



Haverling

LONDON BOROUGH

PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE AGENDA

7.00 pm

Wednesday
15 March 2023

Council Chamber -
Town Hall

Members 12: Quorum 4

COUNCILLORS:

Ray Best
Patricia Brown
Jason Frost (Chairman)
Laurance Garrard

Linda Hawthorn
Jacqueline McArdle
Christine Smith
David Taylor

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

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 Education Union

For information about the meeting please contact:

Luke Phimister

Luke.phimister@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

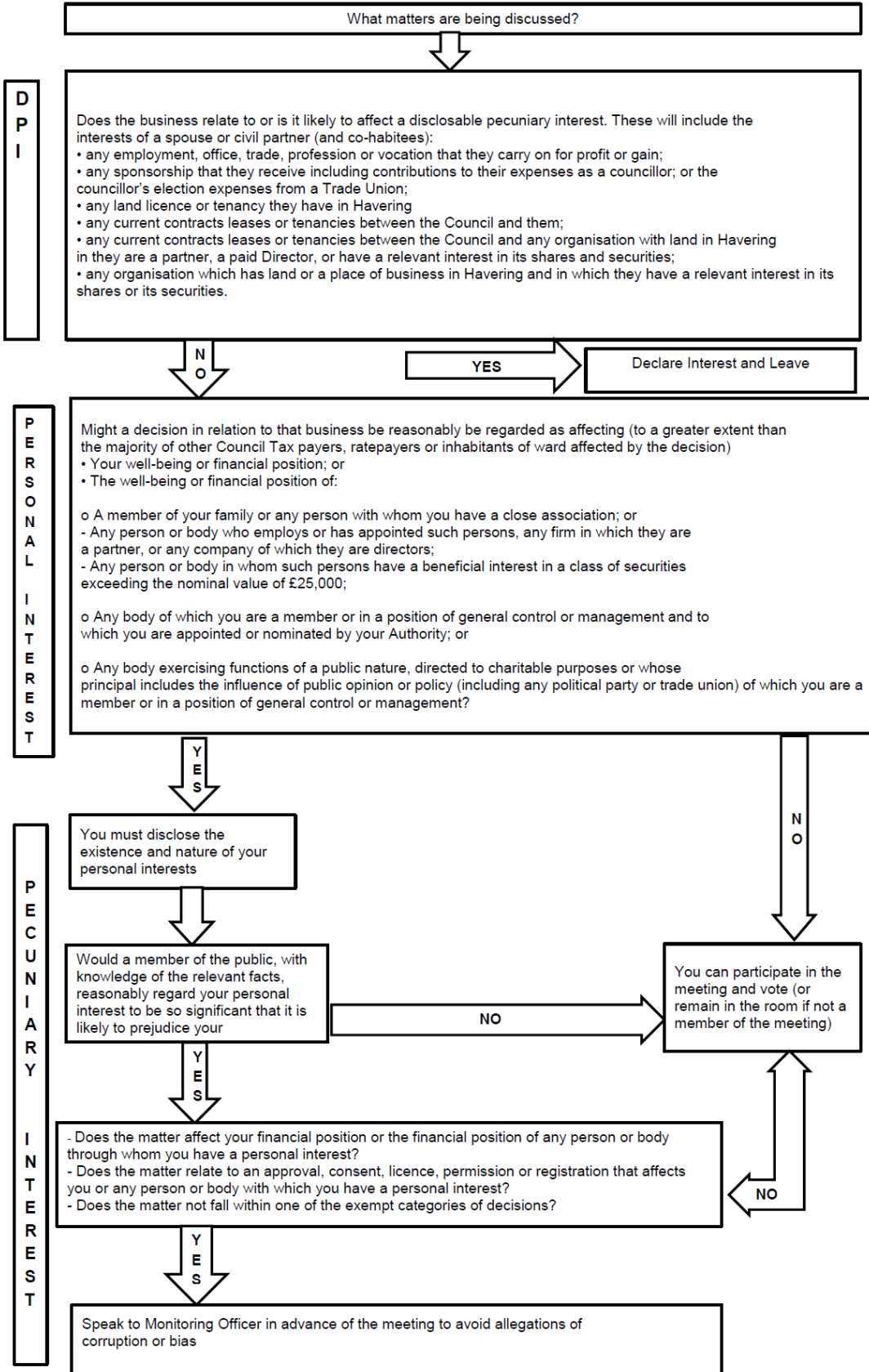
The areas scrutinised by the Committee are:

