MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Redbridge
9 April 2019 (4.00 - 5.38 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Paul Robinson and Eileen Keller
London Borough of Havering	Nic Dodin, Nisha Patel and Ciaran White
London Borough of Redbridge	Beverley Brewer and Nail Zammett
London Borough of Waltham Forest	Richard Sweden and Catherine Saumarez
Co-opted Members	Ian Buckmaster (Healthwatch Havering), Mike New (Healthwatch Redbridge) and Richard Vann (Healthwatch Barking & Dagenham)

Also present:
Simon Hall, Director of Transformation, East London Health and Care Partnership
Cri Jacob, Managing Director, Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs)
Caroline O'Donnell, Integrated Care Director, North East London NHS Foundation Trust (NELFT)
Shelagh Smith, Chief Operating Officer, BHRUT
Jeff Middleditch, Divisional Manager for Cancer and Clinical Services, BHRUT
James Tullett, Chief Executive, Refugee and Migrant Forum of Essex and East London (RAMFEL)
Cathy Turland, Chief Executive, Healthwatch Redbridge

Masuma Ahmed, Democratic Services Officer, London Borough of Barking and Dagenham
Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Jilly Szymanski, Scrutiny Co-ordinator, London Borough of Redbridge

Three members of the public were also present.

All decisions were taken with no votes against.

23 CHAIRMAN'S ANNOUNCEMENTS

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

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

Apologies were received from Councillors Saima Mahmud, Waltham Forest, Chris Pond, Essex and Aniket Patel, Epping Forest.

25 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

26 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Committee held on 15 January 2019 were agreed as a correct record and signed by the Chairman.

It was noted that the proposed move of location of Moorfields Eye Hospital was expected to be scrutinised at a joint meeting with the Inner North East London Joint Health Overview and Scrutiny Committee scheduled for 18 September 2019.

It was noted that NHS officers had confirmed that no decision had been taken at this stage to close Moore Ward, Goodmayes Hospital and the facility remained open for patients.

27 NHS LONG TERM PLAN

Health officers explained that the local health economy faced a number of challenges including population growth, challenging health outcomes and an overreliance on emergency health services. The attraction and retention of workforce was also a significant challenge and officers were keen to hear from the Committee what it felt the priorities should be. There was also a highly ambitious 10 year NHS plan at national level and the impact of the Social Care Green Paper would also need to be considered.

Some services in North East London had improved with for example the establishment of an Early Diagnosis Cancer Centre at Mile End. Workforce initiatives had included the introduction of physician associate roles and investment had also been increased in digital innovation.

It was wished that care would be community-based with borough-based integrated community care partnerships being established. Multi-borough systems had also been established across the BHR area and initiatives at

North East London level had included the Commissioning Alliance, Clinical Senate and work on air pollution.

It was planned to bring a refreshed version of the local NHS Plan to the joint meeting with the Inner North East London Joint Health Overview and Scrutiny Committee in September 2019. Work was in progress with Local Healthwatch organisations and localised public engagement events were also planned. Engagement work would also be undertaken with Health and Wellbeing Boards and a digital citizens panel and a stakeholder event was planned on 6 June.

With the agreement of the Chairman, the Committee was then addressed by three members of the public who felt that financial resources for local healthcare were very stretched and that it was crucial to consider equality issues. It was felt that resources locally had been moved from areas of high deprivation to areas of low deprivation and that Councils should be mindful of the Public Sector Equality Duty.

Another member of the public who was visually impaired and had hearing difficulties explained that they could easily access A & E services at King George but would find this much more difficult if services were moved to Queen's. Confirmation was therefore sought over whether the long term plan would secure A & E services at King George.

Members of the public also raised issues such as the mention of a £49m reconfiguration of A & E across BHR in the papers for the Inner North East London Committee and that detailed plans for the future of local A & E services should now be published. In response, the Chairman read out a statement from the Leader of Redbridge Council giving assurances that A & E services would continue to be provided at King George.

NHS officers agreed that it was important to have clear measures of how effective the long term plan was being and were happy to have discussions on what these measures should consist of. It was also noted that the three BHR CCGs already worked as a single team with for example the clinical lead covering all three boroughs. Local control would be retained via the integrated care system.

Long Term Plan work on mental health services would focus on what types of service would be needed, rather than necessarily altering the number of in-patient beds. Investment in mental health services was already being increased by the CCGs. The Mental Health Transformation Board for the area was focussing on community, non-inpatient mental health services. Officers felt though that it was unlikely that the number of existing mental health beds would need to be reduced any further. It was also confirmed that an Equalities Impact Assessment would be carried out on the proposals in the Long Term Plan.

It was accepted that primary care performance had been poor in Outer North East London though officers felt this was now improving. Efforts to

improve GP retention included offering more portfolio careers which allowed new GPs the opportunity to also work with partners such as NELFT and BHRUT. It was suggested that the Primary Care Strategy could be brought to a future meeting for scrutiny.

The changes to the GP contract would also see extra investment coming in and the physician associate roles would continue to be established in North East London. A GP careers event had also recently taken place.

