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

Council, Chamber,
Hackney Town Hall,
Mare St, London E8 1EA

Date of meeting: Wed 19 October 2022 at 7.00pm

Chair	Councillor Ben Hayhurst (Hackney)
Members in attendance	Councillor Kam Adams (Hackney) Councillor Ahmodul Kabir (Tower Hamlets) Councillor Ahmodur Rahman Khan (Tower Hamlets) Councillor Susan Masters (Newham) Councillor Sharon Patrick (Hackney) Councillor Richard Sweden (Waltham Forest) Councillor Beverley Brewer (Redbridge) (ONEL Observer)
All others in attendance remotely	Cllr Afzal Akram (Waltham Forest) Cllr Harvinder Singh Virdee (Newham) Rt Hon Jacqui Smith, Chair in Common Barts Health-BHRUT Shane DeGaris, Group Chief Executive, Barts Health-BHRUT Paul Calaminus, Chief Executive, East London NHS FT Zina Etheridge, Chief Executive, NHS North East London Diane Jones, Chief Nursing Officer, NHS NEL Siobhan Harper, Transition Director - Primary Care, NHS NEL Cllr Chris Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture, Hackney Council Helen McKenna, Head of Office, Chair in Common Barts-BHRUT Ashleigh Milson, Senior Public Affairs Manager, NHS NEL Roger Raymond, Scrutiny Officer, Newham Council
Member apologies:	Councillor Catherine Deakin (Waltham Forest) (Vice Chair) Councillor Abdul Malik (Tower Hamlets) Councillor Anthony McAlmont (Newham) Common Councilman David Sales (City of London)
YouTube link	The meeting can be viewed here: INEL JHOSC - 19/10/2022
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1. Welcome and apologies for absence

1.1 Apologies for absence were received from Common Councilman David Sales(City of London), Cllr McAlmont (Newham) and Cllr Deakin (Waltham Forest). The Chair added that Cllr Virdee from Newham and Cllr Akram from Waltham Forest were joining remotely and he welcomed Cllr Virdee to his first meeting of the Committee.

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 she was employed as Director of Health Transformation by HCVS (Hackney Council for Voluntary Services), in a post funded by NHS NEL.

4. NHS NEL Health updates

4.1 Members gave consideration to a briefing paper *NHS NEL Health Update.*

4.2 The Chair stated that there would be four elements to the item and he welcomed the following to present their sections:

a) *Provider performance, collaboration update and introduction* to Group CEO
Shane DeGaris (**SD**), Group Chief Executive of Barts Health and BHRUT

b) *Winter Planning, Resilience*
Zina Etheridge (**ZE**), Chief Executive Officer, NHS North East London,
Siobhan Harper (**SH**), Transition Director - Primary Care, NHS NEL

c) *System pressure and urgent care and enhanced access to primary care*
Siobhan Harper (**SH**), Transition Director - Primary Care, NHS NEL

d) *Vaccinations update (including Covid-19, Flu, Mpox, Polio and MMR)*
Diane Jones (**DJ**), Chief Nursing Officer, NHS North East London

He added that the slides also included an update on Community Diagnostic Centres, which was just for noting, as this had been dealt with in detail at the previous meeting.

4.3 Shane DeGaris (CE of Barts/BHRUT) took Members through his presentation on provider performance, collaboration update, staffing update.

4.4 The Chair asked what the issues were at Queens and King George V that had made their situation more challenging. SD explained that there were several factors. King George V had double the number of ambulance arrivals than the Homerton but half the number of in-patient beds. There was also considerable variation on primary care availability and a broader issue in that there was great variation across the system on delayed discharges of care.

4.5 The Chair asked if these issues were structural and if, simply, more beds were needed. SD explained that the focus was on helping patients not to have to go to A&E in the first place and looking at other things they can do at urgent care centres. He described Project Snowball about ensuring that processes are more efficient inside the hospital and the issues around sharing risk so other departments can assist with the burden.

4.6 Cllr Masters asked how practical it was to get somebody into an alternative site in the community overnight and also commented that if the Acute Trusts were offering these elements of extra support to staff didn't this imply that they were not paying them enough. SD replied that it was more difficult to discharge at weekends and the ability to have community care packages over 7 days and a 7 day service was crucial. On pay, they were beholden to national pay reviews for substantive staff and so they are trying to help those who need additional support. He explained the operation of the REACH system which helped and operated until 10pm but admission prevention can't take place later.

4.7 ZE took Members through the presentation on winter planning and SH took Members through the presentation element on resilience, system pressure and urgent care and on enhanced access to primary care.

