MINUTES OF A MEETING OF THE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Virtual meeting
15 December 2020 (5.00 - 6.45 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Paul Robinson (Chair) and Donna Lumsden
London Borough of Havering	Nic Dodin, Nisha Patel and Ciaran White
London Borough of Redbridge	Beverley Brewer and Neil Zammett
London Borough of Waltham Forest	Richard Sweden
Essex County Council	Chris Pond
Epping Forest District Council (observer)	Alan Lion
Co-opted Members	Ian Buckmaster (Healthwatch Havering) and Richard Vann (Healthwatch Barking & Dagenham)

Officers present:

Jane Milligan, North East London Commissioning Alliance (NELCA)
Henry Black NELCA
Ceri Jacob, NELCA
Melissa Hoskins, NELCA
Don Neame, Clinical Commissioning Groups (CCGs)
Dr Magda Smith, Barking Havering and Redbridge University Hospitals' NHS Trust (BHRUT)
Hazel Melnick, BHRUT
John Mealey, BHRUT
Cathy Turland, Healthwatch Redbridge
Taiwo Adeoye, Democratic Services Officer, London Borough of Havering

Two members of the public were also present.

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

Apologies were received from Councillor Umar Alli, Waltham Forest, Councillor Richard Sweden substituting.

Apologies were also received from Councillor Peter Chand, Barking & Dagenham.

46 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

47 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 16 September were agreed as a correct record and would be signed by the Chairman at a later date.

48 NHS INVESTMENT PLANS

East London Health & Care Partnership officers provided the Joint Committee with an overview and context around how bed numbers needed to be viewed. The presentation also detailed the plans in place for some of the developments that the partnership have going forward in terms of investment and infrastructure.

The difficulties in providing an accurate number of beds was particularly because the hospital sites across the North East London area were different in nature. It was stated that many sites have a lot of beds that were used for either London wide or even national specialty centres.

The partnership officers outlined a commitment to continue to invest in services and estate across North East London. It was stated that each hospital in North East London was different and cannot be fairly compared since each site does not have the same estate, clinical or workforce capacity.

The number of beds in use at any hospital changed daily depending on the numbers of patients, the type of care required and safe staffing needs. It was also stated that some hospitals provided very specialist care such as St Bartholomew's Hospital whilst other hospitals have been designated for people across London with a heart attack or stroke. Furthermore, some hospital beds were used as part of national networks by patients outside North East and Greater London.

The Royal London Hospital was identified as a major acute and specialist hospital that offers a range of local and specialist services to patients from across all areas of North East London and beyond. The hospital is noted as

one of the capital's leading trauma and emergency care facilities as well as a hyper-acute stroke centre.

The report detailed some key developments and progress that included successful funding bids for major projects at St George's Hospital, Hornchurch, Whipps Cross Hospital and Sutherland Road Health Centre in Waltham Forest. The plans also included a £24million investment to expand critical care at the Royal London. All North East London Hospital Trusts had received £13.2 million funding to spend across sites in preparation for winter. An additional £15 million was specifically targeted for King George hospital over the next two years.

The presentation pointed out the fact that the response to COVID-19 changed the way that the partnership undertakes its work and that it was now planning in a more coordinated way. The partnership had been able to step up its COVID-19 response which included infection prevention, control and additional capacity being provided across the system.

It was explained that the future arrangements reinforced the point about how specific developments in particular sites were not exclusive to the locations that they were in but were part of the wider system resilience.

The presentation outlined various tables of funding and investment over a four year period. The Committee was informed that the funding indicated two key messages; firstly the substantial cash increase which although had corrected what was an historical imbalance was by no means sufficient to overturn a long legacy of underinvestment. Members noted that the funding would not fix things overnight but going forward, it would create better opportunity to resolve these issues.

Secondly, it was stated that although the table showed a substantial cash increase, it was important to note that the cash increase only took the BHR CCGs up to the funding level that they should have been receivining originally.

In response to a Member enquiry on consulting and engaging with areas in South West Essex for new facilities or new services, Partnership officers confirmed that colleagues from the South West Essex area would be fully engaged in any such planning. It was further explained that in terms of planning capital investments and facilities, the service would need to take into account the catchment area covering the whole of the geography that those sites would serve.

A member sought clarification on the core concerns about the concentration of facilities in central London enquiring if this would result in better standards of care for local residents. It was suggested that the committee should undertake further scrutiny work on this area in 2021.

Members sought further assurance that as the NELCA Accountable Officer was leaving, that there would still be sufficient system leadership capacity in 2021. In response the committee was informed that the current Chief Finance Officer's deputy would be stepping into the vacant position in an acting capacity to maintain a level of consistency.

It was agreed that the Joint Committee would keep close scrutiny on the new ways of working and how the partnership moved towards one larger CCG for North East London.

49 EAST LONDON HEALTH AND CARE PARTNERSHIP UPDATE

The Joint Committee received an update on the work of the East London Health and Care Partnership including plans for a single Clinical Commissioning Group (CCG) for North East London.

