



# Haverling

L O N D O N B O R O U G H

## PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE AGENDA

7.00 pm

Wednesday  
26 July 2023

Appointment Centre  
Room 10 & 11, Town  
Hall, Romford

Members 12: Quorum 4

**COUNCILLORS:**

Robert Benham  
Patricia Brown  
Jason Frost (Chairman)  
Frankie Walker (Vice-Chair)

Laurance Garrard  
Judith Holt  
Jacqueline McArdle  
Christine Smith

Bryan Vincent  
Julie Wilkes  
HRA Vacancy  
EHRG Vacancy

**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 (National Education Union)

**For information about the meeting please contact:  
Luke Phimister  
01708 434619 [luke.phimister@onesource.co.uk](mailto: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, 26 July 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 - 2)

To approve as a correct record the Minutes of the meetings of the Committee held on 15<sup>th</sup> March 2023 and authorise the Chairman to sign them

**5 HEALTHWATCH HAVERING ANNUAL REPORT 2022-23** (Pages 3 - 34)

Report and appendix attached

**6 ENGAGEMENT OF YOUNG PEOPLE AND HARD TO REACH GROUPS WITH GPs**  
(Pages 35 - 52)

Report and appendix attached

**Zena Smith**  
**Head of Committee and Election Services**

# Public Document Pack Agenda Item 4

**MINUTES OF A MEETING OF THE  
PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE  
Council Chamber - Town Hall  
15 March 2023 (7.00 - 8.10 pm)**

**Present:**

**COUNCILLORS**

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

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

**Labour Group** Patricia Brown and Frankie Walker (Vice-Chair)

**East Havering Residents Group** Darren Wise

**Also present** Ian Rusha

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

Apologies were received from Councillor Jacqueline McArdle and co-optee Julie Lamb.

**32 DISCLOSURE OF INTERESTS**

There were no disclosures of interests.

**33 CHAIRMAN'S ANNOUNCEMENTS**

The Chairman reminded members of the actions to be taken in case of an emergency.

**34 MINUTES**

The minutes of the previous meeting held on 21<sup>st</sup> December 2022 were agreed as a correct record and signed by the Chairman.

**35 BHRUT PERFORMANCE REPORT**

The Sub-Committee was presented with a BHRUT Update report.

Alongside a presentation as shown in the agenda, it was explained to members that for the past 2 winters, in-patient numbers have not spiked

enough for the elective hubs to close which was positive as it is the view that electives should be protected. Members questioned if cancer patients had to wait more than 52 weeks and whether there were plans to reduce the 52+ week waiting list. It was explained that cancer patients have to start treatment in 62 days maximum and that there was a national target to reduce the 52+ week waiting list by March 2025 and a local target of September 2023.

It was explained to members that NEL pathology is the most under resourced service in London with the lowest workforce per 100k population. A staff survey had been held with results showing that staff want to be valued and plans had been put in place to have junior level staff shadow executive level staff to observe the decision making processes within BHRUT. It was noted that no issues had been raised yet regarding the new ULEZ expansion.

The Sub-Committee suggested that space be kept free in the master plan for NHS provisions to which NHS staff would contact the Council to consider.

The Sub-Committee made no other recommendations..

---

**Chairman**





## PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE, 26 JULY 2023

<b>Subject Heading:</b>	Healthwatch Havering Annual Report 2022-23
<b>Report Author and contact details:</b>	<b>Luke Phimister, Committee Services Officer, London Borough of Havering</b>
<b>Policy context:</b>	<b>Healthwatch Havering officers will give presentation</b>
<b>Financial summary:</b>	<b>No impact of presenting information itself.</b>

### SUMMARY

Healthwatch Havering officers will present to Members their 2022-23 Annual Report

### 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 will be presented with the Healthwatch Havering Annual Report for the 2022-23 period

**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.

# Together

we're making health  
and social care better



## Annual Report 2022-23

# Contents

---

Message from our Chair	2
About us	3
Community Engagement, Enter & View and Community Insights	8
Advice and signposting	24
Volunteering	25
Working with others	26
Our finances	27
How we work	28
Compliance with statutory requirements	29



This year we, like everyone else, have experienced huge changes and challenges in health and social care. However, no matter what the enormity or the delicacy of the task, the willingness of our volunteer members to give their help and support has, as always, been amazing. That the community has a voice and that health and social care leaders can hear the community's voice is paramount to them. This is our tenth report: please enjoy it – it includes many of the pieces of work that we have undertaken on your behalf

Anne-Marie Dean, Chair, Healthwatch  
Havering

## About us

We are part of a national network of local Healthwatch, who share the same vision and commitment. We are co-ordinated by Healthwatch England whose statutory role is to provide advice and guidance and to work with government and NHS England.



### Our vision

A world where we can all get the health and care we need.



### Our mission

To make sure people's experiences help make health and care better.



### Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

# A one page résumé

Our report this year demonstrates our commitment to ensuring the voices of local people are heard, and that our role is included in the new health and social care management arrangements in the borough.

## Ensuring the voices of local people are heard

We have reported on some of the major health services in Havering, working in partnership with other organisations enabling sharing of information.

The project reports which will drive change in services for this year are covered in further detail in the report and include

- Maternity Services
- Accident and Emergency Services at Queen's Hospital
- London Ambulance Service
- Care Homes
- The effects of Long Covid
- Accessing GPs
- Two very important projects which are being undertaken and close to finalising are Learning Disabilities, Autism and Deafness. Commissioned by the Borough to support their commissioning intentions.
- Enter and View visits have recommenced, and more are planned

## A partner in health and social care

During the summer the Havering Place-based Partnership came into being, bringing together NHS services and Havering Council; our Healthwatch is a full member of the Partnership.

