

MINUTES OF A MEETING OF THE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

16 March 2021 (5.00 - 6.27 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Peter Chand, Donna Lumsden and Paul Robinson
London Borough of Havering	Nic Dodin, Nisha Patel (Chairman) 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 Councillor	Alan Lion
Co-opted Members	Ian Buckmaster (Healthwatch Havering) and Richard Vann (Healthwatch Barking & Dagenham)

Also present:

Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (CCG)
 Henry Black, Chief Finance Officer, North East London CCGs
 Tony Chambers, Chief Executive, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)
 Marie Gabriel, Independent Chair, NEL Integrated Care System
 Ceri Jacob, Managing Director, BHR CCGs
 Dr Anil Mehta, Chair, Redbridge CCG
 Dr Magda Smith, Chief Medical Officer, BHRUT
 Cathy Turland, Healthwatch Redbridge
 Jacqui van Rossum, Executive Director – North East London NHS Foundation Trust (NELFT)

All decisions were taken with no votes against.

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

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

52 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

53 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 15 December 2020 were agreed as a correct record.

54 COVID-19 UPDATE

The Accountable Officer for North East London CCGs advised that 524k vaccines had been administered in North East London of which 491k were first doses. 91% of care home residents had been vaccinated as well as 85% of over 80s. It was emphasised that GP practices were also providing care as usual, in addition to the provision of vaccines. New vaccine sites were also being introduced such as the Liberty in Romford. Pop up vaccine clinics had also been set up in locations such as the Gardens of Peace Muslim Cemetery in Hainault and the Balfour Road Mosque in Ilford.

The Broadway Theatre vaccination centre in Barking had been visited by Keir Starmer MP – Leader of the Labour Party as well as the local MP – Margaret Hodge. There was also a vaccine clinic in Barking & Dagenham targeted at people with learning disabilities as well as information videos available in multiple languages. Communications were being focussed on those who were hesitant or not engaged in the vaccine process.

It was confirmed that NELFT did not stop the provision of any services during the peak of the pandemic. There were currently 34 Covid in-patients at BHRUT which compared to a peak in early January of more than 530, 80 of whom were in critical care or on ventilators. All but the most urgent elective procedures had been suspended by the Trust from mid-December but these had now restarted.

It was accepted that the BHRUT recovery plan was very challenging but most diagnostic services had also now restarted. Some 350 nurses at the Trust had been redeployed to Covid ITU but critical care bed numbers were now able to be reduced.

GPs were continuing to offer other immunisations and certain tests but it was accepted that phone lines to GPs were very busy. Patients could be seen face to face, based on clinical need. It was though envisaged that remote or digital access to GPs would also stay beyond the pandemic. There had been a rise in mental health issues being presented to GPs, across all groups. GPs were also seeing an increasing number of cases of Long Covid which could exhibit a lot of different symptoms and the exacerbation of underlying conditions. It was hoped to work with social care to increase the level of care for people with Long Covid.

It was confirmed that more than 70% of NELFT staff had received the vaccine. Other NELFT services were continuing with for example a 24 hour mental health crisis line having been established since the first peak of the pandemic. 0-19 services were operating at 75% capacity and NELFT was working towards 100% of services reopening.

The Trust was increasing use of digital platforms. It was hoped this would assist engagement with young people as 50% of young people presenting with mental health issues in A & E were not known to services.

It was not presently compulsory for BHRUT staff to have the Covid vaccine although this was under review with NHS Employers. The vaccine was also not compulsory at NELFT but individual conversations were taking place with staff who were reluctant to have the vaccine.

A Member thanked NHS officers for producing a high take-up of the vaccine in the Essex area. There had also been a high take-up in the Essex/London border area, which officers felt was possibly due to the ethnicity in this area. It was confirmed that the vaccination programme used a national IT system and records would therefore be updated for a person's own GP.

Officers felt that the Astra Zeneca vaccine was the most suitable for housebound people. Many housebound people had in fact been brought by relatives to vaccination centres. NELFT had now increased its bed base and was no longer sending mental health in-patients to other areas.

More evidence was required about any risk of blood clots from the Astra Zeneca vaccine. Officers confirmed that the vaccine was safe to use and more communications would be released around this.

Psychiatric support was available to support BHRUT staff who were also encouraged to get rest and take their annual leave. A system-wide wellbeing hub was also available though it was recognised the Trust needed to work further on staff recognition. Members were pleased that the paediatric A & E department at King George Hospital had now reopened overnight. More detail was requested on how specific ethnic groups were being encouraged to take up the vaccine.

A Healthwatch representative raised concerns over digital exclusion with reports of waits of up to 3 hours on some GP phone lines. Many GPs were also no longer taking on-line bookings for appointments. Officers confirmed that work was under way to improve the digital support to GPs and could send further information on this.

The Committee congratulated NHS officers on the successful operation of the vaccination programme and noted the position.

55 INTEGRATED CARE SYSTEM

The Committee was advised that the recent health White Paper encouraged a wider partnership approach to address health inequalities. There was an emphasis on borough-level working with local government.

A single CCG for North East London had been agreed in November 2020 and would commence in April 2021. This was seen as a good platform to establish an Integrated Care System which was expected to commence operation in April 2022. Whilst there would be a single management structure, work could still be undertaken at borough level and links would be kept with Local Authorities. Members felt it was essential that social care and local government were involved in the decision making process for the Integrated Care System.

It was noted that the White Paper removed the power of health scrutiny to refer matters to the Secretary of State. It was suggested that it would be useful for a presentation on the Health White Paper to be given to a future meeting of the Joint Committee.

56 WHIPPS CROSS HOSPITAL DEVELOPMENT

Members felt it was unrealistic that the Whipps Cross site could operate with 50 fewer beds than currently. It was suggested that the JHOSC formally withheld its support for the redevelopment until assurances were received on bed numbers. Other Members also raised concerns that a downsized hospital would not be able to cope with service pressures and that more detail was needed on the proposals. It was also felt that the enabling development on the hospital site would lead to lower air quality unless no vehicles were allowed as parts of Epping Forest were within 100 yards of the site.

A Member welcomed the decision to review end of life care at the hospital. It was suggested that a presentation on the role of the Margaret Centre for end of life care being given as part of a future presentation to the Committee on the Whipps Cross proposals, if possible with an end of life care consultant being present.

57 COMMITTEE'S WORK PROGRAMME

Members suggested further details be given on the impact of the pandemic on areas such as waiting lists and rates of non-attendance for appointments. The role and purpose of the Medefor healthcare company in local health services was also suggested as an item for the Committee's work programme.

58 DATES OF FUTURE MEETINGS

It was agreed that future meetings of the Joint Committee would be held on the following dates:

Tuesday 8 June 2021
Tuesday 14 September 2021
Tuesday 14 December 2021
Tuesday 8 March 2022

Meetings would commence at 5 pm.

Chairman