Barking & Dagenham

Notice of Meeting

HEALTH SCRUTINY COMMITTEE

Wednesday, 21 September 2022 - 7:00 pm
Council Chamber, Town Hall, Barking

Members: Cllr Paul Robinson (Chair) Cllr Donna Lumsden (Deputy Chair); Cllr Muhib Chowdhury, Cllr Olawale Martins, Cllr Michel Pongo and Cllr Chris Rice

By Invitation: Cllr Maureen Worby

Date of publication: 12 September 2022

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Acting Chief Executive

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AGENDA

1. Apologies for Absence

2. Declaration of Members' Interests

In accordance with the Council's Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.

3. Minutes - To confirm as correct the minutes of the meeting held on 23 March 2022 (Pages 3 - 9)

4. Proposed Diagnostic Centre at Barking Community Hospital (Pages 11 - 18)

5. Enhanced Access Update (Pages 19 - 26)

6. Tulasi Medical Centre Update (Pages 27 - 33)

7. Appointments to the Outer North East London Joint Health Overview and Scrutiny Committee (Pages 35 - 46)

8. Minutes of the Joint Health Overview and Scrutiny Committee meeting on 28 July 2022 (Pages 47 - 51)

The agenda reports pack of the last meeting of the Joint Health Overview and Scrutiny Committee can be accessed via: Browse meetings - Joint Health Overview & Scrutiny Committee | The London Borough Of Havering

9. Health Scrutiny Committee Work Programme 2022/23 (Pages 53 - 59)

10. Any other public items which the Chair decides are urgent

11. To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.

Private Business

The public and press have a legal right to attend Council meetings such as the Assembly, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). ***There are no such items at the time of preparing this agenda.***

12. Any other confidential or exempt items which the Chair decides are urgent

Barking & Dagenham

Our Vision for Barking and Dagenham

ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND

Our Priorities

Participation and Engagement

- To collaboratively build the foundations, platforms and networks that enable greater participation by:
  - Building capacity in and with the social sector to improve cross-sector collaboration
  - Developing opportunities to meaningfully participate across the Borough to improve individual agency and social networks
  - Facilitating democratic participation to create a more engaged, trusted and responsive democracy
- To design relational practices into the Council's activity and to focus that activity on the root causes of poverty and deprivation by:
  - Embedding our participatory principles across the Council's activity
  - Focusing our participatory activity on some of the root causes of poverty

Prevention, Independence and Resilience

- Working together with partners to deliver improved outcomes for children, families and adults
- Providing safe, innovative, strength-based and sustainable practice in all preventative and statutory services
- Every child gets the best start in life
- All children can attend and achieve in inclusive, good quality local schools
- More young people are supported to achieve success in adulthood through higher, further education and access to employment
- More children and young people in care find permanent, safe and stable homes
- All care leavers can access a good, enhanced local offer that meets their health, education, housing and employment needs
- Young people and vulnerable adults are safeguarded in the context of their families, peers, schools and communities

- Our children, young people, and their communities' benefit from a whole systems approach to tackling the impact of knife crime
- Zero tolerance to domestic abuse drives local action that tackles underlying causes, challenges perpetrators and empowers survivors
- All residents with a disability can access from birth, transition to, and in adulthood support that is seamless, personalised and enables them to thrive and contribute to their communities. Families with children who have Special Educational Needs or Disabilities (SEND) can access a good local offer in their communities that enables them independence and to live their lives to the full
- Children, young people and adults can better access social, emotional and mental wellbeing support - including loneliness reduction - in their communities
- All vulnerable adults are supported to access good quality, sustainable care that enables safety, independence, choice and control
- All vulnerable older people can access timely, purposeful integrated care in their communities that helps keep them safe and independent for longer, and in their own homes
- Effective use of public health interventions to reduce health inequalities

Inclusive Growth

- Homes: For local people and other working Londoners
- Jobs: A thriving and inclusive local economy
- Places: Aspirational and resilient places
- Environment: Becoming the green capital of the capital

Well Run Organisation

- Delivers value for money for the taxpayer
- Employs capable and values-driven staff, demonstrating excellent people management
- Enables democratic participation, works relationally and is transparent
- Puts the customer at the heart of what it does
- Is equipped and has the capability to deliver its vision

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 LBBD 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.

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HEALTH SCRUTINY COMMITTEE

21 September 2022

Title: Proposed Diagnostic Centre at Barking Community Hospital	
Report of the Director of Strategy and Partnerships at Barking, Havering and Redbridge University Hospitals NHS Trust	
Open Report	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: John Mealey, Senior Communications Officer Barking, Havering and Redbridge University Hospitals NHS Trust	**Contact Details:** Tel: 01708 504 135 E-mail: john.mealey@nhs.net
Accountable Director: Ann Hepworth, Director of Strategy and Partnerships, Barking, Havering and Redbridge University Hospitals NHS Trust	
Summary NHS partners across north east London (NEL) are consulting on proposals to increase the number of checks, scans and tests across our boroughs. One of the proposals is to build a dedicated Community Diagnostic Centre at Barking Community Hospital, for a range of diagnostics such as CT and MRI scans, ultrasounds and blood tests. Appendix 1 to this report, which provides an update to explain what is being proposed and where we are in the process, will be presented to the Committee at the meeting.	
Recommendation(s) The Health Scrutiny Committee is recommended to note this report and ask questions of NHS NEL representatives to ensure that the proposals discussed in Appendix 1 are robust.	
Reason(s) The Health Scrutiny Committee has responsibility to ensure it holds NHS representatives to account and promote the health and wellbeing of the Borough's residents.	

Public Background Papers Used in the Preparation of the Report: None.

List of appendices:

Appendix 1 Proposed Diagnostic Centre at Barking Community Hospital Presentation

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PROPOSED DIAGNOSTICS AT BARKING COMMUNITY HOSPITAL

Barking & Dagenham Health Scrutiny Committee

September 2022

TAKING PRIDE IN OUR CARE

NHS
Barking, Havering and Redbridge University Hospitals NHS Trust

WHAT ARE COMMUNITY DIAGNOSTIC CENTRES (CDC)?

- An independent review of diagnostic services in October 2020 highlighted the need for increased diagnostic capacity

- In response, the NHS is implementing a national programme to develop CDCs, which provide a range of tests and scans, such as MRI, CT and ultrasound, in one place and away from an acute hospital environment

The CDCs will:

- Provide patients with a quicker, simpler, more integrated and personal service
- Improve health outcomes
- Increase diagnostic capacity
- Reduce inequalities
- Improve productivity and efficiency

COMMUNITY DIAGNOSTIC CENTRES ACROSS NORTH EAST LONDON (NEL)

- The demand for tests and scans continues to rise, with waiting lists increasing from an average of 6 to 11 days in 2016 to 9 to 22 days in 2022

- With a projected population growth of 250,000 in the next 10 years and an ageing population, we need to make sure residents have quick access to checks, scans and tests

- Over the next three years, the NHS in NEL will receive £39m to build and run CDCs across its boroughs

- A public consultation is under way to get views from residents on the different proposals. It closes on Tuesday 13 September

