Public Document Pack

Havering
LONDON BOROUGH

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Thursday 11 November 2021	Council Chamber, Havering Town Hall

Members 6: Quorum 3

COUNCILLORS:

Conservative Group (3)	Residents' Group (1)	Independents Residents' Group (1)
Nisha Patel (Chairman) Ciaran White (Vice-Chair) Philippa Crowder	Nic Dodin	David Durant

North Havering Residents'Group

Vacancy

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

Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

What is Overview & Scrutiny?

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

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.

2. Driving improvement in public services.

3. Holding key local partners to account.

4. Enabling the voice and concerns to the public.

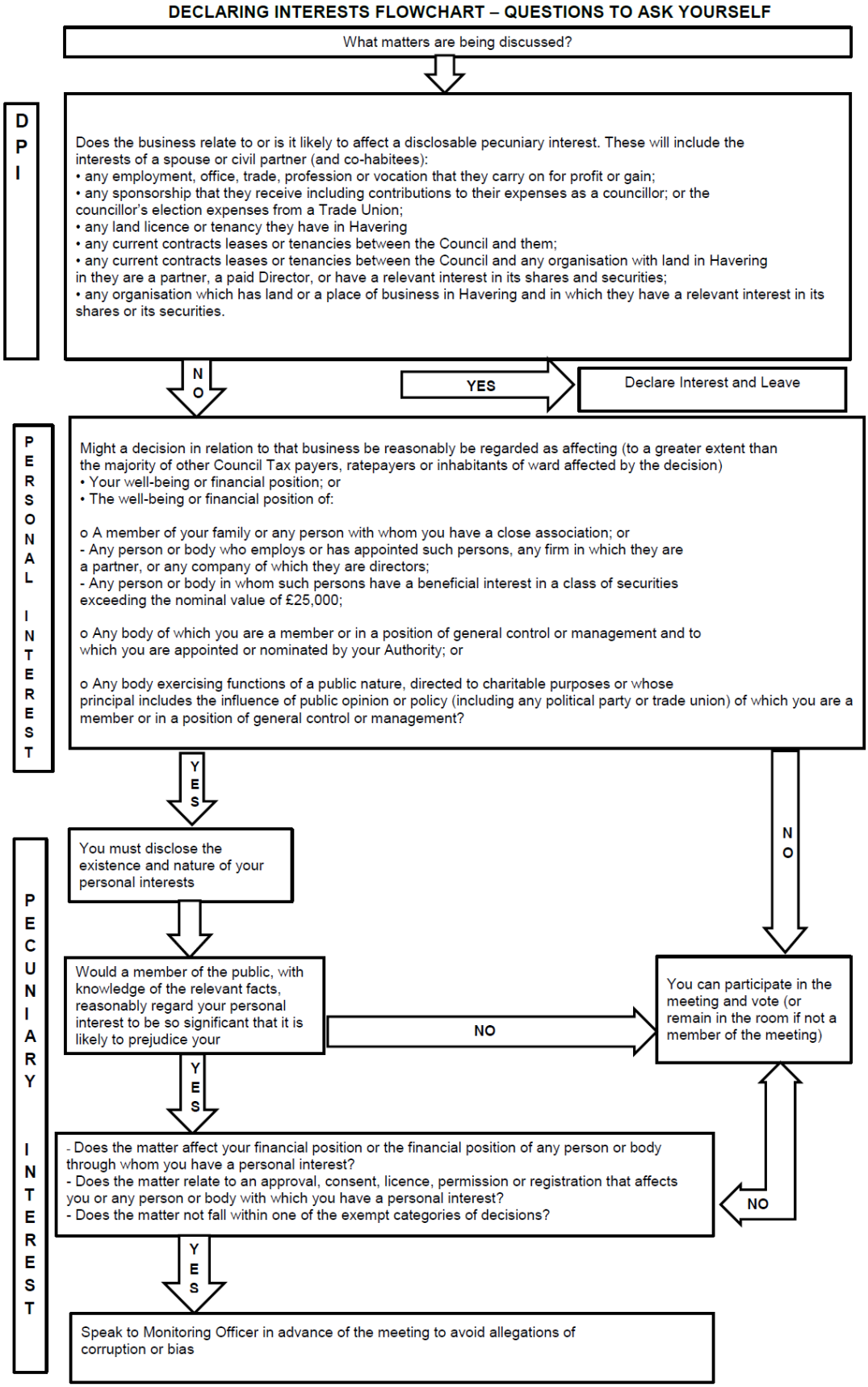
The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for

anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference:

Scrutiny of NHS Bodies under the Council's Health Scrutiny function


DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF
What matters are being discussed?
DPI
Does the business relate to or is it likely to affect a disclosable pecuniary interest. These will include the interests of a spouse or civil partner (and co-habitees):
• any employment, office, trade, profession or vocation that they carry on for profit or gain;
• any sponsorship that they receive including contributions to their expenses as a councillor; or the councillor's election expenses from a Trade Union;
• any land licence or tenancy they have in Havering
• any current contracts leases or tenancies between the Council and them;
• any current contracts leases or tenancies between the Council and any organisation with land in Havering in they are a partner, a paid Director, or have a relevant interest in its shares and securities;
• any organisation which has land or a place of business in Havering and in which they have a relevant interest in its shares or its securities.
NO
YES
Declare Interest and Leave
PERSONAL INTEREST
Might a decision in relation to that business be reasonably be regarded as affecting (to a greater extent than the majority of other Council Tax payers, ratepayers or inhabitants of ward affected by the decision)
• Your well-being or financial position; or
• The well-being or financial position of:
o A member of your family or any person with whom you have a close association; or
- Any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors;
- Any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000;
o Any body of which you are a member or in a position of general control or management and to which you are appointed or nominated by your Authority; or
o Any body exercising functions of a public nature, directed to charitable purposes or whose principal includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management?
YES
NO
PECUNIARY INTEREST
You must disclose the existence and nature of your personal interests
Would a member of the public, with knowledge of the relevant facts, reasonably regard your personal interest to be so significant that it is likely to prejudice your
NO
You can participate in the meeting and vote (or remain in the room if not a member of the meeting)
YES
- Does the matter affect your financial position or the financial position of any person or body through whom you have a personal interest?
- Does the matter relate to an approval, consent, licence, permission or registration that affects you or any person or body with which you have a personal interest?
- Does the matter not fall within one of the exempt categories of decisions?
NO
YES
Speak to Monitoring Officer in advance of the meeting to avoid allegations of corruption or bias

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 DISCLOSURES OF INTEREST

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

4 MINUTES (Pages 1 - 6)

To agree as a correct record and authorise the Chairman to sign the minutes of the meeting of the Sub-Committee held on 22 September 2021 (attached).

5 COMMUNITY PHLEBOTOMY UPDATE (Pages 7 - 24)

Report attached.

6 ST GEORGE'S HOSPITAL REDEVELOPMENT - ENGAGEMENT PLAN (Pages 25 - 52)

Report attached.

7 BHRUT PERFORMANCE REPORT (Pages 53 - 68)

Report attached.

8 NELFT 0-19 CHILDREN'S SERVICES (Pages 69 - 80)

Report attached.

9 HEALTHWATCH HAVERING REPORT - HAVERING AND THE CORONAVIRUS PANDEMIC (Pages 81 - 116)

Report attached.

Andrew Beesley
Head of Democratic Services

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MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
22 September 2021 (7.00 - 8.36 pm)

Present:

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

11 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies for absence were received from Councillors Philippa Crowder and Nic Dodin.

12 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

13 **MINUTES**

The Chairman advised Councillor Durant that issues related to the numbers of cycles used by PCR Covid-19 tests were not within the remit of the Sub-Committee.

The minutes of the meeting of the Sub-Committee held on 14 July 2021 were agreed as a correct record and signed by the Chairman.

14 **2021/22 PERFORMANCE INFORMATION**

Following discussion, the Sub-Committee agreed that indicators on BHRUT Constitutional Standards (four-hour emergency access performance etc) and numbers of referrals to the Primary Mental Health Team for either brief intervention or school counselling should be taken forward as indicators for scrutiny for the remainder of the municipal year.

Officers also agreed to investigate what indicators of BHRUT capacity and how this had been affected by social distancing requirements were available for scrutiny.

15 ACCESS TO GP SERVICES

It was confirmed that no GP Practices in Havering had closed during the pandemic. Face to face appointments were available but in lower numbers than before the pandemic. GP appointment capacity in Havering had risen 23% compared to 2019 but demand for GP services remained very high. Around 50% of GP appointments in Havering were now face to face with the remainder by phone.

Officers reported that there had been reports in recent days of patients abusing Practice staff and the Clinical Commissioning Group (CCG) adopted a zero tolerance approach to such incidents. E-consultations were also increasing in popularity. Some GP appointments were also booked via NHS 111 where the call handler thought this was appropriate.

It was confirmed that all Practices had Patient Participation Groups and the CCG had kept in touch with these groups during the pandemic period. It was also planned to create a new structure for patient engagement and close working was being carried out with Healthwatch Havering.

As regards GP recruitment, work was in progress to try to attract GP registrars to Havering. Work was also being undertaken with BHRUT, NELFT and Health Education England to attract GPs to pursue their specialities in Havering.

It was also necessary to manage people's expectations about wanting to see their GP. Treatment could often be effectively given by GP nurses or other professionals such as pharmacists, thus freeing GP time to deal with more serious cases.

The Director of Public Health clarified that the number of deaths from Covid-19 had reduced greatly due to the vaccination programme. Only around 1.5% of such deaths were of people who had been double jabbed. It was wished to ensure the maximum number of people had received both vaccinations and the booster programme would be starting in the next week. Whilst the average age of Covid-related deaths was around 82 years, life expectancy would normally be 6-8 years beyond this. A Member felt that the reporting of death rates etc was unnecessarily alarmist.

The Sub-Committee noted the report.

16 HEATHWACH HAVERING - REVIEW OF PATIENTS' ACCESS TO HAVERING GP PRACTICES

A director of Healthwatch Havering thanked the NHS officers present at the meeting for their responses on the issue of GP access.

Healthwatch recognised the efforts undertaken by GP surgeries during the pandemic and also felt that a lot of people did not understand the health

system. Healthwatch research had found that there was a lack of information on many GP websites and felt such websites could have been used more during the pandemic.

Other findings had been that it took a long time to get through to GPs and that appointments could only be booked a long time ahead. There also continued to be a lack of face to face appointments.

Healthwatch had surveyed all Havering GP practices as well as undertaking an online patient survey and case studies. One third of Havering GP practices had answered calls within 5 minutes. A substantial minority had however needed 2 or more calls to get through with 1 practice only answering a third call after 1 hour and 35 minutes.

The attitudes of most GP receptionists were described as business like or friendly. Many staff did however display a lack of knowledge about the Patient Participation Group at their Practice. Only 8 of the 45 GP Practices in Havering were able to give contact details of the Chair of the Patient Participation Group which Healthwatch considered to be a very poor number.

18 of the 45 Practices had face to face consultations available after a pre-triage by phone. Four Practices on the other hand were not offering any face to face consultations. The issue of digital exclusion was also important as Healthwatch felt that not all patients were able to use IT sufficiently to assist the doctor to address their needs.

Healthwatch were not in a position to comment on whether any alarmism over Covid-19 had led to the under-delivery of other types of healthcare. No case studies in the report were related to Covid-19.

The Healthwatch director agreed that GP phone systems needed an overhaul and that the GP profession needed to look at alternatives to making appointments by phone. CCG officers responded that they were not aware of any Havering GP practices not offering any face to face appointments at all. It was necessary to manage patient expectations on how best to contact a GP and some GP appointments could wait 3-4 weeks if the condition was not serious.

It was agreed that the impact on A & E if people could not get to see their GP could be added as an agenda item at the next meeting of the Sub-Committee.

17 HEALTHWATCH - VOICES OF DISABLED RESIDENTS AND COVID-19

Healthwatch Havering had been commissioned by the North East London CCGs to undertake research on the impact of Covid-19 on disabled people.

Disabled people were, in some cases, more likely to be digitally excluded and Healthwatch had found that two thirds of disabled people reported a negative experience of health or social care. Figures were similar for hospitals and GPs although more positive experiences overall were reported with district nurses.

The most negative experiences were reported by people under 18 years of age and those with a hearing impairment. Healthwatch would be doing further research on the experiences of these groups and would produce a further report in Spring 2022.

The data within the report did not encompass the issue of mask wearing.

18 **HEALTHWATCH HAVERING ANNUAL REPORT 2020-21**

Healthwatch volunteers had remained involved with the organisation throughout the pandemic period with weekly Zoom meetings being held with volunteers. The Healthwatch Friends network was launched in October 2019 which was used to forward Covid information etc.

A concern highlighted by the report was that there were now no dental practices in Havering taking new NHS patients. This had been raised with NHS England and Healthwatch England. The main concerns reported to NHS England were around dentistry and GP services. The Government was aware of issues around dental services and it was possible that dentistry could come back under the control of local CCGs.

Healthwatch Havering had an income of £118k, mainly from a Council grant, and expenditure for the year almost exactly matched this figure. Priorities for the coming year were to develop Patient Participation Groups, work with nursing and care homes and to support community and voluntary initiatives.

Healthwatch was happy to receive new volunteers but was unable to offer employment experience. Healthwatch was aware of support given by both the Sub-Committee and the CCG and was keen for the Sub-Committee to pursue issues raised by Healthwatch.

19 **DATE OF NEXT MEETING**

The next meeting of the Sub-Committee would be held on Thursday 11 November at 7.00 pm.

Chairman

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 11 NOVEMBER 2021

Subject Heading:	Community Phlebotomy Update
Report Author and contact details:	**Jeremy Kidd** **Deputy Director of Transformation - Planned Care** **NHS North East London Clinical Commissioning Group** **Barking and Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership**
Policy context:	**Community phlebotomy is a key service for local people and has therefore been as a subject for scrutiny by the Sub-Committee.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

1.1 The new pilot model for community phlebotomy provision commenced on 1st July 2021. The chosen service model is being piloted to ensure that we are able to "test" ideas in an agile way and adapt the service as necessary to meet emerging demands as nationally we move out of the lockdown.

1.2 The new service model went live on 1st July 2021 and implementation is going well. All sites across Barking & Dagenham, Havering and Redbridge (BHR) are operational and patients are waiting less than five days for a routine appointment and 0-2 days for an urgent appointment.

1.3 Patient feedback is very positive in regards to the new model. Feedback received for the latest period (July and August) shows that for the 7,993 patients who completed surveys, 93% of respondents gave the service an overall experience rating of either 'very good' or 'good'.

1.4 Having fewer and larger sites did result in blood sample delays (upon arrival at the lab) this has dropped from its peak of 13% of all GP samples rejected in March 2021 to 4.4% in August 2021.

1.5 The new service model will ensure that patients/residents are able to access blood testing in a timely manner, closer to home and without the need to travel to an acute hospital site (in most cases).

1.6 Through the use of bookable appointment slots and extended hours, it should also mean that services are more convenient and accessible to all, including those who require carer/family support to attend.

RECOMMENDATIONS

2.1 It is recommended that the Committee notes the update of the BHR phlebotomy service one year pilot and its delivery so far.

REPORT DETAIL

Pilot Service Model - Update

3.1 Delivery of the pilot model required engagement with NELFT and the Primary Care Networks (PCNs) as providers. The selection of the sites for the 11 NELFT and 4 PCNs has been approved by the Executive Phlebotomy Group. These are set out on the maps in Appendix 1. The full list of phlebotomy provision is listed in Appendix 2.

3.2 The sites have been selected based on dispersal across the boroughs, ease of access, availability of car parking and/or availability of sites.

3.3 The previous arrangements for the GP LIS and for Westlands Medical Centre came to an end on 30th June 2021. The service provided by the Hurley Group, situated in Havering, was in place until the end of September 2021.

3.4 BHR PCNs were given the opportunity to continue phlebotomy services under the new pilot model. Four Redbridge PCNs sent in their Expressions of Interest and are transitioning to the new system wide model.

3.6 NELFT sites are operational across BHR. In addition, there are now 2 extra weekend phlebotomy chairs at Elm Park (until 14th November 2021) as extra capacity was required to compensate for the lack of phlebotomy provision by Havering PCNs. This will be closely monitored.

3.7 NELFT have increased their phlebotomy workforce across BHR from 20.71 WTE to 45.6 WTE, an increase of 45.4%. Recruitment and on-boarding of permanent staff is taking place. BHRUT laboratory staffing requirements had to be re-arranged and additional resources put in because of the increase in weekend and late evening working and re-routing of drop offs has taken place to spread the work across the two BHRUT sites.

3.8 The Executive Phlebotomy Steering Group, which consists of members from NELFT, BHRUT, NEL CCG and the Clinical Lead, has created a patient survey that is available for patients to complete an hour after their appointment as patients get the link to the survey. Patient feedback received for the latest period (July and August) shows that of 7,993 patients who completed a survey, 93% of respondents gave the service an overall experience rating of either 'very good' or 'good'.

3.9 The CCG will be working with local community groups and partners to reach out to those who do not have web/mobile phone access for their feedback to ensure that feedback is representative.

3.10 Transport runs from the blood collection sites to the laboratories have been reviewed and refined to ensure efficiency and blood sample integrity. Sample integrity starts to deteriorate after 4 hours (depending on storage conditions, etc). Samples that are tested more than 4 hours after the blood is drawn can affect results. In particular with potassium, there can be falsely elevated readings as samples get older. A high reading prompts an emergency call to the patient to come into the Emergency Department (ED). There have been examples of patients being called to ED unnecessarily because of delayed samples being tested. With the improvements in transport and phlebotomy opening hours under this new model, the sample delayed rate dropped from its peak at 13% of all GP samples rejected in March 2021 to 4.4% in August 2021.

3.11 Centrifugation, which is a process that spins the blood test tubes to separate the components of the blood and increases the sample integrity time, is being piloted to determine feasibility for roll out in BHR to further address the risk of transport delays. BHRUT reports that the number of rejected samples because of transport delay has reduced considerably in samples from the two pilot venues where centrifuges have been located.

3.12 Local and NEL wide stakeholder fortnightly updates are being provided to invite local feedback.

3.13 Waiting times for services are being closely monitored and at time of writing same day appointments are available at three of the four NELFT sites in Havering (Cranham, Harold Hill and Raphael House) and next day at Elm Park.

3.15 On average 3,500 online appointments are made each week across BHR.

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.

