



Havering

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

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

7.00 pm

Wednesday
14 July 2021

Havering Town Hall

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)**

Vacancy

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

What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.
2. Driving improvement in public services.
3. Holding key local partners to account.
4. Enabling the voice and concerns of 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

Details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation will be announced.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – receive.

3 DISCLOSURE OF INTERESTS

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 - 4)

To agree as a correct record the minutes of the meeting held on 23 February 2021 (attached) and to authorise the Chairman to sign them.

5 ST JOHN AMBULANCE - COMMUNITY FIRST RESPONDERS (Pages 5 - 30)

Report attached.

6 NORTH EAST LONDON FOUNDATION TRUST (NELFT) 0-19 CHILDREN'S SERVICES (Pages 31 - 40)

Report attached.

7 BHRUT PERFORMANCE INDICATORS (Pages 41 - 54)

Report attached.

8 2021/22 PERFORMANCE INFORMATION (Pages 55 - 58)

Report attached.

9 CORONAVIRUS VACCINATION PROGRAMME (Pages 59 - 60)

Report attached.

10 HAROLD WOOD URGENT TREATMENT CENTRE (Pages 61 - 62)

Report attached.

11 ANNUAL REPORT 2020/2021 (Pages 63 - 66)

Health Overview & Scrutiny Sub-Committee, 14 July 2021

Annual Report of Sub-Committee attached for approval by Sub-Committee and submission to full Council.

Andrew Beesley
Head of Democratic Services

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**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Virtual Meeting
23 February 2021 (7.00 - 8.10 pm)**

Present:

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

Councillors Paul McGeary and Denis O'Flynn were also present.

Also present:

Ian Buckmaster, Healthwatch Havering

Ceri Jacob, Managing Director, BHR Clinical Commissioning Groups (CCGs)

43 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

There were no apologies for absence.

44 DISCLOSURES OF INTEREST

There were no disclosures of interest.

45 MINUTES

The minutes of the meeting of the Sub-Committee held on 10 December 2020 were agreed as a correct record.

46 MEETING PROTOCOL

The protocol for meetings of the Sub-Committee during the Covid-19 pandemic was noted by the Sub-Committee.

47 NORTH EAST LONDON NHS UPDATE

The Managing Director of the BHR Clinical Commissioning Groups explained that numbers of Covid cases remained higher than in the first wave of the virus. Despite this, the birthing centre at Queen's Hospital had reopened the previous week.

Staff sickness had reduced at BHRUT but the impact on staff remained a concern with staff being tired both mentally and physically. Health and wellbeing resources were available for staff at both BHRUT and NELFT.

All non-urgent surgery and outpatients appointments had been postponed from January 2020 onwards due to the pandemic. People were advised to use the NHS 111 out of hours services for urgent matters. Service updates were available on the BHRUT website and stringent social distancing was maintained at both King George and Queens Hospitals. Some operations were taking place at Queens with endoscopies being performed at King George.

As at 19 February, 332k people had received a Covid-19 vaccine in North East London. In Havering, 89% of care home residents had received the vaccine with 89% of residents aged 80+ having done so. These figures were 90% for those aged 75-79 and 88% for 70-74 years. Some 15,000 front line staff in North East London had also been vaccinated. Many household vaccinations had been undertaken and vaccinations for the next two cohorts were now beginning. Any residents in cohorts 1-4 were advised to now contact their GP if they had not yet received a vaccine.

Some community pharmacies were now delivering the vaccine and officers felt the vaccination programme had been a good example of joint working to deliver vaccinations on a large scale. Uptake of the vaccine varied in different groups and pop up services were also used to deliver the vaccine. Videos giving information about the vaccine were available on the East London Health and Care Partnership website.

Officers did not feel that the vaccine programme was coercive and people were able to decline the vaccine if they chose. A Member stated that the Council was asking employees if they had received the vaccine. The vaccine was also not experimental and had been tested widely. People were strongly advised to have the vaccine although officers accepted that some people were hesitant about doing so. Pop up clinics in community locations such as mosques allowed people who may have concerns to talk to public health specialists.

Several Members reported residents having difficulty with booking second vaccinations on-line and officers were happy to receive any details of where this had occurred. 70% of BHRUT staff had now received the vaccine. It was confirmed that the programme was on target to vaccinate all over 50s by the end of April.

Clarification could be provided on whether companies were indemnified for claims relating to the vaccine. Side effects could also be reported via the yellow card scheme. Some drugs were available to treat the symptoms of Covid-19 and officers emphasised that many people did not develop symptoms in any case.

The Sub-Committee noted the update.

48 **HEALTHWATCH HAVERING - REVIEW OF HAVERING GP PRACTICE WEBSITES**

A director of Healthwatch Havering introduced the report by stating that the move of many GP appointments from face to face to an on-line basis had led the organisation to undertake a review of GP websites. The websites of all 45 GP practices in Havering were visited by Healthwatch on at least three occasions each. Key issues considered as part of the review were to consider the ease of access to GP websites and the level of information on the sites.

It was noted that a significant proportion of people were affected by digital exclusion due to e.g. a lack of an internet connection or the cost of laptops etc.

Healthwatch looked at if a GP practice had its own website, opening hours were clear, face to face appointments were available and there was a facility to cancel appointments. It was found that 10 Havering GP practices used the NHS Choices website. Seven GP websites made no mention at all of Covid-19. Only around half of the websites indicated face to face consultations being available despite Healthwatch being told by the CCG that this would be the case.

It was also not easy in some cases to cancel appointments on line. In around 40% of cases, general information on health and wellbeing was not easily found on the website. Only 3 Havering GP websites had facilities for people with sight difficulties and 2 had any facility for people with learning disabilities.

It was noted that there was in fact no obligation on GPs to have their own website. Healthwatch had therefore recommended that Havering CCG worked with GP practices to review GP websites and ensure that GP contractual requirements were kept to.

Some GP websites had been found by Healthwatch to be excellent but others much less so. It was felt it would also assist if Practices were known by a single common name. A Member added that appointments could also be easily made via the NHS app.

It was clarified that every GP practice was a private business. Many did operate from NHS premises such as the GPs based at the Harold Hill and South Hornchurch Health Centres. A number of local GPs were retiring and this had led to more closures or mergers of Practices. Younger GPs did often prefer to work in larger Practices.

The Sub-Committee noted the report from Healthwatch Havering.

Chairman



HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 14 JULY 2021

Subject Heading:	Community First Responders
Report Author and contact details:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	St John's Ambulance officers will give details of the Community First Responders scheme.
Financial summary:	No impact of presenting information itself.

