

Health Scrutiny Committee (HSC) Annual Report 2021/22

Chair's Foreword

“The Covid-19 pandemic has had a profound impact on health services since its onset and it is perhaps no surprise that it has been addressed as a key topic by the Committee again this year. On behalf of the Committee, I would like to express our continued thanks to all frontline staff and partners, for their dedication in supporting residents affected by Covid-19, as well as to key colleagues for their ongoing support in our scrutiny response.

The Committee has worked extensively to review services that matter most to our residents. We have addressed a broad range of topics this year, from smoking cessation through to engagement on the new St George's Hospital Development, which will be able to be used by Barking and Dagenham residents in the future.

Councillor Lumsden, Councillor Oluwole and I have also worked to represent the Borough at the wider forum of the Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JHOSC) this municipal year, which has responsibility for local joint health scrutiny arrangements amongst the boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest. Through this, we have looked to echo the voices and concerns of local people, ensuring that key borough priorities are accounted for on a wider level.

I look forward to continuing to work with colleagues over the coming year, with a view to reaching our vision of continuously improving health services and amenities for our residents.”

Cllr Paul Robinson

Chair, Health Scrutiny Committee

Membership

During the 2021/22 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

Matthew Cole, Director of Public Health; Masuma Ahmed, Principal Governance Officer and Claudia Wakefield, Senior Governance Officer supported the Committee.

Impact of COVID-19 and Mental Health in Barking and Dagenham

The Committee received a presentation on the impact of Covid-19 and mental health in Barking and Dagenham, which was presented by the Integrated Care Director (ICD) for the North East London Foundation Trust (NELFT). This provided a brief overview as to the current range of community and inpatient/acute-based mental health services provided by NELFT, followed by a more detailed narrative around service delivery during the Covid-19 pandemic. This had resulted in new and more innovative means of working, such as the introduction of a hybrid virtual/face-to-face community delivery model.

Members provided challenge in regards to those patients who required services, but who did not have telephone or video access, or who did not find these methods useful. They were assured that these residents would be offered face-to-face services, although it was likely that these would result in longer waiting times. NELFT had also acted on learning that it had gained during the first Covid-19 wave when it moved to virtual appointments only and some regular patients began to present in a more unwell state. In response, NELFT reinstated face-to-face appointments for those presenting with more high-need issues, and was continuing to provide a more virtual offer for clients who had low risk assessments.

Members praised the dedicated work of NELFT staff throughout the Covid-19 pandemic and were positive of the 'Keeping Well NEL' emotional wellbeing and support service that had been established for all NHS staff and those who worked in care settings. This service had gone live in December 2020 and had a target audience of around 90,000 staff members. The Committee were also pleased to hear that individual Trusts were investing in health and wellbeing programmes to enhance the physical and mental wellbeing of their staff.

Update regarding the proposed closer collaboration between BHRUT and Barts Health

The Committee received an update regarding the proposed closer collaboration between the Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) and Barts Health, which was presented by the BHRUT Director of Strategy

and Partnerships (DSP). Following increased collaboration between NHS organisations and partners across NEL in response to Covid-19, as well as the lessons learnt from the pandemic and recent legislative changes, an appreciate inquiry (AI) process had begun to inform discussions as to how to maximise future collaborative benefits between BHRUT and Barts Health. The AI process was intended to gather the views of organisational staff, local partners and patients who received care from BHRUT and Barts Health.

Members indicated that, at this point in time, the Council did not support the proposals. Whilst a diagnostic clinic was proposed to be established at Mile End, it was not felt that this would benefit local residents in Barking and Dagenham, due to the distance of the service. It was also not felt that placing emerging and/or stretched services at Barts and the Royal London Hospital, Whitechapel, would benefit residents who required services closer to home. Members were also concerned that local services could be moved to bigger NEL hospitals in future, under the guise of staffing shortages / consolidation and highlighted that some residents may struggle to attend the clinic at Mile End if they did not live in close proximity to the District Line.

The Committee also posed questions around the potential benefits of the proposed closer collaboration, such as providing staff with the opportunity to work around a number of different organisations, the potential for increased job satisfaction, shared organisational learnings and shared workforces. The Chair stated that he wished to raise the proposed closer collaboration as an item at a future meeting of the Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JHOSC), where this issue was further discussed.