PRIDE

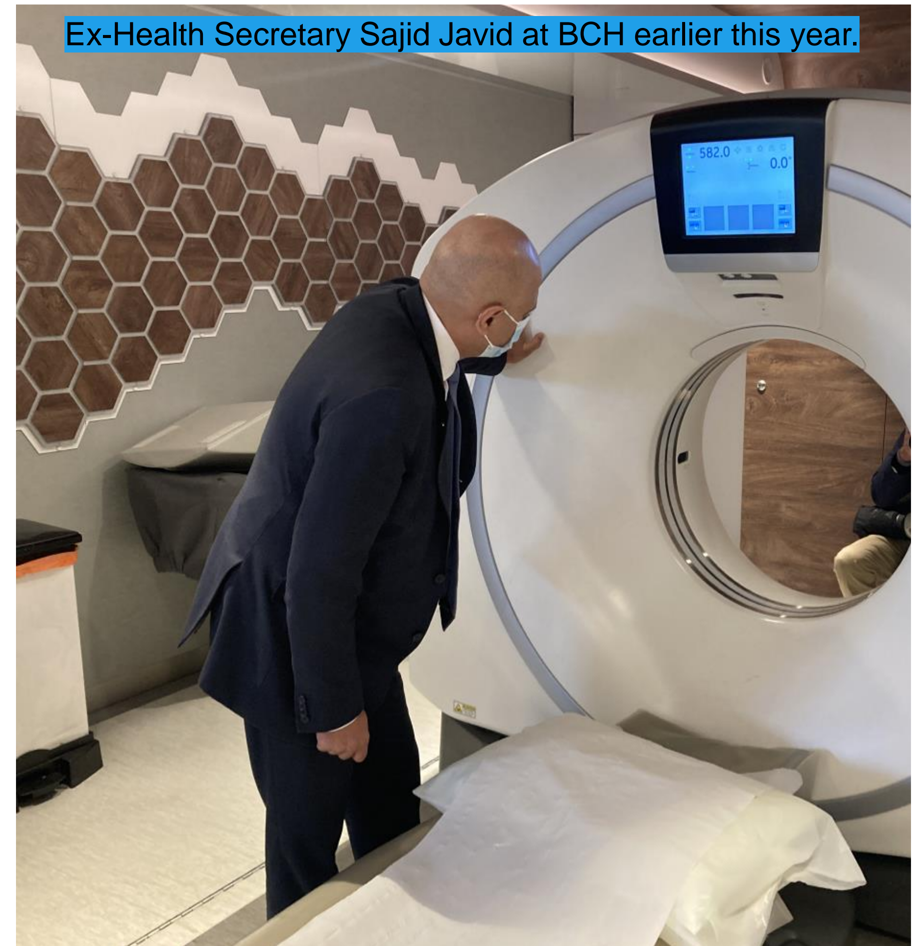
PROPOSED CDC AT BARKING COMMUNITY HOSPITAL

- One proposal is to expand diagnostic services at Barking Community Hospital (BCH) and build a £15m CDC

- The purpose-built CDC would provide a range of tests and scans, such as CT, MRI, ultrasound and bloods

- BCH is an early adopter site and the addition of mobile CT and MRI scanners, ultrasound facilities and X-ray machines over the last few months has helped us make good progress in reducing waiting lists

- Further investment will help us continue to improve our services to residents


Ex-Health Secretary Sajid Javid at BCH earlier this year.

PROPOSED CDC AT BARKING COMMUNITY HOSPITAL

- As part of the wider consultation, we are engaging as a Trust locally with patients, residents and key stakeholders to help us understand what is important to them, for example, how can we make the environment relaxing and preferred appointment times

- Using a variety of targeted and broader communication tactics and by working closely with local partners, we've had a very successful response to our survey, which has been completed by more than 820 residents so far

- The survey closes on 9 September

NEXT STEPS

- We will continue to keep you updated
- For queries, please email bhrut.bch.cdc@nhs.net

HEALTH SCRUTINY COMMITTEE

21 September 2022

Title: Enhanced Access Update	
Report of the Director of Primary Care Transformation	
Open Report	**For Information**
Wards Affected: None	**Key Decision:** No
Report Author: Sarah See, Director of Primary Care Transformation, NHS	**Contact Details:** sarahsee@nhs.net (020) 3182 2920 **Ext:** 2920 07500553258
Accountable Director: Sarah See, Director of Primary Care Transformation, NHS	
Accountable Strategic Leadership Director: Sharon Morrow, Director of Integrated Care, NHS	

Summary

From October 2022, all Primary Care Networks (PCNs) in England will be required to offer patients a new 'enhanced access' model of care, which will see GP practices open from 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. - This replaces the current Extended Hours and Extended Access services and marks a shift in the way out-of-hours non-urgent services are provided across north east London. To support PCNs with engaging their patients NHS NEL ran a north east London wide survey on provided services. The report at Appendix 1 includes results of patient engagement as well as recommendations for the future and planning next steps.

Recommendation(s)

The Health Scrutiny Committee is recommended to note the report and ask questions of NHS representatives to ensure arrangements are in place to provide the new enhanced access model of care.

Reason(s)

The Health Scrutiny Committee has responsibility to ensure it holds NHS representatives to account and promote the health and wellbeing of the Borough's residents.

Public Background Papers Used in the Preparation of the Report: None.

List of appendices:

Appendix 1 PCN Enhanced Access Presentation

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Appendix 1

NHS North East London

PCN Enhanced Access update Barking & Dagenham

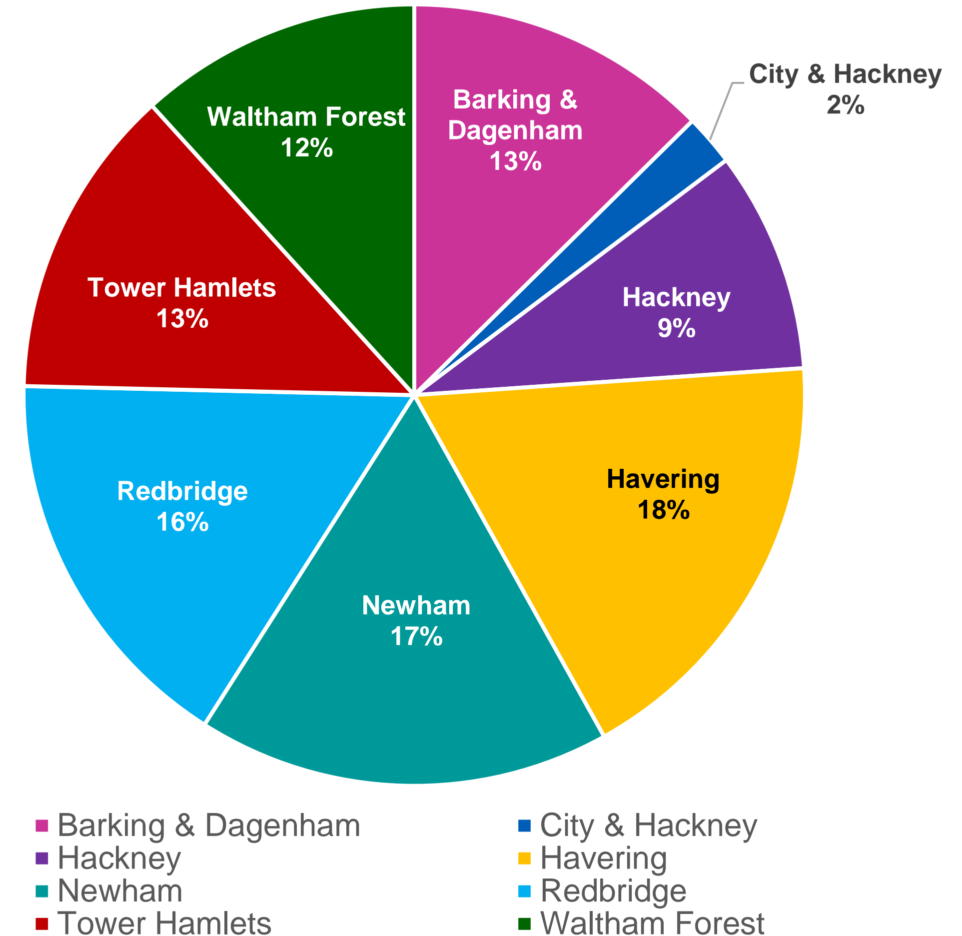
Presenter: Sarah See, Director of Primary Care Transformation
Date: September 2022

