MINUTES OF INFORMAL
HEALTH SCRUTINY COMMITTEE

Wednesday, 23 February 2022
(7:02 - 8:48 pm)

Present: Cllr Paul Robinson (Chair), Cllr Donna Lumsden (Deputy Chair), Cllr Abdul Aziz, Cllr Peter Chand, Cllr Adegboyega Oluwole and Cllr Chris Rice

Also Present: Cllr Maureen Worby

30. Declaration of Members' Interests

Cllr Paul Robinson declared a non-pecuniary interest in agenda item 5, as he was a Senior Clinical Trial Practitioner on the SUMMIT study, which was referenced on page 39 of the agenda.

31. Minutes - To note the minutes of the meeting held on 19 January 2022

The minutes of the meeting held on 19 January were noted.

32. What is the community access to healthcare post-Covid-19?

The Director of Primary Care Transformation (DPCT) at Barking, Havering and Redbridge Integrated Care Partnership (North East London Clinical Commissioning Group) delivered a presentation on the community access to healthcare post-Covid-19, focusing on primary care access. The presentation detailed:

- The contact types and volumes of consultations pre-/throughout the pandemic (for all clinical consultations, and for GPs);
- Task and finish group work to test the new models of care with GP practices, residents and local stakeholders;
- Work being undertaken through the Winter Access Fund;
- Work to support the community access into primary care and the PCN Strategic Infrastructure planning programme;
- Means to improve digital access and work to support patients to better manage their own care (for example, through remote consultations for long-term conditions);
- Digital consultations; and
- Patient:workforce ratios and means to recruit and develop more clinical staff.

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

- As part of the Winter Access Fund, the CCG was using a programme called Equip to look at trends in terms of GP appointment bookings, as well as the staff that were available and how they could be differently matched across the system. It was also using a programme called Time for Care, which was looking at appointments, in terms of improving access. The CCG was supporting all 16 GP practices in Barking and Dagenham to look into this

work, as appointments needed to be booked via a flexible system, that was able to adapt to booking trends.

- Demand was currently very high, which was why the CCG was commissioning additional capacity in its GP practices and hubs. As part of the new ways of working, practices were working to triage patients appropriately, with appointments booked according to what was deemed clinically appropriate by GPs. This meant that those who needed an urgent appointment, were able to receive one, and it did not depend on which individuals were able to get through to the practice first on the telephone. The practices would then telephone less urgent patients back, to assign them an appointment. Most patients were understanding of this, as long as they did hear back from the practice within the time that they needed to. Practices also checked with the patient that they had the right phone number and would use their mobile numbers to contact them.
- Normal blood test results were filed, and it was then up to the patient to contact the practice to receive these, due to the high volume that GPs needed to deal with. GPs received blood test results every day and had a system to review these, to see who needed to be called back for further testing. If a patient needed a follow-up, they would be contacted by their practice.
- Two-way text messaging could also be used by practices, to contact patients with their blood test results, and the DCPT would take Committee feedback to the task and finish group, to consider whether patients could be messaged about their blood test results, when these were within the normal range.
- Practices were also trying to move more towards a self-management system, particularly for long-term conditions, and from April 2022, practices would enable patients to access more of their patient records; however, patients would not be able to see everything, particularly where it would be better for their results to be explained to them.
- Whilst clinical triage meant that some patients telephoned their practice, only to be told to be come in, this helped GPs to prioritise more urgent cases; however, GPs often did not take any risks with the elderly and the under-fives, and would ask them to come in regardless.
- The CCG wanted to work with Healthwatch, local residents and stakeholders to look into and improve the new ways of working, such as for people with learning disabilities, who may struggle with virtual consultations.
- The CCG was to receive around £8-9 million, in three pots of money. All practices across North East London would get an equal share of the first pot, which was for additional capacity and would be funded at £1.16 per patient. The second pot would be used to support certain practices with access issues. The third pot of money would be for the benefit of all general practice, in relation to the primary care family (such as urgent care into primary care, community pharmacies and GP practices).
- The NHS was still managing infection control and it maintained some measures as Covid-19 was still in circulation, to help keep staff and patients safer.