Health and Social Care Impacts and Management of COVID-19

The Committee received a presentation from the Planned Care Programme Manager (PCPM) at North East London Clinical Commissioning Group (NEL CCG), who updated the Committee in relation to the Long Covid-19 Service.

Members provided challenge on waiting lists for the service and were assured that, whilst these did exist because of the difficulty in modelling demand during the second wave of Covid-19, action was being taken to reduce the list, including recruitment of more staff and group treatment offers. The PCPM stressed that all patients referred to the service were triaged (e.g. assessed to determine their need for medical attention) within the first week and any patient that displayed medical signs that required immediate attention was then brought forward.

The Committee also enquired as to discharge criteria, the future of the service and the financial cost of the pandemic to the Council, which currently totalled circa £11.8 million and of which 48% of the cost related to adults' and children's social care.

Update on NHS Blood Test Tube Shortage

The Committee received an update from the Managing Director (MD) of Barking and Dagenham, Havering and Redbridge Integrated Care Partnership (BHR-ICP), following concerns around global blood test tube supply issues.

The Committee was reassured that supply issues had been addressed, communications had been sent to primary care providers, NELFT had restarted normal services and extra clinical sessions had been held to clear the backlog.

In response to challenge by Members, the MD of BHR-ICP stated that patients were not being required to wait for a long period of time for blood tests and, in appropriate circumstances, home visits were arranged within a few days of first contact.

The Committee sought assurance that blood testing was being undertaken on multiple sites and the capacity was linked to the population that the site served.

The Council's Public Health Response to COVID-19

The Committee received an update on the Council's Public Health response to Covid-19, which was presented by the Director of Public Health (DPH). This included information on the effect on the Borough's residents and the reasons for high transmission, the age profile of those worst affected, details on winter plans drawn up by Central Government, and the likely effects of the pandemic for years to come.

The Chair expressed concern about the low rates of contact tracing in the Borough, enquiring as to unregistered persons and other hard-to-reach sectors. He was advised that the target was the completion of a questionnaire, by the infected person, rather than the number of people contacted. Self-isolation could not be enforced and many residents worked in low paid jobs, insecure jobs and zero hours contracts and so were reluctant to self-isolate.

The Committee was pleased to note that in relation to unregistered residents, a vaccination service based at the Broadway Theatre was taking place and that specialist drop-ins were also being held for people with learning disabilities. It also sought assurance on the vaccination programme in schools, learning that staff who worked in children and adolescent services were not being redeployed as these services remained essential.

Healthwatch's Key Reports/ Findings 2020/21

The Committee received a presentation on the following three reports that had arisen from key projects undertaken by Healthwatch Barking and Dagenham during 2020/21:

- Dental Services in Barking & Dagenham during COVID-19;
- Care Home and Domiciliary Care – Staff Wellbeing during COVID-19; and
- Community insights on Disabled Residents and the Covid Vaccine in North East London.

The Committee expressed disappointment that Healthwatch Barking and Dagenham had found access to dental services to be extremely poor in the Borough throughout the pandemic, with these issues being echoed across other areas of London and the country. It was pleased that the Chair of Healthwatch England and the Chair of the

British Dental Association had written a letter to the Chancellor of the Exchequer on 21 October 2021, urging him to provide more funding for dental services nationally.

In regards to the 'Care Home and Domiciliary Care – Staff Wellbeing during COVID-19' report, the Committee was advised of a pilot for an online forum which was being run by the Council, to enable frontline care workers from across the sector to discuss their challenges and seek support from each other. As Healthwatch had only been able to engage with 50% of frontline staff so far, to hear about their thoughts and experiences and to look to resolve these, the Committee suggested that this online platform be used in part to engage with the remaining staff members. Whilst the Healthwatch Officer had not yet received any feedback on the pilot, he attended meetings with local care homes and domiciliary care providers and would ask for key feedback at future meetings.

The Committee praised the work delivered by Healthwatch Barking and Dagenham.

Managing Our Planned Care

The Committee received a presentation from the Acting Chief Operating Officer (ACOO) for Elective Care on managing planned care at BHRUT, which included the impact of Covid-19 on key planned care measures and actions taken to mitigate this, current service performance and future plans.

