MINUTES OF
HEALTH SCRUTINY COMMITTEE

Monday, 14 November 2022
(7:00 - 9:13 pm)

Present: Cllr Paul Robinson (Chair), Cllr Donna Lumsden (Deputy Chair), Cllr Muhib Chowdhury, Cllr Michel Pongo and Cllr Chris Rice

Apologies: Cllr Olawale Martins

54. Declaration of Members' Interests

There were no declarations of interest.

55. Minutes - To confirm as correct the minutes of the meeting held on 21 September 2022

The minutes of the meeting held on 21 September 2022 were confirmed as correct.

56. Updates relating to Winter Pressures, Vaccinations and the Cost of Living

The Director of Integrated Care (DIC) at North East London Integrated Care Board (NEL ICB) presented an update on the approach that the Integrated Care System (ICS) was taking to managing winter pressures in 2022/23, as well as an update on a recent winter summit that was held by the Barking and Dagenham Partnership, to consider actions that could be taken locally to keep people safe and well at home.

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

- Workforce was always a risk area; however, the ICS had received some additional funding over winter, which had been directed to providers such as Barking, Havering and Redbridge University Hospitals Trust (BHRUT), North East London NHS Foundation Trust (NEFLT) and the local authority, for these to invest in workforce capacity. Support also needed to be streamlined: in terms of Barking and Dagenham, funding needed to be streamlined to support social work in A&E and to increase capacity in emergency response services.
- Whilst the ICB did not employ frontline staff (as these were employed by the NHS providers), it was working to develop a Workforce Strategy so that each of the provider organisations would have its own Workforce Development Strategy around recruitment and retention, with some of this being related to training and skills development. There was also a constant review around caseloads and capacity. It was also considering career opportunities and new models of care, such as through looking at new roles and rotations across organisations to encourage people to work in Barking and Dagenham.
- Work was also being undertaken across the Partnership to consider care provider resilience and to undertake scenario planning to best respond to any issues, such as where care providers were no longer able to operate.

- The Barking, Havering and Redbridge (BHR) Workforce Academy was working to understand where there were gaps in recruitment and to provide recruitment opportunities.
- There were a number of services in the community that focused on proactive care; through general practice, NEL ICB had commissioned an enhanced health care home scheme, which provided multidisciplinary support to residents in care homes who had complex needs. This was a collaboration between Primary Care and community services, with links through to Rapid Response teams as necessary.
- The Barking and Dagenham Partnership had recently piloted a population health management approach to keeping people well at home, which was exploring a greater collaboration between the Health and Voluntary sectors. This had shown that a number of factors that impacted on health were sometimes best addressed by other services not provided by the NHS, meaning that greater integration between Primary Care, community care and voluntary services was essential.
- The ICB had commissioned capacity in community urgent care services. The Community Treatment team, which had had significant investment over recent years supported by system development funding, was designed to ensure that people could receive a rapid community response if their health deteriorated more rapidly, to avoid an ambulance trip into hospital. Generally, these services were for people with long-term conditions who were on the practice caseload for integrated case management and were generally maintained, fit and well; however, at times their health would deteriorate and they would not be able to get access to an urgent community service.
- Across the BHR system, the ICB had commissioned an Integrated Discharge Hub, which was hosted by NELFT; it also had the local authority discharge functions integrated into the team, so that health and care were working together to support hospital discharge. This was primarily for people who required health or care support following discharge, to ensure that they received an assessment when they were discharged to their home and that they had an ongoing care package in place.
- The system had a very good partnership arrangement around discharge, which was very much strengthened during the Covid-19 pandemic. There was a two-weekly discharge working improvement group, which was chaired by the Director of Adult Social Care at Havering Council, which brought together all partners in BHRUT, NELFT, and Barking, Havering and Redbridge Councils, to look at pathways around discharge and discuss opportunities for improving these. At an operational level, there was a daily discharge call, which involved Health and Care and looked specifically at individual patients and which actions needed to be taken to facilitate their discharge.
- A number of ideas had arisen from the Winter Summit in relation to children and young people, such as through empowering secondary school pupils to take more control of their health, as well as improving immunisation rates for flu, to address respiratory viruses in the youngest cohorts.

