

### Health Scrutiny Committee (HSC) Annual Report 2020/21

#### Chair's Foreword

"The Health Scrutiny Committee held four of its six scheduled meetings during the 2020/21 municipal year, with the remaining two meetings cancelled due to the Covid-19 pandemic. Covid-19 has significantly impacted our scrutiny work this year, with the Committee looking into the response of the Council, BHR CCG, BHRUT, NELFT and the ICS as to the pandemic. The Committee has also looked into a range of additional issues, such as the North East London Foundation Trust's Response to Regulation 28 Reports and the Health and Wellbeing Board's role in tackling health inequalities.

The Committee would like to extend its immense thanks to its colleagues within the Council and partner organisations in the NHS for their incredible work in responding to the Covid-19 pandemic, as well as in continuing to support the Committee in its scrutiny work throughout the year."

#### **Cllr P Robinson**

Chair, Health Scrutiny Committee

#### Membership

During the 2020/21 municipal year, the Health Scrutiny Committee consisted of six Councillors:

- Councillor Paul Robinson (Chair)
- Councillor Donna Lumsden (Deputy Chair)
- Councillor Abdul Aziz
- Councillor Peter Chand
- Councillor Adegboyega Oluwole
- Councillor Chris Rice

Masuma Ahmed, Principal Governance Officer, and Yusuf Olow, Senior Governance Officer, supported the Committee.

#### **Covid-19 update from BHR Clinical Commissioning Groups and Barking, Havering & Redbridge University Hospitals Trust**

The Committee received an update on the local NHS' response to the Covid-19 pandemic, which was provided by the Managing Director of Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs), the Chair of Barking and Dagenham CCG (BD CCG), and the Chief Executive of Barking, Havering and Redbridge University Hospitals Trust (BHRUT). The update highlighted work that was being undertaken in a multitude of areas, such as increased testing, cross-borough working, winter preparation, staff and patient safety, the triaging of high-risk patients and the resetting of elective care.

The Committee sought assurance as to advice provided to care home staff and staff testing, and was informed of a new discharge success pathway which was being piloted in Havering to explore extra community capacity to allow medical professionals to assess people in their own homes. Members challenged the potential reasons as to why some people were not coming forward for testing for Covid-19, as well as highlighted the

importance of Hospital Ambulance Transport knowing about patients' Covid statuses prior to their discharge. Questions were also posed as to radiotherapy and chemotherapy services, inspection ratings by the Care Quality Commission (CQC), winter planning, workforce resilience plans, access to GP appointments and lifestyle change communications.

The Council's Cabinet Member for Social Care and Health Integration praised the work of the Partnership, noting that lots of good groundwork had already been undertaken. She shared the Committee's concern that going forward, much more work into health inequalities would need to be undertaken to look into how service providers could provide services in ways that would reduce the inequalities gap.

The Committee expressed its thanks to all partners and staff on the frontline for their tireless work during the pandemic, as well as its sincere sympathies to all of those who had been affected by Covid-19.

### **Appointments to the Joint Health Overview and Scrutiny Committee**

The Chair presented a report asking the Committee to confirm the appointment of three Members to the Outer North East London Joint Health Overview and Scrutiny Committee (JHOSC) for the 2020/21 municipal year, which was responsible for local joint health scrutiny arrangements amongst the boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest.

The Committee resolved to appoint Cllrs Robinson, Lumsden and Chand to the JHOSC for the 2020/21 municipal year.

### **North East London Foundation Trust's Response to Covid-19**

The Committee received an overview presentation on the North East London Foundation Trust's (NELFT) response to the Covid-19 pandemic, which was provided by the Chief Executive Officer, Integrated Care Director and Associate Director of Quality and Patient Safety of NELFT.

The Committee enquired as to the district nursing service, personal protective equipment (PPE) and wellbeing support for staff, agile working, and the command structure that had recently been implemented at NELFT, that had allowed for rapid changes to services as and when required.

Members also challenged the health inequalities that were being experienced by some cohorts in relation to Covid-19 and were assured that NELFT had established an Inequalities Committee as part of the preparation for the second wave, which included incorporating lessons learned. A strategic operational command group also met on a weekly basis to ensure that the system adequately served the communities that NELFT was responsible to. This group included NELFT's partners to ensure continuity of quality and that any issues did not affect the wider service.

