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JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

4.00 pm	Tuesday 17 January 2017	Redbridge Town Hall, Ilford

COUNCILLORS:

LONDON BOROUGH OF BARKING & DAGENHAM

Councillor Peter Chand
Councillor Linda Zanitchkhah
Councillor Jane Jones

LONDON BOROUGH OF WALTHAM FOREST

Councillor Richard Sweden
Councillor Anna Mbachu
Councillor Tim James

LONDON BOROUGH OF HAVERING

Councillor Dilip Patel
Councillor Michael White
Councillor June Alexander

ESSEX COUNTY COUNCIL
Councillor Chris Pond

LONDON BOROUGH OF REDBRIDGE

Councillor Stuart Bellwood
Councillor Suzanne Nolan
Councillor Dev Sharma (Chairman)

EPPING FOREST DISTRICT COUNCIL
Councillor Gagan Mohindra
(Observer Member)

CO-OPTED MEMBERS:

Ian Buckmaster, Healthwatch Havering
Mike New, Healthwatch Redbridge
Richard Vann, Healthwatch Barking & Dagenham
Alli Anthony, Healthwatch Waltham Forest

For information about the meeting please contact:
Anthony Clements
anthony.clements@oneSource.co.uk 01708 433065

Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

Essex County Council

Waltham Forest

Havering LONDON BOROUGH

London Borough of Redbridge

London Borough of Barking & Dagenham lbbd.gov.uk

NOTES ABOUT THE MEETING

1. HEALTH AND SAFETY

The Joint Committee is committed to protecting the health and safety of everyone who attends its meetings.

At the beginning of the meeting, there will be an announcement about what you should do if there is an emergency during its course. **For your own safety and that of others at the meeting, please comply with any instructions given to you about evacuation of the building, or any other safety related matters.**

2. CONDUCT AT THE MEETING

Although members of the public are welcome to attend meetings of the Joint Committee, they have no right to speak at them. Seating for the public is, however, limited and the Joint Committee cannot guarantee that everyone who wants to be present in the meeting room can be accommodated. When it is known in advance that there is likely to be particular public interest in an item the Joint Committee will endeavour to provide an overspill room in which, by use of television links, members of the public will be able to see and hear most of the proceedings.

The Chairman of the meeting has discretion, however, to invite members of the public to ask questions or to respond to points raised by Members. Those who wish to do that may find it helpful to advise the Clerk before the meeting so that the Chairman is aware that someone wishes to ask a question.

PLEASE REMEMBER THAT THE CHAIRMAN MAY REQUIRE ANYONE WHO ACTS IN A DISRUPTIVE MANNER TO LEAVE THE MEETING AND THAT THE MEETING MAY BE ADJOURNED IF NECESSARY WHILE THAT IS ARRANGED.

If you need to leave the meeting before its end, please remember that others present have the right to listen to the proceedings without disruption. Please leave quietly and do not engage others in conversation until you have left the meeting room.

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS (Pages 1 - 2)

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation. Information on the venue is attached.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

Apologies have been received from Councillor Dilip Patel, London Borough of Havering.

3 DISCLOSURE OF INTERESTS

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any point prior to the consideration of the matter.

4 MINUTES OF PREVIOUS MEETING (Pages 3 - 10)

To agree the minutes of the meeting of the Joint Committee held on 18 October 2016 (attached) and to authorise the Chairman to sign them.

5 SUSTAINABILITY AND TRANSFORMATION PLAN (Pages 11 - 60)

To receive and consider the latest position re the North East London Sustainability and Transformation Plan (STP). Update paper and presentation attached.

Note: The Committee will also be addressed on this issue by a representative of Save Our NHS.

6 RESULTS OF OPEN DIALOGUE TRIAL (Pages 61 - 82)

Dr Russell Razzaque, Consultant Psychiatrist and Associate Medical Director, North East London NHS Foundation Trust, will update the Committee on the results of the trial of Open Dialogue treatment (presentation attached).

7 GREAT ORMOND STREET HOSPITAL

To receive an update from a representative of Great Ormond Street Hospital for Children NHS Foundation Trust on current issues facing the hospital.

