

# MINUTES OF HEALTH SCRUTINY COMMITTEE

Wednesday, 3 November 2021  
(7:00 - 8:58 pm)

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

**Also Present:** Cllr Maureen Worby

**Apologies:** Cllr Peter Chand

## 14. Declaration of Members' Interests

There were no declarations of interest.

## 15. Minutes - To confirm as correct the minutes of the meeting held on 10 February 2021

The minutes of the meeting held on 10 February 2021 were confirmed as correct.

## 16. Minutes - To confirm as correct the minutes of the meeting held on 30 June 2021

The minutes of the meeting held on 30 June 2021 were confirmed as correct.

## 17. Minutes - To confirm as correct the minutes of the meeting held on 22 September 2021

The minutes of the meeting held on 22 September 2021 were confirmed as correct.

## 18. Healthwatch's Key Reports/ Findings 2020/21

The Healthwatch Officer (HO) from Healthwatch Barking and Dagenham delivered a presentation on the following three reports that had arisen from key projects undertaken by the organisation 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 presentation outlined the context behind each project, its key aims, the methodology and the information gathered.

In response to questions in relation to the 'Dental Services in Barking & Dagenham during COVID-19' report, the HO stated that:

- Following the restricted dental services that were put in place from 6 June 2020, residents had experienced many issues with dental practices either

not registering new patients, or not offering appointments to them until after weeks or months, due to being fully booked. Dental practices were referring residents back to NHS 111, which was supposed to be used in emergencies, or requesting that residents try a different practice. Dental practices were also using voice messages as first points of contact.

- These issues had been experienced across other areas of London, and colleagues from the NHS England Dental Commissioning team had listened to these issues at the Pan-London Healthwatch network. After discovering that these issues were taking place on a national level, Healthwatch England ran a national campaign to build a fuller picture. Local dental committees were not involved at this point and work was currently underway to establish connections between these and Healthwatch, so that both could work together in future to improve services and ensure better data sharing.
- Local dental committees had since found engaging with Healthwatch to be a positive experience. As a consequence, 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.
- Whilst dental care and GP services were both primary care services, the commissioning for the former was undertaken by NHS England, with the latter undertaken by Clinical Commissioning Groups (CCGs).
- Healthwatch was currently the first point of contact for residents who were having issues with their dental services.
- Healthwatch Barking and Dagenham (BD) had received many more complaints and concerns from residents in relation to dental services since the pandemic.

The Cabinet Member for Social Care and Health Integration (CM) noted that there were a higher number of NHS dentists operating in the Borough, than surrounding boroughs; but there were still issues in getting dental services to operate face-to-face again, and in getting appointments for the Borough's looked after children.

In response to questions in relation to the 'Care Home and Domiciliary Care – Staff Wellbeing during COVID-19' report, the HO stated that:

- During their interviews, some care home and domiciliary care staff had said that their employers had encouraged them to take time off when they were struggling; however, the question of whether they had to take annual leave for this was not directly explored as part of the interviews.
- The 'disparity between the social care services' referred to on page 78 of the agenda pack, referred to the disparity between care home and domiciliary care staff, and other healthcare services.
- The HO had not yet received any feedback on the pilot undertaken by the Council, whereby frontline care workers from across the sector could discuss their challenges and seek support from each other. However, he intended to attend meetings with local care homes and domiciliary care providers and would raise this point at future meetings. The CM stated that the Council had taken on board all recommendations from the report; however, the Council was dependent on the owners of the care home and

domiciliary care home services to release their staff to attend these forums and this was part of the difficulty with the pilot and gathering information. Whilst the pilot had worked, the continued pressures of Covid-19 and the winter period would mean continued stresses for care home and domiciliary care staff, likely translating into increased staff sickness. As such, the Council had said that it would review the pilot again after six months, when it would revisit how it could strengthen opportunities for frontline staff to have a voice in its forums. The Council would feedback to Healthwatch at an appropriate time.

- Healthwatch BD was currently discussing how it could better engage with people from other cultural backgrounds within the Borough, as it felt that it needed to personalise its communication, for example, in terms of the messaging around Covid-19 vaccinations.
- In their interviews, staff often expressed concern as to what their peers may think of them if they were not able to attend work; however, they had felt comfortable in sharing their experiences with Healthwatch.

The CM stated that BD had an 80% vaccination rate in terms of its care home and domiciliary care staff.

In response to questions in relation to the 'Community Insights on Disabled Residents and the Covid Vaccine in North East London' report, the HO stated that:

- This was the first stage of this particular piece of work. When the insights gained as part of the report were presented to the North East London Clinical Commissioning Group (NEL CCG), GPs were highly positive about the work and the local information and insights gathered. Healthwatch would be continuing this piece of work for the next two years.
- As a consequence of being involved in this work, Healthwatch BD had been nominated for a national award.
- The next stage of this work would focus on how Healthwatch would communicate the issues that disabled residents were facing, as well as the demography of the local population and how this changed over time. Healthwatch would update the Committee as to the next stage of the project.

The Committee praised the work delivered by Healthwatch BD. The HO stated that Healthwatch BD were currently waiting for sign-off on two other projects that it had completed, namely, one on exercise and activity for young people in the Borough, and the other on sexual health services. Looking forward, it would be undertaking a vast project on obesity in BD.