The Committee was critical of the very significant delays residents were facing in receiving blood test results, and the Chief Executive Officer acknowledged these issues, explaining that as services were suspended between March and June due to the first wave of COVID-19, the delay was down to pent-up demand which was proving difficult to meet and was compounded by the fact that not all NELFT partners resumed blood testing at the

same time. A major incident had been declared in relation to the issue of blood testing and action was being taken to clear the backlog which included commissioning tests from the independent sector. The Chair of the Health and Wellbeing Board had requested that a full update be given to the Board in November.

The Committee also asked a variety of questions as to the Child and Adolescent Mental Health Service (CAMHS), waiting times in relation to initial referrals, infection control training, the PPE policy and preparedness in the face of a second wave of lockdown.

### **North East London Foundation Trust's Response to Regulation 28 Reports**

The Committee received a report on the NELFT's response to Regulation 28 reports, which was presented by the Associate Director of Quality and Patient Safety for NELFT. Regulation 28 reports were issued when a coroner believed that shortcomings in care identified during an inquest may reoccur and cause or contribute to the deaths of patients in the future.

The Committee was advised that videos were in the process of being produced to teach staff on coroner court processes and these would be shared with other organisations. Future changes were also likely under coronial law and NELFT would update its processes accordingly. A survey of staff found that most believed that they were sufficiently supported in reporting to coroners' courts. Learning was cascaded through NELFT based on an action plan and a learning event was planned to familiarise staff. Partner organisations would be invited to take part.

The Committee was informed that in the last six years, NELFT had contributed to 362 inquests and had been issued with 10 Regulation 28 reports. Members were assured that a thematic review was undertaken to ensure that there were no recurring issues. Two reports related to the recording and handing over of information between the police, the ambulance service and mental health crisis services. Action was being undertaken to address these issues including making information sharing a standing item on Police Liaison Meetings, whilst training was arranged for London Ambulance staff.

The Committee was notified that one Regulation 28 report was still outstanding, and 15 actions had been raised, of which 10 had already been addressed. The remaining five were ongoing as they related to work with the Barking and Dagenham Clinical Commissioning Group and the mental health transformation programme. The implementation plan was being reported to the NELFT Quality and Safety Committee and an audit would be undertaken to ensure that the actions were being implemented.

The Committee sought assurance that all staff were trained in using Datix and had been trained in incident reporting via the system that also included reports on near misses. All incident and near miss reports were reviewed on a weekly basis for any thematic issues, and reports were also referred to the senior management responsible for the area where the issue(s) had arisen.

### **North East London Foundation Trust's Care Quality Commission Inspection Update**

The Committee received an update report on the Care Quality Commission's (CQC) inspection of NELFT in June 2019, which was presented by the Chief Executive Officer (CEO) of NELFT, following the Trust's CQC rating being downgraded from 'good' to 'requires improvement', which was of significant concern. The CQC identified 22 actions

that the Trust was required to undertake to improve. NELFT was also issued with a Section 29a warning due to issues at Goodmayes Hospital's acute inpatient services.

The Committee was concerned that the CQC had described NELFT as a trust with major contrasts in service quality. Whilst some areas were rated as 'outstanding', there were a number of issues; inpatient mental health services were under pressure, unsafe practices had been observed at Sunflowers Court and there were concerns about staff morale, especially in relation to junior doctors. Regarding leadership, the CQC did not believe that the executive team was working in a cohesive manner and felt that the governance structure needed strengthening.

The Committee was assured that since the CQC report, NELFT had sought to address the issues relating to acute inpatient services at Goodmayes and, as a result, the CQC withdrew the Section 29a warning notice in March 2020. In relation to the executive team, a development programme was implemented to ensure cohesion and the CEO was confident that the Trust had addressed the CQC's concerns.

The CEO assured the Committee that the concerns of junior doctors were addressed with the support of Health Education England and an action plan was put in place to ensure that junior doctors had a channel in which to air their concerns. He also acknowledged that issues remained and highlighted the implementation of Workforce; a management software system that would improve staff communication and information. NELFT's CEO said he was confident that the next CQC inspection would show that NELFT had improved considerably.