4.8 The Chair commented on the need for better communications on the Enhanced Access Service and what was being done to convince patients about this new approach because there was a lack of confidence in 111 and hence people end up at A&E. SH explained that 14000 people had responded to their engagement when shaping the Enhanced Access Service. It is an ongoing comms challenge she added. There is a debate on balancing same day access for some vs continuity of care for others and she added that A&Es are not the best experience for those just requiring primary care.

4.9 Cllr Adams described the situation of struggling to get a GP appointment and being directed to A&E and Cllr Masters asked about the role of GP Assistants and Digital Transformation Lead, asking what qualifications and responsibilities they have and what training they receive. SH replied that the GP Assistant and Digital Facilitator roles would be administrative not clinical roles and they have not been rolled out locally yet. There is a great variance in GP performance across NEL and this is a concern and the aim now is to work at a peer to peer level to improve the offer she added.

4.10 Cllr Sweden asked about integrating urgent care centres with A&E and whether we were going to lose the former. SD explained that at hospitals we have urgent care at the front door and unless you have really effective integration, patients can have poor experience. There are two different sets of triage so no proper integration of information and this needs to be addressed. He added that no urgent care centres would be lost.

4.11 Cllr Patrick asked what was new about the Anticipatory Care plans? ZE explained it's what they do each winter and it was something brand new but a rather development of the service to make it more responsive and focused on prevention.

4.12 The Chair asked whether thought was being given to a more comprehensive Out of Hours Service service that blends better with the NHS 111 service, as a better wrap-around service, as the previous service in Hackney had been. SH explained that the focus was to deliver on the Fuller Report which noted the need to balance same day access demands with providing continuity of care. It was time to think about new models of day time primary care and the out of hours arrangements across NEL still varied considerably. She added that opportunities are not the same as they used to be in terms of commissioning directly from GP Groups. She added that was important that they improve both the perception and the reality that people can get seen, so that public confidence can be increased.

4.13 Cllr Virdee asked about the ageing profile of GPs and what was being done to recruit new GPs to ensure the system was fit for purpose and what was being done to move forward with new technology to help manage waiting lists. SH explained that they were looking at all digital solutions as well as E-consultations and fixing the problem of people waiting too long on telephones. Staffing was a major concern and there was a major focus on workforce at NHSE. The way GPs are working is changing, many want to be sessional GPs rather than Partners so the whole model was changing rapidly.

4.14 The Chair asked about delayed discharges of care and how the NHS is supporting councils and the care sector financially. ZE replied that she was very concerned about the sustainability of social care this winter. She cautioned that NHS and local authority finances were very different and detailed how they were piloting schemes on enhanced domiciliary care for example. This would explore if they can train and pay domiciliary care workers to do tasks normally done by NHS staff.

4.15 The Chair asked because there was more in the system during the pandemic was it easier for mutual aid (between trusts) to work well then and how could that be built on. SD replied that practical mutual aid works well on a day to day basis to manage patient flows. The back end of the pathway was more of a challenge however and, in the Royal

London for example, they had many out of region patients which added another dimension to the problem.

4.16 Cllr Brewer asked about the timetable for development of Community Diagnostic Centres discussed at the previous meeting. ZE undertook to provide further detail.

ACTION:	**ZE to provide a future timetable for roll out of next CDCs.**

4.17 Diane Jones (Chief Nurse, NHS NEL) give a presentation on the vaccinations update. Currently they were 5 running simultaneously in primary care sites as well as vaccination sites. There had been a supply issue for the mpox vaccine but it had been resolved and they were now using a more targeted approach. On polio, they had issued 97% of invites to all those eligible and uptake so far was 22%.

4.18 Cllr Adams asked about covid vaccinations and a revelation in a Pfizer exec report to an EU body that their covid vaccine had never been tested for transmission and why therefore were people being forced to have a vaccine passport. DJ explained that taking the vaccine doesn't prevent you from transmitting the virus to somebody else but it greatly reduces severity. Whether vaccine passports are being requested is down to individual establishments, she added. Cllr Adams asked about the difference between the vaccines in terms of transmissibility levels. DJ explained that it's about the wellbeing of individuals and it's advisable to have the vaccine as transmission rates are lower where there are people who have been vaccinated. If everyone is building up a level of resistance the transmission rate will be lower, effects are less likely to be severe and it is less likely that a person will require hospitalisation.

4.19 Cllr Sweden asked where you can get mpox vaccine in NEL patch and about people falling through the cracks in terms of accessing the 4th Covid vaccine. DJ explained how they managed the mpox vaccinations when there was a temporary shortage of stock and how people can get their follow up Covid vaccines. She undertook to circulate an updated list of sites.