Officers explained that the movement towards a single CCG from a commissioning perspective was about partnership organisation and co-ordinated working. In October 2020, GP members had agreed to the new formation across the seven CCGs. The new single CCG had been designated as a North East London integrated care system and would be one of eleven nationally organised CCGs in place from 1 December 2020.

A recent NHS England publication on the future direction of travel for integrated care systems had reported the options available for statutory changes from April 2022, which was in line with developments across North East London.

It was noted that Barking, Havering and Redbridge (BHR) was part of the national CCG ratings and had moved from a 'requiring improvement' rating to 'good' . This was a positive position to be going forward to the next phase of integration.

It was explained that the partnership was under pressure within the system as a result of COVID prevalence with North East London being significantly impacted by the second wave, with significant numbers of patients requiring ventilation within critical care.

It was noted that test numbers had risen amongst the younger population and the over 60s but, dependent on the implementation of tier three and the Christmas period, this may change and therefore it would be necessary to ensure a collaborative approach in the safe delivery of services to patients and the protection of staff.

The primary care flu vaccination program had been rolled out, with 80% of all care home residents having received the vaccination and 28% of care home staff. Officers were working with local authority colleagues and care home forums to encourage staff to come forward. The Partnership had carried out mapping of pharmacies and identified the pharmacists which were most local to the care homes where staff could go and be vaccinated.

It was explained that there needed to be clarity of COVID vaccination versus flu vaccination messages to the public. Members noted that there was a high refusal rate amongst care home staff to come forward for the flu vaccine and the Partnership was working with local authorities to encourage vaccinations.

Webinars were being held to provide care home staff the opportunity to discuss the COVID-19 vaccine and any concerns that they might have. It

was noted that there was more to be done to counteract some of the discouraging media messages.

The Covid-19 vaccination had been rolled out to GP hubs and Queens Hospital and the partnership had extended invites to care home workers and high-risk shielding staff and officers were working with CCG leaders to ensure that the partnership maximized the use of the vaccine in all the primary care hubs.

In response to questioning, it was noted that the vaccination programme at Queens Hospital was on target for vaccinating the over 70s and plans were in place to utilise vaccines where appointments were missed. Individuals were encouraged to have the vaccination to assist in the reduction of pressures in hospitals.

Responses to staff mental health continued with innovative work provided to support the health and wellbeing of those working in emergency care departments, directly impacted by COVID-19.

Acute hospitals and community services continued to operate to assist with the pressures elsewhere and reduce the risk of COVID jumping localities. The importance of supporting long COVID-19 was highlighted. The use of multidisciplinary teams was a key part of supporting those with complex needs and the elderly at home, with the use of pulse oximeters and remote monitoring of COVID symptomatic patients in their home.

In terms of Local Authority involvement, officers agreed that this involvement was integral to the work of the partnership (BHR) and also to the Integrated Care System in North East London.

There was a focus on bringing together the primary care clinical directors, the Acute Trusts and Local Authority services to consider how the delivery of needs could be met on a daily basis. The borough Partnership Boards provided a collective voice and were an important part of the integrated care system, with its decision-making at the level of patients and residents, and would be a focus for the transformation programmes providing commonality across BHR. The introduction of the BHR Academy was intended to support workforce recruitment across the system.

In response to questioning, it was noted that the Trust's position was unchanged on the Paediatric A & E Unit at King George Hospital. The unit continued to remain closed overnight on health and safety grounds. The Trust was working on paediatric recruitment, a key driver impacted by the COVID-19 pandemic, and was committed to reviewing the closure by April 2021.

Members took the opportunity to express their appreciation of the work carried out by the NHS during the pandemic and the stress that staff have endured.

Data on the number of Essex COVID-19 patients being treated in a North East London hospital was sought and this would be provided at the next meeting.

Clarification was sought on the continuation of elective services such as cancer care, and on flu vaccinations. It was explained that there was a strategic command approach at Level 4, which was focused on the balance

of demand and capacity and the delivery of cancer and cardiac care through the hubs, whilst ensuring infection control. The Committee would be kept updated on the delivery of the COVID-19 and flu vaccination programmes and the delivery and level of critical care support.

It was stated that the partnership would be attempting to balance and maintain elective services, delivery of critical care and meeting the challenging delivery of the flu and COVID-19 vaccination programme. The Committee would be kept updated on progress.

It was explained that the uptake for the flu vaccine by the over 65s was impressive across North East London at about 69%. The uptake for the under 65s and 50 to 60 age groups were lower however. The Partnership was trying to establish a way of using text messages to contact people to have their vaccinations.

The Committee commended officers on their work and noted the position.

50 QUESTIONS FROM MEMBERS OF THE PUBLIC

The committee noted the two questions from members of the public that both related to aspects of the Whipps Cross Hospital redevelopment.

It was agreed that the issues raised be put as a priority item for the next meeting and for Barts Health NHS Trust officers to attend. This would allow members to scrutinise fully the redevelopment plans and the future of the Margaret Centre palliative care unit.

Chairman