8 LONDON AMBULANCE SERVICE

To receive a presentation from Terry Williamson, Stakeholder Engagement Manager at London Ambulance Service NHS Trust on issues currently facing the Trust.

9 WHIPPS CROSS UNIVERSITY HOSPITAL

The Committee will be addressed by Tim Peachey, Deputy Chief Executive Officer, Barts Health NHS Trust, on issues facing Whipps Cross University Hospital following the recent re-inspection of the hospital by the Care Quality Commission.

10 DATE OF NEXT MEETING

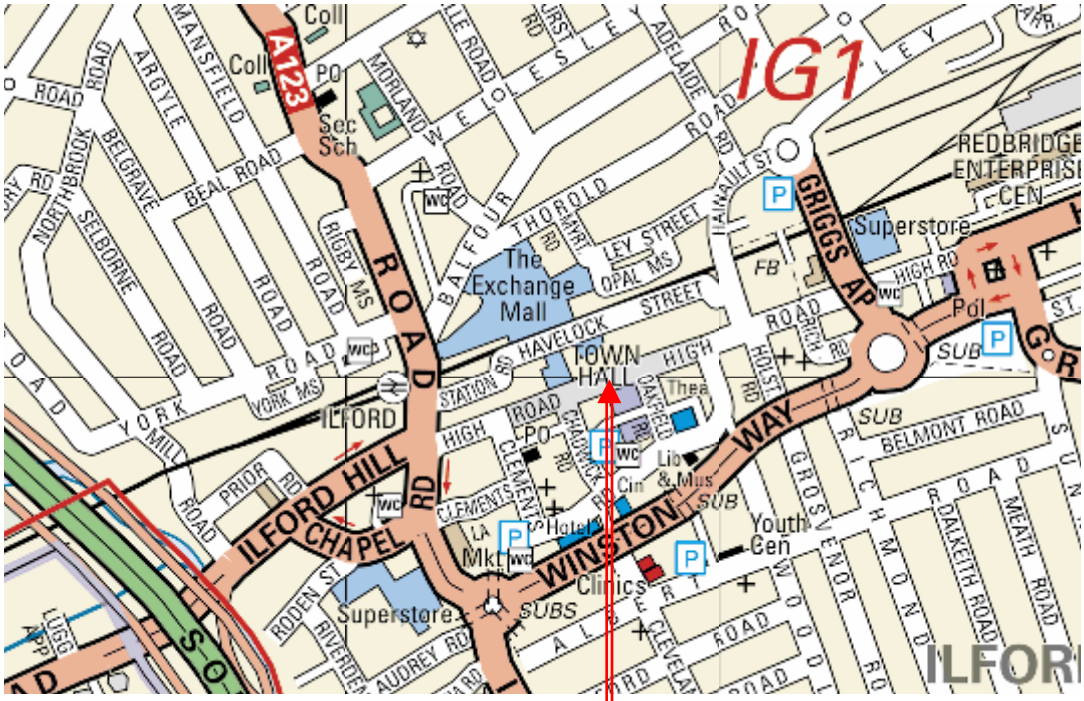
To note that the next meeting of the Joint Committee is scheduled for Tuesday 18 April at 4 pm at London Borough of Waltham Forest.

11 URGENT BUSINESS

To consider any item of which the Chairman is of the opinion, by means of special circumstances which shall be specified in the minutes, that the item be considered as a matter of urgency.

Anthony Clements
Clerk to the Joint Committee

Map showing LB Redbridge Town Hall
128-142 High Road Ilford, Essex IG1 2DD



Meeting rooms
Please report to reception on your arrival
The Council Chamber and Committee Rooms 1 & 2 are on the 1st Floor
Rooms 42, 43 and 49 are on the 2nd Floor

Travel directions

Public transport
The Town Hall is a 5 minute walk away from Ilford Station, which is in zone 4. Trains run approximately every 10 minutes from Liverpool Street or Stratford. For more information see the TfL website: www.tfl.gov.uk.When exiting Ilford Train Station, turn right and cross at the lights. Walk through the Town Centre (passing The Exchange Shopping Mall on your left) until you come to the Town Hall on your right. The front entrance in the Town Centre is open between 9-5pm and the side entrance in Oakfield Road is open after 5pm.