In response to questions from Members, the Integrated Care Director (ICD) at NELFT stated that:

- Whilst it was a peak time for NELFT in terms of working through bank and

agency staff requests, there was a range of different staff. Its Workforce Development Plans were also looking at increasing workforce capacity and developing a new workforce, such as through Clinical Associate Psychologist (CAP) roles, to create more substantive posts.
- In terms of staffing shortfalls, NELFT was in a similar position as to other NHS Foundation Trusts nationally.

The Council's Director of Public Health highlighted the importance of supporting both the clinically vulnerable, and those affected by the cost-of-living crisis through the winter, as well as the need for close collaborative working between the NHS, the Voluntary sector and the Council through the place-based arrangements to deliver this support. There had also been a number of changes in general practice and primary care in terms of supporting residents without them needing to go to A&E. Going forward, it would be vital that residents understood the help they could receive for conditions and when to seek support, so that they did not need to present to A&E.

The Council's Acting Chief Executive and Place Partnership Lead (ACEPPL) then presented an update on the approach that was being taken by the Council to support residents through the current cost-of-living crisis. This provided a summary of key engagement with partners and residents, as well as actions being taken to mitigate against difficulties, such as through the establishment of the Barking and Dagenham Cost of Living Alliance and a warm spaces network.

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

- There was lots of support that could be accessed by the Health workforce within the Borough.
- She would request a detailed written response as to the Leeds Credit Union and the APR of 42.6%, which would then be provided to the Committee.
- Residents could access additional information as to the warm spaces network, from the Barking and Dagenham website. The Council would also provide an update as part of its December newsletter, which would be circulated to all residents who had signed up to this via email.
- The Council had very successfully taken part in the Cosy Homes Scheme, which helped eligible residents stay warm, save energy and lower their energy bills through subsidised energy-saving improvements. The ACEPPL would request a more detailed written response as to the number of homes that the Council hoped to be able to insulate moving forward.
- Many positive comments had been received as to the leaflets that had been circulated to residents regarding support that they could receive around the cost-of-living. If any resident had not received this for any reason, they could get in contact with the Council to request a copy.

57. Place-Based Partnership Update

The Council's Director of Public Health (DPH) introduced an update on the place-based partnership governance arrangements, outlining the structure and roles involved as part of this.

The Council's Acting Chief Executive and Place Partnership Lead (ACEPPL), the Clinical Director for Barking and Dagenham, the Director of Integrated Care (DIC)

at NEL ICB and the Integrated Care Director (ICD) at NELFT each outlined their vision for their roles as part of the Place-Based Partnership arrangements, as well as the importance of working collaboratively to address issues across the Borough.

In response to questions from Members, the ACEPPL and the DPH stated that:

- The Health Scrutiny Committee would continue to have a key role in governance and the oversight of decision-making in future. Going forward, it would be important that the Committee's work programme align with some of the decisions that were to be taken across the ICS; as such, there was still some work to be undertaken around the governance of the Committee.
- Going forward, the Committee would no longer solely scrutinise the decisions of Health partners, but of all partners across place, which included all system leaders, such as the NHS, the Voluntary and Community sector, the Council and provider collaboratives. A challenge would be for officers to ensure that all key decisions were able to be brought to the Committee, to ensure that it would be able to deliver its statutory duties around service changes.
- It was very likely that going forward, the terms of reference for the Committee would need to be amended to account for its wider role. It was likely that the attendance for each meeting would also need to be widened, to include additional key partners.
- The Council was embracing governance changes and was working very closely with its partners.
- Partners had worked very collaboratively to address Covid-19 issues within the community and this continued close collaboration would be vital going forward to address health inequalities issues within the Borough. It would be essential to work as 'one system' in the future.

