



# Haverling

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

## PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE AGENDA

7.00 pm

Tuesday  
13 February 2024

Appointment Centre  
Room 10 & 11, Town  
Hall, Romford

Members 12: Quorum 4

### COUNCILLORS:

Jason Frost (Chairman)  
Frankie Walker (Vice-Chair)  
Robert Benham  
HRA Vacancy x2

Patricia Brown  
Laurance Garrard  
Judith Holt  
EHRG Vacancy x1

Jacqueline McArdle  
Christine Smith  
Julie Wilkes

### 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

Ian Rusha (NEU)

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**

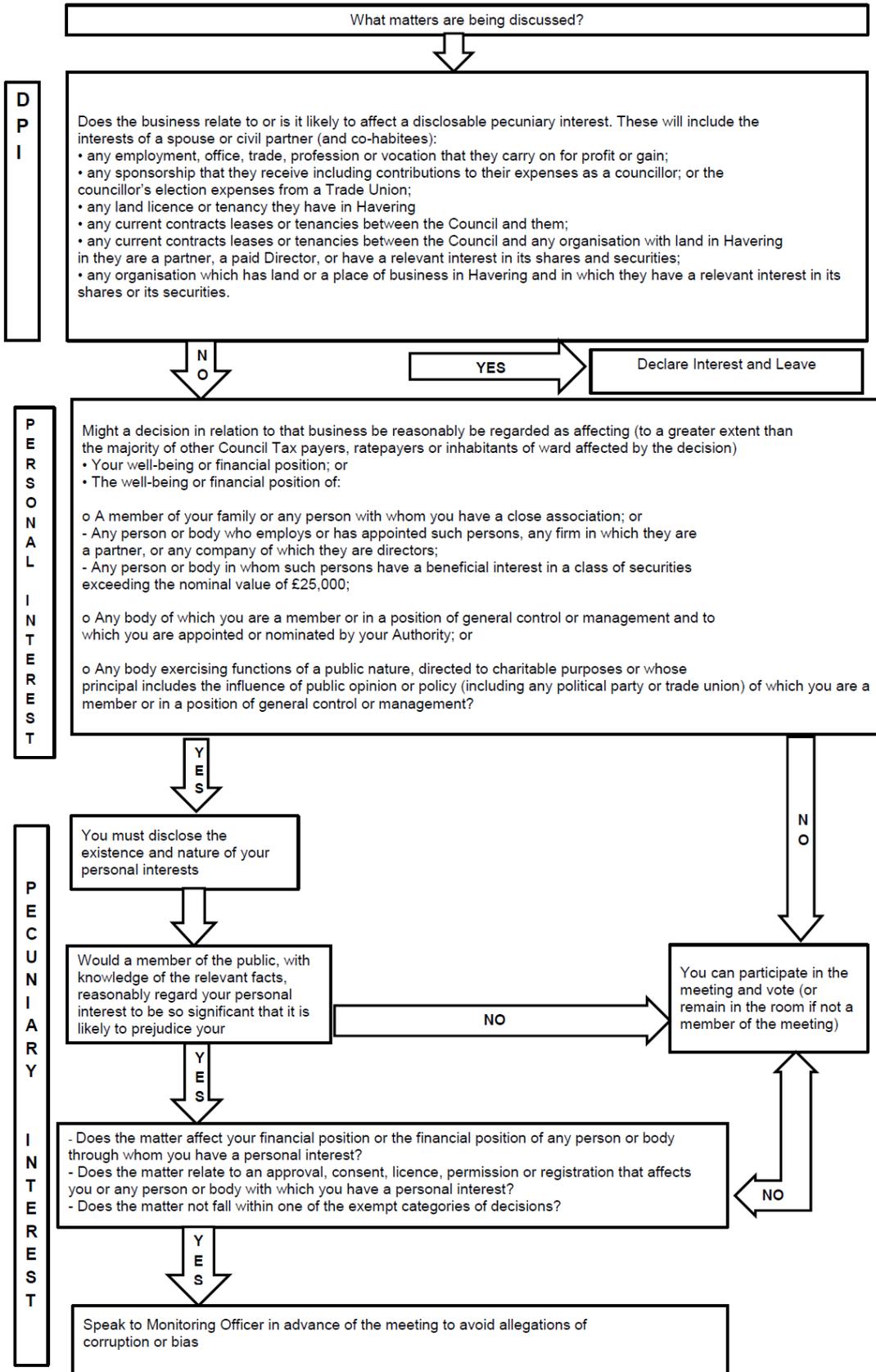
The areas scrutinised by the Committee are:

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

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- 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 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.

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

To receive (if any)

### **3 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.

### **4 MINUTES (Pages 7 - 8)**

To approve as a correct record the Minutes of the meetings of the Committee held on 20<sup>th</sup> September 2023 and authorise the Chairman to sign them

### **5 HEALTHWATCH HAVERING RECENT REPORTS (Pages 9 - 58)**

Relevant documents attached

### **6 HAVERING COMMUNITY PHLEBOTOMY SERVICE (Pages 59 - 64)**

Relevant documents attached

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

**MINUTES OF A MEETING OF THE  
PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE  
Appointment Centre Room 10 & 11, Town Hall, Romford  
20 September 2023 (7.00 - 8.25 pm)**

**Present:**

**COUNCILLORS**

**Conservative Group** Jason Frost (Chairman) and Judith Holt

**Havering Residents' Group** Julie Wilkes

**Labour Group** Patricia Brown

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

Apologies were received for the absence of Councillors Laurance Garrard, Lamb, Jacqueline McArdle, Christine Smith, Bryan Vincent and Frankie Walker.

**66 DISCLOSURE OF INTERESTS**

There were no disclosures of interests.

**67 CHAIRMAN'S ANNOUNCEMENTS**

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

**68 MINUTES**

The minutes of the previous meeting were agreed as a correct record and were signed by the Chairman.

**69 GP ENGAGEMENT**

The Sub-Committee was presented with an update report on GP engagement.

NHS officers explained to members that primary care (PC) was part of the Integrated Borough Partnership and worked alongside local area coordinators (LACs) who work in 3 areas; Harold Hill, Collier Row and Rainham. Members noted funding for more LACs in Romford had been acquired.

Officers then explained the #BeeWell survey which was an initiative that worked with 13 schools within the Borough who partake in the survey and then feedback to GPs. Members noted that funding had been received for work to have a young person steering group to identify actions to help with engagement.

It was noted by members that the NHS was working harder to engage more with collages across the Borough and were also working with volunteer centres who attend sessions in Romford town centre.

The Sub-Committee made no recommendations and noted the report.

## 70 **MMR VACCINATION**

The Sub-Committee was presented with a report on MMR vaccinations.

Colleagues from NHS England, NEL ICB and Havering explained the MMR virus was saliva born and is easily transmitted from person to person. Members noted there had been 141 cases recently in the UK with 60% being in London. It was noted that of the 141 cases, 58% of them were children under 10 and 23% of cases were imported from overseas. Members noted that there had been 7 Mumps cases in Havering and Measles cases had slowly increased since 2022.

It was explained to members that the first MMR vaccination is given to children when they turn 1 year old with a second at age 3 years old before school. It was noted that there is a high uptake for the first vaccination but uptake falls with the second and third vaccinations. It was noted that the target uptake for Havering was 95% but the actual uptake was under the target. The actual uptake was higher than London, however, but was on par with England.

Members noted that communication strategies were being adapted for local communities to make them more accessible, understandable and transparent with data systems to highlight where focused support is needed. The Sub-Committee also noted the Council would work with schools and Head Teachers to provide information to parents before and during school.

The Sub-Committee made no recommendations and noted the report.

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**Chairman**

**PEOPLE HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE – 13<sup>TH</sup> FEBRUARY 2024**

<b>Subject Heading:</b>	Healthwatch Havering Recent Reports
<b>Report Author and contact details:</b>	Ian Buckmaster, Healthwatch Havering
<b>Policy context:</b>	Healthwatch Havering officers will give presentation

**SUMMARY**

Healthwatch Havering officers will give updates on recent reports they have published.