SUMMARY

St John's Ambulance officers will present to Members at the meeting on the organisation's Community First Responders Scheme.

RECOMMENDATIONS

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

REPORT DETAIL

Officers representing St John's Ambulance have asked to update the Sub-Committee on developments with the organisation's Community First Responders Scheme. Details of the programme are given in the attached presentation.

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.

Community First Responder



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PARTNERSHIP:



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES



NHS
London Ambulance Service
NHS Trust

St John
Ambulance 

First Responders In Havering

The scheme runs pan London, but we respond and serve the community across Havering and Adjoining Boroughs

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First Responders

Comprised of volunteer members of the community including Military, Fire and Police Co-responders, all selected, trained and dispatched by the Ambulance Service to attend life-threatening emergencies.



The role of the first responder



- Assess the situation quickly and calmly
- Protect yourself and others from harm
- Treat the casualty
- Arrange the necessary help (999, 112 or 111), or update the EOC
- Deal with the aftermath

The Role of a First Responder

- ▶ Attend cases of **cardiac, respiratory and medical illnesses** such as
 - ▶ Stroke
 - ▶ Diabetic emergency
 - ▶ Epileptic seizure
 - ▶ Choking
 - ▶ Angina and Myocardial Infarction, as directed by the emergency operations centre (EOC)
- ▶ Treat **life-threatening conditions** prior to DCA (Ambulance) or RRV (Car) arrival
- ▶ Act as **liaison** between the patient, the patient's family and the ambulance staff.
- ▶ Reporting process and actions regarding duty of care in respect of **safeguarding** responsibilities.



The Responsibilities of a First Responder

- Ensure equipment is well maintained
- Attend observation shifts with emergency ambulance crews
- Attend regular training sessions
- Conduct yourself only within the limits of your training
- Maintain confidentiality (Information Governance)
- Uphold the values of your Trust
- Understand your Trust's incident or near miss reporting processes
- Duty of candour (be open and honest)
- Structured and methodical approach
- Scene, Safety, Situation & STEPS 123+
- Identify life threatening conditions
- Include primary and secondary surveys
- Must communicate clearly and slowly
- Remember your approach when dealing with children

Chain of Survival



Providing good quality CPR and Defibrillating in the first 3-5 mins of a SCA can produce a survival rate of 50-70% (Perkins 2015)

- Community Response
- Front Line Ambulance Support
- LAS Home Testing
- Hospital Covid Testing
- Hospital Equipment Support
- Refreshment Trucks
- Strategic Support
- Additional Training



Hospital and Community Support

Providing additional PPE

Members made :

Scrubs

Scrubs bags

Knitted Partnering Hearts (for patients and their families)