In response to further questions, the ACEPPL and the DIC at NEL ICB stated that:

- Ongoing and open dialogue would be essential to collaborative working.
- In terms of the decision-making process, there would be a "conflict of interest" policy; however, the majority of the work that would be undertaken through the Partnership Board would not require contractual decisions or any decisions that could have any material impact on any of the partners. The focus would be around quality improvement and improving ways of working within allocated resources, rather than considering commissioning decisions.

58. New Moorfields Hospital Eye Hub at Stratford, London

The Chief Operating Officer (COO) and the Divisional Director and Glaucoma Consultant (DDGC) at Moorfields Eye Hospital NHS Foundation Trust delivered a presentation on the proposal to provide additional eye care at a new site in Stratford from Spring 2023, which would bring together in one place a range of eye services for the local community including glaucoma, medical retina and cataracts, a specialist pharmacy, diagnostics, face-to-face and surgical treatments. The existing site at Barking would become a centre offering diagnostic tests for eyes, jointly operated by Moorfields, BHRUT and Barts Health. All face-to-face eye clinics provided at Barking would relocate to the new Stratford facility.

The presentation detailed the case for change, the proposals and feedback from patients. In response to questions, the COO and the DDGC stated that:

- Whilst there was an eligibility criteria, the Trust did provide patient transport, which would continue under the new proposals and those eligible would be able to be transported from their homes to Stratford. Nevertheless, the Trust's aim was to support the majority of patients who currently received their care at Barking, to remain at Barking for their care. It was looking to expand the number of patients that it could see at Barking, where patients wished to be seen there. Whilst there was a small number of patients that would have to go to Stratford for their care, the Trust would assess each patient on an individual basis to look at how it could support them.
- The Trust had a close working relationship with colleagues at BHRUT and Barts; in the future, it may be possible for patients who lived near to one of these sites, to receive their care there.
- The Stratford site would provide better and additional facilities for patients. The Trust was also hoping to offer some low visual aid appointments, so that patients did not need to travel outside of the Borough for these.
- The proposal would enable patients to receive a range of diagnostics within the community, through a separate pathway that meant that they would not need to travel to a hospital site.
- The Trust hoped to operate the Barking Ophthalmology Community Diagnostic Centre (CDC) five days a week, seeing around 21,000 patients per year. This was significantly higher than the 8,000 currently seen at Barking.
- The Stratford site would be based at the former MIND charity offices, which was a four-floor 13,000 square foot building and a four-to-five-minute walk from Stratford train and bus stations.
- Cataracts patients were currently seen at Barking for the initial part of their patient pathway and would then need to travel to St. Ann's for their surgery, outside of the Northeast London area. The proposal would enable a "one-stop" model for cataracts patients, who would be able to receive all of their care and treatment at the Stratford site.
- Medical retina and glaucoma patients would have periods of stability where no intervention was required, with these patients being able to continue to receive care at Barking during this. If they were found to require injections or had queries about changing their treatment, then they would go to the Stratford site to meet the clinicians face-to-face. Once the patients had stabilised, they would be able to return to Barking. As such, the new proposal would have a mixed pathway for patients, based on their need.
- Patients were currently having to travel much further for surgery than proposed under the new model. The Trust had mapped out parking areas for the Stratford site; whilst this was not as straightforward as for Barking, there was parking available due to the proximity of local shopping centres.
- Ophthalmology was generally an outpatient or day patient service. Whilst there were currently six inpatient beds at the City Road site, these were for overnight-stay patients with a co-morbidity.
- The Trust was currently looking at exploring its emergency care model of delivery. It was piloting a model that enabled it to triage patients that had been referred to its A&E, which had been developed at its City Road site. The Trust was looking into how it could roll this model out to the other areas

that it served. Patient feedback had been received as to having emergency support at the Stratford site and the Trust would look into this in future years.

