

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

15 June 2021 (5.00 - 7.05 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham

London Borough of Havering

Nic Dodin, Nisha Patel and Ciaran White

London Borough of Redbridge

Bert Jones and Neil Zammatt (Chairman)

London Borough of Waltham Forest

Richard Sweden

Epping Forest District Councillor

Alan Lion (observer Member)

Co-opted Members

Ian Buckmaster (Healthwatch Havering)

Also present:

**Item 5: North East London Recovery and
Transformation**

- Henry Black, Acting Accountable Officer, NHS North East London CCG and ICS SRO, NHS North East London Health & Care Partnership
- Marie Gabriel, Independent Chair, NHS North East London Health & Care Partnership
- Ceri Jacob, Managing Director, Managing Director – BHR ICP, NHS North East London CCG
- Dr Jagan John, Chair, NHS North East London CCG
- Steve Rubery, Director of Planning and Performance, BHR ICP, NHS North East London CCG
- Tony Chambers, Chief Executive, BHRUT
- Dr Magda Smith, Chief Medical Officer, BHRUT

- Hannah Coffey, Director of Strategy and Partnerships, BHRUT

Item 6: Whipps Cross Hospital Redevelopment

- **Barts Health**
Alastair Finney, Redevelopment Director
Tristan Kerr, Divisional Director, Emergency Care and Medicine, Whipps Cross Hospital
Heather Noble, Medical Director, Whipps Cross Hospital

Item 7: Digital Transformation of Health Services

- Martin Wallis, Digital Programme Manager, NEL CCG and NEL HCP
- Dr Osman Bhatti, GP and Chief Clinical Information Officer, NEL CCG

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

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

Apologies were received from Councillors Umar Alli, Waltham Forest (Councillor Richard Sweden substituting) Beverley Brewer, Redbridge Peter Chand, Barking & Dagenham, Donna Lumsden, Barking & Dagenham and Chris Pond, Essex. Apologies were also received from Richard Vann, Healthwatch Barking & Dagenham.

Note: Councillors Brewer and Lumsden and Richard Vann were present via videoconference.

2 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 16 March 2021 were agreed as a correct record and would be signed at a later date.

3 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

4 NORTH EAST LONDON RECOVERY AND TRANSFORMATION

In accordance with the Committee's terms of reference, a member of the public addressed the Committee and raised issues around whether Clover ward or any in-patient ward for children would be reopened at King George Hospital and when emergency surgery would return to King George.

NHS officers advised that waiting areas had been modernised and other improvements made at the King George Emergency Department. Paediatric A & E at King George was now back operating on a 24:7 basis.

The rise in waiting lists due to Covid-19 was being dealt with on a sector-wide basis with the most urgent operations such as those for cancer patients being carried out first. It was accepted that health inequalities had risen due to the pandemic. The waiting times for scans and other diagnostics had improved. Planning was also underway for a third wave of Covid-19 and the existing hospital configuration would therefore be retained. Officers emphasised the importance of people having the Covid vaccination.

It was wished to establish further community diagnostic hubs across North East London in addition to the one already established at Mile End Hospital. Whilst some patients preferred digital services, it was accepted that this was not the answer for all health services.

Only a very small number of children had been admitted to local hospitals with Covid-19. Children were however presenting with other illnesses and injuries at A & E. A rise in respiratory virus cases in children was expected.

The rise in numbers of people presenting at A & E with mental health issues had led to an investment in increased mental health capacity locally. An on line mental health assessment tool could now be used to access services and the CAMHS response for children with mental health issues had been extended.

It was agreed that NHS officers should provide a written report on the mental health impact of Covid-19.

It was accepted that the very recently announced move of dermatology services from Barking Community Hospital to Queen's had been regrettable. This was due to staffing issues and officers would provide a written response. There would also be clear engagement with stakeholders about

the move. A member felt that there had also been insufficient engagement around the recent relocation of gastroenterology services. The Committee therefore agreed that the local NHS should be asked to supply it with a list of changes to services that had already been made as well as those currently proposed.

NHS officers agreed that there should be an active process of consultation and dialogue and emphasised the difficulties encountered in recruiting cover for a dermatology specialist.

Members raised concerns at the further development of facilities at Mile End Hospital as this was not an easily accessible location for people in ONEL. Officers would consider a requested moratorium on these changes and repeated that it was planned to open further community diagnostic hubs. The Committee agreed to write to the relevant officer stating that improved consultation was required on current and future changes to health services.

