

**MINUTES OF A MEETING OF THE  
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE  
Barking Town Hall, Council Chamber  
18 October 2022 (4.00 pm – 6.10 pm)**

**Present:**

**COUNCILLORS**

**London Borough of  
Barking & Dagenham**

**London Borough of  
Havering** Patricia Brown, Julie Wilkes and Christine Smith

**London Borough of  
Redbridge** Beverley Brewer and Bert Jones

**London Borough of  
Waltham Forest** Richard Sweden (substituting for Catherine Deakin)

**Essex County Council** Marshall Vance

All decisions were taken with no votes against.

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

**12 CHAIRMAN'S ANNOUNCEMENTS**

The Chairman advised those in the Chamber what to do in case of an emergency.

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

Apologies were received from Councillors Donna Lumsden, Barking & Dagenham, Catherine Deakin, Waltham Forest (Richard Sweden substituting) and Kaz Rizvi, Epping Forest. Apologies were also received from Ian Buckmaster, Healthwatch Havering.

**14 DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

**15 MINUTES OF PREVIOUS MEETING**

The minutes of the meeting of the Joint Committee held on 28 July 2022 were agreed by the Committee as a correct record and signed by the Chairman.

## 16 **NHS NORTH EAST LONDON HEALTH UPDATES**

The Chief Executive Officer (CEO) of Barking, Havering and Redbridge University Hospitals Trust (BHRUT) delivered an update on the Trust. Much work had been undertaken to reduce waiting lists in secondary care, which stood at around 65,000 patients at the end of August 2022 following the easing of some previous Covid-19 restrictions, and in reducing waiting times for appointments. Patients were also benefitting from faster diagnosis, as a result of funding from NHS England to increase diagnostic capacity. An additional 30,000 tests and scans had been able to be undertaken at Barking Community Hospital this financial year, through an additional MRI scanner and CT scanner. A Community Diagnostic Centre was also being established at Barking Community Hospital to manage waiting lists and ensure timely care for patients.

The CEO of BHRUT explained that the Trust had been working to ensure that people were able to get access to the emergency care that they needed at the right time, focusing initially on Queen's Hospital before learning could be implemented at King George's Hospital; there were however external constraints around how the Trust worked with its partners in the Urgent Treatment Centre and in maintaining flow through the hospital.

The next phase of the Trust's improvement work was Project Snowball; designed to ensure that patients were being treated in the most suitable location. The initial focus was on the over 75s, ensuring that these patients were being moved from the Emergency Department to the frailty unit, where they would be looked after by specialist medical staff. This project would be extended into other areas such as acute medicine, over the coming winter. To strengthen the Trust's relationship with primary care, three new Associate Medical Directors had been appointed, who would work closely with clinicians to improve the experience of patients, both inside the hospital and when discharged back into the community.

The Trust was also trying to reduce its use of high-cost staff; it now had around 500 more substantive full time staff than in 2021. It was reducing its dependency on bank and agency staff and was now in a position where nearly nine out of every ten people working in the Trust, was employed directly by it. It was also working with Barts Health NHS Trust, to ensure a sustainable workforce. Staff wellbeing was also a Trust priority, with a number of initiatives being undertaken to support this, such as enhanced petrol reimbursements for community-based employees, financial wellbeing days and free period products.

The Group Chief Executive of Barts Health NHS Trust then provided an update on work at Barts. The Trust had appointed substantively to all of its hospital CEO roles, with its new Chief Operating Officer due to start in

January 2023. In terms of elective recovery, the Trust had cleared the majority of patients waiting over two years for treatment, except where patients had chosen to delay their treatment or complex surgery was required; 78-week waiters were the next priority area, with a national target to clear these by March 2023.

The Chief Executive stated that Covid-19 pressures remained, with vaccinations for both flu and Covid-19 being central to strategy across the system. He also encouraged Councillors to utilise their own networks, to encourage vaccination uptake amongst the local community. Positively, monkeypox case numbers were dropping across its hospitals, with the Trust also having been a part of the largest monkeypox international study, which would lead to more patients being diagnosed faster.

