Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC)

Minutes of the proceedings of the INEL JHOSC held from Council, Chamber, Hackney Town Hall, Mare St, London E8 1EA

Date of meeting: Thu 16 December 2021 at 7.00pm

Chair	Councillor Ben Hayhurst (Hackney)
Members in attendance	Councillor Gabriela Salva-Macallan (Vice-Chair) (Tower Hamlets) Common Councilman Michael Hudson (City of London) Councillor Susan Masters (Newham) Councillor Peter Snell (Hackney) Councillor Richard Sweden (Waltham Forest)
Members joining remotely	Councillor Kam Adams (Hackney) Councillor Anthony McAlmont (Newham), Councillor Neil Zammett (Chair, ONEL JHOSC, Chair of Redbridge Health Scrutiny Committee (Observer at INEL)
All others in attendance remotely	Henry Black, Acting Accountable Officer, NEL CCG and SRO for East London Health and Care Partnership (ELHCP) Rt. Hon. Jacqui Smith, Chair in Common of Barts Health and BHRUT Dame Alwen Williams DBE, Group Chief Executive, Barts Health Dr Ken Aswani, Clinical Chair - Tower Hamlets, Newham, NEL CCG Dr Mark Rickets Clinical Chair - City & Hackney, NEL CCG Siobhan Harper, Director of Transition, Tower Hamlets-Newham-Waltham Forest, NEL CCG Nicholas Wright, Programme Lead for Community Diagnostic Centres, NEL CCG Don Neame, Senior Communications Consultant, NEL CCG/ELHCP Carol Saunders, Member, North East London Save Our NHS
Member apologies:	Councillor Ayesha Chowdhury (Newham)
YouTube link for meeting	The meeting can be viewed here: https://youtu.be/c8_A5O3Xr_Y
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1. Welcome and apologies

1.1. The Chair welcomed everyone and stated that the meeting was being recorded and live-streamed for public and press access. Apologies were received from Councillor Chowdhury and from Marie Gabriel.

2. Urgent items/ order of business

2.1. There were none and the order of business was as on the agenda..

3. Declarations of interest

3.1. Cllr Masters stated that she was employed as Director of Transformation by HCVS (Hackney Council for Voluntary Services) in a post funded by NEL CCG.

3.2. Cllr Snell stated he was Chair of the Trustees of the disability charity DABD UK.

3.3. Cllr Sweden stated he was a Trustee of Leyton Orient Trust who deliver health services in the Inner London Area.

4. Covid 19, winter pressures, elective recovery update

4.1. The Chair, on behalf of the Committee, thanked the NHS staff in attendance for all their work during this period of immense pressure. He welcomed for this item:

Rt. Hon. Jacqui Smith (JS), Chair in Common, Barts Health-BHRUT
Dame Alwen Williams DBE (AW), Group CEO, Barts Health NHS Trust
Henry Black (HB), Acting Accountable Officer, NELCCG and Acting SRO NEL HCP

4.2. Members gave consideration to two papers *NEL Health update* and *NEL Covid-19 vaccination programme and flu immunisation programme data pack.*

4.3. The Chair welcomed Jacqui Smith, the new Chair in Common of Barts Health NHS Trust and Barking Havering Redbridge University Trust, who provided a verbal update on the progress of the new 'provider collaborative' between Barts Health and BHRUT. She described the work supporting areas of operational pressure and improving elective recovery by using capacity across the two trusts more effectively, sharing managers in areas of operational pressure and working on joint recruitment and retention. She drew Members attention to the plan for resourcing the first stage of the collaboration, which had just been published.

4.4. The Chair asked whether a merged Trust would be the eventual outcome of the increased collaboration between these two large organisations. JS replied that what would drive it would be the success for patients and staff and it would depend on how that goes. There were no current plans for governance changes.

4.5. The Chair asked about the reintroduction of payment-by-results and if the response might be pooled funding arrangements between the two Trusts. JS replied that the financing referred to is about the delivery of some immediate priorities but there is a bigger piece of work going on across the ICS.

4.6. Henry Black (Acting AO for NEL CCG) introduced the briefing paper *NEL Health update* which covered: latest data on Covid-19; winter resilience and elective recovery including Barts outpatient appointment waiting lists, ensuring sufficient workforce, recovery in mental health and in primary care and next steps. He also drew members' attention to the *NEL Covid-19 vaccination programme and flu immunisation programme data pack* in the agenda papers.