ACTION:	**DJ to provide a list of sites (links) where you can access the mpox vaccine.**

4.20 The Chair questioned whether it would be more efficient to achieve a greater uptaker of the polio vaccine if it was done by schools. DJ explains why that didn't work in the past and the rationale. The parents had to be there with the young person etc. The cohorts for polio included pre school age also.

4.21 The Chair asked about the viability of setting up a clinic at the end of school day. DJ explained they can do them after school times for those age groups who are eligible or at pharmacies. The feedback from

families was that the vast majority wanted to go to a practice nurse within a primary care setting, she added.

4.22 Cllr Adams asked what percentage of children in NEL were not up to date with MMR. DJ replied that they had a backlog of 2000 but could provide a further breakdown.

ACTION:	**DJ to provide the % of people in NEL whose MMR vaccines are not up to date and the national comparison.**

4.23 The Chair asked what targeted comms work was being done in Hackney and Walthamstow following the discovery of presence of polio in the sewage system. DJ replied that City and Hackney and WF were the targeted areas. Texts, outreach, talks with community leaders, letters in a range of languages and also through informal networks were being used. Cllr Masters enquired that, as there hadn't actually been one case in England, how was it found to be present in the first place. DJ explained that strains of virus had been found in sewage indicating it was coming from individuals who had not been in contact with health services either primary or secondary care. Cllr Virdee asked if it hadn't been detected yet in people presenting to the health services was the NHS giving parents the right kind of information and was the response proportionate. DJ replied that it depended on how the message was perceived. There was a real risk among those communities so the question is how you assess that risk.

4.24 The Chair thanked the officers for their reports and their attendance.

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

5. Developing ICS Strategy

5.1 Members gave consideration to a paper '*Development of a North East London Integrated Care Strategy'* and noted that the full strategy had to be submitted to NHSE in December. This set out the plan for the ICS which came into being on 1 July.

5.2 The Chair welcomed Zina Etheridge (**ZE**), CE of NHS NEL who took Members through the presentation.

5.3 The Chair commented that it came across as a very top-down Strategy and there was no mention of devolution to the 8 local Places and challenge of having a broad brush Strategy across the 8 boroughs.

5.4 Cllr Khan asked about the shortages of nurses and care home staff. ZE replied that on the issue of workforce and his it is captured in the

document the intention was to tease out how they want to work in NEL at a more local level and to make this happen. She added that shortage of nurses was a particular concern and one ‘Employment and Workforce’ was a key priority in the document and making sure there is a sustainable workforce in NEL and that it is populated with as many local people as possible was key. DJ also detailed the specific NEL Workforce Strategy for Nursing.

5.5 Cllr Masters asked about the recent ‘Cost of living’ Workshop referred to in the paper. ZE explained how it had been very helpful and had covered such elements as the impact on those on lower incomes who don’t get free prescriptions and on the need for greater lobbying for free public transport or a reduction in the congestion charge for those attending hospital appointments.

5.6 Cllr Brewer asked about 30% of people in NEL waiting more than 4 hrs at A&E. ZE explained that 4hr wait specifically wasn’t within the purview of this Strategy, which is much broader, but generally the focus has to be on improving access to urgent care so people don’t need to go to A&E in the first place. She detailed the work at Queens on improving flow through the Emergency Departments and the work in Primary Care to reduce A&E attendance.

5.7 The Chair asked about a recent Health Services Journal news story about the £42m budget variance in NHS NEL’s budget after just 5 months. He asked whether it could be brought into line and what were the consequences. ZE replied that while this was a significant number it represented 1% of total budget in NEL. It was a variance from plan rather than simply pure overspend and they were working very hard to bring the numbers back in alignment. The Chair asked how ICSs were supposed to handle overspend at the end of the year and whether it would be picked up by Treasury and what were the technical levers here for the ICS. ZE replied that the clear guidance from NHSE was that they must make every effort to get it back in line by the end of the financial year and they were working hard to achieve this.

5.8 Cllr Adams asked if the ICS Strategy was being shared with the 8 Health and Wellbeing Boards in each of the councils. ZE replied that it certainly was and would be going to each of them.

5.9 The Chair thanked ZE for the update and asked if the final version could come to the 15 December meeting.

ACTION:	**Item on Final Draft of ICS Strategy to be added to the agenda for the 15 Dec meeting.**

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

6. Acute Provider Collaborative - developing plans

6.1 The Chair explained that as part of the new ICS an Acute Provider Collaborative had been created involving Barts Health, BHRUT and Homerton Healthcare whereby the three acute health trusts in the patch would work to agree a single approach to service development proposals. The APC first met in July and plans for engagement and consultation would emerge over the following months.

