



Agenda

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

Date **Wednesday 24th June 2020**

Time **7.00 p.m.**

Venue **This Meeting will be held remotely via ZOOM and broadcasted on Facebook Live**

Contact: via Roger Raymond
Senior Scrutiny Policy Officer

Due to issues around the Coronavirus (COVID 19), in order to meet with social distancing guidance issued by the Government and Public Health England, this meeting will be conducted via teleconferencing arrangements.

Due to the above we are advising Members of the Public to watch via Facebook Live using the following link:

<https://www.facebook.com/newhamcouncil/>

If you have an accessibility requirement which we need to consider due to a health issue or disability e.g. Sign Interpreter for meeting. Please contact the clerk immediately.

Rokshana Fiaz OBE
Mayor of Newham

Althea Loddrick
Chief Executive

MEMBERSHIP:

Councillor Winston Vaughan (Chair)	London Borough of Newham
Councillor Ben Hayhurst (Deputy Chair)	London Borough of Hackney
Councillor Gabriela Salva-Macallan (Deputy Chair)	London Borough of Tower Hamlets
Common Councilman Michael Hudson	City of London Corporation
Common Councilman Christopher Boden	Substitute Member - City of London Corporation
Councillor Patrick Spence	London Borough of Hackney
Councillor Peter Snell	London Borough of Hackney
Councillor Anthony McAlmont	London Borough of Newham
Councillor Ayesha Chowdhury	London Borough of Newham
Councillor Kahar Chowdhury	London Borough of Tower Hamlets
Councillor Shad Chowdhury	London Borough of Tower Hamlets
Councillor Nick Halebi	London Borough of Waltham Forest
Councillor Richard Sweden	London Borough of Waltham Forest
Councillor Umar Ali	London Borough of Waltham Forest
Councillor Neil Zammett	London Borough of Redbridge

OBSERVER:

Councillor Neil Zammett	London Borough of Redbridge
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Rokshana Fiaz OBE
Mayor of Newham

Althea Loddick
Chief Executive

Agenda

1. WELCOME, APOLOGIES AND INTRODUCTIONS

2. DECLARATIONS OF INTEREST

This is the time for Members to declare any interests they may have in any matter being considered at this meeting having regard to the guidance attached to the agenda.

3. MINUTES OF PREVIOUS MEETING (Pages 1 - 20)

The Committee is asked to agree the accuracy of the minutes of the previous meetings.

4. SUBMITTED QUESTIONS (Pages 21 - 32)

INEL JHOSC is asked to note and respond to questions submitted by the public.

5. NHS INEL RESPONSE TO THE CORONAVIRUS PANDEMIC

INEL JHOSC is asked to note, comment and discuss the NHS INEL response to the Coronavirus Pandemic.

- To follow

6. CORONAVIRUS PANDEMIC SCRUTINY IN THE LOCAL BOROUGHES (Pages 33 - 48)

- For information

7. INEL JHOSC WORK PROGRAMME (Pages 49 - 54)

INEL JHOSC is asked to comment, discuss and approve items on the work programme.

8. DATE OF NEXT MEETING

INEL JHOSC meeting – the next meeting will be held on 30 September 2020.

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INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)

Meeting held on 27th January 2020
in Will Thorne Chamber, Newham Town Hall, East Ham, E6 2RP

- Present:**
- Councillor Winston Vaughan (Chair, London Borough of Newham)
 - Councillor Ben Hayhurst (Vice-Chair, London Borough of Hackney)
 - Councillor Gabriela Salva-Macallan (Vice-Chair, London Borough of Tower Hamlets)
 - London Borough of Newham
Councillor Ayesha Chowdhury
 - London Borough of Hackney
Councillor Yvonne Maxwell
 - London Borough of Waltham Forest
Councillor Richard Sweden
- In Attendance:**
- Dr Angela Wong, Clinical Lead, Barts Health NHS Trust
 - Karen Conway, interim Programme Manager, NCEL Cancer Alliance
 - Jarlath O'Connell, Scrutiny Officer, London Borough of Hackney
 - Roger Raymond, Senior Scrutiny Policy Officer
- Apologies:**
- London Borough of Newham
Councillor Anthony McAlmont
 - City of London Corporation
Common Councilman Michael Hudson
 - London Borough of Hackney
Councillor Patrick Spence
 - London Borough Tower Hamlets
Councillors Kahar Chowdhury and Shad Chowdhury
 - London Borough of Waltham Forest
Councillor Umar Ali

1. WELCOME AND INTRODUCTIONS

- 1.1 The Chair welcomed Members, witnesses and members of the public to the meeting.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest.

3. MINUTES OF PREVIOUS MEETING

- 3.1 The minutes would be considered at the next meeting.

4. WORKPLAN

- 4.1 The Members in attendance discussed the Workplan. Members requested to add Overseas Patients and Charging item to the agenda of the June 2020 meeting.
- 4.2 Members requested that Jane Milligan, Accountable Officer, East London Health Care Partnership (ELHCP) be invited to the remaining meetings of the Committee for the year. Members wanted to ensure that Members would be able to hold the ELHCP accountable for decisions ELHCP had made.

RESOLVED:

That the INEL JHOSC agree the amended Workplan.

5. SUBMITTED QUESTIONS

- 5.1 The following questions were submitted to the Committee by Shirley Murgraff, Hackney resident:

“1. What were INEL's and NEL's responses to NHSE's draft service specifications for PCN's, and what was/were NHSE's response(s)? Are they/will they be in the public domain?

- . 2. Why are INEL JHOSC's meetings always in Stratford, and couldn't they be elsewhere (eg in Hackney) sometimes?

The Chair responded on behalf of the Committee:

“The INEL JHOSC did not respond to the consultation for the Primary Care Networks Service Specifications that ran from 23 December 2019-15 January 2020. The INEL JHOSC does not usually respond to consultations, however, there is nothing precluding individual boroughs responding to NHS consultations if they deem it appropriate.

East London Health & Care Partnership (ELCHP) said that a number of people and organisations across the NHS in north east London, including GPs and primary care commissioners and providers, expressed their views on the draft outline of The Primary Care Network service specifications - via the online survey, webinars and direct correspondence.

Direct responses are not in the public domain, but primary care commissioners in north east London focussed on the challenges around recruiting into the new roles in the time available and the inclusion of London weighting. Commissioners also felt there needed to be more flexibility in the specifications to meet local needs. Discussions around the specifications in north east London are ongoing. While specific NHSE responses will not be published, a final version of the GP contract for 2020/21, including the plans on service specifications that takes this feedback into account, is now being agreed by NHSE and BMA before publication in time for the new financial year.”

“The host borough (Newham) for the INEL JHOSC stages the meetings, hence why the meetings are in Stratford or East Ham. When INEL JHOSC meetings are hosted by another borough from 2021, the venue will change.”

5.2 The following question was submitted to the Committee by Christopher Sills, Hackney Resident:

“What progress is being made on the rebuilding of Whipps cross hospital and what considerations have been given to the short term problems and long term results of the scheme? Although I am a Public Governor of the Homerton Hospital, I am writing this in a personal capacity but it seems clear to me from conversations I have had with women in the election period that a number of them will not want to elect to have their babies on a building site. What steps have been taken to ensure that these understandable wishes are going to be taken into account?

