Our Healthier South East London Joint Health Overview & Scrutiny Committee

MINUTES of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held online on 8 April 2021 at 6.30 pm.

PRESENT:

Councillor Judi Ellis (Chairman)
Councillor Mark James (Vice-Chairman) and Councillor Marianna Masters (Vice-Chairman)
Councillor Gareth Allatt
Councillor Richard Diment
Councillor Alan Downing
Councillor Nanda Manley-Browne
Councillor John Muldoon
Councillor David Noakes
Councillor Victoria Olisa

NHS PARTNERS: Jessica Arnold
Andrew Bland
Michael Boyce
Sara Cottingham
Neil Kennet-Brown
Martin Wilkinson

53 APOLOGIES

Apologies for lateness were received from Cllr John Muldoon. Councillor Liz Johnstone-Franklin sent apologies that she was unable to join the meeting due to technical issues.

54 DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no declarations of interest or dispensations.

55 MINUTES

Agreed that the minutes of the meeting held on 2nd September 2020 be confirmed as a correct record.

56 QUESTIONS

The Joint Committee did not have formal provision for public questions, but the chairman was aware of two questions which had arisen. One question concerned the need to keep local people at the heart of decision-making. As part of this the

Committee had requested to be kept informed of dates and timetables for the borough-based boards.

The other issue was about the proposals for an American health insurance company to take over a number of GP practices across the boroughs of Greenwich, Lewisham and Southwark. Andrew Bland confirmed that there were no changes to services, the issue had been considered at Southwark's health scrutiny committee, and there was a statement on the CCG website which could be appended to the minutes. Some members of the Joint Committee considered that there were implications across the region for how primary care networks operated, and that there was a need to raise such matters. In response, Mr Bland explained that all that was happening was that an existing contract holder was being taken over by another organisation.

57 INTEGRATED CARE SYSTEMS - NEXT STEPS

Andrew Bland provided an update based on the presentation that had been circulated with the agenda on the OHSEL Integrated Care System. He stated that the CCG had written to NHS England to say that the timing of the national engagement, at Christmas/New Year 2020/21, was not ideal. A White Paper covering proposals for England had been published on 11 February 2021 – "Integration and innovation: working together to improve health and social care for all." An integrated care system had been in place in South East London since June 2019, but the current proposals would provide a legislative basis from 1st April 2022, at which point the CCG would cease to exist. The four principles underlying the changes were –

(i) improving population health and healthcare;
(ii) tackling unequal outcomes and access;
(iii) enhancing productivity and value for money;
(iv) helping the NHS to support broader social and economic development.

Much of the proposals reinforced how South East London worked already. In particular, decisions would continue to be taken as close to communities as possible, with more commissioning brough together at local level, collaboration with providers would be supported and there would be deeper collaboration with partners including local government. The White Paper covered a range of issues beyond integration.

The new ICS NHS body would have a chairman and chief executive responsible for day to day running of services, with an ICS Health and Care Partnership bringing together a wide range of partners to address health, public health and social care needs, including leading Members from each of the six boroughs. NHS providers would not see any change to their sovereignty, but would have new statutory duties to focus on the needs of local populations.

Responding to questions and concerns from members, Mr Bland stated that NHS England had also launched a consultation on competition, and there was likely to be further discussion around this. Provider trusts would be required to be part of integrated care systems and to work within peer provider collaborative arrangements. Provider trusts would be included withing the ICS Health and Care Partnership. The CCG merger had anticipated the new arrangements and enshrined joint commissioning across South East London. There was intended to be a provider framework, but it had not been issued yet.

There were no firm changes to Public Health, but there was an encouragement towards more collaborative working. Borough based boards had been operating over the past year, but the pandemic had meant that many of the spending decisions had been taken centrally. Bringing commissioners and providers together to make local decisions in public would improve accountability.

There had been a commitment to providing granular information at borough level, but Mr Bland explained the pandemic had limited this. However, the queues for services were not formulated by borough, so patients wanting to know how long they would have to wait need to know the aggregate figures across the region for each provider. Planning services should be carried out around populations rather than around institutions.

