



# Haverling

LONDON BOROUGH

## PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE AGENDA

7.00 pm

Wednesday  
21 December 2022

Council Chamber -  
Town Hall

Members 12: Quorum 4

**COUNCILLORS:**

Ray Best\*  
Patricia Brown  
Jason Frost (Chairman)  
Laurance Garrard

Linda Hawthorn  
Jacqueline McArdle  
Christine Smith\*  
Joshua Chapman\*  
David Taylor\*

Bryan Vincent  
Frankie Walker (Vice-Chair)  
Julie Wilkes  
Darren Wise

(\* - Conservative Group to  
have four Members overall  
including the Chairman).

**CO-OPTED MEMBERS:**

**Statutory Members  
representing the Churches**

Jack How, Roman Catholic  
Church

**Statutory Members  
representing parent  
governors**

Julie Lamb, Special Schools

Non-voting members representing local teacher unions and professional associations:  
Ian Rusha (National Union of Teachers)

**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**

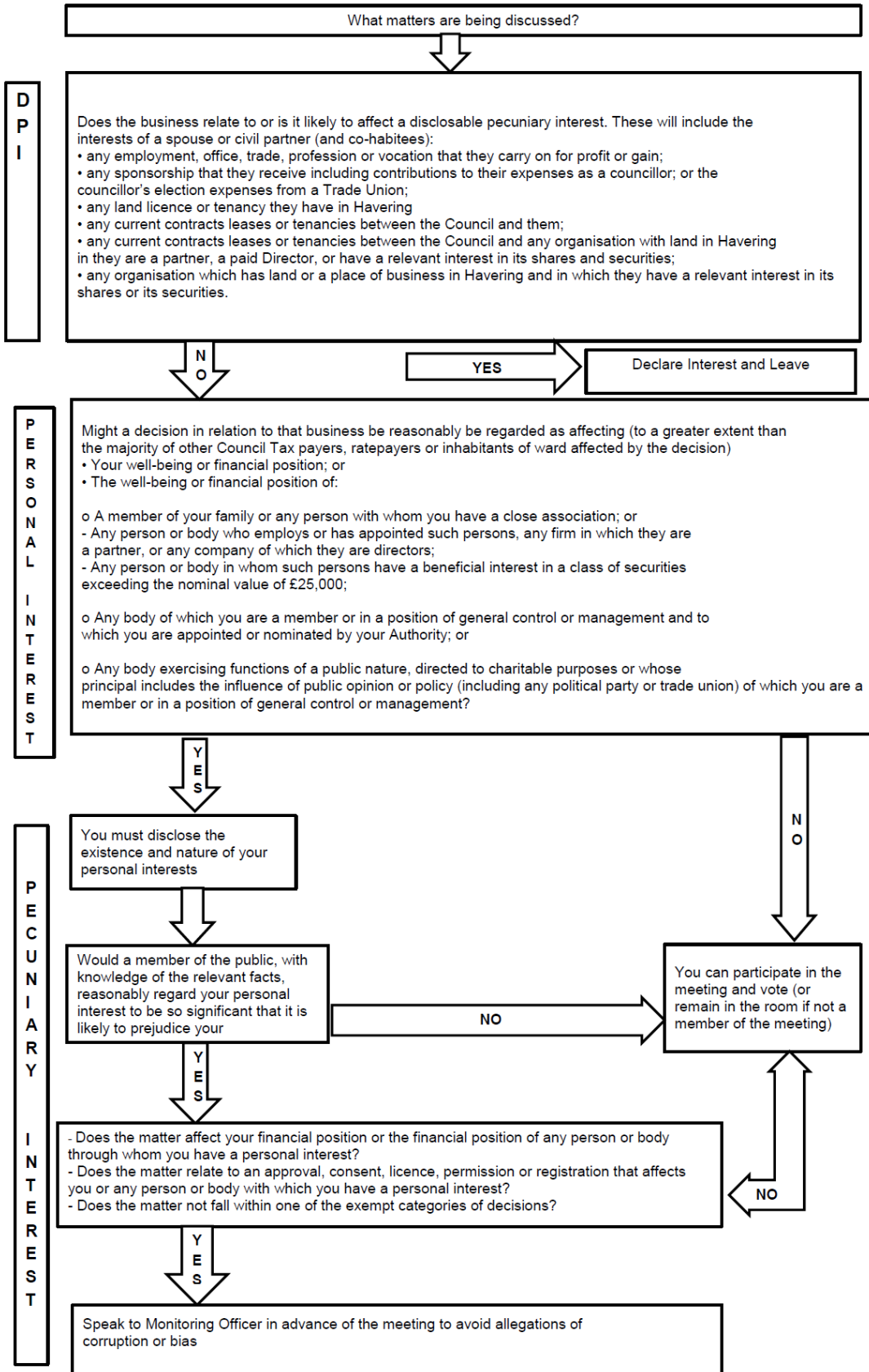
The areas scrutinised by the Committee are:

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

**People Overview & Scrutiny Sub Committee, 21 December 2022**

- 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**



## **AGENDA ITEMS**

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

To receive (if any).

Apologies have been received from Councillor Darren Wise.