**RECOMMENDATIONS**

That the Sub-Committee scrutinise the reports and agree any recommendations or comments.

**REPORT DETAIL**

*Healthwatch Havering have recently published three major reports that have an impact on services provided by the Council (as well as the NHS). These reports are:*

- A review of the views of users of services for people with learning disability and autism
- Deafness is not a barrier
- Post-COVID syndrome (Long COVID)

Officers from Healthwatch Havering will present the reports and highlight key areas in the reports.

**IMPLICATIONS AND RISKS**

**Financial implications and risks:** None for this covering report

**Legal implications and risks:** None for this covering report

**Human Resources implications and risks:** None for this covering report

**Equalities implications and risks:** None for this covering report

**ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

*None for this covering report*

**BACKGROUND PAPERS**

None

## **Healthwatch Havering – recent reports**

Healthwatch have recently published three major reports that have an impact on services provided by the Council (as well as the NHS).

Each of the reports is lengthy so, rather than reproduce them in full, Members are invited to use the links below to access them online.

### **Services for people living with learning disability and autism: A review of the views of service users, their carers and associated professionals**

<https://www.healthwatchhavering.co.uk/news/2023-11-27/support-people-living-autism-or-learning-disability>

### **Deafness is not a barrier - It only becomes a barrier if there is a lack of accessibility: Exploring how to improve access to care for the Deaf community in Havering**

<https://www.healthwatchhavering.co.uk/news/2023-12-14/services-people-who-are-deaf-or-hearing-impaired-updated>

### **Post-COVID Syndrome (Long COVID): The continuing effects in Havering**

<https://www.healthwatchhavering.co.uk/news/2023-11-21/post-covid-syndrome-long-covid>

The Director of Healthwatch will give a brief presentation on each of the reports at the meeting. The reports have been shared with the relevant Council officers and NHS leaders for the borough, as well as Healthwatch England and the CQC.

## **Enter and View visits**

In addition to these major reports, Healthwatch have recently carried out Enter and View visits to:

### Nursing and residential care homes:

- Ashling House
- Glebe House
- Moreland House
- Nightingale House

### Community Pharmacies

- Brooks (formerly Lloyds), Collier Row
- Clockhouse, Collier Row

### Hospital and Urgent Treatment services

- Patient perspectives of their stay in hospital, Queen's Hospital and King George Hospital (a joint project with Healthwatch Barking & Dagenham and Healthwatch Redbridge)
- Accident and Emergency Services at Queen's Hospital – second visit \*
- Harold Wood Urgent Treatment Centre/Polyclinic \*

The reports of these visits are available on the Healthwatch Havering website ([www.healthwatchhaverling.co.uk](http://www.healthwatchhaverling.co.uk)), other than those marked \*, which are not yet published.

### Community Engagement

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## People Overview & Scrutiny Sub Committee Recent Healthwatch reports

13 February 2024

**Services for people living with learning disability and autism: A review of the views of service users, their carers and associated professionals**

<https://www.healthwatchhaverling.co.uk/news/2023-11-27/support-people-living-autism-or-learning-disability>

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**Deafness is not a barrier – It only becomes a barrier if there is a lack of accessibility: Exploring how to improve access to care for the Deaf community in Havering**

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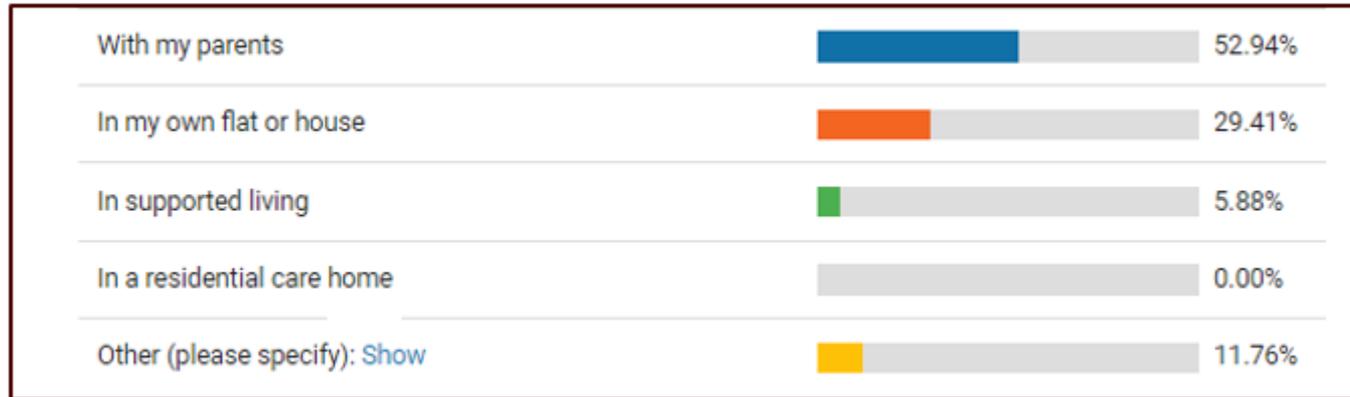
# **Community Engagement**

## **Services for people living with learning disability and autism**

A review of the views of service users, their carers  
and associated professionals



## Where do you live?



## Where would you like to live?

- Sheltered accommodation nearer to my mother in another part of Havering. I would like to move to Dreywood Court in Gidea Park.
- In social housing to give us stability and to meet my son's needs with a property that is suitable
- Somewhere greener on the edges of Essex.
- When I am older, I would like to live in fully supported living that is completely accessible and facilities for a fully reliant wheelchair user
- I would eventually like to live alone in my own accommodation and try and live more independently. Preferably somewhere in the same borough, Havering, so I can still have access to my local and current support networks.



## *Do you have a job for which you get paid?*



- Chef in a pub
- Bus electrician
- 2 days per week in a café
- Claims handler

## *If you do not have a job, would you like to get one?*



- After my studies. Bus or train driver.
- receptionist cinema worker office worker cafe worker runner for television
- Helping people
- Graphic Designer.
- Dog groomer



*If you need help looking after your money, do you know where to go for help?*



- My Mum and Dad. I couldn't do it on my own
- It is very difficult to get help with money issues in this borough.
- I wouldn't know who to ask. How that would work. Who could help me. I don't know.

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*Do you enjoy going to clubs?*

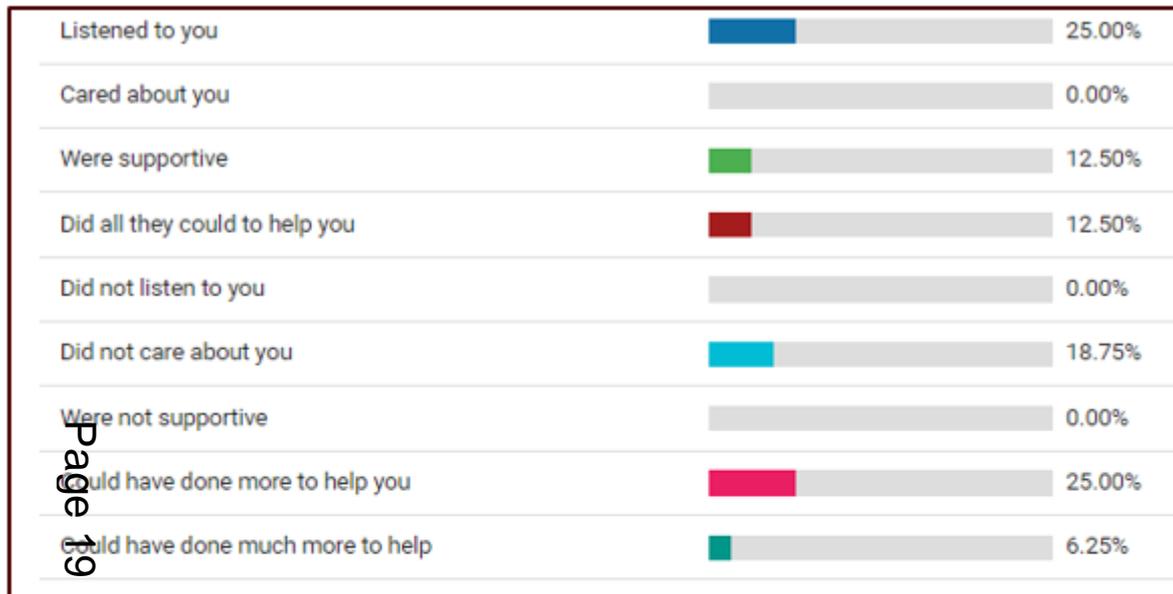


- There are none in Havering
- It is very hard to socialise with people due to them not wanting to mix with people that have a learning disability.
- Depends on your meaning for clubs. If it's nightclubs, no because of noise, drink etc. If its regular clubs, well, I'd like to find one I can attend comfortably.



