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Havering
LONDON BOROUGH

PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE (HEALTH SCRUTINY) AGENDA

7.00 pm	Wednesday 21 September 2022	Council Chamber - Town Hall

Members 12: Quorum 4

COUNCILLORS:

Ray Best	Laurance Garrard	Bryan Vincent
Patricia Brown	Linda Hawthorn	Frankie Walker (Vice-Chair)
Joshua Chapman	Christine Smith	Julie Wilkes
Jason Frost (Chairman)	David Taylor	Darren Wise

CO-OPTED MEMBERS:	**Statutory Members representing the Churches**	**Statutory Members representing parent governors**
	Jack How (Roman Catholic Church)	Julie Lamb, Special Schools

Non-voting members representing local teacher unions and professional associations:
Ian Rusha

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

Under the Committee Procedure Rules within the Council's Constitution the Chairman of the meeting may exercise the powers conferred upon the Mayor in relation to the conduct of full Council meetings. As such, should any member of the public interrupt proceedings, the Chairman will warn the person concerned. If they continue to interrupt, the Chairman will order their removal from the meeting room and may adjourn the meeting while this takes place.

Excessive noise and talking should also be kept to a minimum whilst the meeting is in progress in order that the scheduled business may proceed as planned.

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.

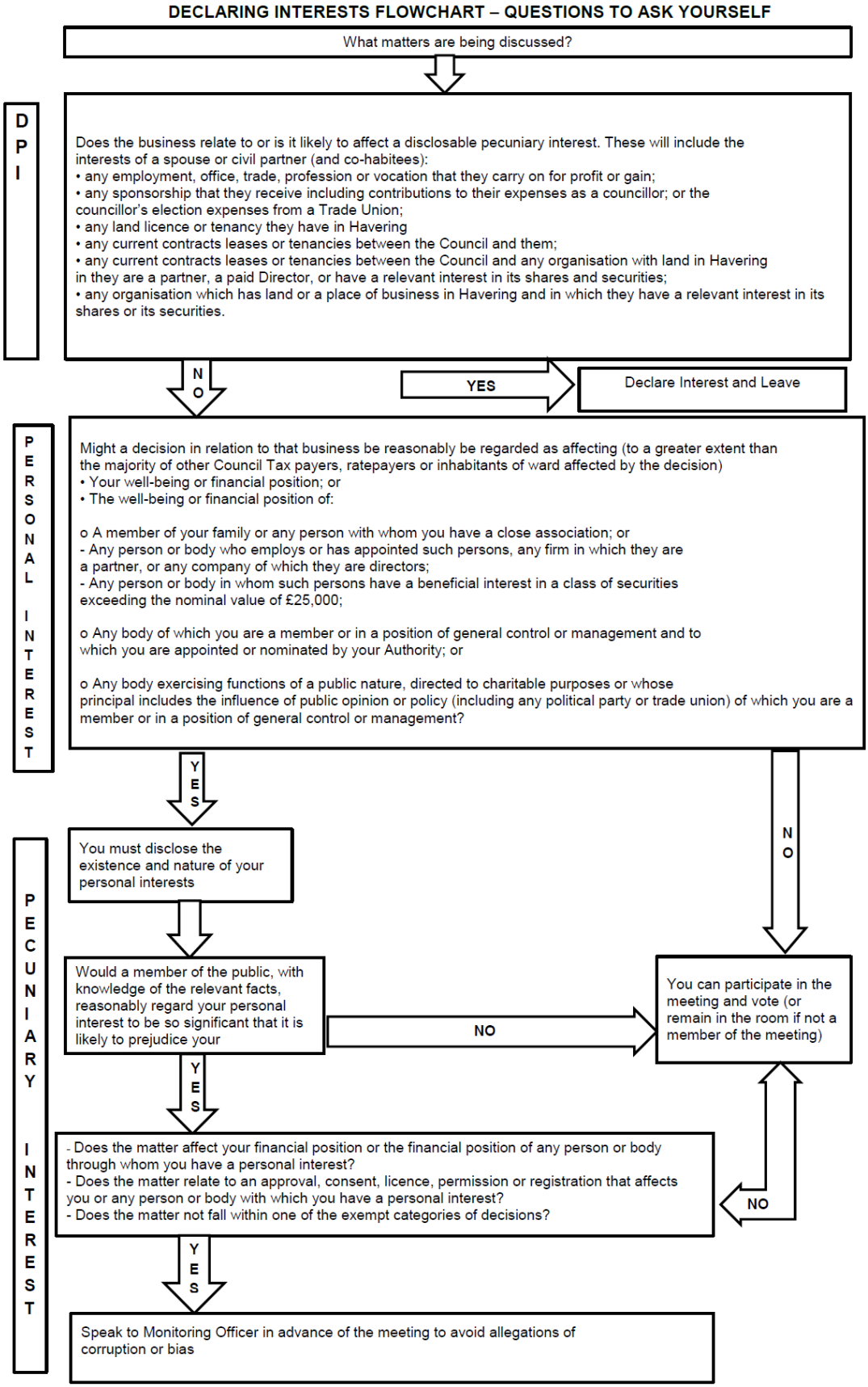
Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert 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

The areas scrutinised by the Committee are:

- Drug, Alcohol & sexual Services
- Health & Wellbeing
- Health O & Scrutiny
- Adult Care
- Learning and Physical Disabilities
- Employment & Skills
- Education
- Child Protection
- Youth Services

- Fostering & Adoption Services
- Education Traded Services
- Early Years Services
- Looked after Children
- Media
- Communications
- Advertising
- Corporate Events
- Bereavement & Registration Services
- Crime & Disorder


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 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

To receive apologies (if any).

2 DISCLOSURE OF INTERESTS

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

3 CHAIRMAN'S ANNOUNCEMENTS

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

4 MINUTES (Pages 1 - 4)

To approve as a correct record the Minutes of the meetings of the Committee held on 20 July 2022 and to authorise the Chairman to sign them.

5 PERFORMANCE INFORMATION INCLUDING HEALTH INEQUALITIES (Pages 5 - 6)

Report attached.

6 ST GEORGE'S HEALTH AND WELLBEING HUB PROJECT (Pages 7 - 12)

Report attached.

7 COMMUNITY PHLEBOTOMY UPDATE (Pages 13 - 22)

Report attached.

8 HEALTH ISSUES UPDATE (Pages 23 - 48)

Report attached.

Zena Smith
Democratic and Election Services Manager

MINUTES OF A MEETING OF THE
PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE
Council Chamber - Town Hall
20 July 2022 (7.00 - 9.13 pm)

Present:

COUNCILLORS

Conservative Group	Ray Best, Joshua Chapman, Jason Frost, Christine Smith and David Taylor
Havering Residents' Group	Laurance Garrard and Linda Hawthorn
Labour Group	Patricia 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.

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

Apologies were received from Councillor Julie Wilkes, Darren Wise and Bryan Vincent.

Councillor Julie Wilkes was present virtually via Zoom.

7 **DISCLOSURE OF INTERESTS**

6. HEALTHWATCH HAVERING - EXPERIENCE OF POST-COVID 19 REPORT.
Councillor Frankie Walker, Personal, Works for a chairty supporting cancer patients and their families.

8 **MINUTES**

The minutes of the meeting held on 11 November 2021 were agreed as a correct record and signed by the Chairman.

9 **INTEGRATED CARE SYSTEM**

NHS officers presented to Members information on the new Integrated Care System (rolled out in July 2022) and associated local NHS structures.

It was explained that an important recent change to local health services had been the replacement of the local Clinical Commissioning Group with an Integrated Care Board (known as NHS North East London). This was part of the establishment of a wider Integrated Care System covering both Havering and the wider North East London area. The new structure would be fully implemented in November 2022 and a briefing note would be sent to the Sub-Committee Members in due course.

NHS Officers gave details of this important change to NHS arrangements and Members were asked to consider the implications of these changes on the scrutiny work programme. Officers would also supply details regarding the lack of GPs in the south of Havering.

The Sub-Committee **noted** the report and would scrutinise the information presented whilst considering the actions it wished to take in response.

10 HEALTHWATCH HAVERING - ANNUAL REPORT

The Health Watch (HW) annual report was presented to the Sub-Committee.

It was explained that HW had the powers to visit care home facilities, GP practices and hospitals. They were funded by the government and the recent NHS changes had led to changes in the way HW worked.

Inclusivity continued to be a priority. HW reported to various bodies including HWBB, ICB, and ICP etc. and would be active at all levels. Their function was to identify things that were not working and then make recommendations. However, they did not deal directly with complaints and advised people where to take their complaints.

