

1. DECLARATIONS OF INTERESTS

There were no declarations of disclosable pecuniary interest. For transparency Nicola Lawrence, Co-optee declared she works for NHS England.

2. MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the Sub-committee meeting held on 27 July 2023 were approved and signed by the Chair as a correct record of proceedings.

Chairs Update

The Chair;

- Noted that a written response is still pending from ICB officers on the 30% reduction to the ICB budget, where this will be and if this will have any implications for Tower Hamlets.

3. REPORTS FOR CONSIDERATION

3.1 Hospital Waiting Times for Elective Surgery and Accident and Emergency Services

Kat Davidson, Chief Operating Officer, Royal London & Mile End Hospitals and Tom Cornwell, Divisional Director of Operations, Emergency Care & Trauma Division (RL & ME Hospitals), gave an overview of the Urgent and Emergency Care service for the sub-committee. This included the changing demands of the service, A&E department and Urgent Treatment Centres (UTC) performance summaries, system wide challenges, the referral to treatment process and cancer and diagnostics KPI's.

Healthwatch Tower Hamlets also submitted a report on patient feedback for waiting times for elective surgery and accident and emergency procedures.

Mr. Cornwell explained that the four hour performance level for A&E in April 2019 was around a 75% which has dropped to about 58% since August 2023. This equates to around 1000 per month. The UTC are managed by the GP Care Group, this departments four hour performance level was around 98% in April 2019. This dropped to 76.9% for August 2023. Overall attendance has risen by around 80% at around 3 to 4000 per month.

There are numerous reasons, such as the decline of the pandemic, the increase in transport links with the Elizabeth line opening, enabling access to neighbouring borough UTC's and system wide changes to Primary Care. Discussions are taking place with Primary Care around access and supporting colleagues with the high turnover in patients.

Sub-committee members were informed of NHS challenges regarding the number of mental health referrals and the lack of beds for patients, as waiting times in the department have risen from 6 hrs to 12 since July 19 at an 11% increase. The levels of patients from outside the borough are causing considerable pressure on staff and patients and there can be delays in discharging patients from other areas who are medically fit but require care packages and community assistance to remain at home.

Kat Davison noted that waiting times for elective surgeries were also impacted by the pandemic, although steady progress to reduce this has been made. High Volume Low Complexity (HVLC) recovery of elective care services at Whipps Cross and Newham hospitals has enabled Royal London and Mile End Hospitals to focus on more complex procedures. The 78 week wait has decreased significantly and progress towards a 65 week clearance is underway.

A major challenge is addressing the inequalities data and access to elective and dermatology services, which paused in the borough and contributed to significant waiting times. Discussions are ongoing to develop a recovery plan now the service has been reactivated. Ms Davison then explained that achievements in cancer diagnostics recovery plan.

Further to questions from the sub-committee, Tom Cornwell and Kat Davison;

- Explained that details of mental health referrals requiring ongoing assistance noted in the presentation relate to adults. Figures for children are lower, as East London Foundation Trust (ELF) would usually provide assistance to children and adolescents and hold data. Ongoing work with 'Care Navigators' takes place to offer community assistance.
- Noted that around 65 to 75 patients who are classed as medical fit, require a community bed, nursing home or their own home with a package of care prior to discharge. The levels of patients from outside the borough has increased the pressure on services and equipment, as has the rise in homeless residents. Current work with partners is ongoing to support patients within the borough and address those challenges.
- Conceded that the industrial action has impacted services and waiting times. Derogation with regard to staff will be put in place, in the event of further action and plans for winter health concerns will be made in collaboration with NHS North East London. Priority will always be given to emergency services in these cases and discussions with unions are ongoing
- Confirmed that UTC accounts for around 50%-55% overall performance and the good relationship between A&E and UTC means joint meetings to support performance and effective commissioning to

ensure a sustainable workforce are in place. All patients are assessed in terms of severity to safeguard urgent treatment.

- Clarified that the 76% target equates to an approximate 4hr waiting time, and with around 600 to 700 patients a day, this is challenging especially at weekends. The transformation plan for unplanned care will classify those requiring urgent care to those less urgent and assist in reaching the target. Other solutions include managing patients' expectations at the front door, scheduling appointments for patients with less critical needs to reduce the numbers. 100% of our Paediatrics patients were seen within target last week.
- Observed that ongoing discussions are taking place with neighbouring hospitals to redirect patients to access hubs closer to home, rather than the Royal London or Mile End Hospitals to reduce the new demand.
- Explained that trials on iPads for patients whose first language is not English to assist in translation have been promising and there are plans to offer this in other departments. A&E attendance waiting times and UTC are monitored separately, although performance figures presented still contribute to the overall target of 76%. Additional work is required to ensure new staff members are more understanding to patients during busy and demanding times.
- Clarified that a Theatre Improvement Programme has been created to reduce waiting times for Children. Ongoing work with local hospitals is taking place to address this, particularly in audiology and audiology departments due to a national shortage of staff in that speciality.