- 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, 15 March 2023

- 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)

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 21st December 2022 and authorise the Chairman to sign them

5 BHRUT PERFORMANCE REPORT (Pages 5 - 18)

Report and appendix attached

Zena Smith
Democratic and Election Services Manager

Public Document Pack Agenda Item 4

**MINUTES OF A MEETING OF THE
PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE
Council Chamber - Town Hall
21 December 2022 (7.00 - 8.10 pm)**

Present:

COUNCILLORS

Conservative Group Ray Best, Jason Frost (Chairman) and David Taylor

Havering Residents' Group Laurance Garrard, Bryan Vincent and Julie Wilkes

Labour Group 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.

13 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillors Ray Best, Linda Hawthorn, Jacqueline McArdle and Darren Wise.

Apologies were also received from Ian Rusha, co-opted Member, National Union of Teachers.

Councillors Hawthorn and McArdle were in attendance via videoconference.

14 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

15 MINUTES

The minutes of the meeting held on 21 September 2022 were agreed as a correct record and signed by the Chairman.

16 HEALTH ISSUES UPDATE AND WORKFORCE UPDATES

Targets for staffing in primary care included meeting the London targets for GPs and Practice Nurse numbers by 2025. Career pathways had been established with the aim of attracting more nurses.

The Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) continued to be in special measures and one way officers were seeking to address this was by reducing reliance on the use of temporary staff. More permanent staff were now employed but the Trust's vacancy rate currently stood at 14%. The highest amount of agency staff were used for roles such as consultants, nurses and midwives.

It was accepted that there was high staff turnover at BHRUT but this was an issue throughout the NHS where there was lot of competition in recruitment. Some 400-500 international nurses had been recruited but the Trust did not want to over-recruit from this sector. There remained recruitment shortages in areas such as medicine and midwifery. Many Trust staff were struggling with the cost of living and this was of course connected to the recent industrial action in the NHS.

Measures to improve recruitment and retention included increasing bank rates for staff working extra shifts, and cost of living measures such as school uniform exchanges and a toy bank. Same day pay had also been introduced. The introduction of the BHR Academy had improved the retention of staff and the Trust wished to develop more career development pathways.

It was emphasised that the Trust had a zero tolerance on poor behaviour of staff and wished to improve its organisational culture. The introduction of an internal Facebook system allowed regular staff communication and efforts were in progress to increase the diversity of senior roles. It was confirmed that Trust staff did receive Outer London weighting in their salaries. There was a high proportion of local staff at BHRUT.

The collaboration with Barts Health had helped to achieve savings, including in the reduction in bank or agency staff spend. The use of joint appointments with Barts could help with the recruitment of consultants. It was also hoped to offer a combined occupational health service with Barts which would help with attracting staff. The Integrated Care Board could assist with attracting occupational health staff themselves.

The BHR Academy had been established to offer solutions to workforce planning and transformation at BHRUT. The Academy had been established in September 2021 and a demonstration of the systems it used could be circulated. The main issue identified by the Academy had been the loss of staff to Inner London Trusts due to the higher salaries on offer. Trust staff were also working more hours to cope with cost of living issues but this could lead to a risk of burnout among staff.

Officers were keen for the BHR Academy to collaborate with Councils and avoid duplication of work with Local Authority Social Care Academies.

The Sub-Committee NOTED the position.

17 **ST GEORGE'S HEALTH AND WELLBEING HUB**

The new St George's Health and Wellbeing Hub would be 4,500 square metres in size over three floors. The hub would house a wide range of services and form a one stop shop for patients. The site would incorporate landscaped gardens including a memory walk as well as space for two mobile scanner units. This would allow around 13,000 additional scans to take place per year.

The business case for the new facility had been approved by local partners and had passed a Government Gateway 3 Review in November 2022. Capital costs were fully funded and revenue costs had been agreed from North East London growth. Demolition of all old buildings was now complete and it was hoped to start piling on site by January 2023. The site was planned to open to the public in spring 2024.