The Chair responded on behalf of the Committee:

“The redevelopment programme is currently developing its refreshed Strategic Outline Case which we expect to complete early in 2020 at which point it will be approved by the Barts Health Board and submitted

to NHSE&I and DHSC for formal approval.

At this stage it is not anticipated that there will be changes to patient flows during construction as all services will be maintained during that time. More detailed work will be undertaken in the next phase of planning which will commence after the Strategic Outline Case has been approved.”

RESOLVED:

That the Committee:

- 1) Note the questions**
- 2) Agree that written responses would be provided to Shirley Murgraff and Christopher Sills.**

6. CANCER DIAGNOSTIC HUB

- 6.1 Dr Angela Wong, Clinical Lead, Barts Health NHS Trust and Karen Conway, interim Programme Manager, NCEL Cancer Alliance presented the Cancer Diagnostic Hub paper to the Committee. Dr. Angela Wong told the Committee that funding for the North-East London Early Diagnosis Centre (NEL EDC) was provided from NHS England’s Cancer Transformation Fund (CTF). The driver for establishing the Cancer Diagnostic Hub in the North East London was the national policy to improve survival rates for cancer and reduce waiting times for cancer treatment. Survival rates for cancer in England were higher now than they had ever been, but despite the improvements, the U.K.’s outcomes for some cancers still lag behind many European countries. In the North East London footpath, evidence showed that it had poor patient outcomes for both liver and upper/lower gastrointestinal (GI) cancers, with evidence of variation in practice.
- 6.2 Dr Angela Wong told the Committee that the Cancer Diagnostic Hub was an opportunity to take advantage of economies of scale across three main trusts in East London (Barts Health, NHS Trust, Barking, Havering and Redbridge University Hospitals NHS Trust and Homerton University Hospital NHS Foundation Trust). The amount of CT scanners that UK patients had access to was significantly less than other comparable European countries. Therefore, with the Cancer Alliance the Cancer Diagnostic Hub was going to help create additional capacity and become a centre of excellence in the diagnosis of lower GI cancers. The Cancer Alliance had already been able to negotiate with UCLH SUMMIT study to provide an extra two CT scanners that were going to be available in the North East London area for low dose CT lung cancer screening.

- 6.3 Dr Angela Wong told the Committee that the Cancer Diagnosis Hub would have two endoscopy suites (with a decontamination unit), and two ultrasound rooms, co-located with an existing CT scanner. In a future phase, the ambition was to add other diagnostic facilities, such as an MRI scanner. Dr Angela Wong also told the Committee that the Cancer Diagnosis was going to improve access to earlier diagnosis and treatment for cancer, which would improve life expectancy and begin to address health inequalities across the region – it would hope to provide a holistic service in terms of treating patients. For example, many patients would have other illnesses and issues, such problems related to alcohol, smoking, diet and lifestyle habits that could be also be tackled.
- 6.4 The Cancer Diagnostic Hub was going to cater for surveillance of patients with GI and liver symptoms. Those were the patients of greatest need in North East London, with the exception of lung cancer patients, who were already benefitting from the SUMMIT study, which implemented lung screening for North East London residents. Other patients would be referred to the Cancer Diagnosis Hub via GPs, if were they a low procedural risk. Patients would have to be fit to able to travel to the Hub.
- 6.5 Responding to questions from Committee Members, Dr Angela Wong told the Committee that the Cancer Alliance was expecting that the Cancer Diagnosis Hub would be operational by May 2020. They expected to fill some vacancies that open for radiographers, for example, by May 2020. Responding to Committee Members' questions Dr Angela Wong told the Committee that the expected patients to the Cancer Diagnosis Hub was not known at this stage, however, the capacity within the EDC is shared for both endoscopy and ultrasound amongst the three partners, Barts Health, NHS Trust, Barking, Havering and Redbridge University Hospitals NHS Trust and Homerton University Hospital NHS Foundation Trust with 24 lists available per 6-day working week, on the basis of 50: 40:10. This amounts to 4800 operational hours per year for both endoscopy and ultrasound. The type of patients that would be seen at the Cancer Diagnosis Hub often did not know why they were having repeat diagnosis. By treating these patients at the Cancer Diagnosis Hub doctors would be able to plan a full programme of treatment and liaison with the patients, plus keeping them fully informed. This was going to include some lifestyle and health `prevention input.
- 6.6 Dr Angela Wong told the Committee that the Cancer Diagnosis Hub would run a full clinic across the week. It would be able to take patients at the weekend because Saturday was a normal working day at the Barts Health NHS Trust. At the moment, the type of treatment that would be carried out the Cancer Diagnosis Hub would be charged at a premium rate at the weekend. Responding to Committee Members' questions on the capacity of the Cancer Diagnostic Hub, Dr Angela Wong told the Committee that the Cancer Diagnostic Hub had a team that was co-ordinating and managing the patient flows that would make sure that any

additional capacity would be utilised. Dr Angela Wong also told the Committee that there was a designated team that would ensure that patients would meet the national target of seeing a cancer specialist within 14 days, however, the Government was introducing a new national target in April 2020 to replace this, which would consist of a maximum 28-day wait for patients to be told whether or not they have cancer after an urgent referral from their GP or a cancer screening programme. When it comes to manage to cancer cases, the data is on a database that all the Trusts could see.

- 6.7 Dr, Angela Wong told the Committee that the Cancer Alliance would be investigating the possibility of submitting a bid for an extra MRI scanner for the Cancer Diagnostic Hub to increase its capacity. One of the benefits of centralising some services within the Cancer Diagnostic Hub, patients will be able to receive a CT scan and blood tests on the same day if something was found the doctors. In responding to Committee Members' questions, Dr. Angela Wong told the Committee that the Cancer Diagnostic Hub was not going to take services from other Trusts – just restructure how some patients would receive their treatment. Some of the staff in the Cancer Diagnostic Hub would be rotating from the three Trusts. In responding to Committee Members' questions, Dr. Angela Wong told the Committee that the Cancer Diagnosis Hub was funded by the NHS, however the Cancer Alliance would look to develop a separate funding bid to Macmillan Cancer Support to help to reach hard-to-reach potential patients. The bid would fund more nurses and clinical staff. The NHS had to guarantee the funding for two years for the bid to have a chance to be approved.
- 6.8 In responding to Committee Members' questions, Dr. Angela Wong told the Committee that she had met with potential charities for the extra MRI scanner that the Cancer Diagnosis Hub was seeking. The hope is that the funding for the additional MRI scanner would be agreed in the next financial year. Dr. Angela Wong told the Committee that the Cancer Diagnostic Hub should mean that there would be a need to involve the private sector for diagnostic, CT scanners, endoscopy and ultrasound in the future. Dr. Angela Wong told the Committee that they would look at the possibility of a Rapid Diagnostic Centre at another site once the Cancer Diagnosis was up and running. Dr. Angela Wong told the Committee that she was happy to come back and give the Committee an update on the Cancer Diagnostic Hub later in the year.

RESOLVED:

THAT THE INEL JHOSC to note the report and agreed to receive an update on the Cancer Diagnostic Hub later in the year.

7. OVERSEAS PATIENTS AND CHARGING

- 7.1 The Chair informed the Committee that there was no officer from Barts

Health NHS Trust to present the paper.

- 7.2 The Committee resolved to take the item at its June 2020 meeting, and expected that an officer would be available to present an updated paper to the Committee.