Made children's cushions for local Hospices

Coordinated additional PPE donations for Havering Companies



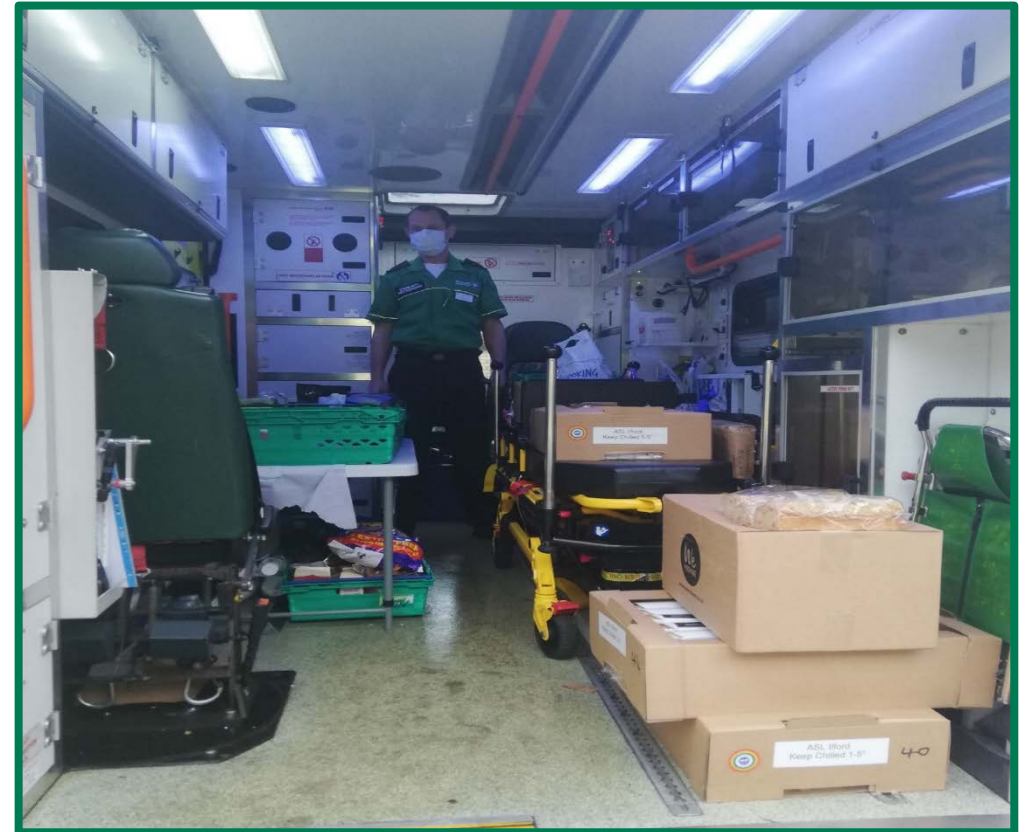
Support for Ambulance Crews

Refreshment Trucks

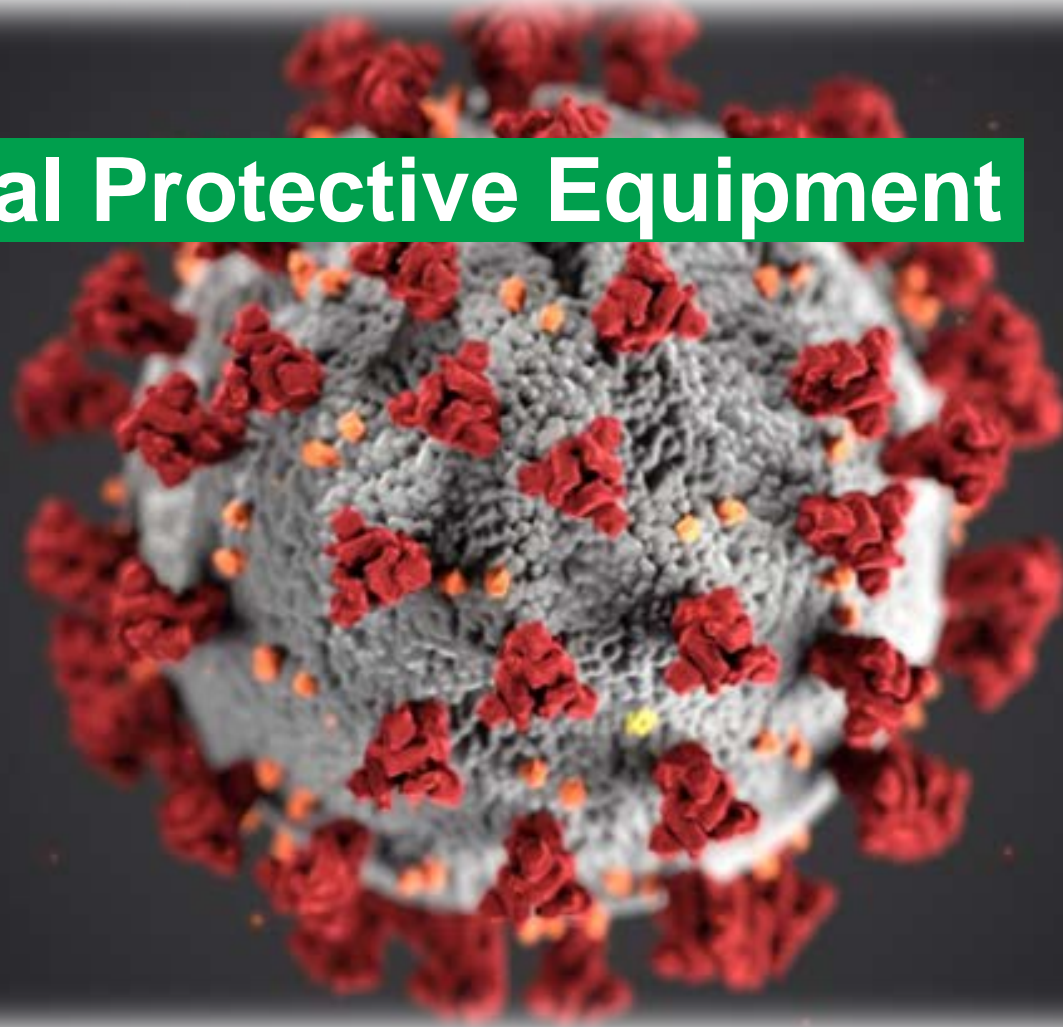
Providing food and drinks at various hospitals including Queens, Romford and King George Hospital.

This assisted Ambulance Crews delivering patients and allowed them to access refreshments throughout the day

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Personal Protective Equipment



COVID-19 PPE

Prepare & Protect Guidance for healthcare staff on personal protective equipment

PUTTING ON personal protective equipment (PPE)

The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required.

The order for putting on PPE is: APRON, SURGICAL MASK, EYE PROTECTION and GLOVES.



APRON (OR GOWN)

- Pull over head and fasten at back of waist



SURGICAL MASK (OR RESPIRATOR)

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit check respirator



EYE PROTECTION (GOGGLES/FACE SHIELD)

- Place over face and eyes and adjust to fit



GLOVES

- Extend to cover wrist

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF INFECTION

- Keep hands away from face
- Limit surfaces touched in the patient environment
- Change gloves if they became torn or heavily contaminated
- Regularly perform hand hygiene
- Always clean hands after removing gloves

REMOVING personal protective equipment (PPE)

PPE should be removed in an order that minimises the potential for cross-contamination.

The order for removing PPE is GLOVES, APRON, EYE PROTECTION and SURGICAL MASK.



GLOVES

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in the gloved hand
- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the second glove off over the first glove
- Discard in a lined waste bin



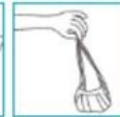
APRON (OR GOWN)

- Untasten or break ties
- Pull apron away from neck and shoulders, touching inside only
- Fold or roll into a bundle
- Discard in a lined waste bin



EYE PROTECTION (GOGGLES/FACE SHIELD)

- Handle only by the headband or the sides
- Discard in a lined waste bin



SURGICAL MASK (OR RESPIRATOR)

- Untasten the ties – first the bottom, then the top
- Pull away from the face without touching front of mask/respirator
- Discard in a lined waste bin

PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE

All PPE should be removed before leaving the area and disposed of as healthcare waste.

FOR MORE INFORMATION CONTACT:



Purpose of the Falls Programme

- **Background to the Falls CFR programme**
- **CFR's key statistics around falls in the ambulance setting, and the benefits of falls responders**
- **The Bexley falls team have found that 86% of responses to non-injury falls do not need an ambulance**
- **LAS recently found that 78% of patients triaged as requiring a 'public assist' with no injury or illness did not need to be conveyed to ED after a face-to-face assessment.**
- **LAS also found that only 3% of those patients receiving a face-to-face response required a blue light journey into ED, highlighting the importance of early assessment.**