It was hoped to deliver at the hub the first integrated service operating model in England and there would be a varied range of outpatient services available on site. Work was in progress to create a digital solution which would allow all NHS provider systems in the hub to communicate with each other.

The integrated operating model was likely to attract staff and it was wished to develop staff with the BHR Academy. Construction of the site was being led by NELFT and it was hoped the design of the hub would reflect feedback from patients. Patients would be treated at the hub from across Havering but other services at the site would be focussed more on the local area. Social care was also very much involved in the project and there would be many services for young people available at the site.

It was clarified that there would not be any beds on site but the hub would be open 8 am – 8 pm, seven days per week. Blood testing would be moved to the hub from the current site in Elm Park and the phlebotomy service would also be expanded.

Officers confirmed that the Rosewood Clinic would close as the building was at the end of its useful life. This would not be until after the St George's hub opened. All services offered by the Rosewood Clinic would be provided at St George's. Clinic staff would be transferred to the St George's hub.

There was a contingency of £500k on the cost of construction as well as a further £800k as a backstop. Contractors had ordered materials in advance in order to protect against price increases. If successful, it was hoped to roll out the St George's model to other areas. Building work was due to be completed by May 2024 Services would begin moving in towards the end of May but officers were keen to ensure all services were fully on site to allow an integrated service for patients.

18 **SPECIAL EDUCATIONAL NEEDS AND DISABILITIES THERAPY**

Officers confirmed that children with special educational needs and disabilities (SEND) in Havering were increasing in both numbers and levels of acuity. Therapies available included speech and language, physiotherapy and occupational therapy. Clinical officers were responsible for oversight of a child's education, health and care plan from the health point of view. The service did also however have problems with the recruitment and retention of clinical staff.

Multi-agency work was in progress to get a clear understanding of what boroughs wished to do around SEND provision, Special Schools etc. Work was also underway across North East London to address issues via new ways of working.

It was accepted that Education, Health and Care Plans should define the types and levels of therapies given. The model of local delivery did however need to be defined and agreed. It was also hoped to develop a set of goals for the service that partners were happy with.

It was unclear why the number of pupils with special needs in Havering had risen from 2017 to 2020 but officers could provide further details on this.

It was agreed that an update on progress with SEND work in Havering should be added to the work programme for a future meeting of the Sub-Committee.

Chairman



PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE, 15 MARCH 2023

Subject Heading:	BHRUT Performance Update
Report Author and contact details:	Luke Phimister, Committee Services Officer, London Borough of Havering
Policy context:	NHS officers will give details of BHRUT performance.
Financial summary:	No impact of presenting information itself.

SUMMARY

National Health Service (NHS) officers will present to Members an update on BHRUT performance.

RECOMMENDATIONS

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

REPORT DETAIL

NHS officers feel it would be useful to update Members on the performance of BHURT. 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.

PERFORMANCE REPORT

Havering Council
People Overview & Scrutiny Committee
March 2023

Seeni Naidu
Programme Director for Elective Care

Janet Robinson
Specialty Manager for Cancer Management

Sas Banerjee
Consultant Colorectal Surgeon and Cancer Clinical Lead



OVERVIEW

- The demand for planned care keeps growing nationally; and locally we are continuing to introduce a range of initiatives to reduce our backlog
- The total number of people on our waiting lists as of Tuesday 21 February was 61,414; the majority need to be seen in Outpatients
- 5,255 people are waiting for procedures; more than 1,341 have been waiting over a year and 59 patients have waited for more than 78 weeks
- Our plans are to clear 78+ weeks wait patients by the end of March 2023, however, this may be impacted by the junior doctor strike
- We have an ambitious plan to cut 52 week waits to zero over the next six months, more than a year ahead of the 52-week target set by NHS England