The changes are to be welcomed as our role has been included in many of the new systems, which therefore greatly enables our ability to ensure that residents/patients voices are heard.

This has provided new opportunities such as

- Membership of the appointment panels for Clinical and Care leadership roles
- Assessors for Health inequalities funding
- Working with Public Health on the obesity strategy and dealing with Long Covid

# Our year in review



**Over 40,000 people** shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**146 people** came to us for clear advice and information about health and social care issues, such as accessing GPs or dentists and dealing with adult social care issues..

## Making a difference to care

We published **8 reports** about the improvements people would like to see to health and social care services.

## Health and care that works for you

The most popular report was our **GP extended access survey** which highlighted patients' views on accessing their GPs' services



We're lucky to have **14** active volunteers who give up their time to make care better for our community.

We're funded by our local authority. In 2022-23 we received **£117,359** from them (which is the same as the previous year).

We also generated **£23,484** from NHS North East London and the London Ambulance Service on carrying out work commissioned for them.

We currently employ **6 staff** who help us carry out our work.

# How we have made a difference this year

## Spring and Summer 2022

- Home Care Survey for LBH – undertaken twice yearly. A random selection of residents receive calls from Healthwatch seeking views on the standard of domiciliary services
- Join the Drug and Alcohol Prevention Partnership – volunteer member with wide experience in this field
- Consultation on the NEL Community Diagnostic Centre
- Long Covid Workshop – this work developed and we published a full report. Importantly, this work is now re-starting with Public Health team leading a new initiative

## Autumn and Winter 2022/23

- Safeguarding Survey – annual independent survey that Healthwatch undertake on behalf of the Havering Adult Safeguarding Board – findings from the survey are presented to that Board
- Streets Apart Walking Schedule – volunteer members supporting local residents
- Frailty services at BHRUT are raised as the new winter plan for A & E comes into place
- Community Chest Grants is established creating for the first time a real opportunity to help small organisations to make a difference

*“At LAS, we are committed to listening to patients and the public as a fundamental part of our mission to improve standards of care for everyone. London has a hugely diverse population with a wide variety of needs and Healthwatch is uniquely embedded within London communities, so we have been delighted to work with them on this by commissioning engagement reports. The rich insights from their reports will inform the development of our five year strategy and help us to put the people we serve at the heart of all we do.”*

*Director of Strategy and Transformation,  
London Ambulance Service*



# Ten years of improving care – taken from previous Annual Reports

Healthwatch was formed in April 2013, so we have just celebrated our tenth Anniversary.

This is brief retrospective of some of our achievements of the past ten years.

## ✓ 2013 -2014

Twenty-three Enter and View visits carried out

## ✓ 2014 – 2015

Joint review (with the Council's Health Overview & Scrutiny Committee) of delayed treatment at BHRUT due to a backlog of referrals to treatment (RTT)

## ✓ 2015 – 2016

This year the CQC completed its inspection of GP practices and Healthwatch undertook 17 GP visits to support the CQC to complete its inspections in the borough

## ✓ 2016 – 2017

Visits to 10 residential homes, 10 GP practices, 3 Nursing Homes, 3 Queen's Hospital, 1 mental health service

## ✓ 2017 – 2018

Over 600 service users, carers and relatives contributed their views and concerns. 111 recommendations were made for service improvement

## ✓ 2018 – 2019

We launched our Friends Network and worked with 60 third sector organisations

## ✓ 2019- 2020

We launched our Dental survey following concerns from residents, our report supported the work of NHS England and Healthwatch England called for national action to deal with the problems identified

## ✓ 2021 – 2022

Our members helped at the vaccination centres, with providing transport, and importantly networking with often hard to reach communities to ensure that they had every opportunity to visit the vaccination centres

# Community Engagement, Enter & View and Community Insights

The statutory role of Healthwatch is to:

- ❖ promote, and support, the involvement of people in the commissioning, provision and scrutiny of local care services
- ❖ enable people to monitor the commissioning and provision of local care services by considering
  - the standard of provision of local care services
  - how local care services could be improved
  - how local care services ought to be improved
- ❖ obtain the views of people about their needs for, and their experiences of, local care services

and to ensure that commissioners, providers and managers of services, and the Council's Overview and Scrutiny Committees, are made aware of those views and experiences.

We do this in several ways:

- By carrying out surveys of local people
- By undertaking Enter and View visits to health and social care facilities
- Through our membership of the Healthwatch North East London Community Insights System
- Through attendance at a range of meetings with NHS, local authority and third sector colleagues and provider organisations

The next few pages give several examples of the work we have done over the past year.

# Community Engagement – Equity and Equality in Maternity Services

In March 2022, NHS North East London commissioned the Healthwatch organisations in North East London carry out a consultation exercise to co-produce an equity and equality analysis and action plan for Maternity and Neonatal care.

The intention was to co-produce plans setting out how the NHS would work in partnership to ensure equity for women and babies and race equality for staff, ensuring it was aligned with the health inequalities work of the Integrated Care System.

The project was timed to begin during Maternity Choices week in February 2023.

This work was carried out in two phases during 2022/23.

We contacted a wide range of community groups, children's centres, ante-natal groups, parent and toddler groups and day nurseries, who were asked to alert their participants to the survey and to encourage those in the target population to respond to it.

