

# MINUTES OF HEALTH SCRUTINY COMMITTEE

Wednesday, 27 March 2024  
(7:01 - 8:52 pm)

**Present:** Cllr Paul Robinson (Chair), Cllr Michel Pongo (Deputy Chair), Cllr Irma Freeborn and Cllr Chris Rice

**Also Present:** Cllr Maureen Worby

**Apologies:** Cllr Muhib Chowdhury and Cllr Manzoor Hussain

## 35. Declaration of Members' Interests

There were no declarations of interest.

## 36. Minutes (7 February 2024)

The minutes of the meeting held on 7 February 2024 were confirmed as correct.

## 37. Screening Update for Barking and Dagenham

The Managing Director (MD), North East London Cancer Alliance, and Early Diagnosis Programme Lead (EDPL), North East London Cancer Alliance presented a screening update for Barking and Dagenham.

Since August 2022, Barking and Dagenham had showed improvements in bowel screening coverage, and uptake which increased by 3% within one year. Further, progress on breast screening uptake was recognised, which highlighted a 15% uptake in a service that experiencing the slowest progress due to the impacts of the pandemic. Cervical screening was also heading towards the right direction, showing an increase for both older and younger women who accessed the service. Targeted lung health checks were introduced in July 2022, with a 55% uptake in Barking and Dagenham, which was one of the highest in the country.

It was important to note, however; that the data provided was from the NHSE Futures website which typically presented a lag between reporting and publishing data due to requirements such as the six-month time period to include patients who did not attend appointments, or those who were non-responders. The EDPL also explained that insightful data depended on the recording of those with a serious mental illness (SMIs), patients with learning disabilities, or those who identified as homeless. Methods of recording data could also impact the effectiveness of the data.

Screening improvement projects to target demographics, such as the 'It's Not a Game' campaign were discussed. The availability of self-sampling test kits which were to be introduced in London and extending the age for bowel screenings to make screening more accessible, were also part of these projects.

A series of questions were asked to the MD and EDPL:

- Regarding issues surrounding low uptake of screening for patients who identified as homeless, Members asked how this would be addressed. The EDPL advised that engagement with GPs was in place to encourage patients to attend; however, there were difficulties in identifying patients for follow-up appointments as homeless patients were not required to provide an address. The Cabinet Member for Adult Social Care and Health Integration suggested that GP pop-ups were also available to support these patients. For patients who were not registered to a GP, ICB PCNs could provide support. Hospitals also recorded details of patients;
- Efforts to increase the uptake of screenings were discussed. Members questioned why screening improvement projects were targeted towards a particular demographic, which the EDPL explained that targeted campaigns could encourage patients from certain backgrounds to attend screenings through social media coverage, for example. These interventions were based on the deprivation index and helped to identify such groups to understand the reasons for disengagement within some communities through local groups, grassroots organisations and grants to improve and promote screening services;
- Members recognised potential issues surrounding referrals and the requirement to access the GP for support with private matters. The EDPL recognised that self-sampling would be ideal for patients who wished to have privacy; however, cervical screening was performed by practise nurses so would not be possible. For cervical screenings, a CNS was available for patients with learning disabilities alongside efforts to work with unpaid carers to promote screening. All patients would also need to be registered with a GP for bowel and breast screening referrals. Referrals and advice for smokers who had targeted lung health checks showed a positive uptake;
- The Chair highlighted a staffing issue, particularly for specialist staff who were becoming the ageing workforce. Targeted lung health checks required radiographers and radiologists which were very limited, particularly in context of the NHSE target for 1.6 million scans a year. The DM explained that a workforce programme was being developed, as well as NHSE improving its connections with wider NHS teams to influence and manage such issues. Pressures surrounding financial support were also recognised;
- Members asked about the unavailability of prostate screening. The EDPL explained that this could be influenced by NEL and changes could only be made at a national level. However, there were free PSA test kits available for men in NEL over the age of 45, which showed positive results; and
- The Director of Public Health (DPH) brought forward key issues which focused on patients attending hospitals for diagnoses. Although the two-week referral process helped, patients did not always act on their symptoms, which could not be considered misdiagnosis by the hospital once a patient attended. The DM also considered the availability of rapid diagnostic clinics which were available for BHR, to identify irregular symptoms to be seen by specialists. The Chair recognised the pressures on GPs from the workload of incidental findings from screenings. The DPH explained that this was the safest route to manage increased pressures and noted that GPs in Barking and Dagenham were happy to receive patients following their incidental diagnoses.

The Committee noted the report.

### **38. A New Strategic Approach to Healthy Weight in Barking & Dagenham**

The Head of Localities Commissioning (HLC) presented a report on 'A New Strategic Approach to Healthy Weight in Barking & Dagenham'.

The HLC emphasised the need for radical change to confront the borough's chronic obesity crisis, which had effectively been worsening since 2016 for adults and children, affecting approximately 65% of the population.