Reviews of health facilities were due to re-commence in the Autumn and would be reported back to the Committee thereafter.

Digital inclusion/exclusion was recognised as being an issue and was being continually examined through HW with the help of an officer from the Council.

Funding for Healthwatch was detailed in the report (this had not been increased since 2013) and there was a heavy reliance on volunteers (20) and 6 paid staff members who were part time. Priorities were set based on previous work, dependent on what people were feeding back, and any national issues that occurred.

It was agreed that HW's new protocol on conducting enter and view visits and a report on the Abbs Cross Nursing home that had recently been compiled would be sent to Members as an example of the work HW do.

The Sub-Committee **noted** the report.

11 HEALTHWATCH HAVERING - EXPERIENCE OF POST-COVID 19 REPORT

The Sub-Committee received a presentation on the Health Watch Havering – Experience of Post-Covid 19 report.

It was explained that this was part of a collaboration project between the Community Insight System, 8 Health Watch organisations, the North East London CCG, and the Long Covid Clinic at King George Hospital.

The findings of the survey suggested that too many people have had consequences of Long Covid that were not properly addressed.

Havering overall had the largest number of people vaccinated in North East London. The data though showed many concerning issues including lack of awareness of the Long Covid Clinic. The survey had been very useful for the ICS. The survey would be revisited and rerun next year to see if any improvements would have occurred.

The Sub-Committee **noted** the report.

12 WORK PROGRAMME

Requests had been put forward previously on the Work Programme and the following were suggested to be added:

- Digital Inclusion/Exclusion from health services
- From Hospital to Home – Discharge pathway for older people (this could be undertaken in collaboration with Health Watch)
- Workforce shortages and the recruitment & retention of staff
- Encouraging young people and other hard to reach groups to engage with the healthcare system.
- Maternity services.
- It was agreed that a Children with Special Education Needs task and finish group should be set up with Councillor Pat Brown as Chairman.

  Members were welcome to contact the clerk with other suggestions for the work programme.

13 JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE NOMINATIONS

Councillors Pat Brown and Christine Smith were nominated to be Members of the Joint Health Overview and Scrutiny Committee for Outer North East London.

The Havering Residents Association Group would confirm their membership shortly.

Chairman

Havering
LONDON BOROUGH

PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE, 21 SEPTEMBER 2022

Subject Heading:	Performance Information including Health Inequalities
SLT lead:	**Mark Ansell, Director of Public Health**
Report Author and contact details:	**Anthony Clements, Principal Democratic Services Officer, London Borough of Havering**
Policy context:	**Public Health officers will give details of health inequalities issues in Havering.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

Public Health officers will present to Members information on Health Inequalities in Havering.

RECOMMENDATIONS

That the Sub-Committee scrutinises the information presented and considers what, if any, actions it wishes to take in response.

REPORT DETAIL

Members of the Sub-Committee have expressed a wish to scrutinise health inequalities in Havering. The Council's Director of Public Health will therefore present information on these issues at the meeting for scrutiny by the Sub-Committee. If available, performance information from the Barking, Havering and Redbridge University Hospitals NHS Trust and the North East London NHS Foundation Trust will also be presented 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.

Environmental and Climate Change implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

Havering
LONDON BOROUGH

PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE, 21 SEPTEMBER 2022

Subject Heading:	St George's Health and Wellbeing Hub Project
Report Author and contact details:	**Anthony Clements, Principal Democratic Services Officer, London Borough of Havering**
Policy context:	**NHS officers will give details of the St George's hub project.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

Integrated Care Partnership (ICP) officers will present to Members details of the planned development at the site of the former St George's Hospital.

RECOMMENDATIONS

That the Sub-Committee scrutinises the information presented and considers what, if any, actions it wishes to take in response.

REPORT DETAIL

Members of the Sub-Committee will be aware of the overall plans to create a new hub for health services on the site of the former St George's Hospital site in Hornchurch. Some information on the proposals is attached and ICP officers will attend to answer questions and take part in the scrutiny of the proposals.

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.

Environmental and Climate Change implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

North East London Health & Care Partnership

NHS
North East London
Clinical Commissioning Group

ST GEORGE'S HEALTH AND WELLBEING HUB PROJECT

Havering Health Overview and Scrutiny Committee

21st of September 2022

Integrated Care Model

The development will enable the implementation of a fully integrated services operating model providing patients with access to a wide range of services, closer to home, with the added benefit of providing person centred care and promote and maintain well-being. St George's will provide the following services:

- Primary Care
- Mental health
- Community Services
- Acute outpatient services
- Dementia and Frailty
- Minor surgery
- Renal Dialysis
- Diagnostics – xray ultrasound and phlebotomy will be provided with near patient testing facilities
- Early cancer diagnosis
- Well Being
- Voluntary sector

Key progress updates

The Full Business Case (FBC) presented to the Trusts Boards and submitted for Regional and National approval in August. It was assessed to be the highest priority for a community and primary care development in north east London.

1. **Capital Cost (Verbal)**
   £37.7m exc. Land has been secured for the scheme to be delivered by March 2024

1. **Planning Consent (Verbal)**
   St Georges decision notice has been issued.

2. **Early Works(Verbal)**
   Have commenced on site in August and are progressing as planned**.**

3. **Main construction (Verbal)**
   Main construction planned to commence in December as per the programme.

4. **Hoarding(Verbal)**
   To be installed beginning of October. Art Work to be installed.

Havering
LONDON BOROUGH

PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE, 21 SEPTEMBER 2022

Subject Heading:	Community Phlebotomy Update
Report Author and contact details:	**Anthony Clements, Principal Democratic Services Officer, London Borough of Havering**
Policy context:	**NHS officers will give details of the position with local phlebotomy services.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

Integrated Care Partnership (ICP) officers will present to Members an update on local Community Phlebotomy Services.

RECOMMENDATIONS

That the Sub-Committee scrutinises the information presented and considers what, if any, actions it wishes to take in response.

REPORT DETAIL

The Sub-Committee has previously scrutinised issues and delays with local blood testing services. NHS officers will present information (attached) on the community phlebotomy pilot that has been running as well as the proposed next steps for the service.

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.

Environmental and Climate Change implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

North East London
Clinical Commissioning Group

Community Phlebotomy Update

Havering Health Oversight and Scrutiny Committee
Jeremy Kidd – Deputy Director of Planned Care

Why was a phlebotomy pilot needed?

- Before the pandemic began, blood testing services in Barking and Dagenham, Havering and Redbridge (BHR) were delivered by a range of different providers across acute, community and primary care services at approximately 53 sites across the three boroughs. At this time, the CCG had already commenced work to develop a more efficient model.
- From March 2020 onwards, when the pandemic hit, the focus rightly shifted to enable providers to respond to the pandemic and to maintain stringent infection protection and control measures.
- It was agreed in March 2020 that Barking, Havering and Redbridge University Trust (BHRUT) would temporarily cease to provide community-based blood testing services and focus the provision of phlebotomy services on priority groups only. This would enable frontline healthcare staff to be rightly redeployed to focus on the Covid-19 response.
- Post-covid, BHRUT informed the CCG that it was unable to re-open up its phlebotomy sites as its staff had been re-purposed to support inpatient care and as such could only continue with the limited provision. Pre-covid, BHRUT provided c1,400 blood tests per day, post-covid the provision was c400 blood tests per day.
- As a result of this, NELFT had seen increased demand on their community phlebotomy services and the telephone line system put in place for appointments was not able to cope. In response NELFT implemented an email system, however due to demand this resulted in a significant administrative backlog, at its worst amounting to over 12,000 patients who were awaiting a blood testing appointment in June.
- The introduction of new social distancing and infection, prevention and control measures to ensure sites were Covid-safe had also resulted in additional pressure across the system as turnaround times for blood tests had effectively doubled i.e. what took 5 mins pre-covid now took 10 mins.

Why was a phlebotomy pilot needed? Cont.

- Given the pressures that phlebotomy services were under it was clear that a new model was needed to improve services for patients post Covid.
- Working Group was established under the leadership of the Director of Transformation and Delivery (Planned Care) with senior representatives from BHRUT and NELFT in late June.
- Immediate actions included:
  - A fast track priority system for urgent patients
  - Increased capacity/sites operating within the community
  - BHRUT provided extra staff to support NELFT
- However, despite efforts a gap between capacity and demand remained with a consequent rapid increase in waiting times. On 14 October 2020 a system-wide Serious Incident was declared in respect of community phlebotomy.

About the phlebotomy pilot

- In June 2021, North East London Foundation Trust (NELFT), Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) and local primary care providers began trialling a new blood testing service which aims to better meet the needs of local people.

