

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall
28 July 2022 (4.00 - 5.20 pm)**

Present:

COUNCILLORS

**London Borough of
Barking & Dagenham**

Paul Robinson

**London Borough of
Havering**

Patricia Brown, Christine Smith and Julie Wilkes
(Chairman)

**London Borough of
Redbridge**

Sunny Brar, Bert Jones and Martin Sachs

**London Borough of
Waltham Forest**

Essex County Council

**Epping Forest District
Councillor**

Kaz Rizvi (observer Member)

Co-opted Members

Ian Buckmaster, Healthwatch Havering

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman announced details of the arrangements in the case of fire or other event that may require the evacuation of the meeting room.

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

Apologies were received from Councillors Donna Lumsden (Barking & Dagenham) Catherine Deakin (Waltham Forest) and Beverley Brewer (Redbridge – Martin Sachs substituting).

3 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

4 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting of the Joint Committee held on 14 December 2021 were agreed by the Committee as a correct record and signed by the Chairman.

The Committee also received the notes of the informal meeting held on 14 March 2022.

It was noted that there was no date known at this stage for when the BHRUT clinical strategy would be available for scrutiny.

5 **STATEMENT FROM MEMBER OF THE PUBLIC**

A member of the public addressed the Committee regarding the overnight position at King George Hospital A & E where paediatric specialists, in some cases, had to travel from Queens Hospital to give treatment at King George. The member of the public also asked for clarification on the availability of resuscitation facilities at King George.

The Chief Executive of the Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) responded that the most seriously ill children were taken direct to Queen's Hospital. The Trust wished to ensure sufficient clinical expertise at King George Hospital. Whilst cases would be transferred to King George if necessary, the Trust had no concerns about treating children at King George.

6 **UPDATE ON NORTH EAST LONDON HEALTH AND CARE PARTNERSHIP**

It was emphasised by NHS officers that the new NHS structures represented by the partnership would not mean any changes from the patient's perspective and that this would not impact on GP access etc.

The overarching Integrated Care Board had only met on one occasion thus far. The Board included senior NHS officers such as the Chief Finance, Medical and Nursing Officers as well as two representatives from Local Authorities. ONEL representation on the Board included Councillor Maureen Worby from Barking & Dagenham and Dr Jagan John representing primary care in Barking & Dagenham.

This was a new structure that would allow transparency around NHS decisions. There were a number of committees operating under the Integrated Care Board covering areas such as audit & risk, quality and remuneration & people.

The first Board paper listed objectives for the year and this could be circulated to Members.

The Committee noted the position.

7 NHS NORTH EAST LONDON - HEALTH UPDATE

The Chief Executive of BHRUT explained that the Trust had been working hard to return elective care to pre-pandemic levels. The focus had been on long waits for treatment and the numbers of patients waiting in excess of two years for treatment was now in single figures. The focus was now on patients with 52 or 78 week waits for treatment.

The number of referrals for treatment continued to rise and there was also increased pressure on GPs. As regards unplanned care, there was a lot of pressure on A & E and efforts were made not to have long ambulance waits. The Trust had coped well with the impact of the recent wildfires.

Weekends were currently very busy at A & E and there had been a rise in the numbers of A & E patients exhibiting mental health problems which also impacted on waiting times at the department.

The Chair in Common for BHRUT and Barts Health explained that a new Chief Executive (Shane Dugarris) had been recruited for both Trusts. Matthew Trainer would remain Chief Operating Officer for BHRUT as well as Deputy Chief Executive for both Trusts. It was felt this would create a strong voice for acute care providers across North East London. It was clarified that the two Trusts would continue as separate organisations representing their local communities.

As regards primary care in the sector, 14% more appointments had been provided than in the previous winter. Evening and Saturday appointments were provided by GP practice networks. A recent survey of the views of North East London residents on primary care had received a large response.

A Covid booster and Flu vaccine programme would be launched in the autumn. This would include vaccines being available from primary care settings, community pharmacies and shopping centres.

The impact of the changes to Continuing Healthcare on each borough was currently being considered. The level of service would be the same across all boroughs.

The programme director for Community Diagnostic Centres explained that these facilities were designed to increase patient access to diagnostics. Consultation was currently ongoing on the first two centres at Barking and Mile End Hospitals. It was clarified that neither site was fully operational as yet. Funding had been approved for the building work at both sites. Total funding of £39m plus revenue costs had been secured over the next three years. The two centres would be fully open in late 2023.

It was hoped to improve people's access to planned care as soon as possible and an update could be brought to the JHOSC in late autumn. An

additional investment fund was available which had received bids for e.g. the expansion of theatres at King George Hospital.

It was accepted that London Ambulance Service had a very challenging position. BHRUT aimed to complete patient handovers from ambulances as quickly as possible. Assessment of patients was also sometimes carried out in ambulances.

Data on the number of Monkeypox vaccines administered so far could be supplied. The cohort most likely to be affected has been offered the vaccine at acute sites in North East London, avoiding the need to travel elsewhere.

A sustainability plan was in place across the partnership. The recent heatwave had seen a rise in A & E of cases of older people falling after becoming dehydrated. Some areas of the hospital were air conditioned but it was accepted that the wards in King George Hospital were very hot. The Trust was seeking to mitigate the impact of extreme weather in the longer term.

On workforce issues, there had been successful recent recruitment in radiology. A radiology academy would open at King George Hospital shortly which it was felt would assist with the retention of radiographers. The establishment of new roles for support staff would maximise skills and allow more flexibility of the workforce.

The Committee noted the position and the additional information that was to be provided.

8 NHS FERTILITY POLICY - PROPOSED CHANGES FOR NORTH EAST LONDON

The changes proposed were aimed to give greater consistency of fertility services across North East London. The proposals were not related to cost savings but sought to improve the offer to North East London residents. The upper age limit to access fertility services had been increased to 43 – in excess of the NICE guidance. The number of cycles available and access to IV insemination had also been increased.

Data on current waiting lists for fertility treatment could be supplied. Any delays experienced were more relating to IVF treatments than assessments etc. Whilst the proposals would allow more people to be seen, it was felt that this would not increase waiting lists. The number of sites at which fertility treatment was available would not increase as fertility was a specialist area.

It was clarified that psychological support was already available to fertility patients and that this could be increased if necessary.

The Committee noted the position.

9 APPOINTMENT OF OBSERVER MEMBER - INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

It was agreed, without division, that Councillor Beverley Brewer should be the Joint Committee's representative on the equivalent committee covering Inner North East London.

10 WORK PROGRAMME

It was agreed that a response from the Integrated Care Partnership to the recent LEDER report on learning disabilities should be added to the work programme.

11 DATES OF FUTURE MEETINGS

It was agreed that the remaining meetings of the Joint Committee should be on the following dates, starting at 4 pm:

18 October 2022
10 January 2023
18 April 2023

Chairman