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**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
11 November 2021 (7.00 - 8.45 pm)**

Present:

Councillors Nic Dodin, Nisha Patel (Chairman), Ciaran White (Vice-Chair) and David Durant

Councillor Reg Whitney was also present (via Zoom).

Officers present:

Ian Buckmaster, Healthwatch Havering
Steve Rubery, North East London Clinical Commissioning Group (CCG)
John Mealey, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Dr Atul Aggarwal, CCG
Melissa Hoskins, CCG
Nick Swift, CCG
Pippa Ward, North East London NHS Foundation Trust (NELFT)
Carol White, NELFT

20 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillor Philippa Crowder.

21 DECLARATIONS OF INTEREST

There were no disclosures of interest.

22 MINUTES

The minutes of the meeting held on 22 September 2021 were agreed as a correct record.

The Sub-Committee was pleased to note that the Healthwatch report presented at the meeting on Disabled Residents and Covid-19 had won a national award.

23 COMMUNITY PHLEBOTOMY UPDATE

A new model of community phlebotomy had been worked on prior to the pandemic. Three sites in Havering were currently able to offer same day booking for blood tests with the Elm Park clinic offering a one day wait.

Some 97.8% of patients had indicated they were happy with the distance they travelled to the phlebotomy clinic. Work was undertaken closely with BHRUT on sample transport and the sample deterioration rate was currently 4.4%.

Feedback on the new model was currently being considered. There were not specific figures for the time taken to receive blood test results though further details could be provided to a future meeting.

The Sub-Committee noted the update.

24 ST GEORGE'S HOSPITAL REDEVELOPMENT - ENGAGEMENT PLAN

Officers explained that 95% of respondents to the original 2013 consultation had supported the building of a new health centre on the St George's site. This development would help with the aim of people not having to go out of the borough for outpatient services.

In 2019, the Government had awarded £17m capital for the St George's development. An online public exhibition had opened in April 2021 with the proposals being supported by 86% of respondents.

It was agreed that some GP surgeries would close and move onto the St George's site. This was due to some local GPs retiring and the poor accommodation of some existing GP surgeries. It was clarified that a health and wellbeing hub was very different to a polyclinic. The hub would include Council and voluntary services on the same site. For example, all diabetic services could be given on the same site. The workforce could also be employed by different providers across the same site.

The St George's development had been designed to recognise the many factors leading to ill health and would give the best outcomes to residents.

The Sub-Committee noted the engagement plan and that the full proposals were due to be presented to it at a special meeting of the Sub-Committee on 4 January 2022.

25 BHRUT PERFORMANCE REPORT

The BHRUT Acting Chief Operating Officer explained that there was still some Covid segregation in the Trust's hospitals but that most elective services were now back to being carried out face to face. Whilst there had been a decline in the 4 hour A & E performance, the frailty units (an alternative to A & E) had been very successful.

Referral to treatment timescales had improved but had levelled off recently. The number of patients waiting more than 52 weeks for treatment had increased over the post-Covid period. In excess of 95% of cancer patients received their first appointment within 2 weeks of referral.

Superclinics had been set up to reduce waiting lists in areas such as spinal review, general surgery and orthopaedics and it was hoped these would be repeated. The Trust was heavily focussed on reducing waiting lists and waiting times in A & E. Officers felt this was not being made worse by Covid restrictions and that Covid and Flu cases etc could be successfully managed.

Issues around the vaccine mandate were currently being worked through by the Trust. The Trust was used to dealing with winter pressures and had reduced planned care previously in these instances. It was hoped that such services could continue this year however. Investment had been made in critical care and it was planned to recruit additional staff for this area. Workforce issues were however a challenge nationally.

The Sub-Committee noted the BHRUT performance report.

26 **NELFT 0-19 CHILDREN'S SERVICES**

A new contract for 0-19 services had been awarded from 1 April 2020. Some work had halted as staff had been redeployed due to the pandemic but all staff had returned to their main roles since September 2021.

All expectant mothers with additional needs had received face to face contact and 95% of new mothers were contacted with 14 days of birth. The service also had a perinatal mental health lead as well as a support group for less acute needs. Weigh-in clinics had restarted and a breast feeding café was available by appointment.

The national child measurement programme had restarted via the school nursing service. Face to face and virtual drop in sessions were available if nurses could not be accommodated in schools. A healthy weight programme was also delivered in partnership with Children's Centres.

A digital platform had been designed with young people including a digital 'red book' for immunisation records. The primary mental health teams had received 80 referrals of children between March and October 2021 and also undertook consultations with teachers concerned about children. There had been a rise in referrals of children and young people with anxiety since schools returned in September 2021.

It was clarified that there was no threshold of needs for a child to be seen by the Primary Mental Health Team. An additional 16 staff would be in post by January 2022 to work with schools. There would not be any threshold for

this service either. Brief interventions such as this could often be more effective than medical treatment.

As regards the impact of Covid restrictions, officers advised that the Government used medical evidence to determine vaccine policy and that Trusts had to follow NHS clinical guidance. A Member raised issues concerning a recent e-mail that referenced the BHRUT Chief Medical Officer. The Chairman stated that she had no concerns about the e-mail.

The Sub-Committee noted the update on NELFT 0-19 Children's Services.

27 **HEALTHWATCH HAVERING REPORT - HAVERING AND THE CORONAVIRUS PANDEMIC**

A director of Healthwatch Havering explained that the report gave an account of the Coronavirus in Havering until the lifting of restrictions on 19 July. Data in the report was taken from official sources and showed that there had been 960 Covid-related deaths in Havering with 107 in care homes. The last care home death due to Covid in Havering was however on 28 May 2021. The numbers of deaths in Havering was relatively low and reflected the hard work of hospital staff. Care homes had not been affected as badly in Havering as in other parts of the UK. Fifteen Havering care homes had not had any Covid deaths.

The spread of infection had seen London recording the highest figures in January 2021 but this had reduced by April. Incidences had risen in June and again from October 2021. Death rates had begun to fall from March 2021 and death rates in Havering remained low.

Numbers of Covid patients in ITU remained fairly low. It was essential that hospitals retained Covid controls as a Covid outbreak on a ward would mean it not being able to be used for other operations for a period of 10 days. There had been a rise in the number of Covid patients who had recovered following hospital treatment.

Vaccination figures for Havering were similar to the average for England. Around 80% of the eligible population had received a first dose, as had 66% of 18-24 year olds. Figures for the second dose were 94% of over 80 year olds and 56% of 18-24 year olds.

There had been a number of consequences of the pandemic in Havering including the lockdowns, increased working from home and problems accessing GPs and dentists. Digital exclusion was an increasing problem and other issues included an inability to visit care homes and hospitals as well as an increase in mental health problems.

The Healthwatch Havering director felt the report showed that people were not prepared for the pandemic and that preparation would need to be better for any future pandemic.

It was suggested that Healthwatch Havering should send their report to all Councillors.

The Sub-Committee noted the report.

Chairman

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