# MINUTES OF INFORMAL
# HEALTH SCRUTINY COMMITTEE

Wednesday, 30 June 2021
(7:00 - 9:15 pm)

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

**Also Present:** Cllr Maureen Worby

## 1. Declaration of Members' Interests

Cllr Chris Rice declared a non-pecuniary interest in item 4 of the agenda, in that he was a member of the North East London Foundation Trust's Governing Board, representing the Council.

## 2. Minutes- 10 February 2021

The minutes of the meeting on 10 February 2021 were noted.

## 3. Impact of COVID-19 and Mental Health in Barking and Dagenham

The Integrated Care Director (ICD) for North East London Foundation Trust (NELFT) delivered a presentation on the impact of Covid-19 and mental health in Barking and Dagenham (BD). This provided a brief overview as to the current range of community and inpatient/acute-based mental health services provided by NELFT, followed by a more detailed narrative as to service delivery during the Covid-19 pandemic, which had resulted in new and more innovative means of working, such as the introduction of a hybrid virtual/face-to-face community delivery model.

A range of data highlighted service use across the pandemic, generally reflecting a large drop in referrals during the first wave, followed by a surge in referrals after lockdown periods, which was now equal to, or more than pre-lockdown. A surge in referrals had resulted in pressures and waiting time increases in some services, with increasingly acute presentations of mental health and a heightened use of crisis-type services also observed. The ICD also outlined the plans for the Adult Community Mental Health Transformation programme, with strong clinical oversight and neighbourhood teams at a primary care network area, to absorb the range of previously mentioned community services without the referral eligibility criteria and handoff points currently seen in the NHS.

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

- The two larger spikes in BD Child and Adolescent Mental Health Services (CAMHS) referrals related to work that NELFT had undertaken in schools, with a focus on early identification and support. Whilst Covid-19 had impacted on NELFT's ability to deliver this work in a continued way, due to school shutdown and virtual delivery, it had moved to some virtual group activity. NELFT had also worked with commissioning colleagues in NHS England and would be setting up two further Mental Health support teams,

bringing in additional 16 whole time equivalent staffing into LBBD, to continue the work that NELFT had undertaken with schools.

- The national Children's Commissioner's report described the BD CAMHS in a very positive way. Whilst NELFT had already spent a number of years trying to reverse the image that CAMHS was difficult to access (with the school outreach and early intervention programme being a critical part of this journey) the Mental Health support teams and additional capacity would assist in driving this further. NELFT had worked to the national best practice Thrive model in developing this programme, looking at the fluid needs of young people, and virtual means of delivering Cognitive Behavioural Therapy (CBT) programmes and family interventions. Emerging evidence was indicating that this was also effective in reducing drop-out rates.
- There had been significant investment into Eating Disorder (ED) services, as well as into services for those with Autism Spectrum Disorder (ASD). NELFT had been successful in a bid to develop a specific ASD service that would assist with faster diagnosis and post-diagnosis support. Early intervention in this time period was crucial in supporting families and young people, ensuring that young people were less likely to enter adult mental health services.
- CAMHS 'Hot Clinics' had been set up in BD to ensure that the most vulnerable young people, such as care leavers, looked after children (LAC) and those on the cusp of involvement with the Youth Offending Service (YOS) received treatment. It also ensured that social workers had direct access to CAMHS clinicians, to discuss cases, receive support and provide early intervention.
- NELFT had had to increase triage staffing capacity to deal with the surge in referrals. Self-referral had also been introduced a few years ago, which had increased the number of referrals coming through. Urgent referrals were currently all seen within five days and NELFT had an 80% rate of seeing routine referrals within 3 weeks. Increased waits were being seen for more specialist pathways; however, increased funding and programmes were being designed to accommodate this, such as through the proposed ASD service.
- Whilst NELFT was working to improve waiting times, there was a significant workforce gap. It was currently delivering a number of recruit-to-train one/two-year programmes; however, these were only currently part way through.
- NELFT would continue to work with the Council, to level up the funding that BD received from NEL in comparison to other boroughs in NEL's remit.
- The national Talking Therapies (TT) target from point of referral to point of access to treatment was six weeks, and NELFT could generally offer individuals their triage assessment and some brief interventions within this timeframe. NELFT also met the expectation around positive outcomes as a result of accessing its treatment programme; however, it was not quite reaching its target in relation to the percentage of the population who were accessing TT services, which it would help to improve through its mental health transformation programme. NELFT were also working with the Council's Community Solutions team, to look into co-delivering TT services through its Community Hubs and bring services closer to residents.
- Increasing numbers of residents were accessing the TT service, which worked in a stepped approach. NELFT used an online Cognitive Behavioural Therapy programme that individuals could work through

initially, moving on to either 1:1 psychological support with a trained therapist, or group interventions as appropriate.

