

MINUTES OF HEALTH SCRUTINY COMMITTEE

Wednesday, 7 February 2024
(7:00 - 8:59 pm)

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

Apologies: Cllr Irma Freeborn and Cllr Manzoor Hussain

28. Declaration of Members' Interests

There were no declarations of interest.

29. Minutes (29 November 2023)

The minutes of the meeting held on 29 November 2023 were confirmed as correct.

30. Scrutiny Review into the potential of the Voluntary and Community, Faith and Social Enterprise (VCFSE) Sector

The Director of Community Participation and Prevention (DCPP) presented a report to update on the progress of the in-depth scrutiny review into the potential of the Voluntary and Community, Faith and Social Enterprise (VCFSE) Sector.

The key themes that persisted throughout the scrutiny review focused on reducing health inequalities and recognised the progress of the Council and its partners' work on Place with an active role in shaping strategy and service delivery.

A series of recommendations were provided as part of the review; these included:

- The importance of a continual relationship between the Health and VCFSE Sectors. The power of collaboration beyond the traditional commissioning of service delivery alongside the ability to promote opportunities holistically, was highlighted.
- Developing community and capacity, which required the sector and system as a whole to work together to be successful.
- The usefulness of sharing information between and across the VCFSE Sector. Examples such as training sessions on bid writing to build capacity, raise awareness of changes, place and localities, as well as creating aware of developments could contribute to reducing health inequalities overall.
- The creation of a stronger common culture regarding language between Health and VCFSE Sectors to reduce barriers to entry, and
- Efforts to increase the longevity of funding opportunities as opposed to short-term funding. However, the challenges relating to this during the current financial climate were recognised.

Whilst the outcomes and recommendations arising from the review were supported by the VCFSE and reflected feedback and input, one of the learning points for any future reviews was to ensure a full co-designed approach was taken from the outset to maximise mutual benefit and buy-in.

A series of questions and comments from Members and others at the meeting

arose from consideration of the review report as presented which provided an insight into the recommendations surrounding the collaborative approach to reduce health inequalities as follows:

- Overall, there was a positive reflection and willingness from the Health Sector to engage with the Council and the VCFSE sector to improve health standards in Barking and Dagenham. By emphasising the importance of minimising silo working to broaden the understanding of the VCFSE, targeted outcomes would be enabled with a variety of perspectives.
- The Committee highlighted from the recommendations the need for further data as a means of transparency in service delivery, in both qualitative and quantitative measures. This would strengthen collaboration which was desired by residents in the Borough.
- On a question on the possibility of delivering the listed recommendations, the locality model was mentioned as a measure which would facilitate such changes. Working alongside partners would enable the identification of commonalities and effective strategies, within localities and cross-localities when creating models to improve patient health and wellbeing. The DCPD pointed out that the Council system was one that also supported collaboration, sustainability, and flexibility.
- Further, the Chair identified that patients tended to access healthcare services in extreme circumstances. A locality model would help the decline of such trends as better access to healthcare services would improve outcomes for local residents. In that respect understanding the success of recent GP pop-ups compared to the delivery of traditional GPs was important to make health services accessible for everyone.
- Organisations such as Together First and LifeLine agreed that co-production and collaboration contributed to the success of reducing health inequalities, and such measures should be replicated and expanded accordingly.

Elsbeth Paisely the Community Resources Health Lead on the Review explained that the Sector were keen to work collaboratively with the Council and its Health Partners, recognising that each sector had its own skills set to bring to the table to help make the review a success. She made the point that both the other partners should take the time to see the value the VCFSE could bring to the partnership.

The Cabinet Member for Adult services whilst supporting the recommendations recognised the challenge to deliver things in a different way. She referenced the emerging localities model, which was key to any success, emphasising that all partners needed to work together at pace to make the necessary changes albeit each did things differently. The DCPD concurred with this view adding that the Council and its Health partners needed to recognise the VCFSE in whatever we deliver and that the review recommendations had been developed with sufficient flexibility in mind to deliver those positive outcomes.

Accordingly, we have:

- (i) Agreed the final report and recommendations,

- (ii) In line with the agreed procedure for scrutiny reviews requested the DCPP to develop a formal action plan describing how the recommendations will be implemented, and
- (iii) Provide the Committee an update report in six months on progress against the report recommendations.

31. NELFT CQC inspection - progress update

The Associate Director (AD) of Nursing & Quality (Barking & Dagenham) NELFT NHS Foundation Trust and the Integrated Care Director (ICD) (Barking and Dagenham), North East London NHS Foundation Trust (NELFT) provided an update on the NELFT Care Quality Commission (CQC) Inspection since the last presentation and outlined the progress against the improvement plan since the 2022 Inspection.