In addition to a formal survey, interview sessions were held at the Maternity Unit of Queen's Hospital, Romford and a children's centre, and a focus group was held in conjunction with Mums Matter.

As part of the project, our staff and volunteers visited Antenatal clinics at both Queen's Hospital, Romford and King George Hospital, Goodmayes, where mums-to-be were interviewed and children's centres where new mums were seen.

# Community Engagement – Equity and Equality in Maternity Services (continued)

Survey questionnaires were distributed to GP surgeries, church groups, nurseries and toddler groups, Early Help Centres and community groups including Mums Matter, Mumsnet and the Sycamore Trust.

The final report was accepted by NHS North East London shortly before publication of this Annual Report. Its recommendations are already having an impact – for example, as a result, maternity healthcare professionals are now receiving cultural sensitivity training. [You can read the full report on the NHS North East London website.](#)

*“I just wanted to say ... thank you for all your energy and investment in the maternity engagement over the past year. ... we honestly couldn't have done it without you. You were able to reach communities we never would have been able to reach on our own, and with that it meant the engagement was genuine, sensitive and considered.*”

*“... you collectively engaged with over 1,500 maternity stakeholders [which] provided ... analysis far beyond what we were expecting. All the insight and feedback you gathered really has set actions and recommendations to deliver meaningful change in maternity care ...*”

*“It was invaluable having all the north east London Healthwatch's working together ... listening to our communities and supporting the ongoing work of our maternity units. ...working together on identifying those improvement areas [has] been a shining example of partnership working.”*

*Senior Communications and Campaigns Manager  
Maternity and Babies, Children and Young People's*

*Programmes*

# Community Engagement – Experience of Post-Covid syndrome (Long Covid)

First identified during the Covid pandemic, Long Covid is a new and evolving syndrome that can greatly impact the health and quality of life of many people. The precise causes of Long Covid are not yet known and the recovery time varies for each patient.

In March 2022, we joined our Healthwatch colleagues in Barking & Dagenham and Redbridge in carrying out a survey of people living in the three boroughs in conjunction with the Long Covid Clinic at King George Hospital, Goodmayes (provided by the community health provider, NELFT).

The survey was designed in collaboration with the NELFT Long Covid service and BHRUT Clinic, with a focus on inequalities and deprivation.

During March–June 2022, 169 people completed the survey, 10 service users gave in-depth interviews and 4 GPs also gave interviews. Only 29% of the respondents to the survey were referred for support for Long Covid, of whom only 16% had accessed the Long Covid service. The findings therefore, included a 71% majority of patients who had experienced help only from primary care or other services.

The survey resulted in considerable interest from the Public Health services in the three boroughs as well as the GPs and Long Covid Clinic leadership.

## Community Engagement – Experience of Post-Covid syndrome (Long Covid) (continued)

Subsequently, we have been approached by Public Health Havering to carry out further work in conjunction with them to find out how people in the borough who have experienced Long Covid are faring, a year on (this outside the scope of this report but will appear in next year's Annual Report).

You can read our full report by downloading it from the link below.

[Our report about Long Covid](#)

*'The partnership between Healthwatch and NELCCG has been helpful in generating understanding of local patient experience of Post-Covid-19 syndrome (Long COVID), with a high quality of life impact and complexities of access to our specialist provision. It has been good to see the high value given by patients to the Long COVID Clinic here at King George Hospital in the survey and interviews. We are working to increase the referrals to this clinic as a system in the light of the findings and are pleased to see recent data suggesting this is now taking place.'*

*Planned Care Programme Manager for North East London  
Clinical Commissioning Group,*

# Community Engagement – London Ambulance Service Five Year Strategy

In October 2022, the London Ambulance Service (LAS) asked Healthwatch organisations across London to help with a public consultation exercise to identify priorities for the LAS for its development of an Organisational Strategy for the years 2023/28.

The LAS was particularly interested in finding out how the public responded to five questions:

- 1. What is the LAS getting right?**
- 2. How can the LAS improve emergency care?**
- 3. How can the LAS enhance urgent care?**
- 4. How should the LAS work with other parts of the healthcare system to improve care?**
- 5. How can the LAS do more to contribute to life in London?**

Most respondents were overwhelmingly supportive and appreciative of the Service. The conduct and expertise of crew members were highly regarded, and response times were generally thought of as reasonable in all the circumstances of the NHS as it currently reacts to winter and other pressures. We also joined with colleagues across North East London using Community Insights to produce a North East London-wide report of views about the LAS.

Both our Havering-specific report and the Community Insights report were used by the LAS in formulating their Five Year Strategy, which also took account of views obtained by Healthwatch from the other parts of London.

# Community Engagement – London Ambulance Service Five Year Strategy (continued)

You can read our full report by downloading it from the link below. You can also read the summary report of the responses from people across North East London by clicking the second link below.

[Our report of the views of people in Havering](#)

[Summary of views across North East London](#)

*“Whilst we can't give you measurable data of the impact of your work at this stage, we can certainly confirm that the engagement you and your Healthwatch colleagues led ... has been one of the key data inputs into LAS five year strategy development process [which has] heavily influenced by the voice of the residents that Healthwatch engaged with. A couple of examples:*

- *We heard that patients wanted 111 clinicians to return calls more promptly ... consistent with what we have heard from other residents from across London and as a result [we have] committed to a target of 90% of patients requiring urgent clinical assessment ... receiving a call back within 1 hour ...*
- *In response to feedback on how LAS could support its employees to develop its 'bedside manner' competencies for patients who are elderly or living with dementia, autism, learning disabilities, deafness, sight loss etc we have launched mandatory 'Tackling discrimination and promoting inclusivity' training workshops with a target of circa 50% of staff undertaking it by year end (March 2024)”*

Page 18

Deputy Director of Strategy and Transformation, LAS



# Community Engagement – Safeguarding

We collaborate with the Havering Safeguarding Adults Board and are developing a similar relationship with the Havering Safeguarding Children Partnership.