Members expressed concern that, considering the demography of Barking and Dagenham and the issue of health inequalities, different populations may have had different experiences in terms of accessing care. In response, the ACOO stated that whilst inequalities between different populations had become much more manifest as a result of the Covid-19 pandemic, there did not appear to be any Trust level differences between different ethnic groups, or in different socio-economic groups in accessing care. It was noted that this finding could change once BHRUT started to look at the data in more detail. He added that there were also not currently any obvious differences in the waiting times between different socio-economic, ethnic, or age groups; however, much more work needed to be undertaken to understand the data and the questions to be asked.

In regards to BHRUT's plan to return to pre-Covid waiting times from referral to treatment, the Committee suggested that the Trust could run more 'super clinics' (maximising resources to carry out a large number of appointments/procedures, over short periods of time) to manage these. It was advised that whilst BHRUT was in a position to run more super clinics, it was less able to encourage patients to access care in the first place, as the first point of contact for patients was with GP practices. Work needed to be undertaken with primary care providers as to whether more could be done jointly to encourage patients to access care. The Committee recommended the use of community hubs to assist with patients seeing their GP, learning that BHRUT intended to invest in cancer diagnostic pathways with the additional funding that it was expecting from the Government. It would locate diagnostics within the community to make these easier to access, such as within Barking Community Hospital and the St. Georges Hub.

Engagement On St George's Hospital Development

The Committee received a presentation from the Director of Commissioning and Performance (DCP) at BHR ICP and NEL CCG on the engagement plans for the new St. George's Hospital development, which would aim to integrate a range of health, care and wellbeing services into one hub in South Hornchurch. The engagement period was proposed to run between 22 November 2021 and 13 February 2022, with a variety of engagement both online and in-person.

Members positively acknowledged the benefits of the scheme for residents of Havering; however, expressed dismay that a Hub was being developed in Havering, when many of the services it would offer were already available to Havering residents and it would prove difficult to engage Barking and Dagenham residents in the consultation, as they would likely question the benefits for them. Members urged the DCP to consider implementing wider health, care and wellbeing services at Barking Community Hospital as opposed to more minor facilities, especially considering the high levels of deprivation and poverty experienced by Barking and Dagenham residents, who did not already have these services available to them within their own borough.

The Committee noted that welfare issues could lead to ongoing healthcare problems and that these were highly prevalent in the Borough. The Committee advocated for more communications with Barking and Dagenham residents, to ensure that they felt that services at the Havering facility could be used by them.

Annual Director of Public Health Report - Equalities Challenges in Barking and Dagenham

The Committee received a presentation from the Director of Public Health on his annual report for 2020-21, which focused on the health inequalities in the Borough that had been made further stark by the Covid-19 pandemic. The report provided a snapshot of inequalities at a borough population-level and summarised the consultation feedback from key stakeholders on how to collectively reduce them and improve the health and wellbeing of all residents.

Members expressed frustration that health inequalities had been an issue that the Borough had been facing for a number of years and asked what it would take to see a real difference. The Cabinet Member for Social Care and Health Integration stated that she too shared the same frustration, explaining that historically, the Borough had been significantly and continually underfunded, which meant that the challenges it faced in improving residents' health had worsened over time. However, the North East London system, which the Borough was now a part of along with six other boroughs, offered a glimmer of hope in that the commissioning of resources was now more transparent, and new governance arrangements meant that the Board had a real say, giving the Borough more leverage over health funding.

Members were concerned about the statements within the DPH's report that multi-morbidity (having two or more long-term conditions) was experienced eight years earlier by the African and Caribbean groups as compared to the White British/White Other group and asked why this was and what could be done to address this. The

DPH stated that there was potentially a myriad of reasons behind this, such as not accessing primary care and lifestyle issues. Communication tailored to these groups, which came from a source they trusted, was shown to be effective - for example, a huge increase in the Covid-19 vaccine take-up was seen in certain groups when messages about vaccine safety was delivered via local mosques. The Cabinet Member stated that it was difficult to fully understand why some national health programmes that had worked elsewhere, had not worked in the Borough. She hoped that the new community hubs would play a crucial role going forward in this regard; however, she wanted the hubs to grow organically to fully understand local issues faced by residents, which would take time.