CONSTITUTIONAL STANDARDS – PERFORMANCE

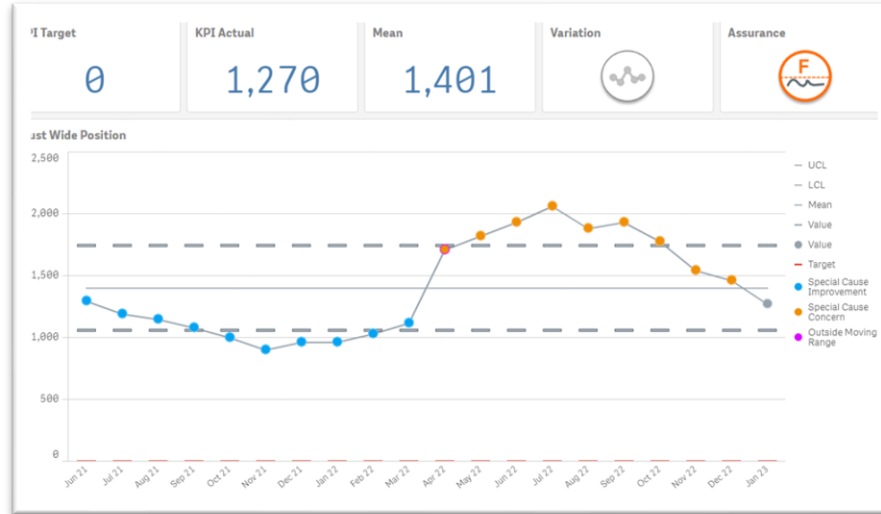
Referral to Treatment, Diagnostics and Cancer

Key Metrics	December	January	National Target
RTT Performance (The proportion of patients on a Referral To Treatment (RTT) pathway that are currently waiting for treatment less than 18 weeks)	59.3% (unvalidated)	61.6%	92%

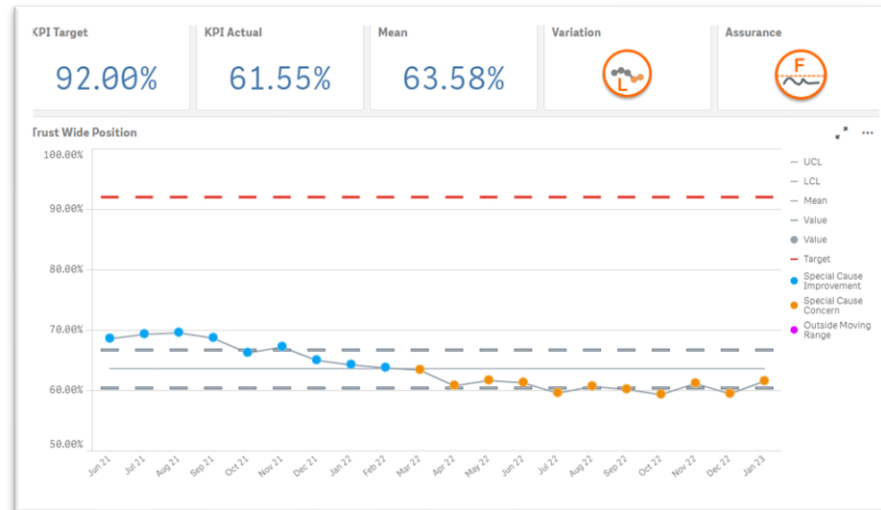
Key Metrics	December	January	National Target
2-week Cancer Performance (The proportion of patients urgently referred by their GP for suspected cancer and first seen within 14 days from referral)	82.47%	85.2% (unvalidated)	93%
28-day Cancer Performance (Faster Diagnosis Standard) (The percentage of patients receiving a definitive diagnosis or ruling out cancer within 28 days of a referral)	65.13%	52.7%	75%
62 day Cancer Performance (The proportion of patients on a Referral To Treatment (RTT) pathway that are currently waiting for treatment less than 18 weeks)	60.19%	57.0% (unvalidated)	85%