For the second year running, the Safeguarding Adults Board asked us to carry out a survey to ascertain what people knew, and thought, of safeguarding.

We found the great majority of respondents had a good or better understanding of the general parameters of safeguarding and were able to identify the key forms that safeguarding needs may take. They were also aware of the key agencies and other possible avenues for reporting safeguarding concerns. But there was also uncertainty about who best to turn to in the event of discovering something untoward; there was reasonable awareness of what constitutes safeguarding but not how to report it.

This reinforced the view that there may be a need to reach out to local voluntary organisations and agencies that are not normally thought of as part of the usual safeguarding networks to ensure that they are apprised of the actions to take if they are approached by someone with a safeguarding issue.

[You can read our report here](#)

## Community Engagement – Access to GPs

We work closely with Havering Over Fifties Forum (HOFF), an umbrella body that brings together a range of local organisations and individuals who are interested in the wellbeing of older people living in the borough.

One of the key issues for the HOFF is accessibility to GPs' surgeries and so, in February and March of this year, we conducted a survey of people's views about their ability to access their GPs.

We received a large number of replies – not only from HOFF members, but also the wider population.

The results included the following:

The average age of responders =

- **65 or older - 57.43%,**

How long have you been with your GP Practice =

- **More than 10 years = 78.32%**

How did you make your last appointment =

- **By telephone = 81.79%**

What time did you phone for an appointment =

- **8am – 9am = 58.28%**

How long did it take for your surgery to answer =

- **More than 20mins = 22.30%**
- **Less than 5 mins = 22.95%**

What were you offered if not an appointment =

- **Call again at another time = 42.64%**

Were you aware of later evening or weekend appointments =

- **No = 82.95%**

Have you had a later evening or weekend appointment =

- **No = 86.13%**

## Community Engagement – Access to GPs (continued)

We subsequently shared the outcome of the survey with the Havering Place-based Partnership.

The results showed that most respondents were unaware of the extended hours available for GP consultations since October 2022, and that not all surgery staff were making patients aware of them.

In addition, around three quarters of patients preferred to make an appointment by telephone (only about 4% were happy to use an online app to do so).

Most respondents had been with their GP practice for more than 10 years.

Havering is an area with a significant population aged 50 or over, many of whom are digitally excluded. The survey indicated that many feel that practices should continue to be contactable by telephone. The moves by the NHS and government to improve practices' telephone infrastructure are therefore most welcome.

# Community Engagement – Care Home Designated Enhanced Services

Healthwatch across North East London came together to deliver this project, commissioned by NHS North East London, seeking insight into GP services provided to Care Home residents.

Direct Enhanced Service (DES) are primary medical services that GPs are additionally funded to provide. There is a DES for Care Homes which provides services such as enhanced primary care and community care support, access to out of hours/ urgent care when needed, multi-disciplinary team support, end-of-life care, home rounds, GP care plans and more.

156 of 252 Homes were contacted by our volunteers, with an additional 19 Homes that had previously been surveyed. This led to an overall 70% completion rate using 156 volunteer and staff hours.

Two reports are available - the Havering-specific version and the overall report, bringing together the data obtained by all eight Healthwatch organisations

[Click here for the Havering report](#)

[Click here for the full North East London report](#)

*"[we] have been working with Healthwatch to hear the voice of care providers across NEL. Healthwatch completed a survey with over 156 Care home managers across NEL, to have a deeper understanding of their knowledge of what the Primary Care Network (DES) outlines. The findings have fed into work to develop a one-page infographic for Care Homes and GP Practices ... to facilitate clear understanding of the DES ..."*

Page 22  
Care Homes Lead, NHS North East London ICB

## Community Engagement – Services for people who have a Learning Disability or are living with autism, and those who are Deaf

In November 2022, the Havering Place-based Partnership commissioned us to carry out two projects, to find out specific groups of service-users felt about the services they are receiving: people living with a Learning Disability or Autism, and people who are Deaf or living with impaired hearing.

This a major project which extends into 2023/24, in which we are gathering data and insights into what the people in the two groups (including children) think of the services they get from both Havering Council and the NHS locally.

We are obtaining this information from surveys, contact with service users themselves, clubs and community groups and through Community Insights.

We will report fully on these projects in our next Annual Report but the Havering Place-based Partnership and the Council and NHS services for which it is responsible will be using the outcome to inform their development of service plans and strategies.

*“Disability legislation and health advocacy groups such as yourselves help people like us enormously by keeping the rights of people with LD and autism on the agenda. Thank you!”*

*– A respondent to our survey of family and friends of people living with a learning disability*

## Enter and View – Abbcross Nursing Home

Prior to 2020, we had run an intensive programme of Enter & View visits to a range of health and social care facilities. The advent in 2020 of the Covid disruption brought that programme to an abrupt halt and it was only in 2022, with Covid receding, that we felt able to resume such visits, taking care to ensure that both our volunteers and the people they would be visited were protected from the possibility of Covid infection.