Introduction to Falls and the Role of Falls CFR

Key Learning Outcomes of Falls Training

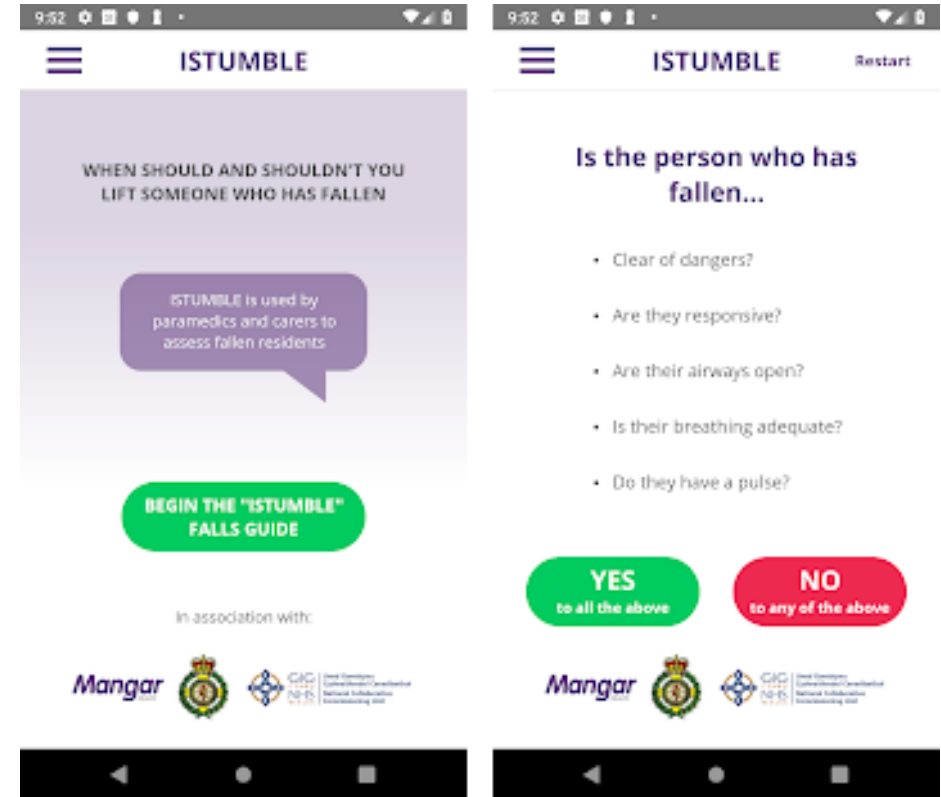
- Have a detailed awareness of the roles and responsibilities of a Falls CFR.
- Application of iSTUMBLE
- Understand and be able to complete all the relevant documentation and a detailed understanding of the procedures required to be followed when attending a patient who has fallen
- Use of IT required for Falls programme and update on shift record form

The screenshot shows the iSTUMBLE app interface. At the top, it displays 'No SIM', '09:10', and a battery icon. Below this is a menu icon, the text 'iSTUMBLE', and a 'Restart' button. The main question is 'Is the person who has fallen F.A.S.T. test normal?'. Below the question is a list of test components: 'F Facial Movements' (with a minus sign), 'A Arm Movements' (with a plus sign), 'S Speech' (with a plus sign), and 'T Time' (with a plus sign). Under 'F Facial Movements', there is a sub-question: '• Has their face fallen on one side? Can they smile?'. At the bottom, there are two large buttons: a green 'YES' button and a red 'NO' button. Below the buttons are logos for 'Mangar', the Royal Coat of Arms, and 'GIG NHS National Collaborative Commissioning Unit'.

Procedures for a Patient Who Has Fallen

- Assess the patient using the Primary and Secondary Survey
- Note the time of the fall
- Use of iSTUMBLE

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Falls and injuries

- **Causes of falls**
- **Potential injuries and hidden injuries**
- **Understand how older patients perceive pain differently**
- **Older people's independence, fear of hospital and wanting to stay in a familiar environment**



Patient Interaction in their own Environment

- Occupational therapy and aids available – budgets and what is in your area?
- Safe mobility in the home – brief risk assessment
- Movement or restricted movement in their own home
- Pendant alarm understanding – cost and implications
- Appropriateness of onward referrals
- Appropriate clothing and furniture placement

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Welfare

- Ability of the patient to get a hot drink and something to eat
- Access to medication
- Access to glasses/hearing aid if applicable
- Access to call for help
- Able to identify NOK for emergencies and have an awareness of NOK conflict
- Other conditions that affect living



Safeguarding

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- Are the premises secure?
- Vulnerable from strangers/ fraudulent callers?
- Does the patient have learning difficulties?
- Are there any fire risks?



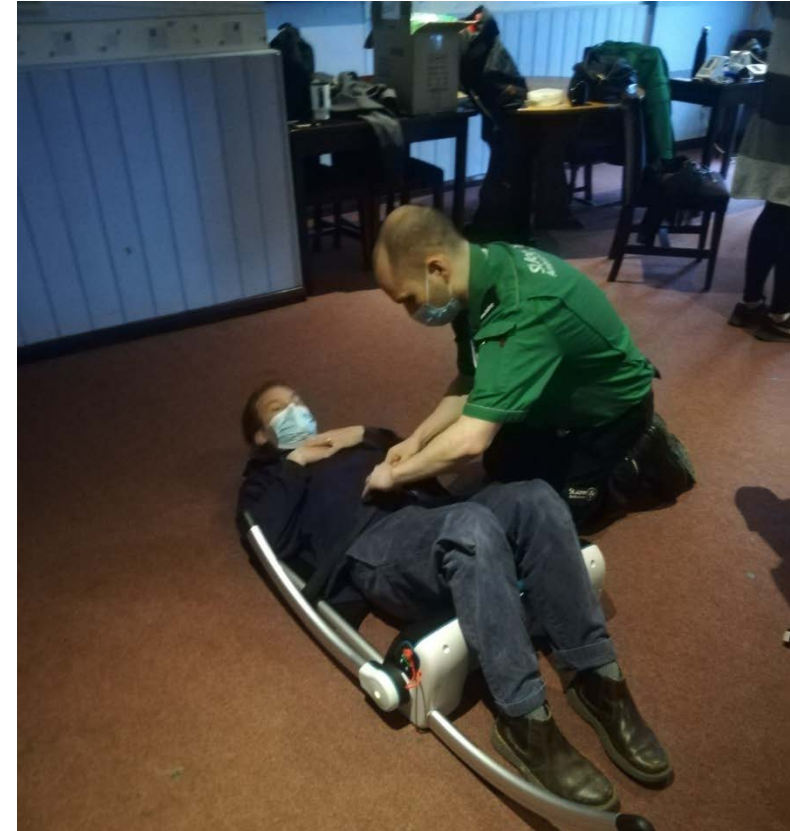
Equipment Available

- Manger Elk
- Raizer Chair
- Additional Equipment
- Ambulance handing equipment used
- Safe moving and handling whilst focusing on patient experience



Raizer Chair

Raizer Chair can be utilised by one person to get people off the floor in an easy operation



Safe Discharge From Care

Learning Outcomes

- Understand and develop safe working practice when supporting CHUB Clinicians in discharging a patient who has fallen.
- Understand the procedure for safe discharge including the role and responsibilities of the Clinical Hub and CFRs
- Safeguarding referrals



Post Discharge Actions

- Leave hard copy of documentation/ ePCR access card on scene
- Safeguarding referrals LAS /SJA
- OT referrals
- Local protocol





HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 14 JULY 2021

Subject Heading:

North East London NHS Foundation Trust
(NELFT) 0-19 Children's Services

Report Author and contact details:

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

Policy context:

**St John's Ambulance officers will give
details of the current children's
services.**

Financial summary:

**No impact of presenting information
itself.**

SUMMARY

NELFT officers will present to Members at the meeting on the organisation's Children's Services (0-19 years).