### **Winter Planning and Support to Care Homes**

The Committee received a report on the Council's Winter Planning and Support to Care Homes, which was presented by the Head of Adult Commissioning. Members were pleased to see that the Council was working closely with Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) to ensure consistency in quality and availability of services. The report provided updates in relation to a wide range of areas, such as:

- The independent research undertaken by Healthwatch Barking and Dagenham into the experiences of care home staff, residents and relatives during the pandemic, of hospital discharges, and of care and support;
- The establishment of an Infection Protection Control (IPC) team by NELFT;
- A 'hot homes' pathway consisting of two designated care homes in Havering and Redbridge which accepted Covid-19 positive discharges;
- Testing for care home staff and residents;
- The incident management team process that had been put in place by Public Health England (PHE), that brought together health and social care partners to work through actions to support care homes and to ensure a joined-up approach;
- Hospital discharge processes, isolation periods and increased communication between A&E's and care homes; and
- Lateral flow testing.

The Committee expressed concern that Barking and Dagenham had a high rate of infection and that as it was likely that London would be moved to tier 3 at some point, sought further assurance that the Council and its health and social care partners would be able to cope with the increased challenges.

The Committee also sought clarification as to the support being provided for particularly vulnerable patients, as well as the help that was available to patients who were not previously known to care services, did not appear to be vulnerable or rejected offers of assistance. Questions were posed as to whether there was evidence that the pandemic had reduced take up of the flu vaccine, and how care homes would deal with the upcoming Christmas holidays, with families understandably seeking to visit their relatives.

### **What is the Health and Wellbeing Board's role in tackling health inequalities?**

The Committee received a report on the Health and Wellbeing Board's role in tackling health inequalities, which was presented by the Cabinet Member for Health and Social Care Integration, following concern by Members that the Covid-19 pandemic had highlighted the importance of this issue due to the very different health outcomes faced by minority communities. Members wished to enquire as to the extent to which the targets set by the Board previously were likely to be reviewed going forward to address health inequalities faced by residents.

The Committee sought assurance on a number of issues, such as the order in which different cohorts would receive their vaccinations, and how commissioners and providers would encourage residents to attend their cancer screenings and other appointments in hospitals. Members also challenged the lower levels of representation from the local community on the Health and Wellbeing Board, as well as the significant lack of understanding in the system of the pressures around protecting people with learning disabilities in relation to, for example, variations in their understanding of and ability to abide by social distancing and other measures to control the spread of Covid-19. The Cabinet Member strongly agreed with the Committee's sentiments and clarified that this group was not in the priority groups to receive vaccinations, and this was not within local control. She assured the Committee that she would encourage the Council and other local representatives to ask the local MPs to put more pressure on the Government to give higher priority to this cohort.

The Committee was also informed that the Council's Director of People and Resilience had sponsored an inequalities review. Once complete, this would be presented to the Committee for consideration.

### **To what extent did the Integrated Care System help deal with Covid-19?**

The Committee received a presentation on the Council's perspective on the extent to which the Integrated Care System helped deal with the Covid-19 pandemic, which was presented by the Head of Adult Commissioning. The presentation covered the following areas:

- Impact on providers;
- Strengths of the system;
- Actions taken;
- Areas for Improvement; and
- Impacts on recovery.

The Committee sought assurance as to hospital discharge arrangements for care home residents, Covid-19 testing for care home staff and the partnership working between local brokerage and hospital discharge teams. It was also assured that service improvement

discussions were regularly undertaken by the Council and its partners, for example, via the weekly discharge improvement working group.

Members challenged the reasons as to why not all care home residents and staff had yet received their Covid-19 vaccinations, considering how to increase vaccine uptake amongst those cohorts where vaccine hesitancy was increased. The Committee also posed questions as to measures to keep residents safe in interactions with staff who had not had the vaccine, the development of the local plan to address health inequalities, the understanding of 'Long-Covid' in order to commission the right services to care for these patients going forward, the use of 'Co-ordinate My Care' (CMC) records (records for patients in care homes, containing their health plan) and social prescribing to support patients who were isolated by Covid-19.

## **Contact**

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