MINUTES OF A MEETING OF THE
PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE
Council Chamber - Town Hall
21 September 2022 (7.00 - 9.30 pm)

Present:

COUNCILLORS

Conservative Group	Joshua Chapman, Jason Frost (Chairman), Christine Smith and David Taylor
Havering Residents' Group	Laurance Garrard, Linda Hawthorn, Bryan Vincent and Julie Wilkes
Labour Group	Pat Brown and Frankie Walker (Vice-Chair)

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

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

Apologies were received from Councillors Ray Best and Darren Wise (present via videoconference). Apologies were also received from co-opted Members Jack How, Julie Lamb and Ian Rusha.

2 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

3 **MINUTES**

The minutes of the meeting held on 20 July 2022 were agreed as a correct record and signed by the Chairman.

4 **PERFORMANCE INFORMATION INCLUDING HEALTH INEQUALITIES**

Officers representing the BHRUT Acute Trust advised that the post-pandemic period had seen a large rise in requests for healthcare. BHRUT was only meeting its constitutional standards to treat people within 18 weeks of referral on around 60% of occasions. On cancer performance, the Trust was exceeding national targets with around 87% of patients receiving treatment within 62 days of referral.

Work was ongoing to reduce waiting lists and to lower waits for MRI and CT scans. The Trust was investing £15m in a new diagnostic centre in Barking to address this. This would not be live for at least a year and further updates could be provided. Details of engagement with the public on these proposals could also be provided. Super clinics had also been run to improve patient volume in certain specialities. Measures to address workforce pressures included improved training for staff and cost of living support such as vouchers for staff and access to school uniforms.

The Trust Executive Team was seeking to keep a focus on areas identified by the Care Quality Commission. There had been a rise in urgent cancer referrals although it was still hoped to meet cancer targets over the next six months. It was agreed that an update on progress with meeting cancer targets should be given to the Sub-Committee in approximately six months.

It was not felt that the current level of vacancies would impact on the Trust's ability to deliver the 18 week treatment target. It was hoped this target could be met by early 2024 although cancer targets would be met sooner.

Recruitment and retention issues were not just limited to A & E with many clinicians choosing to live outside London. The Trust was keen to offer its staff career progression across the whole economy. It would be checked if there were currently opportunities for Trust staff to work with the Council.

Regarding the recently publicised computer error at the Trust, a lot of referrals due to be seen during the pandemic had been held off until after that period. A scripting error had however taken patients off the waiting list after 6 months. The affected patients were now being seen as a priority.

The waiting times issues were not unique to London but officers accepted there was a backlog of long waiting patients at BHRUT and Barts Health. There was a commitment to address this issue across the NHS.

The super clinics were mainly carried out at weekends and it was planned to manage care differently based on the learning from these events. These would not continue indefinitely and there was a need to decide about NHS weekend treatment nationally. An update could be given on the numbers of staff involved in super clinics.

More private sector support was used by the NHS during the pandemic. Other NHS providers were now more commonly used with e.g. Moorfields giving support to the ophthalmology department. At King George Hospital, a Care UK unit continued to provide support for day surgery.

The Sub-Committee noted the position and requested the updates on issues as outlined above.

5 ST GEORGE'S HEALTH AND WELLBEING HUB PROJECT

The new health facility at the St George's site would support Queen's in areas such as early diagnostics and minor surgery. The impact of events such as the war in Ukraine meant the cost of the project had risen from £27m to £37m. The capital funding for the project had however been covered by the Integrated Care System for North East London.

A decision from the Department of Health on the project business case was expected on 14 November. Work had already started on the site with a completion date of March 2024.

The new facility would allow staff to work at the site for different providers which would be attractive to staff, allowing them to learn different skills. Issues with access to parking at the site had now been resolved.

The Sub-Committee noted the update.

6 COMMUNITY PHLEBOTOMY UPDATE

The Deputy Director of Planned Care at the North East London Integrated Care Board explained that the delivery of phlebotomy had been changed by the Covid-19 pandemic. Work on a new model of phlebotomy had recommenced following the pandemic.

A pilot to test the provision of phlebotomy at weekends had taken place at 22 sites across the three local boroughs. The pilot had produced very high levels (in excess of 95%) of patient satisfaction. 98.3% of over 65s had reported it was easy to get an appointment.