Update on the impact of the expansion of the Ultra-Low Emission Zone (ULEZ) in Barking and Dagenham, and how children and young people in Barking and Dagenham are being affected by air pollution following the recent case in Lewisham

The Committee received a report on the expansion of the ULEZ in the Borough and the impact on young people of air pollution, which was presented by the Service Manager for Environmental Health (SMEH). The report also provided an update on the main actions being progressed as part of the Council's Air Quality Action Plan (AQAP), as well as outlining the key recommendations arising from a Coroner's report on the death of a nine-year-old girl in 2013 who resided in Lewisham, who was the first person to have air pollution as a cause of death on her death certificate.

Members expressed concern around the extent of the issue globally, seeking assurance that this was being addressed collectively across the Council. The SMEH emphasised that the AQAP was not delivered by the Environmental Health team alone; a range of partners both within the Council (such as Public Health) and outside (such as BeFirst) all played an active part and were key to its success. One of the main aims of all partners was to drive behavioural changes in those residing and working in the Borough, via a good communications strategy and other initiatives which would reduce air pollution.

The Committee was critical that there were only two air quality monitoring stations in the Borough and questioned whether these would be enough to obtain a detailed Borough-wide understanding of pollution levels. The SMEH stated that there was some good news in this regard, as the Greater London Authority had recently provided the Borough with two further sensors; one located near Jo Richardson School and the other near Barking Station. These sensors collected data which went directly to a data management consultant at Imperial College, who provided the Council with regular updates on air pollution levels. This data also formed part of the annual data set submitted to the Department for Environment, Food and Rural Affairs (DEFRA). Further good news was that a company was sponsoring four additional sensors with the latest technology, which would be in place in appropriate locations by March 2022 and would provide an even greater understanding of pollution levels across the Borough.

The Committee also praised the work of the Member Champion for Climate Change, officers and partners to improve air quality in the Borough through initiatives such as a new community woodland in St Chads Park, 32,000 trees planted in a 'forest of

thanks' in Parsloes Park (to commemorate key workers and those who had lost their lives in the pandemic) and the 'wild and free in LBBD' project which aimed to increase participation within the Borough's country parks.

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

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

Members challenged the fact that normal blood test results were filed by GP practices and it was then up to the patient to contact the practice to receive the results. Whilst they acknowledged that this was due to the high volume of blood test results that GPs needed to deal with and that those patients who needed a follow-up were contacted by their practice, they highlighted that this lack of communication could prove worrisome for patients. As a result, the DCPT stated that they would take this feedback to the CCG's task and finish group, to consider whether patients could be messaged about their blood test results when these were within the normal range.

Members also expressed concerns around patients within their wards who had not received their appointment letters, noting two recent examples. 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 continue to monitor this issue and raise it with the Deputy Chief Operating Officer at BHRUT.

Members expressed concern that the triage system could result in the later detection of cancers, 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, the DoT 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.

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

The Committee received a presentation on the key progress and achievements of the BHR Transformation Boards, which was presented by the Deputy Director of Recovery and Planning (DDRP) at NEL CCG. 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 Committee was pleased to learn that BHRUT was in a very good position in terms of treating cancer patients, and it had gained funding from the North East London Cancer Alliance for the purchase of dermatoscopes, which would help in terms of skin cancer identification. This had been offered in recognition of the fact that other parts of North East London already had this equipment, whereas BHRUT did not. The Faster Diagnosis Standard (FDS) of patients being informed of their cancer status within 28 days of their referral had also been achieved for the last three months across three 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.

The Committee also praised work being undertaken in Public Health around active case finding for missing cancers and the recovery of the Health Check programme, working to ensure that patients could be screened early for any conditions. It was also pleased to learn of the development of the BHR Workforce Academy over the past year, which 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.

Barking and Dagenham Smoking Cessation Service

The Committee received a presentation on the Barking and Dagenham Smoking Cessation service from the Cabinet Member for Social Care and Health Integration. This detailed the current service and its impact, the health impacts of smoking and inequalities in relation to accessing the service (such as age, ethnicity and gender). It also provided the particular context within Barking and Dagenham, with a smoking-attributable mortality rate higher than London and England.