What's changing? - Enhanced access to primary care

- From October 2022, primary care networks (PCNs) will be required to offer patients a new 'enhanced access' model of care, which will see GP practices open from 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. This change will be happening across England.
- This replaces the current Extended Hours and Extended Access services and marks a shift in the way out-of-hours non-urgent services are provided across north east London.
- There is a need for commissioners to ensure that PCNs are preparing for this transition, and that they have undertaken good engagement with existing providers to enable the service to run from October 2022.
- In preparation for introducing the new Enhanced Access service, PCNs and commissioners have been asked to produce and agree a plan outlining how they will develop and implement the enhanced access services in line with the local population need.
- The plan should include how the PCN will engage or has engaged with its patient population and will or has considered patient preferences, including consideration of levels of capacity and demand.
- PCNs were required to submit their plans by 31st July 2022.

Patient engagement

- To support PCNs with engaging their patient populations we ran a north east London wide survey people's views on the timings of appointments, distance they would be willing to travel to appointments, how they want to book appointments, as well as their preferences on the types of services offered out of hours and health professionals they could be seen by.
- The survey was hosted online, and paper copies were sent to all 275 GP practices with translations available on request. Text messages were issued to all registered GP patients in Barking & Dagenham inviting them to take part.
- Received more than 38,000 responses from patients across north east London including **4,890 people in Barking & Dagenham** – equal to 13% of total responses.
- Findings were shared with all PCNs who will need to demonstrate how they have considered patient preferences when formulating their plans.
- In addition to this practices have engaged with their Patient Participation Groups and in some cases delivered their own patient surveys as well.



What did the NEL ICB survey show in B&D?

Preferred services out of hours:

1. Urgent same day appointments
2. Routine booked appointments
3. Screenings (for things like smear tests)
4. Vaccinations and immunisations
5. Health checks
6. Physiotherapy
7. Medication reviews

Preferred booking route:

1. Ringing the GP practice was the preferred method of booking (54%)
2. Booking online (36%)
3. Dedicated phone line (11%).

Preferred times:

1. Weekday evenings after 6:30pm was the preferred time – 35%
2. Saturdays - 14%
3. Weekday mornings before 8am - 6%
4. Sundays – 3%

Distance / Time travelled:

Most people would prefer to travel **no more than 2 miles or 30 minutes** to their appointment, although 24% said they would be willing to travel anywhere in the borough.

Preferred appointment type:

1. Face to face 79%
2. Happy with any appointment type 16%
3. Telephone 9%
4. Video call 5%
5. Online 5%

Preferred health professional:

1. GP – 67%
2. Any health professional who can help with their needs – 49%
3. Nurse – 18%

How will GP services be changing in Barking & Dagenham

There are 6 PCNs in Barking & Dagenham all of them are planning on offering a mix of routine GP, Nurse, Health Care Assistant and Pharmacist appointments between 6.30pm to 8pm Monday to Friday and 9am to 5pm Saturday. These appointments will be a mix of face to face, online and telephone appointments and be based in central locations across the borough:

- **East PCN -** delivered from Broad St Medical Centre, Barking Hospital or Parsloes Avenue
- **East One PCN -** delivered from Broad St Medical Centre, Barking Hospital or Parsloes Avenue
- **New West PCN -** delivered from Broad St Medical Centre, Barking Hospital or Parsloes Avenue
- **North PCN –** delivered from Broad St Medical Centre, Barking Hospital or Parsloes Avenue
- **Central PCN –** delivered from Broad St Medical Centre, Barking Hospital or Parsloes Avenue
- **West One PCN –** delivered from Broad St Medical Centre, Barking Hospital or Parsloes Avenue

Patients will be able to book these appointments through their registered practice or via a central call centre

What does this mean for the GP Access Hubs?

- In Barking & Dagenham, Havering and Redbridge, patients can access same-day GP appointments 7 days a week through the GP Access hub contract – up to 10pm on weekday evenings and 8pm on weekends and bank holidays.

- When new Enhanced Access specification was published, NHS North East London carried out an assessment to understand the possible impact this new service could have on capacity for same-day GP appointments as the funding for our existing GP Hubs contract will no longer be available as it will be transferred to the new service.

- While the new Enhanced Access service will provide patients with greater access to routine GP services out of normal practice hours, the assessment identified it could lead to a significant reduction in same-day GP appointments and this could lead to more pressure on the Urgent and Emergency care system this winter.

- To prevent this, we will be continuing to fund the GP Access Hub service locally until 31 March 2023. This means:
  - Patients will continue to have access to same day GP appointments at a minimum of 6.30am to 10pm weekdays and 8am to 8pm on weekends and bank holidays.
  - Unrestricted access for 111 and urgent treatment centres to redirect patients including some ringfencing of appointments to ensure capacity is available at the end of each day.
  - Face to face activity increasing to levels recommended for General Practice and in line with the recent patient surveys.

- Discussions are underway to confirm the long term solution for this activity in line the 'Fuller' review recommendations.

HEALTH SCRUTINY COMMITTEE

21 September 2022

Title: Tulasi Medical Centre Update	
Report of the Director of Primary Care Transformation	
Open Report	**For Information**
Wards Affected: Becontree	**Key Decision:** No
Report Author: Sarah See, Director of Primary Care Transformation, NHS	**Contact Details:** sarahsee@nhs.net (020) 3182 2920 **Ext:** 2920 07500553258
Accountable Director: Sarah See, Director of Primary Care Transformation, NHS	
Accountable Strategic Leadership Director: Sharon Morrow, Director of Integrated Care, NHS	

Summary

In their latest Care Quality Commission inspection, Tulasi medical centre was rated Inadequate. The ICB has taken immediate action by:

- Notifying stakeholders when the CQC report was released (August)
- Ensuring practice website was updated to carry statement
- Practice patient groups were notified
- Providing a team of experts specialising in care quality, safeguarding, medicines management and primary care to advise and support.

There are arrangements in place for new interim management team to run the practice and to have a clinical oversight. Patients are being seen/treated as normal while improvements are being made.

Recommendation(s)

The Health Scrutiny Committee is recommended to note the report and seek assurance from NHS representatives that effective arrangements are in place to improve the service being provided to patients of Tulasi Medical Centre.