## LD & Autism: Service Users

*When you last spoke to the doctor or nurse, did you feel that they:*



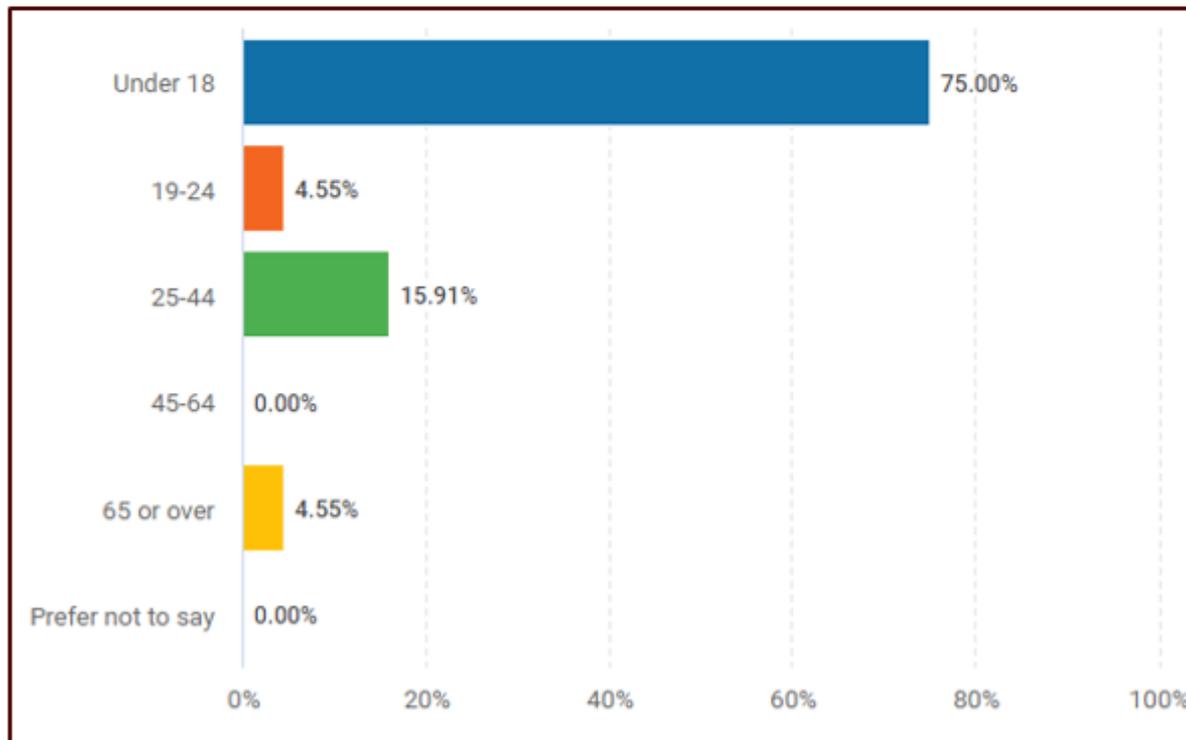
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- [The] Receptionist has sniggered at me a few times which is very distressing and disrespectful. All staff should have LD awareness training, they have a duty of care to get medicine to me. **[I] told the GP [that I cannot have] BP tablets because [I have] falls in [my] flat. They still want me to take BP tablets and are not listening to me [emphasis added].** [They] won't allow a separate number to call for LD patients. There should be a number for vulnerable patients to use.



Although we aimed our survey at those caring for people living with autism or a learning disability of any age, three quarters of those who responded were caring for someone under 18 years of age:

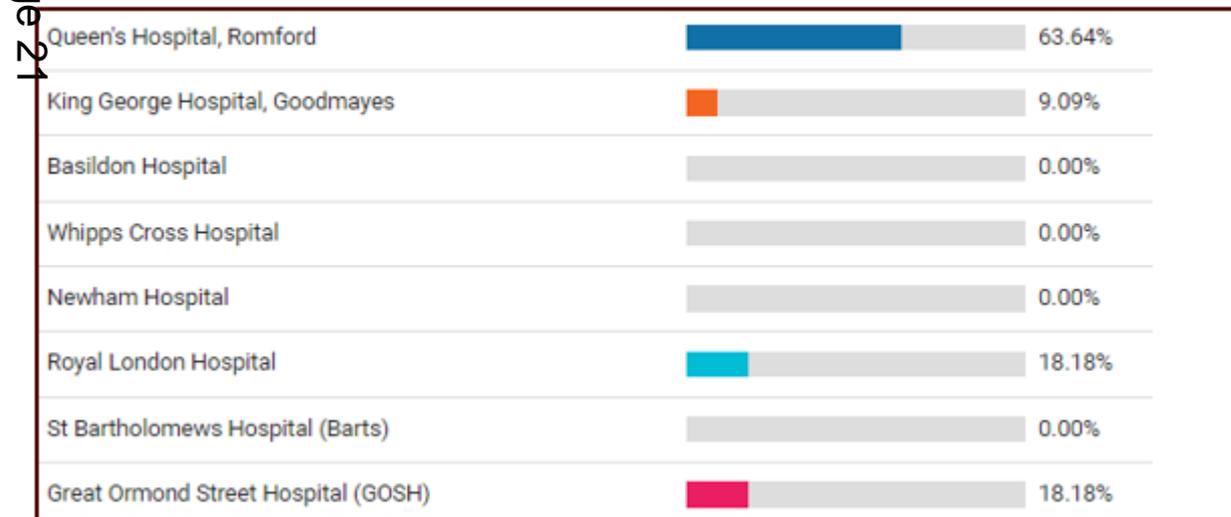
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*Has the person you care for been an in-patient in hospital in the last three years?*



*In which hospital?*



*Thinking about the hospital at which they were an in-patient for the longest time, how well do you think their specific needs were met?*

- We did MRI in Queens Hospital. They booked my daughter at 2pm and she wasn't supposed to eat anything before that. Then we were waiting for another 3 hours in hospital. I told staff that she has autism, she doesn't understand, she's non-verbal. They ignored me until she started to scream like crazy.
- I have had many difficult experiences at A and E in the past namely the new triage queue at reception is horrendous and having injured and ill people queue like they are at a theme ground is unacceptable for a child with autism. A trigger occurred on one visit as one of my children sat and screamed in the foyer and had a panic attack for some time before they could get him a wheelchair (there was nothing wrong with his legs but he was in fight or flight and was refusing to move). This made assessment and treatment after very difficult.