It was AGREED:

1. **That the Primary Care Strategy should be brought to a future meeting of the Committee and that an update on implementation of the NHS Long Term Plan in Outer North East London should be given to the Committee in approximately 12 months time.**
2. **That it to be noted that more detailed scrutiny of the NHS Long Term Plan would take place in a joint meeting with the equivalent committee for Inner North East London, scheduled for 18 September 2019.**

28 NELFT STREET TRIAGE SERVICE

NELFT officers explained that the Street Triage service came out of the Mental Health Crisis Concordat that was introduced in 2015. Mental health issues were thought to take up 20% of Police time and NELFT had worked with Police Borough Commanders to reduce the number of people experiencing mental health crises being placed in custody.

The Street Triage Service was part of the single NELFT pathway for mental health crisis. The service was available 5 pm – 1 am Monday to Friday and 9 am – 1 am Saturday and Sunday. The service covered the four ONEL boroughs and gave a dedicated phone line for Police and London Ambulance Service officers dealing with people exhibiting mental health issues. This allowed direct contact with a clinician who could undertake an assessment.

The service was monitored using data collated via the Police Liaison Group as well as feedback from service users, carers and the Police. The service has resulted in a reduced number of referrals to both A & E and Police custody.

Officers agreed that data could be provided on the position in 2014/15 before the service was introduced. Other work undertaken by NELFT to improve the acute care pathway included working with community recovery teams and the Police to seek to prevent crises happening. The NHS Long Term Plan also sought to enhance crisis support and prevention for children and young people.

It was clarified that section 136 powers allowed Police detention of people from a public place and there were two suites at Goodmayes Hospital that could receive people detained in this way. Funding had also been received to establish a third suite at the same location by March 2020. It was agreed that there was a higher level of section 136 detention among people of BME backgrounds and revised training for Police on the use of section 136 powers was being considered.

Legislative changes had recently reduced the maximum period for this type of detention from 72 to 24 hours and all detentions were required to be agreed by two doctors and a mental health practitioner. It was confirmed that section 136 transfers from Whipps Cross Hospital to the suites at Goodmayes were quite straightforward to organise as NELFT ran the psychiatric liaison service at Whipps Cross.

It was AGREED:

That an update on the Street Triage Service should be given to the Committee in approximately 18 months.

29 **ACCESS TO HEALTHCARE BY VULUNERABLE MIGRANTS**

An officer from Refugee and Migrant Forum Essex & London (RAMFEL) explained that the organisation's report, which had been commissioned by Healthwatch Redbridge, had found a hostile environment with regards to healthcare and that it was often difficult to know who could access healthcare services. Twenty people had been interviewed for the report, some in depth. Refugees and asylum seekers were allowed full access to healthcare whereas those people classified as 'no recourse to public funds' were often denied healthcare. People who had been refused asylum received primary and emergency care plus secondary care if this was considered necessary.

The RAMFEL officer added that eligibility for care needed to be assessed by an immigration adviser and clinician and that monies were often not recovered by the NHS, even if people were charged for treatment. Vulnerable migrants were often deterred from accessing medical services even if they had paid the immigration health surcharge.

Problems faced by vulnerable migrants included low income affecting people's ability to get to medical appointments and language barriers meaning a lack of access to information. There were also psychological effects e.g. not accessing health services due to fears of information being shared with the Home Office. An additional problem had been faced by unaccompanied asylum seekers with mental health issues who had been wrongly denied healthcare based on their status.

The report had found that more work needed to be carried out to change he hostile environment in the NHS. It was felt that the denial of e.g. secondary

care led to people requiring more costly emergency care. Concern had also been expressed by GPs over eligibility to treatment rules.

The report had recommended that there should be improved training for NHS staff on immigration status and related issues. The managing director of BHR CCGs added that she was aware of the confusion over eligibility for access to primary care and she was happy to highlight this ongoing problem.

The Local Safeguarding Board offered training on dealing with issues such as Female Genital Mutilation and training had also been available for Redbridge Members on issues around people with 'no recourse to public funds'. Further information on training available could be found on the RAMFEL website.

The Committee noted the RAMFEL report and it was AGREED:

That an update on the position with access to Healthcare for Vulnerable Migrants should be taken in one year's time.

30 **JOINT COMMITTEE'S WORK PLAN**

It was noted, subject to confirmation by the Waltham Forest full Council, that Waltham Forest would transfer their representation to the equivalent Joint Committee for Inner North East London, whilst retaining one representative on the Outer North East London Committee. Councillor Sweden recorded his thanks to other Members and the Committee Clerk for their support.

Potential future work programme items included updates on community urgent care and the East London Health and Care Plan finance issues. Whilst due to be the subject of an informal briefing, it was suggested that changes to cancer services should also be placed on the agenda for a future meeting.

It was also suggested that a review of the recent unsuccessful bid for £49m for reconfiguration of local A & E services should be undertaken at the next meeting of the Committee. This could include scrutiny of why nearly all bids from Outer North East London had been unsuccessful.

Other suggestions included NHS performance targets for 2019/20, A & E, waiting lists, race equality issues and the NHS workforce disability equality scheme.

It was agreed that the next meeting should cover cancer services, the position with the unsuccessful bids for funding and an update on the development of the plans for the East London Health and Care Partnership.

Chairman

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