RESOLVED:

THAT THE INEL JHOSC agreed to receive a further report on the Overseas Patients and Charging at its June 2020 meeting.

8. DATE OF NEXT MEETING

It was noted that the next scheduled meeting of the Committee was 11 February 2020.

Chair:

Date:

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INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)

Meeting held on 11th February 2020
in Main Hall, Old Town Hall, Broadway, Stratford E15 4BQ

- Present:**
- Councillor Winston Vaughan (Chair, London Borough of Newham)
 - Councillor Ben Hayhurst (Vice-Chair, London Borough of Hackney)
 - Councillor Gabriela Salva-Macallan (Vice-Chair, London Borough of Tower Hamlets)
 - London Borough of Newham:
Councillors Ayesha Chowdhury and Anthony McAlmont
 - London Borough of Hackney:
Councillors Yvonne Maxwell and Patrick Spence
 - London Borough of Waltham Forest:
Councillor Richard Sweden
- In Attendance:**
- Councillor Neil Zammett Chair, Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JHOSC), London Borough of Redbridge
 - Councillor Beverley Brewer, London Borough of Redbridge
 - Councillor Hannah Chaudhry, London Borough of Redbridge
 - Nisha Patel, London Borough of Havering
 - Ian Buckmaster, Healthwatch Havering
 - Jane Milligan, Accountable Officer, East London Health and Care Partnership (ELHCP)
 - Henry Black, Chief Finance Officer, ELHCP
 - Simon Hall, Director of Transformation, ELHCP
 - Dr. Jagan John, Chair, Barking and Dagenham Clinical Commissioning Group (CCG)
 - Dr Ken Aswani, Chair, Waltham Forest (CCG)
 - Muhammed Naqvi, Chair, Newham (CCG)
 - Ralph Coulbeck, Director of Strategy, Barts Health NHS Trust
 - Tracey Fletcher, Chief Executive, Homerton University Hospital NHS Trust
 - Marie Gabriel, Chair, East London NHS Foundation Trust (ELFT)
 - Alan Ridley, Royal College of Nursery
 - Paul Calaminus, Deputy Chief Executive, East London Foundation Trust (ELFT)
 - Professor Oliver Shanley OBE, NELFT NHS Foundation Trust (NELFT)

Tony Chambers, Interim Chief Executive BHRUT was also in attendance
Dominic Stanley, Communications, ELCHP
Carol Ackroyd, North East London Save Our NHS (NELSON)
Rosamund Mykura, NELSON
Stephanie Clark, NELSON
Martin Darling, Hackney Citizen
Jarlath O'Connell, Scrutiny Officer, London Borough of Hackney
Jilly Szymanski, Scrutiny Co-ordinator, London Borough of Redbridge
Roger Raymond, Senior Scrutiny Policy Officer

Apologies: London Borough Tower Hamlets:
Councillors Kahar Chowdhury and Shad Chowdhury

London Borough of Waltham Forest:
Councillor Umar Ali

1. WELCOME AND INTRODUCTIONS

- 1.1 The Chair welcomed Members, witnesses and members of the public to the meeting.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest.

3. MINUTES OF PREVIOUS MEETING

- 3.1 The minutes would be considered at the next meeting.

4. SUBMITTED QUESTIONS

- 4.1 The following questions were submitted to the Committee by Carol Ackroyd on behalf of NELSON:

- a) *Have members of the joint INEL & ONEL JOSC received a copy of the two-page NELSON response to the ELHCP draft LTP as one of the papers on the Agenda for this JOSC meeting?*
- b) *In the light of the concerns raised in the NELSON response, is the JOSC satisfied that the draft LTP contains sufficient information as a basis for consultation with local residents on the major reconfigurations planned for*

ELHCP services?

- c) *Will the JOSC please give their own responses to the concerns raised by NELSON?*

The Chair on behalf of the Committee, made the following points in response::

- All INEL and ONEL JHOSC Committee Members received the two-page NELSON response to the ELHCP draft LTP either in agenda papers or separately via e-mail;
- INEL and ONEL JHOSC Committee Members have raised concerns regarding the consultation process in the past few months. Committee Members have expressed a desire to be updated regularly by the Accountable Officer, ELHCP and senior officers. Both Committees will expect to receive updates on the implementation of the Long Term Plan at their meetings.

Some comments from ELHCP officers are given below:

- The ELHCP response to the LTP is an overarching, thematic and strategic document. As such it is not being formally consulted on separately. However any proposed service changes that require a formal consultation will be formally and fully consulted on as usual. As per this process, clinical benefit, modelling activity, transport, mapping and patient feedback will be provided;
- The ELHCP embeds engagement throughout its work streams and specifically looks at how it can involve local people in the transformation of health and care services. We are committed to co-design and co-production and are always exploring ways of improving this;
- The new Integrated Care System (ICS) Chair has been tasked with looking at the governance process to ensure we have engagement at the right level and oversight involving all partners including Healthwatch, community and voluntary services; and
- Local authorities are members of the ELHCP and are included in a range of meetings, which focus on the work of the partnership. Additionally the partnership will continue to work with Healthwatch, community and voluntary services as well as scrutiny committees and health and wellbeing boards across north east London;
- The Committees are very concerned about the comments made by NELSON in their submission. ELHCP have looked to address the concerns raised by NELSON in their submission as follows:
- The ELHCP's work on responding to the Long Term Plan to develop an Integrated Care System (ICS) in North East London is primarily about NHS commissioners, providers, local authorities and the wider public and

community sector coming together to make decisions on the use of resources; and is not about privatising services or passing care costs from the NHS to local authorities;

- The LTP response follows the principles established by NHS England and is focussed on co-ordinating the work of general practice, community services, hospitals, local authority public health and social care to better meet the needs of our population.
- This is particularly important for the growing numbers of people with several medical conditions who receive care and support from a variety of health and social care staff whose needs might be better met in community rather than hospital settings. Community settings are generally those that are closer to patients and include primary care, NHS provided or commissioned community services and can also include council run services.

Efficiency savings

- The need for the ELHCP to find savings of £140m is part of the national requirement for many public sector organisations. Delivering on these plans is always challenging but this figure is within the normal range of plans developed every year.
- Savings are not the same as cuts – the overall NHS budget for north east London has been increased by more than 5% in 2019/20, but it is crucial that this money is used wisely and to best effect. The financial benefit generated by improving efficiency in this way ensures that services are protected and resources are optimised to treat patients in the most effective way possible.

The right care in the right place

- The ELHCP is also working with its partners to coordinate the best care in the best place for the most people. Barts Health, the Homerton and BHRUT are working together to identify opportunities to work in collaboration to support transformation priorities across north east London. They are jointly looking at capacity and demand, clinical pathways, estates and more - to produce a joint LTP vision that will provide the highest quality care in the right places, for everyone in North East London.
- Barts Health is currently gathering the views of their staff, patients, commissioners and partner providers on their strategy for surgical services, which will make the best use of surgical expertise at the Trust.
- The ELHCP is also currently reviewing demand and capacity in maternity and neonatal care to make sure we have the right capacity, in the right place, so local women and their families have the best possible outcomes.
- The Committees will continue to scrutinise the ELHCP's plans over the next few months to ensure that it delivers on what it has promised in this

response.