We therefore took our first tentative steps to resuming an Enter & View programme by arranging to visit Abbcross Nursing Home in April 2022. Using a different process to before the disruption, we first held a videoconference with the Manager, to establish facts about the Home, in which we discussed with her the accommodation and facilities available, the Home's response to Covid, the Discharge to Assess Scheme, staffing and residents' feeding. This was followed by a visit by two of our volunteers who were able to go around the Home and view its facilities.

The volunteers concluded that, overall, good care was motivated by the Manager and all agencies worked together to ensure care ran smoothly. The home itself was clean and fresh, and the carers and residents were relaxed and content.

[You can read our report here](#)

## Enter and View – Accident and Emergency Services at Queen's Hospital Romford

Our second Enter and View visit took place in September at Queen's Hospital, Romford. Over three days we visited the three separate centres of operation that together form the Accident and Emergency Services: the hospital's Emergency Department, the Urgent Treatment Centre (including streaming) and the Ambulance Receiving Centre.

This visit was our most ambitious yet, involving three separate NHS provider organisations: Barking, Havering & Redbridge University Hospitals Trust, PELC (operators of the UTC) and the London Ambulance Service. Again, initial videoconferences were held with representatives of the providers before our visitors went to each of the centres.

At the time of the visit, the three centres were relatively quiet as the winter pressures time had not yet begun.

It was clear that the physical environment (about which we had previously reported pre-Covid) had altered significantly as a result of the Covid disruption, mainly for the better.

*Continued...*

## Enter and View – Accident and Emergency Services at Queen's Hospital Romford (continued)

We were able to make a number of suggestions for further improvement.

It was therefore somewhat disappointing to learn in February that the CQC (which inspected the A&E Services two months after our visit) had rated them as Inadequate. Our recommendations following the visit had identified several areas where improvements could be made.

But is gratifying that our visiting teams were able to identify similar issues to those later found by the CQC inspectors.

[You can read our report here](#)

*"Thanks to Healthwatch for their the role they play – they are really important partners in terms of improving the quality of our local services, everything that was picked up in the CQC report was anticipated by Healthwatch and correctly identified as concerns when they were in in September and we will continue to work with them, as vital local partners as we work with PELC and others to improve the quality of services at the front door. I look forward to them visiting us again in due course this year."*

*CEO of Barking, Havering and Redbridge Trust*



# Community Insights

Developed and led by our colleagues at Healthwatch Waltham Forest and funded by NHS North East London, the Community Insights System analyses data, comments and feedback from a wide variety of sources, including reports from Healthwatch, local Councils and NHS bodies, Twitter and Trip Advisor feedback from patients and service users, articles in local newspapers and providers' websites.

Community Insights is a collaboration of Healthwatch in Barking & Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.

This data is analysed to identify what local people think about the services they receive, and their experiences – good or bad – at health and social care facilities including hospital services, GP surgeries and care homes.

Key Insights produced by Community Insights include data about individual GP surgeries and hospital services. These Insights include what people feel about the advice and information they receive, access to GPs, contacting surgeries, and staff attitudes. These factors are then aggregated to produce Insights into how people view facilities overall.

The Insights can be used by service commissioners and providers to assess how their services are perceived and where they need to concentrate resources to make improvements.

# Advice and signposting

In common with most Healthwatch organisations, we are contacted by many people seeking help with health and social care provision and facilities.

During 2022/23, we received calls looking for our help about many issues, including:

- Finding an NHS dentist
- Arranging an appointment to see a GP
- Arranging transport to get to a hospital appointment
- Complaints about lack of support in the community
- Complaints about poor treatment at Queens Hospital and GPs
- Delays on receiving responses when complaining to PALS
- Delays in receiving appointments for surgery
- Help and advice needed to make an NHS complaint eg Advocacy
- Help needed for family members with mental health issues

We also dealt with issues/complaints forwarded to us from Healthwatch England and other Healthwatch

# Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Visited communities to promote what we have to offer
- Collected experiences and supported communities to share their views
- Carried out enter and view visits to a care home and to A & E services
- Reviewed GP and dentist websites to assess their accessibility
- Collected the most up-to-date information on changes to services, such as whether NHS dental appointments were available at a practice

Throughout the Covid disruption, when we were unable to do many of the activities that our volunteers had previously participated in, we maintained weekly contact with them by video conference. In 2022/23, as normal activity gradually resumed, we changed to meeting fortnightly.

Maintaining contact in this way has been invaluable, for keeping in touch with our volunteers, helping them maintain contact with each other, but also as a means of gaining useful community insights from them.

## Working with others

During 2022/23, our Directors, staff and volunteers attended 298 meetings with partner organisations. These meetings covered a wide range of issues, and included:

- Barking, Havering and Redbridge University Hospitals Trust
- Barking, Havering and Redbridge Patient Engagement Forum
- Havering Health & Wellbeing Board
- Havering Over Fifties Forum (HOFF)
- Havering Health Overview & Scrutiny Committee
- Havering Place-based Partnership
- Havering Safeguarding Adults Board
- Havering Substance Misuse Strategy Group
- Havering Volunteer Management Forum
- Havering Voluntary Organisations Compact
- Healthwatch England London Network
- Healthwatch North East London Community Insights Steering Group
- London Ambulance Service Public & Patients' Council
- NHS North East London ICB
- NHS Special Allocations Service (SAS)
- North East London Local Quality Surveillance Group
- Older People & Frailty Transformation Board
- Outer North East London Joint Health Overview & Scrutiny Committee
- Pharmaceutical Needs Assessment for Barking, Havering and Redbridge
- St George's Health and Wellbeing Centre Development Board

## Our finances

We receive funding from Havering Council under the Health and Social Care Act 2012. This year we also received funding from other sources for specific projects, not all of which we spent in the year.