In response to questions from Members regarding concerns around patients not receiving appointment letters, the Director of Transformation (DoT) at NEL CCG stated that she received feedback quickly from GPs if there were lots of patients who were stating that they had not received appointment letters, and that they had

been discharged as a result. She had only been notified of this happening three times in the last few months; however, she would monitor this issue, and would pick this up with the Deputy Chief Operating Officer (COO) at BHRUT (Barking, Havering and Redbridge University Trust), as the Committee had notified her of this happening on two recent occasions.

In response to further questions, the Associate Director of Communications and Engagement (ADCE) at NEL CCG stated that NEL CCG was undertaking some work with Healthwatch, looking into the barriers and issues that patients had in terms of understanding how to get help from their GP practice. Digital exclusion was a growing issue, particularly as digital means were becoming more relied upon, and Healthwatch and the CCG were working to look at what this meant for different parts of the community. The next step of the work was to work with practices, Healthwatch and stakeholders to think about means to improve the issues and ensure that people were getting access to their care, in the way that they needed.

The Cabinet Member for Social Care and Health Integration expressed her concern that the triage system could result in the later detection of cancers within Barking and Dagenham, with late presentation already being a major issue within the Borough, and that take-up rates could get worse when the community perceived an additional 'hurdle' in accessing care. As such, she stated that work needed to be undertaken around these potential behavioural issues and high-priority health conditions. The DPCT agreed, acknowledging that telephone consultations and triaging would not work for everybody. It was important to pick up on the cues that someone was displaying in terms of their health, and work needed to be done to support this. Work also needed to be undertaken locally with practices and with receptionists to keep their training up to date, as they acted as a gateway into GP practices.

33. BHR Transformation Boards 21/22 Key Progress and Achievements to Date

The Deputy Director of Recovery and Planning (DDRP) at NEL CCG delivered a presentation on the key progress and achievements of the BHR Transformation Boards. Whilst the work of the Boards had been paused in 2021, owing to the need to redeploy staff during the Covid-19 pandemic, priorities had been reset since the Boards had resumed. The DDRP detailed some examples of key progress against the eight Transformation Boards in BHR, which comprised:

- Cancer;
- Children and Young People;
- LD and Autism (NEL Board);
- Long Term Conditions;
- Mental Health (NELFT/NEL System wide Board);
- Planned Care;
- Older People/ Frailty; and
- Unplanned Care.

The BHR Transformation Boards were monitoring the impact of the transformation activity, noting that data and key information were showing that over the past year, A&E activity and admissions had decreased in general and were on a continual downward trajectory. The BHR Transformation Boards would continue to review

the impact of the transformation activity, and continue to invest and develop services that helped the population, and create sustainability over the longer term.

In response to questions from Members, the DoT at NEL CCG stated that:

- The Cancer Board had a wide remit, including patient experience, the early identification of cancer screening targets and overall targets that the Trust had been asked to achieve. The Faster Diagnosis (FDS) standard (patients being informed of their cancer status within 28 days of their referral) had been achieved for the last three months across three of its key specialities, where it had the most referrals in to BHRUT. Whilst this did not remove concerns around the late presentations of cancers and the impact of Covid-19, this was a very positive step in the right direction.
- BHRUT were in a very good position in terms of treating cancer patients, and it had gained funding from the North East London Cancer Alliance. Funding was being offered for the purchase of dermatoscopes, which would help in terms of skin cancer identification, which had been offered in recognition of the fact that other parts of North East London already had this equipment, whereas BHRUT did not.

The Council's Director of Public Health (DPH) stated that his team was undertaking active case finding for missing cancers due to the pandemic, and was restarting this for other chronic diseases such as COPD and diabetes. The team was also recovering the Health Check programme, working to ensure that patients could be screened early for any conditions. The DoT stated that there was currently a particular surge in breast referrals, which whilst not positive in terms of the management needed for this, was very positive in terms of patients coming forward.