4.2 The following questions was submitted to the Committee by Rosamund Mykura, on behalf of NELSON:

At a meeting on 4th February 2020 of North-East London Save our NHS (NELSON), we decided to send each councillor on your committee a copy of the statement made verbally by NELSON at INEL JHOSC on Monday 27th Jan 2020, in response to agenda item 7 (pages 31-32) the report on 'Patient Charging' from Barts NHS Trust. Given the hidden, severe and urgent nature of patients' problems arising from the patient charging regulations, we feel it would be both wrong and unnecessary to wait a further five months for the item to appear again on the June INEL JHOSC agenda. Will the INEL JHOSC act now on our request?

The Chair responded on behalf of the Committee as follows:

- The INEL JHOSC takes the issue of Overseas Patients and Charging very seriously. The issue has always featured on the INEL JHOSC work plan. Unfortunately, no officer from Bart's was available to present the paper at the INEL JHOSC meeting on 27th January 2020. In light of this, someone from Bart's will be presenting a broader paper on the matter at the INEL JHOSC meeting on 24 June 2020. INEL JHOSC does not have any meetings until June 2020, however, this does not preclude any of the boroughs discussing the matter at their Health Scrutiny Committees in the meantime.

4.3 The following question was submitted to the Committee by Rosamund Mykura, on behalf of NELSON:

Although the LTP does not cite numbers, it anticipates that many patients currently cared for in hospital will, in future, receive their care and treatment in the community.

A top-sliced NHS budget will be used to provide enhanced NHS staffing, often in jointly funded NHS and social care community teams. These staff will deliver positive health interventions.

However, many of the patients discharged early from hospital, or receiving community-based treatments will also require a great deal of ongoing care and support in addition to specific health-care interventions. It will fall to family carers and to local authorities to provide social care support to replace nursing care provided in hospital.

New 'social care prescribers' will be referring many patients with complex health needs to services that are currently funded through local authority budgets with budgets that may not stretch to meet these additional needs.

Out of hospital care may have many positive aspects. However it also

represents a major transfer of funding burden from the NHS directly onto hard pressed local authorities and those patients who will bear the costs of social care.

What steps have local authorities taken, locally and nationally, to understand the additional caring impact and financial implications of this transfer to local authority budgets and individuals, and to address these issues?

The Chair responded on behalf of the Committee:

- The INEL and ONEL JHOSC Members resolved at their Joint-Meeting on 11th February 2020 that they would request ELHCP ensure that Local Authorities be fully recompensed for any services they provide (that were formerly performed by the NHS). The Committees will continue to review the Long Term Plan over the next few months and scrutinise ELHCP's work in this area. Some comments on this issue from ELHCP officers are given below:
- As mentioned above, the ELHCP's work on responding to the Long Term Plan to develop an Integrated Care System (ICS) in North East London is about the NHS, local authorities and the wider public and community sector coming together to make decisions on the best use of resources. There is no intention to pass costs of care from the NHS to local authorities.
- ICSs provide the vehicle to support better, more targeted investment in community services, including community health services. Health and social care systems, both nationally and locally, have been talking for some time about getting the resource balance right between hospital and community services. The NHS Long Term Plan finally provides the right levers.
- A large proportion of referrals into adult social care are older people who have been admitted to hospital for the first time, or readmitted due to deterioration in their health, often due in part to a lack of community services.
- Hospital care beyond the acute phase is often not good for patients, with inevitable deconditioning leading to increased care needs on discharge, which is a real risk for informal carers and families and local authority social care departments. Avoiding people ending up in hospital in the first place, particularly those with cognition issues or dementia, is also paramount in our thinking and joint planning.
- Evidence shows getting people out of hospital sooner (and ultimately avoiding them going in, in the first place) means better long term outcomes for patients, with less ongoing health and care need. We are working on pilot schemes in north east London to help people return home earlier and

understand where care is best deployed based on patient feedback and experience;

- The ICS also enables local authorities and the NHS to work together in communities to understand the best early interventions to stop things reaching crisis point for people and also how we better support the thousands of informal carers across north east London.

It was RESOLVED that the Committee:

- i. Noted the questions; and**
- ii. Agreed that written responses would be provided to Carol Ackroyd and Rosamund Mykura.**

5. NHS LONG TERM PLAN IN NORTH EAST LONDON

5.1 At the request of the Committees, an update was provided in relation to population health management, urgent and emergency care, primary care networks, cancer, mental health, workforce and estates. This was initially scheduled for the meeting held on 6 November 2019. Jane Milligan, ELHCP Accountable Officer, Dr Jagan John, Chair Barking and Dagenham CCG and Simon Hall, ELHCP Director of Transformation introduced a detailed presentation. This outlined:

- A background to the NHS Long Term Plan;
- Selected work streams;
- Ongoing work to develop an integrated care partnership for North East London;
- The role of the acute collaborative group;
- The projected delivery; and
- Next steps.

5.2 Jane Milligan told the Committee that The Plan, which was published in January 2019, set out a vision for the NHS over a 10-year period and included the development of a number of work programmes. It was submitted to NHS England and published on the ELCHP website in November 2019. This was during the pre-election period, when the ELHCP was bound by purdah conventions. This meant that they were unable to discuss the document in public forums as originally planned.

5.3 Jane Milligan also told the Committee that she acknowledged the importance of co-production across the various partner organisations to deliver integrated care health and social care for north east London and the constraints of national policy. She welcomed further developments in national policy, such as the Prevention Green Paper. Key Stakeholders, such as Local authorities, were fully involved in the formulation of The Plan. She also told the Committee that resources would be made available to support the transformation of services in

north east London, particularly in relation to Primary Care Networks and workforce development. Internal work programmes would build on the learning from previous transformations, in terms of integrated working and engagement, such as maternity services and mental health.

- 5.4 Jane Milligan told the Committee that joint commissioning arrangements were a work in progress and a move to a single CCG, would aid decision-making and the alignment of resources. Responding to Committee members, Jane Milligan told the Committee that she acknowledged the challenges regarding A&E waiting times and explained that Marie Gabriel CBE, newly appointed Chair of the ELHCP, would be undertaking a governance review.

Simon Hall, Director of Transformation clarified that The Plan included ongoing work to develop workforce initiatives including the offer of apprenticeships and collaborative work with partner organisations. Committee Members raised concerns about the governance arrangements for the CCG before it was put in place. They also noted that they did not want to see any proposals to reduce A&E and Maternity Services.

- 5.5. Responding to Committee Members' questions, Henry Black, Chief Finance Officer, ELHCP, told the Committee that the budgetary framework for The Plan was based on national formulas. The budget would however also reflect the needs for each borough. Responding to Committee Members' questions about the shortage of GPs in East London. Dr.Jagan John, Chair, Barking and Dagenham CCG told the Committee that he acknowledged the national and local challenges caused by retiring single handed GPs and explained that flexible work opportunities and physical associates' programmes would enable a more diverse workforce model than traditional models.

Responding to Committee Members' questions about A&E capacity, Dr.Jagan John told the Committee that the transformation plan across the CCGs aimed to:

- ensure that people could access the right services in the right location and nearer to home;
- reduce A&E activity, particularly at BHRUT which was seeing a rise in activity relating to access and workforce; and
- to create a more stable system.