The service would be provided by NELFT and the business case for the permanent model had now passed the first stage. An offer had been made to primary care to deliver blood tests. A number of local GP surgeries had taken this up. Children's phlebotomy was carried out via BHRUT. Guidance on the process for this was available. The children's pathway was dependent on the confidence of the phlebotomist to carry out the procedure. There were separate phlebotomy streams at BHRUT for children under 7 and aged 7-12.

The Sub-Committee noted the position.

7 HEALTH ISSUES UPDATE

The Long Covid clinic at BHRUT had received coverage in the national and international news. Access to the Long Covid service was best in Havering although there were lower levels of referrals to therapeutics. A team and

learning approach was adopted in the Trust's approach to treating Long Covid.

On the issue of enhanced access to primary care, an increase would be implemented from October 2022 to 60 minutes worth of appointments being available per 1,000 patients. One GP surgery in each primary care network would be required to offer appointments 6.30 – 8.30 pm on weekday evenings as well as 9 am – 5pm on Saturdays. This would be in addition to the existing GP hubs.

The new service was based on 28,000 patients responding to a survey. On line booking of most GP appointments was not available yet – this was a national issue. It was noted that enhanced access in the Crest Primary Care Network would commence at the Rush Green Medical Centre but that this may move to Raphael House. Bookings would be able to be made either on the day or up to two weeks in advance. Patients would be seen by a multi-disciplinary team.

The existing GP access hubs would continue until March 2023 at which point the service would be reviewed. A Member raised the older demographic of residents in the east of Havering but officers explained that a hub had been established in the south of the borough to be a facility for the under-served areas in South Hornchurch and Rainham. It was necessary to take a realistic view with such facilities and this could be addressed over time.

It was accepted that there was understaffing in Havering for GPs, GP nurses and Health Care Assistants. A scheme to attract GPs who wished to further their areas of interest had proved successful and it was aimed to increase the number of GPs and GP nurses in Havering by 2025. Better staff training and development was also being introduced to improve retention of staff.

Local work was looking at upskilling existing staff to e.g. assist with the vaccination programme and offer more opportunities for work experience across the borough. The enhanced access to primary care model could be assisted by bank doctors if there were staffing issues. Bank nursing could also be used to provide out of hours primary care cover.

The Council's Director of Public Health advised that health inequalities referred to unfair, avoidable or systematic differences in health outcomes. This was also impacted by wider determinants of health such as smoking rates, income levels, housing and access to and the quality of health & care services. Other factors included ethnicity, gender and the location in which people lived.

Inequalities assessments were carried out but it was felt that Members could scrutinise this area as they had a collective responsibility to ensure decisions were robust. The inclusion of health & sustainability comments in reports of Council Executive Decisions was currently being considered.

Life expectancy in Havering was very similar to the national average. There was however a seven year difference in life expectancies in Havering, depending on deprivation levels. It was difficult to quantify life expectancy by ethnicity as ethnicity had only recently begun to be recorded on death certificates. A national analysis of life expectancy by ethnicity could be shared. Members felt this was increasingly important given the borough's changing demographics. Perhaps health messages could be given directly to faith groups.

The Director of Public Health felt that community engagement had improved during the pandemic. Members agreed but felt that data could be used to target interventions. For example the poor life expectancy in Harold Hill could be investigated.

Other inequalities issues included still births, low birth rates and levels of childhood obesity. There were also inequalities in health care with for example lower participation in cancer screening in some communities. Uptake of immunisations such as the Covid-19 vaccine also varied across communities. Mortality rates during the pandemic had varied across Groups.

The Marmot review had been undertaken on health inequalities but this had focussed on poverty issues rather than healthcare. The NHS had plans to tackle health inequalities and it was emphasised that some Havering communities were in the 20% most deprived in the UK.

A Member felt that the Council should have a consistent assessment mechanism for health inequalities. Data from the 2021 census was awaited and this was likely to have an impact on the Equalities Impact Assessment used at the Council. This would lead to policies that, whilst improving health for everyone, would bring the most improvement for the most deprived.

Members felt that health equalities issues to be considered included future policies to enhance health in the Romford and Harold Hill areas. Granular local data on health inequalities could be brought to a future meeting of the Sub-Committee. An update on the health inequalities position in the Romford area could also be given.

_____

Chairman

People Overview & Scrutiny Sub Committee, 21 September 2022