

MINUTES OF HEALTH SCRUTINY COMMITTEE

Wednesday, 1 February 2023
(7:02 - 8:25 pm)

Present: Cllr Paul Robinson (Chair), Cllr Donna Lumsden (Deputy Chair), Cllr Muhib Chowdhury, Cllr Michel Pongo and Cllr Chris Rice

Also Present: Cllr Maureen Worby

63. Declaration of Members' Interests

There were no declarations of interest.

64. Minutes - To confirm as correct the minutes of the meeting held on 14 November 2022

The minutes of the meeting held on 14 November 2022 were confirmed as correct.

65. NHS North East London - Severe Weather System Response

The Director of Integrated Care (DIC) at the North East London Integrated Care Board (NEL ICB) presented an update on the NHS North East London Severe Weather System Response, which provided context as to:

- The main risks to the NHS and to patients during severe weather;
- NHS Emergency Preparedness, Resilience and Response (EPRR) planning;
- The NEL ICB Severe Weather Plan and multi-agency planning;
- How the NHS responded to the 2022 summer heatwave and lessons learnt from this; and
- 2023 heatwave planning.

In response to questions from Members, the DIC stated that:

- From a NEL ICB perspective, she was not aware of any issues that had been reported as a result of the Summer 2022 heatwave. The main risk that had presented had been around fire and the need for the ICB to respond to this.
- There had not been a cold weather alert this winter; however, the risks seen had largely presented around Covid-19 and infection.
- Elderly residents were a vulnerable group who were more likely to be impacted by extremes of weather than younger patients. Whilst one of the objectives of the Severe Weather Plan was to identify vulnerable groups who might require more support during extreme weather, it was not felt that this had occurred in a systematic way during the Summer 2022 heatwave and this was to be better incorporated into NEL ICB planning for the 2023 summer. NEL ICB also had the opportunity to take more of a localised approach to this through its Borough Partnership work.
- Whilst she did not have data that reflected the service impact of severe

weather, it was fair to say that services had been impacted by this, such as through additional patient admissions.

The Cabinet Member (CM) for Adult Social Care and Health Integration (ASCHI) stated that there had not been enough analysis undertaken of who presented most during the severe weather periods, which she intended to look into at the Partnership Board and bring back to the Health Scrutiny Committee. Whilst data was available at a North East London level, she wanted to know what was happening at a local level. She also stated that a data sharing agreement between local partners was essential in helping to support all vulnerable patients during crises; all organisations needed to work with one definitive list, to ensure that no patient would miss out on support because they were on one organisation's contact list, but not on another's. A protocol needed to be developed, to ensure more effective planning.

The Integrated Care Director (ICD) at NELFT stated that it was important to define the term 'vulnerability' and what this meant in terms of actions that needed to be carried out. She also stated that extreme weather also led to the cancellation of clinical appointments, either because patients could not travel or the environments were too hot, for example due to the older buildings and lack of air conditioning. This would then delay patients' treatment pathways, due to the inability to deliver the appointments and the higher 'did not attend' rates. The Borough Partnership would be useful to discuss potential improvement opportunities, with the Estates Group that sat under this also presenting an opportunity around how different infrastructure could be better employed to deliver services during crises.

In response to further questions from Members, the DIC stated that:

- There was still more planning to be undertaken. The document presented was the North East London Heatwave Plan, and there was an intention to use the Borough Partnership as an opportunity to gain a much better understanding of what local actions needed to be taken to mitigate some of the risks, for example in relation to vulnerable residents or through some of the estates. An executive meeting was to be had in a couple of weeks' time, looking at feedback from the NHS Arctic Willow incident in December 2022.
- There had been some management emergency response training within NEL ICB; however, this had not yet been rolled out across the entire organisation. She would approach the NEL ICB Incident team around the plans for this and relay these to the Committee in due course.
- Most of the system response over the Winter had been coordinated through the System Operational Command Group (SOCG), which operated across Barking and Dagenham, Havering and Redbridge and included the local authorities, the hospital trusts and the Integrated Care Partnership. The SOCG discussed how the organisations could best respond and support each other through the risks that could materialise over winter.
- The DIC would relay information back to the Committee around the latest flu vaccination figures for Barking and Dagenham.
- The high cost of power and energy bills was a significant pressure for the NHS, as it was for local authorities. The NHS was currently having to absorb inflationary pressures and had not been given any additional resource to manage them. It was believed that the NHS allocation for

2023/24 would be flat cash on 2022/23, so it was unlikely that there would be additional growth to offset the impact of inflation.