- 5.6 Responding to Committee Members' questions about ELHCP finances and performance, Jane Milligan told the Committee that improving performance across the ELHCP area was going to be challenging but embraced the challenge. The ELHCP had a structure in place to address these matters, for example there is a team that is tasked to manage unplanned care and the challenges it poses. The ELHCP was hoping to replicate good practice across the whole of North East London. Committee Members also asked questions about how ELHCP intends to attract support staff to travel into inner London, against the prohibitive transport costs. Jane Milligan and Dr.Jagan John said

that they were talking with schools and colleges, and creating apprenticeships, and they will consider how to support ancillary staff in the plan.

Responding to Committee Members' questions on local scrutiny of ELHCP's plans and strategies. Jane Milligan told the Committee that the ELHCP were looking at how to address issues around scrutiny going forward. She believed there might not be an one size fits all approach but better tailor to what was best for each particular borough.

5.7 Further to a suggestion by a Member of the INEL/ ONEL JHOSCs, the Accountable Officer agreed to amend the Plan to include the following three references:

- i. Assurances that, in planning out of hospital care, it was not envisaged that any tasks currently carried out by the NHS would be devolved to local authorities without financial recompense;
- ii. The need for affordable accommodation for NHS staff; and
- iii. An aspiration that no one should access mental health treatment through the criminal justice system or A&E for want of an earlier intervention by mental health services, ensuring a clear pathway to mental health services.

Jane Milligan invited any further comments or engagement with the JHOSCs and local borough OSCs regarding the Plan both prior to March 2020 and beyond, whilst services are redesigned. Chair of the ONEL JHOSC referred to his commentary on the NHS LTP and a briefing paper produced by the Redbridge Public Health Team, which was shared with members of the JHOSCs for their information, and offered to share it with the Accountable Officer.

The Committee RESOLVED to:

- a) **Note the update; and**
- b) **Write to the Accountable Officer, ELHCP with the amendments they had proposed to the Long Term Plan.**

The Chairmen thanked those present for their attendance and contributions to the discussion

6. PATHOLOGY REVIEW UPDATE

6.1 Ralph Coulbeck, Director of Strategy, Barts Health NHS Trust and Tracey Fletcher, Chief Executive, Homerton University Hospital NHS Trust told the Committee that Barts Health NHS Trust, Lewisham and Greenwich NHS Trust, and Homerton University NHS Foundation Trust hospitals were working to

develop a joint NHS pathology network in order to improve the quality, efficiency and sustainability of pathology services. They also noted that the pathology partnership had been approved by all three trust boards through November and December 2019. Work had now commenced on the full Business Case to be completed by end of March 2020. The partnership now involved seven hospitals, extending the current network from its original four hospitals.

6.2 Ralph Coulbeck told the Committee that the paper outlined a number of benefits and opportunities by working together. These were:

- Improved quality through concentration of expertise, opportunities for shared learning and encouragement of innovation;
- Faster response times and higher efficiency across the network resulting in cost savings for all parties;
- Reduced variation in standards across the network;
- Improvements in training opportunities and working conditions for staff across the network;
- Increased strategic alignment between partners, supporting exploration of other opportunities for partnership;
- Increased resilience and business continuity resulting from the greater scale of the network;
- Realisation of national policy objectives through the formation of a network.

He also told the Committee that the clinical model was based on the creation of a network of laboratories, and the centralising of laboratory testing where clinically appropriate. It had been agreed that the central hub laboratory would be at the Royal London Hospital, which already acts as the hub laboratory for the four Bart's Health hospitals. All hospitals in the network would retain a 24/7, on site laboratory service to ensure all urgent testing needs can be met.

6.3 Responding to Committee Members' questions about governance arrangements, Ralph Coulbeck told the Committee that each Trust would be able to specify a list of 'Reserved Matters' where a trust may wish to reserve a right of veto over partnership decisions. An example of such a matter was given as the potential to extend the partnership at a future date beyond the founding partners.

Tracey Fletcher told the Committee that the partnership network would provide the Trusts with an opportunity to address some issues, for example speed up turnaround times. Barts had some historical problems with capacity and turnaround times and working within this partnership would ease them. It will also allow the Trusts to utilise available resources and experts in the field

6.4 Responding to Committee Members' questions, Ralph Coulbeck told the

Committee that further detail regarding potential staffing changes and performance monitoring of turnaround times would be included as part of the full business case. Any potential savings over the four-year transition period would be reinvested among the three organisations.

Ralph Coulbeck also told the Committee that expansion South in this partnership was practical as well logical: Some sites in Lewisham and Greenwich NHS Trust (LGT) were closer than some East London/Essex Trusts. The choice of provider organisations, however, related to expressions of interest and did not preclude the likelihood of additional partnerships at a future date.

Ralph Coulbeck told the Committee that he would be happy to brief the Committee again when the Business Case had been completed.

The Committee RESOLVED to:

- a) **Note the report; and**
- b) **Invite representatives of the Pathology Network to brief the Committee later in the year.**

7. WORK PLAN

7.1 The Committee discussed the Work plan and suggested amendments

7.2 The Committee agreed the following items for its June meeting:

- ELHCP - AO update;
- Proposed Relocation of the Regional Prosthetic Service Housed in Long Term Conditions Centre (LTCC) in Harold Wood Hospital;
- Mental Health; and
- Overseas Patients and charging - Barts Health NHS Trust / Homerton University Hospital NHS Trust.

The Committee RESOLVED that the INEL JHOSC agree the amended Work plan.

8. DATE OF NEXT MEETING

It was noted that the next scheduled meeting of the Committee was 24 June 2020.



Chair:

Date:

DRAFT

INNER NORTH EAST LONDON (INEL) JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	SUBMITTED QUESTIONS
Date of Meeting	Wednesday 24 June 2020
Lead Officer and contact details	Roger Raymond Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Report Author	Roger Raymond Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Witnesses	n/a
Boroughs affected	<ul style="list-style-type: none"> • City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest • Redbridge
Recommendations: INEL JHOSC is asked: <ul style="list-style-type: none"> • to note • to respond to questions submitted by the public. 	



Background

Key Improvements for Patients

- n/a

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

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North East London Save our NHS (NELSON)

Questions to INEL JHOSC on 24th June 2020 on the ELCHP North East London Integrated Care System Recovery plan summary 27/05/2020

1. The Recovery Plan states that between May and July 2020:

‘We will engage with patients, public and stakeholders to gather evidence of the impact of recent and changes made to meet the challenges of the current emergency to ensure the changes deliver the intended benefits. We will seek to refine them to ensure the best outcomes for everyone’

Could the committee comment on what consultation has taken place so far?

2. The plan includes a welcome and necessary increase in critical care beds, yet the direction of the plan still seems to be toward a reduction in beds overall. If critical capacity beds are increased, does this mean a concomitant reduction in other beds? Is the ELCHP planning for an increase in the use of private sector beds?

3. The emphasis in this plan and in the ELCHP Strategy Plan is on minimising hospital stays and moving people into the community as soon as possible. This seems similar to the strategy used during the first wave of Covid-19 of discharging people as quickly as possible, which has been a contributory factor in the deaths of c 15,000 people in care homes. Will the full impact of minimising hospital stays be evaluated as a strategy before it is pursued?

4. Has the ELCHP undertaken an Equality Impact Assessment on all its plans?

Frances Cornford

NE London Save our NHS (NELSON)

The umbrella group for community NHS groups in NE London boroughs

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16th June 2020

Dear Councillor

East London Health & Care Partnership Strategy Delivery Plan, published 15 November 2019
North East London Integrated Care System Recovery Plan, Summary 27 May 2020

I am writing you on behalf of NE London Save Our NHS (NELSON) with our concerns about the above plans.

