

Governing Body questions from the public - Log

Reference	Meeting date	Submission date	Submitted by	Question	Answer
GB - 1	9 June 2021		Liz Perloff	<p>May I ask that the meeting on Wednesday is started by every board member:</p> <ol style="list-style-type: none"> 1. introducing themselves 2. explaining how they were elected for office 3. the length of their term of office 4. then briefly discuss what areas they are responsible for. 	<p>Members introduced themselves and their role at the beginning of the meeting.</p> <p>NEL CCG has followed NHS England's model constitution and guidance on membership of the Governing Body. The independent and lay members were recruited through a fair and transparent process, and GP members were elected by their local area GPs. These members' terms are due to end on 31 March 2022, as per the NHSE directive to abolish CCGs and move to ICS's. The officer members (Accountable Officer and Chief Finance Officer) are appointed through open recruitment processes and usually on a permanent contract.</p> <p>For more information on our GB members, please visit our website page - https://northeastlondonccg.nhs.uk/about-the-ccg/our-governing-body/</p>
GB - 2	9 June 2021	9 June 2021	Andrew Perugia, NHS Project Manager, Noclor.	<p>Andrew asked a question around the research activity across NEL. Jagan John and Mark Ricketts noted that there are many research networks across NEL, as well as links to Queen Mary University.</p>	<p>NEL CCG has established a GP clinical lead role for research who has developed a process for the ICS to consider any research projects for which people would like ICS support. This is via a portal on our website. We are also looking more broadly at how we strengthen research and innovation as part of our ICS system design work.</p>
GB - 3	30 June 2021	25 June 2021	Jim Fagan Waltham Forest Save our NHS	<p>While the Government has stated that everyone can access to corona virus vaccine, regardless of immigration status, the reality on the ground is that many people are not able to access the vaccine,</p>	<p>Patient information in GP records is confidential and GPs are under no legal obligation to provide information to the Home Office or any other government agency, except in exceptional circumstances where there is a court order, a public health risk or it is in relation to a particularly serious crime.</p>

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				<p>the administration often overlooks the needs of marginalised groups, and longstanding barriers to healthcare deter people from seeking care.</p> <ul style="list-style-type: none"> • The Joint Council for the Welfare of Immigrants found that 43% of migrants would be scared to seek healthcare during the corona virus pandemic, fearful of information being shared with the Home Office, or being charged. There is growing evidence that hostile environment policies undermine individual and public health, and the principles of universal healthcare. • The leaders of St Barnabas Church Waltham Forest have taken exemplary action when a member of the congregation was unable to register with a GP to access the vaccine. • First, they supported people to get vaccinated at the Jesuit Refugee Centre in Shadwell • They then organised two successful vaccination Pop Up Clinics in Leytonstone Library, supported by the Waltham Forest Council Covid Recovery Team and The Barts Health Excel Centre Vaccination Team. The Library Clinics were both oversubscribed, the second being fully booked in 24 hours, and drew people from across the Borough, across London and beyond. To date they have given 300 jabs. 	<p>The Public Health England Migrant Health Guide and NHS England are clear that overseas visitors to England, including anyone living in the UK without permission, will not be charged for any testing, treatment or vaccination for Covid-19 and no immigration checks are needed. We have been clear at a CCG level in communications with GPs that people do not require an NHS number or GP registration to receive the COVID-19 vaccination and should not be denied vaccination on this basis. Individuals who do not have an NHS number or are not registered with a GP are still entitled to free COVID-19 vaccinations.</p> <p>All practices have been encouraged to sign up to Doctors of the World (DoTW) Safer Surgeries Initiative in order to access a range of resources to help to provide a welcoming environment for everyone in their community and an equitable service for all of their patients. These have been developed with the aim of addressing the particular barriers to primary care faced by migrants in vulnerable circumstances, including refugees and survivors of trafficking. We have shared with the public, through digital channels and with partners, NHS England and Doctors of the World campaign materials and information that make it clear that anyone can register with a GP and they do not need proof of ID, address or immigration status. Practices have been encouraged to revise and update their websites to ensure that the public are made aware of this.</p> <p>While registration with a GP is encouraged to access the vaccine, individuals can request to book COVID-19 vaccination appointments as an unregistered patient through a local GP practice or access vaccinations through walk-in clinics. We have run a number of vaccination clinics specifically for undocumented people in our patch and this is ramping up as we offer and</p>