Driving
The nearest motorways are the A12 (alight at Gants Hill for Cranbrook Road and proceed toward Winston Way) or the A406 (alight at Ilford for Winston Way). From Winston Way, take the first left and proceed straight ahead for the Town Hall car park in Chadwick Road. **Do not turn right towards the library, as only buses can turn right and you may incur a penalty fine.**

Parking spaces at the Town Hall are limited and should be pre-booked by telephoning the Scrutiny Team on 020 8708 2739 or emailing jilly.szymanski@redbridge.gov.uk. For daytime meetings that are due to finish before 6.30pm, parking will be allocated until 6.30pm to participants / invited speakers that have pre-booked. For evening meetings that are likely to finish beyond 6.30pm, parking will be allocated to participants / invited speakers that have pre-booked and a scratch card permit will be provided for collection at the side entrance in Oakfield Road – accessed by walking through the car park.

IMPORTANT NOTICE: A pay and display system is operational in the car park from 6.30-9.30pm and either a scratch card permit or a machine purchased ticket will need to be clearly displayed in the windscreen. The Council will not be held responsible for any issued PCNs.

Alternative car parking facilities are available in the Clements Road car park or in The Exchange Mall

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MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Council Chamber - Havering Town Hall
18 October 2016 (4.00 - 6.25 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Jane Jones
London Borough of Havering	Dilip Patel and Michael White (Chairman)
London Borough of Redbridge	Stuart Bellwood, Suzanne Nolan and Dev Sharma
London Borough of Waltham Forest	Richard Sweden
Essex County Council	
Epping Forest District Council	Gagan Mohindra
Co-opted Members	Ian Buckmaster, Healthwatch Havering Cathy Turland, Healthwatch Havering Richard Vann, Healthwatch Barking & Dagenham
NHS Officers	Caroline O'Donnell, North East London NHS Foundation Trust (NELFT) Jacqui van Rossum, NELFT Sarah See, Havering Clinical Commissioning Group
Scrutiny Officers	Masuma Ahmed, Barking & Dagenham Anthony Clements, Havering (Clerk to the Committee) Jilly Szymanski, Redbridge

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

11 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman gave details of the arrangements in case of fire or other events that might require evacuation of the meeting room.

12 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.**

Apologies were received from Councillors Peter Chand and Linda Zanitchkhah (Barking & Dagenham) June Alexander (Havering) Tim James (Waltham Forest) and Chris Pond (Essex).

Apologies were also received from Mike New, Healthwatch Redbridge (Cathy Turland substituting) and James Holden, Waltham Forest.

13 **DISCLOSURE OF INTERESTS**

Councillor Sweden disclosed a personal interest in agenda item 7 (North East London NHS Foundation Trust) as he was managed, though not employed by, that Trust.

14 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting of the Joint Committee held on 12 July 2016 were agreed as a correct record and signed by the Chairman.

15 **PROVISIONAL ITEM: GREAT ORMOND STREET HOSPITAL**

The Clerk to the Committee advised that the Great Ormond Hospital for Children NHS Foundation Trust had offered apologies that a representative had been unable to attend the meeting and that the Trust had requested to attend the next meeting of the Committee.

It was **AGREED** that this item be deferred to the next meeting of the Committee.

16 **WHIPPS CROSS HOSPITAL CARE QUALITY COMMISSION INSPECTION**

The Committee considered the following statement that had been received from Barts Health NHS Trust:

The CQC visited Barts Health at the end of July 2016. They inspected The Royal London Hospital and Whipps Cross University Hospital. The Trust is expecting the reports to be published in the coming weeks although as yet no specific date has been set.

The trust is very keen to update the committee at its next meeting, by which point it is likely that the reports will have been published. This will enable the trust to update the committee thoroughly on its response to the CQC's findings and its next steps. In the meantime, the trust is working to deliver its ambitious improvement plan, published at its annual general meeting in September. The Committee was sent the plan in September and it is available to read at

http://bartshealth.nhs.uk/media/346990/bh6016_safe_and_compassionate2_v6_lr.pdf

It was **AGREED** to defer this item to the next meeting of the Committee.