As you know from the questions submitted by NELSON at the INEL/ONEL JHOSC meeting on 11 February 2020, we have concerns about the East London Health & Care Partnership Strategy Delivery Plan, notably:

- a lack of essential information about resources
- an absence of information about and a potential reduction in local services, and
- a move towards an Integrated Care System and Integrated Care provider.

Having read the Plan in more detail (summary attached), we can now add:

- a lack of information on what additional funding will be available and what additional services are being developed in the community as an alternative to hospital
- uncertainty about how new services will meet the needs of an expanding population, and
- questions over whether 'efficiency savings' of £140 million a year for the next five years are realistic as we prepare for further waves of Covid-19.

The North East London Integrated Care System Recovery Plan Summary, 27 May 2020, has only increased our concern about these issues. We believe that it was prepared in response to a document issued to ICS chairs by NHS England and NHS Improvement on 24 April called *Journey to a New Health and Care System*, which asked CCGs to revise their Integrated Care System plans in the light of the Covid-19 crisis.

While we applaud the heroic efforts of NHS staff in dealing with Covid-19, despite government failures over PPE and testing, we fear that the crisis has been exploited to introduce a massive reorganisation of the NHS in London, without proper consultation and in such a way that it cannot easily be reversed. We question the rush to implement Integrated Care Systems when the Covid crisis has exposed the effects of many years of underfunding the NHS. Now is surely the time to pause, reflect and test plans for their robustness, rather than implementing them at top speed. (continued)

In particular, we are alarmed by the lack of any consultation, even though this is supposed to be a central plank of the Recovery Plan Summary. It states that May to July 2020 will see engagement with patients, public and stakeholders. It is now the middle of June and we are not aware that this has happened.

Yours sincerely

Frances Cornford

On behalf of NE London Save Our NHS (NELSON)

The umbrella group for community NHS groups in NE London boroughs

[NELSON summary on key issues of concern with the ELCHP Strategic Delivery Plan and the North East London Integrated Care System Recovery Plan attached.]

**North East London Save our NHS briefing:
East London Health and Care Partnership Strategy Delivery Plan
incorporating North East London's response to the Long Term Plan,
15 November 2019**

What is the Long Term Plan?

The Long Term Plan (LTP) is NHS England's strategy for the financial sustainability of the NHS. It is the latest attempt to divide the NHS into local health systems, first as Sustainability and Transformation Partnerships, then as Accountable Care Organisations and now rebranded as Integrated Care Systems. Each local area or footprint is required to come up with their version of an LTP. This briefing on North East London's Strategy Delivery Plan, the local response to the LTP, should be read in conjunction with the Keep Our NHS Public briefings which highlight the inadequate public involvement and consultation, the lack of legal framework, the asset stripping and underfunding evident in Integrated Care Systems in general.

<https://keepournhspublic.com/wp-content/uploads/2018/01/KONP-ACO-Briefing-Summary-2018-01-20.pdf>

<https://keepournhspublic.com/wp-content/uploads/2018/03/KONP-Briefing-Paper-Integrated-Care-ACOs-ACSSs-updated-2018-03-20.pdf>

KEY ISSUES IN THE NE LONDON STRATEGY DELIVERY PLAN

Integrated Care Systems

Integrating health and care services is a good thing on the face of it. However, the intention of NHS England is that Integrated Care Systems should develop into Integrated Care Providers – unitary organisations with a single management structure encompassing all health and social care bodies within a local health economy. In the future, these could be offered to the private sector on long-term, multi-million pound contracts, in the same way as US-style Accountable Care Organisations. This would spell the end of the NHS as a national, publicly run service.

Insufficient resources

The Strategy Plan predicts a substantial growth in population (from 2.02m to 2.28m in 2028) and increased demand for services in NE London, yet requires 'efficiencies', ie cuts, of over £140 million EACH YEAR in order to meet targets. There are concerns that the changes proposed in the plan are driven by cutting costs rather than improving services.

Movement of patients out of hospitals into primary and community care

The emphasis of the Strategy Plan is on moving people out of (expensive) hospitals, and into primary and community care wherever possible. There will also be greater emphasis on prevention and self-care. The plan talks about 'reducing incoming demand', supporting people in the community and discharging people back in to the community as soon as possible. There are

plans for GPs to offer an increased range of services, but it's not clear how these are going to replace hospital care or who is going to be available to nurse people in the community.

Input expected of local government and individuals

There seems to be an unspoken expectation that local authorities will have to step up with more community care and that family carers will have to look after people who previously would have been in hospital. Joint teams will deliver specific inputs, but the costs of providing ongoing nursing care in hospitals will be shifted to local authorities and individuals.

Centralisation of services

The Strategy Plan proposes to concentrate specific services on a single site for all patients in the NE London area. For instance, it is proposed that Whipps Cross specialises in surgery relevant to the elderly (fragility, mobility, vision, hearing, balance), while those with abdominal conditions get sent to the Royal London. This will mean extended travel times and difficult journeys for many patients. A survey by Healthwatch England in 2019 showed that ease of travel was a key issue, with 90% of people saying it was very important to them.

Digitalisation

The Strategy Plan places a lot of faith in digital technologies to cut costs. Key strategies are to create a centralised record system and to install digital consultation with GPs so that they can 'get through' 30 patient queries in the same time as 18 face-to-face consultations. There are issues with confidentiality with the record systems, especially as private companies will be involved. With GP consultations there appears to be little appreciation of the value of the doctor/patient relationship or continuity of care.

Lack of accountability

Integrated Care Systems are a partnership between local NHS bodies, local authorities and NHS providers. The North East London Integrated Care System includes a system-wide CCG, three local systems – City and Hackney, Barking, Havering and Redbridge, and Walthamstow and East London, 8 local authorities and 48 Primary Care Networks. However the ICS has no legal standing and it is not clear how it is governed, who has the power to make decisions or how it can be held accountable.

Lack of essential information for effective consultation

The Strategy Plan lacks the necessary information about resources which would allow people to make a reasoned response to any consultation, eg information on funding for specific services, projected staffing structures and levels, number of beds historically, at present, and projected into the future.

**North East London Save our NHS briefing:
North East London Integrated Care System Recovery Plan Summary
27 May 2020**

How has the Long Term Plan been affected by Covid 19?

The North East London Integrated Care system issued a recovery plan summary on 27th May 2020 based on a document issued by NHS England called *Journey to a New Health and Care System* which appears to speed up the implementation of Integrated Care Systems.

The North East London recovery plan says that:

- there will be a permanent increase in critical care capacity from 183 to 366 beds with surge capacity to reach a total of 507 beds
- hospital stays will be minimised emphasising same-day emergency care
- specialist services will be further consolidated for instance with neurosurgery at Queen's Hospital, Romford
- all GP consultations and outpatient appointments will be virtual by default
- there will be a single point of access to care through NHS 111
- long-term conditions will be managed through new community-based approaches
- buildings will be segregated between Covid and non-Covid
- workforces will be integrated and institutions further aligned within the Integrated Care System, and
- patients, the public and stakeholders will be informed, engaged and involved.