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				<p>• The clinics were promoted with a publicity campaign that explicitly welcomed everyone, regardless of immigration status, without the need to provide ID or proof of address.</p> <p>What action has the North East London CCG Board taken, or intend to take to:</p> <ol style="list-style-type: none"> 1. Guarantee a firewall to prevent any patient information in GP Records being used for the purposes of immigration enforcement? 2. Provide specific support to all GP surgeries to register everyone, including undocumented and under documented migrants and those without secure accommodation, and ensure that all other routes to vaccination are accessible to everyone? 3. Fund a public information campaign to ensure that communities impacted by the Hostile Environment are aware of their right to access the vaccine and register with a GP? 	<p>promote more walk in sessions at local sites that don't require any booking at all.</p> <p>For example,</p> <ul style="list-style-type: none"> • In Waltham Forest, outreach vaccination sessions have been held for undocumented Filipino migrant population and undocumented Chinese community • In Hackney, vaccination sessions have taken place at a Day Centre for destitute asylum seekers and undocumented migrants • In Tower Hamlets, 188 asylum seekers accommodated in hostels and hotels have been vaccinated at outreach clinics. • In Barking and Dagenham, walk-in vaccination days are being held at Broadway Theatre. People can just turn up without an appointment and there is no requirement for NHS number or GP registration.
GB - 4	30 June 2021	25 June 2021	Mary Logan, Waltham Forest Save Our NHS	<p>Whipps Cross Hospital is to be built with 51 fewer beds despite a huge projected increase in its catchment population.</p> <p>Part of the rationale for justifying reduced beds is the so called Transformation of Healthcare. This transformation includes</p>	<p>The survey referred to, which closed on 21 June, was conducted on behalf of Hackney Council and Homerton University Hospital. It is part of a project to provide patients and their families with information about what happens when they are assessed as being medically well enough to leave hospital.</p> <p>For the majority of patients this will mean they continue their recovery at home, and for a smaller number of people to receive</p>

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				<p>people being sent home from hospital earlier in their recovery, as soon as deemed “medically fit”.</p> <p>I was recently shown a questionnaire by a friend who is currently under the care of Homerton Hospital. The questionnaire was apparently sent out by NEL Citizens to Hackney residents, looking for feedback on slightly different versions of a leaflet, to supposedly explain to patients what will happen when they come to be discharged from Homerton Hospital.</p> <p>It is a terrible piece of so-called public consultation.</p> <p>It gives no context. It doesn't explain what is meant by 'medically fit'. It gives no hint that a formerly fit person may be still be too weak to stand unsupported or feed themselves for instance.</p> <p>It doesn't talk about the shortage of sufficiently trained and experienced Community Nurses and Therapists who can make the difference between full recovery, and disability. That staff shortage can mean visits that are rushed, and don't happen often enough to enable the recovery they should deliver.</p>	<p>recovery support at a place in the community, or to move into a permanent residential home. The project wants to make sure that the information provided verbally by healthcare staff, as well as in leaflets and posters, is clear and appropriate. The findings from this survey are being used to help develop resources, training and messages for patients and their families, so we do hope that people share their views on the proposed contents to help ensure that the information is helpful and relevant for those it is intended for.</p> <p>We will share this feedback to the survey leads.</p> <p>With regard to arrangements across Waltham Forest, the introduction of the WXH integrated Discharge hub has meant that there is now a much more joined up approach to fast and effective discharges when someone requires additional support from either health or social care in the community.</p> <p>The model recognises that being in a hospital bed longer than is necessary can actually cause harm. The discharge hub organises all the support, social care, treatment and equipment an individual needs on discharge to ensure they are safe. This includes access to therapy and domiciliary care packages.</p> <p>The Hub works on a "discharge to assess" model. This means people shouldn't have long term decisions about their future needs made while they are in hospital but in the community, whether that's in their home or a short term placement, where they can be fully assessed to ensure they are supported to be as independent as possible.</p>