- Diagnostics was divided into lanes, with each service designing the investigations that were required to make a decision about the patient's stability. No clinical decision would be made at this point, with the patient receiving a letter at a later date as to the findings of their diagnostic tests.
- The Glaucoma service ran across various sites; however, all staff had service meetings and received the same service teachings, so that the same standard of care was kept across all of the sites. The Trust worked hard to offer the same standards, with the same imaging devices, diagnostic tests and set-up.
- The Trust had undertaken a lot of work around 'Did Not Attends' (DNAs). This had peaked at 30 percent during the Covid-19 pandemic, with the Trust now striving to reduce this to ten percent. A lot of work was being done to improve the patient portal, in order to digitise reminder letters and guarantee that patients received these. The Trust was also starting to aim for a more predictive model to show which patients were most likely to not attend appointments and to reach out and work in partnership with them. Where there were spikes in DNAs, the Trust was working to understand the reasons for these, such as through socio-economic circumstances.

59. Health Inequalities Funding

The Council's Consultant in Public Health Primary Care and Transitions (CPHPCT) delivered a presentation on the Barking and Dagenham Health Inequalities Programme 2022/23, which provided context as to health inequalities in the Borough in comparison with London and nationally, how the funding was secured for the programme, programme workstreams and the benefits of the programme.

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

- In terms of the debt and health pilot, the Council was identifying adults who were falling into debt, such as those who were failing to pay Council Tax, as well as those whose social care records showed that they had low level mental health problems, as it was aware that debt could exacerbate mental health issues and that mental health issues could make it more challenging to manage debt. This was a pilot that had previously been undertaken, with the Council looking to scale this up, as well as make this more effective through linking it to the NHS. Those identified would be approached and offered the opportunity to access social prescribing, with social prescribers being trained to signpost and support these residents with expert advice on debt and health.
- Currently, no referrals into Talking Therapies or IAPT would be made, as there was no medical diagnosis or clinical assessment as part of the programme. The debt workstream was focusing on reaching those residents who were falling into debt before the issue started to escalate; however, referrals could be a future iteration of the programme.
- The Council was going to look into the data that all partners held, to ensure that all across the system had the same understanding of health inequalities within the Borough. This data could then be used to better support planning

delivery, through the creation of a data indicator set or dashboard that all partners could refer to. The Council was also working closely with its Data Insight Hub to support this work.

The DIC at NEL ICB stated that there was an opportunity to look at how residents could be better signposted to NHS services, and that confirmation had also recently been received that the funding for the debt workstream would become recurrent, which would help with long-term planning. Residents could also self-refer into IAPT services if they had any concerns.

The Clinical Director for Barking and Dagenham also stated that each of the Primary Care Networks (PCNs) had Inequality Clinical Leads; each PCN would likely have different prevalence rates for different conditions and the Leads would be able to identify these and concentrate resources in a tailored way to that area.

In response to further questions, the CPHPCT stated that there was a work stream which aimed to identify interventions for children and young people who were starting to develop low-level mental health issues, to provide them with support within the community to build their resilience. The ICD at NELFT stated that self-referrals could be made into the Barking and Dagenham CAMHS service; there was a phone number and a website and residents were able to make use of these. The Clinical Director for Barking and Dagenham also emphasised the importance of raising awareness amongst young people for them to come forward to their school counsellors if they had any concerns, as well as ensuring that GP practices were young people-friendly. Signposting in libraries and Community Hubs would also be key in promoting services; work was also being undertaken at Riverside to encourage conversations around mental health amongst young people.

In response to a question from a Member, the ICD at NELFT stated that NELFT worked in conjunction with social care colleagues at the Council to support patients who were eligible for Freedom Passes, to make these applications.

Owing to the number of questions around the health inequalities work, the Committee agreed to bring this item back to a future meeting of the Committee, where it could explore this topic in increased detail.

60. Scrutiny Review on the potential of the Voluntary and Community Sector 2022/23

The Chair presented the proposed terms of reference for the Committee's Scrutiny Review on the potential of the Voluntary and Community Sector 2022/23. The Committee agreed the terms of reference and noted that officers would draft a project plan, with a timeline for completion. This project plan would then be circulated to the Committee in advance of the next formal meeting for agreement.

61. 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 link provided on the front sheet of the agenda pack for this meeting.

62. Work Programme

The Committee agreed the Work Programme.