The collaboration between BHRUT and Barts Health had recently been further strengthened through the appointment of three joint Non-Executive Directors. There were a series of workstreams in place to benefit both staff and patients, covering planned care, urgent emergency care, finances, workforce, digital informatics and leadership and governance.

In response to a question from a Member, the CEO of BHRUT explained that whilst the results of the most recent NHS inpatient survey had been published in September 2022, the survey had been undertaken in November 2021 with around 350 patients. The results had proved concerning and a variety of initiatives had been put in place to best understand and rectify these, such as follow-up sampling with groups of patients to further understand any issues, improving communication between medical staff and patients and improving the hospital discharge process. The Trust was also in the process of establishing patient panels, for patients and their families to meet service leads, provide feedback about their care and then return at a later date, to view progress made in response. The numbers of nursing staff and ward clerks were also being increased, to ensure additional capacity and support.

The Chief Executive at NHS North East London (NEL) stated that NEL had been considering how it could best meet the Secretary of State's delivery plan for addressing the backlog of elective care, as well as how it could take a more creative approach to issues such as workforce capacity. The CEO of BHRUT and the CEO of Barts Health stated that much work was being undertaken to improve the backlog of diagnostic activity, for elective outpatients and for surgery patients, with a commitment to work towards Government standards. The Committee would be kept informed of progress.

In response to a question around an amber warning for blood stocks and the fact that many hospitals were looking to reduce their elective surgeries in line with this, the Trusts were looking at blood stocks on a daily basis and the implications of these on their elective activity. This was a national issue; whilst both trusts had not yet had to cancel any of their elective activity, this could potentially occur should stocks not return to higher levels.

The CEO of Barts Health stated that whilst there was a limited supply of the monkeypox vaccine, there were stocks of this available at the sexual health centre at the Royal London Hospital in Whitechapel. Following the meeting, the Committee would also be provided with an update in regards to the exact coverage of vaccination centres across NEL.

The CEO of NHS NEL then outlined the objectives relating to winter planning and actions being taken to achieve these, such as through supporting care homes with wraparound support to prevent resident hospital admissions, working with local authority colleagues to focus on initiatives around enhanced domiciliary care, and undertaking winter communications campaigns. She also detailed the Autumn Covid-19 booster and flu vaccine programme, as well as initiatives to vaccinate children against measles, mumps and rubella (MMR) and polio.

The Programme Director - Primary Care and the Head of Primary Care at NHS NEL also provided the Committee with an update on the support frameworks that had been put in place for primary care, such as the establishment of a digital staff bank platform for NEL, software to support with appointment delivery in community pharmacies and GP practices and additional funding from NHS England to support primary care networks (PCNs) to deliver additional GP appointments across the winter period. The Head of Primary Care also provided an update on the “enhanced access” service, which had commenced on 1 October 2022, enabling patients to access planned care outside of normal core hours and which saw GP practices open between 6.30pm-8pm from Mondays to Fridays, and between 9am and 5pm on Saturdays. Every patient would have access to this service, with PCNs working collectively to provide this. This service was available nationally; however, different locations outside of NEL may operate at slightly different hours. The Committee agreed to receive some further information about the “enhanced access” service, outside of the meeting.

In response to questions from Members, the CEO of NHS NEL stated that whilst the system was anticipating lots of pressure this winter, the NHS was working closely with social care colleagues to understand any risks and mitigate these where possible, as well as with its community and mental health providers to ensure that they were also well prepared and had contingencies in place. System-wide information sharing was taking place, extra beds were being made available for winter, and risk registers and business continuity plans for all of the individual institutions, as well as across the system, were in place.

## **17 DEVELOPMENT OF THE INTEGRATED CARE STRATEGY**

The Chief Executive at NHS North East London (NEL) delivered an update on the development of the Integrated Care Strategy, which outlined the purpose of the document, the principles of the NEL Integrated Care System (ICS), the new system strategy landscape, national requirements for

Integrated Care Strategies, the stakeholder workshops taking place to develop NEL ICS priorities and the next steps to be undertaken.