## **19. Managing Our Planned Care**

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

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

- Inequalities between different populations had become much more manifest as a result of the Covid-19 pandemic. Whilst this topic was still fairly new, BHRUT had noted that there did not appear to be any trust level differences between different ethnic groups, or in different socio-economic groups in accessing care; however, this finding could change once BHRUT started to look at the data in more detail. 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.
- There were, however, differences in waiting times between different specialities. Surgical services tended to have longer waiting times than medical specialities, as they required patients to have a number of outpatient and diagnostic appointments, as well as to wait to come into theatre. About half of the waiting list was currently within six different specialities and BHRUT knew that it needed to focus on its surgical specialities, in particular certain paediatric services such as Ear Nose Throat (ENT), where it knew that there were longer waiting times than other areas.
- There were also some cancers that took longer to diagnose, such as colorectal cancers. These diagnostics were also stopped for a longer period during the pandemic, meaning that there was a greater need to catch-up on these diagnostics to reduce waiting times back to pre-covid levels. BHRUT was also dependent on tertiary providers for treatment in relation to more complex cancers. As these complex surgical services stopped during the initial phase of Covid-19 and as BHRUT was dependent on these providers, there was a lot of catch-up work and longer waiting times. Unmet need within the community was also unknown, in terms of patients not being referred into services.

The CM also highlighted that a higher proportion of the Borough's residents presented to services when their cancers were already at stage three or four. One of the priorities at the North East London Integrated Care System (ICS) level, was to encourage individuals to come forward earlier, as the combined impact of long waiting times and presenting late, meant that outcomes for these individuals were poor. There were also issues around how different cultural groups perceived cancer, so the ICS had been working with faith and cultural leaders as to how this message could be relayed appropriately for each cultural group.

In response to further questions, the ACOO stated that:

- National awareness campaigns were taking place on a rolling programme, with a lung cancer campaign taking place in November 2021. Big increases in referrals were also experienced following the deaths of prominent public figures. Whilst there was limited capacity in secondary care, it was hoped that awareness campaigns would identify unmet need. Whilst awareness campaigns and increased investments in diagnostics were positive, the system needed to ensure that patients accessed services in the first place.
- In regards to patients waiting over 63 days from referral to treatment, the

Trust had two measures, one of which was a 'backlog'. Pre-covid, there were approximately 200 patients waiting over 63 days due to complex reasons, and currently this figure stood at 350 patients. BHRUT's plan was to return to pre-covid levels by the end of the financial year.

- BHRUT was in a position to run more super clinics; however, 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 as to whether more could be done jointly to encourage patients to access care.
- There was an intention to invest in cancer diagnostic pathways with the investment that BHRUT was expecting from the Government, locating diagnostics within the community to make these easier to access, such as through Barking Community Hospital and the St. Georges Hub.
- BHRUT was focused on ensuring that it had a sufficient workforce to deliver services. During the pandemic it had moved staff treating patients in theatres, to critical care wards to manage a greater emergency demand. There was an additional challenge in that BHRUT was having to catch-up on work that could not be undertaken during Covid-19, alongside current demands, with the same workforce. Whilst technology, such as virtual appointments, could mitigate some issues, it would take a long time to catch-up on this work.
- There was ongoing work into potential missed cancers during the pandemic, and the Trust knew that it needed to run at around 120 percent of its pre-covid levels to undertake this work. The NEL Cancer Alliance was also exploring whether there was evidence of inequalities between particular communities in terms of missed cancers. The Trust received financial incentives to recover its lost work and had not received any penalties.

The Director of Commissioning and Performance (DCP) at BHR ICP and NEL CCG also confirmed that a large amount of work had been undertaken across Phlebotomy over the last six to twelve months, addressing the closure of services during the first pandemic. The backlog was now under control and residents could go online and book blood tests for the following day. BHRUT did not use the blood test tube bottles that had been impacted by the global shortage and was therefore not significantly affected.

## **20. Engagement On St George's Hospital Development**

The Director of Commissioning and Performance (DCP) at BHR ICP and NEL CCG delivered a presentation 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.

In response to questions, the DCP stated that the ICP and CCG wished to give as wide a range of residents within Havering, Redbridge and BD, the opportunity to comment on the proposals. There was also lots of ongoing work around the health

aspects of the Barking Riverside development, and the organisations wished to ensure that the models of care being developed were consistent with each other. Whilst the St Georges Hub was not a facility in BD, the way that the Hub was set up and run could help to inform what the ICP and CCG were doing in Barking Riverside as part of that development.

The CM positively acknowledged the benefits of the scheme for residents of Havering; however, expressed dismay that a Hub was being developed in Havering, when she believed many of the services it would offer were already available to Havering residents. She 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 BD residents, who did not already have these services available to them within their own borough. BD had already lost three hospitals over the years. She stated that it would prove difficult to engage BD residents in the consultation, as they would likely question the benefits for them.

In response to a question, the DCP stated that any patient identified as being impacted by the transfer of the renal dialysis unit from Queens Hospital to the St George's Hub would be consulted.

The DCP answered some further questions around the health and wellbeing needs that the services within the Hub would meet and confirmed that as far as he was aware, there were currently no plans to charge for car parking at the Hub and discussions had centred more around ensuring sufficient parking.

## **21. Joint Health Overview and Scrutiny Committee**

The Committee noted the minutes from the Joint Health Overview and Scrutiny Committee.

## **22. Work Programme**

The Committee agreed to accept the changes to the Work Programme as outlined in the report. It also requested that officers look into the possibility of NELFT attending the 23 February 2022 Committee meeting, to provide and explain the figures as to how many children were on the Child and Adolescent Mental Health Services (CAMHS) waiting list, for talking therapies and for diagnosis.