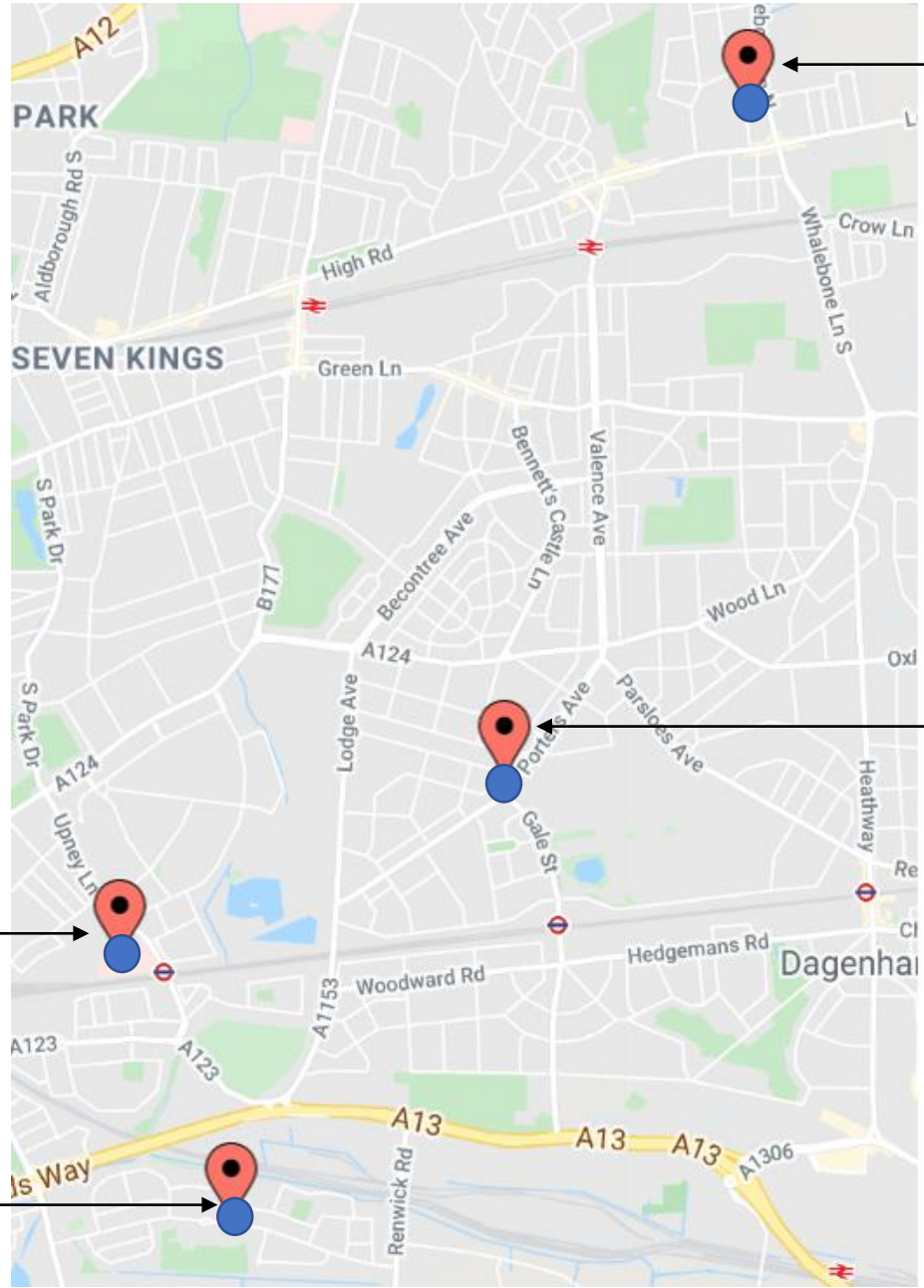
Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

Appendix 1 – Phlebtomy pilot model sites

Appendix 2 – Where to go to have a blood test

Barking and Dagenham



Chadwell Heath Health Centre

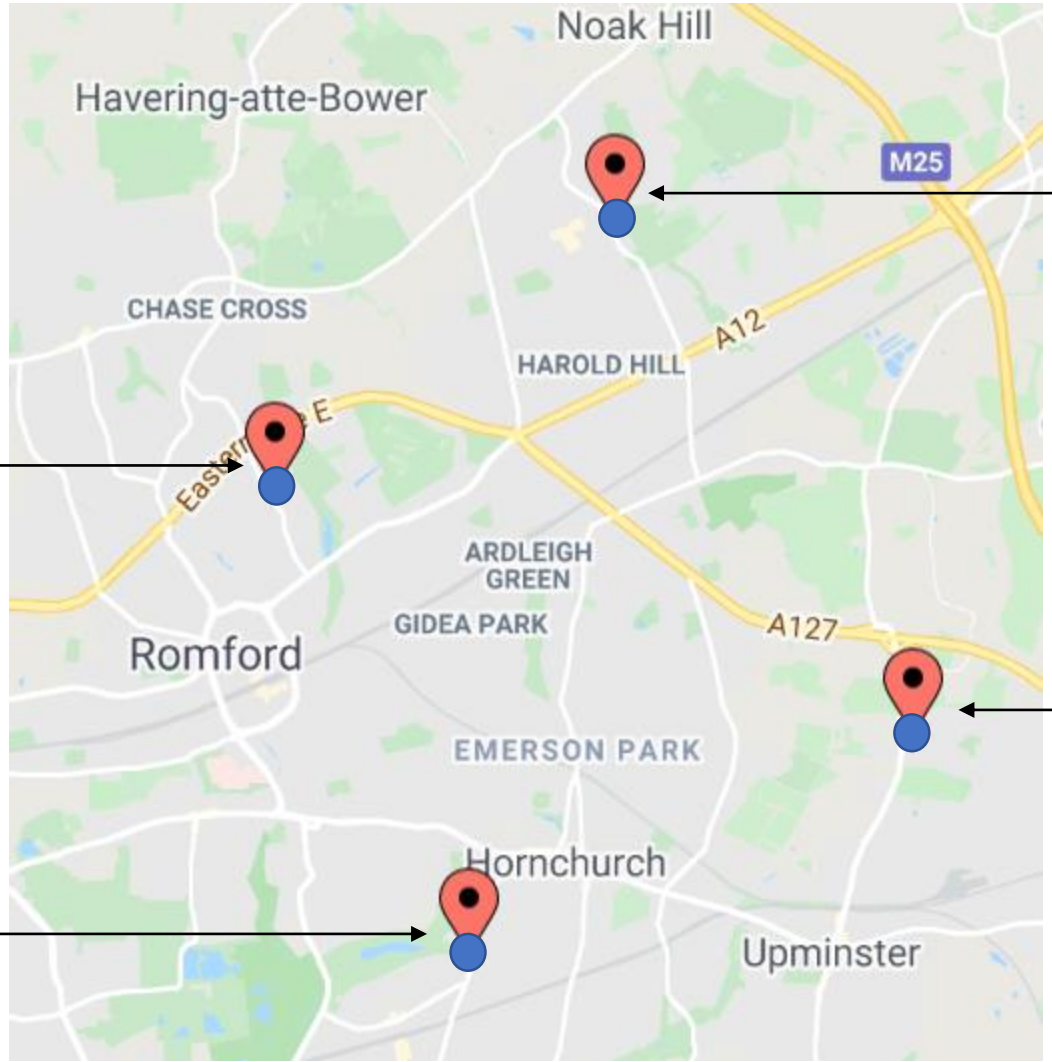
Porters Avenue

Barking Community Hospital

Thames View Health Centre

Key:
NELFT sites

Havering



Harold Hill Health Centre

Raphael House

Cranham Health Centre

Elm Park Clinic

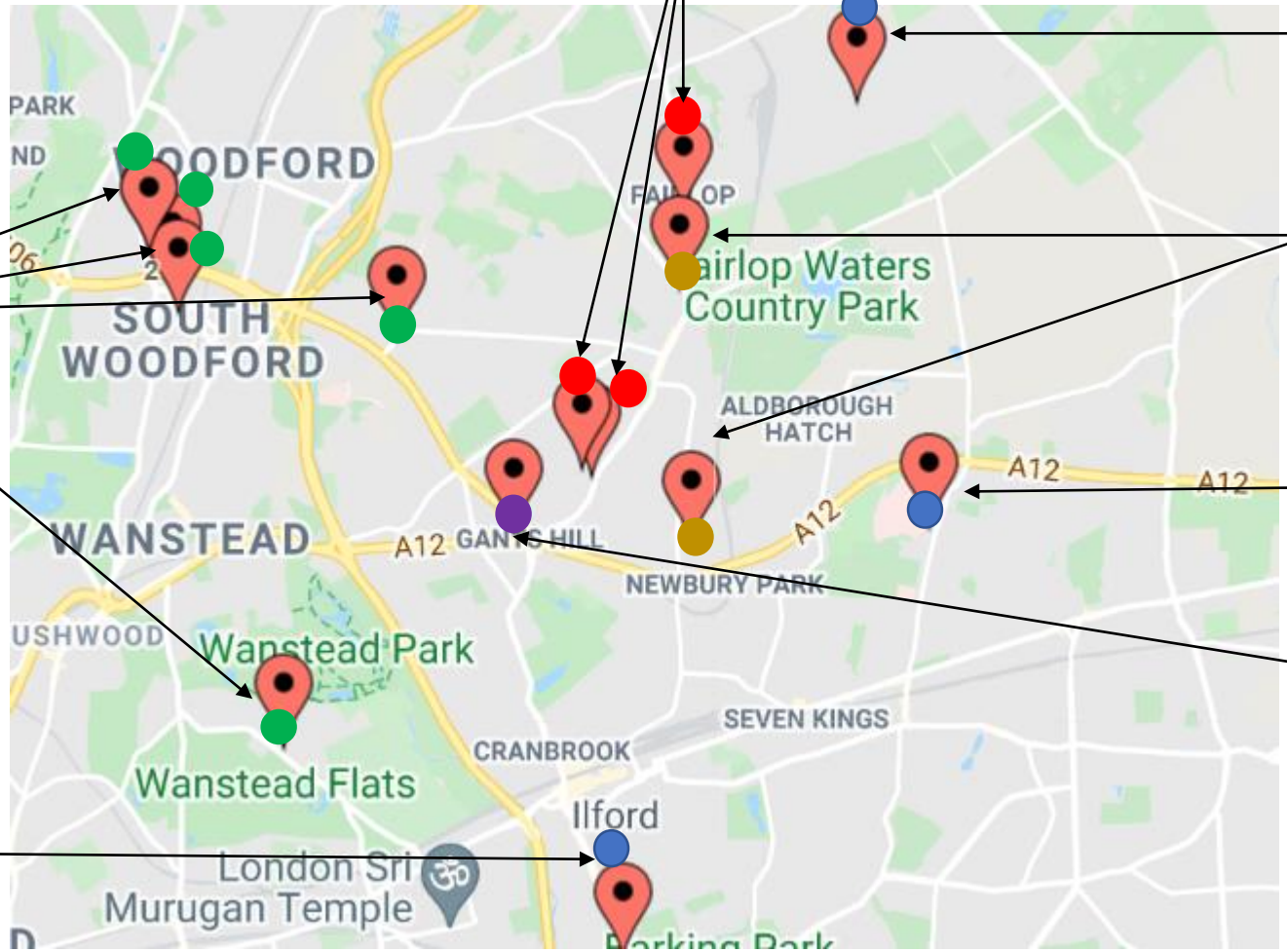
Key:
NELFT sites

Fairlop PCN:
Fencepiece Road Medical Centre
Kenwood Medical Centre
Eastern Avenue Medical Centre

Hainault Surgery

Wanstead and Woodford PCN:
Aldersbrook Medical Centre
Clayhall Clinic
Queen Mary Practice
Glebelands Practice
The Elmhurst Practice
The Shrubberies Medical Centre

New Cross Alliance:
Fullwell Cross Medical Centre
Newbury Group Practice



Barley Court

Cranbrook PCN:
Gants Hill Medical Centre

Loxford Polyclinic

Key:
- NELFT sites
- New Cross Alliance
- Fairlop PCN
- Cranbrook PCN
- Wanstead and Woodford PCN

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University Hospitals
NHS Trust

Where to go to have a blood test

Updated to reflect new pilot scheme w/c 28 June 2021

A pilot community blood testing service began w/c 28 June 2021 in Barking and Dagenham, Havering and Redbridge. It aims to continue to improve access to phlebotomy services across BHR, reduce waiting times and ensure urgent tests can be booked for the same or next day. Blood tests will be also be available at weekends at some sites. The target is for all patients to be able to have their blood test within seven days. All bookings and cancellations can be made online or by phone.

The pilot service is being developed by NEL CCG, North East London Foundation Trust (NELFT), Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) and primary care providers, who have worked together to ensure that phlebotomy services meet the needs of local people throughout the pandemic.

The latest stakeholder update regarding this service can be found on our website.

If you have any comments or queries about this pilot, please email nelondon.bhrphlebotomyservice.nelccg@nhs.net

- There are currently **no walk-in services** available for Barking and Dagenham, Havering or Redbridge patients – all blood tests must be booked in advance.
- Blood tests for **children under 12** are carried out by appointment only by the BHRUT Children's Outpatient department.
- Always take your paper blood test form to your appointment as this is needed to process your blood test. If you have a blood test form from BHRUT, this can also be used at community sites.

Please note that this information is updated regularly and subject to change.
Updated 20.08.21

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Where to go to have a blood test

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Barking and Dagenham

Barking Community Hospital	Monday - Sunday 8AM – 4PM	**Upney Lane, Barking, Essex, IG11 9LX** **Appointment Only** **Book online at** https://10to8.com/book/nelftbookabloodtest/ **No children under 12.** **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM – 4PM)** **Lines are very busy and it is recommended that patients book online.**
Chadwell Heath Health Clinic	Monday - Friday 8AM - 4PM By appointment only	**Ashton Gardens, Dagenham, Essex, RM6 6RT** **Appointment only** **Book via:** https://10to8.com/book/nelftbookabloodtest/ **No children under 12.** **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM – 4PM)** **Telephone lines can get very busy and it is recommended that patients book online.**
Porters Avenue Clinic	Monday - Friday 8AM – 4PM By appointment only	**234 Porters Avenue, Dagenham, Essex, RM8 2EQ** **Appointment only** **Book via:** https://10to8.com/book/nelftbookabloodtest/ **No children under 12.** **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM)** **Telephone lines can get very busy and it is recommended that patients book online.**

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Thames View Health Centre	Monday – Friday 8AM – 4PM By appointment only	**Bastable Avenue, Barking, IG11 0LG** **Appointment only.** **Book online at** https://10to8.com/book/nelftbookabloodtest/ **No children under 12.** **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM)** **Telephone lines can get very busy and it is recommended that patients book online.**

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Cranham Health Centre	Monday – Friday 8AM - 4PM By appointment only	**108 Avon Road, Cranham, RM14 1RG** **Appointment only** **Book via:** https://10to8.com/book/nelftbookabloodtest/ **No children under 12.** **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM)** **Telephone lines can get very busy and it is recommended that patients book online.**

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Elm Park Clinic	Monday – Friday 8AM - 4PM By appointment only Saturday – Sunday 8AM - 4PM (the Saturday and Sunday chairs will run from 10 July to 15 August)	**252 Abbs Cross Lane, Hornchurch, Essex RM12 4YG** **Appointment only** **Book via:** https://10to8.com/book/nelftbookabloodtest/ **No children under 12.** **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM)** **Telephone lines can get very busy and it is recommended that patients book online.**
Harold Hill Health Centre	Monday – Friday 8AM to 4PM By appointment only	**Gooshays Drive, Romford, RM3 9SU** **Appointment only** **Book via:** https://10to8.com/book/nelftbookabloodtest/ **No children under 12.** **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM)** **Telephone lines can get very busy and it is recommended that patients book online.**
Raphael House	Monday - Sunday 8AM – 4PM By appointment only	**Raphael House, Pettits Lane, Romford, RM1 4HP** **Appointment only.** **Book via:** https://10to8.com/book/nelftbookabloodtest/ **No children under 12.** **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM)** **Telephone lines can get very busy and it is recommended that patients book online.**

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Queen's Hospital	Blood testing services are available for patients under the care of the hospital. This includes oncology(cancer), maternity and haematology patients. If you are one of these patients, you will already have been informed how to have your blood test.	**Ground floor in the Main Entrance, Rom Valley Way, Romford, RM7 0AG** **Appointment only for patients over 12 yrs old** **Book via:** https://www.swiftqueue.co.uk/bhr.php If you do not have internet access, phone Queen's Hospital 01708 435498 **Booking for children under 12 years old:** • **Book via**: https://www.swiftqueue.co.uk/bhrpaeds.php • **Parents without internet access should call 01708 435289 (Children's OPD) to book a blood test for their child.** • If your child has special needs, please book on a **Monday ONLY**. If you are booking for genetic testing, this should be booked **before 11AM Mon-Thurs.** (Your paper form will state at the top whether you are booking for genetic/gene testing.)

Redbridge

Barley Court Clinic (Goodmayes Hospital)	Monday - Friday 8AM - 4PM By appointment only	**Barley Court Clinic, Goodmayes Hospital, 157 Barley Lane, Ilford, IG3 8XJ** **Appointment only** **Book via** https://10to8.com/book/nelftbookabloodtest/ No children under 12. **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM)** **Telephone lines can get very busy and it is recommended that patients book online.**

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Where to go to have a blood test

Updated to reflect new pilot scheme w/c 28 June 2021

Eastern Avenue Medical Centre	Thursdays 8AM – 12PM Appointments available to patients across BHR and registered outside of this practice.	**737 Cranbrook Rd, Ilford IG2 6RJ** **Appointment only** **Book via:** https://10to8.com/book/nelftbookabloodtest/ **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM)** **Telephone lines can get very busy and it is recommended that patients book online.**
Fencepiece Road Medical Centre	Tuesdays 8AM – 12PM Appointments available to patients across BHR and registered outside of this practice.	**83 Fencepiece Rd, Ilford IG6 2NB** **Appointment only** **Book via:** https://10to8.com/book/nelftbookabloodtest/ **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM)** **Telephone lines can get very busy and it is recommended that patients book online.**
Fullwell Cross Medical Centre	Monday - Friday 8AM – 4PM Appointments available to patients across BHR and registered outside of this practice.	**1 Tomswood Hill, Ilford IG6 2HG** **Appointment only** **Book via:** https://10to8.com/book/nelftbookabloodtest/ **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM)** **Telephone lines can get very busy and it is recommended that patients book online.**
Forest Medical Centre	Monday – Friday 8:30AM – 12:30PM By appointment only	**Old Station Road, Loughton, Essex, IG10 4PE** **Appointment only** **Book via:** Https://www.swiftqueue.co.uk/bartshealth.php **Telephone number: 020 8539 5522 (Barts Health hospitals main switchboard)** **Please note**: only patients who would usually use **Heronwood and Galleon or / Whipps Cross site** should use the facilities at Forest Medical Centre.