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				<p>It doesn't explain what will happen if the person is unable to walk to the toilet, or use a bedpan without help.</p> <p>It doesn't talk about assessing the home circumstances to ascertain if anyone will be able or willing to provide physical care, or if the patient feels safe with whoever might be at home carrying out these essential caring duties.</p> <p>This policy risks further extending health inequalities. And may result in further emergency hospital admissions, loading more pressure on a hospital built too small for its population.</p> <p>I understand NEL CCG may have limited power as this strategy is likely to have come from NHSE.</p> <p>Is NEL CCG able to avoid using such deceitful "consultation" exercises?</p> <p>I ask you to explain to Health Scrutiny the risks that underly the system of early discharge from hospital as soon as the person is deemed 'medically fit'. It is important to explain to Councillors, for example, that it might mean that, although a blood test may show inflammatory markers have fallen, i.e the antibiotics are defeating the infection for instance, the person may still be extremely weak, and</p>	

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				the lack of sufficient appropriately skilled care can result in avoidable permanent disability.”	
GB - 4	25 August 2021	20 August 2021	Mark Dumbrill, Family Therapist, Redbridge CAMHS	<p>1. According to information in the Children’s Commissioner’s state of children’s mental health services report from January 2021, why did Redbridge have the fourth lowest mental health spend per child in the country, at £36 per child per year for 2019/20, when the spend per child per year in Hackney for 2019/20 was £106, the 18th highest in the country?</p> <p>2. What is NEL CCG doing to address this inequality that is affecting the mental health and lives of young people and families in Redbridge?</p> <p>Follow up question asked in the meeting: Why is it that Redbridge was so underfunded in relation to all the other boroughs?</p>	<p>The CCG is committed to improving access to mental health services for children and young people and ensuring equity of service across the NEL boroughs.</p> <p>The Children’s Commissioner acknowledged in her report that the results did not provide a wholly complete picture of mental health support to children and young people and the report was recommended as a useful starting point for assessing the quality of CAMHS provision at a local level. NEL CCG would like to validate the benchmarking findings in the report, recognising there has been a significant increase in investment over the past two years across NEL. The NEL Mental Health Oversight Group is planning to undertake a benchmarking exercise to assess the current position against a range of financial benchmarking data. This exercise will enable a more detailed examination of the Childrens Commissioner’s conclusions based on current data and will also consider other factors that drive mental health spend such as prevalence and deprivation, which are not referenced in the report.</p> <p>We acknowledge that there is disparity in spend across boroughs, some of which has been driven by need and some by historic funding. Relatively higher levels of mental health spend in City and Hackney have historically been driven by high levels of need and complexity in the borough, which are recognised drivers of cost. Until 2019/20, Redbridge CCG was allocated an annual budget that was below its capitation target which has meant that growth in mental health investment was been less than in some other</p>

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					<p>boroughs. This exercise should provide the basis of any continued disparity discussions.</p> <p>Prior to April 2021, the commissioning of mental health services for children and young people was the responsibility of Redbridge CCG. Redbridge CCG has been working with partners to enhance access to local services, supported by additional investment. The CCG has invested an additional £965K over the past 3 years (19/20 - £294K; 20/21 - £172K; 21/22 £500K) into core CAMHS services and following a successful bid for transformation funding further investment of £639K has been committed to the roll out of two Mental Health Support Teams (MHST) to work with Redbridge schools and support settings with delivering emotional wellbeing support to staff and students.</p> <p>Additional investment of £1.2M has also been identified to support a BHR wide service for children and their families around Autism (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), many of whom would have been referred to CAMHS services.</p> <p>NEL CCG has established a Mental Health Oversight Group which is co-ordinating the CCG response to delivery of the mental health Long Term Plan and providing assurance around mental health investment plans. The group has started to look at how transformation funding could be targeted across the NEL boroughs to reduce inequity.</p> <p>In respect of children's mental health services, the author acknowledged that the results did not provide a wholly complete picture of mental health support to children and young people and was recommended as a useful starting point for assessing the quality of CAMHS provision at a local level.</p> <p>Noting that there has been a significant increase in investment over the past two years across NEL, the group is planning to</p>