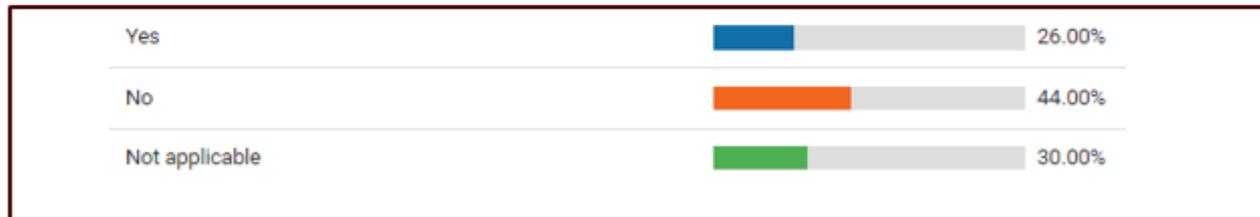


*Again thinking about the hospital at which they were an in-patient for the longest time, how well do you think hospital staff were trained in meeting their needs?*

- Staff are put under extreme pressure causing them to be at breaking point at most times. This is not fair to anyone especially the trained nursing staff who are continually dealing with high demand patients and having very scarce resources at their disposal. More trained staff required especially in autism related fields.
- They thought my daughter was naughty.
- Waiting in busy spaces is the biggest challenge and cause for anxiety/The support was non-existent and knowledge was even worse.
- The staff also need to read the person's disability passport and listen to the carer.



*If you are caring for a person aged 18 or under, and they display challenging behaviours because of their disability or autism, have you received help from services to assist you / the child with managing those behaviours?*



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- Paediatrics is setting up a meeting with a psychologist for medication to help.
- We don't have challenging behaviour but haven't been offered any help by the council on areas of concern.
- He has been under CAMHS a few times since he was young. Schools and now college are usually helpful and supportive up to a point but because he is academically bright, he could never get EHC plan & therefore was not entitled to extra help.



*Is that child supported by their school to help manage their challenging behaviours?*



*To support the person you care for, can you easily access information on health and social services and support for people with a learning disability or who have autism available in your local area?*



*Does the person you care for access day opportunities (for example employment, training, and social activities)?*



*Have you been offered a carer's assessment to help identify what support you might need with your caring role? (A carer's assessment is a review of your caring role and how these impacts on your life, to identify if you require support; it will usually (but not always) be done by a social worker)*



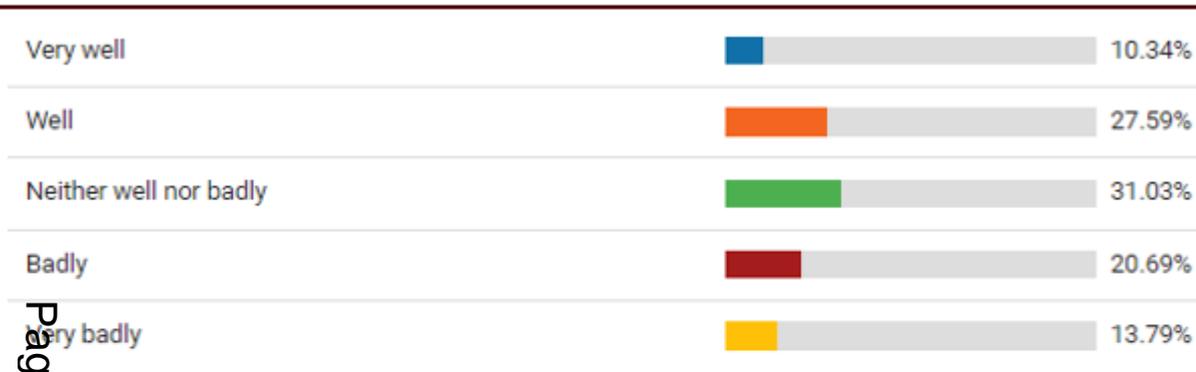
*If you answered yes to the last question, did you accept the offer of a carer's assessment?*



- This was done 3 years ago due to my own efforts and nothing else has been done thereafter.
- A complete waste of time!!



*Thinking about the professionals who have offered help, how well do you think they were trained in meeting their specific needs?*



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- More help is needed in this area.
- The support is hugely reliant on government funding which keeps getting cut and is not enough this support and services are limited and not up to the level required.
- Not enough known about acquired brain injuries
- My son was identified with problems from a young age, but got 'lost' in the system, I had to pursue a lot of avenues myself, resulting in a diagnosis around the age of 8/9, then two further diagnoses much later on which were done after professionals raised concerns during routine checkups.



### *How do you feel about your work?*

- I love being with my students and helping them achieve things they didn't think they could do.
- We support and prepare autistic job seekers for work. The job is fulfilling and we see the outcomes of our hard work when our clients and learners achieve their goals.
- I have a lot of support from my manager and colleagues in supporting children and young adults who are adopted, many of whom also have learning disabilities or diagnoses of autism.
- I believe that we provide high quality personalised care and support.
- I have a job that helps me to support families in the community, to guide them and sign post them to have a better life.



### *What do you enjoy most about your work?*

- Being with my students.
- Dispelling myths and stereotypes about autism, plus showing job seekers that they are able to work and demonstrating to employers the benefits of a diverse workforce.

### *What do you enjoy least about your work?*

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- Paperwork!
- Lack of funding, lack of understanding about how important support for adults with autism is (+25).
- Trying to get young people services when they transition to adulthood and don't meet the 'criteria' for adult services – particularly when they have various diagnoses including mental health problems. Also trying to get children accepted by the CAD team as their particular disabilities don't fit the CAD remit even though they have full EHCPs and full DLA.



### *Do you feel listened to and respected as a member of staff?*

- Managers do not listen or respect us and have little understanding of SEND. We have constantly asked for the doors to be widened in our building, to allow better wheelchair access but there seem to be a lot of hoops to jump through to get this job looked at.

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### *Is the service responsive and well organised to meet service user's needs?*

- Havering social services is too siloed so children and young people with a multiplicity of issues aren't consistently receiving the support needed e.g. via CAD team which definitely needs more funding.
- I believe the service users and their relatives would affirm that the service is responsive and well organised.



- 1 That consideration be given to means by which people cared for by parents (or other relatives) can be prepared for the changes that will be inevitable when those who care for them are no longer able to do so.**
- 2 That consideration be given to setting up some form of agency able to place people with learning disabilities and/or autism in suitable employment.**
- That, whilst accepting that this issue is outside the remit of this report, the extent to which it might be possible to relax the legal framework to facilitate access to service-users' money without compromising the essential safeguards be explored.**
- 4 That the availability of clubs and safe and secure arrangements for getting to them for those that need such help be more widely advertised through Adult Social Care.**
- 5 That the scope for reinstating "drop in café" facilities be explored.**



- 6 That all staff working in health and social care environments who are likely to encounter service users living with learning disability or autism be required to undertake awareness training (and regular updating)**
- 7 That all GPs and practices be reminded of their obligation to offer people with learning disability or autism an annual health check on a face-to-face basis with the intention of making a positive contribution to service users' health and wellbeing.**  
**That GP practices – or PCNs on their behalf – arrange for the availability of wheelchairs or hoist scales for those service users who are unable to stand when undergoing their annual health checks.**
- 9 That consideration be given by GPs to providing a dedicated phone contact line for use by people who are living with learning disability or autism and those who care for them in order to facilitate good communication.**
- 10 That, recognising the difficulty they may experience in rapidly absorbing information, all service users living with learning disability and autism, and their carers, be given written information about their treatment after an appointment.**



- 11 That consideration be given to setting up a register of dental practices that are “learning disability and autism friendly.”
- 12 That consideration be given on a cross-agency basis for the appointment of a dedicated caseworker as a single point of access for service users and their carers.
- 13 That improved arrangements be made at Queen’s Hospital to ensure that when patients living with learning disability and autism arrive, whether for planned care or A&E services, they are greeted appropriately and, where necessary, accorded the essential priority necessary to avoid causing avoidable distress or triggering challenging behaviour.
- 14 That all health and social care organisations’ websites be reviewed and adjusted as necessary to ensure that information is available to service users living with learning disability or autism in terms and formats they can easily understand, with alternative means of communication available for their use.
- 15 That sensory training be made available to all schools, parents and professionals.