Income	
Local Authority funding	£117,359
Other income	£23,484
Interest received	£8
<b>Total</b>	<b>£140,851</b>

Expenditure	
Staff costs	£89,265
Operational expenses	£34,973
Taxes, fees and added to reserves	£8,031
Project funding carried forward	£8,582
<b>Total</b>	<b>£140,851</b>

# How we work

- **Involving volunteer members in our governance and decision-making**

Our Governance Board consists of eleven members (two Executive Directors, two Non-Executive Directors, two staff members and five volunteers) who provide direction, oversight and scrutiny of our activities. Through 2022/23 the board met ten times and made decisions on matters such as our finances, the HWE Quality Framework and internal policies and procedures.

Every quarter, all of our volunteer members meet in a formal Members' Meeting as the ultimate decision-making body. Additional meetings are occasionally held. We ensure wider public involvement in deciding our work priorities.

- **Methods and systems used across the year's work to obtain people's views and experience**

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2022/23 we have continued to be available by phone, by email, provided a webform on our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, developing links with a local voluntary organisation that works with people who are Deaf.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website, send it to our Friends' Network and circulate it by email to a wide range of stakeholders.

- **Responses to recommendations and requests**

No provider failed to respond to requests for information or recommendations. There were no issues or recommendations escalated by our Healthwatch to the Healthwatch England Committee or resulting special reviews or investigations.

## Compliance with statutory requirements

- We have maintained our engagement with the Havering Health and Wellbeing Board, Health and other Overview & Scrutiny Committees and the Outer North East London Joint Health Overview & Scrutiny Committee. We have been represented at most meetings of these bodies.
- We have used the Healthwatch logo on stationery, reports and on our website. We continue to hold a licence from Healthwatch England to do so.
- Copies of this Annual Report will be sent to various stakeholders, including Healthwatch England, Havering Council, Havering CCG and the British Library.
- We are registered as a Community Interest Company with Companies House and for data protection purposes by the Information Commissioner.




Healthwatch Havering  
Queens Court  
9-17 Eastern Road  
Romford  
RM1 3NH

[www.healthwatchhavering.co.uk](http://www.healthwatchhavering.co.uk)

t: 01708 303 300

e: [enquiries@healthwatchhavering.co.uk](mailto:enquiries@healthwatchhavering.co.uk)

 @HWHavering





## PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE, 26 JULY 2023

<b>Subject Heading:</b>	Engagement of young people and hard to reach groups with GPs
<b>Report Author and contact details:</b>	<b>Luke Phimister, Committee Services Officer, London Borough of Havering</b>
<b>Policy context:</b>	<b>NHS officers will give presentation</b>
<b>Financial summary:</b>	<b>No impact of presenting information itself.</b>

### SUMMARY

National Health Service (NHS) officers will present to Members an update how the place based partnerships are engaging with hard to reach groups

### 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 requested information on the work being taken to engage GPs with hard to reach groups

**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.

# How we are engaging with local people in Havering to shape our priorities and improve outcomes

---

Luke Burton, Borough Director, Havering Place based Partnership

# A partnership focus

- The Havering Place based Partnership, comprised of health, care and the community and voluntary sector across the borough, provides us with an excellent platform to hear from, and provide support to seldom heard groups so that their voice shapes local services
- Primary care is part of the Borough Partnership and therefore should not be looked at in isolation
- The Partnership is committed to involving and listening to local people, carers, and community and voluntary sector groups, as well as front line staff, in all the work that we undertake
- The communications and engagement teams within all partner organisations are working together to form a communication and engagement strategy for Havering
- We want local people's views, ideas and experiences to genuinely shape our priorities and programmes of work, and ensure that we are working collectively towards outcomes that are meaningful to them.
- Lots of great work already happening with more to come.

# The Big Conversation

On Wednesday 19 July, local people and partners from across Havering, including community and voluntary sector, health, care and local business will be coming together to:

- Find out what matters most to local people and about their current experiences
- Talk to local people about any changes in health and care
- Articulate what is most important about our planned priorities, both at a North East London Level and locally – and how we'll know we've made a difference
- Help local people link in to health and care services and wider wellbeing services and get involved in reshaping and improving them
- Ask questions

This will be part of an ongoing series of discussions and co-production work with local people, with partners planning to run events across the Borough to speak to as broad a range of local people as possible

# The #BeeWell survey

- The Havering Youth Wellbeing Census is part of Havering Council's commitment to amplifying the voice of young people in the borough.
- Havering Council is working with UCLPartners to locally adapt and use the #BeeWell survey for this.
- Designed by young people, the #BeeWell survey measures the wellbeing of young people and the results are used to deliver positive change.
- 13 schools in total have registered and should be undertaking the survey as part of PSHE lesson for Year 8s and Year 10s in June/July.



# Our Carers' Strategy

- The Havering strategy for those who provide informal and unpaid care has been designed around feedback and engagement with local carers
- One to one discussions, focus groups and a borough wide survey of local carers provided rich feedback which we have directly used to shape the strategy, setting out how we will improve things for local carers in a series of 'I' statements so that it's really clear the benefits they will see over the coming years.
- Lynn, a local resident, has also kindly shared her recent experience caring with her mother, to highlight the improvements that need to be made for Carers and those they care for in the Borough. This forms the foundation of the strategy.