The Committee noted the update.

5 WHIPPS CROSS HOSPITAL REDEVELOPMENT

Officers expressed confidence that the Whipps Cross redevelopment project would move into the delivery phase as the project had been accepted into the National Hospital Development Programme. It was expected that the new hospital would be completed by 2026.

The design incorporated a 500 space multi storey car park as well as new community health and care facilities alongside the new hospital. Some demolition work had now started on the site and significant communications and engagement had taken place over recent months. There were also proposals for the building of 1,500 new homes once the new hospital had been completed.

Bed modelling for the new hospital had been updated and rechecked following the pandemic. Many service users had been involved in the redesign of services and the hospital workforce was also represented on the redevelopment steering group.

A clinically led review of end of life care was currently being undertaken and would be completed by the end of June. Engagement with patients and Healthwatch would be undertaken on the proposed new pathways.

The determination of the planning application was expected in autumn 2021 with the construction of the car park planned to start in early 2022. Hospital construction would commence in spring 2023 with completion by the end of 2026.

There was a commitment for the new hospital to be zero carbon and a sustainability advisor was part of the design team and further details could be provided. It was accepted that there was a risk of not all assumptions being right re bed numbers and the business case included design flexibility re the number of beds. Further land adjacent to the hospital could also be accessed if further facilities were needed in the future. Some of the new homes on the site would be set aside for key workers although the demand for this was uncertain as yet.

Officers stated that most patients preferred to die at home and the model of hospice care was currently being considered. Clinicians did appreciate the value of hospices. It was emphasised that there was no proposal to close any palliative care beds at Whipps Cross but it was necessary to decide how these beds would be reconfigured.

It was felt that there should not be any conflicts of interest in the procurement process for the new hospital. The procurement strategy for the new hospital would be led by the national programme and the right procurement was needed for Whipps Cross.

Redbridge and Waltham Forest social care departments were represented on the hospital advisory group. It was accepted that projections recruitment and the workforce strategy could be proven to be too optimistic.

It was agreed that the Committee would seek an independent review of the bed modelling used at Whipps Cross and that officers should be more explicit about changes in areas such as renal services and specialist surgery. The Committee asked for details of the numbers of patients using these services across the whole system.

The Committee noted the update.

6 DIGITAL TRANSFORMATION OF HEALTH SERVICES

Whilst electronic patient records were available in hospitals, there had also been problems with the NHS IT infrastructure. The digital strategy covered four levels including infrastructure, clinician access to patient records, the combining of data from all health and care settings and patient access to records.

In North East London, repeat prescriptions could be accessed on line via the NHS app and on-line GP registrations were also available. On-line patient consultations were also available but it was emphasised that these were offered in addition to face to face appointments. The use of video consultations was also growing. Officers were also conscious of digital exclusion and traditional contact routes with a GP would not be disrupted by digital transformation.

The patient health portal in North East London would interact with the NHS app, allowing a two-way conversation between partners and clinicians. This was based on existing work with mental health service users who had used the app.

IT infrastructure had been upgraded for GP practices and Trust sites and this had facilitated the use of electronic prescribing. Laptops had also been rolled out to GPs as part of the Covid-19 response. The East London Patient Record had been successful across the sector and three local social services departments were also using this system.

Information from GPs could now be shared from GPs to hospital departments, pharmacies etc. The data could be used for example to prompt a GP to issue blood tests for their patient.

Officers agreed with a representative of Healthwatch Havering that traditional methods of contacting a GP should be retained as well as digital systems. It was also accepted that many GP websites were inadequate. Guidance on websites was being sent to surgeries and consultation would be carried out with Healthwatch on this area. A Healthwatch Barking & Dagenham representative shared the same concerns and NHS officers agreed that the risk of digital exclusion would be considered further. The best on-line tools would need to be found for each practice. As regards GP phone systems, local best practice would need to be looked at.

Whilst some conditions could not be assessed remotely, officers felt it was also important to reduce numbers of patients in waiting rooms in order to lower infection levels. It was emphasised that it was wished for there to be patient involvement in this process.

Data sharing was raised as a concern and patients were able to opt out of sharing their data on a national basis if they wished.

It was agreed that a written report on the digital transformation process should be supplied to the Committee for information.

7 COMMITTEE'S WORK PROGRAMME

It was agreed that the recent reconfiguration of local ambulance stations should be brought to the next meeting of the Committee for scrutiny.

8 DATES OF FUTURE MEETINGS

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

Chairman