KEY ISSUES

Our concerns include that:

- surge capability is needed across the whole system, including in local authorities, not just in the NHS.
- new approaches should be co-produced with members of the public.
- the plan requires a significant increase in out-of-hospital capacity but does not say how this will be achieved.
- the plan requires a significant increase in funding but does not say where this will come from.
- the plan mentions public engagement as a key activity for May-July 2020, but we're not sure any of this has been done.
- virtual by default GP services may not be suitable for North East London's population. (For example, 30% of disabled people in Newham have no access to the internet; 59% of over 65s in Newham don't have access to a smartphone.) In addition there is little appreciation of the importance of continuity of care which is proven to be important to effective outcomes.

In general, NHS England seems to be forcing through permanent, far-reaching changes by characterising them as emergency measures to deal with Covid-19. See this article by John Lister in The Lowdown

<https://lowdownnhs.info/news/nhs-changes-made-under-the-radar/>

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INNER NORTH EAST LONDON (INEL) JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	CORONAVIRUS PANDEMIC SCRUTINY IN THE LOCAL BOROUGHs
Date of Meeting	Wednesday 24 June 2020
Lead Officer and contact details	Roger Raymond Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Report Author	Roger Raymond Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Witnesses	n/a
Report	For Information
Boroughs affected	<ul style="list-style-type: none"> • City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest • Redbridge

Recommendations:

That INEL JHOSC is asked to:

- NOTE the attached report

Background

Key Improvements for Patients

- n/a

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

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Newham's Scrutiny of the Council's Response to the Coronavirus Pandemic

1. Overview and Scrutiny Committee

First meeting

The Overview and Scrutiny Committee to meet on 15 June 2020 to review the Council's response to the Response to the Coronavirus Pandemic.

The meeting will focus on the following:

- What impacts C19 has had on the community, what these have been and how effective measures that the Council and partners have undertaken were;
- Understanding the needs of the community as a result of C19, whether these have been successfully met by the Council and partners, and what could be done differently to meet need;

The Committee invited the following witnesses to give evidence to the meeting:

- The Mayor of Newham
- The Chief Executive

Second meeting

The Committee is proposing to meet in mid-July to discuss the following:

- scrutiny of budgetary and financial impacts of COVID-19.
- How C19 responses will impact on the delivery of the Corporate Plan objectives

2. COVID-19 Scrutiny Task and Finish Working Group

We normally have an OSC and five Scrutiny Commissions running to scrutinise service delivery. However, we have decided to postpone the work of these, and establish a dedicated COVID-19 Task and Finish Working Group to scrutinise the Council and its partners' response to the Coronavirus Pandemic.

Rationale of the proposal:

- Given the cross-cutting nature of scrutiny relating to the COVID-19 pandemic, as well as the need to make nimble and immediate recommendations, a COVID-19 Task and Finish Working Group is best placed to scrutinise, examine and make recommendations on any COVID-19 related activity and decisions undertaken by the Council and its partners.

The Draft Terms of Reference Task and Finish Working Group:

- To examine and make recommendations on any COVID-19 related activity and decisions undertaken by the Council and its partners. Particular attention will be given to:
 - Examining community impact and needs and what the Council and its partners is doing to understand and meet these impacts and needs;
 - Examining the Council and its partners move into the recovery phase and return to business as usual.
- To ensure a nimble, cross-cutting and joined-up approach to COVID-19 related scrutiny and to report to the Overview and Scrutiny Committee and through it to the Mayor and Executive flexibly as needed.
- Besides point 1 above, in addition to examine and make recommendations relating to aspects which emerge either from the Overview and Scrutiny Committee Question and Answer session on 15 June 2020 or during the course of its own scrutiny activity.
- The impact of the COVID-19 pandemic on the Council's budget is excluded from the remit of the task and finish working group and will be dealt with separately by the OSC.

Proposed meetings:

- 25 June 2020
- Late July 2020

Timescale:

- It is envisaged that the Overview and Scrutiny Committee and the COVID-19 Scrutiny Task and Finish Working Group will provide some recommendations to the Executive by early Autumn 2020.

LB Hackney

- **Health in Hackney Scrutiny Commission** met informally for its first virtual meeting on 30 March (before the law change hence it was informal) and it looked at the immediate response locally to the pandemic with input from Homerton Hospital Chief Nurse, CCG, GP Confed, Public Health, Adult Services, ELFT. On 9 June we have our first formal virtual meeting and it will be a Panel Discussion on *What can local authorities do to mitigate the spread of Covid-19 in their areas and what space is there for local health partners and the council to supplement the national government approach?* As well as receiving a briefing from our Director of Public Health on the new 4 borough pilot on Test and Trace Pilot, we have invited a number of national experts including Prof Anthony Costello (Independent SAGE, ex WHO), Prof Allyson Pollock (Univ Newcastle), Prof Kevin Fenton (Regional Director London for PHE) and the Director of Public Health of Durham County Council, as we're doing benchmarking. The idea is to provide some external challenge to all the key local health and care leaders who will also attend. In our July meeting we have yet to confirm items but we have a number of issues to consider including the PHE report on the disproportionate impact of Covid on BME communities and in particular BME health and care workers. We also aim to look at the situation in care homes and how that is developing. We've also been asked how the Covid Response is shaping the development of the local Integrated Care System in that it is accelerating that process.
- Our overarching **Scrutiny Panel** met and had the Mayor and the Chief Executive in to discuss the local response in detail and in particular the financial impact now and down the line.
- Our **Living in Hackney Scrutiny Commission** covered the impact of the Covid 19 response on our domestic violence services (with the Met Police Borough Commander involved) and also the impact of Covid 19 on Housing Services including council, social and private rented sector housing .
- Our **Skills, Employment and Growth Commission** will meet next week to hear from local business owners and council staff to understand how COVID-19 has affected them, what support they have received, what their experience has been like, and how better they could be supported with a view to a discussion around an inclusive economy policy. It will also hear directly from residents and local groups supporting them to understand how Covid-19 has affected their day-to-day lives, what support they've received, what their experience has been like, what how they believe the council's outreach could be bolstered with a view to bringing more value and understanding to future policy discussions.
- Our **Children and Young People Scrutiny Commission** will meet on 15th and look specifically at the impact of Covid 19 on children and young people's mental health. The Commission has two ongoing Covid related issues which will effectively be standing items: the reopening of schools and assurances around safeguarding of vulnerable children and young people.

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Tower Hamlets

- In Tower Hamlets, the biggest focus for OSC has been our response to covid19. A report is being pulled together for OSC scheduled for 27 July. The report will outline the response and impact of covid19 in Tower Hamlets. I have copied in Daniel Kerr who will be collating the report if you require any further information. The health and adults social care scrutiny sub-committee will input into the report by outlining areas of scrutiny such as work related to 'shielding' and 'PPE' in the borough.
- The sub-committee will be resuming its meeting on 20 July and will also focus on covid19. Areas we are exploring is impact on Mental Health, local implementation of tracing system and shielding of vulnerable people particularly BAME communities in light of PHE report findings.

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City of London

- During the initial phase of the pandemic, all committees without decision making or budgetary responsibilities were suspended which meant that the Health and Social Care Scrutiny has not met during the pandemic.
- However, in order to support decision making and system wide responses to the pandemic, the Integrated Commissioning Board has continued to meet. This includes elected Members from both the City of London Corporation and LB Hackney and the ELCHP response plans have been discussed here.
- There are regular pandemic response updates at a range of meetings, including, last week the Health and Wellbeing Board and our internal Gold and Silver command groups set up in response to the pandemic.