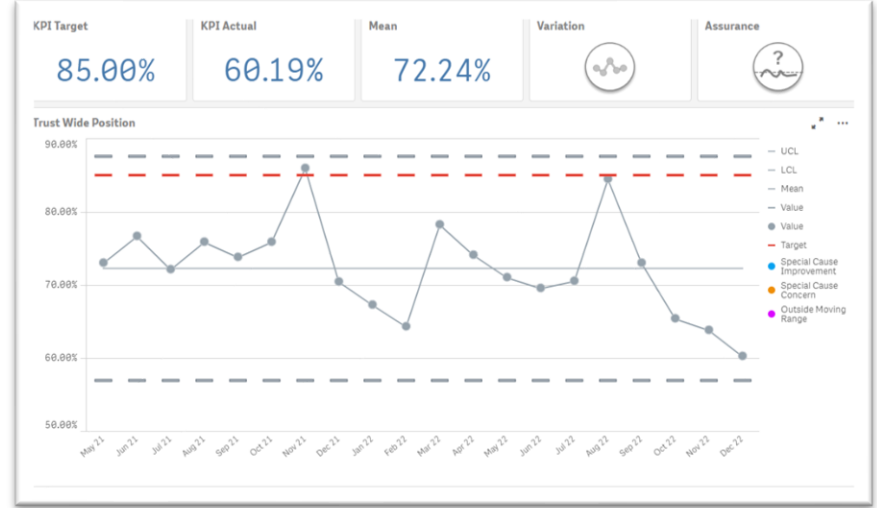
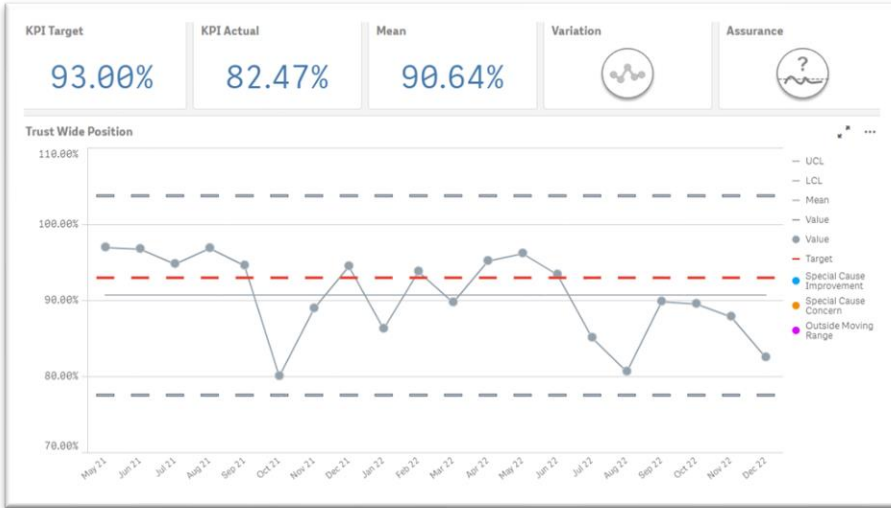
Trend line for Referral to Treatment patients waiting longer than 52 weeks



