

MINUTES OF HEALTH SCRUTINY COMMITTEE

Wednesday, 23 March 2022
(7:00 - 8:32 pm)

Present: Cllr Paul Robinson (Chair), Cllr Donna Lumsden (Deputy Chair) and Cllr Chris Rice

Apologies: Cllr Abdul Aziz, Cllr Peter Chand and Cllr Adegboyega Oluwole

37. Declaration of Members' Interests

There were no declarations of interest.

38. Minutes - To confirm as correct the minutes of the meeting held on 3 November 2021

The minutes of the meeting held on 3 November 2021 were confirmed as correct.

39. Minutes - To confirm as correct the minutes of the meeting held on 19 January 2022

The minutes of the meeting held on 19 January 2022 were confirmed as correct.

40. Minutes - To confirm as correct the minutes of the meeting held on 23 February 2022

The minutes of the meeting held on 23 February 2022 were confirmed as correct.

41. Children's Community Health Services

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 delivered a presentation on Children's Community Health Services. This provided context as to:

- The range of services delivered by NELFT in the community for children and young people (CYP);
- The impact of future population growth on services;
- Referral and caseload rates, across all services collectively, and for speech and language therapy, occupational therapy and physiotherapy;
- CAMHS waiting times and referral rates;
- The Mental Health Support team (MHST), which was being established to provide tier 2 support for four schools in Barking and Dagenham (BD);
- Referral and caseload rates within both the universal school nursing (5-19) teams, and within the specialist school nursing service, which supported Trinity and Riverside Bridge schools;
- The ongoing review of the paediatric integrated nursing service, with NELFT working with the Clinical Commissioning Group (CCG) and Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), to look at consolidating and redesigning services to better meet the specific needs

and conditions of CYP in BD;

- Funding, and 2020/21 CAMHS spend, with parity of funding for CYP and CAMHS provisions remaining an issue across the NEL system;
- Two diagnostic reports around mental health, and learning disability and autism (ASD), which had been commissioned by the North East London Integrated Care System (NEL ICS), to inform commissioning bodies as to actions to be undertaken around 'levelling up' and parity of investment. NELFT would continue to be an active partner in discussions, with a view to ensuring a greater level of investment in service provision for BD residents.

In response to questions from Members, the ICD and ADCS stated that:

- The data presented related only to Barking and Dagenham. The reason for many of the referral and caseload spikes, depending on the graph viewed, was due to Covid-19 and recovery work. Some of the referral spikes also pertained to school term times, with more referrals arising during school terms and less during school holidays. As many face-to-face services had not been offered by NELFT during the pandemic, it had put in lots of resources to address any backlogs, which had also accounted for caseload data spiking.
- Before the pandemic, mechanisms were introduced for CYP, parents and carers to self-refer. Access levels into CAMHS had grown over the last few years, with work undertaken with schools and with social care, and the introduction of hot clinics, playing a large part in this. NELFT was now close to meeting its access target, which was set at 35% of the target population.
- NELFT had created a brief intervention pathway, to support better engagement in terms of early help and utilising the wider network of early support across the local authority. This meant that NELFT had been able to move to a much more rapid assessment position than in previous years. It also ensured that those CYP who needed very specialist interventions, which often had longer waiting times, could access other therapeutic approaches or support mechanisms, whilst they were waiting for these.
- Following referral into CAMHS, there was an initial assessment, where if the CYP was identified as needing a specific CAMHS intervention, they would be moved within the service through to this. There would always be criteria for the more specialist pathway interventions, and many referrals that came through required a combination of brief interventions. Through the brief intervention pathway, there could also be up to four contacts with a clinician, who would talk the young person through a range of strategies that they could use to manage their presenting issue. Thresholds were very much determined by a young person's needs; for example, a talking therapy approach could be very useful in managing lower-level needs, through to more structured family therapy, psychotherapy or work with a consultant psychiatrist for higher-level needs.
- The Thrive approach, which was research and evidence-based, was utilised within CAMHS to ensure that CYP could get the help that they needed and thrive. As such, it was much more needs-based than the previously used tiered approach.
- All NELFT services had undertaken a huge amount of learning during the pandemic, with many adopting a more virtual telephone and video-based approach. Some validated programmes, such as online Cognitive

Behavioural Therapy approaches like Silver Cloud, had been used particularly well within the adult domain and were now being validated as being effective for young people aged 14 and up, with online programmes helping to expand the range of services offered. NELFT also had access to Kooth, an online counselling service. There was a variability of uptake around online programmes for CYP, with these working for some individuals but not for others, and there was still a balance of face-to-face and virtual offerings. NELFT had also been able to restart some group programmes virtually thanks to online technology, and virtual services would be continuously evaluated as time progressed.