The ICD at NELFT also stated that NHS organisations were included on the Government's 'Must Do Must Supply' energy list and that work had been conducted to identify critical sites within the NHS property. Whilst not every GP practice or community clinic would be a priority site for energy should there be any restrictions to energy supply, Barking Community Hospital had been identified as a priority site due to its urgent treatment facility. As such, planning was being undertaken around potential energy impacts and the ability to continue to deliver critical services during crises.

The DIC at NEL ICB stated that the majority of the NHS estate in Barking and Dagenham was either privately-owned or belonged to NELFT. NEL ICB had set up a local infrastructure forum, which reported through to the Barking and Dagenham Partnership Board and looked to co-ordinate improvement actions that were required around estates, such as to consolidate or to develop sites. Through the Estates team, it would also be looking at how it could either decommission older estates, re-provide services or potentially bring in capital to improve services.

The ICD at NELFT stated that NELFT was looking at a range of options to ensure that future clinics did not need to be cancelled due to severe weather, such as through temporarily moving air conditioning units. The capital flow across Northeast London was going to be tight, meaning that specific sites and venues would need to be prioritised and that this would be a balancing act in terms of available capital for infrastructure. It was hoped that the Borough Partnership would provide opportunities to enable all to think more collectively and creatively about infrastructure challenges.

The CM for ASCHI stated that the Borough Partnership would be pivotal in effective planning, for example through ensuring that services could be delivered in another building if required. Furthermore, uptake of the flu vaccine had been very low in comparison to the uptake of the Covid-19 vaccine, despite joint communications and publicity campaigns across North East London. The Director of Public Health provided a general update around uptake, noting the challenges in different cohorts. He also stated that it was likely that the impact of flu would be seen within the next couple of weeks, with likely excess pneumonia deaths and with a significant portion of these likely to be seen in those who had not been vaccinated.

66. Annual Report of the Director of Public Health 2022- 'People, Partnerships, Place Seizing new opportunities to improve health'

The Director of Public Health (DPH) presented his 2022 Annual Report, which was a statutory requirement of the DPH, mapping out the key issues facing Barking and Dagenham and considering potential solutions based on evidence and epidemiology. The DPH detailed:

- The context behind the report and how it was produced;
- The links between the report, the Health and Wellbeing Strategy and the Integrated Care Strategy;
- Key messages from the report, such as the fact that health inequalities had

widened within the Borough, which had mostly been driven through individuals not coming forward for early identification of disease screening programmes and health checks;

- The implications of the Covid-19 pandemic and the cost-of-living crisis in widening health inequalities within the Borough;
- Potential solutions to widening health inequalities, such as through the development of the Place-based arrangements and the Integrated Care System;
- The breakdown of chapters within the report and where more information could be sought.

Members noted the report and the usefulness of its contents in supporting their lines of questioning around the development of both the Health and Wellbeing Strategy and the Integrated Care Strategy.

67. Shaping the Refresh for the Joint Local Health and Wellbeing Strategy 2023-28

The Director of Public Health (DPH) presented a report which enabled the Committee to provide comment on the direction of travel for refreshing the Joint Local Health and Wellbeing Strategy (JLHWBS), in the context of the newly established Place-based Partnership and Integrated Care System. It was noted that:

- The current Barking and Dagenham Health and Wellbeing Strategy (HWBS) would end in March 2023 and would now be known as the Joint Local Health and Wellbeing Strategy (JLHWBS), to take into account the new Integrated Care System (ICS) and the Council's relationships through the new place-based arrangements.
- Whilst the final version of the document would be approved at the Health and Wellbeing Board, it was important for the Committee to review the document, with a view to ensuring that it felt that the health and wellbeing vision for Barking and Dagenham was represented in the Strategy;
- The refreshed Strategy would set out a renewed vision for improving the health and wellbeing of residents and reducing inequalities at every stage of residents' lives by 2028;
- The NHS NEL's Integrated Care Strategy (ICS) would need to be considered when preparing the JLHWBS;
- A Joint Forward Plan would be developed to deliver the ICS, which would need to align to a Local Delivery Plan at Place for the delivery of the JLHWBS; and
- It was also important for the Committee to consider what needed to be brought to it at a local level and what would be better scrutinised at a wider level, such as through the Joint Health Overview and Scrutiny Committee (JHOSC).