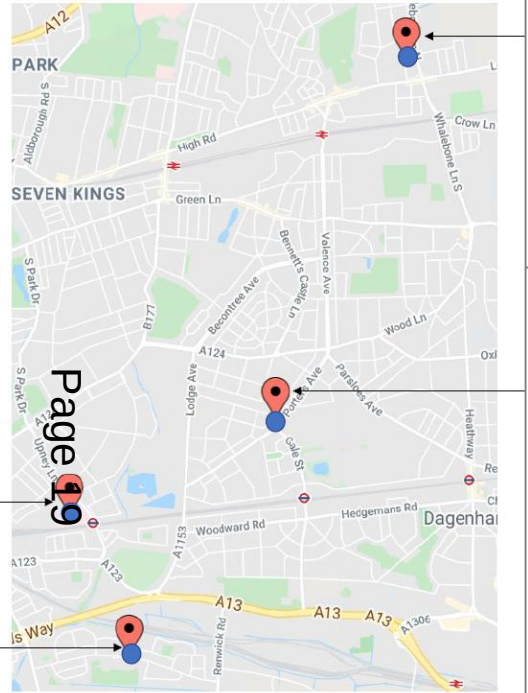
- Through this year-long pilot we aimed to:
  - ✓ Reduce waiting times
  - ✓ Ensure urgent tests can be booked for the same or next day
  - ✓ Provide blood testing services at the weekends at some sites
  - ✓ Ensure all bookings and cancellations can be made online or by phone.

- Blood testing services are now available at 22 sites across the three boroughs including weekend provision

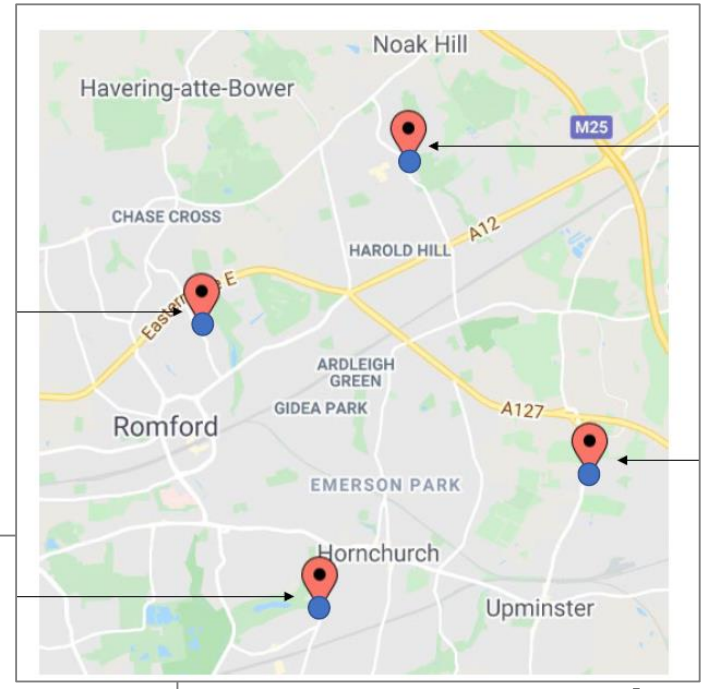
- Since beginning of April 2022 we have also been providing a dedicated phlebotomy service in Havering for people with a learning disability aged 12 and above, who are residents of Barking & Dagenham, Havering, or Redbridge.

About the phlebotomy pilot

- Lack of data
- Patient feedback
- Deployment of resources
- Online booking



Barking and Dagenham



Havering

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

Hainault Surgery

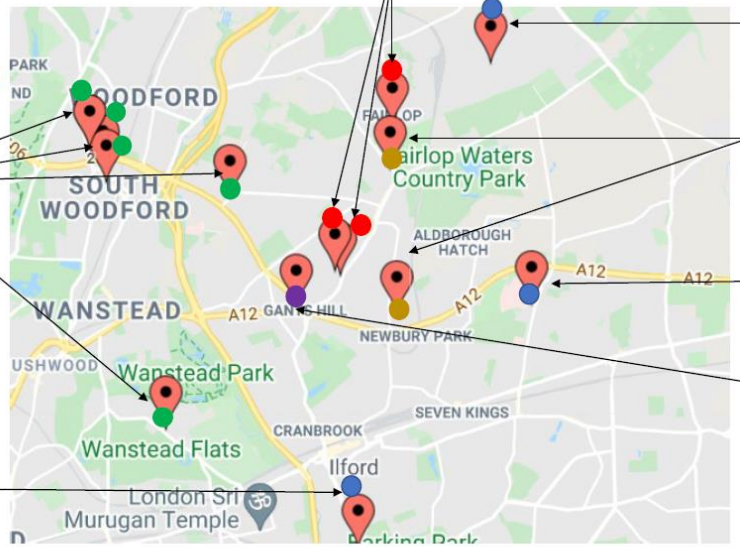
Wanstead and Woodford PCN:
Aldersbrook Medical Centre
Clayhall Clinic
Queen Mary Practice
Glebelands Practice
The Elmhurst Practice
The Shrubberies Medical Centre

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

Redbridge

Patients can access sites across any borough

Results of the pilot

Key findings:

- There are extremely high levels of patient satisfaction (95%).
- The service is highly accessible for the over 65s, 98.3% of whom report that it is very easy to get an appointment.
- This service is highly efficient. Same day booking is available in most sites, although the majority of patients choose to wait for one day before their appointment. 100% of capacity is utilised on a daily basis meaning that there is no redundant capacity within the system.
- We can conclude that the electronic booking system is a success: we have very low levels of patents not attending appointments, and a greater number of patients cancelling or rebooking rather than not attending. We could infer that the high satisfaction levels may, at least be in part due to the fact that the service, from a patient's perspective is highly efficient: patients do not need to wait for their appointment.
- Sites with parking are the most popular, as are those which offer a weekend service.
- The distribution of sites appears to be effective. The majority of patients travel 15 minutes or less for their appointment, however a significant minority (estimate 40%) travel 15-30 minutes. We do not have data to show how these patients travel, whether they're same day bookings. It is noted that this data refers to non-urgent bookings so we can discount the possibility that people are having to travel further for an urgent appointment. Presumably, given the volume of same day/next day capacity this is simply a factor of patient choice.

Next Steps

- Business case drafted and going through approval
- Primary care offer
- Service mobilisation

Questions?

Havering
LONDON BOROUGH

PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE, 21 SEPTEMBER 2022

Subject Heading:	Health Issues Update
Report Author and contact details:	**Anthony Clements, Principal Democratic Services Officer, London Borough of Havering**
Policy context:	**NHS officers will give details of local services including enhanced access to primary care and Long Covid services.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

Integrated Care Partnership (ICP) officers will present to Members an update on local health issues including Long Covid and Enhanced Access to Primary Care.

RECOMMENDATIONS

That the Sub-Committee scrutinises the information presented and considers what, if any, actions it wishes to take in response.

REPORT DETAIL

The Integrated Care Partnership feels it would be useful to update Members on plans to improve access to primary care and on the support available to sufferers of Long Covid in Havering. Information on both these issues is attached.

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.

Environmental and Climate Change implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

