020. The centre was led by GPs with the support of Urgent Care Nurse Practitioners. Patients were screened on entering the UTC and directed to A & E if necessary but more than 65% of attendees were treated at the UTC.

The Harold Wood UTC was open 0800 – 2200 and took patients up to 2100, seven days per week. There had been a rise in activity and around 90% of attendees at Harold Wood UTC were from Havering. Contract standards at the UTC had to be maintained, even with Covid requirements.

Extra nursing staff and GPs had been introduced in order to reduce waiting times. Streaming at the front door had been introduced to prioritise the most seriously ill patients. No one was refused entry to the UTC without being offered an alternative source of treatment or advice. Temperature tests on arrival would only be carried out to get information in order route patients correctly.

The Sub-Committee noted the position.

10 **ANNUAL REPORT 2020/2021**

The Sub-Committee's annual report was agreed and approved for submission to full Council.

Chairman