- 16 **That awareness training be made available for school pupils on learning disabilities, autism, ADHD, and mental health so the children understand these conditions and grow up supporting them and dealing with those affected with care and compassion.**
- 17 **That the avoidable barriers to people living with a learning disability or autism being able to enjoy freedom of movement or taking up suitable employment be addressed and, where possible, eradicated.**
- 18 **That opportunities for carers to become more closely involved in service development be identified and their participation encouraged accordingly.**
- 19 **That the Council and NHS North East London (who have the responsibility of commissioning all the health and community services) acknowledge that the description of Havering as *"one of the worst boroughs in London for their lack of care or empathy, assessment, assistance or anything to say the least"* is a wake-up call for the health and social care sector as a whole and take positive action to secure the improvements needed to meet the criticisms in this report.**



# Community Engagement

## **Deafness is not a barrier -**

### **It only becomes a barrier if there is a lack of accessibility**

Exploring how to improve access to care for the Deaf community in Havering



### Key Messages

The National Deaf Childrens Society identifies 222 children with permanent hearing loss in Havering. The Community Connector team in Harold Hill led a discussion with parents of deaf children some of their concerns were

➤ *“More ambassadors for the Deaf community are necessary as there is a cultural, educational divide”. “Parents are worried that their children will be part of a ‘left behind culture”.*

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➤ The Profoundly Deaf community is small in Havering: circa 1,000 people. However, the NHS estimates that by 2035, 1 in 5 people will have hearing loss.

➤ *Age is the single main factor and Havering has one of the highest number of older people in London – are we prepared?*

➤ For the Deaf community, GPs and Primary Care are the most consistent part of an individual’s care and wellbeing, they are also the key referrer to other parts of health and social care network

➤ *Our survey demonstrates that only a few GP practices are able to provide a responsive telephone service and most importantly very few have adequate and useful websites – how can we help to create greater accessibility and integration across health and social care?*



## The difficulties of designing a service for the Deaf community when there is no formal or mandatory register

- ❖ It is estimated that by 2031, one in six people in London will have some form of hearing loss. Havering is most likely to easily hit this estimate due to its ageing population.
- ❖ For the Deaf community - unlike the Sight Loss community who have a registration process via a Certificate of Visual Impairment (CVI) - there is no mandatory register for the Deaf community. It is entirely voluntary and therefore the numbers of people living with Deafness are understated.
- ❖ It is a complex task trying to plan and design services for this community where there is land to estimate the level of support that is required
- ❖ There is concern that members of the Deaf community might be 'missing out' on a range of support and equipment.



## **What tools and advice are available to support the Deaf community and residents who have deafness to enable them to maximise benefits and support**

❖ Many patients/residents are not aware that they may be eligible for additional support. A link with BHRUT would help the Borough to have a more accurate register. It will support access to benefits and concessions entitlements and eligibility to Disabled Freedom Pass.

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❖ We reviewed the Havering Council website. We asked our members to try and navigate the website as a Deaf person, a carer, a parent of Deaf person and as a local resident. It was also compared with 12 Council websites across the country on access and information and the Havering website compared well.

❖ Increasingly Councils are introducing BSL videos and APPS on their websites and this would be an excellent addition to the Havering website as it improves communication with this community.



## Thinking about how we approach and design ways of communicating and working towards creating an environment that encourages and supports the Deaf community -1

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1. Consider strengthening the role and responsibility of the Havering Partnership Comms and Engagement Strategy group. Enabling them to review the wider determinants of effective communication and accessibility for the Deaf community
2. Give Deaf Young People their own voice. Could the Strategy Group, support the development of a Working group which was Chaired and led by young people who are Deaf, working with school/college, building young people's confidence, providing opportunities to practice presentations, acting as spokespeople on behalf of their communities and leadership.



## Thinking about how we approach and design ways of communicating and working towards creating an environment that encourages and supports the Deaf community - 2

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3. Start early with young children to create the opportunity of dual learning. Promoting co-learning enables the non-deaf child to become familiar with sign language and increases the opportunity of communication and understanding. CBeebies and Childline have good examples
  4. The LBH website compared well with English websites. However, Scotland has made BSL a legal requirement from 2015 and their websites e.g. Dundee council, are very good and provide an excellent guide to what can be achieved.
  5. To work with BHRUT to explore if there is the possibility that the Audiology department at BHRUT are able, with the consent of the patient, to supply the Audiogram results directly to the Council



GPs are experts in their patients and provide the first point of contact with the NHS for most people in Havering. People born with hearing loss need a lifetime of care and support, which should be co-ordinated and collaborative - and GPs are best placed to undertake this for patients - 1

❖ The Royal College of GPs has an excellent toolkit for GPs and we would encourage all GP practices to consider this approach

❖ For PCN's to consider identifying a person/ambassador to be the champion on behalf of GPs and Primary Care for Deaf people. This person would engage and be involved with the local Deaf communities on a regular basis. Linking the Deaf community to Local Area Coordinators and Social Prescribers



GPs are experts in their patients and provide the first point of contact with the NHS for most people in Havering. People born with hearing loss need a lifetime of care and support, which should be co-ordinated and collaborative - and GPs are best placed to undertake this for patients - 2

- Page 42
- ❖ Encourage the development of a Patient Participation Group (PPG) which has a focus on the Deaf, Autism and Learning disabilities communities. Encourage and nurture the PPG to lead the focus for annual health checks, developing relationships with interpreters etc.
  - ❖ Ensure access for Deaf people to information and services at first points of contact
  - ❖ Promote equal access in health settings, particularly in reception areas
  - ❖ Provide clear and accessible information about treatment and management of health



GPs are experts in their patients and provide the first point of contact with the NHS for most people in Havering. People born with hearing loss need a lifetime of care and support, which should be co-ordinated and collaborative - and GPs are best placed to undertake this for patients - 3

GP websites now should be places where patients can complete tasks and practices can also deliver healthcare and services.

Page 43  
Develop a plan to assess the individual GP websites and rank them according to the Accessibility standards. Consider setting as baseline standards as the top 8 tasks that patients search for on a website:

1. Make, change or cancel an appointment
2. Get a repeat prescription
3. Get a sick note for work
4. Get test results
5. Register with/join the practice
6. Get the practice phone number
7. Find out the practice opening times
8. Find the practice address





# BRITISH SIGN LANGUAGE CHOIR



To view the video, go to <https://www.youtube.com/watch?v=7BnnUsCUWzo&t=0s>



# Community Engagement

## Post-COVID Syndrome (Long COVID)

The continuing effects in Havering



## Post-COVID Syndrome (Long COVID)

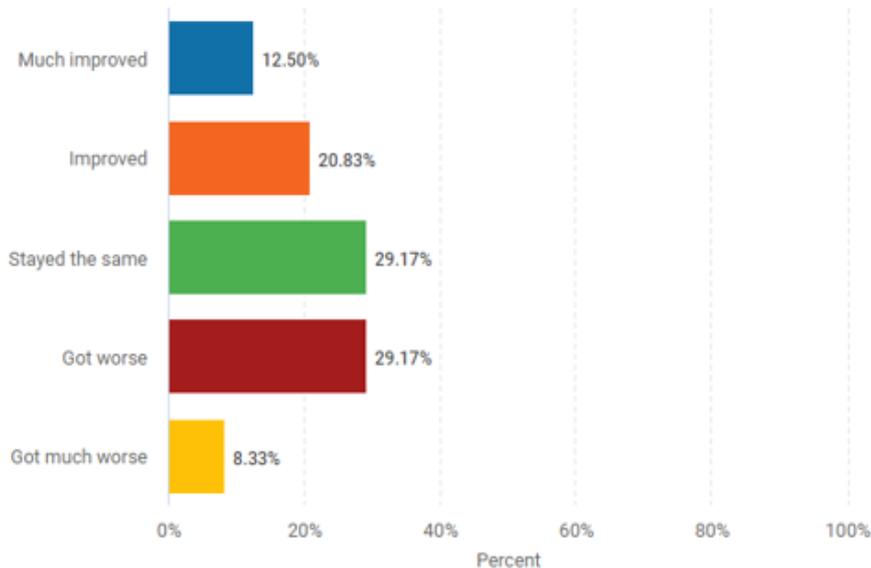
The continuing effects in Havering



**We asked the 23 respondents who had participated in our previous survey whether their condition had improved, stayed the same or got worse. They told us they had:**

About a third (33.3% = 8) of respondents who had previously participated reported an improvement in their condition. Just over 29% told us there had been no change; and for 38%, the condition had worsened.