NHS
North East London

Enhanced Access update – Havering HOSC

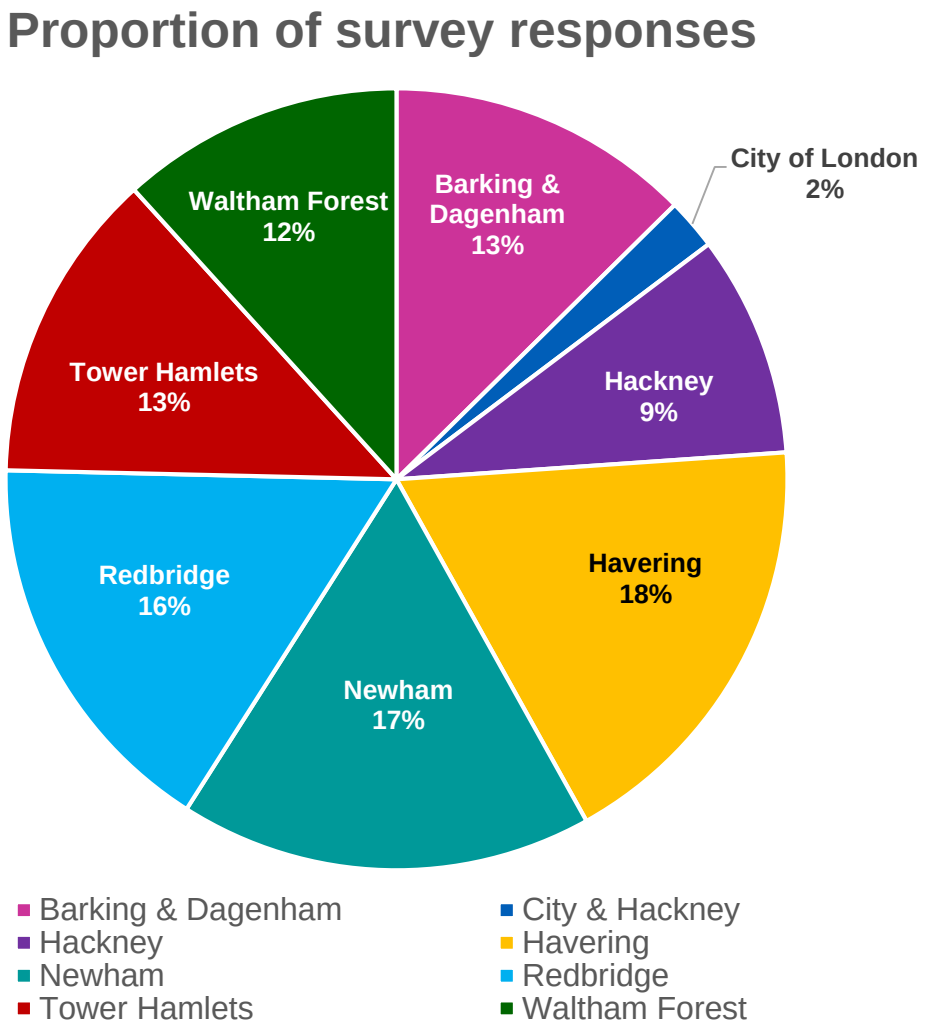
Date: September 2022

What's changing? - Enhanced access to primary care

- From October 2022, primary care networks (PCNs) will be required to offer patients a new 'enhanced access' model of care, which will see GP practices open from 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. This change will be happening across England.
- This replaces the current Extended Hours and Extended Access services and marks a shift in the way out-of-hours non-urgent services are provided across north east London.
- There is a need for commissioners to ensure that PCNs are preparing for this transition, and that they have undertaken good engagement with existing providers to enable the service to run from October 2022.
- In preparation for introducing the new Enhanced Access service, PCNs and commissioners have been asked to produce and agree a plan outlining how they will develop and implement the enhanced access services in line with the local population need.
- The plan should include how the PCN will engage or has engaged with its patient population and will or has considered patient preferences, including consideration of levels of capacity and demand.
- PCNs were required to submit their plans by 31st July 2022.

Patient engagement

- To support PCNs with engaging their patient populations we ran a north east London wide survey people's views on the timings of appointments, distance they would be willing to travel to appointments, how they want to book appointments, as well as their preferences on the types of services offered out of hours and health professionals they could be seen by.
- The survey was hosted online, and paper copies were sent to all 275 GP practices with translations available on request. Text messages were issued to all registered GP patients in Havering inviting them to take part.
- Received more than 38,000 responses from patients across north east London including **6,989 people in Havering** – equal to 18% of total responses.
- Findings were shared with all PCNs who will need to demonstrate how they have considered patient preferences when formulating their plans.
- In addition to this practices have engaged with their Patient Participation Groups and in some cases delivered their own patient surveys as well.



What did the NEL ICB survey show in Havering?

Preferred services out of hours:

1. Urgent same day appointments
2. Routine booked appointments
3. Screenings (for things like smear tests)
4. Vaccinations and immunisations
5. Health checks
6. Physiotherapy
7. Medication reviews

Preferred booking route:

1. Ringing the GP practice was the preferred method of booking (47%)
2. Booking online (40%)
3. Dedicated phone line (12%).

Preferred times:

1. Weekday evenings after 6:30pm was the preferred time – 36%
2. Saturdays - 11%
3. Weekday mornings before 8am - 5%
4. Sundays – 2%

Distance / Time travelled:

Most people would prefer to travel **no more than 2 miles or 30 minutes** to their appointment, although 29% said they would be willing to travel anywhere in the borough.

Preferred appointment type:

1. Face to face 79%
2. Happy with any appointment type 19%
3. Telephone 9%
4. Video call 4%
5. Online 3%

Preferred health professional:

1. Any health professional who can help with their needs – 61%
2. GP – 59%
3. Nurse – 23%

*For some survey questions participants could pick multiple options so not all figures will add up to 100%

How will GP services be changing in Havering?

- From 1 October 2022 the four Primary Care Networks (PCNs) in Havering are going to be providing ‘enhanced access’ model of care, offering a more standardised offer to patients.

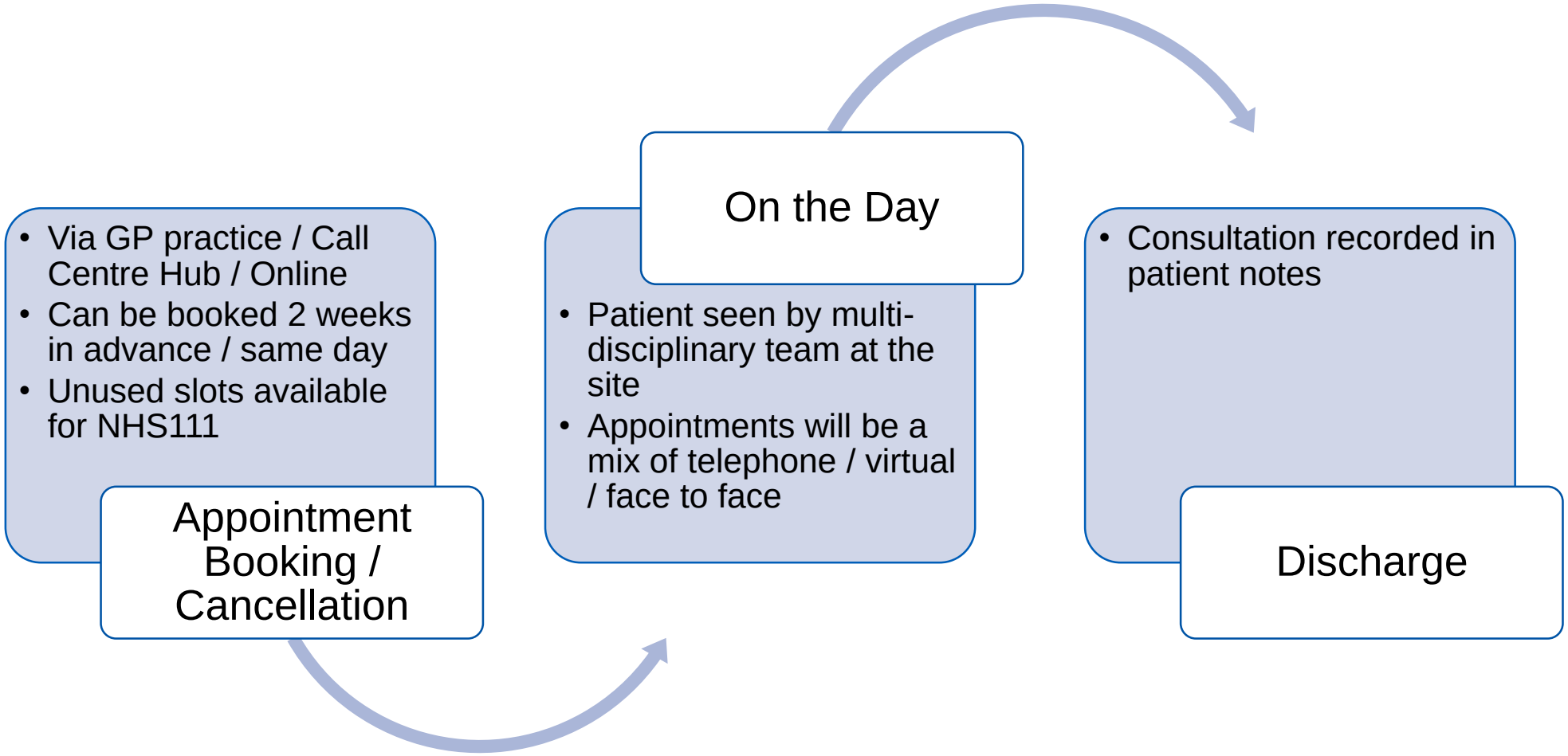
- The ‘enhanced access’ service will be for core routine GP services, with PCNs providing a mix of services such as immunizations, smear clinics, GP appointments, health checks, diabetic foot checks etc.