4.7. The Chair asked AW about concerns about staffing levels generally due to Omicron pressures. AW replied that there were significant impacts and they were asking staff

to be flexible. They had just received updated government guidance on staff who aren't positive themselves but who have family or housemates who are. They are also redeploying permanent staff and bringing in temporary staffing and paying attention to staff wellbeing at this stressful time.

4.8. Cllr Masters asked about the lower levels of Omicron variant in inner vs outer London; about why no boosters appeared to have been distributed to the Roma community in Newham and Barking & Dagenham and about the messaging to those in the community who've not even had their first dose. HB replied that the data profile on lower cases in inner rather than outer had been superseded by omicron. He undertook to get back on the Roma issue. On the message to those who had not had the first dose, he reiterated that having one dose was very effective in terms of reducing impact and so it's a key priority for messaging.

4.9. The Chair asked about using new data on the new variant to shape messaging. HB replied that this was worth doing but there was a data collection challenge here and there was no national resource which they could tap into.

4.10. Cllr Snell asked about the shortage of Lateral Flow Tests. HB replied Test and Trace was nationally based not locally and this was a logistics issue not a supply one.

4.11. The Chair asked AW about whether there had been sufficient tests for staff. AW replied they had and deliveries were timely.

4.12. Cllr Salva-Macallan asked whether the use of pop-up vaccination centres had increased. HB replied that it had been difficult initially to get a huge amount of volume through these pop-ups but they were now being ramped up.

4.13. Cllr Adams expressed concern regarding the graph on ethnicity in the paper having 'British Bangladeshi' but neglecting British Caribbean or British African and on equalities implications of this. HB apologised for this and undertook to get back on it. He added these had been nationally prescribed categories and he noted their shortcomings.

4.14. The Chair asked AW about progress in reducing waiting lists. AW replied on the huge focus now on elective recovery and were on plan to eliminate the very long lists (104 wk waits). They would need to monitor this and also it was normal before Covid to do less planned elective work in January because of winter pressures. They were now down 8500 on the 52 week list and on target to clear it by Dec 2022.

4.15. The Chair asked about the new sites across the NEL footprint which would mean further to travel for many. AW replied that some patients were very happy to get access to care more quickly at other sites while others were deciding to wait a bit longer.

4.16. Common Councilman Hudson, in a follow up from the June meeting, asked about the length of time people were spending on reserve waiting lists before going onto the main one. AW explained how at the time they were restoring services and slots had not opened up and so a reserve list had been used. AW undertook to come back on this. The hospital and local GPs were working on advice and guidance so a conversation between GP and Clinician would take place to manage patient demand more effectively. Common Councilman Hudson requested data on management of outpatient referral waiting lists.

4.17. Cllr Master asked about high volume-low complexity surgical hubs and if they included private providers. AW explained that they were consolidating some services across the hospitals as well as relying on some independent providers to boost capacity urgently, as required.

4.18 Cllr Sweden asked about handling urgent cases who also present with covid. AW detailed the PPE and control of infection rules used in hospitals and explained the segregation of wards and how those in need of life saving treatment will get it regardless of their covid status.

4.19 Cllr Snell asked about Remote Emergency Access Coordination Hub (REACH) across Barts Health footprint. AW replied that this was a service they were piloting so A&E consultant triage was set up at Royal London. This was being re-launched and the plan was to extend that across NEL, but it would have to be done in phases because of the immense pressure currently on London Ambulance Service.

4.20 The Chair asked about numbers of Covid admissions across Barts' sites and was there an uptick because of omicron. AW replied that they were but it was not a huge increase and the ICU admissions were the delta variant. She explained that the increase was in general and acute bed admissions rather than in ICU for Covid. 25 patients were in critical care in Barts as of that day and all were unvaccinated.

4.21 Cllr Adams asked whether 'Super Saturday' clinics would be ongoing. AW replied that clinical staff volunteer to work at weekends in these in order to clear the backlog and they represented a huge effort among clinical staff..

4.22 Cllr McAlmont asked about ethnicity of the unvaccinated 25 patients currently in Barts ICU and what more can be done on vaccine hesitancy. AW replied she was open to Cllrs input on other locations for outreach vaccinations service. She added that she would share the latest generic data on ethnicity and age.