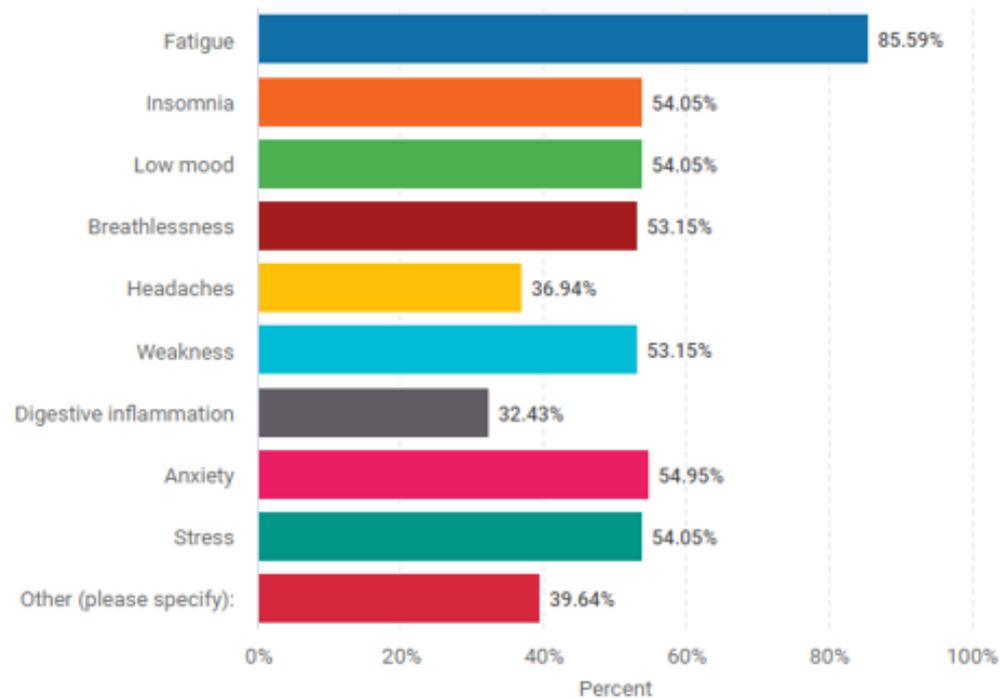
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# Post-COVID Syndrome (Long COVID)

The continuing effects in Havering

**We then asked if these symptoms had continued for six weeks or more. They told us:**



## Post-COVID Syndrome (Long COVID)

The continuing effects in Havering

**We asked what other symptoms respondents had experienced. They told us, among many others:**

- Depression, insomnia, anxiety, stress, fatigue, dizziness, pins and needles, feeling sick and loss of memory
- Every week, I don't feel well. Either a cold or something else – always tired, cannot taste or smell properly, fatigue and aching joints
- Taste and smell took 18 months to return. Occasionally, I still lose my taste
- Muscle heaviness, brain fog, short term memory loss, poor balance, incontinence
- Poor smell. Poor taste. Difficulty in motivation to initiate tasks. Needing extra short sleeps.
- Brain fog, tremors, internal shakes, pains in lungs, nocturnal hypoxia



## Post-COVID Syndrome (Long COVID)

The continuing effects in Havering



The term “brain fog” was mentioned many times in the responses. While not a recognised medical term, and varying from person to person, it clearly has a debilitating effect on those who feel that they are affected by it. It was associated with feelings of exhaustion, fatigue, tiredness and dizziness. Brain fog is mentioned throughout this report – it is clearly a significant symptom for many people living with Long COVID.

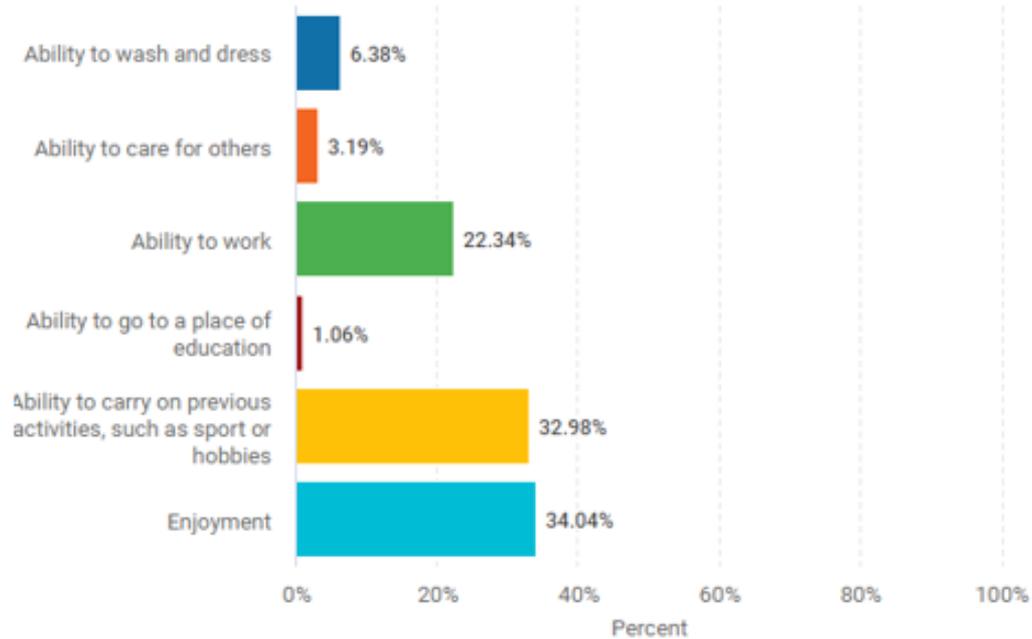


# Post-COVID Syndrome (Long COVID)

The continuing effects in Havering



**We asked whether they felt that their lifestyle had changed since developing Long Covid. Most respondents told us it had:**



## Post-COVID Syndrome (Long COVID)

The continuing effects in Havering



### They told us, among many others:

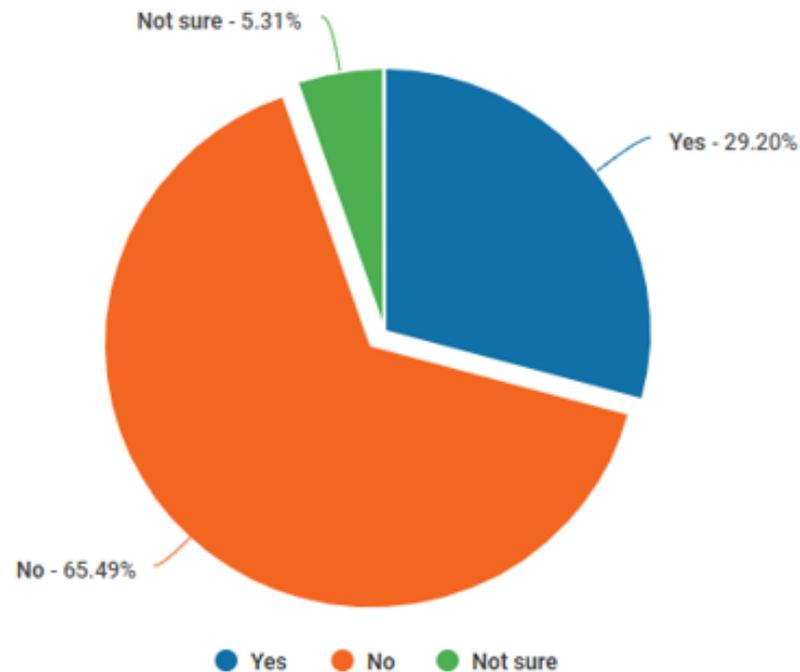
- I have lost interest in many things and find it hard to motivate myself due to the fatigue
- Secondary to my fatigue, breathlessness and frequent headaches, I have found it difficult to wash/dress on occasions, work has been far more challenging, despite now working from home, my previous activities and hobbies have been severely affected and this in turn has adversely affected my mood
- Not been at work/ can't do sports activities / enjoyment/can't take kids away or day trips to London A few hours out slower paced and exhausted