The draft Strategy would be completed by the end of December 2022 and would then be presented to the NEL Integrated Care Partnership for agreement in January 2023. In response to questions from Members, the CEO stated that whilst she did not have a draft that she could readily share with the Committee at this point for the purpose of consultation, the stakeholder workshops were producing much of the content for the draft Strategy; she would be happy to share the summaries of these, and the population health profile, with the Committee. Whilst the national timelines for the production of the Strategy were unsatisfactory, NEL ICB hoped to be able to present the draft Strategy to the Committee at its next meeting on 10 January 2023, before final presentation to the ICP. Following approval, the Strategy would be subject to continuous engagement as to its development.

The CEO also stated that workforce was an important priority within the strategy and was also subject to much ongoing work outside of the strategy. Whilst the work was focused mainly on local employment, additional work was being undertaken around creatively looking at different roles and approaches that could address issues such as winter pressures, as well as urgent and emergency care.

Long-term conditions encompassed all age ranges; however, long-term conditions were more prevalent within the older population. There was lots of work being undertaken on frailty pathways, to ensure that people in NEL were able to age well, and NEL place-based partnerships also focused on aging. Early cancer detection was also very important, with a large focus on this at the stakeholder workshop on long-term conditions. The CEO anticipated that a core element of the strategy would focus on ensuring early intervention.

## 18 **ACUTE PROVIDER COLLABORATIVES - DEVELOPING PLANS**

The Chair of BHRUT and Barts Health updated the Joint Committee on the Acute Provider Collaborative in North East London (NEL), which was in the early stages of development. The priority of this collaborative would be to support the overarching goals of the NEL Integrated Care System, through improving outcomes for patients by ensuring better and fairer access and ensuring that services provided value for money, were resilient and collaborative. The priorities for the collaborative included programmes for planned care, urgent and emergency care, critical care, babies, children and young people, maternity care and cancer care.

Workforce and education across the three trusts would be reviewed, as well as informatics and digital work, with each of these programmes being led by a hospital or Trust Chief Executive. A shadow board had also been established, chaired by the Chair of the Homerton Hospital NHS Trust and with the Chair of BHRUT and Barts Health as the vice chair. As this moved out of shadow status, it would be able to consider how it could best engage

with patients, as well as link to other NHS providers and the place-based work that was taking place as part of the development of the ICS.

As part of its programmes, the Shadow Board was also clear as to the need for measurable short-term improvements in patient care, particularly around clinical areas and how it could best demonstrate that the work that it was doing was bringing benefits to NEL patients, both in terms of their care and their experience of NEL, as well as how sustainable improvements in equity for NEL populations could be best delivered.

An Acute Clinical Strategy was in the process of being developed, which would also feed into the Integrated Care Strategy as outlined in item 6 of this agenda. Whilst the Strategy had been delayed, this was to take into account new ICS arrangements and learnings from the Covid-19 pandemic. Once prepared, the draft Acute Clinical Strategy would be presented to the Committee, as well as any proposals in terms of services for wider engagement. The agreed Strategy would also be subject to further engagement in terms of its future development.

In response to questions from Members, the Chair of BHRUT and Barts Health stated that she would be liaising with the chair in common of East London NHS Foundation Trust and North East London NHS Foundation Trust once appointed, with much work already being undertaken on a daily basis in regards to mental and physical health parity and joint working between mental health providers and emergency departments. Close working was already being implemented between the Trusts and primary care, which would continue to be built upon in the future.

## 19 **WORK PROGRAMME**

The Committee suggested receiving feedback from the Care Quality Commission's report, to be integrated with feedback and complaints made across the hospitals within NEL, and the numbers of these complaints and how they were being dealt with, to provide an overall view on performance and outcomes for patients. The Committee also requested that the Integrated Care Strategy be presented to its 10 January 2023 meeting.

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**Chairman**