ACTIONS:	**Action 1 - NEL CCG to explain why there appeared to be no data in the pack on vaccinations given to Roma communities in Newham and Barking & Dagenham.** **Action 2 - NEL CCG to respond on why the data pack p.12 had ethnicity broken down by 'British Pakistani' or 'British Bangladeshi' for example but not British Caribbean or British African.** **Action 3 - Barts Health to provide clarification on the use of reserve lists in the management of outpatient referral waiting lists and for reassurance on the management of these lists.** **Action 4 - Barts Health to provide if possible data on the ethnicity of the 25 patients with Covid currently (16 Dec) in ICU at Barts Health or failing that to give a summary of more generic data re age and ethnicity of the Covid in-patients.**

RESOLVED:	**That the reports and discussion be noted.**

5. Plans for engagement and information on proposed service changes - Community Diagnostic Centres

5.1 The Chair welcomed for this item:
Henry Black (HB), Acting Accountable Officer, NEL CCG and Acting SRO for ELHCP
Nicholas Wright (NW), Programme Lead for Community Diagnostic Centres, NEL CCG
Dr Ken Aswani (KA), Clinical Chair for Waltham Forest, NEL CCG
Dr Mark Rickets (MR), Clinical Chair for City & Hackney, NEL CCG

5.2 Members gave consideration to a report, *NEL Community Diagnostic Centres.*

5.3 NW took Members through the presentation which covered: what is a CDC; how do we need to adapt to meet future needs?; analysis to date; what inequalities do we need to address?; year one and early adopters; future site types; CDC enablers; engagement to date

5.4 Cllr Sweden contrasted the waiting times for diagnostics in Waltham Forest vs Hackney and asked how this is being addressed. NW replied that tackling inequalities was a key part of the programme and there would be EIAs done for each site as they progressed.

5.5 Cllr Sweden asked for more detail on how the map on p.87 was achieved and how the diagnostics for Waltham Forest break down.

5.6 Cllr Masters asked whether the CDC plan was reflective of poor process rather than inequality. She asked what had emerged from the engagement thus far. She also asked who would deliver these CDCs and their qualifications. She asked how they fit in within the NHS and whether they will replace existing services. On the first question the Chair added if there was a reason why Hackney had better diagnostics. NW replied on the engagement process and delivery and undertook to come back with more detail. In terms of engagement, they had spoken to Healthwatches several times. This is new money for new services and won't replace existing services. They would be hosted by the relevant acute trusts in the borough they're in. Dr Aswani explained clinicians involvement in the development of the CDC programme and added that the aim was to target undiagnosed conditions and so achieve better outcomes.

5.7 Cllr Snell commended the maps and stated they should feed into JSNA analysis to spot the particular problem areas. The Chair commended that tackling disparities of provision and inequalities was the key driver here and asked for an update in 1 years time.

5.8 NW stated an overall aim would be to measure increases and decreases in the inequalities over time to assess impact and they would be happy to come back regularly to update the Committee on progress of the new sites which will add capacity over the next five years.

5.9 The Chair thanked the officers for their detailed report and attendance.

ACTION:	**Action 5 - Re slide on p.4 on *Diagnostic activity Median waiting days by LSOA*) NEL CCG to provide some of the Waltham Forest data which underlies this chart or a summary explanation as Cllr Sweden has concerns about the contrast between WF and C&H figures. Acton 6 - Update on CDCs to be added to work programme for Dec 2022.**

RESOLVED:	**That the reports and discussion be noted.**

6. NEL Integrated Care System - update.

6.1. The Chair welcomed for this item:

Henry Black (HB), Acting Accountable Officer, NEL CCG/Acting SRO for ELHCP
Carol Saunders (CS), Member North East London Save Our NHS

and thanked NELSON for their submission.

6.2. Members gave consideration to a briefing paper '*NEL HCP update*' on the development of the local ICS. HB took members through the presentation which covered: progress since September; new leadership for the ICS; clinical and care professional leadership; ICB and ICP membership proposals; defining the NEL partnership; design principles; flagship partnership priorities; working with people and communities; developing our place based partnerships; provider collaboratives and with appendices covering: employment and workforce; children and young people; long term conditions and mental health.

6.3. Members also gave consideration to a submission from North East London Save our NHS entitled *Statement to INEL JHOSC on the role of local councillors in developing the constitution for the NE London ICS.*

6.4. The Chair expressed concern that strong community links in the old commissioning structure would be lost when incorporated into the much bigger NEL wide system and asked whether for example the City and Hackney Place Based Partnership would retain funding to enable them to continue to commission a local GP Confederation. HB replied that all that work to determine the local model would be done at the place based level. The Chair also expressed concern that the local authorities representative on the ICB must be an officer and not an elected member. HB replied that this was still being debated nationally and it did appear that this might change.