6.2 He welcomed for this item:

Rt Hon Jacqui Smith (**JS**), Chair in Common, Barts Health/BHRUT
Zina Etheridge **(ZE)**, CEO, NHS North East London

6.3 JS gave a verbal presentation on the plans. In summary there would be 5 Collaboratives covering : *Mental Health, Learning Disability and Autism; Community Services; Primary Care; VCS;* and *Acute Care.* The focus is on improving outcomes for patients and on ensuring value for money. The APC is now focusing on its work plans which are wide ranging and a key element is having an Acute Clinical Strategy. They are also looking at taking on more responsibilities for Specialist Services and at developing the work on Clinical Trials. They've also added strands such as 'Babies children and young people'; 'workforce;' and 'information and informatics'. Each programme has been assigned lead from one of the Trust and they have an Executive Group and a Shadow Board which is chaired by Sir John Gieve. They are bringing together some of the work done previously at Trust level e.g. on HVLC centres. Support had been canvassed for creating a network of centres of clinical excellence in surgery but this had been delayed by the pandemic. They are now back at the task and reflecting on the learning from the pandemic, which had accelerated some of the work and stopped others. JS cautioned that it was early days and the APC plan hadn't yet been seen by the boards of the individual Trusts nor the APC Board itself but it will come back and of course feed into the Forward Plan for NHS NEL in time for next March.

6.4 The Chair asked to what extent this was an Estates issue. JS replied that an element of it was and neither was it all about High Volume Low Complexity care but how to ensure resilience of Critical Care. The

challenge was how to get more services out of hospital, what will deliver the best outcomes, what do the Clinicians say and what do we need to move around to accommodate those changes. She added that in the APC they do not have a Masterplan and they are genuinely having to go back and to work done before the pandemic to review it in light of what we learned since.

6.5 Cllr Brewer asked how will the APC practically assist with improving outcomes for patients e.g. on eliminating 4 hr waits in A&E or the huge 62 day cancer wait backlogs. SD replied that during the pandemic every hospital had cancelled routine surgery leading to a huge backlog. NEL had been hit harder earlier with Covid and it recovered later than other regions. There was a constant focus now in clearing backlogs and use of HVLCs are part of that. The idea was to concentrate efforts in fewer centres as this will lead to better clinical outcomes for patients and will get better throughput. Patients were already going to specialised centres to receive care earlier.

6.6 The Chair asked whether the High Volume Low Complexity hubs would continue. JS replied that elements of it were being done in King George V in Ilford. What was paused was the real strategic planning about what it was going to look like and they are now returning to that. In terms of consultation on all this, it would depend on the scale and the significance and the materiality of any proposed Change.

6.7 The Chair asked whether this was predominantly about moving round services rather than any reductions considering our growing population. JS provided reassurances that Emergency Departments could not be reduced considering the pressures already on them adding that she could not foresee any scenario where EDs would be closed. In terms of other key areas of focus for the APC one was on ensuring maternity services were properly staffed and another was on improving safety and building on Ockenden report recommendations.

6.8 The Chair thanked the senior executives for their update and for attending to answer questions and he asked that once the APC was further along, the Committee would like to be kept informed of its progress.

ACTION:	**Update briefing on the Acute Provider Collaborative to be added to the future work programme.**

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

7. Redevelopment of Whipps Cross - update from Chair of Whipps Cross JHOSC update

7.1 Cllr Sweden gave a verbal update on the work of the special JHOSC. He stated that the fiscal constraints on the project were challenging. He added that since the elections in May the committee now comprised largely new members. He explained that they had agreed with NHS officers a protocol and a pro-forma for substantial variations which this committee might wish to use.

7.2 Cllr Brewer, also a Member of the Whipps Cross JHOSC, stated that they were anxiously awaiting the outcome of NHSE's Major Project Review Group meeting on 6 December, where crucial decisions on the future of the project would be made.

7.3 Shane DeGaris added that the enabling works (e.g. on the car park) had been agreed. The Chair asked if the funding agreed thus far was only for enabling works. SD replied that the Secretary of State had announced £30m covering three schemes for enabling works, including Whipps, but that final confirmation of the bulk of the funding was still awaited.

8. Minutes of previous meeting

8.1 Members gave consideration to the draft minutes for the meeting on 25 July 2022 and noted the matters arising..

RESOLVED:	**That the minutes of the meeting held on 25 July 2022 be agreed as a correct record.**

9. INEL JHOSC future work programme 2022/23

9.1 Members gave consideration to the updated work programme.

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

10. Any other business

10.1 There was none.