Reason(s)

The Health Scrutiny Committee has responsibility to ensure it holds NHS representatives to account and promote the health and wellbeing of the Borough's residents.

Public Background Papers Used in the Preparation of the Report: None.

List of appendices:

Appendix 1 Tulasi Medical Centre Update

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Appendix 1

North East London

Tulasi Medical Centre HOSC update, September 2022

Sarah See, Director of Primary Care Transformation

- Following inspection, CQC changed Tulasi Medical Centre’s rating from ‘Good’ to ‘Inadequate’
- Practice instructed to make a number of improvements
- Arrangements in place for new interim management team to run the practice and to have a clinical oversight
- Patients being seen/treated as normal while improvements made.

- Immediate action taken by NHS North East London
- Team of experts specialising in care quality, safeguarding, medicines management and primary care in place giving advice and support to address issues
- Stakeholders notified in August when CQC report released
- Practice website updated to carry statement
- Practice patient group notified.

Improvement plan latest

- All patients highlighted by CQC have been reviewed
- Clinical and managerial leads identified
- Safe domain and medicine management policies reviewed
- Clinical and admin audits underway - smears, 2ww referrals, end of life/palliative care, consultations audits, high drug risk monitoring
- Workforce increased - more GPs, federation providing extra admin capacity.

Medicines Management update

- Close working with NEL Medicines Management team
- High Risk drug monitoring of all appropriate patients
- New ways of working adopted for repeat and acute prescription requests
- Increased support for practice Clinical Pharmacists
- Monthly clinic governance meetings for all clinical staff - learning disseminated to all practice staff.

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HEALTH SCRUTINY COMMITTEE

21 September 2022

Title: Appointments to the Outer North East London Joint Health Overview and Scrutiny Committee	
Report of the Chief Strategy Officer	
Open Report	**For Decision**
Wards Affected: None	**Key Decision:** No
Report Author: Claudia Wakefield, Senior Governance Officer	**Contact Details:** Tel: 020 8227 5276 E-mail: claudia.wakefield@lbbd.gov.uk
Accountable Director: Alex Powell, Chief Strategy Officer	

Summary

This report is to:

i. Inform the Health Scrutiny Committee (HSC) of the local arrangements for joint health scrutiny; and
ii. Ask the Committee to confirm the appointment of three HSC members to the Outer North East London (ONEL) Joint Health Overview and Scrutiny Committee (JHOSC) for the 2022/23 municipal year.

This report and the Terms of Reference at Appendix 1 explain local joint health scrutiny arrangements amongst the boroughs of Barking and Dagenham, Havering and Redbridge.

Recommendation(s)

The HSC is recommended to:

(i) Note the Terms of Reference for the JHOSC; and
(ii) Agree the appointment of three HSC members to the JHOSC for 2022/23.

Reason(s)

To accord with joint health scrutiny arrangements.

1. Powers of Health Scrutiny in general

Regulations under the National Health Service Act 2006 state that local authorities in England have the power to:

- "Review and scrutinise matters relating to the planning, provision and operation of the health service in the area. This may well include scrutinising the finances of local health services;
- Require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny;
- Require employees including non-executive directors of certain NHS bodies to attend before them to answer questions;
- Make reports and recommendations to certain NHS bodies and expect a response within 28 days;
- Set up joint health scrutiny committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority; and
- Refer NHS substantial reconfiguration proposals to the Secretary of State if a local authority considers:
  - The consultation has been inadequate in relation to the content or the amount of time allowed;
  - The NHS body has given inadequate reasons where it has not consulted for reasons of urgency relating to the safety or welfare of patients or staff; and
  - A proposal would not be in the interests of the health service in its area".[1]

2. Joint Health Scrutiny Arrangements

2.1 The Department of Health Guidance ('the Guidance') issued in June 2014 describes two types of joint scrutiny committees; discretionary and mandatory. Discretionary joint committees are set up by local authorities by choice to scrutinise health matters that cross local authority boundaries. Mandatory joint committees are required by regulation to be set up when a relevant NHS body or health service provider consults more than one local authority’s health scrutiny function about substantial reconfiguration proposals.

2.2 In such circumstances, the regulations state that:

- "Only the joint committee may respond to the consultation (i.e. rather than each individual local authority responding separately);
- Only the joint committee may exercise the power to require the provision of information by the relevant NHS body or health service provider about the proposal; and
- Only the joint committee may exercise the power to require members or employees of the relevant NHS body or health service provider to attend before it to answer questions in connection with the consultation." [2]

[1] Department of Health, Local Authority Health Scrutiny Guidance, 27 June 2014, p12
[2] Department of Health, p17

2.3 Individual councils or departments would still be able to respond informally to any consultations but the responsibility to give a formal response would lie with the mandatory JHOSC.

3. Referrals to the Secretary of State for Health

3.1 The Guidance makes it clear that the above restrictions do not apply to referrals to the Secretary of State. "Local authorities may choose to delegate their power of referral to the mandatory joint committee but they need not do so. If a local authority had already appointed a discretionary committee, they could even delegate the power to that committee if they choose to. If the local authority has delegated this power, then they may not subsequently exercise the power of referral. If they do not delegate the power, they may make such referrals."[3]

3.2 The London Borough of Barking and Dagenham's Constitution delegates the power of referral to the Secretary of State to the HSC.

4. The Outer North East London Joint Health Overview and Scrutiny Committee

4.1 The ONEL JHOSC consists of three members from each of the following boroughs:

- Barking & Dagenham;
- Havering; and
- Redbridge.

The London Borough of Waltham Forest used to be represented on the ONEL JHOSC via three of its health scrutiny members. However, following a meeting of its Council on 25 April 2019, it agreed to reduce its membership of the ONEL JHOSC from three members to one, and transfer its main membership to the Inner North East London JHOSC, to reflect changes in the local health commissioning landscape.

The Essex County Council may nominate one full Member for the JHOSC. Thurrock Borough Council’s Health Overview and Scrutiny Committee may nominate an observing Member to the Joint Health Overview and Scrutiny Committee. The councils of the Borough of Brentwood and District of Epping Forest may also each nominate an observing Member.

4.2 **Background to the JHOSC**

The Outer North East London JHOSC was established by the health overview and scrutiny committees of the above boroughs, exercising their powers under section 7 of the Health and Social Care Act 2001 and the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. This legislation, together with directions issued by the Secretary of State for Health in 2003, required all local authorities affected by what they considered to be 'substantial variations' in local health services to form a ‘joint health overview and scrutiny committee’ to consider those changes.

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[3] Department of Health, p17

5. Further information regarding the JHOSC and Appointment of Members

5.1 The Terms of Reference at Appendix 1 describe the remit and governance of the JHOSC.

5.2 There are typically four JHOSC meetings a year with the boroughs taking turns to host the meetings. The chair of the health scrutiny committee from the hosting borough chairs the JHOSC meeting.

5.3 The first JHOSC meeting of 2022/23 was held at 4.00pm on Thursday 28 July 2022. The remaining JHOSC meetings for the year will take place on:

- Tuesday 18 October 2022;
- Tuesday 10 January 2023; and
- Tuesday 18 April 2023.