Please note that this information is updated regularly and subject to change.
Updated 20.08.21

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Gants Hill Medical Centre	Monday – Friday 9:30AM -11:30AM Exc. Bank Holidays Appointments available to patients across BHR and registered outside of this practice.	**63-65 Ethelbert Gardens, Ilford, IG2 6UW** **Appointment only** **Book via:** https://10to8.com/book/nelftbookabloodtest/ **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM)** **Telephone lines can get very busy and it is recommended that patients book online.**
Heronwood and Galleon Unit	Monday - Friday 8AM - 1PM Redbridge patients only By appointment only	**Heronwood and Galleon Unit, Wanstead Hospital, Makepeace Rd, Wanstead, London E11 1UU** **Book via:** Https://www.swiftqueue.co.uk/bartshealth.php **Telephone number: 020 8539 5522 (Barts Health hospitals main switchboard)** Please be aware that a one-way entry and exit system is in operation at this site. Face coverings must be worn at all times whilst on the premises. To comply with social distancing rules, you may be given additional instructions by staff on your arrival.
Kenwood Medical Centre	9:00 AM – 1:00 PM Wednesdays only Appointments available to patients across BHR and registered outside of this practice.	**737 Cranbrook Rd, Ilford IG2 6RJ** **Appointment only** **Book via:** https://10to8.com/book/nelftbookabloodtest/ **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM)** **Telephone lines can get very busy and it is recommended that patients book online.**

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King George Hospital	Blood testing services are available for patients under the hospitals' care. This includes oncology (cancer), maternity and haematology patients. If you are one of these patients, you will already have been informed how to have your blood test.	**Barley Lane, Goodmayes, IG3 8YB** **Appointment only**. Ground floor, Outpatients Dept. **Book via:** https://www.swiftqueue.co.uk/bhr.php For those with no internet access, phone King George Hospital: 020 8970 8383
Oxford Polyclinic	Monday - Friday 8AM - 4PM	**Ilford Lane, Ilford, IG1 2SN** **Appointment only** **Book via:** https://10to8.com/book/nelftbookabloodtest/ **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM)** **Telephone lines can get very busy and it is recommended that patients book online.**
Newbury Group Practice	Monday - Friday 8AM – 4PM Appointments available to patients across BHR and registered outside of this practice.	**Newbury Park Health Centre, 40 Perrymans Farm Rd, Ilford IG2 7LE** **Appointment only** **Book via:** https://10to8.com/book/nelftbookabloodtest/ **Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM)** **Telephone lines can get very busy and it is recommended that patients book online.**

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Whipps Cross Hospital	Barts Health patients only Blood test appointments for children between 1-years-old and 9-years-old are available at Whipps Cross Hospital. Please select the children's blood test option when booking your appointment online.	**Leytonstone E11, Area 1 Outpatients** **Please note:** the majority of the appointments at Whipps Cross are for hospital patients attending hospital clinics, if you are a GP patient please select the adult GP option when booking. Book via: https://www.swiftqueue.co.uk/bartshealth.php **Telephone number: 020 8539 5522 (Barts Health hospitals main switchboard)** Blood test appointments for children under 12-months-old: 07546 655 797 (paediatric team on the Medical Day Unit, Acorn ward)

Please note that this information is updated regularly and subject to change.
Updated 20.08.21

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 11 NOVEMBER 2021

Subject Heading:	St George's Hospital Redevelopment – Engagement Plan
Report Author and contact details:	**Anthony Clements, Principal Democratic Services Officer, London Borough of Havering**
Policy context:	**NHS officers will give details of the engagement plan for the redevelopment of St George's Hospital.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

NHS officers will give details of the engagement plan for the proposed redevelopment of the St George's Hospital site.

RECOMMENDATIONS

1. That the Sub-Committee makes any comments or suggestions on the engagement proposals.
2. That the Sub-Committee notes that the full proposals are due to be presented to it at a special meeting of the Sub-Committee on 4 January.

REPORT DETAIL

A consultation period on the proposals for the redevelopment of the St George's Hospital site in Hornchurch will commence in late November. Prior to this, the Sub-Committee is asked to scrutinise and comment on the engagement plan for the proposals (details attached).

It should be noted that detailed scrutiny of the proposals themselves will not be possible at this meeting but that a special meeting of the Sub-Committee has been arranged for 4 January 2022 at which the full proposals will be brought for scrutiny.

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.

North East London
Clinical Commissioning Group

4th Floor – Unex Tower
5 Station Street
London E15 1DA

26 October 2021

Cllr Peter Robinson – Chair of Barking and Dagenham HOSC
Cllr Neil Zammett – Chair of Redbridge HOSC
Cllr Nisha Patel – Chair of Havering HOSC

Dear Health Scrutiny Chairs,

Engagement on proposals for the development of Health and Wellbeing Hub at the former St George's Hospital site, Hornchurch

I am writing to you on behalf of NHS partners involved in the proposals for a new Health and Wellbeing Hub at the former St George's Hospital site in Hornchurch. We want to let you know about our plans to engage local people and stakeholders on the proposals for the site as part of the next stage of this important health and care development.

As you will recall, in 2019, the Prime Minister announced in late 2019 that North East London Health and Care Partnership were to benefit from £17 million of funding to take forward plans for a new health and wellbeing centre at the former St George's Hospital site in Suttons Lane, Hornchurch.

NELFT has agreed to be the lead partner on this project, which also involves colleagues from North East London CCG (NEL CCG), our local acute trusts, primary care providers and specialist commissioning colleagues from NHS England (NHSE)

Due to the impact of the Coronavirus pandemic and the need for local health and care services to be reprioritised to manage our response to this, the progress with our proposals for the Health and Wellbeing Hub has been slower than we would have liked.

While NHS services remain extremely busy as we head into winter, partners are now ready to move forward with the development. We are working closely with NHS England to look at how we can meet national deadlines related to the funding requirements, which means we do have to work at pace.

We consider that the development of the site will be of interest to people living and working across your three boroughs and are therefore planning a 12-week period of engagement to give residents and stakeholders an opportunity to have their say on key aspects of the proposals.

We intend to start the engagement period in mid-November, concluding in February 2022. We have developed a comprehensive communications and engagement plan, and will be

working with Council partners, Healthwatch and other local voluntary sector organisations to make sure we reach out to as many people as we can.

The communications and engagement plan is attached for your consideration, and we would also like to organise a virtual meeting with all our local HOSC Chairs within the next week so you have an opportunity to ask questions ahead of your individual HOSC meetings in early November.

At your HOSC meetings we plan to present the communications and engagement plan and discuss the next steps so we can take into account the committees' views of the process. During the engagement period we intend to attend the 14 Dec ONEL JHOSC (and other individual HOSC meetings as the timeline allows) in order to gather the views of the HOSCs on the proposals.

We have asked Melissa Hoskins from the NEL CCG communications and engagement team to help facilitate the virtual meeting with you as Scrutiny Chairs, and she will also support NELFT in terms of liaison with your committee officers for the HOSCs and JHOSC.

We have also previously had useful feedback from both yourself and from Healthwatch on our engagement documents and other materials, which has been helpful in ensuring the language we use is clear and answers as many key questions as we can. We hope you will also support us with this – and our Communications lead will be in contact directly in the next week or so.

With best wishes and thanks for your support in advance

Henry Black
Acting Accountable Officer, NHS North East London CCG
ICS SRO, NHS North East London Health & Care Partnership

Attached:
- Draft Communications and Engagement Plan
- Presentation to be shared at BHR HOSCs in November

CC: Melissa Hoskins

North East London Health & Care Partnership

St George's Hospital site redevelopment

Communications and stakeholder engagement plan October 2021 to March 2022

Contents

1. Overview

Creating a health and wellbeing hub at the St George's Hospital site is at the heart of integrated health and care services in North East London (NEL). Since the early days of planning for new healthcare services on the site, NHS partners have kept a commitment to ensure local stakeholders and residents are kept informed our proposals and progress.

Significant engagement has already taken place with key local stakeholders and with local residents and patients, which has helped to shape our plans and ensure our stakeholders understand how the new centre will benefit them and the communities they represent.

The strong partnership working in North East London, and in Barking and Dagenham, Havering and Redbridge (BHR) as a health and care system, has enabled partners to share clear and consistent communications. Our strategy as we move forward will be to continue this approach and ensure that we work with stakeholders and local people to continue to maximise the opportunities that this project provides.

This plan sets out our ongoing approach to actively engage stakeholders and our local community in the work ahead to develop and build the Health and Wellbeing Hub

Background and chronology

St George's Hospital in Hornchurch was built in the 1930s as a community hospital. In the ten years up to 2012, the number of services providing direct patient care on the site had fallen due to the introduction of new ways of working and because of the unsuitability of the site.

In October 2012, all staff and services were relocated from the site for health and safety reasons after legionella was discovered in the heating system. Proposals for most of the 29-acre site – including new homes and parking – were approved following an appeal in 2017.

A 12-week public consultation was conducted in 2013 on the original plans for the redevelopment of the St George's Hospital site. The key findings, set out below, have continued to shape our proposals.

The new Health and Wellbeing Hub at St George's is a key part of wider NHS service planning, both in Havering and across north east London, and the local NHS sees it as being at the very heart of integrated health and care services in this part of the capital.

In recent years, changes to the way these larger building projects are funded, along with an ongoing review of the longer-term health needs of this part of London, combined to prevent progress on the plans.

The latest proposals for the Health and Wellbeing Hub, as described in the draft Outline Business Case (OBC), are consistent with those original, signed off plans – including GP services, community services and care tailored for the frail and elderly – now with the addition of renal services, outpatient services and flexible space for community use.

2013 public consultation

Residents and stakeholders were first given a voice on the proposals for the former St George's Hospital site through a public consultation, which took place between 18 February 2013 and 12 May 2013.

The consultation, led by the NHS, followed best practice principles and provided local people with different opportunities to look at the proposals and have their say. This included:

- 1,000 consultation documents distributed to key stakeholders such as councillors, local MPs, health partners and patient and voluntary groups. Local GP surgeries and libraries were asked to make copies of the document available to the public.
- Online publication of the proposals
- Two drop-in sessions were held at libraries to enable local people to discuss the proposals with NHS staff and GPs,
- A public meeting, attended by around 60 people, which took place towards the end of the consultation period.

A total of 126 written responses to the consultation were received: 108 questionnaires and 18 letters or emails. There was a great deal of local interest in the scheme and whilst there were a number of concerns about issues like, whether too much land was being disposed of and what this land would be used for, there was overwhelming public support for a new health centre on the site for a range of integrated services including primary care services.

Key findings included:

- Support for building a new health centre on the St George's site was high, at 95% of questionnaire respondents.
- Respondents felt it was important that local people should not have to travel out of the borough for outpatient services and believed the increasing and aging population meant the need for services would grow rather than reduce.
- Almost all questionnaire respondents thought it was important to have diagnostic tests (95%) and services for older people (93%) on the site.
- 57% of questionnaire respondents, including the North East London Foundation Trust (the main local provider of NHS community services), supported the CCG's preferred option.
- The main reason given for not supporting the preferred option was that people wanted beds on the site, but there was no real agreement as to which of the consultation options that included beds was most preferred.
- There were some common issues indirectly related to the subject of the consultation: the sale of the site and what it might be used for; where any new health centre would be positioned on the site; and preserving or using the old buildings.
- No formal response was received from the local council, any of the local MPs or the acute hospital trust, however one MP showed his support on his website, and the council and hospital trust both indicated - outside the consultation period, however - that they supported the CCG's preferred option.

In summary, the consultation showed:

- Strong support for a new health facility on the site
- Strong support for the facility having a focus on services for elderly people
- The majority (55%) of respondents supported the preferred option of the facility having GP primary care services and a range of integrated care services with no inpatient beds.

Ongoing engagement with key stakeholders

Following the 2013 consultation, NHS Havering Clinical Commissioning Group (now part of North East London CCG) continued an open and sustained positive dialogue with key

stakeholders including local elected politicians, key Council leaders in Havering, Healthwatch and local community groups and residents.

This includes:

- Six monthly updates (starting in 2013) from Dr Gurdev Saini, Chair, St George's Hospital programme board, to a dedicated mailing list of 125+ residents and stakeholders interested in St George's Hospital's redevelopment progress
- Regular updates (quarterly) to Havering Council's Health and Wellbeing Board, Health and Overview Scrutiny Committee and to the CCG's Patient Engagement Forum
- Regular briefing meetings with the MP for Hornchurch and local ward councillors (led by the NEL CCG estates team)
- Informal updates to Havering PPGs since 2019
- Following announcement of the scheme's inclusion in a £1.8 billion funding boost for the NHS in August 2019, NHS North East London Commissioning Alliance presented proposals to local HOSCs in 2019.

Our work with local residents has included

- Informal planning consultation workshop at Hornchurch RAF with 45 local residents in attendance and two local Councillors – Wednesday 28th July 2021
- An FAQ document was developed based on the questions asked by residents at the July workshop and circulated
- Hornchurch residents' group has published updates from the CCG in its newsletter

In line with our commitment to follow best practice guidance including statutory guidance from NHS England/ Improvement, NEL CCG has held discussions with the NHSE lead for service reconfiguration, setting out the scope of our engagement strategy. Feedback has shaped our ongoing approach.

Planning approvals and 2021 planning consultation

In 2019, Havering Council approved plans for a health centre and approximately 100 car parking spaces on part of the St George's Hospital site at 3000 square metres.

Planning permission was also granted for a development of nearly 300 new homes on the remainder of the site, which is a separate project, led by a housing developer.

In April 2021, a planning consultation took place on the latest proposals for the new development. An online public exhibition was held between 1 April and 20 April 2021 with an online feedback questionnaire. 86% of respondents (81% strongly support and 5% mildly support) support the provision of the proposed new Health and Wellbeing Hub at the St George's site.

The revised scheme will have more flexibility to offer new services in the future, as local needs change. The building size therefore has increased to 4545 square metres but remains smaller than the original hospital site. The 2019 outline planning permission consented for three storeys but didn't specify a height. The new building is mainly two storeys in height, with the exception of one wing which is three storeys. This wing is located away from residential properties. The building is no higher than the original roof line agreed in principle in 2019.

2. Our communications and engagement strategy for the next phase

The Outline Business Case (OBC) sets out the detailed proposals for the Health and Wellbeing Hub, including the clinical case, how we have planned or modelled the proposals and details of the services that we plan to offer at the site. This includes community space for public use, which we wish to co-design with the community in the next phase of the programme.

Once the final OBC is approved, we will undertake a further period on discussion as agreed with key stakeholders on the service changes.

Key messages

- Our aim remains to deliver **a health and wellbeing centre** that offers outpatient clinics, community and mental health services, GP and primary care services and a joint team of health and social care professionals, as well as space for local voluntary and community groups to use.
- A new health and wellbeing centre would **support local people in living healthier for longer.**
- GPs, local hospital and community service leaders all agree that the health and wellbeing hub on the former St George's Hospital site is a **key part of plans for much needed joint, integrated health and care services** across north east London both now and for the future.
- Delivery of the new health centre is **crucial to unlocking other proposed changes** to the way we deliver care and the use of the facilities and building, including Queen's Hospital, to help future proof the local NHS for the people of our area – those living here now and for those we know will be moving to this area in years to come.
- We plan to **involve patients and the public** as we develop the final approved OBC, with along with other stakeholders as appropriate and agreed. This process will be led by local clinicians – GPs, hospital doctors and community service clinicians.

Our key principles

- To provide local people and stakeholders with opportunities to hear about the detailed proposals and to have their voices heard as we finalise our proposals
- To ensure that public engagement remains a core element of the final design and construction principles
- To ensure meaningful staff involvement
- Identify clinical leads for service and specialty areas to lead engagement and provide credible assurance on the proposals
- To celebrate success at every major milestone and encourage local ownership and pride in the development
- To provide credible, timely and consistent information to all key stakeholders and the public
- To continuously review the strategy so we can build on the successes and address any challenges and feedback.

Our engagement aims

To build trusted relationships with stakeholders - groups and individuals across our area. This is important because it will:

- help people to understand what we are doing and why we are doing it
- help people to share their experiences of local health and care services
- help to support the development of more integrated services to meet local need
- support us to listen and show groups and individuals how their feedback is making a difference to identify seldom heard voices and improve services.

To encourage the public to have their say by making it as easy as possible for them to talk to us. This is important because it will:

- help us promote active and meaningful involvement
- show our commitment to simple, effective communication and engagement
- help us listen to the experiences of patients and use their feedback to improve services
- make sure we hear the voices of groups and individuals who are often seldom heard by the NHS

To make sure everyone can access information about what we are doing and why we are doing it. This is important because it will:

- encourage the reduction of inequalities if we can hear from those whose outcomes are worst
- help people to understand the challenges we face and why we make the decisions we do
- show our commitment to honest communication which is simple to understand
- show that we are using feedback from local people to improve services
- build trusted relationships with groups and individuals affected by our proposals

Support our staff to hear the public voice in the commissioning of services. This is important because it will

- help us to improve the quality and experience of the services we commission
- help us to understand the needs of local people and develop integrated services to meet those needs
- build public confidence in us as a listening organisation
- show how we use feedback from the public to help inform changes and improve services.

Stakeholder engagement with NHS England/Improvement

In accordance with the NHS England service change assurance process, and involvement best practice, we will develop and finalise our agreed involvement/ engagement approach with key stakeholders.

The process is set out in Appendix B, and will form a 12-week engagement with local people and stakeholders, starting in November 2021 and concluding in February 2022 Our engagement approach will be shared with our local Health Scrutiny Committees (HOSCs) and the Health and Wellbeing Boards (HWBs) for Barking and Dagenham, Havering and Redbridge. We will work with Healthwatch and other stakeholders to co-design engagement materials and to ensure our engagement approach is as inclusive as possible.

Through open discussion and taking on board their feedback, we will continue to build trusted relationships and reduce the potential risk of stakeholders feeling uninformed or challenging any public involvement processes.

It is anticipated that stakeholders will provide valuable views on our proposals, our approach, and offer to support us in reaching their contacts, networks, or residents through suggestions for additional involvement opportunities throughout the process.

3. Our proposed approach

Feedback and input from local people and stakeholders (including local MPs and councillors) has been key to the development of the OBC and once this is completed, we plan to go back out to the community and listen to their feedback on the finalised proposals.

As set out, we will use a well-established process to discuss, agree and co-design how we most effectively engage local people and stakeholders on the final proposals. We plan to engage local people and stakeholders over a 12-week period, starting in November 2021 with completion in February 2022. We will provide people with a range of opportunities to have their say. We will use a mix of online/ digital and face-to-face methods, and ensure all materials and messages are accessible to our population, regardless of language, literacy and digital barriers.

Before commencing the engagement, we will:

- Develop key messages and present the clinical evidence for all service proposals
- Recruit patient engagement panel/champions (Clinical Leads) for events and workshops
- Engage key stakeholders (Healthwatch, Health Overview Scrutiny Committees (HOSCs) and HWBs) before the 12-week engagement starts and ensure they have the opportunity to comment on both the involvement plan and the collateral to be used

During the 12-week engagement period, we will

- Share key information and present the clinical evidence for all service proposals
- Conduct public involvement workshops across BHR
- Conduct stakeholder events (with HOSCs, Healthwatch, Health and Wellbeing Boards, patient representative groups)
- Attend HOSCs, the Joint Health Overview and Scrutiny Committee (JHOSC) and HWBs that fall within the engagement period
  Promote patient/ public involvement events via social and print media

Following the 12-week engagement period, we will:

- Analyse the feedback and identify key themes through an engagement report
- Share the findings and themes widely – with those who participated in the engagement process including key stakeholders.
- Publish the engagement report online and publicise this through our communications and engagement channels

The engagement will involve a range of qualitative and quantitative methods to ensure we gather all comments so we can maximise the opportunities and minimise any risks this development proposal presents, and to make sure this development deliver a significant benefit to our community.

We will respond to specific questions throughout the process to help people provide informed responses. We will publish and share the most frequently-asked questions in an open and transparent way.