- Appointments will be delivered by a multi-disciplinary team of healthcare professionals.

- There will be more integrated offer with urgent care, with any unused slots on the day being made available to NHS111

- Locations and timings:
  - North PCN – Petersfield Surgery, 6.30pm to 10pm (Mon to Fri), 9am to 5pm (Saturday)
  - South PCN – Rosewood Medical Centre, 6.30pm to 10pm (Mon to Fri), 9am to 5pm (Saturday)
  - Crest PCN – Raphael House, 6.30pm to 9pm (Mon to Fri), 9am to 5pm (Saturday)
  - Marshalls PCN – Practice based and Raphael House, 6.30pm to 8pm (Mon to Fri), 9am to 5pm (Saturday)

How will patients be able to access these services?



What does this mean for the GP Access Hubs?

- In Barking & Dagenham, Havering and Redbridge patients can access same-day GP appointments 7 days a week through the GP Access hub contract – up to 10pm on weekday evenings and 8pm on weekends and bank holidays.

- When new Enhanced Access specification was published, NHS North East London carried out an assessment to understand the possible impact this new service could have on capacity for same-day GP appointments as the funding for our existing GP Hubs contract will no longer be available as it will be transferred to the new service.

- While the new Enhanced Access service will provide patients with greater access to routine GP services out of normal practice hours, the assessment identified it could lead to a significant reduction in same-day GP appointments and this could lead to more pressure on the Urgent and Emergency care system this winter.

- To prevent this, we will be continuing to fund the GP Access Hub service locally until 31 March 2023. This means:
    - Patients will continue to have access to same day GP appointments at a minimum of 6.30am to 10pm weekdays and 8am to 8pm on weekends and bank holidays.
    - Unrestricted access for 111 and urgent treatment centres to redirect patients including some ringfencing of appointments to ensure capacity is available at the end of each day.
    - Face to face activity increasing to levels recommended for General Practice and in line with the recent patient surveys.

- Discussions are underway to confirm the long term solution for this activity in line the 'Fuller' review recommendations.

NHS
North East London

Primary Care workforce update – Havering HOSC

Date: September 2022

Havering Data

GPs GPN, HCA and Admin Comparative Rates per 100K	Raw List	GP Exc TG per 100k	GPN per 100K	HCA per 100K	Admin per 100K
HAVERING CREST PCN	42,901	44.03	14.17	6.37	103.01
HAVERING MARSHALL PCN	47,441	43.83	16.22	3.74	109.69
HAVERING NORTH PCN	88,219	32.47	13.84	2.69	103.48
HAVERING SOUTH PCN	109,061	37.50	16.98	3.85	105.02

Aspiration is to improve:

- GP rates to at least 44 per 100K
- GPN to at least 15 per 100K
- ARRS at least utilisation of 80% of allocations

To be achieved as part of local and hyperlocal investment

Additional Roles Reruitment (FTE)	Care Coordinator	Health and Wellbeing Coach	Social Prescribing Link Worker	Clinical Pharmacist	Pharmacy Technican	First Contact Physiotherapist	Mental Health Practitioner Band 7	Physician Associate	Podiatris	Therapist
HAVERING CREST PCN	1.37	1.00	1.00	2.43	0.48	1.00	1.00	1.00	1.00	2.00
HAVERING MARSHALL PCN		3.00	1.89	3.00	0.80	2.00	1.00			
HAVERING NORTH PCN	1.43	1.00	2.00	5.42		3.00	1.00			
HAVERING SOUTH PCN	1.53	-	2.00	1.28	0.82	3.00	2.00			

Workforce Strategic Aspirations

System:

We will deliver

- annual increases in the size and scope of the PC workforce across NE to deliver minimum targets
- reduced rates of attrition across the workforce through retention initiatives by improving the training, supervision and educational infrastructures available to PC employers and their teams and
- Further reduction in attrition by offering wellbeing resources and interventions that improve the working lives of PC staff
- Increases in the number of SPIN opportunities in each PCN as part of the development of a blended generalist and specialist workforce drawn from all sectors.
- local pipelines to recruit, train and retain Personalised Care ARRS Roles
- reduced inequity in the ratios of Staff : Population ratios across NEL through targeted investment into borough and hyper local interventions

Neighbourhood and PCN:

We will enable

- Each PCN shall develop its own improvement targets based on population needs as part of the NEL Infrastructure Toolkit
- PCNs to improve their training and educational capabilities through local and hyperlocal interventions based on the workforce needs and to have access to staff wellbeing resources
- PCNs to offer protected time, wellbeing resources and reduce individual workloads through different ways of working
- PCNs to offer SPIN roles to all professional staff roles working in specialisms linked to local health need.
- PCNs to have access to PCP staff pipelines and modular training resources that enable them to develop MDT delivering proactive care aligned to local health needs
- PCNs with low staff : Population ratios to co-design interventions based on their bespoke needs that will improve their staff offer in line with Peer organisations

Improvements in Workforce Size and Scope

NEL plans to deliver against the following workforce standards

- For GPs to achieve a ratio of 44 GPs per 100K by 2025
- For GPNs to achieve a ratio of 15 GPNs per 100K by 2025
- For ARRS staff we wish to utilise over 80% of current funding by 2025

To do this we shall

- Expand the GP fellowship scheme with an aim to ensure that fellowships are offered in all PCNs. This will be achieved through flexed offers and hyperlocal interventions to expand supervision and training capacity
- Through strengthened nursing leadership, training and supervision across boroughs and within PCNs we shall offer new nursing opportunities and roles that are more attractive to newly qualified staff and which help retain existing staff
- Develop recruitment pipelines, training and improved job opportunities for PCP roles
- Work across our partnerships to expand our SPIN / Fellowship offer beyond GP roles to ARRS staff and nursing staff. During 2022/23 we plan to have up to 10 SPIN clinical pharmacists and to develop an offer to other AHP roles
- Offer mentoring and guidance to newly qualified staff and existing staff to support them in finding roles with NEL suited to their career needs. During 2022/23 we intend to achieve 90% conversion of trainees within the system footprint
- Ensure that PCN and GP employers have access to workforce planning tools and information by offering a planning tool in 2022/23 and making practice and PCN workforce intelligence available via dashboards

Reducing Attrition and Improving Retention

Reduce the rates of staff turnover by 2% (from c10% to c8%)

- Expansion of SPIN offers to existing staff within and across the NEL system to support Fuller recommendations on development of integrated teams
- Support with recruitment and job design particularly in relation new ARRS roles
- Work across the system to support interventions that reduce workload and enhance working livesSupport with recruitment and job design particularly in relation new ARRS roles
- Work across the system to support interventions that reduce workload and enhance working lives
- Enhancement of locally led retentions schemes offered via our Training hubs
- Hyperlocal interventions within practices to facilitate improvement in their workforce offers
- Well-being training and resources offered to all practices
- Up-skilling and personal development offers aligned to local needs and career opportunities
- Mentorship and supervision offered to all practices
- Strengthened professional leadership and supervision
- Development of a Training and Supervision mapping tool to support future infrastructure investment and planning
- New employment offers – flexible fellowships and spin
- Expansion of the flexible pools offers

Hyperlocal Programme

Background and progress

- NEL reviewed the variation of staffing rates per 100K across East London Boroughs, PCNs and Practices. It found that variation across borough and also within boroughs.
- As a consequent we have implemented a Hyperlocal work-stream that shall work with PCNs identified from heat maps and local discussions to develop Hyperlocal and bespoke interventions to develop sustainable recruitment pipelines.
- During 2022/23 we shall agreed interventions and MOUs with the hyperlocal practices and PCNs aimed at facilitating intensive improvements in their recruitment and retention offers