# What matters to local carers – feedback from engagement

## One to one discussions



“I live alone with my mum who is ill, it’s just us but it’s always been that way”

Imago Young Carer (aged 9-12)

“Sometimes I don’t know where to get help, I care for my husband on my own and struggle using technology to access information”

Adult Carer

“I take care of my twin sisters with mental health problems and my great grandmother. I used to have a group of young carers to meet up with, but now with my college schedule and caring I don’t have time”

Young adult carer (aged 19)

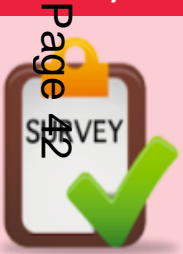
“I just want carers to be acknowledged as workers, entitled to breaks. We work so hard and employers often don’t recognise this strain”

Adult Carer

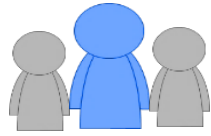
“I have cared for my grandad for as long as I can remember, but since he became bed-bound 2 years ago, it has taken more time. I had to take 8 weeks off college because it’s just me and my mum who care for him”

Young adult carer (aged 23)

## Borough wide Survey



**1 in 3**



Of 125 respondents said that access to timely GP appointments was their top priority

**64%**



Of respondents felt that training to help them fulfil their informal/unpaid caring role would be useful

**1 in 2**



50% of respondents felt that better access to get through to services on the phone in a timely way is their top priority for improvement

**1 in 2**



Of the 125 respondents felt that their relationship with their GP worked well in terms of the care and support they currently receive

The general additional comments provided focussed on the need to coordinate care around people, ensuring that it is more seamless, ensure access to information and advice so that people can navigate the system, and ensure access to timely appointments.

## Focus Groups



It is often difficult to understand what services are out there to support Carers and the people that they care for. Carers will often have to go to the GP to be referred on for support. This should be more simple. A single directory would be helpful, if everyone could access it.



Access to respite should be easier, and it should be more flexible. It’s really important that Carers have access to respite when they need it, that doesn’t disrupt the routines of the person they’re caring for



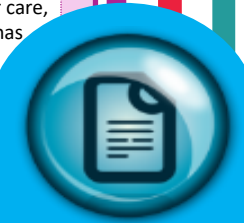
Access to Primary Care appointments should be easier and more quick. A flexible model would be helpful, that means you are seen by the right person for your query, in a timely way.



Services should be more streamlined around the needs of the person. It can be difficult to navigate a range of appointments, and it takes time to take the person that you care for to different appointments at different places.



Carers should be identified and recognised for the key role that they play. Sometimes it’s difficult to get the GP to call the Carer rather than the cared for person to discuss their care, even if the cared for person has dementia





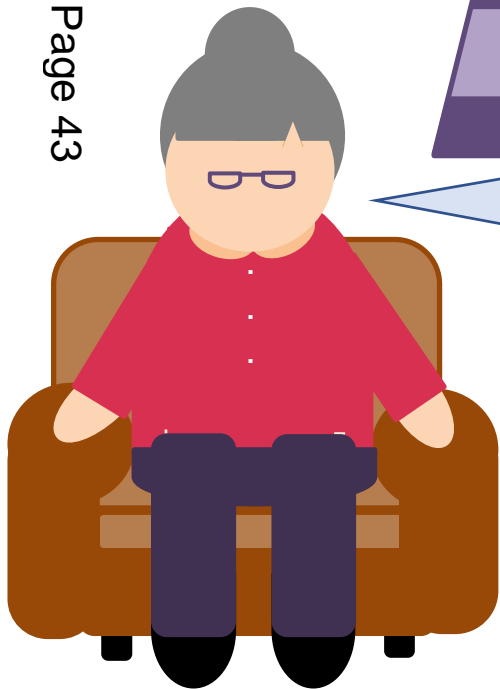
# Havering Carers experience: Lynn's story

Lynn and her mother Joan share a really close bond, and are more like best friends. They're always there for each other, and see each other frequently. Lynn's mother had started to slowly decline in the past couple of years, being less able to manage. Lynn noticed this and, as well as supporting her mother herself; acting as her advocate, booking appointments, arranging food shopping and other support, Lynn requested a Social Care assessment following which a care package was put in place (single handed, 4 times per day). A lot of the monitoring of her mother's diabetes and blood sugar levels falls to Lynn, including the decision of when to escalate; Lynn also notices that the diabetes medication is given by nurses on several occasions despite her mother's blood sugar levels at the time suggesting that it should not have been administered.

In 2022, Lynn's mother, who was at this point defined as 'housebound' developed a rash across her body, which left her in extreme discomfort. From then on, Lynn's mother's condition began to decline, despite Lynn's struggles to get her seen by the right people to support her. The following page maps their journey from this point.

## Lynn's Mum - Joan

Page 43

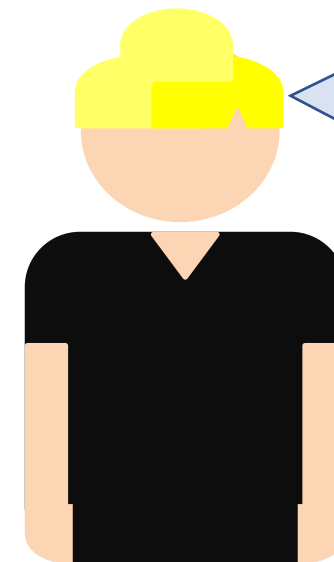


*"I don't mind being woken up by the cat, she reminds me that I'm still alive"*

### Lynn's Mum

- 89 years old
- Lives alone with daughter nearby
- Declining mobility
- Care Package – single handed, x4 times a day
- Type 2 Insulin controlled diabetes
- 2019 Alzheimer's diagnosis

## Lynn



*"I'm not a Carer, I don't have any formal caring qualifications, I'm just trying to do what's best for Mum"*

*"I often felt I was alone, trying to fight for Mum"*

As well as supporting her mother and her family, Lynn works in Havering in the Community and Voluntary Sector and has a strong understanding of the health, care and community system in Havering.