Trend line for Referral to Treatment performance

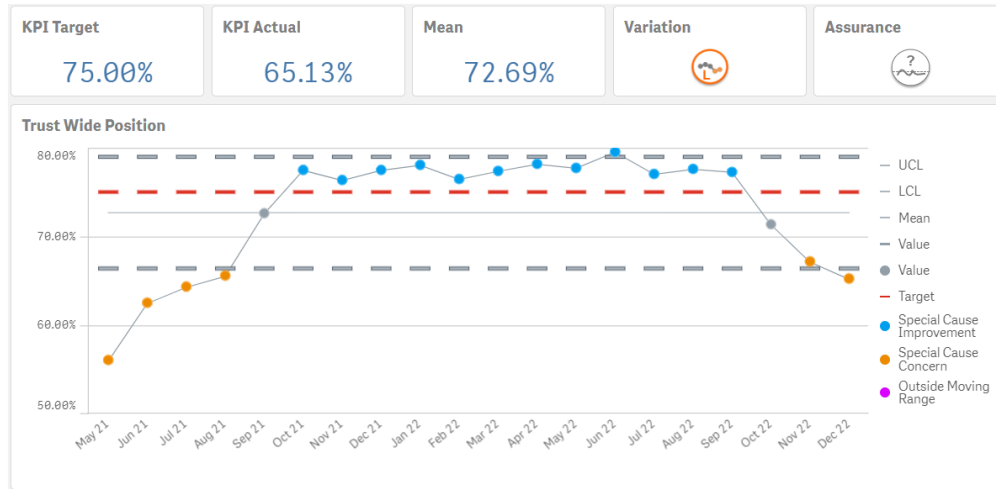


Trend line for 2ww and 62 day cancer performance



Page 11

Cancer Faster Diagnostic Standard

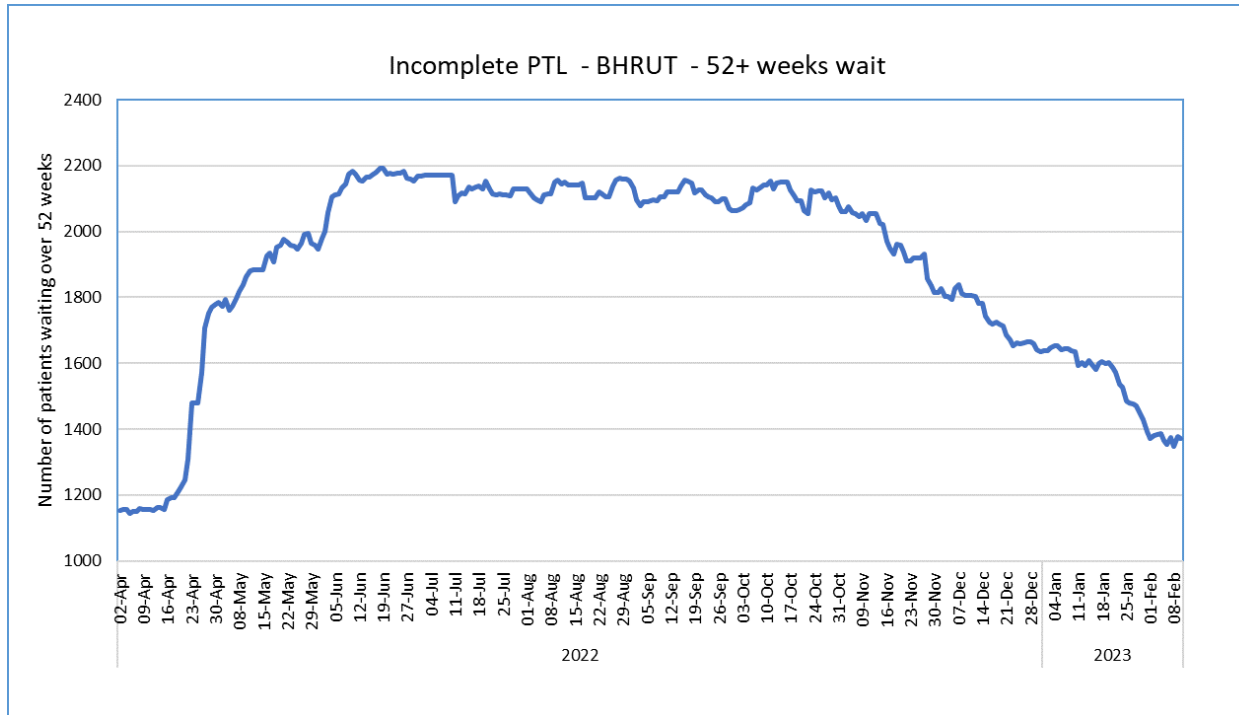


PLANNED CARE

52 week waits

- We continue to focus on reducing the number of patients waiting 52+ weeks and have set ourselves an ambitious target
- Actions include:
 1. Additional capacity to accommodate expected long waiters
 2. Continue to work with the independent sector where possible (although limited capacity and availability is a challenge)
 3. Administrative review of those waiting longest

Page 12



CANCER AND DIAGNOSTICS

Cancer

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

- Disappointingly, we have not met the 2ww performance of 93% standard every month from July 2022 to December 2022
- In January 2023, our unvalidated performance was 85.2% and we expect the validated figure to be below the standard
- Breast symptomatic, lung, gynaecology, and dermatology 2ww capacity remains a challenge due to workforce and patient choice
- Actions to improve pathways include:
 1. Additional clinics capacity for breast, dermatology and gynaecology
 2. Daily monitoring of lung CT capacity
 3. Regular assurance meetings with health partners across NEL

28-day Cancer Performance (time from receiving a definitive diagnosis or ruling out cancer within 28 days of a referral)

- We met the 28-day faster diagnosis standard of 75% from October 2021 to September 2022
- However, from October 2022 to January 2023, we have not met the standard
- Our unvalidated position for January is 49% and we expect to be below the standard after validation
- This is due to diagnosing and reporting capacity across all tumour groups (except breast and brain)
- Actions being taken to improve include:
 1. As per the above for 2WW
 2. Alongside this, we are carrying out a review of clinical engagement for our challenged tumour groups (colorectal, gynaecology, head and neck, and urology)