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					<p>undertake a benchmarking exercise to assess the current position against a range of financial benchmarking data.</p> <p>This exercise will enable a more detailed examination of the Children’s Commissioner’s conclusions based on current data and will also consider other factors that drive mental health spend such as prevalence and deprivation, which are not referenced in the report. This exercise should provide the basis of any continued disparity discussions. Relatively higher levels of mental health spend in City and Hackney have historically been driven by high levels of need and complexity in the borough, which are recognised drivers of cost.</p> <p>Supplementary information</p> <p><u>Redbridge service developments</u></p> <ul style="list-style-type: none"> • Continued support for a funded Clinical Psychologist dedicated role which increases the capacity to meet the unique needs within Redbridge Special Schools • Investment into ‘Mindfulness’ programmes within primary schools as part of the move to help develop resilience skills earlier in children’s lives • Full recruitment and roll out of the STAR and Ambassador roles to schools • The Redbridge Educational Wellbeing Team (REWT) commenced their joint up work with the NHSE led Mental Health School Teams (MHST) programme, to deliver a schools led programme led by a team of senior specialist Educational Psychologists (EPs) and Assistant Eps. The REWT team also continues to ensure schools are supported through evidence based training packages, signposting and by delivering targeted interventions. The

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					<p>Wellbeing Service also provide consultation services to the Looked After Children (LAC) Team.</p> <p><u>Vulnerable Cohorts</u></p> <ul style="list-style-type: none"> • Additional investment into Youth Offending CAMHS provision allowing more therapist capacity to assist in offending reduction and life changing interventions • A funded expansion of the 'Tigerlight' service providing specialist emotional support for children who have experienced sexual assault • Significant investment into dedicated CAMHS services for Looked after Children (LAC) through joint working with London Borough of Redbridge • Match funding with partners in the Dept of Health and Social Care to deliver 'Switch Lives' providing 1:1 peer mentoring and positive activity programmes • Additional investment into Eating Disorder services for 2021/22 and a commitment to Community Eating Disorders Services (CEDS) <p><u>Early Interventions and accessible Support</u></p> <ul style="list-style-type: none"> • Investment to support implementation of Primary Mental Health Team (PMHT) model working with GP's to help CYP and their families within primary care • Leading the investment (and subsequently expanding) into KOOTH as an on-line counselling service offering easily accessible support and guidance including during late evenings and bank holidays. <p>Historically, funding in mental health services has been influenced by CCG allocations. Until 2019/20, Redbridge CCG was allocated an</p>

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					annual budget that was below its capitation target which has meant that growth in mental health investment was been less than in some other boroughs. The CCG investment in mental health services has increased significantly since 2019/20 and is set to grow further over the next two years.
GB-5	25 August 2021	23 August 2021	Liz Perloff, Newham resident	Why does the CCG commission services that do not have the skills to be able to identify the difference between joints and tendons?	The CCG undertakes a robust process to commission services using relevant criteria to ensure services are fit for purpose. Providers are responsible for training of their staff, and any issues about the standard of care received should be raised with the provider in the first instance.
GB-6	27 October 2021	21 October 2021	Mark Dumbrill, Family Therapist, Redbridge CAMHS	<ol style="list-style-type: none"> 1. Are the CCG aware that young people in Redbridge aged sixteen and seventeen are unlikely to receive any specialist CAMHS treatment due to the long waiting times for both assessment and any subsequent recommended treatment? 2. Are the CCG aware that adult mental health services in Redbridge are refusing to accept referrals for these young people until they turn 18, meaning they then must join new waiting lists for assessment and any subsequent treatment? 	<p>The CCG is aware that there are pressures on service within CAMHS – EWMHS currently, due to high numbers of children and young people being referred to the service. NELFT are increasing the service capacity above the usual establishment level by contracting with additional staff, who will be onstream shortly. Review clinics have been introduced that are run by psychologists and assistant psychologists to identify CYP who would benefit from group intervention. 350 CYP have been reviewed through this process so far.</p> <p>Adult mental health services are not refusing to accept referrals for young people until they turn 18. If the young person is open to CAMHS, a discussion can take place in the NELFT transitions meeting for a referral to adult mental health services after they reach the age of 17 1/2. If the young person is suitable for a referral, they will get their first appointment before their 18th birthday to ensure a smooth transition between services. Not all CYP are suitable for transfer to adult mental health services and adult mental health services are not able to accept referrals for young people who are not already under CAMHS prior to their 18th birthday. There is a workstream under the Mental Health</p>