## **Havering Carers experience: Lynn's story**

**There are many instances within Joan and Lynn's journey where care could have been improved, particularly:**

- There was a lack of care coordination /person centred care around Joan's journey, with Lynn trying to fill this function; there were many occasions where Lynn was not listened to, and she really had to push to have her mother seen
- There were many cases where, to get the referral or support she knew that her mother needed, Lynn had to go back to the GP for an appointment, to get the onward referral
- Joan's rash was never properly investigated / addressed, and she was in significant discomfort because of this throughout the last few months of her life
- Lynn was never identified as a carer / no one who saw Lynn ever checked that she was receiving the support to which she was entitled
- Joan's journey was convoluted, and without Lynn acting on her behalf and taking her to appointments, could have been significantly worse
- Lynn is now left with not only the impact of losing one of the people whom she loved most in the world, but also the impact of the experiences that she and her mother had to go through during the last months of her mother's life

# Community Core Connectors

- Project based in Harold Hill to reduce health and care inequalities and improve outcomes for local people.
- Recruits local volunteers as Core Connectors who are based in the community to share key health messages and information, and link people to other wellbeing support.
- The work is led by a former housing officer whose background and knowledge of the local population has been invaluable to the success of this programme.
- Nearly 500 people have already benefitted from this project.
- Feedback suggests that becoming a Core Connector volunteer is also in itself a rewarding experience.

Page 45



# Warm hubs and cost of living

Partners in Havering have formed a task group to support local people with the cost of living, this has included:

- Targeted texts and financial support for those on life saving equipment
- Targeted online support for those searching for cost of living advice in the Havering area
- ‘Warm Hubs’, strategically placed across the borough (which will evolve into cool hubs during the summer) which provide a safe place for local people to access information, advice, and a cool/warm place during the day. There are a number of activities and support delivered through these hubs, and local people are directed on for further support as needed. Over 1,000 people have already benefited from these hubs.
- Financial support and advice for those who are struggling as a result the cost of living increases



# Learning Disabilities and Autism

- Havering Place based Partners are engaging directly with the Autism Hub and its members to understand their experiences of health and care services, and feed these into a programme of improvement
- Havering Healthwatch has also undertaken a piece of engagement work with those who have a learning disability or autism to understand their experiences in more detail
- This will feed this in to the partnership to ensure that this can shape priorities and service improvement going forward
- Havering currently does not have a Learning Disability strategy and it is the intention of the partnership to work with local VCSE groups and people with Learning Disabilities and their carers to codesign this.

# Engagement with the VCSE

- Since the inception of the Havering Place based Partnership a concerted effort has been made to engage with community and voluntary sector groups across the borough to raise awareness of the work between health, care and the VCSE, and to ensure that all groups feel they are able to be involved in and shape the priorities and work of the partnership
- A community chest fund was launched last year which saw an additional circa £100,000 invested in local community and voluntary sector services targeted at reducing inequalities
- The partnership has also been undertaking a series of 'showcase events' for all health, care and VCSE staff across the Borough to raise awareness of the work underway and encourage more of our partners to get involved.



# Understanding the experience of health and care for those who are deaf

- Havering Healthwatch has been commissioned to ensure that health and care services are meeting the needs of those who are deaf.
- It aims to raise this community's profile, build confidence in terms of accessing services, and ensure that outcomes for those who are deaf are improved
- It is a key foundation block to ensure that no community is disadvantaged in terms of accessing health and care services.

# Homeless and rough sleepers

- We are working with partners to understand the healthcare issues and barriers for people who are homeless or sleeping rough
- In addition to this, a survey has been launched to ask local people who are homeless/rough sleeping what they think
- Part of the health inequalities funding is being used to offer to create a homeless outreach service.





# Events in the community

- As part of the work to support practices with their Patient Participation Groups, we are exploring using community events as an engagement mechanism for practices and primary care networks
- We are supporting a Health Fair with Crest PCN on 22 July to help them use this as a meaningful engagement exercise to reach people we would not usually hear from and to recruit people to their PCN PPG.



# What's next

- Work will continue to support PCNs and practices to develop mechanisms that work for them and that feed back into the work of the Borough Partnership.
- The Partner communications and engagement teams are now focused on developing tangible pieces of work to work together on.
- As a Havering partnership, we want to embed engagement with local people at the start of every programme of work that we do, with local people feeling part of, and able to influence how their services shape up.
- We will use the NEL Community Insights System to collect feedback that local people share in online forums so that we can also understand the key themes of this, and ensure that these are responded to, alongside other methods of communication including surveys, focus groups, face to face engagement sessions, and other ways of engaging with local people.
- This will all be part of a larger programme of communications and engagement, to ensure that local people are continually part of the conversation to improve and shape their health, care and community and voluntary sector services going forward.
- We will ensure that the tools are in place to support local people to have more control over their care, including development of a single data base of services for Havering (via the Joy App) and greater use of technology to enable local people and their carers to have access and control over their data.
- The Local Authority and NHS Integrated Care Board are currently undergoing restructures that will see a more integrated team at place with more capacity to drive forward our projects. This will build on the foundation of work that we have in place, and really help to drive further engagement and positive change for local people.