Working with local stakeholders to co-design the engagement approach

The CCG team in BHR has established an approach to public engagement that ensures stakeholders such as Healthwatch and our Health Scrutiny Committee colleagues feel involved and listened to.

Previous engagement work led by the CCG team has been co-designed with Healthwatch and other patient representatives, and we have discussed and agreed our approach on specific projects with our HOSC colleagues before commencing the work. This includes

- engagement on community urgent care and how we communicate services
- procurement of an NHS 111 service for North East London
- consultation on proposals to support funding changes for certain non-essential health procedures ('Spending Money Wisely')
- a medicines consultation in 2017
- changes to stroke rehabilitation services
- engagement with patients and families on proposed changes to nursing care services at a nursing home in Redbridge
- a major research study in 2016 exploring people's understanding of urgent care

This has proved to be a mutually beneficial approach, and we propose to now discuss our proposed approach to the next stage of engagement in the same way with stakeholders.

Addressing health inequalities and engaging the hard-to-reach community

We will work with community groups and patient representatives to reach out to people who are known to be less engaged with health services and those communities who are underrepresented and often invisible to health and social care organisations.

This is an essential element of our partnership work to reduce health inequalities as positive engagement with hard-to-reach groups is recognised as key to improve health and social outcomes. This has been underlined by learning from the Covid-19 pandemic, as evidenced by Public Health England.

Engagement assets

Engagement materials will be printed and available online (hosted on the NEL Health and Care Partnership website). We will publish the OBC and Equalities Impact Assessment, an engagement document, a summary of the engagement document and a questionnaire. We will provide an EasyRead version of the summary and provide translated versions where this is requested. We will also work with community groups during the engagement period to ensure the engagement is as accessible and inclusive as possible .

- **The engagement document** will set out our public involvement approach and summarise the background of the engagement. It will clearly state the current proposals and service offer for the Health and Wellbeing Hub and include a list of opportunities for stakeholders to 'have their say' along with feedback mechanisms for patients/residents.

Direct public engagement activity including

- **3 x online public listening events -** open invite events to share information on proposed options for change, answer specific questions from the public to increase understanding of the engagement and proposals, as well as invite and listen to feedback and encourage people to respond to the process questionnaire.
- **3 x clinical pop-ups -** raising awareness with patients and staff in GP surgeries and hospitals to encourage people to ask questions and complete the questionnaire.
- **2 x community outreach sessions** – local events near site with groups such as older people and deprived communities as well as seldom heard groups. This could include a 'Open Day' session on the actual site

All engagement events will be promoted through social media, local press and other mail-outs (including dedicated mailing lists). We will seek support from our Council, Healthwatch and other voluntary and community sector colleagues in sharing information

Printed copies of the engagement summary with questionnaire will be sent out to GP practices, Citizen's Advice centres, council buildings, dentists, job centres, opticians, leisure centres, libraries, pharmacies, Hospitals and Community Voluntary Sector organisations.

Engagement with stakeholders will continue both formally and informally with our Health Overview and Scrutiny Committee colleagues and the local Health and Wellbeing Boards in Havering, Redbridge and Barking and Dagenham, as set out in Appendix B.

Appendix A: Summary of engagement activity to date and planned engagement

<table>
<tr><th>2013 proposal</th><th>Engagement</th></tr>
<tr><td>Services</td><td></td></tr>
<tr><td>Integrated Health & Wellbeing Hub
Centre of Excellence for elderly
Assessment and diagnostic centre
GP Practice
Rehab Inpatients (this service will no longer use the Hub space)
Adult outpatients
Social services
Community services</td><td>• 1,000 consultation documents distributed to key stakeholders such as councillors, local MPs, health partners and patient and voluntary groups. Local GP surgeries and libraries were asked to make copies of the document available to the public.
• Online publication of the proposals
• Two drop-in sessions were held at libraries to enable local people to discuss the proposals with NHS staff and GPs
• A public meeting, attended by around 60 people, which took place towards the end of the consultation period.
• Consultation outcome published https://www.haveringccg.nhs.uk/Downloads/Our-work/Developing-the-SGH-site/SGH-consultation-document.pdf</td></tr>
<tr><td>2013 onwards</td><td>Ongoing resident and stakeholder engagement</td></tr>
</table>

Ongoing engagement with local stakeholders and residents	• From 2013 onwards until 2019, monthly updates from Dr Gurdev Saini, Chair, St George's Hospital programme board, to a dedicated mailing list of 125 residents and stakeholders • Regular (quarterly until 2019) updates to Havering Council's Health and Wellbeing Board, Health and Overview Scrutiny Committee and to the CCG's Patient Engagement Forum • Regular briefing meetings with the MP for Hornchurch and local ward councillors (led by the NEL CCG estates team) • Informal updates to Havering PPGs and Healthwatch since 2019 • Following announcement of the scheme's inclusion in a £1.8 billion funding boost for the NHS in August 2019, proposals presented to local HOSCs in 2019.
2021	**Proposed engagement**
Services	
Integrated Health & Wellbeing Hub Frailty Hub EDC, ultrasound, x-ray, phlebotomy 5 x GP Practices Adult outpatients Social services (inc with NELFT community) Community Services Community Mental Health Services Renal Dialysis Community Children's Services Primary Care Network Minor Surgery	• Healthwatch and other stakeholder events • Health Overview and Scrutiny Committee (HOSC) engagement • Creation of new engagement documents • Information leaflet with link to online questionnaire and easy read return mail questionnaire will be sent to patients impacted by the service change • Drop in's informing and involving patients and staff • Online listening events

Appendix B: Engagement with key stakeholders – October 2021 to March 2022

Activity	Date	Dependencies	Who
Letter to HOSC Chairs to confirm engagement approach and request an informal pre-meeting	Letter to be sent by 25 October	Content signed off by Project leads	Comms to draft
Informal pre-meet with Health and Overview Scrutiny Committee (HOSC) Chairs and officers for BHR (Barking and Dagenham, Havering and Redbridge) to agree approach	Meeting held by 29 October	Narrative (including outstanding questions re clinical leadership, pathways and EQIA) signed off by SRO/ Clinical lead or leads	Comms to organise and 'host', SRO and clinical leads to attend/ present if available.
Co-design of engagement survey and questions with Healthwatch	First draft shared with HOSCs, HWBBs and Healthwatch by 3 November To be discussed at HOSC meets (3/11 Nov). HWBBs and Healthwatch to be asked to respond virtually (without a meeting) Finalised by 15 November	Briefing to Healthwatch	Comms to lead co-design work SRO/ clinical leads/ programme team to sign off
Report to November HOSCs with engagement plan and proposed collateral	• Barking and Dagenham -3 Nov • Redbridge -3 Nov • Havering - 11 Nov	Narrative (including outstanding questions re clinical leadership, pathways and EQIA) signed off by SRO/ Clinical lead or leads	Note: This could be the letter, depending on negotiation with HOSCs SRO and clinical leads to attend/ present (Note clash for B&D and Redbridge)
Health and Wellbeing Boards (HWBs)	• Barking and Dagenham – 9 Nov • Havering – 24 Nov • Redbridge – 30 Nov		Letter sent at same time as letter to HOSC leads, confirming launch of engagement (which will be prior to Havering and Redbridge HWB)
Approval to go out to engagement	Governance process to be advised by Programme Team (e.g. via GB/ ICPB		

Activity	Date	Dependencies	Who
Launch of 12-week engagement period	22 November TBC	Subject to final feedback from stakeholders All materials and engagement activity agreed by SRO, clinical leads and programme board	Clinical leads and SRO/ Programme team to lead engagement activities Comms and Engagement to provide support including organising engagement sessions

Key stakeholder meeting dates during 12-week engagement period (22 November 2021 to 13 February 2022)			
Who	**Date**	**Approach**	**Lead**
ONEL JHOSC	14 December 2021	Paper/ presentation and discussion	Clinical leads and programme leads, supported by Comms
Redbridge HOSC	11 January 2022	Paper/ presentation and discussion (unless agreed via HOSC)	Clinical leads and programme leads, supported by Comms
B&D Health and Wellbeing Board 12 January	12 January 2022	Paper/ update likely to be requested	Clinical leads and programme leads, supported by Comms
Redbridge Health and Wellbeing Board	12 January 2022	Paper/ update likely to be requested	Clinical leads and programme leads, supported by Comms
Barking and Dagenham HOSC	19 January 2022	Paper/ presentation and discussion (unless agreed via HOSC)	Clinical leads and programme leads, supported by Comms
Havering HOSC (Special meeting tbc)	December/ January 2022 tbc	Paper/ presentation and discussion (unless agreed via HOSC)	Clinical leads and programme leads, supported by Comms
Havering Health and Wellbeing Board	26 January 2022	Paper/ update likely to be requested	Clinical leads and programme leads, supported by Comms
12-week engagement period closes 13 February 2022 tbc (dependent on start date)			

Post engagement period			
2-week period of analysis and report writing – Engagement report completed by 28 February 2022			
Programme team to consider feedback in terms of procurement and Full Business Case (FBC)			
Engagement report to be considered through appropriate BHR ICP governance structures	Programme team to confirm details and date – this is critical to engagement with HOSCs	Programme team to ensure governance is built into project plan	Programme Team
Programme team to provide final proposal paper			
Barking and Dagenham HOSC	23 February 2022	Paper/ update likely to be requested	
ONEL JHOSC	8 March 2022	Final proposal paper will be required for this meeting, informed by the outcome of engagement. Outline next steps.	Programme team supported by Comms
Redbridge HOSC	9 March 2022	Final proposal paper (informed by outcome of engagement) and next steps (unless covered at JHOSC)	Programme team supported by Comms
Barking and Dagenham HOSC	23 February/ 23 March	Final proposal paper (informed by outcome of engagement) and next steps (unless covered at JHOSC	Programme team supported by Comms
Havering HOSC	16 March 2022	Final proposal paper (informed by outcome of engagement) and next steps (unless covered at JHOSC	Programme team supported by Comms
HWBs (Letter with final proposals paper to be sent in advance, alongside HOSCs)	B&D: 15 March Redbridge: 15 March Havering:, 23 March	Final proposal paper (informed by outcome of engagement) and next steps (unless covered at JHOSC	Programme team supported by Comms

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North East London
Clinical Commissioning Group

Engagement on proposals for a Health and Wellbeing Hub at St George's Hospital

Meeting name: Havering Health Overview and Scrutiny Committee
Presenter: Steve Rubery, Director of Planning and Performance
BHR ICP, NEL CCG
Date: 11 November 2021

St George's Health and Wellbeing Hub

Contents

We have a clear clinical vision – to make the very best quality care available to people living in Havering and neighbouring areas. At the heart of our vision is keeping local people well and providing as much care as possible close to people's homes.

We are seeking views from patients, carers, representatives from community and voluntary sector organisations, parents and guardians, children and young people, elderly people, health and social care professionals, regulators and the public in Havering and the neighbouring areas.

Under our proposals:

- We would bring together a range of services under one roof, in a brand-new fit-for-purpose Integrated Health and Wellbeing Hub in the community
- Renal dialysis would move from Queen's to the new Hub
- Some local GP practices within a 2-mile radius of the Hub would relocate there.
- Some frailty, outpatient, wellbeing, mental health and early diagnostic services for cancer would be provided and the local authority would provide some adult and children services. Some space would be made available for wellbeing services and for local voluntary sector services.

2013

- **St George's closes**
- Consultation found:
  - 95% of respondents supported building a new health centre on the site for a range of integrated services including primary care; and to have diagnostic tests on site.
  - Respondents felt it was important that local people should not have to travel out of the borough for outpatient services and believed the increasing and ageing population meant the need for services would grow rather than reduce
  - 93% thought services for older people on site was important
  - 55% of respondents supported the preferred option of having GP primary care services and a range of integrated care services with no inpatient beds. The main reason given for not supporting this option was that some people wanted beds on the site, but there was no real agreement as to which of the consultation options that included beds was most preferred.

2019 2020/21

- 2019 Prime Minister announces £17 million funding for the site
- 2020 developed a programme of pre-planning application meetings and presentations with London Borough of Havering (LBH) Planning, Policy, Design and Highways Officers. For example presentations: by Secure by Design Officers; to LBH's Design Quality Review Panel (December 2020); to LBH's Strategic Planning Committee Members
- 2021 An online public exhibition held in April
  - **86% of respondents (81% strongly support and 5% mildly support) support the provision of the proposed new Health and Wellbeing Hub at the St George's site**

Why the health and wellbeing hub makes sense

Better patient care…

- The hub would enable a range of services to operate from one building, supporting the provision more patient-centred integrated care. Patients would be able to access more services at the same time, in a purpose-built, convenient location. Resulting in increased independence for patients; and better patient outcomes

… in a high quality, flexible space…

- The hub space would be flexible, so different health and care services will be able to be provided from the same space, and used by different organisations. Some weeks we might need more of one outpatient clinic, another week we might need an extra mental health session.
- The hub would have the space to train new clinical staff
- The extensive landscaping would provide a relaxing environment for our patients and visitors and support people with memory loss.

… using taxpayers money wisely.

- A new, economical-to-run building, built to net zero carbon standards (ensuring it does minimum harm to the environment) with no backlog maintenance costs is good for taxpayers.
- Better management of patients' conditions in the community would result in fewer emergency unplanned visits and admissions – which reduces pressure on A&E, is better for patients and reduces costs

More detail on services

Outpatient services could include…

- Vascular; Diabetes; Podiatry; Orthopaedics; Urology (prostate cancer); Maternity; Gastroenterology (physiology and bowel clinics); Phlebotomy; Psychology

Diagnostic services

- New mobile CT and MRI scanners planned; and a space for a Community Diagnostic Hub so we can detect cancers sooner. We listened to concerns during the planning consultation about the noise of scanners and will make sure they are installed in sound proof pods so they make less noise.

Frailty, mental health and community services

- Mental health and community services are in a variety of locations across, and sometimes out of the borough. Patients have to travel longer than necessary and teams are scattered across different sites. We plan to bring these services back to the hub location where they are best placed.

GP Services

- We want to relocate some local GP practices to the hub, especially those that are in buildings that are too small for the growing local population. This would make for a more pleasant experience; and the GP practices would be able to offer a wider range of services; more clinics; better access and better training facilities.

Renal services

- Renal dialysis does not need to be delivered from a major hospital. The hub would provide an improved healing setting for patients who spend up to 12 hours each week for months or years receiving treatment and would provide the space for training for self-dialysis which means patients can dialyse at their convenience without nursing supervision.

Our engagement plan on a page

Materials and distribution

- ✓Outline Business Case, engagement document and questionnaire, Equalities Impact Assessment
- ✓Available online (on the NEL Health and Care Partnership website – where documents can be converted into 100 languages, into high contrast, Easy Read, large print, text to spoken word etc); and in print (with different formats available on request)
- ✓Engagement document and questionnaire sent to e.g. GP practices, Citizen's Advice centres, dentists, libraries, pharmacies, hospitals, councils and voluntary sector

Engagement

We will engage with key stakeholders such as Health Overview and Scrutiny Committees and the local Health and Wellbeing Boards in Havering, Redbridge and Barking and Dagenham.

- **Online public listening events**
- **Pop-ups**
- **Community outreach events**

We will work with community groups to ensure the engagement is as accessible and inclusive as possible. All events will be promoted through social media, local media and other mail-outs. We will seek support from our council, Healthwatch and other voluntary and community sector colleagues in sharing information

Stakeholders, the public and patients will be able to have their say between 22 November 2021 (to be agreed) and 13 Feb 2022

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 11 NOVEMBER 2021

Subject Heading:	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 recent performance issues at the Trust.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

Details are attached of recent performance related issues at Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)

RECOMMENDATIONS

That the Sub-Committee scrutinises the report by BHRUT and considers what, if any, further action it wishes to take.

REPORT DETAIL

Details are attached of recent performance issues at BHRUT including A & E performance, cancer services and the Trust's recovery plan.

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
November 2021

Richard Pennington
Acting Chief Operating Officer – Elective Care

TAKING PRIDE IN OUR CARE

Barking, Havering and Redbridge University Hospitals NHS Trust

OUR CURRENT POSITION

- As we move into winter, Covid-19 cases are increasing in our hospitals and we must be prepared for any sudden spikes

- We've appointed a Winter Director – one of our senior clinicians – to ensure plans are in place to support our urgent and emergency care (UEC) services and reduce waiting list backlogs, while also being prepared for a further increase in Covid-19 admissions

- The wellbeing of our workforce is also a priority and we must ensure we look after them and support them to be able to deliver the best care, especially going into a very hard winter

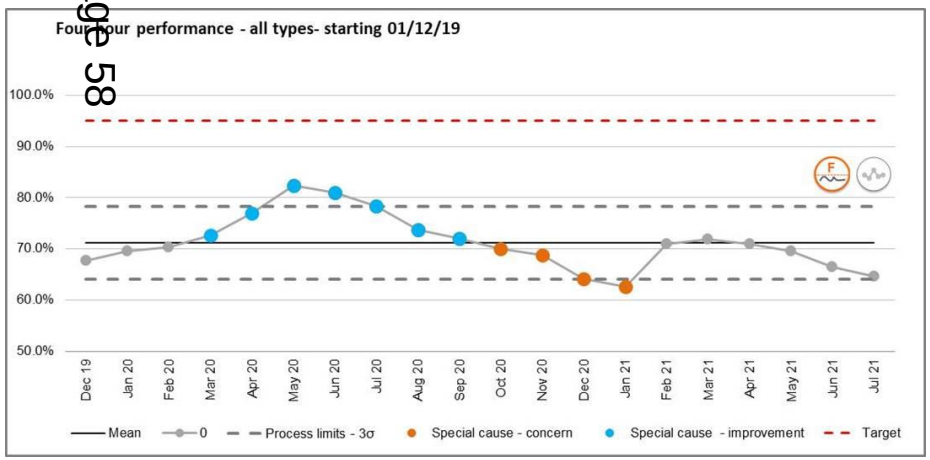
- We continue to encourage patients, staff and residents to get their Covid-19 booster and flu vaccines to protect themselves and others from serious illness this winter