Fuller Response: SPIN, PCP and improvements in Workforce intelligence and data

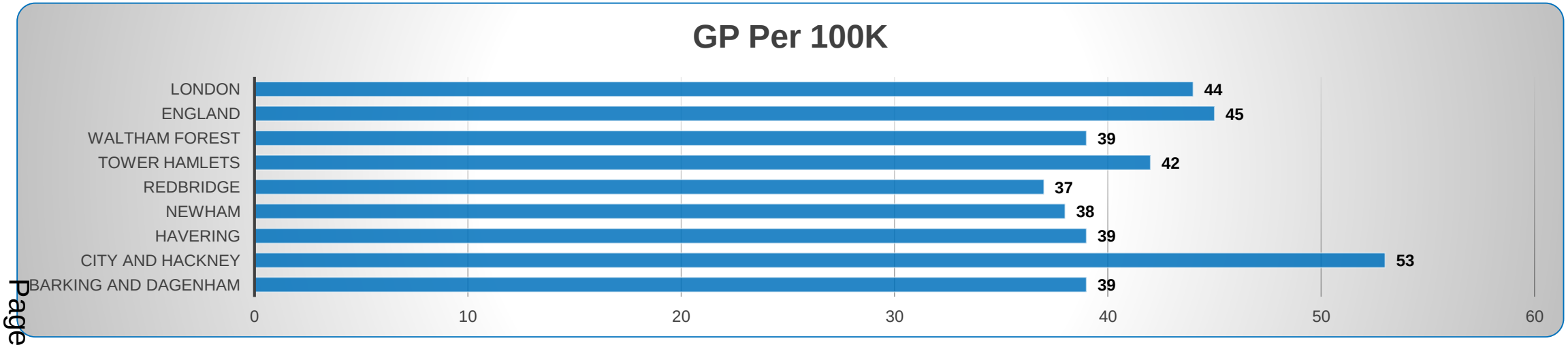
Expansion of new role offers within NEL

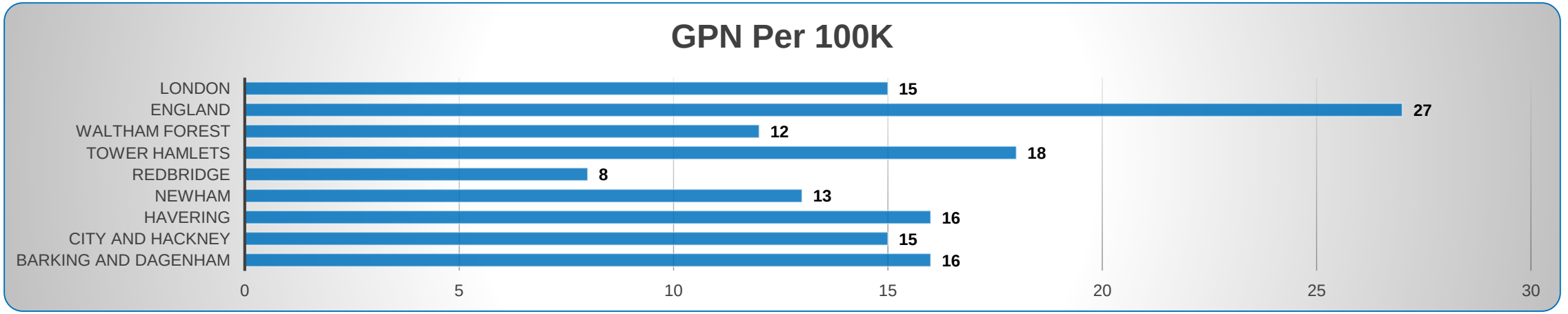
- For 2022/23 we have developed new SPIN opportunities for Clinical Pharmacists working across primary and secondary care. These roles are aligned to a local PCN health need and are being co designed with the PCN leadership and our Trust partners
- We intend to further expand SPIN across other AHP roles
- For 2022/23 we shall build a new PCP pipeline to support local recruitment that offers training based around neighbourhood plans and needs.

Improvements in Data and Intelligence

- We are currently working to improve the quality of data recorded within the NWRS to ensure that all GP employers are regularly reporting changes to their workforce information
- During 2022/23 we shall providing all PCNs with t***a Workforce Analysis and Planning tool (included)*** to improve workforce planning that identifies their infrastructure needs into the future in line with Fuller recommendations
- We are developing a new ARRS information report for each PCN to enable to track utilisation of their ARRS resources
- All practices will have access to workforce information as part of our NEL dashboard which shall provide analysis of the impact of workforce as an enabler for Access and delivery

Borough comparison of GP and GPN Staff per 100K





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North East London Health & Care Partnership

NHS North East London

Impact of Long COVID in Havering

REPORT TO THE PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE

September 2022

What is Long COVID?

- Long COVID is described in United Kingdom guidelines as “symptoms and signs that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 (from 4 to 12 weeks) and post COVID-19 syndrome (>12 weeks and are not explained by an alternative diagnosis),
- It can be a debilitating condition affecting an individual’s physical, psychological and cognitive health, and their ability to go about their daily life, to work or attend education.
- The challenge posed by Long COVID is that there are no effective pharmacological or non-pharmacological interventions that exist to cure this condition. Additionally no specific risk factors have been identified yet as being associated with the occurrence of this disease.
- The plan in the NHS is to support service planning, assist continuous improvement in the quality of long COVID services, and address the variation in waiting times across England for these services to reduce health inequalities. This plan aligns with the Elective Recovery Plan and focus on:
    - increasing capacity
    - prioritising treatment
    - transforming the way we provide care
    - better information and support for patients.
- All of which continues to be done with Havering residents and partners.

Supporting residents with Long COVID

GP led Post COVID 4 to 12 weeks

START
Patient feeling unwell presents to GP post COVID, history taken and physical examination where required *

Investigations:
- Blood tests
- Chest Xray
- Desaturation test
- Blood pressure (? postural)
- Pulse oximetry to monitor stats

+/- Direct referral to other speciality via usual pathways

Referrals:
- Social prescribing
- IAPT
- Community respiratory team
- IRS
- Speciality; cardiology, ENT etc.

Self-help:
- https://www.yourcovidrecovery.nhs.uk/
- https://www.bhrhospitals.nhs.uk/coronavirus
- https://www.blf.org.uk/support-for-you/coronavirus

Waiting time from referral to first appointment (ideal 2 to 6 weeks)

Community service led Post COVID >12 weeks rehabilitation

BHRUT Post COVID 19 clinic or GP from community referral

First assessment (OT or physio) at MDT Clinic or straight to therapies (80-90%)

**OT makes arrangements if require e.g. fatigue, vocational rehab etc (70-80%)

**Clinical Health psychologist first appointment (60%)

**Physio first appoint (80-90%)

OT follow up sessions OT/Physio assistant some of the sessions (up to six sessions 2/3/4 weeks apart based on patient needs for up to 12 weeks)*

Up to three session for neuropsychological interventions or up to 16 sessions or long COVID interventions for up to 20 weeks*

Physiotherapy / OT/Physio assistant sessions 12 sessions for up to 12 weeks)*

**Joint OT and/or physio three month review before discharge (<90%)

Discharge to GP And step down service were available

LA Commissioned Exercise on Referral service

Refer to LTC nurse lead services (hypertension, diabetes, respiratory, heart failure if patients meet criteria)****

OT Occupational Therapy
MDT Multidisciplinary Teams
LTC Long Term Conditions
IAPT Improving Access to Psychological Therapies

Prevalence of Long COVID in Havering

69,534 patients tested positive for COVID-19
(as recorded in primary care between September 2020 – August 2022)

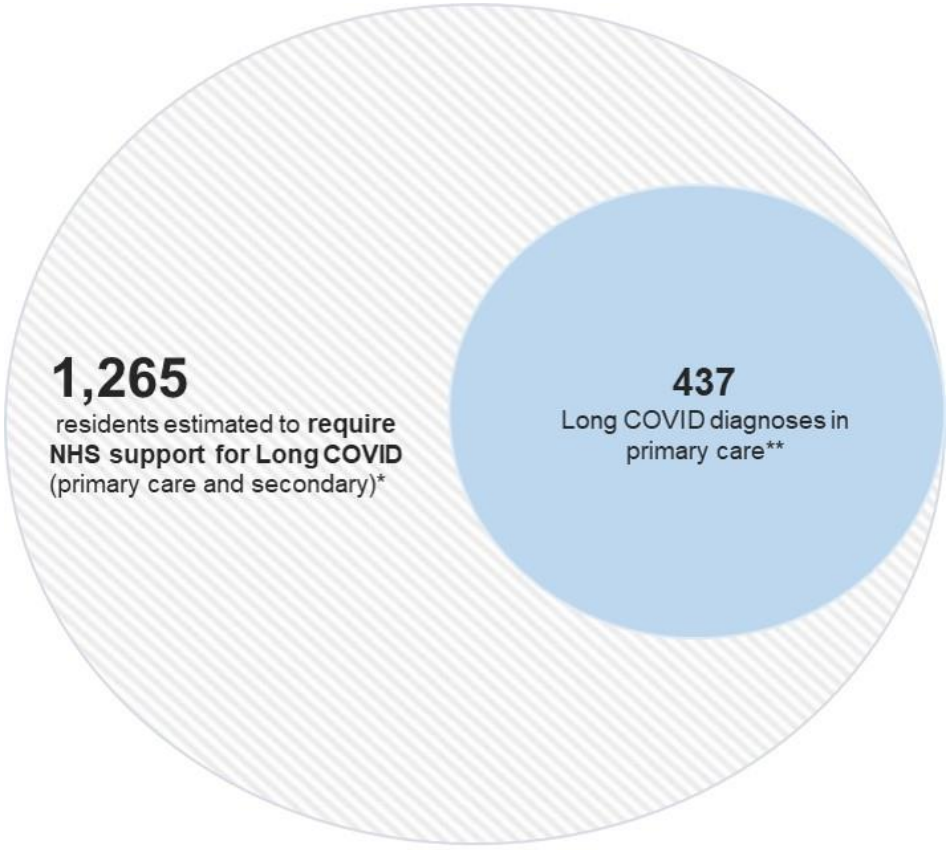
↓

437 patients have presented with Long COVID
- **373** patients have confirmed Post COVID-19 Syndrome*
- **64** patients with ongoing symptomatic COVID-19**