The Cabinet Member (CM) for Adult Social Care and Health Integration (ASCHI) highlighted the importance of ensuring that all documents tied in together and reflected Barking and Dagenham priorities, as well as those of the other boroughs within outer North East London. She requested that the Committee inform both

herself and the DPH of any potential gaps in the Strategy, as well as provide challenge around any programmes of action designed, as what might work in one part of the country, may not work locally.

In response to questions from Members, the DPH stated that:

- The priority of mental health related to the issues that were most prevalent within Barking and Dagenham, which were mainly anxiety and depression, and which were also increasingly prevalent within schools. As part of the Adults' and Children's Place Delivery Group, various questions would also need to be addressed, such as improving CAMHS' waiting lists.
- Whilst there were some issues that would be best addressed by the JHOSC, where issues crossed borough boundaries and affected residents in a similar way in each borough, there were also some issues that would be best addressed by the Barking and Dagenham Health Scrutiny Committee (HSC), particularly where the needs of the borough were particularly unique and needed to be reflected. The DPH advised the Committee that if any Member was concerned about a particular issue that was fundamental to improving the health of Barking and Dagenham residents, that they should request that the issue be reviewed at the Barking and Dagenham HSC.

The CM for ASCHI stated that there was also work to be undertaken around ensuring that the work of the Partnership Board was being fed into the Barking and Dagenham HSC; whilst there was no point in doing the same thing twice, it would be useful for the Partnership Board minutes to be circulated to the Committee, so that Members could have the opportunity to look into any items of interest. The DPH also stated that it was the role of the Committee to look into issues brought by NELFT and NEL ICB, around changes to services. Significant service changes over the next few years would need to be presented to the Committee, and if Members were not happy with a service, they could also request that this be discussed by the Committee. The CM for ASCHI stated that there needed to be better planning, in terms of the Committee knowing what was to be presented at the Partnership Board and at JHOSC, so that it could request to look in advance at specific issues, before their presentation to these Boards.

68. North East London Integrated Care Strategy Development

The Chair of the Committee delivered a short update on the North East London Integrated Care Strategy Development, which was originally presented to the ONEL JHOSC at its meeting on 10 January 2023. This provided the Committee with some updates as to the key points that arose from the meeting, such as the next steps around the development of smarter metrics to measure success against the Strategy's objectives, and engagement work that had been undertaken with the Voluntary Sector as part of the Strategy development. The Committee was also provided with the opportunity to give any further feedback around the Strategy, which could then be shared with NEL ICB.

The Cabinet Member for Adult Social Care and Health Integration stated that in terms of community consultation in the development of the Strategy, a programme called 'the Big Conversation' had been launched across North East London. These conversations would be influenced on a place-level and conducted within each

borough, with best practice also being reflected into the engagement process. The Strategy was an interim document and would continue to change as community feedback was received. By pooling resources and knowledge, it was hoped that the Strategy and community conversations would be as effective as possible.

69. Scrutiny Review on the potential of the Voluntary and Community Sector 2022/23

The Chair requested that for the public record, the Committee note the project plan and draft timeline that had been developed for its Scrutiny Review on the potential of the Voluntary and Community Sector. This project plan and draft timeline had previously been shared with the Committee as part of a presentation that had been delivered to it by the Director of Community Participation and Prevention on 19 December 2022. The Chair stated that he would be in touch with Members around the next steps for the review.

70. Joint Health Overview and Scrutiny Committee

It was noted that the minutes of the last meeting of the Joint Health Overview and Scrutiny Committee could be accessed via the link provided on the front sheet of the agenda pack for this meeting.

71. Work Programme

The Chair informed the Committee of the following changes that had been made to the Work Programme since the last meeting, which were agreed by the Committee:

- The Finalised Governance Arrangements for the Place-Based Partnership item, which was due to be presented to the Committee on 29 March 2023, would now also include an update on the Joint Forward Plan, to provide additional context and as a draft of the Joint Forward Plan was due by 1 April 2023; and
- An item on the Draft Joint Local Health and Wellbeing Strategy would be added to the 29 March 2023 agenda, to enable the Committee to provide any initial comments.