RECOMMENDATIONS

That the Sub-Committee notes the information presented and considers what performance indicators in this area that it would like to review.

REPORT DETAIL

As shown on the attached papers, NELFT officers will give details of the current range of Children's Services offered by the Trust. The Sub-Committee is invited to consider what performance indicators arising from this information that it would like to scrutinise.

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.



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Best care by the best people

HOSC Presentation

0-19 children's services



Mobilisation

- New contracts started on the 1st April 2020
- Recruitment in line with additional funding
- Additional service delivery to meet key performance indicators and performance reporting

Health visiting

- 5 mandated contacts
- Antenatal
- New birth
- Page 35 8 week follow up
- 1 year health review
- 2 year health review
- Coverage of mandated contacts
- 100% vulnerable universal offer from September 2021
- New birth 10-14 days 95%
- 84.5 % within 6-8 weeks
- 1 year 87% completed
- 2 year 89% completed

Additional offer

Antenatal and postnatal emotional health and wellbeing support

❖ Perinatal mental health lead

• Butterfly's support group

❖ Weighing clinics

• Individual appointments

❖ Infant feeding lead

• Starting solids workshop

❖ BFI accreditation

• Breast feeding

School Nursing Offer

- NCMP 10% School Offer 2021
- Face to face and virtual drop ins
- Virtual presentations
- Work in partnership with CAMHS, PMT and STAR workers
- Mid Teen Questionnaire
- Health and emotional support

Partnership working

- Henry programme
- Dads groups, 'Being a Dad', 'Becoming a Dad'
- Integrated 2.5 health development reviews with early years providers
- Child and adult mental health services
- Digital platform
- E-Redbook
- Facebook
- Sharing digital information from children's centres, early help, Havering, Allied health professionals

PMHT offer Jan –June 2021

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	Slots offered in Jan	Slots offered in Feb	Slots offered in March	Slots offered in April	Slots offered in May	Slots offered in June
PARENT DROP-INS:	30	36	40	38	32	30
SCHOOL CONSULTS:	44	45	47	34	36	28
STUDENT DROP-INS:	34	36	36	28	33	30

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HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 14 JULY 2021

Subject Heading:

Barking, Havering and Redbridge
University Hospitals NHS Trust (BHRUT)
Performance Report

Report Author and contact details:

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

Policy context:

**BHRUT officers will give details of
current performance issues at the
Trust.**

Financial summary:

**No impact of presenting information
itself.**

SUMMARY

BHRUT officers will present the Trust's latest performance information to Members.

RECOMMENDATIONS

That the Sub-Committee notes the information presented and considers what performance indicators in this area that it would like to review.

REPORT DETAIL

As shown on the attached papers, BHRUT officers will give details of the current performance indicators and related issues at the Trust. The Sub-Committee is invited to consider what performance indicators arising from this information that it would like to scrutinise.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

PERFORMANCE REPORT

Havering HOSC
July 2021

Richard Pennington
Acting Chief Operating Officer – Elective Care



OVERVIEW – COVID-19

- The pandemic has been a very challenging time for all of us, professionally and personally.
- The Delta variant has caused an increase in infections but it has not led to a significant increase in the number of people needing to be treated in our hospitals, with cases remaining relatively low in recent weeks.
- We've learnt a lot from the previous two waves and with talk of a third wave, we need to be as ready as possible for any future surges and senior leaders are meeting regularly to prepare.
- Our planning will consider the number of critical care beds we will need, while ensuring we have adequate supplies of protective equipment.
- We've also undertaken a significant amount of work so that our oxygen supply is resilient and doesn't come under the same pressure as it did in the second wave.
- In our Trust, eight out of every ten members of staff have been vaccinated and we continue to encourage uptake.

OVERVIEW – OUR RECOVERY

- While planning for a third wave, we are continuing in our ongoing recovery from the impact of Covid-19.
- Our workforce continue to be committed to our patients, however they are tired and battered and we must continue to do all we can to look after them.
- Their wellbeing is a priority for our Executive team and we continue to work with them to develop the resources they need to help them recover and to feel cared for. Our hugely successful 'Thank You Week' was a great example.
- In recent months we have reinstated a number of services, including routine surgeries, diagnostic services, as well as some routine face-to-face outpatient appointments.
- Our decision making continues to be dictated by IPC guidance. This means some services are being delivered from different locations prior to the pandemic and the pace services are being reintroduced can be slower than we would prefer.
- We continue to work closely with the independent sector and system colleagues to sustain services and address the ongoing challenges together.
- We know its been very difficult for residents and carers with family members in our hospitals and we are continuing to review our services.
- Some changes in recent months include partners being able to attend all maternity scans, maternity visiting extended to a two-hour slot between 1pm-8pm, as well as a family member/carer visiting a patient who has been in hospital for longer than one week.

CONSTITUTIONAL STANDARDS – PERFORMANCE

Four hour emergency access standard

Key Metrics	March 2021	Queen's	King George	National Target
All Types	71.81%	66.61%	81.54%	95%
Type 1 only	52.30%	47.47%	64.21%	95%

Key Metrics	May 2021	Queen's	King George	National Target
All Types	69.49%	66.14%	75.11%	95%
Type 1 only	47.48%	44.66%	53.20%	95%

GETTING BACK ON TRACK

The position

- Our four-hour emergency access performance remains a challenge and we know it is not where it should be
- Since the second wave we have seen some improvement in our Type 1 performance and an increase in attendances
- Capacity continues to be an issue, in particular at Queen's Hospital Emergency Department (ED)
- IPC guidance continues to impact

To help us get back on track:

- 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.
- Dedicated four-hour project groups meet frequently to drive forward the implementation of key improvements. Membership includes our PELC colleagues, who manage the urgent treatment centres at both of our hospitals.
- Opened a frailty unit at Queen's Hospital to help reduce waiting times in our EDs and ensure elderly patients are treated in an environment that best suits their needs. We now have frailty units at both hospitals, where LAS can bring patients directly, bypassing the main ED. Initial data is showing a positive impact on admission rates.
- Introduced an Emergency Decision Unit (EDU) at Queen's, to help improve the flow across the hospital.
- Launched a new Children and Young People's Assessment Unit (CYPAU) at Queen's, which will reduce the number of admissions to our hospitals.
- Reopened our children's ED overnight at King George Hospital.
- New Point of Care Testing (POCT) in ED at Queen's to improve diagnostic turnaround times and reduce the time spent in ED.
- Phased implementation of the Same Day Emergency Care (SDEC) pathways to further improve access, quality and performance of our emergency care.
- Improved staff welfare areas to support our workforce when resting.