5.4 In Barking and Dagenham, the Chair and Deputy Chair of the HSC are usually appointed to the JHOSC as a matter of standard practice. This year the HSC Chair and Deputy Chair are Cllr Paul Robinson and Cllr Donna Lumsden respectively. It is therefore recommended that Cllrs Robinson and Lumsden are appointed to sit on the JHOSC for the 2022/23 municipal year, with the third Member appointment to be put forward at today's meeting.

6. Financial Implications

6.1 This report is largely for information and seeks to confirm the appointment of three Health Scrutiny Committee (HSC) members to the Outer North East London Joint Health Overview and Scrutiny Committee, for the 2022/23 municipal year. As such, there are no direct financial implications arising from the report.

7. Legal Implications

Implications completed by Dr Paul Feild, Senior Governance Solicitor

7.1 Under section 21 of the Local Government Act 2000 the Heath Scrutiny Committee has specific responsibilities about health functions in the Borough. Such Health Scrutiny Committees shall carry out health scrutiny in accordance with Section 244 (and Regulations under that section) of the National Health Services Act 2006 as amended by the Local Government and Public Involvement in Health Act 2007 relating to local health service matters. The Health Scrutiny Committee in its work has all the powers of an Overview and Scrutiny Committee as set out in section 9F of the Local Government Act 2000, Local Government and Public Involvement in Health Act 2007 and Social Care Act 2001 (including associated Regulations and Guidance).

7.2 Furthermore health matters can and do have cross borough implications and in some matter as identified in the body of this report only a Joint Health Scrutiny Committee can respond. To address this issue a multi borough health scrutiny committee covering Barking & Dagenham; Havering; Redbridge and Waltham Forest has been established (although Waltham Forest is now lesser represented as explained in the main report). It exercises its powers under section 7 of the Health and Social Care Act 2001 and the Local Authority (Overview and Scrutiny

Committees Health Scrutiny Functions) Regulations 2002. This report seeks agreement to make appointment of three HSC members to the Outer North East London (ONEL) Joint Health Overview and Scrutiny Committee (JHOSC) for the 2022/23 municipal year.

Background Papers Used in the Preparation of the Report: None.

List of appendices:

Appendix 1: Joint Health Overview and Scrutiny Committee's Terms of Reference

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TERMS OF REFERENCE FOR OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Establishment of the JHOSC

1. The Outer North East London Joint Health Overview and Scrutiny Committee (the JHOSC) is established by the Overview and Scrutiny Committees having health responsibilities of the London Borough Councils of Barking & Dagenham, Havering, Redbridge and Waltham Forest ("the borough OSCs") in accordance with s.190-191 of the Health and Social Care Act 2012 and consequential amendments and the Local Authority (Overview and Scrutiny Committees Healthy Scrutiny Functions) Regulations 2002.

Membership

2. The JHOSC will consist of three Members appointed of each of the Borough OSCs.

3. In accordance with section 21(9) of the Local Government Act 2000, Executive Members may not be members of an Overview and Scrutiny Committee.

4. The Essex County Council Health Overview and Scrutiny Committee may nominate one full Member for the Joint Health Overview and Scrutiny Committee. Thurrock Borough Council Health Overview and Scrutiny Committee may nominate an observing Member of the Joint Health Overview and Scrutiny Committee. The Councils of the Borough of Brentwood and District of Epping Forest may also each nominate an observing Member.

5. Appointments made to the JHOSC by each participating London borough OSC will reflect the political balance of the borough Council, unless a participating borough OSC agrees to waive the requirement and this is approved by the JHOSC.

Attendance of Substitute Members

6. If a Member is unable to attend a particular meeting, he or she may arrange for another Member of the borough OSC to attend as substitute, provided that a Member having executive responsibilities may not act as a substitute. Notice of substitution shall be given to the clerk before the commencement of the meeting.

Role and Function of the JHOSC

7. The JHOSC shall have the remit to review and scrutinise any matter, including substantial variations, relating to the planning, provision and operation of health services that affect two or more boroughs in Outer North East London. The JHOSC will have the right to respond in its own right to all consultations on such matters, both formal and informal.

8. In fulfilling its defined role, as well as reviewing documentation, the JHOSC will have the right to do any or all of the following:

   a. Request information or to hold direct discussions with appropriate officers from each of the following organisations or their successor bodies:

      Barking and Dagenham Clinical Commissioning Group (CCG)
      Havering CCG
      Redbridge CCG
      Waltham Forest CCG
      NHS England
      North East London Commissioning Support Unit
      Barking, Havering and Redbridge University Hospitals NHS Trust
      Barts Health NHS Trust
      North East London NHS Foundation Trust
      North East London Community Services
      London Ambulance Service NHS Trust

      as well as any other NHS Trust or other body whose actions impact on the residents of two or more Outer North East London Boroughs;

   b. Co-operate with any other Joint Health Overview and Scrutiny Committee or Committees established by two or more other local authorities, whether within or without the Greater London area;

   c. Make reports or recommendations to any of the NHS bodies listed above and expect full, written responses to these;

   d. Require an NHS or relevant officer to attend before it, under regulation 6 of the Regulations, to answer such questions as appear to it to be necessary for the discharge of its functions in connection with a consultation;

   e. Such other functions, ancillary to those listed in a to d above, as the JHOSC considers necessary and appropriate in order to fully perform its role.

Although efforts will be made to avoid duplication, any work undertaken by the JHOSC does not preclude any individual constituent borough Overview and Scrutiny Committee from undertaking work on the same or similar subjects

Co-optees

9. The JHOSC shall be entitled to co-opt any non-voting person as it thinks fit or appropriate to assist in its debate on any relevant topic. Each borough Healthwatch organisation for Barking & Dagenham, Havering, Redbridge and Waltham Forest shall be entitled to nominate one co-opted (non-voting) member of the JHOSC.The power to co-opt shall also be available to any Working Groups formed by the JHOSC.

Formation of Working Groups

10. The JHOSC may form such Working Groups of its membership as it may think fit to consider any aspect or aspects of its work. The role of such Groups will be to consider the matters referred to it in detail with a view to formulating recommendations on them for consideration by the JHOSC. The precise terms of reference and procedural rules of operation of any such Groups (including number of members, chairmanship, frequency of meetings, quorum etc) will be considered by the JHOSC at the time of the establishment of each such Group; these may differ in each case if the JHOSC considers it appropriate. The meetings of such Groups should be held in public except to the extent that the Group is considering any item of business from which the press and public could legitimately be excluded under the Access to Information legislation.

Meetings of the JHOSC

11. The JHOSC shall meet formally at such times, at such places and on such dates as may be mutually agreed, provided that five clear days' notice is given of the meeting. The Committee may also meet informally as and when necessary for purposes including, but not limited to, visiting appropriate sites within the boroughs or elsewhere.

12. Meeting venues will normally rotate between the four Outer North East London boroughs.

13. Meetings shall be open to the public and press in accordance with the Access to Information requirements. No tape or video recorders, transmitters, microphones, cameras or any other video recording equipment shall be brought into or operated by any person at a meeting of the JHOSC unless the Chair of the meeting gives permission before the meeting (this exclusion will not apply to the taping of the proceedings by officers responsible for producing the minutes). When permission is given, a copy of any tape made must be supplied to the London Borough of Havering, in its role as Administrator.