17 **NORTH EAST LONDON NHS FOUNDATION TRUST**

North East London NHS Foundation Trust (NELFT) officers explained that the Trust supplied community health and mental health services across Outer North East London and Essex. A portfolio brief summarising the services provided by NELFT could be supplied to the Committee.

The report of the recent inspection of NELFT by the Care Quality Commission (CQC) had been shared with the Trust who had given back to the CQC considerable information around the factual accuracy of the report. The CQC had not however altered the final report which had given the Trust an overall rating of 'requires improvement'.

It was noted that only one psychiatrist had been present on the CQC inspection team. The CQC had visited 62 NELFT wards, teams and clinics and spoken with a total of 265 patients and service users. All boroughs covered by NELFT were inspected.

Officers accepted that there was a nursing shortage at the Trust although this was also a major issue nationally. There were approximately 800 nursing vacancies across the Trust which led to a reliance on the use of agency and bank staff.

The CQC had found that NELFT did not have systems in place for referral times but officers rejected the finding that there were significant waiting times for the district nursing service.

Due to concerns raised by the CQC, NELFT had taken the decision to temporarily close the Brookside adolescent unit. Many problems at the unit were due to staffing issues where a 54% vacancy rate had led to a lot of reliance on agency staff. The CQC had found that the unit wasn't sufficiently clean but officers indicated this was due to a lot of estates work being undertaken at the time of the inspection. Comments by the CQC that the unit was overly restrictive were accepted by the Trust.

Concerns had been raised by the CQC over the number of ligature points (which could potentially be used as a means of strangulation) in the unit but this was being addressed by NELFT to ensure such areas had sloping surfaces etc. It had also been found that care plans should more fully reflect patients' personal preferences. The CQC had found that NELFT had a strong governance structure but had also concluded that the fit and proper person test for directors was not being met in all cases. Officers felt that this was due to a small number of out of date Disclosure and Barring service checks and this was being addressed via the Trust's internal auditors.

Officers were disappointed that the CQC report had not highlighted areas of good practice by NELFT although this had been picked up in the recent Quality Summit where areas such as the good systems in place for safeguarding had been praised by chief nurses for several local Clinical Commissioning Groups. The review had not covered end of life care or community dental services and it was noted that any rating of 'requires improvement' would result in an overall rating of this for the Trust, even though other Trust areas had received the highest 'good' rating.

Officers accepted that the Trust had a lot of work to do and would share the Trust's action plan once it had been approved by the Board. It was expected that the CQC would revisit the Trust prior to the end of 2016 in order to see if the situation had improved.

It was emphasised that the Trust's overall vision remained unchanged and that the Trust would not be complacent or seek to deny the contents of the report.

The decision to close the Brookside unit had been taken internally by the Trust and the Trust was seeking to use a crisis response service more than in-patient settings. The unit had also been extensively refurbished during the closure period and now offered a very different environment with 11 female and 4 male beds. There was also a dedicated parents' wing to allow family support on site. In-patients had their own fobs to allow access to authorised parts of the unit and hence did not need to be escorted. The unit was also now completely open plan.

There were a number of NELFT services which had exhibited good practice. Dementia services in Essex had been nominated for a Health Service Journal award and the CQC had praised the caring attitude displayed by staff. Post-bereavement services run by the Trust had also been praised by the CQC. Officers accepted that more skilled staff needed to be recruited and retained and that the Trust needed to improve its learning from complaints and serious incidents.

Other successes achieved by NELFT included the Trust's acute mental health care pathway being nationally recognised and all NELFT community dementia services being accredited by the Royal College. Work to integrate health and social care in Redbridge was also cited as a success.

Questions and discussion

NELFT officers felt that there were some inaccuracies in the CQC report and that inspectors had misunderstood the process notes but it had been decided not to issue a legal challenge against the report. NELFT had challenged the CQC warning letter re the Brookside unit but the CQC had not accepted this. The refurbished unit had reopened on 29 September.