- Some treatment pathways followed Royal College guidelines and some followed the National Institute for Health and Care Excellence (NICE) guidelines, and NELFT benchmarked its services in line with these. Whilst its ASD provision was not currently in alignment with NICE guidelines and was currently subject to some recommissioning discussions, there had been a degree of investment across Barking, Havering and Redbridge, which would help NELFT to move to a more compliant position.
- NELFT had received differing feedback as to the use of video consultations. Whilst some children and families preferred this method to engage with CAMHS clinicians, some preferred more face-to-face contact, and NELFT had also increased its face-to-face contact to enable this, as well as to see more high-risk cases. CAMHS could adopt its approach depending on the needs and wants of young people and their families, with ongoing work to engage these groups and ensure the right level of support and intervention.
- Therapists provided a number of assessments and reports that then built into a child's Education, Health and Care Plan (EHCP), which could then determine a quantification to decide whether a service, for example, speech and language therapy- could be provided by a speech and language therapist (SLT) or provided for the child by their school, under the direction of an SLT with a review. This quantification was dependent on a child's needs.
- There were some particular therapeutic approaches that NELFT was not commissioned to provide, as these were not necessarily recommended via the Health route. Some parents did access private therapy assessments and would challenge EHCP plans; however, if NELFT was commissioned to provide the particular service required, it would provide this. If parents accessed private therapy assessments that determined different therapeutic approaches for their child, this would potentially go through a tribunal process or would sit with the Special Educational Needs and Disabilities (SEND) team within the local authority.

The Director of Public Health stated that NELFT was not commissioned to provide all of the potential treatments that could be included in an EHCP plan. If there were elements included in the EHCP Plan that were not commissioned to NELFT, by either the local authority or the CCG, the parents would have to go through a tribunal, with the outcome that they may have to potentially fund their own treatment.

In response to further questions, the ICD stated that:

- Whilst LBBB did not have a high degree of tribunals, NELFT would work

closely with the local authority around providing comprehensive reports to support these tribunal processes. There were also occasions where through the tribunal process, a local authority would be instructed to commission a particular service on a spot purchase basis.

- Schools could employ their own speech and language therapists. Some of the Borough's special schools directly employed them, and this was for a school to decide in terms of its own funding.
- Historically, speech and language therapy services had high staff vacancy rates. 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 also 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 nearly fully recruited workforce had assisted with increasing the overall service quality, with waiting times also reducing.
- The SLT service was small and multiple reports had recognised that it was not being commissioned at the level of need relative to Barking and Dagenham, especially given growth in the population. NELFT was working with the Council and the Schools Network around collaboratively using both Council and schools funding to booster the therapy workforce, and to identify needs.

The Council's Head of Commissioning Disabilities stated that it had been recognised that the early years cohorts had been particularly affected by the pandemic, in terms of their speech and language development. As such, 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, in order to improve the equality of these interventions, and to provide a better outcome for children as they entered statutory school age. She would also pass on a question relating to the new ICS way of working, and how commissioners were going to ensure that funding was going to come down to a borough-level, on to the CCG Commissioner, for written feedback to the Committee.

In response to further questions, the ICD stated that:

- The CCG was the commissioner of NELFT services, and data was shared on a monthly basis with them. Some of this data was also presented at various boards, such as the Children and Young People Transformation Board, on an ad-hoc basis. NELFT did not routinely share data with the Council around the services, as information went through the contracting route, but data had been readily shared when there had been Ofsted inspections, or other audits.
- There was a large amount of work happening in terms of new ways of working, such as through the place-based partnership, development of the Adult Board, and the CYP plan, with lots of changes also for Health through the development of the Integrated Care System (ICS), the place-based partnership and collaborative arrangements. At a local level, NELFT worked in close proximity with Council and school colleagues, with a locality focus tailored to the particular needs of each borough.
- There were formal forward planning cycles from a Health perspective, that

were reported through to NHS England (NHSE). A major challenge came from the fact that only CAMHS received dedicated investment from the national funding remit, in terms of children's services; however, the ICS had pinpointed children's services as one of its four key priorities and was looking at creating a development and investment stream around these.

- In terms of surges and responding to crises, lots of learning had been gained from the pandemic; however, as with any other service, difficulties could arise over the sustainability of longer-term funding due to population surges.

42. NELFT CQC Inspection Update

The Integrated Care Director (ICD) at the North East London NHS Foundation Trust (NELFT) and Associate Director of Nursing & Quality (ADNQ) for Barking & Dagenham at NELFT delivered a progress update on the CQC Improvement Plan that it had developed to address the "Must Do" and "Should Do" findings, as a result of its CQC inspection in June 2019. The update also 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, with only one "Must Do" and five "Should Do" actions remaining open, which related mainly to Essex and Kent services, and not to those in Barking and Dagenham.