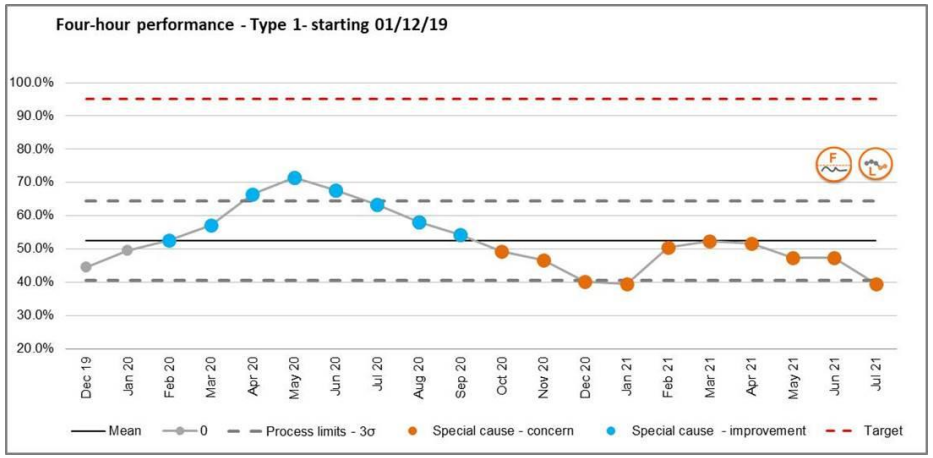
COVID 19 AND OUR RECOVERY

- Our decision making continues to be dictated by infection, prevention and control (IPC) guidance to keep patients, staff and visitors safe, which places additional pressures on capacity
- We continue to zone our hospitals, and are agile with our wards so that we can adapt to any rise in Covid-19 admissions by ‘flipping’ wards, as we need them
- Face masks and social distancing measures are still in place in our hospitals, which can impact the number of outpatient appointments. We also continue with virtual and phone clinics where appropriate
- Earlier this year we reinstated the vast majority of elective services, including routine surgeries and diagnostic services, as well as routine face-to-face outpatient appointments
- We’ve introduced a number of initiatives to reduce the backlog of appointments, for example a series of ‘super clinics’, so our patients are treated as quickly as possible
- Ongoing communications campaigns at a local and national level to reassure residents and reduce the number of patients declining treatment due to anxieties and/or isolation requirements
- We know that it is still a difficult time for our patients and their families and we continue to review how we manage services to give them the very best care possible

OUR PERFORMANCE – FOUR HOUR EMERGENCY ACCESS STANDARD

Key Metrics	July 2021	Queen's	King George	National Target
All Types	64.55%	63.63%	66.09%	95%
Type 1 only	39.42%	38.32%	41.29%	95%





GETTING BACK ON TRACK

The position

- Improving performance is a shared responsibility. We know it's a challenge but too many people, of all ages, are waiting too long in our Emergency Departments (EDs) and that this is not good enough
- Our focus must be to improve the experience of our patients from the start of their journey through our ED to being discharged from our wards
- To improve our four hour performance, we cannot focus on our EDs in isolation – we must look at the flow throughout our hospitals and continue with our whole hospital and system-wide approach
- The demand for urgent and emergency care continues to be extremely high. July 2021 was our second busiest month ever; we treated 28,299 patients
- In July, there was a decline in our Type 1 performance, when we achieved 39.42%, compared to 47.38% in June
- Type 3 performance improved from 86.7% in June to 91.28 in July, as we continue to work collaboratively with PELC and CCG colleagues to improve our front door processes

To help us get back on track:

- We continue to work across BHR and NEL to improve existing, and develop new, UEC pathways so patients access the appropriate care outside of a hospital setting where this is best for them
- UEC calls take place daily with partners across NEL to understand system pressures and assess how sites can be supported. Representation includes BHRUT, Barts Health, Homerton, LAS/EoEA and NEL CCG, with colleagues looking at challenges such as hospital flow, demand, workforce etc
- Revised governance to enhance performance monitoring, be more agile and drive forward continued performance improvements

RECENT INITIATIVES

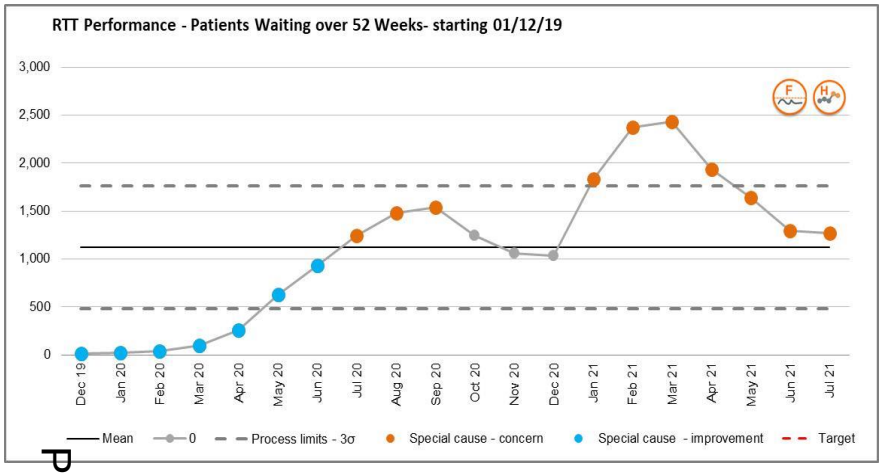
- **Frailty units** at King George Hospital (KGH) and Queen's Hospital (QH) to help reduce waiting times in our EDs
- Implemented **Same Day Emergency Care (SDEC)** at QH, which aims to treat more patients on the same day, while also reducing ED waiting times and the number of patients admitted to hospital
- Launched a new **Children and Young People's Assessment Unit (CYPAU)** at QH
- Reopened our **children's ED overnight** at KGH
- New **Point of Care Testing (POCT)** in ED at QH to improve diagnostic turnaround times
- Continued **investment** in our **ED at KGH** and in our critical care departments
- **Restructured our clinical divisions**, with ED now a stand alone division with new leadership roles
- Dr Karim Ahmad, our new **Improvement Director for Emergency Care (Medical)** has joined on secondment from Barts Health. This is a practical and beneficial example of our collaboration with Barts

OUR PERFORMANCE – REFERRAL TO TREATMENT, DIAGNOSTICS AND CANCER

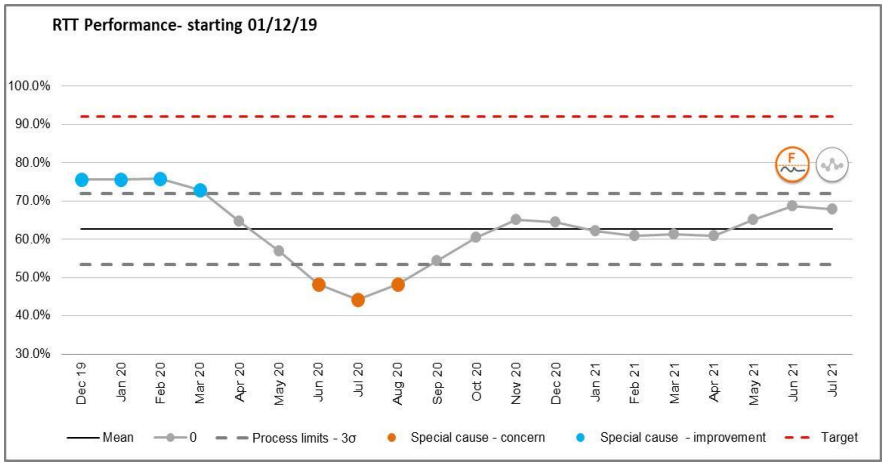
Key metrics	July	August	National Target
RTT performance	69.3%	69.5%	92%
Diagnostic performance	21.86%	21.31%	<1%

Key Metrics	Month	National Target
Cancer performance (62 Day)	72.0% July 2021 (validated) 75.8% August 2021 (validated)	85%
Cancer performance (2WW)	94.8% July 2021 (validated) 96.9% August 2021 (validated)	93%

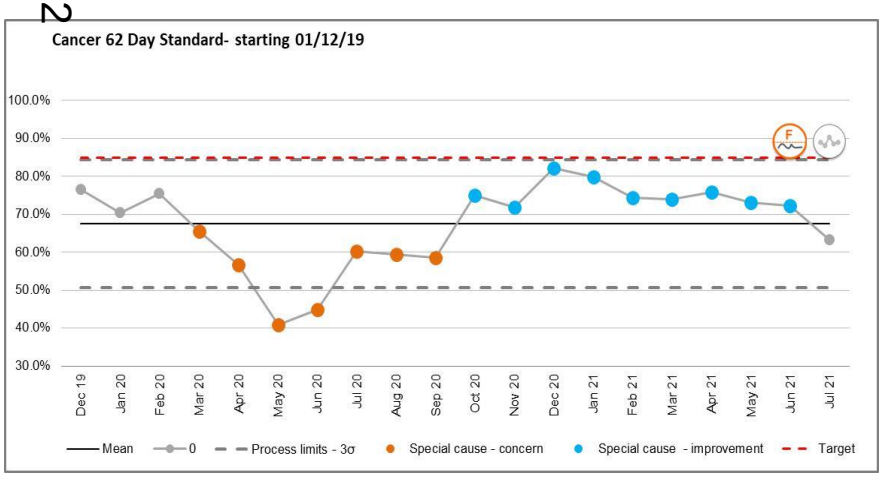
Trend line for Referral to Treatment patients waiting longer than 52 weeks

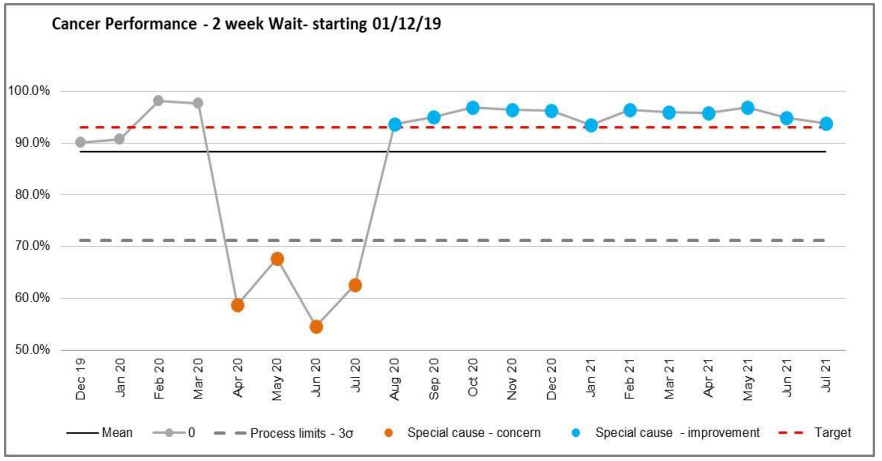


Trend line for Referral to Treatment performance



Trend line for 2ww and 62 day cancer performance





PLANNED CARE, CANCER AND DIAGNOSTICS – GETTING BACK ON TRACK

52 week waits

- The number of patients waiting over 52 weeks has fallen from 1,938 in April to 1,148 in August

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
- Our staff are being trained in line with the Faster Diagnosis Standard (FDS)
- Plans in place to continue increasing gynaecology and dermatology capacity

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
  2. Surgery backlog 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
  3. Increasing clinical capacity and cope with increasing demand
  4. Continued investment at both Queen's and King George hospitals to ensure sufficient capacity for surgical patients

PLANNED CARE, CANCER AND DIAGNOSTICS – GETTING BACK ON TRACK

- While focusing on treating patients who are most clinically urgent, we are also carrying out routine surgeries
- As a result of recent initiatives and focused efforts by our teams, we continue to see a positive impact and sustainable reduction on our waiting lists and long waiting patients
- We continue to hold several dedicated 'super clinics', many over the weekend, and continue to maximise use of our resources to carry out a large number of appointments/procedures, over short periods of time.
- We're collaborating with our partners across NEL to tackle waiting lists across the system to see patients more quickly. We're also sharing the learnings from our super clinics
- Our Rapid Diagnostic Centre ensures those with vague or possible cancer symptoms are being investigated at an early stage and treated quickly and effectively
- We've expanded our radiology department, including a new CT scanner, upgraded MRI machine and two new ultrasound rooms
- It's important to note that IPC guidance will continue to impact for the foreseeable future, in particular in our ED and clinical areas, creating additional pressures
- We continue to reassure our residents that we are doing all we can to keep them safe so they come in for their treatments and their health does not worsen

‘SUPER’ CLINICS

In recent months, we have held:

- **Back2Backs**: A spinal review clinic, which helped prepare patients in need of surgery. 119 patients were seen on the day

- **Scalpel Project**: Since May, our General Surgery team have held six of these special Saturday clinics, seeing more than 1,000 patients

‘SUPER’ CLINICS

In recent months, we have held:

- **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
- **ENT Kidz**: A series of weekend Ear, nose and throat (ENT) paediatric super clinics. So far, we’ve seen approximately 150 patients per clinic

OUR WORK HIGHLIGHTED

- London's NHS Regional Director Sir David Sloman visited King George Hospital to see our innovative approaches to tackling the patient backlog and our £1.7million investment in a new surgical robot

- The Royal College of Surgeon's President Neil Mortensen highlighted our Trust's work to reduce waiting lists at the Health and Social Care Committee

- Sam Tarry, MP for Ilford South, and Wes Streeting, MP for Ilford North, visited King George Hospital in October to see our expanded Radiology department and officially cut the ribbon on our new CT scanner

KEY MESSAGES TO SHARE

- Getting the Covid-19 booster and flu vaccine are really important and could stop you from becoming seriously ill this winter

- We have a number of measures in place to keep patients, visitors and staff safe

- Make sure to attend your appointments, if you have a symptom of any illness, please get checked

- Many illnesses can be treated without visiting our EDs. If it isn't an emergency, contact NHS 111 or visit a pharmacist or GP

- Our website has the latest information including visitor restrictions: www.bhrhospitals.nhs.uk/our-services-during-covid-19

Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 11 NOVEMBER 2021

Subject Heading:	NELFT 0-19 Children's Services
Report Author and contact details:	**Anthony Clements, Principal Democratic Services Officer, London Borough of Havering**
Policy context:	**NELFT officers will give details of recent performance and related issues for 0-19 children's services at the Trust.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

Details are attached of recent performance and related issues for 0-19 Children's Services at North East London NHS Foundation Trust (NELFT).

RECOMMENDATIONS

That the Sub-Committee scrutinises the report by NELFT and considers what, if any, further action it wishes to take.

REPORT DETAIL

In accordance with recent decisions by the Sub-Committee on the performance indicators it wishes to scrutinise, details are attached of performance issues for 0-19 Children's Services at NELFT. This includes information on areas such as health visiting, school nursing and referrals to the Primary Mental Health Team.

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.

NELFT NHS
NHS Foundation Trust

HOSC Presentation

0-19 children's services

Best care by the best people

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
- 6-8 week follow up
- 1 year health review
- 2 year health review

- 100% universal antenatal contacts offer from September 2021
- 100% UP and UPP face to face antenatal contacts
- New birth contacts at 10-14 days 95%
- Completed 6-8 weeks contacts 84.5%
- Completed 1 year health reviews 87%
- Completed 2 year health reviews 89%

Additional offer

Antenatal and postnatal emotional health and wellbeing support

- ❖ Perinatal mental health lead
- • Butterfly's support group, networking and joint sessions with local authority and mental health services
- ❖ Weighing clinics
- • Individual appointments, appointments offered at breastfeeding café bi monthly
- ❖ Infant feeding lead
- • Starting solids workshop
- ❖ BFI accreditation
- • Breast feeding

School Nursing Offer

- NCMP 100% School Offer from September 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
- Duty school nurse available daily within SPA

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 March – October 2021

NELFT NHS
NHS Foundation Trust

Delivered Services ~

Referrals	80
1:1 Sessions	1400
Parent Drop-ins	24
Student Drop-ins	24
School consultations	24
Virtual Groups	1 (Groups Delivery into 2022)

PMHT offer August to October 2021

PMHT offer August to October 2021	August 2021	September 2021	October 2021
Virtual drop-in	3 session	2 sessions	3 sessions
Face to face pupil drop-in	School holidays	131 pupils	162 pupils
Education settings visited	3 PRUs visited	54	63

PMHT notes on data ~

- There has been a significant increase in referrals for children and young people presenting with low- level anxiety and mood disturbances
- The reason that we have had capacity to offer so many sessions has been made possible by the use of a hybrid model of virtual and face to face interventions
- PMHT regularly attends and contributes to Local authority and education CAD and Universal Plus

Best care by the best people

NELFT NHS
NHS Foundation Trust

Thank you

Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 11 NOVEMBER 2021

Subject Heading:	Healthwatch Havering Report – Havering and the Coronavirus Pandemic
Report Author and contact details:	**Anthony Clements, Principal Democratic Services Officer, London Borough of Havering**
Policy context:	**A Healthwatch Havering director will give details of the impact of the Coronavirus in Havering.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

Healthwatch Havering will present to the Sub-Committee the organisation's report on Havering and the Coronavirus pandemic.

RECOMMENDATIONS

That the Sub-Committee notes the report by Healthwatch Havering and considers what, if any, further action it wishes to take.

REPORT DETAIL

Under the organisation's legal powers the attached report by Healthwatch Havering on Havering and the Coronavirus Pandemic is presented to the Sub-Committee for consideration. The report gives details of how the Covid-19 virus evolved in Havering.

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.

Havering and the Coronavirus pandemic - the story so far March 2020-July 2021

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

What is Healthwatch Havering?

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

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

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

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

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

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

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

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

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

Introduction

The Coronavirus (Covid) pandemic emerged into an unsuspecting world in early 2020, when reports of a high level of infection in the Chinese city of Wuhan first came to attention. By late March, infection in the UK had reached a sufficiently high level to warrant unprecedented action by the government effectively to close society by imposing a period of lockdown: "stay home, stay safe and protect the NHS"[1].

There was, inevitably, an initial period of confusion until things settled down into what would prove to be a then unforeseen period of disruptive pandemic – of 16 months at the time of writing (late July/early August) and continuing.

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

Healthwatch Havering has an interest not only in care homes but also in NHS facilities and services, at both general practice/community level and hospital level. In addition, many of our members – some of whom lost friends or relatives to the infection - had a great personal interest in tracking the development of the pandemic, across England but particularly in Havering. As an organisation, therefore, Healthwatch Havering has taken a close watch of the course of the pandemic.

This review does not seek to provide a definitive history of the path of the Covid pandemic in Havering: that would be both outside the remit of Healthwatch and beyond the limited resources that are available; nor does it seek to apportion blame or to exonerate. Rather, its purpose is to bring together disparate facts and figures into a single document that will, hopefully, be helpful in enabling people to understand how the pandemic evolved in Havering.

[1] **Prime Minister Boris John, addressing the nation on 23 March 2020.**

Sources

From the outset, it was clear that there would be immense public interest during the pandemic, locally, nationally and internationally. Many newspapers and other media have produced daily reports on the progress of the virus and on the means devised to combat it, principally since December 2020 in the form of the UK's unprecedentedly successful vaccination programme of "world class" proportions[2].

Healthwatch Havering members' keenness from early on to be kept apprised of the local progress of the virus and combatting it led to the production of a weekly bulletin[3] bringing together a range of data and statistics provided by a variety of official bodies[4], including:

- The Office of National Statistics (ONS) – weekly reports of deaths due to Covid across England
- The Local Government Association (LGA) – daily reports (including maps) of the progress of the virus, including numbers of people contracting the disease and of those who have died because of the virus
- Barking, Havering and Redbridge University Hospitals Trust (BHRUT) – statistics of patients treated
- The London Borough of Havering (LBH) – statistics of residents contracting Covid, being tested for infection and being vaccinated

The bulletins

These bulletins tracked the progress of the pandemic in Havering over the course of the whole year and evolved as more sources of information became available.

Most statistics quoted, both in the bulletins and in this review, are ultimately derived from the ONS data, although some are generated

[2] A much over-used term, beloved of politicians, but in this case undeniably true!

[3] The bulletins have not been formally published but can be made available on request.