- If a resident did not have telephone or video access, or this method did not work for them, they would be offered face-to-face services; however, this could result in longer waiting times. NELFT had also acted on learning that it had gained during the first Covid-19 wave and its complete move to virtual appointments, whereby some known patients began to present in a more unwell state. As such, it had reinstated face-to-face appointments for those presenting with more high-need issues, and continued to provide a more virtual offer for clients who had low risk assessments.
- NELFT had a joint specialist Community Learning Disability (LD) team with the Council, with specialist psychologists skilled in working with those with LD and ASD, where they were known to that team.
- The NEL ICS had received some national funding to establish a free emotional wellbeing and support service, called 'Keeping Well NEL'. This was focused on all NHS staff, and all staff who worked in care settings, including staff in residential care, nursing homes, acute hospitals, GP practices and social workers employed through Local Authorities. The service went live in December 2020 and had a target audience of around 90,000 staff members. Individual trusts were also investing in health and wellbeing programmes, looking at the physical and mental wellbeing of their staff.
- The commissioning of advocacy services was the responsibility of the local authority; however, advocacy around detained patients fell under the jurisdiction of mental health trusts and was in place for those detained under the Mental Health Act. There was also a comprehensive programme of hospital managers who reviewed all detentions in alignment with this Act.
- NELFT was working with both Health and Safety Executive and NHS national guidance around hospital visits for relatives. Under current guidance, this was bookable and undertaken on the basis of a single consistent visitor. The Chief Nurse for BHRUT echoed these comments in following national guidance, enabling carers to visit family members. Visiting hours were fairly open and the one-visitor rule could also be flexed for those receiving end-of-life care.

**4. Update regarding the proposed closer collaboration between BHRUT and Barts Health**

The Director of Strategy and Partnerships (DSP) for Barking and Dagenham, Havering and Redbridge University Hospitals Trust (BHRUT) presented an update regarding the proposed closer collaboration between BHRUT and Barts Health. Following increased collaboration between NHS organisations and partners across NEL in response to Covid-19, as well as the lessons learnt from the pandemic and recent legislative changes, an appreciate inquiry (AI) process had begun to inform discussions as to how to maximise future collaborative benefits between BHRUT and Barts Health. The AI process was intended to gather the views of organisational staff, local partners, and patients who received care from BHRUT and Barts Health.

Whilst both trusts would remain independent statutory bodies, it was proposed that a Chair in Common would lead both boards going forward, including any decision in the longer term about an Accountable Officer. A process was also underway to

recruit a substantive Chief Executive Officer for the organisation, and this individual would be the Accountable Officer for BHRUT. The AI process would result in a clear statement of intent and an understanding of the priorities going forward, with a vision of the means needed to achieve these.

The Cabinet Member for Social Care and Health Integration (CM) stated that at this point in time, the Council did not support the proposals. Whilst a diagnostic clinic was proposed to be established at Mile End, it was not felt that this would benefit local residents in Barking and Dagenham, due to the distance of the service. It was also not felt that placing emerging and/or stretched services at Barts and the London would benefit residents, who required services closer to home. This was echoed by the Committee, who were concerned that local services could be moved to bigger NEL hospitals in future, under the guise of staffing concerns.

The DSP encouraged the Council to use the AI process to continue to express its views in relation to this, adding that there was no intention other than to build services locally. Her team had also worked with colleagues in NEL in relation to creating additional diagnostic capacity through a five-year Community Diagnostic Hub programme, which would establish services in local communities. Through this, there would be plans to deploy MRI, CT, Ultrasound, Phlebotomy and Ophthalmology services from Barking Community Hospital from August 2021. The CM and DSP agreed to discuss further proposals outside of this meeting.

In response to further questions from Members, the DSP stated that:

- Whilst there was good nursing recruitment, there were challenges in relation to recruiting medical staff. Closer collaboration could provide staff with the opportunity to work around a number of different organisations, increasing their job satisfaction. The Chief Nurse for BHRUT noted that the recruitment rate for nursing staff was much better in BHRUT than for Barts and the London, with a high emphasis on ‘growing their own’ through training and apprenticeship programmes, and through international recruitment.
- The aim of establishing community diagnostic services was to prevent residents from having to travel further for access. Whilst realistically, residents would have to travel further if they required highly specialist services (and BHRUT did provide some of these), it mostly provided local services to the local population and would continue to do so.
- The aim of the collaboration was to provide services to the local population whilst gaining the benefits of collaborative working, whether corporately or clinically. This was equally about what BHRUT could offer, such as its strengths in Elective surgery, as well as what it could learn from Barts, and the envisaged joint benefits such as a shared workforce.
- BHRUT was asking internal patient partners to be part of the enquiry process, and welcomed suggestions as to how best engage with local residents.
- There were many examples of similar umbrella arrangements both nationally and across London, with increased collaboration becoming more common.

The Chair stated that he wished to raise the proposed closer collaboration as an item at a future meeting of the Outer North East London Joint Health Overview and

Scrutiny Committee (ONEL JHOSC).

## 5. Nominations for the Outer North East London Joint Health Overview and Scrutiny Committee

The Chair presented a report asking the Committee to nominate three Members for the Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JHOSC) for the 2021/22 municipal year.

The Committee agreed to nominate Cllrs Robinson, Lumsden and Oluwole to be appointed to the JHOSC for the 2021/22 municipal year. As this was an informal meeting, the Committee would need to confirm these appointments at its next formal meeting.

## 6. Work Programme

The Chair presented the draft work programme for 2021/22, following previous discussions with the Cabinet Member for Social Care and Health Integration, the Director of Public Health and the Director of Strategy and Participation as to the Health Scrutiny Committee's priorities for the year. It was suggested that the Committee also look into smoking statistics and services within the Borough and the Chair asked officers to look into which future meeting this would be most appropriate for, in light of funding issues in relation to the service.

Members of the Committee agreed the Work Programme for the 2021/22 municipal year.