## Post-COVID Syndrome (Long COVID)

The continuing effects in Havering

**We asked if respondents had been referred for support for Long COVID. They told us:**



## Post-COVID Syndrome (Long COVID)

The continuing effects in Havering



**We asked if there was anything else they would like to tell us about their experience or the support they had received. Some told us:**

➤ My GP has supported me as far as he can (in my opinion). The system overall has failed me, I am still unwell, I have no confidence in the NHS providing information on an outcome. I am just left to get on with it

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All teams have been extremely helpful

➤ It was an eye opener to share the experience of others who have gone through the different stages of different episodes after COVID like myself

➤ Support was great. I do realise there are people worse off. But my life has changed completely since I had COVID e.g. loss of hearing in my right ear. I could hardly cope on a daily basis but had to work to make a living, change jobs in fear of getting COVID-19 again. My doctor referred me to the hospital, yet they didn't care. I have to keep moving forward.

➤ I feel like I have been left to deal with it on my own now after being discharged. My doctors haven't asked me how I'm doing. I've had to emails, texts or calls from the long covid team. Feels like they have said there's nothing we can do by now

## Post-COVID Syndrome (Long COVID)

The continuing effects in Havering

Key word	Times mentioned	Key word	Times mentioned
Fatigue	32	Breathlessness	14
Tired	24	Anxiety	12
Brain fog	23	Memory	11
Breathing	23	Smell	11
Taste	17	No energy	7
Struggle	16	Exhaustion	5



## Post-COVID Syndrome (Long COVID)

The continuing effects in Havering

**The replies also suggest that there is some confusion among health care professionals about what is Long COVID and how to identify it: comments such as:**

- “I’ve not had support”
- “Difficult to get a diagnosis”
- “I feel quite let down”
- “Have lost confidence in my GP”
- “My doctor said it’s too hard to diagnose”
- “My GP stated that long Covid support clinics mainly deal with breathlessness and not brain fog”
- It was the nurse in my GP practice who referred me to the health and well-being coach. My GP has offered no support or advice...” and
- “All I need is a proper diagnosis so my GP can move forward and support me more”



## Post-COVID Syndrome (Long COVID)

The continuing effects in Havering

**By contrast, we also received comments such as:**

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- “If my GP had not referred me to support, I would never have known about the help available”
  - “My GP has been very supportive” and
  - “One source of positivity has been Long COVID Kids charity”



## **Post-COVID Syndrome (Long COVID)**

The continuing effects in Havering



**In conclusion, it is evident that there is still an ongoing lack of awareness about Long COVID – how to diagnosis it and the support that residents can access. Continued training for healthcare professionals about the already established local clinical pathway would be beneficial.**

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**Development of a clear non-clinical pathway may also ensure that residents can readily access support for symptoms such as fatigue, anxiety and brain fog. This may be through community groups or networks where they can share their experiences with others having similar experiences, rebuilding their confidence through mutual support and understanding. The worst feeling is to believe that one is alone in experiencing debilitation – knowing that others are “in the same boat” is often a source of comfort and strength for many people.**



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**PEOPLE HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE – 13<sup>TH</sup> FEBRUARY 2024**

**Subject Heading:**

Havering Community Phlebotomy (Blood Testing) Update

**Report Author and contact details:**

Jeremy Kidd, Head of Live Well and Deputy Director – Redbridge, NHS North East London

Dawn Gough, Interim Assistant Director for Adult Health and Social Care, North East London NHS Foundation Trust

**Policy context:**

NHS & NELFT officers will give presentation

**SUMMARY**

The attached report provides an update on the status of the Community Phlebotomy Service. NHS and NELFT officers will give updates on the position of the community phlebotomy service within Havering.

**RECOMMENDATIONS**

That the Sub-Committee scrutinises the report and agree any recommendations or comments.

**REPORT DETAIL**

In recent weeks, waits for the service have lengthened, although they remain within contractual threshold limits. The attached report sets out the causes of the waiting times increases, and the recovery action plan, which is already resulting in reduced waits.

**IMPLICATIONS AND RISKS**

**Financial implications and risks:** None for this covering report

**Legal implications and risks:** None for this covering report

**Human Resources implications and risks:** None for this covering report

**Equalities implications and risks:** None for this covering report

**ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

None for this covering report

**BACKGROUND PAPERS**

None

# **Community Phlebotomy (Blood testing)**

**Update Report for Havering People Health Overview & Scrutiny Sub-Committee  
26 January 2024**

**Jeremy Kidd, Head of Live Well and Deputy Director – Redbridge, NHS North East London**

**Dawn Gough, Interim Assistant Director for Adult Health and Social Care, North East London NHS Foundation Trust**

## **1. Purpose**

This report provides an update on the status of the Community Phlebotomy Service. In recent weeks, waits for the service have lengthened, although they remain within contractual threshold limits. This report sets out the causes of the waiting times increases, and the recovery action plan, which is already resulting in reduced waits.

## **2. Background**

In January 2023, North East London Integrated Care Board (NEL ICB) commissioned a phlebotomy (blood testing) service that serves residents in Barking and Dagenham, Havering and Redbridge. This followed a year-long pilot of the service in the same boroughs. Previously, phlebotomy had been provided by a range of different providers, without central coordination, and with no overarching activity model balancing demand and service capacity across the system. The new service model was intended to address these issues, and provide a stable, sustainable provision of phlebotomy in the community. The new service allows patients easy access to bookable appointments in a range of centres across Barking and Dagenham, Havering and Redbridge. The service provides bleeds for adults and children aged 12+ only. There is separate provision in place at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) for children under 12. BHRUT also provide services for inpatients, cancer patients and patients with learning disabilities and autism.

The new service model was piloted for a year. During the pilot, we monitored activity levels and patient feedback to ensure that the emerging model was delivering effectively. The feedback from patients to the pilot was extremely positive, with over 97% of patients rating the service as 'good' or 'very good'. Particular attention was paid to the experience of older residents, who are more likely to require blood tests; over 97% said that they found it 'easy' or 'very easy' to book an appointment and over 98% stated that they were happy with the distance travelled to their appointment. The experience of the pilot shaped the final service model and capacity modelling.

Phlebotomy is not included in the GP Standard Contract. A primary care Local Incentive Scheme is in place under which Primary Care are paid to provide phlebotomy. Under the scheme GPs can choose to provide phlebotomy to either all residents or just patients on their registered list. Only small numbers of GPs in Havering have opted into the scheme, the latest

data shows only six practices opting into the scheme and only three are actively providing phlebotomy, providing only 548 bleeds in total according to the latest month's activity data. One of the Havering Practices is currently in the process of setting up systems to bleed patients not on their own list, the others are only set up to bleed their own patients.

### 3. Status Update

The service is operating in a clinically safe manner. However, wait times for non-urgent bleeds lengthened significantly during the early part of 2023 and some sites were at the threshold level (14 days) in February. Delivery of non-urgent bleeds did not exceed this threshold, however both the ICB and the service provider, North East London NHS Foundation Trust (NELFT), were concerned about the increase in wait times in the majority of centres, which were at the threshold limit, and concerns had been raised by patients.

Wait times have begun to reduce in recent weeks, as a result of the recovery measures outlined below, and a reduction in demand. This was growth in demand during the summer is particularly concerning is that during the summer months NHS services typically anticipate lower levels of demand. Continuing high levels of demand during the summer and/or the resulting backlog represented a risk to the service's ability to operate within the waiting time threshold during the winter, when demand for services typically increases.