Whilst the current approach to tackle obesity was individualistic, only treating less than 1% of patients per year; a new community-led, partnership approach was essential. It was important to recognise the complexities affecting health such as environment, poverty, food and time in order to gain deeper insights into different communities who are marginalised. By creating new grounds for conversation and support, a communities-up approach would be in place to address health issues alongside the Council's partnerships with the NHS, VCFSE, local groups and organisations.

Opportunities for targeted help such as the Localities programme, Good Food Plan, and additional funding for activities in Barking and Dagenham from Sport England were available however required engagement with communities in order to facilitate impactful, non-stigmatising change in the long-term.

A series of questions were asked to the DLC:

- Members asked about the use of social prescribing, community hubs and volunteers in supporting the new approach to Healthy Weight in Barking and Dagenham. The DLC explained the need to use existing infrastructure such as the above listed, to provide support and information about opportunities which would bring the community together. Introducing initiatives to promote health eating and exercise in community hubs through cooking clubs, or activities such as the Thames View walking club would help to include families and bring about social interaction to maintain a lasting impact. Members also supported suggestions for community-based allotments in alignment with the Good Food Plan which would create strong neighbourhood relations with a positive environmental effect,
- Regarding NHS data which suggested that children from deprived areas were twice as likely to be obese than their counterparts, Members were keen to understand the strategies in place to support children, in particular, the 31.7% (highest figure across England) of Year 6 children who were obese. The DLC agreed with Members that engaging with schools was key to support children and their families in navigating a positive lifestyle change to improve their health. This would require collaboration between different services, including Children and Adolescent Mental Health Services (CAMHS) which would provide support to young people who may struggle with their mental health, potentially contributing to issues of overeating and obesity,
- Members also brought forward concerns about residents' lack of awareness of available healthy living services, as reported in a Healthwatch survey on healthy living in Barking and Dagenham. In response, the DLC agreed that

they needed to work out how to reach people effectively, as they may not have engaged with healthy living services if they felt that such support was not relevant to their lives. This focus would also be community driven, and so ensured that information was not exclusively available digitally to include all residents, and

- The Director of Public Health also brought attention to the importance of underweight issues as weight in general was the biggest public health challenge, and should also be recognised.

The Committee noted the report.

### **39. Changes to Health Scrutiny Committees**

The Principal Governance Officer (PGO) provided a report to note the changes to Health Scrutiny Committees (HSCs).

The most significant change as of 31<sup>st</sup> January 2024, highlighted the power of the Secretary of State for Health and Social Care to intervene in proposals regarding changes, or, reconfigurations, to local NHS services in comparison to the exclusive power of HSCs to refer proposed reconfigurations to the Secretary of State previously.

A call-in request process was now available for use without a HSC referral or call-in request, following on from contributions to the Health and Care Act 2022. Although the Secretary of State could call-in and make a decision which impacted a reconfiguration proposal, such powers should be used for complex cases which create a significant cause for public concern. As such, HSCs continued to hold powers in respect of 'responsible persons' including NHS commissioners and providers within a local area. Local Authorities (LAs) therefore, could review and scrutinise any matter relating to the planning, provision and operation of the health service in its area, with interested parties being present to provide comment on such matters, whilst taking into consideration any information provided by the local Healthwatch.

Under the new arrangements, HSCs would also be consulted where the Secretary of State decided to 'call in' a proposal for reconfiguration; it was key to note that any proposal for change could be subject to call-in, whether they are notifiable or not; nor did they require a specific timeframe for the request to be made, given that local attempts to resolve the issue had been exhausted. It was expected that NHS commissioners would involve HSCs early on in the process for major changes.

The Committee noted the report.

### **40. Review of the Shadow Governance Partnership Arrangements**

The Director for Care, Community and Health Integration (DCCHI) provided a review of the shadow governance arrangements, which were established in July 2023.

The ICB Sub Committee and Health & Wellbeing Board Committees in Common (CiC) worked to bring positive changes through closer alignment, increased

collaboration and streamlined governance. This enabled facilities for development sessions, improved attendance and more efficient decision making in an environment for healthy debate and discussion.

At the ninth month of the shadow year, positive feedback from partners had been received as strong partnership working was clear, and provided a space for residents to communicate directly with members.

The Committee looked forward to more joint agenda planning as well as developing an integrated partnership programme management unit which would further drive collaboration.

On questions and comments from Members, the DCCHI hoped to lead others by example and the CiC was the first in London, which was also evidenced in the LGA public health peer review. Members requested for examples of engagement with residents; the DCCHI mentioned the healthy weight programme where residents were able to speak directly with members in an open meeting to facilitate co-production.

The Committee noted the report.

**41. Health & Wellbeing Board and ICB Sub-Committee (Committees in Common)  
- 16th January 2024**

The minutes of the Health & Wellbeing Board and ICB Sub-Committee (Committees in Common) held on 16<sup>th</sup> January 2024 were noted.