↓

113 patients
referred to BHRUT Long COVID clinic

NB: OHID modelling estimates that **1,265 patients** will need NHS support (between November 2020 and March 2022)



* Based on OHID modelling estimates for cases between November 2020 - March 2022
** Based on primary care data from the Clinical Effectiveness Group (CEG), collected September 2020 – August 2022

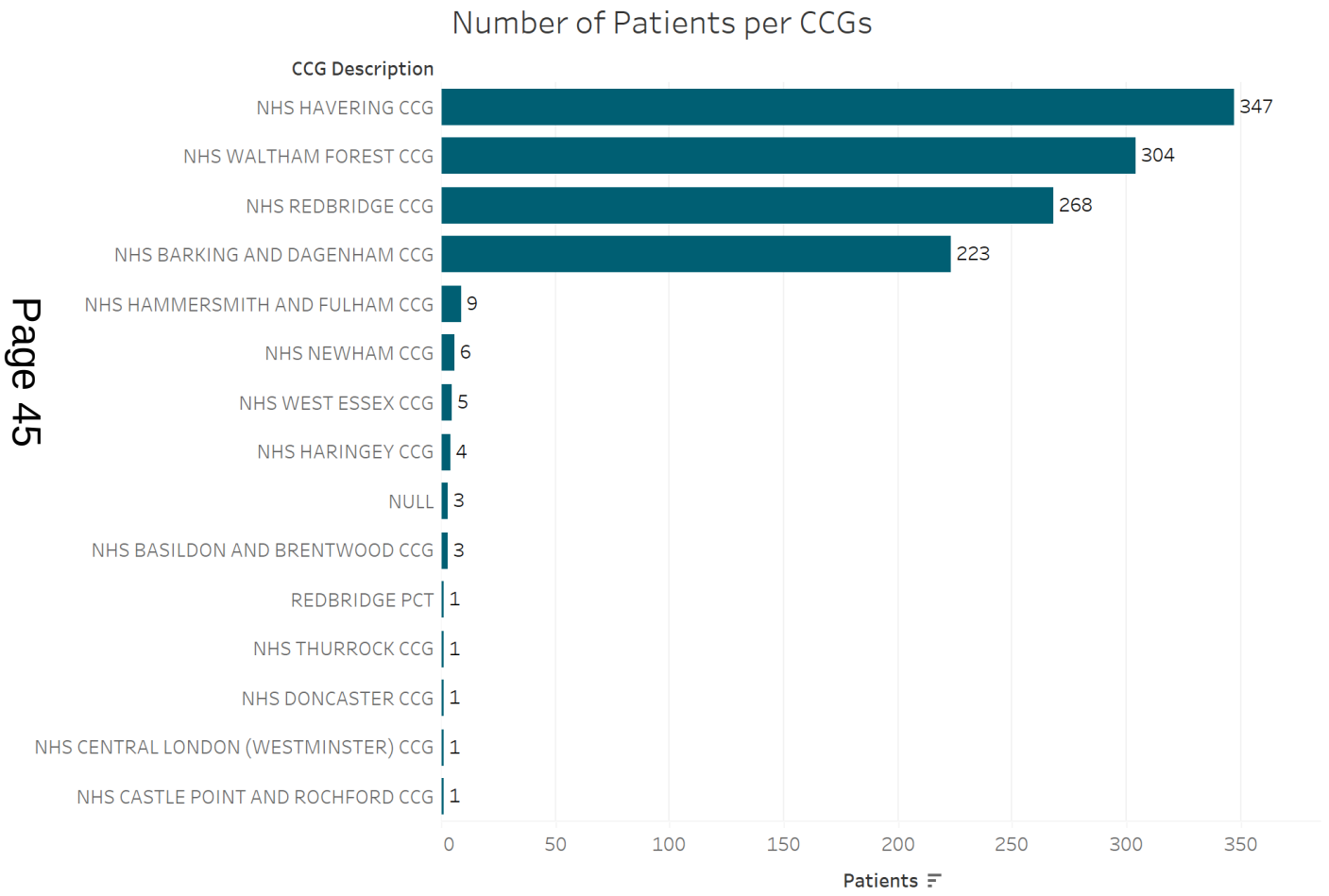
* Defined as "Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis. It usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body. Post-COVID-19 syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed."

** Defined as "Signs and symptoms of COVID-19 from 4 weeks up to 12 weeks."

National Institute for Health and Care Excellence. COVID-19 rapid guideline: managing the long-term effects of COVID-19. 2021. www.nice.org.uk/guidance/ng188

Source of primary care data: Clinical Effectiveness Group (CEG)

Access to the Long COVID service



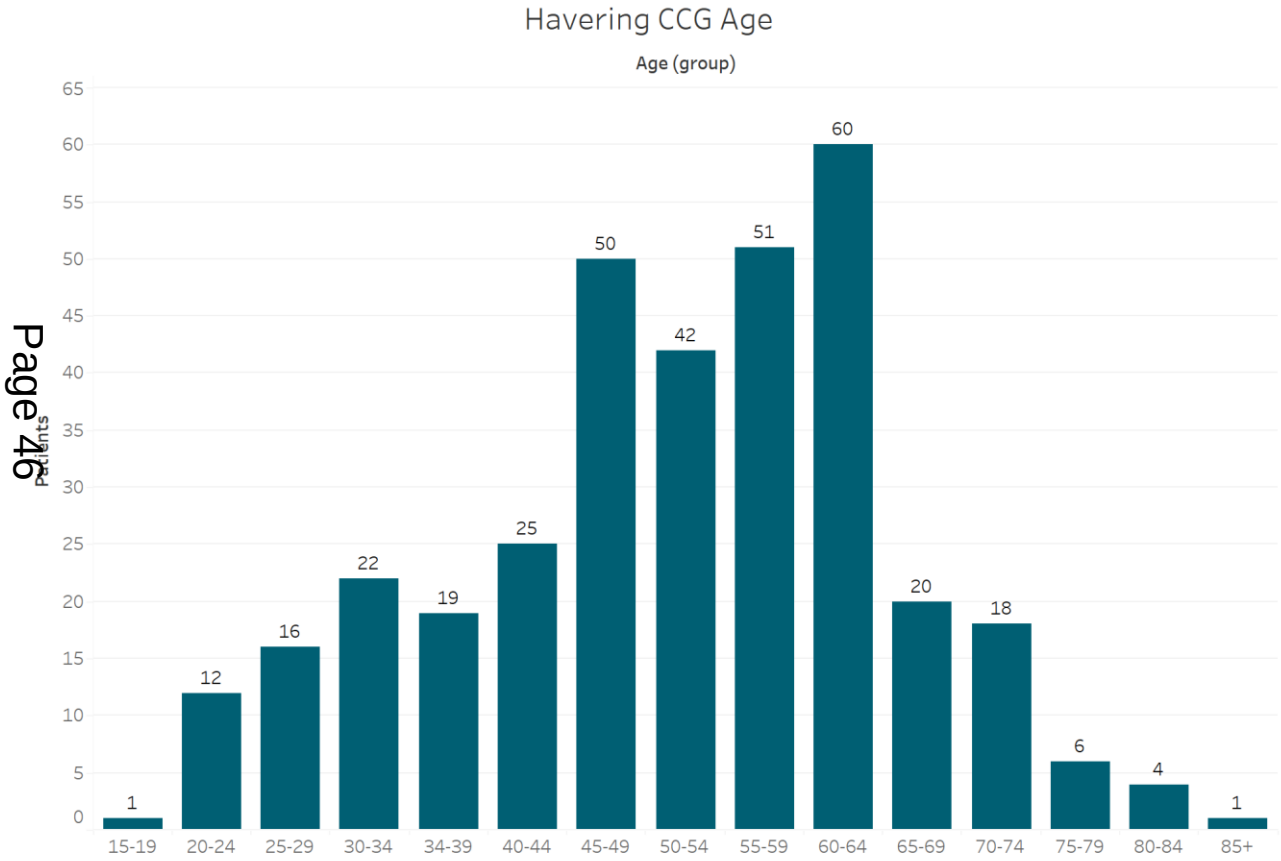
Utilisation of the BHR Integrated Long COVID service