CONSTITUTIONAL STANDARDS – PERFORMANCE

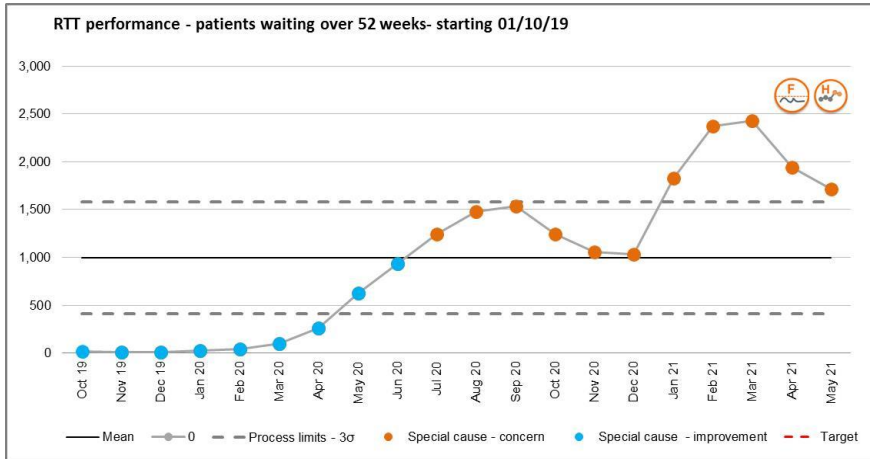
Referral to Treatment, Diagnostics and Cancer

Key Metrics	March	May	National Target
RTT Performance	61.4%	65.0%	92%
Diagnostic Performance	6.97%	11.1%	<1%

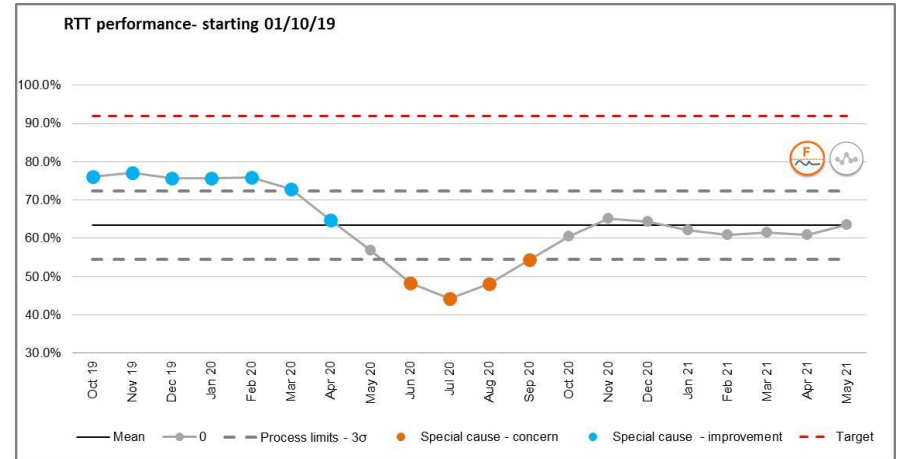
Key Metrics	Month	National Target
Cancer performance (62 Day)	73.9% March 2021 (validated)	85%
	75.9% April 2021 (validated)	
	73.5% May 2021 (validated)	
Cancer performance (2WW)	96% March 2021 (validated)	93%
	95.8% April 2021 (validated)	
	96.9% May 2021 (validated)	



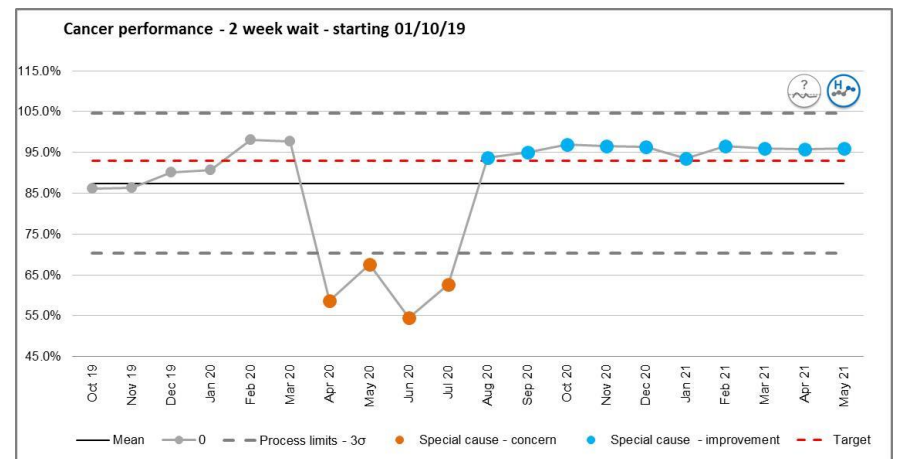
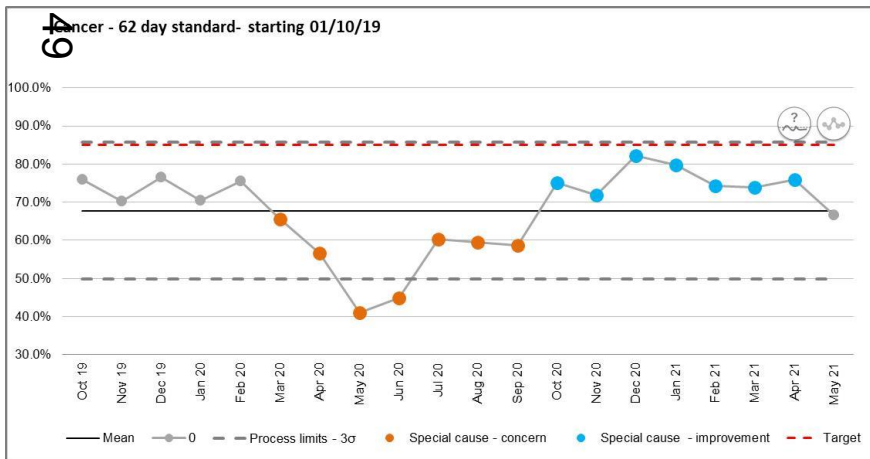
Trend line for Referral to Treatment patients waiting longer than 52 weeks