6.5. Cllr Snell commended the presentation and asked how the draft structure differs from those in other ICSs. HB replied that he was not clear what exactly the other 41 ICSs were doing nationally but the guidance, generally, was permissive and added that the NEL ICS would be different from others in London. The local priorities too have been based on an extensive engagement as well as building on a decade of relational development and partnership working.

6.6. Common Councilman Hudson expressed concern that the representative of the local authorities should be an elected member as LAs are Member led bodies. HB replied that his understanding was that the NHSE policy position on this was changing.

6.7. The Chair stated that in the old structure having local financial allocations provided stability but now all funding would go up to NEL level. He also expressed concern about the sustainability and viability of HUHFT in the new ICS system. HB replied that the Homerton was integral to the performance of the ICS as a high performing partner. He hoped that the ICS model would create a more coherent structure to improve delivery.

6.8. Chair asked Jacqui Smith whether her role on ICB would be to represent HUHFT as well. JS replied that it was and she had agreed with Sir John Gieve (Chair of HUHFT) to make this work so that in her role on the ICB she can be a voice for all the acute partners across NEL.

6.9. Cllr Masters expressed concern about the potential of forcing the creation of an umbrella body for all VCS bodies across NEL and asked for commitment on not having private providers on ICB. HB replied that there would be no private companies with members on the ICB. There are 8 VCSs and 8 Healthwatches but the NHS had no mandate to require an aggregation of them on the ICS unless it was something they themselves wished to initiate. Cllr Masters added that forcing the creation of such an umbrella body would not work.

6.10. Carol Saunders (NELSON) asked whether meeting papers for ICB and ICP would be made public and whether the public could attend and submit questions. She also asked how patient input could meaningfully be achieved with no patient reps on the board. She also flagged the poor quality of surveys issued by ICSs which seem skewed to get anodyne or specific responses e.g. the latest one on GP consultations. She added that having an umbrella group for an unquantified number of business groups on the ICP was troubling and would be likely to create conflicts of interests. She asked who these businesses are and could a rep of Operose Health for example be recommending a strategy for NEL's primary care system?

6.11. HB replied that all meetings will be held in public and the public will be able to ask questions. Re patient reps, he stated that Healthwatch and patient reps would be on the ICP and the Place Based Partnerships but not the ICB because, when making statutory decisions, it becomes difficult to then hold to ICB to account if those reps are also members of the Board making the decision. He acknowledged the shortcomings in the recent survey design but these had been produced by the regional team not the local one. On business involvement the idea was to include a broad group of local businesses around the anchor institutions who employed local people, not multinationals.

6.12. The Chair asked whether pharmacies could be included among the business groups. HB replied that potentially but they would need to work that through.

6.13. Cllr Masters commented on the lack of visibility of committee papers on the NEL CCG website. HB undertook to look into this and they would make them more prominent.

6.14. The Chair thanked all the officers for their papers and attendance.

RESOLVED:	**That the reports and the discussion be noted.**

7. Whipps Cross JHOSC update

7.1 Members gave consideration to a briefing note from Cllr Sweden providing an update on the first two meetings of the new Whipps Cross JHOSC.

7.2 Cllr Sweden (Whipps Cross JHOSC Chair) summarised the business of the first two meetings of the Committee. A key issue was 'end of life care' and the worry that the hospice facility - the Margaret Centre, would not be included in the new development. They were recommending a discrete hospice unit for the Whipps Cross catchment area. The next meeting would cover projected bed numbers and the fear that the reduction would be inadequate and the subsequent meeting would cover flood prevention and the hope is that it would take place on site with a site visit.

7.3 The Chair commended the scrutiny work that was being done here. Cllr Masters asked if the JHOSC had any power re. reducing beds. Cllr Sweden replied that they could refer the matter to the Secretary of State. He added that Redbridge colleagues on the JHOSC had also wanted it to go to a statutory consultation but he as Chair was adamant that no procedures the JHOSC might engage in would cause a delay to the actual delivery of the hospital and he would try to resolve the matter between the two parties.

RESOLVED:	**That the reports and the discussion be noted.**

8. Minutes of the previous meeting

8.1. Members gave consideration to the draft minutes of the meeting held on 13 September 2021.

RESOLVED:	**That the minutes of the meeting held on 13 September 2021 be agreed as a correct record and that the matters arising be noted.**

9. INEL JHOSC future work programme

9.1 Members noted the updated work programme for the Committee and that this was a working document.

RESOLVED:	**That the update work programme be noted.**

10. Any other business

10.1 There was none.

Date of next meeting noted as 1 March 2022.