In response to questions from Members, the ICD and ADNQ stated that:

- From a Barking and Dagenham service perspective, NELFT was working to embed all actions as core business as usual activity. NELFT had undertaken a thorough self-assessment in terms of where it felt that it stood against each of the five domains inspected and felt that there was now good evidence that it was able to demonstrate compliance against these, based against the work that it had undertaken to address any concerns; however, it was still awaiting the CQC's determination on this as part of its next inspection.
- There were still some challenges, such as waiting times, which had been exacerbated by the pandemic in some areas. NELFT had seen particular surges in referrals in some areas and had redeployed a significant number of staff from some services at the height of the pandemic, which had led to decreased function in these particular services. One "Must Do" action was around addressing waiting lists in the Kent ASD pathway, with specific reasons pertaining to Kent as to this; however, NELFT was inspected by the CQC as a whole trust, with Barking and Dagenham only one part of this.
- 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 as to this.
- Whilst some services had few vacancies, others such as district nursing, had higher vacancy levels. NELFT had partnered with a new recruitment supportive agency, Just R, to launch a new recruitment campaign across NELFT, and had spent a lot of time investing in staff networks. NELFT had also been recognised as a Working Families Top Ten Employer 2021, as well as nationally in terms of the work that it had undertaken in terms of

workforce race equality and disability equality standards. As Barking and Dagenham had its challenges, such as increased complexity of needs and higher deprivation levels, NELFT acknowledged that it took special individuals to work within the area and that it needed to provide extensive training and development opportunities, to attract high quality employees.

- The NHS and NELFT both worked with the Agenda for Change payscale. Whilst NELFT acknowledged through its staff survey that staff wished to be paid more, there was finite resource within the Trust and it worked with a variety of different skill mix models, with both qualified and non-qualified staff and apprenticeship programmes to maximise opportunity. NELFT was also one of the biggest NHS Trusts to utilise the Kickstarter scheme, having recently employed 65 new starters through this programme. NELFT also had a very diverse workforce, which was reflective of the community that it worked with, with many staff who worked in the Borough, also living in the Borough.
- CQC inspections would very likely focus on ensuring that different trusts understood where their risks were, whether mitigations were in place, and whether actions were assigned around mitigating these risks.
- The CQC was commencing its NELFT stakeholder engagement, which it usually started six weeks before it came to inspect an organisation and meant that a NELFT inspection was likely imminent. As part of CQC scoping, it would ask NELFT to provide them with a list of partners, and would contact local authorities, the CCG and other partners of the organisation in question.
- A lot of positive work had been undertaken around developing the Executive Leadership team, as part of improving the 'Well Led' domain, which had been rated as 'requires improvement' previously.
- NELFT services were mostly back to normal, with a mixture of face-to-face, group and virtual activity. Under the arrangements, staff were still required to wear masks, PPE and socially distance, and none of the infection prevention control measures had been changed for health organisations. As part of this, patients and visitors were also expected to wear masks.

Following a question from a Member, Cllr 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 would relay this feedback. In response to a question, the ICD also stated that the new Chair of Governors could be in place in time for the next CQC inspection; however, this was not certain. Where there were any gaps in senior roles, there were mitigations in place, with acting positions to fill these vacancies during the interim, and an acting Chair of Governors would be in place if CQC did inspect within the next eight weeks.

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

The Council's Director of Public Health (DPH) delivered an update on the Integrated Care System and Borough Partnership proposals and governance. 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. He recommended that these arrangements be presented to

the first Health Scrutiny Committee of the new municipal year, for comments and scrutiny. 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 these.

In parallel to this, North East London was also establishing an acute provider collaborative, composed of Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), Barts and the Homerton. The DPH recommended that the Committee invited BHRUT to present these emerging arrangements in more detail, in the new municipal year.

A further collaborative to be established was the community collaborative, composed of North East London NHS Foundation Trust (NELFT), East London NHS Foundation Trust (ELFT), the Homerton University Hospital Foundation Trust and Barts Health NHS Trust, with an important question being around how local authority services interfaced with this provider collaborative, as it was centred on the wider determinants of health, and social care. A further collaborative was also to be developed around the Primary Care Networks (PCNs). The DPH recommended that the Committee scrutinise these arrangements in the new municipal year, inviting Councillor Worby and the other relevant leads from these provider collaboratives to present in the next eight months.

The Integrated Care Director at NELFT echoed the DPH, in that there was lots of change in progress, with all trying to better understand the functionality, form, relationships and interdependencies between collaboratives and place-based partnerships. Both highlighted the importance of ensuring that solid foundations were built, to ensure that the arrangements were fit-for-purpose and best served the local community. In scrutinising the arrangements, the DPH stated that it was important for Councillors to consider that these presented an opportunity for themselves and partners to have more control and influence over services across the integrated spectrum of social care, Health and Community Solutions. As such, Councillors needed to ensure that the resident was at the centre of thinking as to how services were provided, that these were accessible and met complex needs, and that these worked to narrow health inequalities within Barking and Dagenham.

44. 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.