Asked whether the South East London Stakeholder Reference Group could be re-instated, Mr Bland commented that something similar could possibly be developed. The ICS proposals did not have any prescriptive proposals on engagement and consultation.

The proposals were likely to change, so the Joint Committee needed to continue to monitor what was proposed and how it would be applied in South East London.

58 COVID- WAVE 2 IMPACT AND RESTORATION - ACUTE SERVICES

The Joint Committee received a presentation from Sarah Cottingham on the restoration of acute services, following the second wave of covid-19. The second wave had peaked at the end of January 2021, with 324 of 421 critical care beds devoted to covid, then plateaued until demand reduced from mid/late February. Acute hospitals across the region had worked collaboratively, supported by the rest of the system, and had provided aid to other regions in Kent and London. The spike in demand for mental health services seen after the first wave of covid was repeated following the second wave.

As Covid demand had reduced, elective care had been ramped up, managed on the basis of clinical prioritisation. Significant progress had been made in reducing the average “clearance rate” (length of wait for clinically urgent patients) to 3.2 weeks, below the ideal rate of 4 weeks. This had involved using independent sector providers alongside NHS SE London capacity. There had also been a focus

on wider elective restoration plans - the spring recovery plan aimed to return to 90% of pre-pandemic capacity across diagnostic, outpatient and day-patient/inpatient services by the beginning of July. There were expected to be approximately 15,000 people waiting for more than 52 weeks as at the end of March 2021 - an increase from 8,700 at the end of November 2020. The shape of the waiting list meant that it was likely to get worse post July 2021, before it improved. There were no quick fixes, and a lengthy period of backlog reduction would be needed. A focus on staff wellbeing and support would be needed during this transition back to business as normal and the need for staff to take leave was taken into account in the recovery plans.

In response to questions, it was reported that demand for urgent cancer services had remained high during the second wave. A&E services had seen higher attendances than during the first wave, although St Thomas's had benefitted from the lower levels of commuters and tourists in central London. Discussions had continued with local authorities on discharge issues, but the cooperation of services across the wider NHS was particularly crucial, with some treatments allocated to suitable private sector providers where this was safe and effective. Theatres were now back up to 90% + availability.

59 COVID-19 VACCINATION PROGRAMME

The Joint Committee received a presentation from Jessica Arnold, Director of Flu and Covid Vaccinations for South East London, on progress with the vaccination programme. The vaccination programme was being delivered through nine hospitals (four of which would return to business as usual after completing second doses), twenty five primary care sites (including churches, mosques and the Greenwich vaccine bus), twenty community pharmacies and three mass vaccination centres (at Charlton FC, Bromley Civic Centre and one in development in Bexley.)

As of the previous day, 825,000 vaccinations had been delivered across South East London, working through the priority cohorts. Roughly 200,000 people in priority groups 1-9 were not vaccinated. Most vaccinations being delivered now were second doses. There was data to confirm that take up rates were lower in African and Caribbean populations and in more deprived areas. Maximising understanding of the available data was key to tackling vaccine hesitancy, and a dashboard of key statistics was circulated to stakeholders weekly. There was extensive engagement with community champions, faith leaders and the voluntary sector and a range of social media and events at regional, borough and local levels. A "Spring Forward" plan was being developed for delivery during April to maximise coverage of cohorts 1-9, particularly focussing on NHS Trust staff, social care staff, care home staff and cohort 6 (people with underlying health conditions and their carers.) There were a range of locally-driven initiatives, including more pop-up clinics, more vaccinations in the home, enhanced clinical time funded to invest in effective call, and recall, expansion of the single point of coordination to

include telephone access, enhanced and targeted communications to cohort specific groups, coupling health checks for people with learning disabilities and serious mental illness with a vaccination offer and greater outreach through employers to staff, including asking care home employers to fund travel time and expenses.

A Member was concerned that there was pressure on care home staff from employers to get vaccinated - she considered that it was important to work with staff and trade unions to encourage vaccination. Ms Arnold confirmed that, when visiting care homes to vaccinate residents, every opportunity was taken to discuss vaccination with staff. Another concern was nursery staff, who were often asked to test in their own time.