RESOLVED that:

1. The presentation be noted.

3.2 Diagnostic Services

Angela Wong, Director for Applied Health Diagnostics, Pharmacy & Cancer Services and Nabeel Hussain, Programme Director, Community Diagnostics Centre, NHS North East London, sent apologies. They will attend the next meeting scheduled for 12 December 2023.

3.3 Cancer Health Screening Programme

Femi Odewale, Managing Director NEL Alliance, and Caroline Cook, NEL Early Diagnostics Programme Lead, gave a brief overview of the cancer screening programmes available responsibilities, targeted checks inequalities and improvements in uptakes. Mr. Odewale informed the sub-committee that the Cancer Alliance is one of 21 in the country who provide transformational programmes affiliated with the national programme. They focus on four main

areas: early diagnosis, diagnostics and treatment, personalised care and operational recovery, working alongside provider organisations.

Caroline Cook then discussed the cancer screening programme, commissioned by NHS England, and holds contracts for screening providers overseeing both local and regional teams. The four main services discussed were breast, bowel, lung and cervical screenings. GP registration is required to access breast, bowel and cervical screenings. Cancer Alliance provides funding for transformational services and seeks to understand the signs and symptoms for early diagnosis by enhancing screening uptake.

Ms Cook then updated the members on the service coverage within the borough and went through the performance figures. It was noted that bowel cancer screening targets in Tower Hamlets are lower than the rest of North East London (NEL). Breast cancer screenings have not recovered since the pandemic and are also below target.

Sub-committee members were informed that Council Alliance will be implementing lung health checks as a screening programme over the next three years. Over the last year, this has been phased into the borough and is currently available for over 55 year old males who have smoked at some point. Since July 2023 approximately 1000 patients have received the recommended Low Dose Computed Tomography scan (LDCT)

Details of the inequalities data for residents unable to access screening by ethnicity or deprivation were outlined. These are triangulated as GPS system may not record all information and not all details are currently accessible. Work to improve this is ongoing. The information gathered shows barriers to participating in screening are due to location, a lack of trust in the health service, accessibility issues, misconceptions around screenings, or language barriers which prevent attending appointments or effective communication.

Ms Cook went on to discuss improvement measures to support the uptake. This included Primary Care Networks (PCN) cancer co-ordinators to support delivery of a direct enhanced service (DES), GP screening guides to assist in uptake levels of breast and cervical screening, promotional campaigns to spread awareness of symptoms and bowel screening reminders calls to patients, who have not returned screening kits after six months.

Ms Cook lastly touched on the projects currently in development. These include the Eclipse text reminder pilot now in five practices. Contacted patients fill out a questionnaire to receive a kit. The pilot will be expanded to more practices if successful. Further engagement to support residents from Polish, Lithuanian, Turkish, Romani and Gypsy communities is ongoing, as language barriers may prevent screenings.

Further to questions from the sub-committee, Femi Odewale and Caroline Cook;

- Explained that any resident over the cut over age of 75 can request a bowel screening kit or receive one from their GP. Equally, anyone over the age of 71 can call the breast screening service for an appointment. Younger residents who may be high risk due to genetics, should also contact the service.
- Confirmed that there are campaigns spreading awareness on bowel cancer screenings and potential signs and symptoms, and residents should seek assistance from a GP as soon as possible for early detection.
- Clarified that self-swab cervical cancers tests were available in Tower Hamlets and NHS England conducted a self-sampling study called 'HP Validate' and aim to eliminate cervical cancer by 2030, There are plans to make self-swabs and self-screening be made more widely available in the near future.
- Explained that a communication strategy is ongoing and the use of social media, specifically Podcasts discussing cancer will be included. Further work to target youth centres and You Tube advertising will also be considered.
- Noted that ongoing work with Pharmacists within NEL is taking place to advise residents to contact their GP for check-ups, if they are concerned that symptoms perceived as long Covid could be a sign of cancer. Leaflets with specific questions to ask the GP are also available. Residents can also use the Non-Specific Symptoms Clinic for further details.
- Confirmed that Cancer Alliance project visited 6 different mosques, including East London Mosque, to hold free sessions on bowel cancer. This was in collaboration with the British Islamic Medical Association. Residents received advice from local doctors on how to take a test and dispelled any misconceptions about the service. The attendance was good in the majority of mosques and a wide range of ages joined. Queen Mary's University conducted an evaluation although details are pending.
- Explained that the procurement based service is provided by NHS England and bids are required to expand to other areas of NEL. Discussions are ongoing around expansion.
- Confirmed that this is not a one size fits all approach, as projects require tailored campaigns to ensure all residents are aware of screening services available.

RESOLVED that:

1. The presentation be noted.

4. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

The Cold and Flu update was noted.

The Chair also informed sub-committee members of the Safeguarding Briefing Session scheduled for 7th November in the Council Chamber.

The Chair also noted a site visit scheduled for 15th January 2024 to Independent East, at the PDC in Bethnal Green. Members were urged to attend both events.

The meeting ended at 8.14 p.m.

Chair, Councillor Ahmodur Khan

Health & Adults Scrutiny Sub-Committee