[4] Detailed attributions of sources appear within the statistical tables, charts and diagrams later in the report.

from other official sources. © Crown Copyright[5] of ONS statistics is acknowledged and the copyright of all organisations cited is also acknowledged. All data is taken from material freely available on the internet.

The first bulletin was issued on 17 April 2020 (by when it had become very clear that the pandemic was not going away any time soon though its eventual extent was not then foreseeable) and charted the progress of the virus from 3 April; this review tells the story of the pandemic until the week ending 23 July 2021, which is the week in which fell the date chosen by the UK Government for the ending of the majority of restrictions on society, 19 July ("Freedom Day", as many people dubbed it). The pandemic was far from over then – to misquote Winston Churchill, "this is not the end, but it is perhaps the end of the beginning" – but the success of the vaccination programme gave an opportunity for some relaxation (although the possibility of need for further restrictions had not gone away and it seemed likely that a third wave of infection was then underway).

The bulletins' purpose was simply to provide data: any interpretations of the data were taken from the original source(s); Healthwatch Havering did not seek to insert its own views.

The bulletins were discussed at weekly Zoom meetings of Healthwatch volunteers, whose insights resulting from them formed the background to several surveys and reports initiated by Healthwatch Havering during the period.

Dates and points of reference

Regrettably, it is not possible to compare fully the data from the various sources as each uses slightly different reference points – for example:

- the ONS publishes its statistics weekly but some 10 days in arrear (because the raw data must be collected from local registrars and

[5] **Source: Office for National Statistics licensed under the Open Government Licence**

that inevitably takes time to compile and verify) and those statistics are based on the location of death rather than the residence of the deceased, so some hospital deaths registered in Havering will have been of non-Havering residents and some Havering residents' deaths will have been registered elsewhere;

- BHRUT's data is published weekly, mid-week, and refers both to Queen's Hospital in Havering and King George Hospital in Redbridge, and it is not possible to separate Havering residents' data from those of other boroughs; and
- the LGA's data is updated daily.

For the purposes of this review, the ONS statistics were taken as of 23 July 2021, and the others to the nearest available date commensurate with that.

It also must be borne in mind that there have been varying definitions in use at different times during the pandemic. Initially, for example, any death in which Covid might have played a part was recorded as a "Covid death" whereas, later, Covid deaths were redefined as being any death that occurred within 28 days of the deceased testing positive for Covid infection (irrespective of whether Covid was actually a cause of that death); and, initially, testing was carried out only within a hospital setting for in-patients until the nationwide Test and Trace system was rolled out, with different eligibilities for testing at different dates.

Mortality from Covid[6]

The major concern for everyone was the number of people dying. Government advisers at one point in the early stages were suggesting that, without drastic action, 500,000 people or more might die because of contracting Covid infection. It was certainly the case that, in the early stages, decisions were taken that, with the immense benefit of hindsight, were not optimal, perhaps leading to some deaths that might otherwise have been avoidable.

The imperative initially was to ensure that the NHS remained able to cope with the large numbers of infections expected and this led, among other things, to elderly people ready for discharged from hospital being returned to care homes without being tested for Covid. Inevitably, some of those people were infected with Covid and thus imported it into their care homes.

That said, care homes in Havering were not as nearly affected by Covid deaths in care homes as elsewhere. The overall care home population of Havering varies daily but is, on average, around 1,400; in the period 20 March 2020 to 23 July 2021, the ONS recorded 107 care home residents as having died with Covid mentioned as a factor in their death; in the same period, a total of 891 people died in a care home of other causes.

The CQC have also published statistics of care home deaths in the period 10 April 2020 to 31 March 2021[7], which indicates that, in that period, 146 care home residents died with Covid mentioned as a factor in their death; of them, 103 were resident in their care home at the time of death, the remainder (while still under the care of a care home) died elsewhere, mainly in hospital.

The following chart demonstrates the death rates in the six residential settings defined by ONS up to 23 July 2021:

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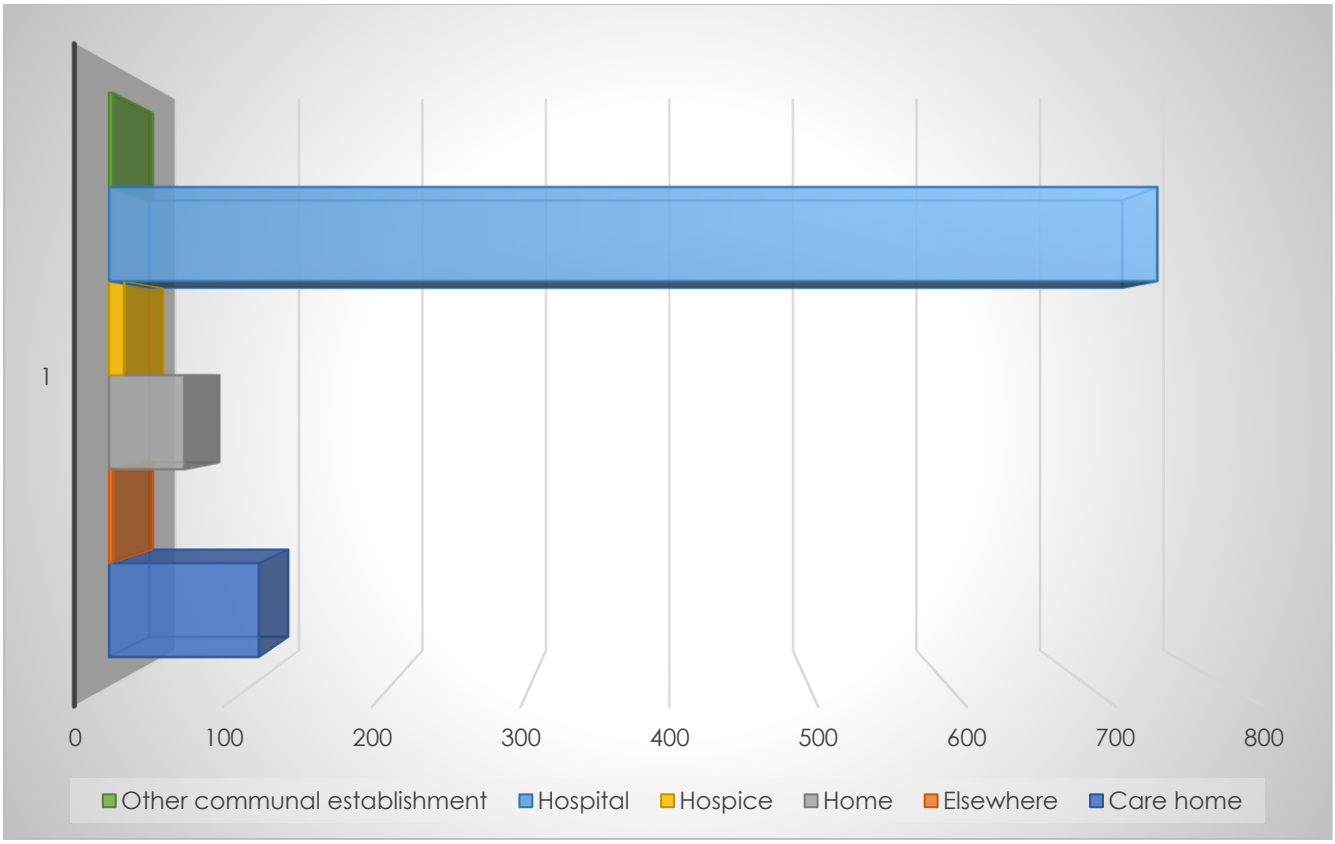
6 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard

7 https://app.powerbi.com/view?r=eyJrIjoiOGE1YTZlODItYzA2Ni00MmUxLTkyZjQtYjk3OTg0ZmYwMTIyIiwidCI6ImE1NWRjYWI4LWNlNjYtNDVlYS1hYjNmLTY1YmMyYjA3YjVkMyJ9

Chart 1



	Care home	Elsewhere	Home	Hospice	Hospital	Other communal establishment
2020	**62**	**2**	**29**	**5**	**508**	**2**
2021	**45**	**1**	**25**	**6**	**240**	**1**
Total	**107**	**3**	**54**	**11**	**748**	**3**

Weekly deaths from Covid in the whole community are set out in the following table:

Table 1

Week Ending	Deaths		
	Hospital	Care Home	Other locations [8]
2020			
20-Mar	4	0	0
27-Mar	13	0	0
03-Apr	45	3	1
10-Apr	47	10	2
17-Apr	46	11	1
24-Apr	27	2	7
01-May	8	6	2
08-May	14	2	2
15-May	8	4	1
22-May	2	0	0
29-May	3	2	0
5-Jun	0	2	0
12-Jun	0	0	0
19-Jun	0	0	0
26-Jun	0	1	0
3-Jul	0	0	0
10-Jul	0	0	0
17-Jul	1	0	0
24-Jul	0	0	1
31-Jul	0	0	0
7-Aug	0	0	0
14-Aug	0	0	0
21-Aug	0	0	0
28-Aug	0	0	0
4-Sep	1	0	0
11-Sep	0	0	0
18-Sep	1	0	0
25-Sep	3	0	0
2-Oct	2	0	0
9-Oct	3	1	0
16-Oct	2	0	0
23-Oct	6	1	0
30-Oct	16	0	1
6-Nov	18	0	2
13-Nov	17	0	1
20-Nov	16	0	0
27-Nov	23	1	3
4-Dec	22	3	1
11-Dec	30	1	0
18-Dec	45	1	1
25-Dec	37	5	4

Continued overleaf

[8] Per ONS: Deaths at Home, in the Hospice, in other Communal Establishments and "Elsewhere"

Week Ending	Deaths		
	Hospital	Care Home	Other locations
2021			
01-Jan	48	6	8
08-Jan	39	5	5
15-Jan	56	10	8
22-Jan	42	10	8
29-Jan	29	7	3
5-Feb	20	3	2
12-Feb	14	1	3
19-Feb	13	2	1
26-Feb	9	2	0
5-Mar	4	1	1
12-Mar	8	0	0
19-Mar	1	1	0
26-Mar	3	1	0
2-Apr	0	1	0
9-Apr	1	0	0
16-Apr	0	0	0
23-Apr	0	0	0
30-Apr	0	0	0
7-May	0	0	0
14-May	0	0	0
21-May	0	0	0
28-May	0	1	0
4-Jun	0	0	0
11-Jun	0	0	0
18-Jun	0	0	0
25-Jun	0	0	0
2-Jul	1	0	0
9-Jul	0	0	0
16-Jul	0	0	0
23-Jul	1	0	0

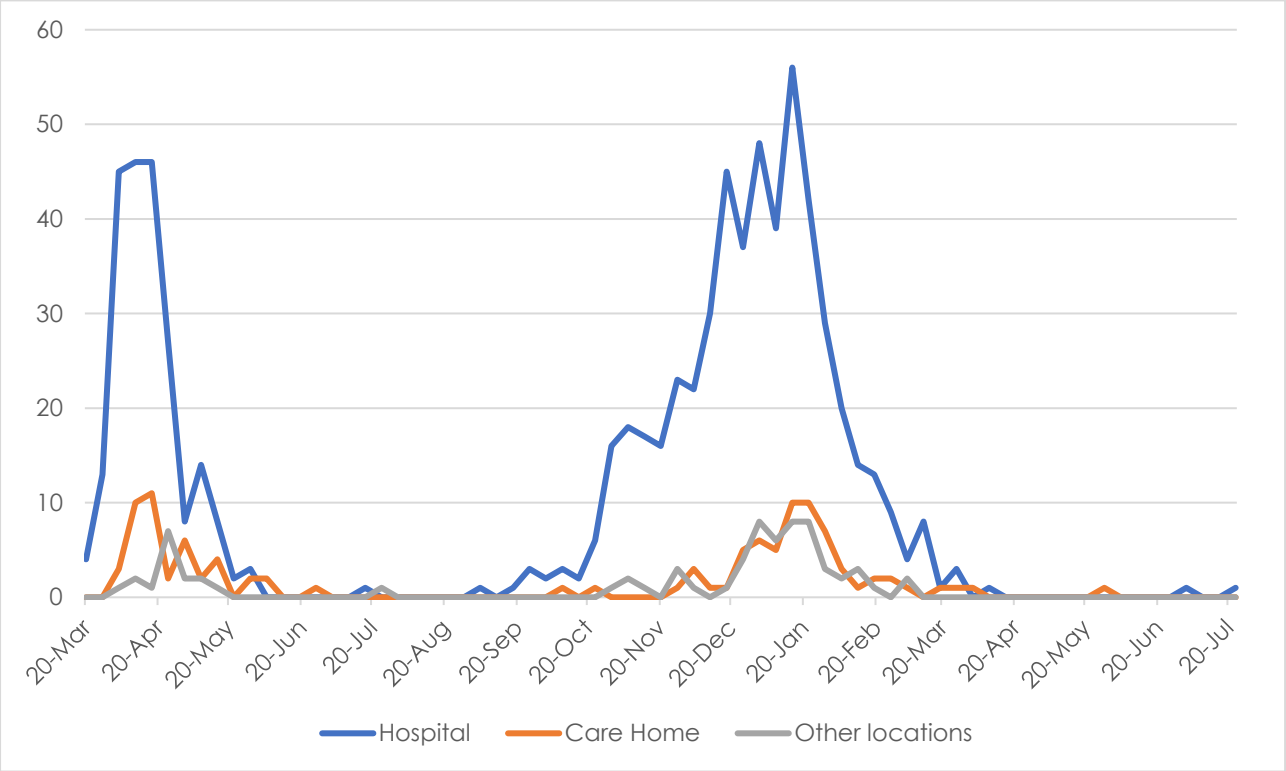
Key: No deaths = 1-9 deaths = 10-19 = 20 or more =

Inevitably, the greatest number of deaths occurred in hospital, with peaks at the outset of the pandemic in April 2020 and again at the height of the second wave in December 2020 and January 2021. In both peak periods, the number of deaths was related to the level of infection in the community; however, although the number of infections rose again from June 2021 (and significantly during the couple of weeks before 19 July), the number of deaths remained very low, with just 2 in the same period. It was also noteworthy that the number of deaths in care homes was much lower – in only four of the 71 weeks under review, did the number of deaths reach 10 or (for one week) 11. Deaths outside hospital

or a care home setting never reached more than 8 per week (in the second wave). In 22 weeks, no deaths in which Covid featured were recorded at all.

The chart below shows the weekly death rate data for Havering over the period in question:

Chart 2



Rates of infection (per 100,000 population)

For comparison purposes, the rate of infection per 100,000 of an area's population is taken. Absolute numbers per area are of no use, as the populations of each area vary so widely, and it would therefore be pointless to compare the actual numbers of infections – areas with a relatively low population but a high number of infections would simply appear more heavily infected.

The table that follows shows the weekly rates of infection per 100,000 in Havering, the whole of London and all England; also shown is the rate of infections per 100,000 for the area that had the highest rate of infection in the country that week, and the identity of that area[9].

Table 2

Date [10]	Havering	London	England	Most infected (MI)	Name of MI area (and region)
2020					
03-Jul	2.7	2.6	6.0	111.2	Leicester (East Midlands)
17-Jul	5.0	3.6	6.3	114.6	Leicester (East Midlands)
24-Jul	7.3	4.4	6.8	58.7	Leicester (East Midlands)
31-Jul	4.6	5.4	7.5	70.8	Blackburn with Darwen (North West)
07-Aug	6.2	6.2	8.3	78.0	Oldham (North West)
28-Aug	14.3	11.6	11.7	71.7	Pendle (North West)
04-Sep	20.8	14.9	17.0	50.6	Oldham (North West)
11-Sep	31.2	20.6	26.7	170.4	Bolton (North West)
18-Sep	28.9	20.0	37.1	203.0	Bolton (North West)
25-Sep	42.4	33.9	56.6	231.6	Bolton (North West)
02-Oct	60.9	60.5	101.3	529.4	Manchester (North West)
09-Oct	86.7	91.5	153.9	918.3	Nottingham (East Midlands)
16-Oct	110.6	101.6	158.9	645.0	Knowsley (North West)
23-Oct	151.0	140.3	212.5	756.2	Blackburn with Darwen (North West)
30-Oct	193.0	144.0	225.0	729.0	Blackburn with Darwen (North West)
06-Nov	264.7	149.7	239.2	710.2	Oldham (North West)
13-Nov	342.9	191.5	270.3	754.0	Kingston-upon-Hull (Yorks. & The Humber)
20-Nov	354.1	176.6	214.7	528.4	Swale (South East)
27-Nov	273.5	151.9	155.8	553.0	Swale (South East)
04-Dec	361.0	181.5	148.9	599.7	Swale (South East)
11-Dec	582.9	291.9	192.1	690.3	Medway (South East)

Continued overleaf

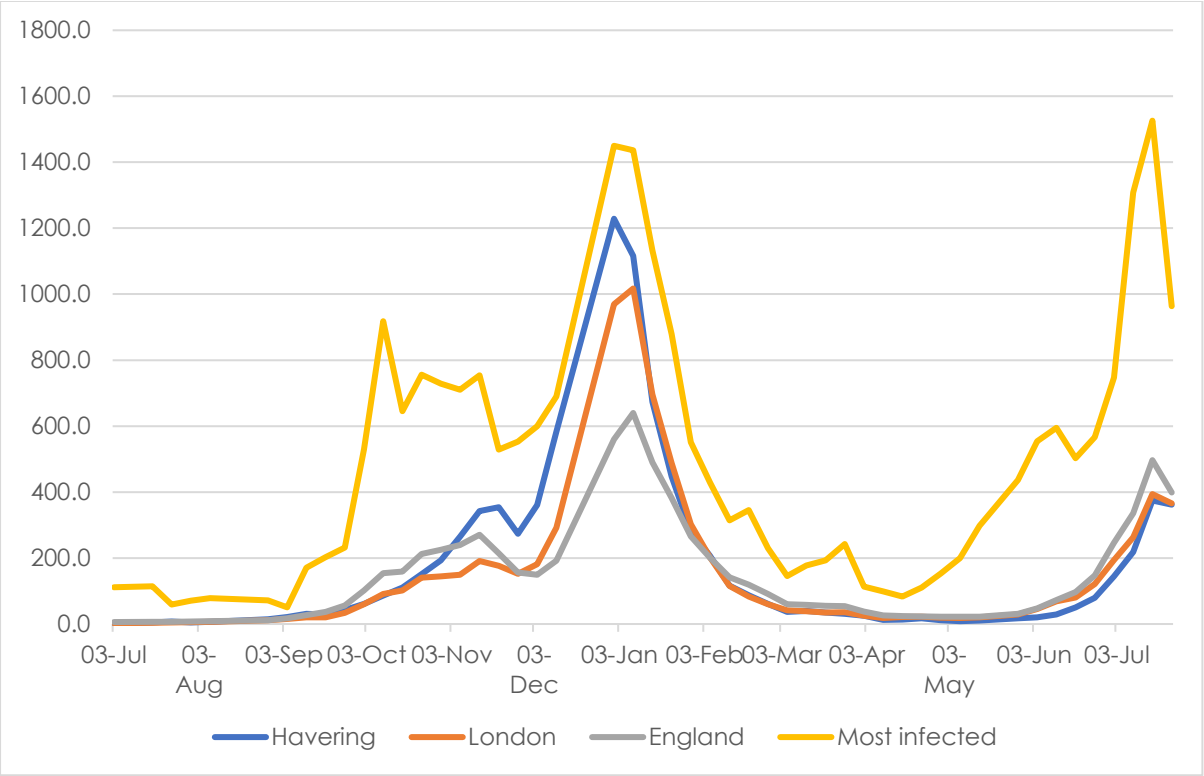
[9] From LBH website - https://www.havering.gov.uk/downloads/file/4038/coronavirus_in_havering