The service model redesign was staff-led with more emphasis on supporting people in their own homes. Focus groups had been conducted with Brookside service users and their parents.

It was accepted that the NELFT recruitment process had previously been too long and bureaucratic and this had now been streamlined. Training and development opportunities had been promoted in order to seek to increase recruitment but the Trust would not offer 'golden handcuffs' or guaranteed promotions as seen at other Trusts. Exit interviews were also now held to ascertain the reasons people were leaving.

Some 25 nurses had recently been recruited from Ireland and recruitment in areas such as Manchester was taking place in conjunction with other providers. Further international recruitment was also an option though again, this would be in partnership with other Trusts. The NELFT Chief Nurse was also developing training opportunities with the BHRUT Acute Trust. NELFT had also recently been accepted as a national pilot for the Associate Nurse scheme.

As regards commercial strategy, the Trust would continue to look for new business but only if it was felt this complemented NELFT's existing work and would add value to the organisation. It was clarified that the forensic ward at Goodmayes Hospital – Morris ward had received an 'outstanding' rating from the CQC and was commissioned by NHS England.

Excessive use of restraint was being addressed by the new model of care at NELFT which would see more care delivered at home. Information on the numbers and training of therapists at NELFT could be provided. The transformation of the acute care pathway at NELFT, including access teams for initial referral, had led to a reduction in suicide rates.

A lot of work was in progress regarding the Sustainability and Transformation Plan (STP) but NELFT remained a Foundation Trust with an accountable Board. It was agreed that the local Health Economy needed to be sustainable and NELFT was a part of the STP but services were also, as required by law, continuing to be put out to tender.

18 **GP PMS CONTRACT**

The CCG officer explained that the Personal Medical Services (PMS) contract for GPs was a locally negotiated agreement supported by national regulations. A review of these contracts led by NHS England had begun in September 2015 and had led to the establishing of a London Offer. The London Local Medical Committee (LMC) had been involved in negotiations and the core contract would be the same as that for existing GP services. There would however also be mandatory performance indicators covering areas such as cervical screening and two optional indicators relating to patient response issues.

There was also a premium offer including supplementary payments covering weekend opening and IT services for patients. The new contract had been provisionally agreed but had been paused since April 2016.

Locally, it was proposed to also commission extra GP capacity as part of the contract with the aim of offering 100 appointments per 1,000 GP patients per week. The proposals had now been put by the London LMC to NHS England but no outcomes had been received as yet. The national review of PMS contracts was due to complete by March 2017 and the officer accepted that it would be difficult to complete local negotiations by this date.

It was expected that the responsibility to complete negotiations would be formally handed to CCGs but this had not happened yet. Officers were however happy to discuss the contract with local interested parties.

It was clarified that PMS contract monies were also used by GPs to pay practice members of staff. There was no ratio set for GPs between urban and rural areas. The national standard was one GP for every 1,865 patients. In Redbridge for example, the figure was 1:2,285 meaning a gap of 27 Whole Time Equivalent GPs.

Some GP work could be covered by practice nurses but it was also the case that there was a shortage of clinical staff. This was a national problem as was the rising numbers of younger GPs wishing to leave the NHS. The new PMS contract aimed to give better value for money for commissioners of GP practices.

19 **HEALTHWATCH REDBRIDGE - ACCESSIBLE INFORMATION STANDARDS**

The chief executive of Healthwatch Redbridge explained that accessible information standards had been designed to provide consistent communication support for disabled people and their carers. The standards did not however cover foreign language support needs.

All NHS Trusts and contract providers were covered by the standards as were CCGs and Local Authorities. The standards had a legal basis in the Equality Act 2010, Care Act 2014 and the NHS Constitution. It was therefore mandatory from August 2016 for NHS providers to give information in an understandable way.

The standards covered all service user groups with disabilities or communication difficulties. It was noted that approximately one million NHS appointments had been missed in the last year due to communication difficulties. These were due to a variety of reasons such as patients not hearing their names called in waiting rooms or people with visual impairments not being able to read appointment letters. Some 28% of people with hearing loss had been left uncertain about their diagnosis and 14% had missed hearing their names being called in waiting rooms.