Members discussed how health inequalities were reflected in the vaccination figures, with more deprived areas and communities showing lower percentages of vaccination. Figures for Lambeth were behind Bromley and Bexley, but it was noted that there were pockets of difficulty such as in the north of Bexley. There were no figures specifically on vaccination levels amongst domiciliary care staff, but the NHS was working closely with local authorities to ensure that agencies were targeted with communications about encouraging their staff to come forward. As younger cohorts became eligible for vaccination it would be important to ensure that the messaging remained relevant and nuanced. Ms Arnold was not able to comment on the issue of at what level herd immunity could be achieved.

60 THE IMPACT OF COVID-19 ON MENTAL HEALTH

The Joint Committee received a presentation on the impact of Covid-19 on mental health from Martin Wilkinson. During the first wave of covid, some adult services had been restricted and had been forced to adapt to the challenging new conditions, particularly utilising digital technology; however, during the second wave services had remained fully operational. Staff sickness levels and the need to adapt to social distancing and other infection control measures were particular challenges. There had initially been a reduction of activity, but since the easing of restrictions there had been spikes in activity, particularly with people previously unknown to mental health services. The recovery priorities included ensuring that both local providers had sufficient capacity in the right services and providing improved access to talking therapy. Increased investment of £35m was planned for the next three years.

Referrals and caseloads for CAMHS services had remained high during the pandemic, and there had been an increase of approximately 30% in demand for services comparing 2019/20 with 2020/21. Reducing waiting times was a high priority, and they were looking to build on initiatives to support families and communities, investing in the Kooth Platform for children and young people and the Qwell Platform, a sister platform for online self-help and counselling for adults over 25 years. Two urgent Mental Health Prevention Summits had been held,

resulting in the launch of the South London Listens campaign and a proposed community-led summit in June 2021.

A Member commented on under-representation of black people, and highlighted Lambeth's work to reduce disparity of outcomes. It was intended that the work in Lambeth would be rolled out to other boroughs.

A Member commented that alcohol usage appeared to be going up during the pandemic and asked whether there was any focus on drug and alcohol dependency, as this would lead to increased mental health problems in the future. Dual diagnosis was certainly an area of priority, but there were no new issues at regional level as a result of the pandemic.

The priorities for the additional £35m funding for community mental health were being delivered through delivery plans at borough level, and new posts were being created.

Referring to the graphs at Appendix 2, a Member asked for an update since November 2020. It was confirmed demand had changed - the trend of fewer people already known to mental health services and more people previously unknown to mental health presenting had continued. There was a focus on identifying people earlier and working with primary care to prevent them going into crisis.

(Councillor Richard Diment declared an interest during this item as a Governor of Oxleas NHS Foundation Trust.)

61 PATHOLOGY SERVICES UPDATE

The Joint Committee received a report from Neil Kennet-Brown, Place-Based Director (Greenwich) and SRO for Pathology Programme on progress since the last update to the meeting on 7th July 2019. The new service, a partnership with Synlab, would be commencing from May 2021. The Lewisham and Greenwich NHS Trust had decided in late 2018 not to be part of the South East London Pathology Network, and they had developed a network with Barts Health NHS Trust and Homerton University NHS Trust. However, GP direct services for Bexley, Greenwich and Lewisham would move across in October 2021.

Members from Greenwich and Lewisham were aware of concerns of staff and that patients and GPs would see no real changes. about the effect of the changes, including issues around loss of local knowledge and close clinical links with GPs, travel times to the centralised laboratory. Mr Kennet-Brown confirmed that the establishment of a Pathology Network was a statutory requirement; he assured Members that partners were working closely together and patients and GPs would see no real changes, staff would be protected by TUPE and the knowledge and skills would still be retained within the NHS.

62 DATE OF NEXT MEETING/WORKPLAN

An agenda setting meeting would be set up within the next few weeks involving the Chairman, Vice-Chairmen and Andrew Bland. It was agreed that all members of the joint committee would be invited to attend.

The Chairman, on behalf of the Joint Committee, concluded the meeting by thanking all NHS staff for their service – both for their normal work and their efforts to combat Covid-19.