Service demand is shown in figure 1 below, which sets out actual bookings into the community service. This shows higher demand during 2023 and significant growth from summer 2023 onwards. This is clearly in excess of demand in previous years, which the demand and capacity planning underpinning the service is modelled on. This sudden growth in demand, is likely as a result of a number of factors including changes in acute demand resulting from additional elective activity resulting from elective backlog clearance being carried out by local Acute Trusts, in line with Government directives and the impacts of the industrial action throughout the year.

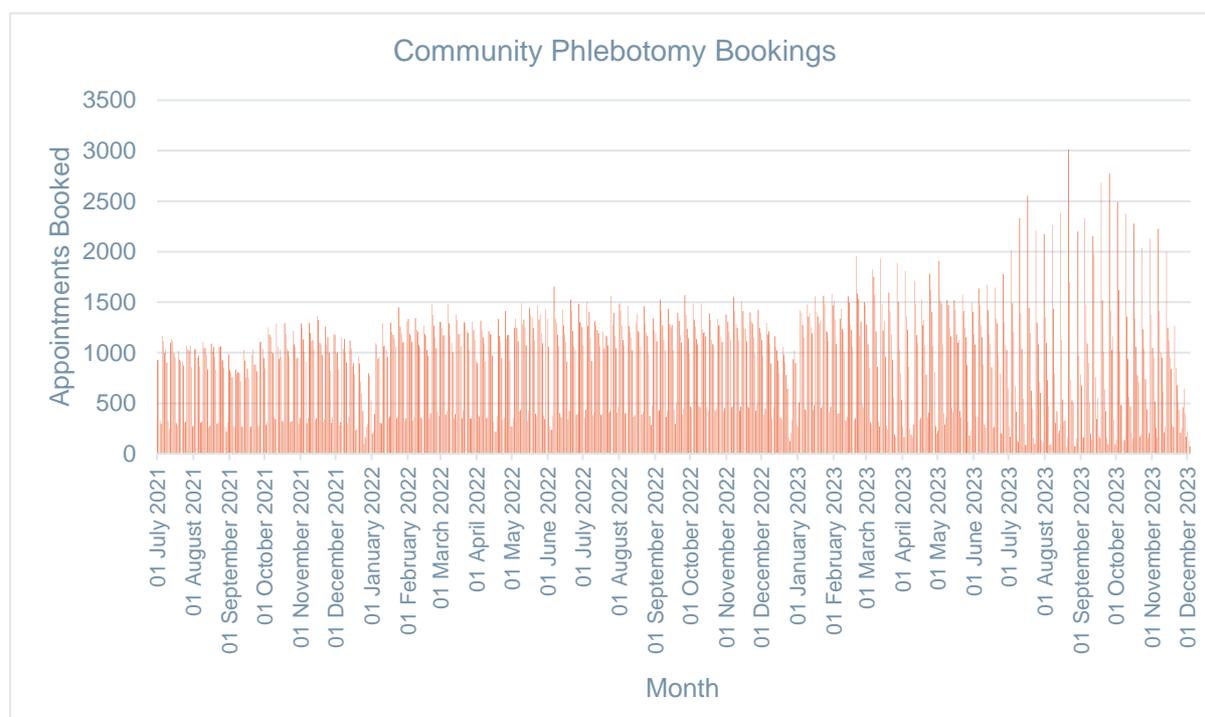


Figure 1 Daily Community Phlebotomy Bookings July 2021 - November 2023

Figure 2, below, shows the volume of appointments available in the community service during 2023. This demonstrates the mismatch between demand against capacity.

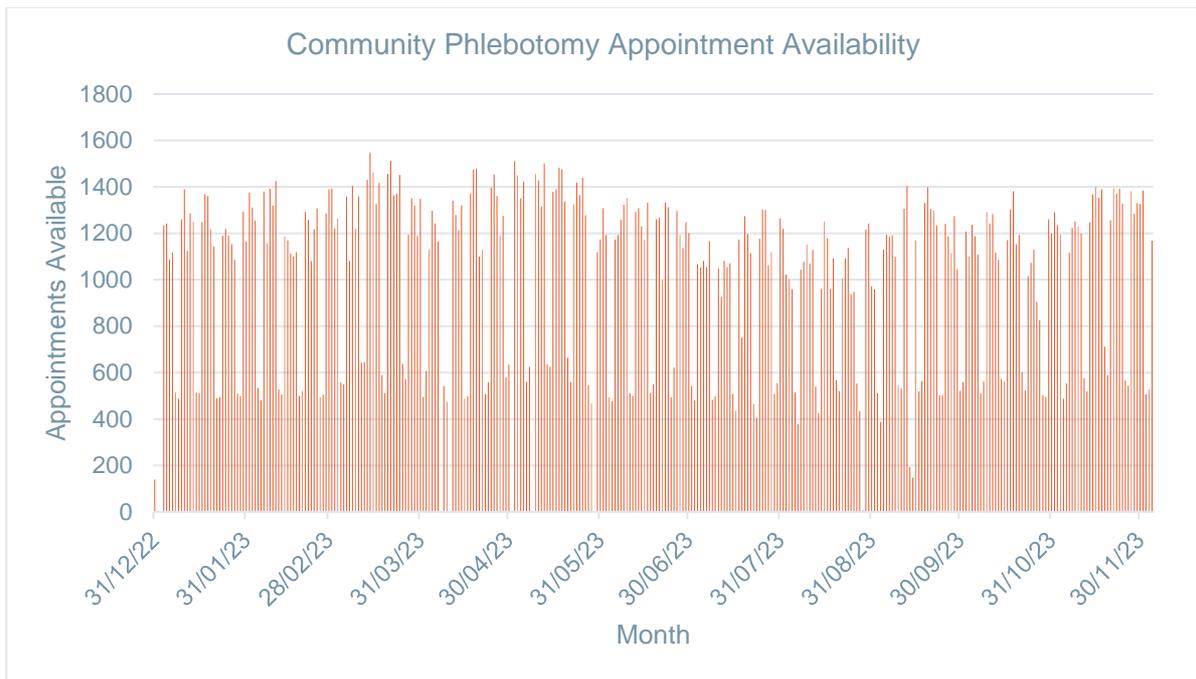


Figure 2 Daily Community Phlebotomy Appointments 2023

## 4. Recovery Plan

Although the service remains within the threshold level for waits both the commissioner and provider are concerned to see the service hitting the threshold ceiling. To address this NELFT have placed the service into 'business continuity review', and created a recovery plan. Bi-weekly meetings are in place between the ICB and NELFT to review wait times and progress on the recovery plan.

The plan includes the following measures:

- Morning and Evening appointments
- Changing clinic start and end times
- Training new staff who wish to join the staff bank
- Temporarily increasing the number of appointments per chair
- Additional recruitment activity

The recovery plan runs until end of March 2024, with some of the measures being time limited. On completion of the plan the service will be assessed to confirm that it is on a stable footing, or to ascertain what additional changes may be required to make that the case.

In recent weeks we have started to see a reduction in demand, leading to lower waits across many of the centres. The majority of NELFT's recovery activities will begin to take effect in the new year and should equate to a further 15% increase in capacity.

Table 1, below shows the latest wait time at each of the local centres.

Clinic	Next available date	W/C 20 November 2023:	W/C 27 November 2023:	W/C 4 December 2023:	W/C 11 December 2023:
<b>Havering</b>					
Cranham Health Centre	12/12/2023	14 days	Same day	14 days	1 day
Elm Park Clinic	21/12/2023	14 days	14 days	11 days	10 days
Harold Hill Health Centre	11/12/2023	10 days	10 days	9 days	Same day
Raphael House (Romford)	21/12/2023	12 days	Same day	Same day	10 days

*Table 1 - Havering Community Phlebotomy Wait Times as at 12/12/23*