62 day (from referral to treatment (RTT))

- We are continuing to take action to improve our 62-day referral to treatment standard, however we are currently below the required 85%
- January 2023 unvalidated performance is 57%. After validation we expect to be below the standard
- Actions being taken to improve include:
 1. Established weekly meetings with some of the challenged tumour groups, for example urology, upper GI, colorectal
 2. Fortnightly reviews of 62-day recovery plans
 3. Cancer team administrative training programme underway to support patients progressing through their pathway
 4. Radiology escalation process with our Programme Director for Elective Recovery and Cancer Management team
 5. Histopathology weekly escalation process with our Programme Director for Elective Recovery and Cancer Management team

TREATING PATIENTS FASTER

- We're proud of how our teams are working hard to reduce waiting times for our patients to get the treatment they need
- Our Elective Surgical Hub at King George Hospital is fundamental, ensuring beds are 'ringfenced' for patients on our waiting lists. The hub has a dedicated critical care unit so planned operations aren't cancelled due to emergencies
- We're pressing ahead with the next steps to build a new Community Diagnostics Centre at Barking Community Hospital (BCH)
- Our learning disability team are supporting patients so they are prepared for their appointments and have the right care and support in place when they are seen
- And our prehab cancer team are working with our vulnerable cancer patients to improve their health and wellbeing ahead of cancer surgery or treatment
- We continue to hold dedicated 'super' clinics, many over the weekend, carrying out many appointments and procedures, over a short period of time
- We're also working with health partners and the independent sector who have shorter waiting lists, to organise treatment so patients can be seen faster

COMMUNITY DIAGNOSTIC CENTRE (CDC) AT BCH

- Barking and Dagenham Planning Committee members were overwhelmingly in favour of the proposal – we can now proceed [with the next steps](#)
- The CDC is planned to be completed by the end of November 2023
- We hope to see our first patients in December 2023
- In the meantime, we are continuing to invest in the site. For example:
 - We've introduced more mobile CT and MRI scanners
 - Ultrasound facilities
 - X-ray machines
- These have been vital in helping us reduce waiting lists and treat residents faster.



ELECTIVE SURGICAL HUB



- We welcomed NHS England colleagues to King George Hospital for our [Elective Surgical Hub accreditation visit](#)
- Our Surgical Hub has been named as one of just eight across the country to take part in a national accreditation scheme
- It was set up to ensure planned surgery can continue safely and separately from emergency admissions

Page 16

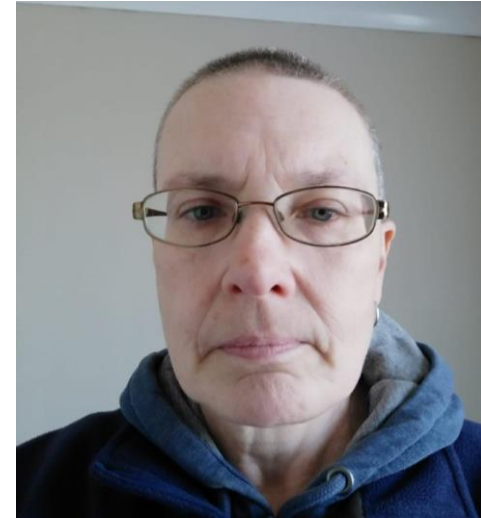
The accreditation will recognise high standards and a commitment to offer training opportunities

Often described as a ‘hospital within a hospital’

- Stella Vig, National Clinical Director for Elective Care, called it “A phenomenal facility for patients who are waiting for care.”



INVESTING IN TECHNOLOGY



- Sir David Sloman, Chief Operating Officer at NHS England, visited our surgical hub in February
- He unveiled the country's [first robotic colonoscopy machine](#)
- Patients will benefit from a painless and non-invasive procedure compared to a traditional colonoscopy and will not require any sedation meaning faster recovery, [benefiting patients like Susan](#).
- Sir David also saw our new kidney stone machine, which will allow us to [see fives times as many patients](#)
- The launch of new machines and our expansion are some examples of the work the Trust is doing to reduce waiting lists and give patients the treatment and care they need more quickly

Page 17



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