Attendance at Meetings

14. Where any NHS officer is required to attend the JHOSC, the officer shall be given reasonable notice in advance of the meeting at which he/she is required to attend. The notice will state the nature of the item on which he/she is required to attend to give account and whether any papers are required to be produced for the JHOSC. Where the account to be given to the JHOSC will require the production of a report, then the officer concerned will be given reasonable notice to allow for preparation of that documentation.

15. Where, in exceptional circumstances, the officer is unable to attend on the required date, and is unable to provide a substitute acceptable to the JHOSC, the JHOSC shall in consultation with the officer arrange an alternative date for attendance.

16. The JHOSC and any Working Group formed by the JHOSC may invite other people (including expert witnesses) to address it, to discuss issues of local concern and/or to answer questions. It may for example wish to hear from residents, stakeholders and members and officers in other parts of the public sector and shall invite such people to attend.

17. The JHOSC shall permit a representative of any other authority or organisation to attend meetings as an observer.

Quorum

18. The quorum for the JHOSC shall be four, provided there is present at least one Member from at least three of the London borough OSCs. For meetings involving the writing or agreeing of a final report of the Committee, the quorum shall comprise at least one representative from each of the four London borough OSCs.

Chair and Vice Chair

19. Each meeting will be chaired by a Member from the host borough on that occasion.

Agenda items

20. Any member of the JHOSC shall be entitled to give notice to the Clerk of the Joint Committee that he/she wishes an item relevant to the functions of the JHOSC to be included on the agenda for the next available meeting. On receipt of such a request (which shall be made not less than five clear working days before the date for despatch of the agenda) the relevant officer will ensure that it is included on the next available agenda.

Notice and Summons to Meetings

21. The Clerk of the Joint Committee will give notice of meetings to all members. At least five clear working days before a meeting the relevant officer will send an agenda to every member specifying the date, time and place of each meeting and the business to be transacted, and this will be accompanied by such reports as are available.

22. Any such notice may be given validity by e-mail.

23. The proper officer of each Council shall ensure that public notice of the meeting is displayed in accordance with the customary arrangements of that Council for giving notice of Committee etc. meetings.

Reports from the JHOSC

24. Once it has formed recommendations the JHOSC will prepare a formal report and submit it to the relevant bodies. In accordance with the Department of Health Guidance on the Overview and Scrutiny of Health dated July 2003, the JHOSC should aim to produce a report representing a consensus of the views of its members. If consensus is not reached within the JHOSC, minority views will be included in the report.

25. In undertaking its role the JHOSC should do this from the perspective of all those affected or potentially affected by any particular proposal, plan, decision or other action under consideration.

Formal Consultations and Referrals to Secretary of State

26. Under guidance on Local Authority Health Scrutiny issued by the Department of Health in June 2014, only the JHOSC may respond to a formal consultation on substantial variation proposals covering health services in more than one constituent Council area. This power also extends to the provision of information or the requirement of relevant NHS officers to attend before the JHOSC in connection with the consultation.

27. The JHOSC may only refer matters directly to the Secretary of State on behalf of Councils who have formally agreed to delegate this power to it.

Procedure at JHOSC meetings

28. The JHOSC shall consider the following items of business:
    (a) minutes of the last meeting;
    (b) matters arising;
    (c) declarations of interest;
    (d) any urgent item of business which is not included on an agenda but the Chair, after consultation with the relevant officer, agrees should be raised;
    (e) the business otherwise set out on the agenda for the meeting.

Conduct of Meetings

29. The conduct of JHOSC meetings shall be regulated by the Chair (or other person chairing the meeting) in accordance with the general principles and conventions which apply to the conduct of local authority committee meetings.

30. In particular, however, where any person other than a full or co-opted member of the JHOSC has been allowed or invited to address the meeting the Chair (or other person chairing the meeting) may specify a time limit for their contribution, in advance of its commencement which shall not be less than five minutes. If someone making such a contribution exceeds the time limit given the Chair (or other person chairing the meeting) may stop him or her.

31. The Chair (or other person chairing the meeting) may also structure a discussion and limit the time allowed for questioning by members of the JHOSC.

Officer Administration of the JHOSC

32. The London Borough of Havering will be the Lead Authority for clerking and administering the JHOSC. The Clerk of the Committee will be the Principal Committee Officer, London Borough of Havering. Costs of supporting the JHOSC will be shared, in proportion to their representation on the Committee, by the London Boroughs of Barking and Dagenham, Havering, Redbridge, Waltham Forest and by Essex County Council, in cash or in kind.

Voting

33. Members may request a formal vote on any agenda item by informing the Clerk of the Joint Committee at least five working days before a meeting. If it is not possible to give this notice, Members have the right to request a vote at a meeting itself, provided they explain to the meeting why it has not been possible to give the standard notice of this request. The decision on whether to allow a vote, if the standard notice has not been given, will rest with the Chairman of that meeting.

34. Any matter will be decided by a simple majority of those members voting and present in the room at the time the motion was put. This will be by a show of hands or if no dissent, by the affirmation of the meeting. If there are equal votes for and against, the Chair or other person chairing the meeting will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote. Co-opted members will not have a vote.

Public and Press

35. All meetings of the JHOSC shall be open to the public and press unless an appropriate resolution is passed in accordance with the provisions of Schedule 17 of the National Health Service Act 2006.

36. All agendas and papers considered by the JHOSC shall be made available for inspection at all the constituent authority offices, libraries and web sites.

Code of Conduct

37. Members of the JHOSC must comply with the Code of Conduct or equivalent applicable to Councillors of each constituent Local Authority.

General

38. These terms of reference incorporate and supersede all previous terms of reference pertaining to the JHOSC.

MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall
28 July 2022 (4.00 - 5.20 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Paul Robinson
London Borough of Havering	Patricia Brown, Christine Smith and Julie Wilkes (Chairman)
London Borough of Redbridge	Sunny Brar, Bert Jones and Martin Sachs
London Borough of Waltham Forest	
Essex County Council	
Epping Forest District Councillor	Kaz Rizvi (observer Member)
Co-opted Members	Ian Buckmaster, Healthwatch Havering

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman announced details of the arrangements in the case of fire or other event that may require the evacuation of the meeting room.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

Apologies were received from Councillors Donna Lumsden (Barking & Dagenham) Catherine Deakin (Waltham Forest) and Beverley Brewer (Redbridge – Martin Sachs substituting).

3 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

4 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 14 December 2021 were agreed by the Committee as a correct record and signed by the Chairman.

The Committee also received the notes of the informal meeting held on 14 March 2022.

It was noted that there was no date known at this stage for when the BHRUT clinical strategy would be available for scrutiny.

5 STATEMENT FROM MEMBER OF THE PUBLIC

A member of the public addressed the Committee regarding the overnight position at King George Hospital A & E where paediatric specialists, in some cases, had to travel from Queens Hospital to give treatment at King George. The member of the public also asked for clarification on the availability of resuscitation facilities at King George.

The Chief Executive of the Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) responded that the most seriously ill children were taken direct to Queen's Hospital. The Trust wished to ensure sufficient clinical expertise at King George Hospital. Whilst cases would be transferred to King George if necessary, the Trust had no concerns about treating children at King George.