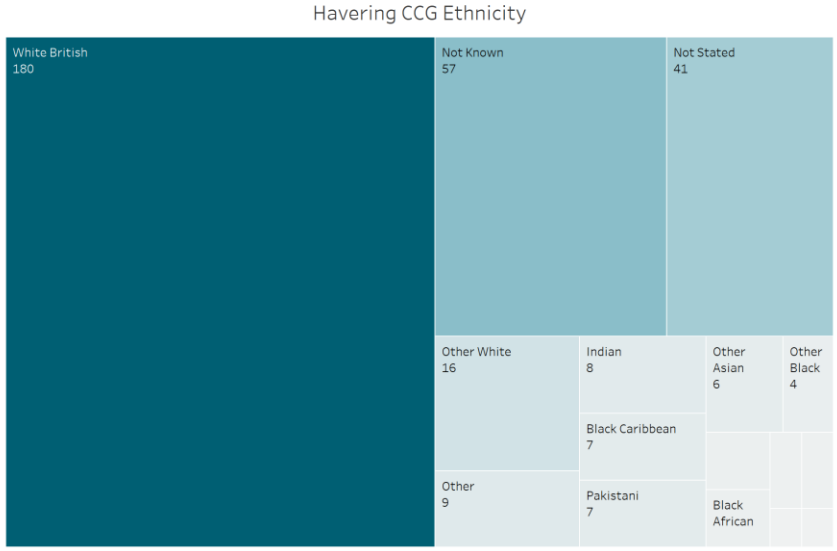
The local service has catered more for London borough of Havering residents in comparison to the boroughs of Barking & Dagenham and Redbridge. A total of 1,177 patients have received therapeutic interventions by the service of which almost a third, 30% are from London borough of Havering.

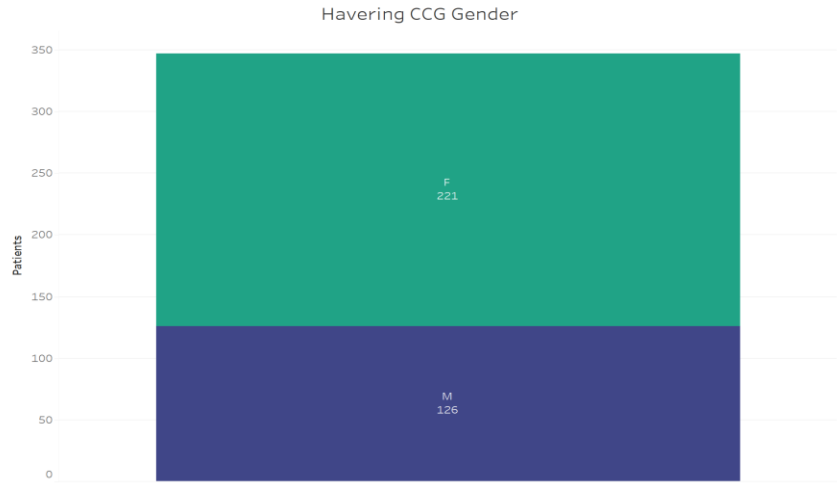
10 other areas referred their residents to our local service from West and Central London, Essex and beyond at the inception of the service of this have now been controlled

Presentation

Therapeutics uptake: demographics



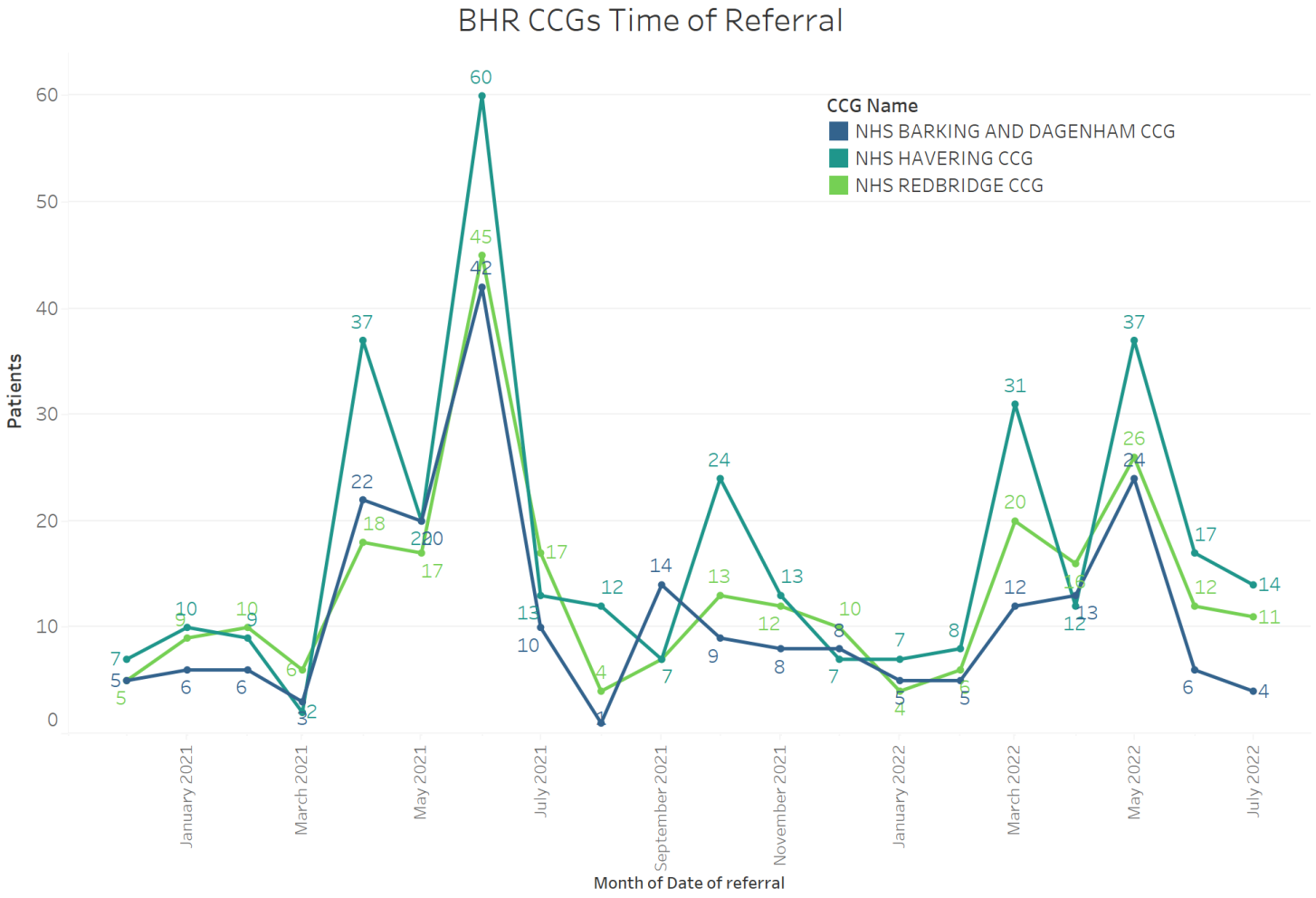




Therapeutics for Long COVID was more to:

- People > 40 years old which made up **80%** of those who accessed the service
- Females in almost a ratio of **2:1** F:M and White British [**52%]**

Referrals into the Long COVID clinic



Dwindling referrals

Acutely aware of the decreasing referrals across Havering, Barking & Dagenham and Redbridge. Though Havering remains relatively higher than the other boroughs, through our communications and engagement colleagues, we are working on the barriers e.g. timely diagnosis, as we know these barriers are likely to be important for vulnerable groups. Following the BHR HealthWatch Survey, we are consciously working through information and cultural barriers that may impede residents in accessing care.

Commitment of NHS North East London

- Right sizing capacity to deliver care relative to population need
- Continue to develop and refine group sessions to narrow health inequalities
- Developing a single team for all Clinical Health Psychologists working across long term conditions and older people projects in 2022/23.
- Reviewing the initial findings from the BHR Healthwatch survey of Redbridge, Barking and Dagenham and Havering community experiences of Post-Covid-19 Syndrome
- NEL wide community of practice and homeless education plans.