Support that could be given included the use of sign language, visual clues and a texting service but Healthwatch Redbridge had found a lack of working hearing loops in health settings. Support that the NHS could give to patients with visual impairments included more material being available in large print and the use of voice PC software. Advocacy and accessible information for people with learning disabilities should also be encouraged.

Both Healthwatch and the CQC had roles in enforcing this area which was now mandatory for health organisations to provide. It was also open to the Committee and its borough equivalents to scrutinise the provision of accessible information in the local NHS.

Healthwatch Redbridge had completed a programme of work on this area that included visits to all Redbridge GPs, Queens and Whipps Cross Hospitals and several local care homes. A workshop for GPs had also been arranged and a report covering this was available. Stakeholder conferences and a workshop for care homes had also been arranged.

20 HEALTHWATCH HAVERING - DELAYS TO TREATMENT REVIEW

A director of Healthwatch Havering explained that the organisation was working on a joint review with Havering's Health Overview and Scrutiny Sub-Committee of the reasons for the large number of 'lost' appointments and subsequent delays to treatment. Briefing sessions and formal meetings had been held with senior officers from both BHRUT and Havering CCG and the group was now seeking to establish the impact of the delays on Council services.

Havering CCG had received formal legal directions from NHS England to resolve the appointments issue and it was planned to complete the review by early 2017. The final topic group report would be brought to the Joint Committee for consideration.

21 FUTURE MEETING DATES AND START TIMES

It was noted that future meetings of the Joint Committee were scheduled as follows:

Tuesday 17 January (Redbridge)
Tuesday 18 April (Waltham Forest)

It was agreed that the Clerk to the Committee should write to all Members seeking their views on the most convenient start times for meetings.

22 URGENT BUSINESS

There was no urgent business raised.

Chairman

NORTH EAST LONDON
SUSTAINABILITY & TRANSFORMATION PLAN

North east London Sustainability and Transformation Plan

During 2016, 20 organisations across eight local authorities have worked together to develop a sustainability and transformation plan (STP) for north east London.

The plan sets out how the ambitions of the NHS Five Year Forward View will be turned into reality and describes how north east London (NEL) will:

- Meet the health and wellbeing needs of its population
- Improve and maintain the consistency and quality of care for our population
- Close the financial gap.

Each organisation faces common challenges including a growing population, a rapid increase in demand for services and scarce resources. Working together to address these challenges will give us the best opportunity to drive change and to make sure health and care services in north east London are sustainable by 2021.

On 21 October 2016 we submitted an updated narrative, updated summary and eight delivery plans describing the main priorities of the STP to NHS England and NHS Improvement.

Links with other local plans

The STP builds on existing local transformation programmes and supports their implementation including:

- Barking and Dagenham, Havering & Redbridge (accountable care system) and City & Hackney devolution pilots
- Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme
- The improvement programmes of our local hospitals, which aim to supports Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures.

We are actively seeking to collaborate across NEL where it makes sense to do so and have formed a NEL wide group to share learning from the devolution pilots and transformation programmes which underpin the emerging accountable care systems.

Our vision and priorities

To measurably improve health and wellbeing outcomes for the people of NEL and ensure sustainable health and social care services, built around the needs of local people.

To develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care.

To work in partnership to commission, contract and deliver services efficiently and safely.

To achieve this vision, we have identified a number of key priorities:

- The right services in the right place: Matching demand with appropriate capacity in NEL
- Encourage self-care, offer care close to home and make sure secondary care is high quality
- Secure the future of our health and social care providers. Many face challenging financial circumstances
- Improve specialised care by working together
- Create a system-wide decision making model that enables placed based care and clearly involves key partner agencies
- Using our infrastructure better

Delivering the NEL STP

To deliver the STP we are building on existing local programmes as well as setting up eight work streams to deliver the priorities. The workstreams are cross-cutting NEL wide programmes, where there are benefits and economies of scale in consolidating a number of system level changes into a single programme. These are:

- Promote prevention and personal and psychological wellbeing in all we do
- Promote independence and enable access to care close to home
- Ensure accessible quality acute services
- Productivity
- Infrastructure
- Specialised commissioning
- Workforce
- Digital enablement

Each of the eight delivery plans sets out the milestones and timeframes for implementation.