6 UPDATE ON NORTH EAST LONDON HEALTH AND CARE PARTNERSHIP

It was emphasised by NHS officers that the new NHS structures represented by the partnership would not mean any changes from the patient's perspective and that this would not impact on GP access etc.

The overarching Integrated Care Board had only met on one occasion thus far. The Board included senior NHS officers such as the Chief Finance, Medical and Nursing Officers as well as two representatives from Local Authorities. ONEL representation on the Board included Councillor Maureen Worby from Barking & Dagenham and Dr Jagan John representing primary care in Barking & Dagenham.

This was a new structure that would allow transparency around NHS decisions. There were a number of committees operating under the Integrated Care Board covering areas such as audit & risk, quality and remuneration & people.

The first Board paper listed objectives for the year and this could be circulated to Members.

The Committee noted the position.

7 NHS NORTH EAST LONDON - HEALTH UPDATE

The Chief Executive of BHRUT explained that the Trust had been working hard to return elective care to pre-pandemic levels. The focus had been on long waits for treatment and the numbers of patients waiting in excess of two years for treatment was now in single figures. The focus was now on patients with 52 or 78 week waits for treatment.

The number of referrals for treatment continued to rise and there was also increased pressure on GPs. As regards unplanned care, there was a lot of pressure on A & E and efforts were made not to have long ambulance waits. The Trust had coped well with the impact of the recent wildfires.

Weekends were currently very busy at A & E and there had been a rise in the numbers of A & E patients exhibiting mental health problems which also impacted on waiting times at the department.

The Chair in Common for BHRUT and Barts Health explained that a new Chief Executive (Shane Dugarris) had been recruited for both Trusts. Matthew Trainer would remain Chief Operating Officer for BHRUT as well as Deputy Chief Executive for both Trusts. It was felt this would create a strong voice for acute care providers across North East London. It was clarified that the two Trusts would continue as separate organisations representing their local communities.

As regards primary care in the sector, 14% more appointments had been provided than in the previous winter. Evening and Saturday appointments were provided by GP practice networks. A recent survey of the views of North East London residents on primary care had received a large response.

A Covid booster and Flu vaccine programme would be launched in the autumn. This would include vaccines being available from primary care settings, community pharmacies and shopping centres.

The impact of the changes to Continuing Healthcare on each borough was currently being considered. The level of service would be the same across all boroughs.

The programme director for Community Diagnostic Centres explained that these facilities were designed to increase patient access to diagnostics. Consultation was currently ongoing on the first two centres at Barking and Mile End Hospitals. It was clarified that neither site was fully operational as yet. Funding had been approved for the building work at both sites. Total funding of £39m plus revenue costs had been secured over the next three years. The two centres would be fully open in late 2023.

It was hoped to improve people's access to planned care as soon as possible and an update could be brought to the JHOSC in late autumn. An

additional investment fund was available which had received bids for e.g. the expansion of theatres at King George Hospital.

It was accepted that London Ambulance Service had a very challenging position. BHRUT aimed to complete patient handovers from ambulances as quickly as possible. Assessment of patients was also sometimes carried out in ambulances.

Data on the number of Monkeypox vaccines administered so far could be supplied. The cohort most likely to be affected has been offered the vaccine at acute sites in North East London, avoiding the need to travel elsewhere.

A sustainability plan was in place across the partnership. The recent heatwave had seen a rise in A & E of cases of older people falling after becoming dehydrated. Some areas of the hospital were air conditioned but it was accepted that the wards in King George Hospital were very hot. The Trust was seeking to mitigate the impact of extreme weather in the longer term.

On workforce issues, there had been successful recent recruitment in radiology. A radiology academy would open at King George Hospital shortly which it was felt would assist with the retention of radiographers. The establishment of new roles for support staff would maximise skills and allow more flexibility of the workforce.

The Committee noted the position and the additional information that was to be provided.

8 NHS FERTILITY POLICY - PROPOSED CHANGES FOR NORTH EAST LONDON

The changes proposed were aimed to give greater consistency of fertility services across North East London. The proposals were not related to cost savings but sought to improve the offer to North East London residents. The upper age limit to access fertility services had been increased to 43 – in excess of the NICE guidance. The number of cycles available and access to IV insemination had also been increased.

Data on current waiting lists for fertility treatment could be supplied. Any delays experienced were more relating to IVF treatments than assessments etc. Whilst the proposals would allow more people to be seen, it was felt that this would not increase waiting lists. The number of sites at which fertility treatment was available would not increase as fertility was a specialist area.

It was clarified that psychological support was already available to fertility patients and that this could be increased if necessary.

The Committee noted the position.

9 APPOINTMENT OF OBSERVER MEMBER - INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

It was agreed, without division, that Councillor Beverley Brewer should be the Joint Committee's representative on the equivalent committee covering Inner North East London.

10 WORK PROGRAMME

It was agreed that a response from the Integrated Care Partnership to the recent LEDER report on learning disabilities should be added to the work programme.

11 DATES OF FUTURE MEETINGS

It was agreed that the remaining meetings of the Joint Committee should be on the following dates, starting at 4 pm:

18 October 2022
10 January 2023
18 April 2023

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Chairman

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HEALTH SCRUTINY COMMITTEE

21 September 2022

Title: Health Scrutiny Committee Work Programme 2022/23	
Report of the Chief Strategy Officer	
Open Report	**For Decision**
Wards Affected: None	**Key Decision:** No
Report Author: Claudia Wakefield, Senior Governance Officer	**Contact Details:** Tel: 020 8227 5276 E-mail: claudia.wakefield@lbbd.gov.uk
Accountable Strategic Leadership Director: Alex Powell, Chief Strategy Officer	

Summary

Both of the Council's scrutiny committees have a work programme, which is a timetable of the matters that the Committee wishes to consider in the current municipal year.

This report recommends that the Health Scrutiny Committee (HSC) agree a draft work programme for the 2022/23 municipal year by considering the issues within it and reviewing the items within a draft work programme attached at Appendix 1, which was produced following a meeting between the Chair of the Committee, the Cabinet Member for Adult Social Care and Health Integration and senior officers to discuss the issues which the HSC could add value to.

Members are to note that subsequent to the Committee agreeing the draft Work Programme, changes may still be made to it, as this allows the Chair and the Committee the flexibility to adapt the Work Programme to changing priorities and circumstances as the year progresses.

The Committee's remit as described in the Council's Constitution, can be accessed via the link provided towards the end of this report.

Recommendation(s)

The Health Scrutiny Committee is recommended to:

(i) Consider what issues it would like to consider as agenda items in formal meetings, as well as whether it should undertake a scrutiny review (and if so, on what topic) during the 2022/23 municipal year; and

(ii) Agree the draft Work Programme for 2022/23.

Reason(s)

To ensure the Committee meets the statutory requirements of Section 21 of the Local Government Act 2000 amended by the Localism Act 2011.