[10] Note: data for a few dates is missing but that makes no material difference

Date	Havering	London	England	Most infected (MI)	Name of MI area (and region)
2021					
01-Jan	1228.7	969.4	559.4	1450.0	Thurrock (East of England)
08-Jan	1115.8	1017.1	639.8	1436.3	Newham (London)
15-Jan	673.0	696.0	490.0	1132.0	Knowsley (North East)
22-Jan	447.7	488.5	382.2	878.9	Knowsley (North East)
29-Jan	282.0	302.4	265.8	551.5	Knowsley (North East)
05-Feb	206.9	202.1	200.5	429.3	Corby (East Midlands)
12-Feb	116.4	115.8	141.3	314.3	Corby (East Midlands)
19-Feb	87.0	83.0	119.0	345.0	Corby (East Midlands)
26-Feb	60.9	60.2	90.6	229.9	Corby (East Midlands)
05-Mar	36.6	41.5	60.4	145.8	Barnsley (Yorks. & The Humber)
12-Mar	39.3	38.9	58.2	177.1	Kingston-upon-Hull (Yorks. & The Humber)
19-Mar	35.1	34.6	55.1	193.2	Barnsley (Yorks. & The Humber)
26-Mar	31.2	35.8	54.1	242.3	Corby (East Midlands)
02-Apr	24.7	25.5	37.9	113.5	Doncaster (Yorks. & The Humber)
09-Apr	12.7	18.3	26.3	98.8	Mansfield (East Midlands)
16-Apr	13.1	21.2	24.1	83.5	Luton (East of England)
23-Apr	17.7	22.3	23.6	110.4	Selby (Yorks. & The Humber)
30-Apr	11.9	19.5	22.4	153.0	Hyndburn (North West)
07-May	8.9	18.5	21.7	199.4	Erewash (East Midlands)
14-May	10.8	20.1	22.3	297.7	Bolton (North West)
28-May	17.0	28.5	30.6	436.2	Blackburn with Darwen (North West)
04-Jun	20.4	45.7	47.1	554.5	Blackburn with Darwen (North West)
11-Jun	28.9	68.3	72.4	594.5	Blackburn with Darwen (North West)
18-Jun	50.5	80.8	96.9	503.0	Blackburn with Darwen (North West)
25-Jun	79.8	121.4	147.5	566.4	Hyndburn (North West)
02-Jul	144.1	193.8	246.1	747.1	Tamworth (West Midlands)
09-Jul	218.4	262.5	335.2	1308.2	South Tyneside (North East)
16-Jul	374.5	394.3	496.8	1526.8	Redcar & Cleveland (Yorks. & The Humber)
23-Jul	361.8	365.4	399.0	963.2	Redcar & Cleveland (Yorks. & The Humber)

The following chart brings the data in the table into a single illustration.

Chart 3



Although there were times when Havering's infection rate exceeded those of both London as a whole and England, for most of the period Havering's rate was broadly aligned with them.

The "most infected" areas varied from week to week as the course of the pandemic ebbed and flowed; the majority were in the Midlands or Northern England, although for a time that dubious distinction was shared by areas in Kent (Swale and Medway) and on one occasion each by near neighbours of Havering, Thurrock and Newham.

It is noteworthy that the third wave that began in June 2021 peaked sooner than the second wave in December 2020/January 2021; although the most infected area in the third wave had a higher rate than in the second wave, the rates for Havering, London and England were considerably lower than both the most infected area of that wave and their own rates in the second wave. Evidence available at the time of writing suggested that the third wave was receding.

The following map sets illustrate:

- The spread of infection in England (per 100,000 population)
- The spread of infection in London (per 100,000 population)
- The rate of deaths in London (per 100,000 population)

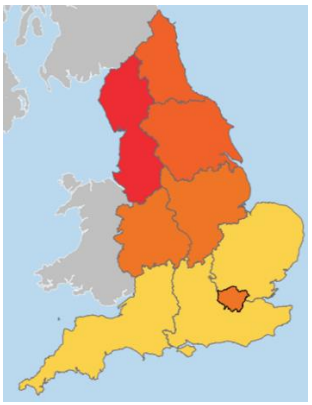
over the period from 26 October 2020 [11] until 18 July 2021. The precise definitions of the colour ranges vary from week to week, so the maps are not directly comparable with one another. In general, however, green indicates a low level of infection/death, rising through olive to yellow, then orange, with red indicating the highest level of infection/death. Again, rates of infection (and deaths) are given based on per 100,000 population.

[11] **These maps were first included in the bulletins on 26 October. They had been produced by the LGA before then but were not used for the purposes of the bulletins.**

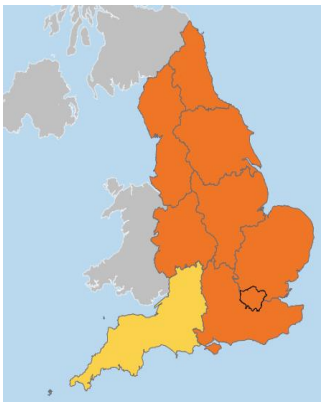
The spread of infection in England (per 100,000 population) [12]

The first three maps depict English regions, the remainder individual boroughs and districts.

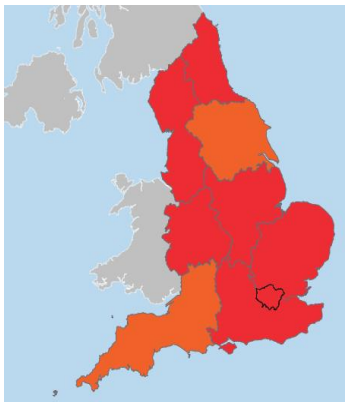
Map set 1



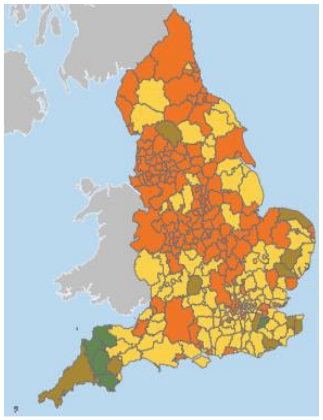
26 October 2020



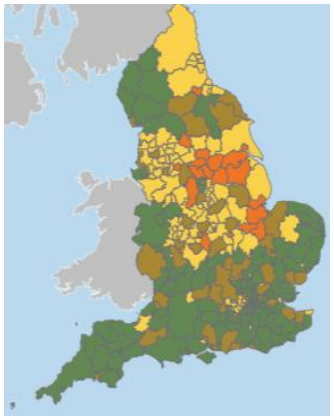
6 December 2020



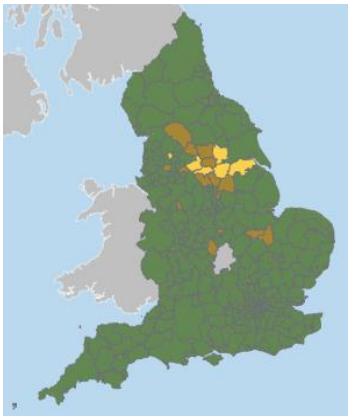
5 January 2021



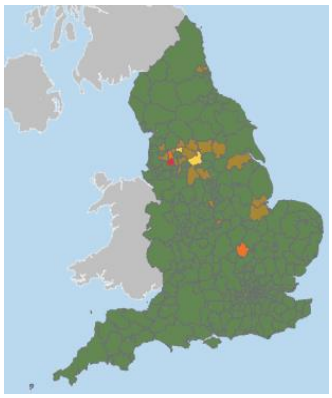
14 February 2021



21 March 2021



25 April 2021



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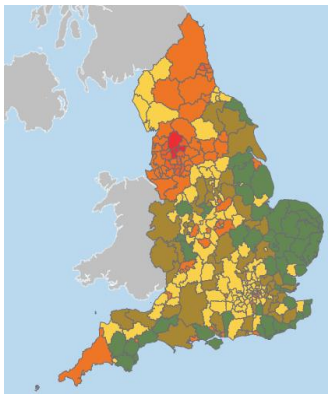
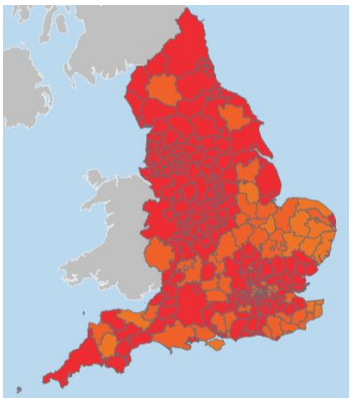


20 June 2021



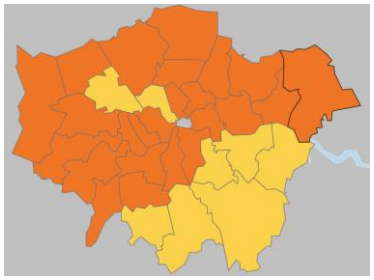
18 July 2021

The spread of infection in London (per 100,000 population)

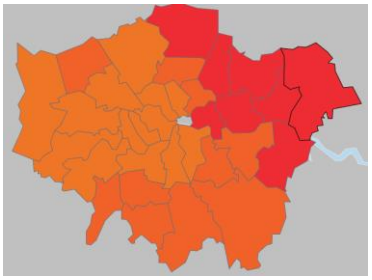
[12] This, and the following two map sets, are taken from LGA website - https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-Covid-rolling-weekly-tracker?mod-group=AllLaInRegion_London&mod-type=namedComparisonGroup

Note: In some weeks, data for Inner London was not available.

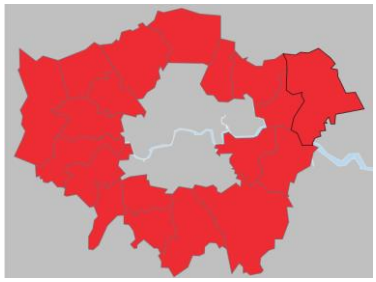
Map set 2



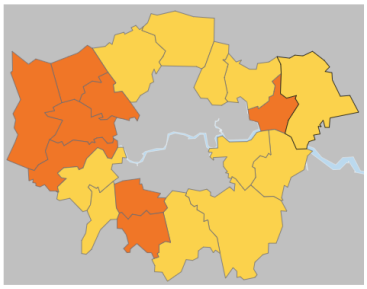
26 October 2020



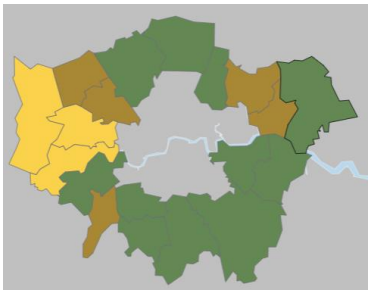
6 December 2020



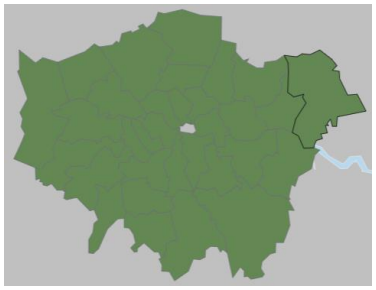
5 January 2021



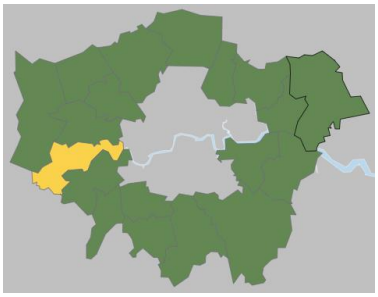
14 February 2021



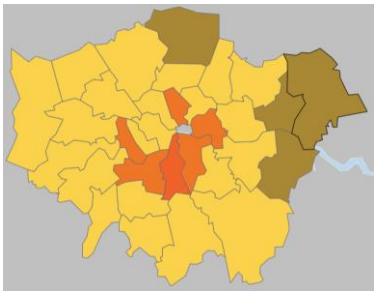
21 March 2021



25 April 2021



16 May 2021



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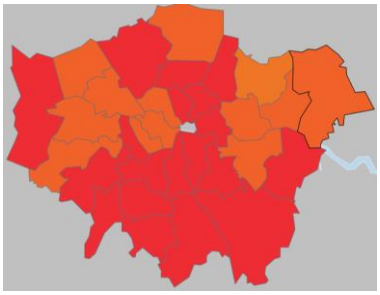
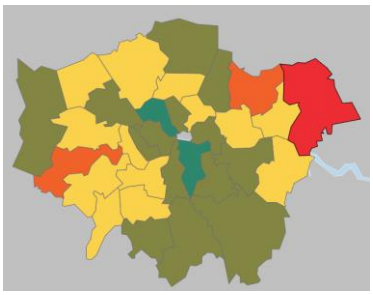


18 July 2021

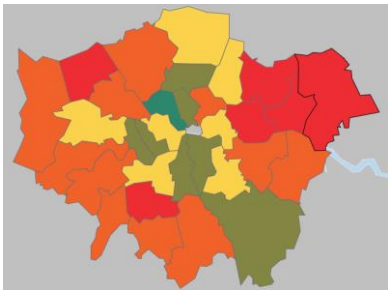
The rate of deaths from Covid in London (per 100,000 population)

Note: In some weeks, data for Inner London was not available.

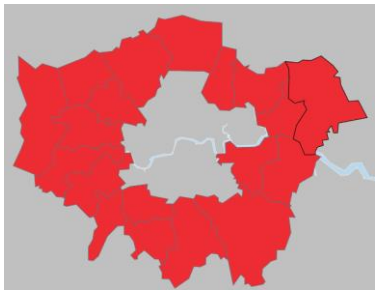
Map set 3



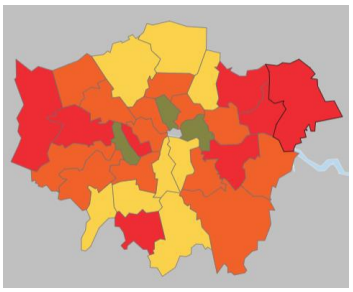
26 October 2020



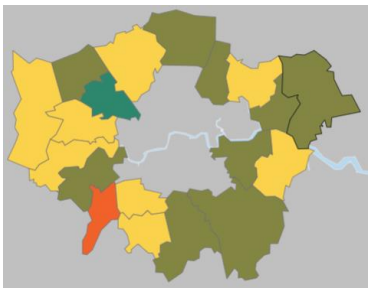
6 December 2020



5 January 2021



27 February 2021[13]



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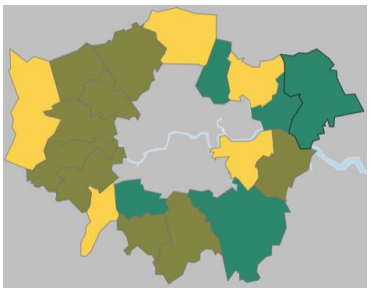

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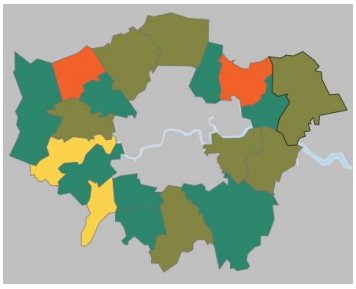

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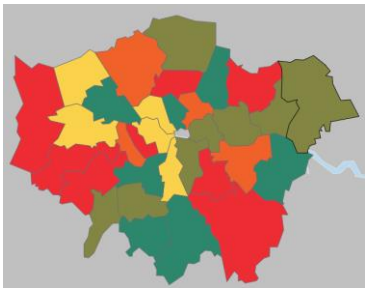

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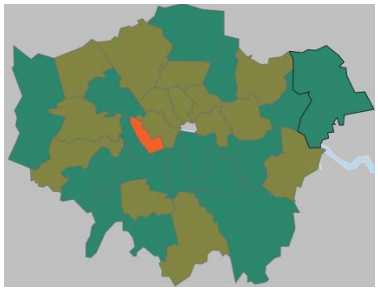


18 July 2021

[13] **Data for earlier in February was not available on a comparative basis for this Map set**

Treatment in hospital

Significant percentages of those who contracted Covid during the pandemic were admitted to hospital, primarily because of difficulty in breathing that went on in many cases to require supported ventilation. As the pandemic progressed, medical interventions became more successful in treating people and the rate of death progressively fell.

The population of Havering is served principally by two hospitals, both managed by BHRUT: Queen's Hospital, Romford and King George Hospital, Goodmayes (which is in the London Borough of Redbridge). These hospitals also serve the London Borough of Barking & Dagenham and the Boroughs of Brentwood and Epping Forest and take other patients from a wider hinterland of Essex and North East London. As noted earlier, BHRUT's published statistics combine figures for both hospitals and do not differentiate between residents of Havering and those from other areas.