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LB Waltham Forest

- The eight scrutiny committees have resumed meeting remotely in June and July.
- Each committee will receive a short report to its first meeting. This will detail impact and recovery for their specific service remit.
- The focus will be on a discussion at committee, and identifying areas of concern and for future scrutiny. This will help inform the areas of focus for the meetings ahead.
- The Health Scrutiny Committee is in discussions with local commissioners and providers, and has requested short reports from WEL CCG, WF Public Health and Whipps Cross.

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Covid-19 Emergency - London Borough of Redbridge's

Scrutiny Arrangements

Meetings held

Overview Committee 27 April 2020 (pre-decision of Cabinet reports) – virtual meeting (MS Teams) – reports were noted

- Covid-19 Financial Intervention Measures
- Covid-19 Emergency Decisions (presented by the Chief Executive)

(22 public participants, no public questions)

Overview Committee 18 May 2020 – virtual meeting – reports were noted

- 2020/21 Risk Management Strategy and Policy
- Outturn Report 2019/20
- 2020/21 Anti-Fraud and Corruption Strategy
- Covid-19 Emergency Decisions (presented by the Chief Executive)
- Exempt – Local London Strategic e-Business Programme

(4 public participants, 2 public questions)

Health Scrutiny Committee 11 June 2020 – virtual meeting – reports were noted

- Covid-19: Public Health / Social Care
- Urgent item: BHRUT Service Changes (discussion with Ceri Jacob, Managing Director BHR CCGs and Tony Chambers, BHRUT Chief Executive)

(4 public participants, 2 public questions)

Proposed future meetings:

Overview Committee 17 June 2020 – virtual meeting

- Covid-19 Emergency Decisions
- Redbridge Local Plan Authority Monitoring Report (AMR) 2018/19

External Scrutiny Committee - 2 July 2020 – virtual meeting – topics to be confirmed

Health Scrutiny Committee 8 July 2020 – virtual meeting – topics to be confirmed

People Scrutiny Committee 13 July 2020 – virtual meeting – topics to be confirmed

Place Scrutiny Committee 14 July 2020 – virtual meeting – topics to be confirmed

Strategy and Resources Scrutiny Committee 15 July 2020 – topics to be confirmed

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INNER NORTH EAST LONDON (INEL) JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	INEL JHOSC Work Programme 2019 – 2020
Date of Meeting	Wednesday 24 June 2020
Lead Officer and contact details	Roger Raymond Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Report Author	Roger Raymond Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Witnesses	n/a
Boroughs affected	<ul style="list-style-type: none"> • City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest • Redbridge
Recommendations: That INEL JHOSC is asked to: <ul style="list-style-type: none"> • COMMENT on the work programme; • APPROVE items on the work programme. 	



Background

Key Improvements for Patients

- n/a

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

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

Meeting:	Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (JHOSC)			Dates of meetings:		13	Feb-19	18	Sep-19
Chair:	Cllr Winston Vaughan (Newham) vice-Chair Cllr Ben Hayhurst (Hackney)			1900-2100hrs		3	Apr-19	30	Oct-19
Support:	Robert J Brown, Senior Scrutiny Policy Officer					19	Jun-19	27	Nov-19
Venue:	Old Town Hall, Stratford, 29 Broadway, LONDON E15								

	13-Feb-19	03-Apr-19	31-Jul-19	19-Sep-19	06-Nov-19	27-Jan-20	11-Feb-20	24-Jun-20	30-Sep-20	25-Nov-20
APOLOGIES	Cllr Rohit DasGupta Common Councilman Michael Hudson Common Councilman Chris Boden Cllr Eve McQuillan	Cllr Rohit DasGupta Common Councilman Chris Boden	CANCELLED	moved from 18 September 2019	this meeting will now be the joint INEL / ONEL JHOSC meeting to discuss STP-wide issues, commencing at 7pm - this was rescheduled due to the NHS LTP deadlines for responses					
		moved from 20 March 2019 due to Tower Hamlets Full Council meeting								
STANDING ITEMS (20mins)	AGENDA Chair's Announcement Welcome, Apologies and Introductions (inc substitutes) Declaration of Interest Register Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan		AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan
AGENDA ITEMS (100mins)		NELCA / ELHCP - AO update and NHS Long Term Plan - <i>Jane Milligan, Simon Hall</i>	NELCA / ELHCP - AO update Election of vice Chair vote to include Observer Status for Redbridge Cllr updated Terms of Reference Early Diagnostic Centre for Cancer - <i>Sarah Watson</i> Update on Moorfields Eye Hospital consultation - <i>Denise Tyrrell</i> TO NOTE: INEL System Transformation Board - <i>Elle Hobart (to discuss Sep2019)</i>	Election of vice Chair vote to include Observer Status for Redbridge Cllr updated Terms of Reference ELHCP - AO update on ICS and CCG status - <i>Jane Milligan</i> Review of Non-Emergency Patient Transport Service review - <i>Elle Hobart</i> INEL System Transformation Board - <i>Elle Hobart</i> Moorfields Eye Hospital - <i>Denise Tyrrell</i>		ELHCP - AO update Cancer Diagnostic Hub - <i>Tim Burdsey</i> Overseas Patients and charging - <i>Barts Health NHS Trust / Homerton University Hospital NHS Trust</i>	ELHCP - AO update ELHCP / NHS Long Term Plan in North East London - <i>Simon Hall</i> Pathology Services update across NEL - Barts Health / Homerton Hospital / Barking, Havering and Redbridge	ELHCP - AO update INEL Response to the Coronavirus Pandemic	ELHCP - AO update Feedback from Healthwatch Consultation & Heathwealth scrutiny work across ELHCP - <i>CEO of Healthwatch Redbridge/David Burridge (LB Healthwatch)</i> Homelessness Strategy - <i>Simon Cribbens</i> Review of Non-Emergency Patient Transport Service review - <i>Elle Hobart</i> Digital - <i>Luke Readman</i> Overseas Patients and charging - <i>Barts Health NHS Trust / Homerton University Hospital NHS Trust</i> Mental Health - <i>David Maher (City & Hackney)</i> Proposed Relocation of the Regional Prosthetic Service Housed in Long Term Conditions Centre (LTCC) in Harold Wood Hospital - <i>Carol White</i>	ELHCP - AO update Cancer Diagnostic Hub - <i>Angela Wong/Karen Conway</i>
ADDITIONAL INFO				Deadline for papers: Friday 6 September 2019	Deadline for papers: 25 October 2019	Deadline for papers: Thursday 16 January 2020	Deadline for papers: Friday 31 January 2020	Deadline for papers: Tuesday 16 June 2020	Deadline for papers: Tuesday 22 September 2020	

CoLC
ELHCP
LBH
LBN
LBTH
NELSON
RBR

City of London Corporation
East London Health Care Partnership
London Borough of Hackney
London Borough of Newham
London Borough of Tower Hamlets
North East London Save Our NHS
London Borough of Redbridge

C&HCCG
NCCG
NEL
THCCG
WEL
WFCCG

City & Hackney CCG
Newham CCG
North East London
Tower Hamlets CCG
WF and East London
Waltham Forest CCG

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