1. Scrutiny Work Programmes

1.1 Work Programmes generally consist of two types of scrutiny:

1) Scrutiny Reviews

Usually, as part of their annual work programme, the scrutiny committees aim to complete at least one investigation into an area of member and/or public concern to make recommendations in order to improve services. These investigations are referred to as 'scrutiny reviews'. A scrutiny review usually involves a number of different stages including:

- Agreeing the subject matter of the review according to given criteria;
- Drafting the terms of reference for the review (these are a set of questions/ specific areas the Committee wishes to consider, with a view to making recommendations for improvement in those areas);
- Scoping the review (scoping refers to a detailed project plan outlining the suggested methods for gathering evidence including potential participants/ contributors to the review. It is a timetable designed to deliver what is set out in the terms of reference and includes the estimated date for the completion of the review, in accordance with internal scrutiny procedures and protocols);
- Carrying out the review in accordance with the agreed scope;
- Agreeing the contents of the scrutiny review report including the recommendations;
- Sharing the report with those involved with the review and finalising the report;
- Publicising the report; and
- Monitoring the impact of the review.

Since the Covid-19 pandemic, the Council's scrutiny committees have not undertaken a scrutiny review as to do a review during lockdowns/ social restrictions, and the uncertainty surrounding these, was not feasible.

Officers have recently had discussions with the Chair of the Health Scrutiny Committee (HSC), who has provisionally agreed for the HSC to undertake a scrutiny review relating to the Voluntary and Community Sector (VCS) during this municipal year. This would likely include:

- Exploring the potential of the VCS to deliver health and social care services going forward, and flexibility around commissioning within the VCS; and
- How we can diversify our health and social care messaging and work with our communities to best tailor this to them.

2) Stand Alone Agenda Items

Scrutiny Committees also use the Work Programme to consider issues on a 'one-off' basis by, for example, asking representatives of a service to attend a meeting to have a discussion with members, or undertaking a site visit to a facility. Upon receiving such an item, the Committee may decide that a

further update is necessary, in which case the Governance Officer will amend the Work Programme to reflect this.

In additions to the proposed items at Appendix 1, Members may wish to put forward other issues of priority that they feel should be included in the Work Programme for the Committee to discuss; however, due to the number of items already populated, Members are asked to ensure each meeting has a reasonable number of items listed against it, given that standing orders require meetings to end within 2.5 hours of starting.

2. Matters to Consider before Deciding Items to Scrutinise

2.1 When deciding what matters should be scrutinised, whether they will be scrutinised via a review or tabled as a one-off item, it is good practice to reflect upon the following matters:

(i) The Committee's Remit

First and foremost, the selected topics must be ones which fall under the Committee’s remit, which can be found on pages 69 to 72 of the Council Constitution, which can be accessed via the link provided at the end of this report.

(ii) The 'PAPER' Criteria

When deciding which topic to select for review, best practice is to select topics that meet the following criteria:

- **P**ublic interest (be of importance to local residents)
- **A**bility to change (be within the Council and its partners’ power to change or influence)
- **P**erformance (areas where scrutiny can add value are ones which require improvement)
- **E**xtent of issue (priority should be given to issues that are relevant to a significant part of the Borough)
- **R**eplication (avoid duplicating the work of other committees, bodies or organisations)

3. Factors to take into account when considering the Work Programme for 2022/23

(i) Resources

The Work Programme should take account of the resources available to support the Scrutiny Committee’s work - it is very important that any programme is realistic and structured.

(ii) The number of formal meetings

There are five formal HSC meetings in the next municipal year.

(iii) The Work Programme

A draft Work Programme for 2022/23 has been prepared by the Chair, following discussions with the Cabinet Member for Adult Social Care and Health Integration and lead officers (see **Appendix 1**). There may be additions to the Work Programme later on in the year if the Committee agrees to:

- Carry out pre-decision scrutiny;
- If decisions made by Health and Wellbeing Board that are relevant to the Committee's remit are 'called-in';
- If there are public petitions which fall under the Committee's remit; or
- An issue is identified as an important area for the Committee to consider.

4. Next Steps

4.1 With regards to any further items identified and agreed by Members at the HSC meeting, the Scrutiny Officer will place them on the draft Work Programme and inform the Cabinet Member for Adult Social Care and Health Integration and relevant senior officers of the items, who will commission reports or presentations, for example.

4.2 If the Committee agree to undertake a scrutiny review, the Chair, in conjunction with officers, will meet to scope the review and present a report to Members on matters such as the proposed terms of reference for the review and a timetable for completion.

5. Additional Informal Meetings

5.1 During the municipal year, it is possible that the Scrutiny Officer will need to arrange additional informal meetings (for example, site visits to a service location or budget scrutiny that needs a dedicated meeting) if the Chair/Committee believes this to be required or beneficial. If it is agreed that the Committee will undertake a scrutiny review, it will not be possible to carry this out entirely in the formal HSC meetings already scheduled. Therefore, Members may be requested to meet informally and feed back to the formal meetings on their observations and findings, which will also need to be captured in a report.

Public Background Papers Used in the Preparation of the Report: (Public Pack)Agenda Document for Constitution, 05/08/2022 00:00 (lbbd.gov.uk)

List of appendices:

Appendix 1: Draft HSC Work Programme 2022/23

Appendix 1

Work Programme 2022/23 *(This is a live document which is subject to late changes)*

Relevant Cabinet Member: Councillor Worby, Social Care and Health Integration

Health Scrutiny Committee **Chair: Councillor Paul Robinson**			
Meeting	**Agenda Items**	**Officer/ Organisation**	**Deadline to be:**
19 September 2022	Proposed Community Diagnostic Centre at Barking Community Hospital Update following CQC inspection of Tulasi Medical Centre Update on the new arrangements for evening and weekend GP appointments JHOSC Nominations Draft Work Programme 2022/23	BHRUT Sarah See, NEL ICB/Dr Rami Hara, GP and Clinical Director for Barking and Dagenham NEL ICB Councillor Paul Robinson, Chair Councillor Paul Robinson, Chair	Thursday 1 September
14 November 2022	How does the system cope with extreme heat? Health Inequalities Funding (Initial Presentation)	Dr Rami Hara, GP and Clinical Director for Barking and Dagenham Mike Brannan, Consultant in Public Health and Sophie Keenleyside, Strategy and Programme Officer	Thursday 27 October

	Place-Based Partnership Scrutiny Review Terms of Reference	Fiona Taylor, Place Partnership Lead for Barking and Dagenham and Matthew Cole, Director of Public Health, with support from Dr Rami Hara, GP and Clinical Director for Barking and Dagenham and Sharon Morrow, Interim Director of Delivery (NEL ICB) Councillor Robinson, Chair	
1 February 2023	Integrated Care Strategy Joint Local Health and Wellbeing Strategy Annual Public Health Report	Sharon Morrow, Interim Director of Delivery (NEL ICB) Matthew Cole, Director of Public Health Matthew Cole, Director of Public Health	Monday 16 January
29 March 2023	NELFT CQC Inspection Update Health Inequalities Funding (Full Presentation) Finalised Governance Arrangements for Place-Based Partnership	Melody Williams, Integrated Care Director (NELFT) Mike Brannan, Consultant in Public Health; Sophie Keenleyside, Strategy and Programme Officer; Elspeth Paisley, Community Chest; Dr Shanika Sharma, GP; Justine Henderson, Interim Early Help Programme Lead Fiona Taylor, Place Partnership Lead for Barking and Dagenham	Monday 13 March

24 May 2023	Mental Health Transformation Grant	Melody Williams, Integrated Care Director (NELFT)	Monday 8 May

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