It is nonetheless useful to include in this review some statistics relating to the treatment of Covid. Although BHRUT published details weekly, they were presented as "snapshots" of the position on Wednesday of each week rather than weekly. The following table shows the reported numbers of (a) Inpatients with confirmed Covid; (b) Inpatients newly diagnosed in the previous 24 hours and (c) the number of patients receiving critical care[14], starting in November 2020:

Table 3

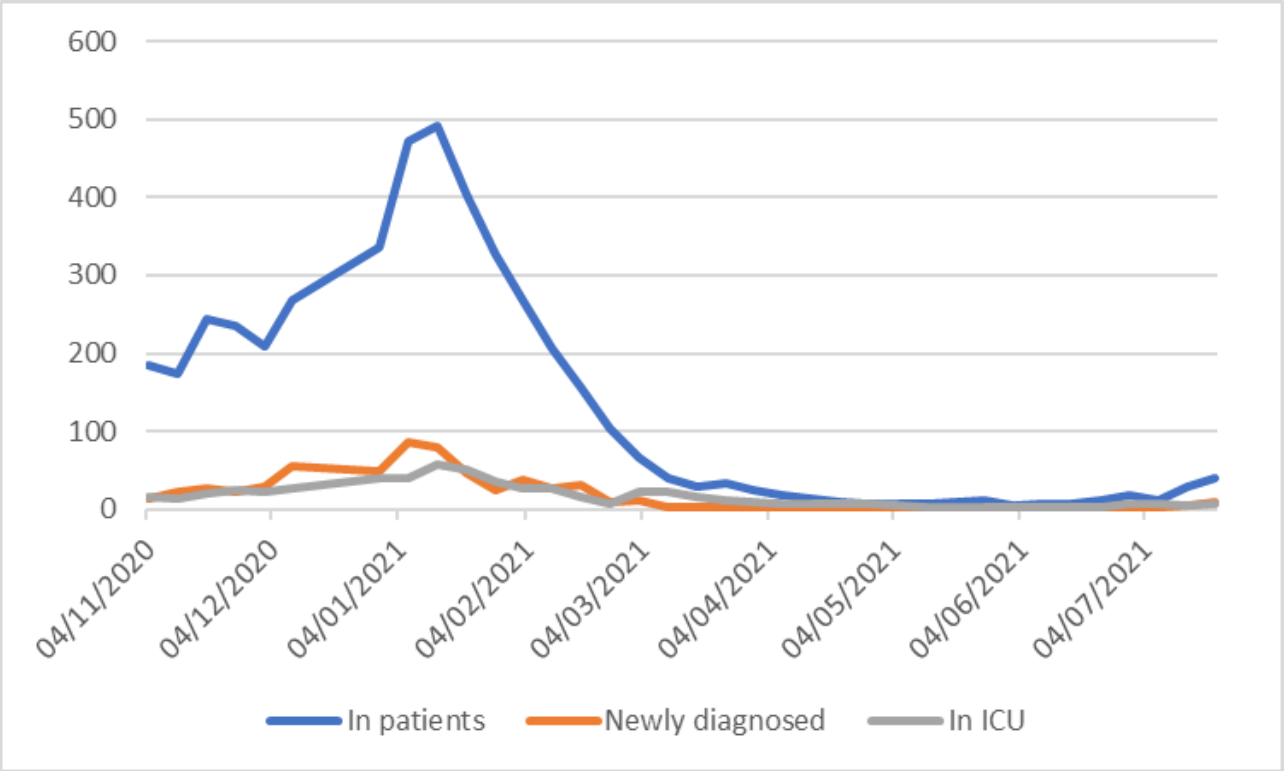
Date 2020	In patients	Newly diagnosed	In ICU
04-Nov	184	13	17
11-Nov	174	23	13
18-Nov	245	27	20
25-Nov	235	22	24
02-Dec	208	29	22
09-Dec	268	56	26
30-Dec	336	48	40

[14] Note: data for a few dates is missing but that makes no material difference; these statistics were first used in the bulletins from Wednesday 4 November 2020

Date 2021	In patients	Newly diagnosed	In ICU
06-Jan	471	86	41
13-Jan	492	79	57
20-Jan	404	46	51
27-Jan	327	25	36
03-Feb	269	39	27
10-Feb	206	27	28
17-Feb	156	31	17
24-Feb	103	9	8
03-Mar	66	12	23
10-Mar	41	2	23
17-Mar	29	4	17
24-Mar	33	3	12
31-Mar	24	4	10
07-Apr	19	1	8
14-Apr	13	1	8
21-Apr	9	1	7
28-Apr	8	0	7
05-May	7	1	6
12-May	7	0	4
26-May	11	0	3
02-Jun	5	0	3
09-Jun	7	1	2
16-Jun	8	0	3
23-Jun	12	2	4
30-Jun	18	2	7
07-Jul	11	2	8
14-Jul	29	6	5
21-Jul	41	9	7

The following chart brings the data in the table into a single illustration.

Chart 4



In the period to 21 July 2021, a total of 1,637 patients died in BHRUT hospitals having tested positive for Covid in the past 28 days but 5,084 patients had recovered and were discharged.

Vaccination rates

Havering's demographics are significantly different to those of other boroughs, both in North East London and in Greater London as whole. The borough has the highest proportion of people from a white ethnic background and the highest number of people aged over 50 of any of the London boroughs.

The take-up of Covid vaccination in Havering was significantly greater than elsewhere in both East London and Greater London but broadly in line with England as the following table[15] shows:

Table 4

Number and percentage of people vaccinated in London and England: 8 December to 25 July 2021

Vaccination 1st Dose

Age group	Havering		East London		London		England	
	Number	%	Number	%	Number	%	Number	%
18-24	12,100	58.5%	100,932	46.4%	456,252	49.0%	3,154,825	60.1%
25-29	10,492	57.5%	124,209	51.6%	548,828	54.3%	2,665,479	59.9%
30-34	12,605	61.2%	142,620	52.8%	601,240	54.5%	3,017,230	63.5%
35-39	14,045	68.2%	135,004	56.9%	578,178	57.7%	3,103,805	68.8%
40-44	13,925	75.0%	122,127	64.1%	553,224	63.8%	3,100,854	75.1%
45-49	13,905	80.8%	106,948	70.4%	510,659	70.0%	3,245,530	81.1%
50-54	15,721	86.3%	102,886	75.5%	503,535	75.1%	3,633,105	86.0%
55-59	15,827	88.7%	91,405	78.6%	461,077	78.2%	3,607,771	88.5%
60-64	13,946	89.9%	74,546	81.0%	370,997	80.7%	3,118,564	90.4%
65-69	11,195	91.2%	56,005	83.6%	284,810	83.2%	2,668,360	92.3%
70-74	11,640	93.1%	46,845	86.8%	252,500	86.3%	2,713,380	94.5%
75-79	8,380	94.1%	31,920	87.7%	177,951	87.5%	1,982,723	95.5%
80+	12,582	94.5%	46,343	87.7%	253,656	87.4%	2,654,459	95.3%
Total	**166,363**	**77.6%**	**1,181,790**	**63.5%**	**5,552,907**	**65.4%**	**38,666,085**	**78.2%**

Vaccination 2nd Dose

Age group	Havering		East London		London		England	
	Number	%	Number	%	Number	%	Number	%
18-24	3,674	17.8%	30,076	13.8%	144,065	15.5%	971,214	18.5%
25-29	4,215	23.1%	45,117	18.7%	211,878	21.0%	1,046,599	23.5%
30-34	6,146	29.9%	68,211	25.3%	303,272	27.5%	1,541,814	32.4%
35-39	9,368	45.5%	88,574	37.3%	394,344	39.3%	2,089,752	46.3%
40-44	11,407	61.5%	96,121	50.5%	452,368	52.2%	2,585,723	62.7%
45-49	12,528	72.8%	90,797	59.7%	447,093	61.3%	2,928,167	73.2%
50-54	15,018	82.4%	94,247	69.2%	465,488	69.4%	3,463,556	81.9%
55-59	15,255	85.5%	84,761	72.9%	429,499	72.8%	3,464,665	85.0%
60-64	13,537	87.3%	70,120	76.2%	351,198	76.4%	3,019,587	87.5%
65-69	10,949	89.2%	53,679	80.1%	274,052	80.1%	2,617,133	90.6%
70-74	11,502	92.0%	45,446	84.2%	245,422	83.9%	2,676,622	93.2%
75-79	8,284	93.0%	30,970	85.1%	173,143	85.2%	1,957,448	94.3%
80+	12,342	92.7%	44,691	84.5%	244,910	84.4%	2,600,002	93.4%
Total	**134,225**	**62.6%**	**842,810**	**45.3%**	**4,136,732**	**48.7%**	**30,962,282**	**62.6%**

[15] Taken from https://coronavirus.data.gov.uk/details/download via https://www.havering.gov.uk/download/downloads/id/4038/coronavirus_in_havering

Effect on the public

As noted earlier, the pandemic came upon an unsuspecting world in less than three months at the end of 2019 and the first months of 2020. By March of that year, it was clear that something was happening that few, if any, people understood but which had profound implications across the world. By and large, people accepted that it was a new circumstance, largely unprecedented, and that the response to it would have to evolve rather than come as a ready packed solution.

People understood and accepted that public services would be disrupted for an indefinite period; two lengthy periods of lockdown (including school closures) were ample evidence that it would take a long time for life to return to "normal".

In the NHS and social care services, many staff at all levels from care assistant to senior consultant were lost to the infection, particularly in the initial period while treatments for the disease were having to be devised from scratch by trial and error. That, and the need to ensure that services were not overwhelmed while preserving as many lives of those infected with Covid as possible, meant that many routine procedures had to be sacrificed – at the cost of great personal suffering for many of the patients whose courses of treatment were interrupted, often indefinitely – and that general practice was also interrupted.

Medical and other healthcare professionals found themselves having to provide care for Covid sufferers at the same time as dealing with the normal round of ailments and injuries that result from daily life. People were generally reluctant to be thought to be complaining or "making a fuss" when there were others whose circumstances were much worse than theirs.

But people did turn to the Healthwatch network, and to Healthwatch Havering, for advice and support in many ways. It soon became clear that, while some GP practices remained nearly fully operational, others

were effectively closed, open only for limited purposes[16,17]. Although there are 45 dental practices in Havering, a survey undertaken in November 2020[18] revealed that only four were actively accepting new NHS patients – and by the time of writing, their capacity to help had been exhausted and no practice in Havering appeared to be able to accept any new patient.

The response to the pandemic led to numerous changes in the way that patients interact with GPs and other healthcare professionals. Most practices rapidly introduced triaging techniques to screen patients so that only those requiring to be seen by a GP were referred to one – patients not requiring a GP were referred to other healthcare professionals, including pharmacists. GP consultations were carried out online rather than face-to-face and, in some cases, patients were asked to provide photographs of injuries or other external signs to aid diagnosis. Although this worked for most patients, it soon revealed patients who were digitally excluded, either through a lack of suitable equipment or connectivity, or their inability to use digital equipment (or both).

In many cases these changes in approach could have been better communicated to patients rather than imposed, often without notice or much (if any) explanation.

The concentration of hospital resources on dealing with Covid infections inevitably resulted in routine hospital treatments and procedures being curtailed. As a result, waiting lists grew enormously.

Healthwatch Havering became aware of many cases where the contact between the patient and the relevant healthcare professional was less than ideal and, in other circumstances, would have warranted formal complaints. Some of these cases are highlighted as case studies in the report on access to GP practices (see footnote 17 on page 18).

These dislocated services were accepted as an inevitable consequence of the pandemic, and mitigated by unprecedented support from central

[16] Review of Havering GP practices' websites, November 2020 – Healthwatch Havering

[17] Review of patients' access to Havering GP practices, May 2021 – Healthwatch Havering

[18] Dental Services in Havering, October 2020 – Healthwatch Havering

and local authorities and individual members of the public, to ensure for example that people who were required to shield themselves from the risk of infection by remaining at home at all times were able to receive deliveries of food and medicine, and that care homes were supplied with suitable personal protective equipment (PPE) for both staff and residents (PPE having been in very short supply at first as demand for it grew to extraordinary levels). As the risk from the pandemic now begins to subside – following the extraordinarily effective national vaccination programme – it will be important to ensure that the service disruptions that resulted from it are addressed and services return to normal, though that will take a little time.

Conclusions

It will doubtless be many years before definitive conclusions will be possible about the course of the pandemic. Could things have been differently handled? Should lockdown have been imposed more quickly? Should better arrangements have been made to secure personal protective equipment? Was the Test & Trace system fit for purpose?

It is not the purpose of this review to provide answers to those and the many other questions that could be posed – if, indeed, they can be answered at all.

Rather, the objective has been to present some relevant statistics in an easily understandable format to provide some indication of the course of the pandemic in Havering and its wider context in England as a whole.

Covid and care homes

As noted earlier, a major concern during much the pandemic was to protect the residents of care homes. Although, initially, care home residents who happened to be in hospital as the pandemic expanded were returned to their care home (if medically fit to be discharged) – with the result that Covid became prevalent in many homes - it later became a priority to keep residents safe, to the extent that face-to-face visits inside care homes by residents' relatives [19] were effectively prohibited until not long before 19 July.

Havering has one of the largest numbers of care home residents in London – around 1,400 beds are available – but the rate of deaths from Covid in them was lower than nationally – around 0.04%, against an average of 0.05% nationally.

This suggests that Havering's care homes collectively were able to provide greater levels of protection against Covid than others elsewhere. Indeed, only three care homes experienced more than 10 deaths (and two of those were participants in a scheme whereby care home residents

[19] After a period of near total isolation, care homes were able to arrange for relatives to see residents through windows, often using shelters known as "pods" – far from ideal but much better than no contact at all

were temporarily placed in isolation following discharge from hospital), 10 homes had only one death and 15 homes did not experience any deaths at all[20].

Havering Council, in conjunction with the (then) Havering CCG, NELFT and BHRUT, established a scheme for ensuring that care home resident patients discharged from hospital could be placed in an intermediate care home, where special arrangements were made for minimising the risk of spreading any possible Covid infection before they returned to their original care home. This scheme certainly contributed to the relatively lower level of mortality among care home residents.

Covid and disabled people

Healthwatch Havering participated in a survey carried out on behalf of NHS North East London by the eight Healthwatch organisations in North East London that sought to ascertain how disabled people had been affected by the Covid pandemic[21].

The survey found that although 41% of respondents had used the internet to stay informed about Covid, another 32% were digitally excluded and had to rely on other means of communication and 15% were unable to access written information, perhaps because of sight impairment or learning disability or a preference for oral communication for cultural reasons. Yet the effect of lockdown was to severely restrict means of communication other than the internet. Havering respondents told the survey:

- "There should be more use of telephone access for enquiries, as people wish to speak to a person. Being vision impaired, websites and social media platforms are not easy to access and use. Older people have enough to deal with their sight loss and don't want a battle to find information."

20 https://app.powerbi.com/view?r=eyJrIjoiOGE1YTZlODItYzA2Ni00MmUxLTkyZjQtYjk3OTg0ZmYwMTIyIiwidCI6ImE1NWRjYWI4LWNlNjYtNDVlYS1hYjNmLTY1YmMyYjA3YjVkMyJ9

21 **Because we all care: Voices of disabled residents and Covid 19 – Healthwatch North East London, July 2021**

- “The accessible information standard is not being applied in many health settings. Despite filling a form in at my GP surgery they had no record of my preferred format and kept sending me letters which I cannot read.”
- “My consultant was aware of my deafness but still contacted me via TELEPHONE on the day of my appointment (was only notified of switch to telephone a few days prior) - no consideration for Accessible Information Standards and no response to the email I had sent that morning to advise and explain the situation.”
- “Appointments are either being cancelled at the last minute, or changed to a telephone appointment; my mum, who is my carer, has to deal with it. Some appointment would be good to keep as telephone, but vagus nerve stimulation clinic and dental must be face to face. I was also referred to the Eye Clinic at Queen's Hospital, and my appointment was then changed to telephone, which was useless.”

Lockdown also highlighted the problems faced by disabled people in getting their existing conditions attended to – the (inevitable and understandable) refocussing of most the NHS on Covid had a serious deleterious effect on the health and wellbeing of many people but especially on disabled people. At the time of writing, the indications were that recovery would take a long time as the NHS struggled to deal with ever-lengthening waiting lists in numerous medical disciplines.

The survey outcome suggests that disabled people were more adversely affected by the pandemic than were the elderly (especially those who resided in care homes).

Variations: National, and in London

One of the surprising features of the course of the pandemic in England has been the great variation in infection and death rates both nationally and within London over the period under review. Clearly many variable factors play into the spread of a pandemic and how it recedes, and the numbers and locations support the view that there is no easy explanation. The data in Table 1 and illustrated in Map sets 1 and 2 confirms that.

Nationally, at one point or another, most English Regions found themselves with the most infected areas (MIA); only the South West of England was, relatively, unscathed with no MIA at any time. That said, both Greater London and the West Midlands contained the MIA only once each, and the East of England twice. The North East and South East both contained the MIA on four occasions each but the northern regions of Yorkshire and the Humber (8), East Midlands (11) and North West (19) seem to have been affected disproportionately. It would be easy to assert that the latter three areas are unduly deprived or disadvantaged economically, and/or more densely populated, especially when compared to London and the South East, but those characteristics are also shared by the North East, and to a lesser extent, the East of England, which are among the areas less affected by infection.

In London, Havering found itself either the most affected[22] borough or one of several most affected boroughs on several occasions, sharing that distinction with its neighbours Redbridge and Barking & Dagenham on a few occasions. Again, there is no obvious reason for that – Havering has a larger proportion of elderly people than other parts of London but is much less densely populated (even allowing for the fact that about 50% of the borough is in the green belt and therefore sparsely populated)

It is worth noting that there has been no obvious reason why Havering (or its neighbours, Barking & Dagenham and Redbridge) should have experienced higher rates of infection or deaths than other parts of London. Havering is not as densely populated as other parts of London and its demographics are different from most boroughs, and although it does have a larger elderly population than any other part of London, their levels of deprivation tend to be lower than elsewhere.

Vaccination

The vaccination programme has been much more successful in Havering than in either the other boroughs of East London or Greater London as a

[22] **In terms of both numbers of residents infected, and people dying of Covid.**

whole, although it is broadly in line with the whole of England. As with rates of infection and deaths, there is no obvious explanation for the greater take up of vaccination in Havering beyond observing that the demographics of the borough are closer to those of England generally than other parts of London.

The future

It is clear at the time of writing that the pandemic has far from run its course. The rise in infections that began in May, however, appeared to have peaked in mid-July and by early August had fallen appreciably – Havering's rate fell from 375/100,000 to 255/100,000 between 16 and 30 July[23] – and, more significantly (unlike in the earlier stages of the pandemic), there was so far no discernible link between the rate of infections and the rate of deaths.

On July 19, most restrictions on personal behaviour imposed to defeat the pandemic in England were lifted (other parts of the UK worked to slightly different parameters), with the remaining restrictions likely to be lifted over the coming weeks.

The vaccination programme had been relatively successful, and most cases of people hospitalised with Covid infection appeared to be of those who had not been vaccinated. Although there was no room for complacency – the risk of infection remained (even for those vaccinated) – experience suggested that once a pandemic had passed its peak, it became endemic, a factor in daily living but posing a relatively low risk. No one knows when – or indeed, if – the Covid pandemic would do the same, but it seems more likely than not that it will.

[23] The national rate for Most Infected Area similarly fell from 1527/100,00 in Redcar & Cleveland on 16 July to 717/100,000 in Lincoln on 30 July

Acknowledgements

This review would not have been feasible without the work of a vast number of people, most of whom are unlikely ever to read it!

Nonetheless, it is entirely appropriate to record thanks to them:

- The million plus employees of the NHS, who bore the brunt of the fight against Covid
- The supremely dedicated managements and staff of care homes, nursing homes and domiciliary care agencies who have supported those unable to care for themselves throughout the pandemic
- The Registrars of Births, Marriages and Deaths, and their staffs, who had to deal with numerous bereaved families registering untimely deaths that resulted from the pandemic and who contributed to the statistics produced weekly by the ONS
- The staff of the ONS who analysed the Registrars' returns and compiled the weekly statistics with unerring accuracy
- The staff of the Local Government Association who analysed ONS and other statistics to produce, almost daily, the statistics and maps referred to in the text of this review showing the spread of the disease, almost in real time
- The compilers of other statistics referred to
- And the membership of Healthwatch Havering, whose interest and concern for the spread of the disease prompted the bulletins without which this review would not have been possible

Participation in Healthwatch Havering

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

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

We are looking for:

Members

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

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

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

Friends Network

Participation in the Healthwatch Havering Friends Network is open to every citizen and organisation that lives or operates within the London Borough of Havering. The Friends Network enables its members to be kept informed of developments in the health and social care system in Havering, to find out about Healthwatch activities and to participate in surveys and events

Interested? Want to know more?

Call us on **01708 303 300**

email **enquiries@healthwatchhavering.co.uk**

To join the Healthwatch Havering Friends Network,
click here or contact us as above

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