The Committee provided challenge as to the current low levels of service usage and how these could be improved. Whilst the Cabinet Member did not want to stop the service, she acknowledged that it was not having the desired impact and it needed to be more effective, as the service received nearly £500,000 in funding but was accessed by only two percent of smokers in the Borough. A number of other boroughs had decommissioned their services over the past few years in favour of different approaches, including a digital service offer, and had improved their cessation rates. 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 improve cost efficiency and achieve better health outcomes, making a real difference to these groups. The Cabinet Member agreed to return to the Committee with proposals as to how to move forward.

The Committee, along with the Cabinet Member, also 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 Committee also recommended that the Cabinet Member discuss with the Council's HR service what more could be done to support smoking cessation amongst its employees.

Children's Community Health Services

The Committee received a presentation on Children's Community Health Services, which was delivered by the Integrated Care Director (ICD) at the North East London NHS Foundation Trust (NELFT) and the Assistant Director for Children's Services (ADCS) at NELFT.

Members expressed concern in regards to the ongoing lack of speech and language therapy provision within the Borough. It was pleased to learn that NELFT had recruited a new Head of Service during the pandemic, who had worked to get the service to a point where it was nearly fully recruited, for the first time in five years. Significant work had been undertaken to attract staff into SLT assistant roles, whilst they were awaiting their healthcare professional council regulation to come through, and to retain them upon qualification. Having a near fully recruited workforce had assisted with increasing the overall service quality, with waiting times also reducing. NELFT was also working with the Council and the Schools Network regarding the collaborative use of both Council and schools funding to booster the therapy workforce and to identify needs.

Whilst the Committee expressed disappointment that the Early Years cohorts had been particularly affected by the pandemic in terms of their speech and language development, it was reassured that there had been a project within Early Years, where the Council had commissioned NELFT to provide speech and language support and training to Early Years teachers, across both schools and private provision. This support would help to improve the equality of these interventions, and to provide a better outcome for children as they entered statutory school age.

NELFT CQC Inspection Update

The Committee received a progress update on the CQC Improvement Plan that had been developed by NELFT to address its "Must Do" and "Should Do" findings, as a consequence of its CQC inspection in June 2019. The update was delivered by the Integrated Care Director (ICD) at NELFT and Associate Director of Nursing & Quality (ADNQ) for Barking & Dagenham at NELFT, and followed on from NELFT's previous presentation to the Committee (minute 10, 21 October 2020 refers). The presentation highlighted actions undertaken so far to address the inspection findings and the Committee was reassured to learn that only one "Must Do" and five "Should

Do” actions remained open, which related mainly to Essex and Kent services, and not to those in Barking and Dagenham.

The Committee provided challenge as to waiting lists and staff recruitment, noting ongoing issues which had been exacerbated by the pandemic in some areas. It was pleased to learn that nationally, funding had been made available to address elective waiting lists, with acute hospitals and community trusts across the country having submitted plans and trajectories around reducing these, to get to a compliance standard of 18 weeks. This would require additional workforce for NELFT, who had submitted workforce plans to help achieve the target.

Following a question from a Member, Councillor Rice stated that as part of his role on the NELFT Governing Body, there had been lots of work around appointing a new Chief Executive and a new Chair of Governors; however, he would personally like to see more discussion around services and the CQC, and the ICD agreed to relay this feedback.

The Integrated Care System/Local Borough Partnership Proposals and Governance- Position Update

The Committee received an update on the Integrated Care System and Borough Partnership proposals and governance, which was delivered by the Council’s Director of Public Health (DPH). This detailed the current proposals and recommendations, with a decision paper on these shadow governance arrangements to be taken to the 14 June 2022 Health and Wellbeing Board. The target date for having the confirmed joint arrangements in place would be April 2023, with all involved then engaged in a programme of finetuning and building on the arrangements.

The Committee noted the significant changes in governance arrangements as a result of new legislation and expressed the importance of ensuring that the arrangements were fit-for-purpose and best served Barking and Dagenham. It looked forward to seeing the development of its own role in providing challenge and holding decision makers to account.

Contact

For further information on the Health Scrutiny Committee, or the Council’s scrutiny arrangements in general, please visit the Council’s website at <https://modgov.lbbd.gov.uk/Internet/ieListMeetings.aspx?CIId=792&Year=0> or contact:

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