In response Members raised a number of issues and questions, the responses of which were summarised as follows:

- Regarding the Patient Safety Incident Response Framework (PSIRF), the AD and ICD explained that all staff had completed training on compliance with the Framework, and data could be provided to the Committee on this. NELFT had adopted a new PSIRF ahead of the implementation deadline in June 2023, and changed its incident report system from Datex to InPhase to enable more dynamic progress with PSIRF compliance.
- Previously only serious incident investigations took place, whereas the new Framework allowed for a range of incidents and investigations to be available to report. Incidents of a serious nature were required to be reported within 72 hours, which would later go through an appropriate means of investigation.
- A positive culture of reporting was highlighted, with the Trust being in the top 10% of reporting organisations. Data on Patient Safety Incident Investigations (PSIIs) was also requested.
- Quality Improvement (QI) projects on Children's Services focused on addressing complaints and waiting times; significant improvements were presented with autism spectrum disorder (ASD) waiting lists in Kent. ASD diagnostic waiting times had been reduced from 36 months to 17-22 weeks, and complaints averaged from three to zero with 85% of responses being positive feedback overall. The AD reassured Members that a local resolution strategy was available with managers and senior managers who were present to handle complaints.
- In relation to staff retention the AD outlined interventions such as overseas recruitment opportunities, targeted strategies for hard to fill posts; improved local efforts and the promotion of substantive Band 5/6 development posts; and gaining a sustainable workforce for district nurses, which has shown positive growth of 120 staff.

- Details of the waiting times for ADHD diagnostics were also requested. In this respect the impact on diagnostics following the pandemic highlighted the huge influx of neurodiverse patients which imposed a strain on the limited capacity of the service. The ICD pointed out that there were approximately 300 patients on the waiting list at this current time.
- The available care and facilities for young people in mental health wards was outlined, where patients could engage in different activities or clubs, employment opportunities in cafeterias, garden groups and outdoor gyms, in Sunflower Court for example. Access to technology or mobile phones were also risk assessed on a patient-specific basis. The importance of patients' physical health and wellbeing was recognised. To improve patients' overall health, physical health checks were available with GPs, alongside point of care testing where ECGs were performed to identify possible cardiovascular conditions which mental health patients could be prone to.

The Committee noted the report.

32. CQC Report on Together First

The Chief Operating Officer (COO) Together First CIC, Barking & Dagenham GP Federation and a General Practitioner of The White House Surgery presented a Care Quality Commission (CQC) Report on Together First to the Committee. This described the CQC judgement of the quality of care of services provided at Barking Hospital. It was based on a combination of what was found when the inspection took place between 7 to 19 December 2023 with follow up interviews during January 2024, information from the ongoing monitoring of data about services and information gathered from the provider, patients, the public and other organisations. The overall rating which was classed as good was based on an assessment of services for safety (including safeguarding systems), effectiveness, caring, leadership and responsive to people's needs, the latter being specifically rated as outstanding. This represented an upgrading on the previous inspection conducted in 2018 when the service was rated as good across all inspection service areas.

The inspection identified five areas as listed which required improvement to which the COO informed the Committee that four had now been achieved. The one area still to be resolved and which would take time, concerned a review of policies and procedures to check that they fully reflect the services practices. The COO was confident this work would be completed by May 2024.

The Committee placed on record its congratulations to the staff and management for achieving an overall rating of good and commended the positive comments about the services provided at the Hospital. Responding to the findings of the Inspection, which was presented at the meeting and set out as Appendix 1 to the covering report, a number of questions and comments were raised, focussing particularly on the pathways and progress of improvements as follows:

- Members were interested in how Together First would share their positive experiences and good practice to support others within the sector. The COO stated that they regularly share details with others with relevant data

sets across the health care sector especially with the GP surgeries in the Borough. This was particularly evident during the period of the pandemic.

- Given the impressive staff retention staff rates at Together First CIC what advice would they give to other health organisations who might want to follow their approach. The COO emphasised the importance of creating the right culture and working environment, involving the staff directly, valuing the individual's contributions for continuous improvement and better performance. Providing staff with support and the freedom to innovate allows them to be the best they can. Alongside this doing insights training has helped to identify the gaps in service and go out to recruit the right skill sets in the workplace which runs alongside getting a healthy work/life balance.

In a follow up question, the COO described how they sought to achieve the right organisational culture by setting exceptionally high standards for the core team which staff are expected to meet. In return people are allowed to work within the boundaries, largely remotely. Also, the organisation places high store on recruiting local people who have a vested interest in doing the best for the local community.

- The value of partnership working was highlighted through the achievements of the GP Federation and having a dialogue. It was recognised that whilst there had been an Integrated Care Board (ICB) reform in the Health Service, Federations generally had not been well-considered. Therefore, further improvement was required to minimise the confusion regarding the role of Federations and Primary Care Networks (PCNs) generally, notwithstanding that locally it works for us. The structural inequality and the need to address matters was recognised by the COO who stated that it had been exacerbated during the period of austerity.
- The distinction between inner and outer London pay was discussed. Whilst this did have an impact on recruitment and retention in Together First, the COO emphasised that for clinicians it was not all about money and that working in a safe environment where they feel respected alongside effective management structures was equally important.

It was reported that the ICB had acknowledged the pay differentials in its new workforce strategy and was committed to abolishing it by levelling up. Obviously, this will depend on finding more money and as a consequence it had been escalated to London Regional level who in turn were applying pressure to the Department of Health to resolve the matter. Whilst this would be welcomed for the record it was noted that in reality Essex paid higher rates and therefore represented greater competition than inner London for GP retention rates for North East London.

The Chair concluded the discussions with a comment about sharing the best practice with other GP practices in the Borough whose CQC reports have not been as positive as that presented this evening. The COO responded that Together First CIC maintained positive relationships with CQC NHS Commissioners, and this was exemplified by the fact that following a local practice going into special measures last year they were brought in as a sub contractor to help the practice successfully get up to standard.

The Committee noted the report.

33. Joint Health Overview and Scrutiny Committee

It was noted that the agenda reports pack and 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 for this meeting.

34. Work Programme

The Work Programme was noted.