Trend line for Referral to Treatment performance



Trend line for 2ww and 62 day cancer performance



PLANNED CARE, DIAGNOSTICS AND CANCER – GETTING BACK ON TRACK

- Nationally, waiting lists have grown for planned care and we are doing all we can to reduce these
- We are starting to see a positive impact on our waiting lists and long waiting patients and are continuing to focus on initiatives to improve the backlog
- We are holding several dedicated clinics, many over the weekend, and redirecting our resources to carry out a large number of appointments/procedures, over a short period of time.
- We're also working with our partners across NEL to reduce waiting lists and see patients more quickly. An example of this is the Mile End Early Diagnosis Centre (EDC), which is a joint initiative between us, Barts and Homerton. 84-year-old Ann Baker was our first BHRUT at the EDC and only had to wait a week for a colonoscopy.
- While focusing on treating patients who are most clinically urgent, we are also carrying out some routine surgeries.
- We're also working with the independent sector to organise treatment for some of our long-waiting patients.
- Whilst we will do everything within our control, we need to accept that patients may be worried to come into hospital.
- We continue to reassure our communities that we are doing all we can to keep them safe, however this may be further impeded by a third wave.

PLANNED CARE, CANCER AND DIAGNOSTICS – GETTING BACK ON TRACK

52 week waits

- The number of patients increased up to March, as a result of the reduced planned activity in the second wave (2,430 patients)
- From April, when we were able to restart services, this figure has been decreasing and is expected to be reported as being well below 1,400 for the end June

Cancer

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

- We've met the 93 per cent standard every month since August 2020
- In May, we achieved 96.9 per cent
- Actions continue to be taken to improve pathways, including a review of Radiology capacity, the development of a Gynaecology action plan and increasing our dermatology consultant capacity to manage a significant increase in referrals for this tumour group

62 day (from referral to treatment (RTT))

- We are continuing to take action to improve our 62 day RTT, however we are currently below the required 85 per cent.
- Reasons for this include:
 1. Radiology delays across specific tumour groups (urology, colorectal)
 2. Tertiary providers are clearing their backlog, which is impacting some pathways
- Remedial actions include:
 1. Improving and increasing our diagnostics capacity, which also strengthens our resilience
 2. Working collaboratively with our partners across NEL to tackle waiting lists
 3. Increased our green theatre capacity to support with the increase in treatment numbers
 4. Holding several dedicated clinics to reduce waiting times
 5. Continued investment at both Queen's and King George hospitals – particularly for imaging services



'SUPER' CLINICS

In recent weeks, we have held:

- **Back2Backs:** A spinal review super clinic, which helped prepare patients in need of surgery. 119 patients were seen on the day.
- **Scalpel Project:** Since May, we have held three of these clinics, seeing 550 patients so far. Our General Surgery team will be holding several more over the coming weeks, aiming to see 1,000 patients overall.
- **Bones R Us:** Between 21-25 June, we held a five-day clinic focused on carrying out a high number of orthopaedic procedures. 60 patients were seen.

CHALLENGES, RISKS AND MITIGATIONS

Swabbing process and additional administrative workload limiting use of available capacity

- Established a single swabbing team that will manage the end-to-end process for booking, drive through and home swabbing
- 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
- Prepare for the potential Covid-19 third wave and expected increase in paediatric demand

Independent sector contract

- Contractual discussions continuing via NHSE and locally for the second half of the year
- Currently the North East London Treatment Centre (orthopaedics and general surgery) and The Holly (gynaecology and imaging)

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 have to learn to live with Covid-19 and it is important you look after your health
- Many other conditions impact our lives, so if you if you have a symptom of any illness, please get checked
- We have a number of measures in place to keep patients, visitors and staff 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



HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 14 JULY 2021

Subject Heading:	2021/22 performance information
SLT Lead:	Jane West, Chief Operating Officer
Report Author and contact details:	Lucy Goodfellow, Policy and Performance Business Partner (Children, Adults and Health) (x4492)
Policy context:	There are a number of policies and strategies of relevance to the Health Overview and Scrutiny Sub-Committee, which the sub-committee may wish to consider when selecting performance indicators.
Financial summary:	There are no direct financial implications arising from this report. Adverse performance against some performance indicators may have financial implications for the Council.

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

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input checked="" type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

SUMMARY

This report outlines the requirement for the Health Overview and Scrutiny Sub-Committee to consider which performance indicators to receive information on during the financial year 2021/22.

RECOMMENDATION

That the Health Overview and Scrutiny Sub-Committee confirms the performance indicators it wishes to scrutinise during 2021/22 so that reporting arrangements can be established.

REPORT DETAIL

1. During 2020/21, the Health Overview and Scrutiny Sub-Committee received regular presentations from the borough's two main Health providers – North East London Foundation Trust (NELFT) and Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) – covering the following areas of performance:
 - Accident and Emergency performance (4 hour access standard);
 - Referral to Treatment (RTT) performance;
 - The percentage of face to face antenatal checks completed by Health Visitors;
 - The percentage of infants receiving a 6-8 week review by a Health Visitor by the age of 8 weeks;
 - The number of children attending joint consultations with School Nursing or STAR workers (i.e. Student Drop-ins);
 - The number of staff attending joint consultations with School Nursing (i.e. Parent Drop-ins);
 - The number of staff attending joint School Consultations with Teachers, Primary Mental Health Team & STAR workers;
 - Referrals to the Primary Mental Health Team for either brief intervention or school counselling

2. The Health Overview and Scrutiny Sub-Committee is now asked to consider which performance indicators to monitor and scrutinise during 2021/22. The following 'long list' has been developed with input from Public Health, NELFT and BHRUT, for the sub-committee's consideration.

1. BHRUT Constitutional Standards:
 - a. Four-hour emergency access performance;
 - b. Cancer;
 - c. Diagnostics;
 - d. Referral to treatment;
2. BHRUT financial update;
3. BHRUT staffing levels;
4. BHRUT Friends and Family Test;

5. Reception and Year 6 prevalence of overweight (including obesity);
6. Percentage of adults aged 18+ classified as overweight or obese;
7. Admission episodes for alcohol-related conditions (rate per 100,000);
8. Smoking status at time of delivery;
9. Emergency hospital admissions due to falls in people aged 65 and over (rate per 100,000);

10. Percentage of births that receive a face to face new birth visit by a Health Visitor within 14 days;
11. Percentage of children who received a 2-2.5 year review;
12. Percentage of high risk mothers who received a Maternal Mood review in line with local pathway;
13. Referrals to the Primary Mental Health Team for either brief intervention or school counselling.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no direct financial implications arising from this report. It should be noted that adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

Legal implications and risks:

Whilst reporting on performance is not a statutory requirement, it is considered best practice to regularly review the Council's progress, and that of local health services.