In response to further questions, the DoT stated that:

- The development of the BHR Workforce Academy over the past year, had been a positive step in working to address gaps in recruitment, particularly focusing on therapists and on Allied Health Professionals (AHPs) as these had the largest shortages. The Academy was looking into changing the offer so that more people were attracted to these posts locally, such as through having posts that enabled employees to rotate through community services, the hospital and primary care. She recommended that the Head of the Workforce Academy attend a future meeting of the Committee, to talk about this area, as BHR were leading on this. BHR had also developed a tool that showed it where the current workforce was coming from, linking into its anchor organisation work, particularly around BHRUT and NELFT.
- There was currently a review being undertaken within the Mental Health Transformation Board to consider how the Board would work moving forward and how it would integrate on a North East London level, acknowledging that there was a very high demand on mental health services post-pandemic, and that the service model needed to change to be able to accommodate this.

34. Barking and Dagenham Smoking Cessation Service

The Cabinet Member (CM) for Social Care and Health Integration delivered a

presentation on the Barking and Dagenham Smoking Cessation service. The presentation began by highlighting the particular context within Barking and Dagenham, with the seventh highest smoking attributable hospital admissions in London, the highest percentage of women smoking at the time of delivery in London and a smoking attributable mortality higher than London and England. It detailed:

- The current service provided to residents;
- The health impacts of smoking;
- Inequalities in relation to the Smoking Cessation service (such as age, ethnicity and gender);
- The number of residents supported by the service and current success rates;
- The current issues and work already underway to address these issues; and
- Future areas of work.

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

- It was important that frontline staff were able to have brief initial conversations with residents about smoking cessation advice, referring them into the right part of the service that was able to provide them with more guidance.
- Whilst she did not want to stop the service, it was not having the desired impact and as the service received nearly half a million pounds in funding, she wanted this to be more effective for residents. As such, she felt that targeting the service via programmes to specific groups, such as those who were pregnant, young people, and ethnic communities within the Borough, for at least a couple of years, could result in more cost effectivity and better health outcomes, making a real difference to these groups. This method would require co-production with these target groups. Residents that did not fall into the target groups would be offered a service via the GP referral route.
- Whilst it would be difficult to enforce a Borough-wide outdoor smoking ban, she could look into this possibility for certain areas, such as playgrounds.

In response to a question from the CM, the DPH stated that the London Borough of Havering had decommissioned their smoking cessation service a few years ago, and that their cessation rates had actually improved. A number of other boroughs had also decommissioned their services over the past few years, with Barking and Dagenham being in the minority of those councils in London who had kept their service. Many boroughs had also moved to a digital service offer. As such, the CM wanted to review how the Council was targeting its service, and come back to the Committee with proposals as to how to move forward, as addressing only two percent of smokers in the Borough as currently, was not value for money.

In response to further questions from Members, the Public Health Strategist (PHS), the Integrated Care Director at NELFT and the DPH stated that:

- The vast majority of referrals came from GPs, with a negligible number coming from self-referrals.
- Mental Health service staff were trained in terms of level one service

support, having active conversations with patients around their smoking status. Smoking cessation conversations were also part of the annual health check for those with serious mental illnesses, with signposting into this service as necessary. Smoking prevalence was much higher in those with serious mental illness, in comparison to other cohorts of the population. Patients at Goodmayes Hospital were also supported to access free nicotine replacement therapy (NRT) and smoking cessation support, as well as vaping (due to the increase in aggression incidents when restrictions on smoking were put in place around NHS property), as an alternative.

- Whilst the price of Champix (a medication used in smoking cessation) had increased, the service was able to provide this due to low service usage. Champix was not suitable for many, and had to be prescribed by a clinician.
- The Council's Licensing team was working on a project to tackle shisha use and to work with shisha bars, due to start in April 2022. The programme would initially focus on education, rather than enforcement. The team was also working in conjunction with the Smoking Cessation service.
- The Smoking Cessation service was accessed by some Havering residents, as they lived on the Barking and Dagenham/Havering border, and were on the GP practice lists for Barking and Dagenham. Havering Council also bought in to Barking and Dagenham's smoking cessation maternity offer.

The CM acknowledged that smoking was an addiction and that the Council and its partners needed to get better at supporting individuals. She, along with the Committee, questioned whether the Improving Access to Psychological Therapies (IAPT) service could ask patients more about smoking, to increase referrals into the Smoking Cessation service and to help individuals before they needed more extensive support. The CM would also discuss with the Council's HR team, what the Council could be doing to offer smoking cessation support to its employees.

35. 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 web-link on the front sheet of the agenda.

36. Work Programme

The Work Programme was noted.