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					<p>Transformation programme that is reviewing the transitional processes and how they can be improved over the course of this year.</p> <p>The CCG have a set of actions in place with NELFT to address this issue and we will be tracking this through our quality committees.</p>
GB07	27 October 2021	22 October 2021	Liz Perloff, Newham resident	<p>1. A) Since January 2020, when it was minuted by the CCG that medical imaging at Newham General Hospital required improvement. What measures has the CCG put into place to monitor the accuracy of medical imaging reporting within Bart's Health and the Homerton Hospital?</p> <p>B) What improvements does the CCG intend to make with regards to acting on the public's concerns as members of the public told the CCG that medical imaging reporting was below par in 2017, 2018 and 2019</p> <p>2.A) since minuting in the February 2020 board minutes that Newham General Hospital was discharging Newham residents without treatment in what was called an " Appointment Slippage Issue" what monitoring and improvement measures has the CCG put into place to ensure this does not happen again?</p> <p>B) What improvements does the NEL CCG and the next reincarnation of this organisation, intend to make to its complaints process to ensure that</p>	<p>Thank you for these, we have covered some of these topics in previous meetings where we have advised the processes by which we, our local NHS trusts and the Care Quality Commission review the quality of the services provided to the public. Where issues are raised by staff or members of the public we will investigate these and learn lessons. We work closely with our community trusts and local authority colleagues to ensure that patients are appropriately discharged.</p> <p>In relation to your specific queries regarding imaging accuracy - all discrepancies in imaging reports are reviewed in a regular (at least monthly) discrepancy meeting, to ensure that learning is captured and quality issues are recognised and escalated.</p> <p>In term of any issue regarding patients being discharged without treatment, we are not aware of such issues over the past 18 months and Trust colleagues have gone through a process of contacting patients on waiting lists for treatment who may have experienced delays as a result of the pandemic.</p> <p>We are in the process of reviewing our complaints policy and process as part of our preparations to become a new organisation in 2022, subject to legislation passing. We are looking at best practice and learning from the past, and will incorporate this into our final version.</p>

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				members of the public who raised this concern about unfair discharge in 2017, 2018, 2019 concerns are taken seriously to prevent further harm to Newham residents?	
GB08	26 January 2022	21 January 2022	Mark Dumbrell	How have NEL CCG and BHR ICPB responded to my email response to them and others (local MPs, HealthWatch, LB Redbridge, CQC) on 07/12/21 stating that their response to my question in November 2021's ICPB meeting around the inadequate transition processes for young people from CAMHS to adult mental health services in Redbridge, did not match the reality of my experience as a member of Redbridge CAMHS leadership team and many of my former senior colleagues there?	The concerns have been raised directly with NELFT and a review is being undertaken led by the CCG's Director of Planning and Performance - Steve Rubery supported by the CCG's Director of Nursing - Mark Gilbey-Cross. The review is expected to be completed by mid-March 2022 and the outcome will be reported through the NEL CCG Quality, Safety & Improvement Committee and fed back to the Governing Body in the Quality report.
				How would the CCG and ICPB know that NELFT are doing what they say they are doing around this issue of transitions for young people, and what will they do if NELFT are not doing what they say they are?	Feedback on services is reviewed from a range of sources including patient feedback to understand how services are being provided. Where necessary, reviews are undertaken and concerns about the delivery of services are discussed in the first instance with the Trust and addressed either through a development route or a contractual route depending on what the issue is.