### **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 - 6)**

To approve as a correct record the Minutes of the meetings of the Committee held on 21 September 2022 (attached) and authorise the Chairman to sign them.

### **5 HEALTH ISSUES UPDATE (Pages 7 - 8)**

Report attached.

### **6 ST GEORGE'S HEALTH AND WELLBEING HUB (Pages 9 - 14)**

Report and presentation attached.

### **7 SPECIAL EDUCATIONAL NEEDS AND DISABILITIES THERAPY (Pages 15 - 16)**

Report attached.

### **8 BHRUT WORKFORCE ISSUES (Pages 17 - 18)**

Report attached.

**Zena Smith**  
**Democratic and Election Services Manager**

**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**

<b>Conservative Group</b>	Joshua Chapman, Jason Frost (Chairman), Christine Smith and David Taylor
<b>Havering Residents' Group</b>	Laurance Garrard, Linda Hawthorn, Bryan Vincent and Julie Wilkes
<b>Labour Group</b>	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.

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**Chairman**





## PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE, 21 DECEMBER 2022

<b>Subject Heading:</b>	Health Issues Update
<b>Report Author and contact details:</b>	<b>Anthony Clements, Principal Democratic Services Officer, London Borough of Havering</b>
<b>Policy context:</b>	<b>NHS officers will give details of developments with local health services.</b>
<b>Financial summary:</b>	<b>No impact of presenting information itself.</b>

### SUMMARY

Integrated Care Partnership (ICP) officers will present to Members an update on local health issues.

### 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 developments with local health services. Further information will be presented to Members at the meeting.

**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.



## PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE, 21 DECEMBER 2022

<b>Subject Heading:</b>	St George's Health and Wellbeing Hub Update
<b>SLT lead:</b>	Mark Ansell, Director of Public Health
<b>Report Author and contact details:</b>	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
<b>Policy context:</b>	NHS North East London officers will give details of the St George's Health and Wellbeing Update.
<b>Financial summary:</b>	No impact of presenting information itself.

### SUMMARY

NHS North East London officers will present to Members information on the planned St George's Health and Wellbeing Hub.

### RECOMMENDATIONS

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

**REPORT DETAIL**

NHS North East London officers have requested to update the Sub-Committee on developments with the planned Health and Wellbeing Hub at the former St George's Hospital site. Further details are given on the attached presentation.

**IMPLICATIONS AND RISKS**

**Financial implications and risks:** None of this covering report.

**Legal implications and risks:** None of this covering report.

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

**Equalities implications and risks:** None of this covering report.

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

**BACKGROUND PAPERS**

None.





North East London

# St George's Health and Wellbeing Hub update

Havering Health Overview  
and Scrutiny Sub - Committee  
December 2022





# Summary

- 4,500sqm over 3 floors
- Range of integrated health and care services including GP and primary care
- Landscaped, therapeutic gardens
- External hardstanding for two mobile units (scanners)



# Current status

- Full Business Case approved by all NHS partner Boards prior to submission
- DHSC Gateway 3 Review (November 2022) - RAG rated green
- Formal Approval of the Full Business Case - 25 November 2022
- Capital Cost fully funded, £17m from the STP wave 4(b) funding, £22.9m from NEL system
- Revenue costs agreed out of NEL growth
- Early works started in August 2022
- Final stages of agreeing main construction contract
- Turf turning on 2 December 2022
- **Requirement to open in Spring 2024**

# Next Steps – two main workstreams

## Integrated Services Operating Model (ISOM):

- Which services - outpatients
- How services integrate in the same appointment
- Systems needed to achieve this (multi appointment booking and reporting)
- Flexible, sessional room booking
- Digital enabling and integration
- Workforce
- Resources needed – focus, commitment, timely decision making

## Building Design Construction and Operating(BDCO):

- Construction to be managed by NELFT on behalf of the system
- Design created based on feedback from service users and local residents via survey and drop in events.



## PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE, 21 DECEMBER 2022

**Subject Heading:**

Review of Special Educational Needs and Disabilities (SEND) Therapy

**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:**

**Details will be given of the current services for children with Special Educational Groups and Disabilities.**

**Financial summary:**

**No impact of presenting information itself.**

### SUMMARY

Officers from the NHS North East London will give an update SEND therapy 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 is already undertaking task and finish group work on aspects of SEND provision. NHS North East London officers will give at the meeting further details of SEND facilities currently available and any review of these.

**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.



## PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE, 21 DECEMBER 2022

<b>Subject Heading:</b>	BHRUT Workforce Issues
<b>SLT lead:</b>	Mark Ansell, Director of Public Health
<b>Report Author and contact details:</b>	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
<b>Policy context:</b>	Details will be given of the position with workforce issues at the BHRUT Acute Trust.
<b>Financial summary:</b>	No impact of presenting information itself.

### SUMMARY

Officers from the Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) will give an update on workforce issues at the Trust.

### RECOMMENDATIONS

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

**REPORT DETAIL**

Members have expressed concern previously over recruitment and retention issues at the Acute Trust with particular emphasis on the impact at Queen's Hospital. BHRUT officers will give further details on these issues at the meeting.

**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.