Human Resources implications and risks:

There are no HR implications or risks arising directly from this report.

Equalities implications and risks:

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

BACKGROUND PAPERS

None, though Members may wish to consider the performance information presented by BHRUT and NELFT elsewhere on the agenda when selecting performance indicators for 2021/22.



HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 14 JULY 2021

Subject Heading:

Covid Vaccination Programme

Report Author and contact details:

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

Policy context:

**North East London Commissioning
Alliance NELFT officers will give
details of recent activity with the Covid
vaccination programme in the local
NHS.**

Financial summary:

**No impact of presenting information
itself.**

SUMMARY

NHS officers will update Members at the meeting on key issues relating to the Covid-19 vaccination programme and related NHS matters.

RECOMMENDATIONS

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

REPORT DETAIL

Officers representing the Commissioning Alliance and Clinical Commissioning Groups for this area will update the Sub-Committee on progress with the Covid-19 vaccination programme.

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.



**HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE,
14 JULY 2021**

Subject Heading:	Harold Wood Urgent Treatment Centre
Report Author and contact details:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	North East London Commissioning Alliance officers will give details of issues at Harold Wood Urgent Treatment Centre.
Financial summary:	No impact of presenting information itself.

SUMMARY

NHS officers will update Members at the meeting on developments and issues relating to the operation of the Urgent Treatment Centre (polyclinic) at Harold Wood.

RECOMMENDATIONS

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

REPORT DETAIL

Officers representing the Commissioning Alliance and Clinical Commissioning Groups for this area will update the Sub-Committee on the work of the Harold Wood Urgent Treatment Centre. This follows a request from Members who have raised several issues regarding the facility that have been flagged by members of the public.

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.



Health Overview and Scrutiny Sub-Committee Annual Report 2020/2021

CHAIRMAN'S FOREWORD

I am pleased to write this short introduction to the summary of the Sub-Committee's work during the 2020-2021 municipal year.

The Sub-Committee's work has of course been dominated by the impact of the Covid-19 pandemic. We have sought to understand the impact of Covid-19 on local health services whilst also being conscious of not adding unnecessarily to NHS colleagues' workload at such an unprecedented time. We will of course continue to scrutinise the performance of local health services as we move, we all hope, into the period of post-Covid recovery for the country as a whole.

The Sub-Committee has continued to enjoy a positive and productive relationship with Healthwatch Havering – an organisation representing the users of local health services. Healthwatch officers have brought a number of reports to the Sub-Committee and further details are given overleaf.

I would like to place on record my thanks to the other members of the Sub-Committee and all officers, both from the Council and the NHS, who have supported the Sub-Committee's work during such a challenging time.

I commend this annual report and am pleased to submit it to the Overview and Scrutiny Board.

REMIT AND MEMBERSHIP OF THE COMMITTEE

The Health Overview and Scrutiny Sub-Committee undertakes the Council's Health Scrutiny function as granted under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. This allows the scrutiny of health services provided to Havering residents by NHS bodies, in addition to those provided by the Council.

Scrutiny regularly takes place of services provided by a number of NHS bodies including, but not limited to, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) North East London Commissioning Group (CCG) and the North East London NHS Foundation Trust (NELFT).

The Members on the Health Overview and Scrutiny Sub-Committee during the year were:

Councillor Nisha Patel (Chairman)
Councillor Ciaran White (Vice-Chair)
Councillor Philippa Crowder
Councillor Nic Dodin
Councillor David Durant
Councillor Darren Wise

Review of Activity

During the year under review, the sub-committee dealt with the following issues:

1. Performance Information

Throughout the period under review, the Sub-Committee has sought to keep up to date with performance information from local NHS bodies. Discussions with BHRUT have of course focussed on the impact of Covid-19 on services. This included the unavoidable suspension of many less urgent services during the peak of the pandemic. The Sub-Committee was pleased to note that many trauma and cancer services were provided by the independent sector on behalf of the NHS and that some hospital services have restarted recently as Covid pressures have eased somewhat.

Information on NELFT performance that the Sub-Committee scrutinised covered areas such as the performance of Child and Adolescent Mental Health Services and antenatal checks completed by health visitors.

2. Healthy Child Programme

The Council's Senior Public Health Specialist briefed the Sub-Committee on the Healthy Child Programme which had commissioned new contracts for the Council's health visiting and school nursing services. The new contracts had commenced in April 2020 and the Sub-Committee noted the impact of Covid-19 on these services which had nevertheless continued to be provided.

3. Housing Strategy

The Sub-Committee was briefed on the Council's draft housing strategy and its links with public health. The strategy was due to be submitted for public consultation and emphasised the importance to health of the provision of balconies, green spaces etc in developments.

4. Covid-19

Updates on the position with Covid-19 in Havering have continued to be received by the Sub-Committee as NHS colleagues have continued to deal with the second wave of Covid cases. Members have sought to understand the impact of the virus on hospital staff and the position with the vaccination programme locally. The Sub-Committee has supported the provision of consultations and appointments virtually, provided this does not lead to incidences of digital exclusion.

5. Joint Health Overview and Scrutiny Committee (JHOSC)

Councillors Patel, Dodin and White have represented the Sub-Committee on the JHOSC which scrutinises NHS matters affecting the Outer North East London area. The work of the JHOSC was also impacted by the Covid-19 pandemic with responses to the pandemic scrutinised along with progress with the vaccination across the region.

Other areas scrutinised by the JHOSC have included the move of location of the NELFT prosthetics centre from Harold Wood to a site in Billericay and plans for NHS investment in projects such as the former St George's Hospital site and the redevelopment of Whipps Cross Hospital. The move towards a single CCG for North East London as well as an Integrated Care System for the region have also been brought to the JHOSC for scrutiny during the year.

6. Healthwatch Havering

The Sub-Committee has continued to enjoy a good relationship with Healthwatch Havering and the organisation has used its legal powers to bring a number of reports to the Sub-Committee during the year. These have included investigations on the role of care homes during the pandemic, the extent of NHS dental services in Havering and a review of GP practice websites.

IMPLICATIONS AND RISKS

Financial implications and risks:

None – narrative report only.

Legal implications and risks:

None – narrative report only.

Human Resources implications and risks:

None – narrative report only.

Equalities implications and risks:

While the work of the Sub-Committee can impact on all members of the community, there are no implications arising from this specific report which is a narrative of the Sub-Committee's work over the past year.

BACKGROUND PAPERS

None.