Involving local people and stakeholders

Our plans and priorities must be developed with those who use, pay for or work for the NHS. Their engagement

- During the summer we produced a summary of progress and shared the first draft STP on our website. We met with a number of MPs; arranged for elected members from each borough to meet the STP executive; engaged with Overview and Scrutiny Committees, Health and Wellbeing Boards and the Local Government Association; involved local authority staff; met with local patient and campaign groups; presented the plans to clinical groups and staff; held events on particular topics and with key stakeholders and discussed the plans at public board meetings of all NHS partners.
- On 21 October we submitted an updated narrative, eight delivery plans and a communications and engagement plan to NHS England. We have published these on our website www.nelstp.org.uk
- Over the coming months we are encouraging staff and stakeholders including councils and Health and Wellbeing Boards to make their views known. We are actively working with local Healthwatches and other community networks to gauge the views of the public and local interest groups.

Governance

A group (including health organisations, local authorities and Healthwatch) has been set up to review and update the governance arrangements.

As key players in the development and delivery of the STP, especially in ensuring it meets the needs of the many different communities, local authorities will be suitably represented.

The group has developed a shadow governance structure and initial terms of reference which strengthens existing forums such as the STP Board and adds several new bodies, most notably:

- A Community Council – of residents, voluntary sector, councillors and other key stakeholders
- An Assurance Group – an independent group of audit chairs to provide assurance and scrutiny
- A Political Leaders Advisory Group
- A Financial Strategy Group – to provide oversight and assurance of the consolidated financial strategy

Finances – how will we pay for this?

If we do nothing to address NHS financial challenges we will have a shortfall of £578 million by 2021 as our increased income will not keep pace with expenditure. If we carry on with 'business as usual' efficiencies of 2% a year, we will have a shortfall of c£336 million by 2021.

In local authorities and the Corporation of London, if we consider adult social care, the Better Care Fund, children's services and public health, there will be a £238 million shortfall by 2021 if we take no action to address the issues.

We will find savings and reduce these gaps by:

- Delivering individual organisations' savings programmes – making them more efficient and effective
- Working together – using our local transformation programmes to achieve savings; combining back office functions such as HR, finance, facilities management and IT to improve services and make savings; consolidating services and sharing good practice, which can improve productivity and save money; using our buildings more efficiently; using our collective buying power to secure better value contracts, for example medicines
- Working with local people to co-design new services that better meet their needs, and identify opportunities for productivity and efficiency improvements
- Accessing funding from the national Sustainability and Transformation Fund, but this is conditional on the quality of our STP.

Equality

A screening to consider the potential equality impacts of the proposals has been completed. This is on our website www.nelstp.org.uk

The screening includes:

- An assessment of the level at which the analyses need to be conducted (London-wide, regional, local area or borough level)
- A screening of the overarching *Framework for better care and wellbeing*
- Description of the actions to be taken

The screening recognises the initiatives included in the STP will be implemented at different times and that further analyses will need to be undertaken over the life of the programme.

Next steps

The STP is currently being developed further and the latest draft submission is being circulated to health and social care partners.

We anticipate feedback from NHS England and NHS Improvement early in 2017, and will continue to evolve the STP following feedback from our local partners, local people and the national bodies.

We welcome your comments and input as we further develop the plans. Key questions we are asking are:

- What do you think about what we have chosen to focus on?
- Do you think we have the right priorities?
- Is there anything missing that you think we should include?

To find out about STP-related events, sign up to our newsletter or read a more detailed version of the STP at: **www.nelstp.org.uk**

For more information please contact us on **nel.stp@towerhamletsccg.nhs.uk**

Update on north east London Sustainability and Transformation Plan January 2017

Transformation underpinned by system thinking and local action

1. Background

During 2016, health and care organisations (clinical commissioning groups, providers, local authorities and voluntary and community organisations) across north east London (NEL) [1] have worked together to develop a sustainability and transformation plan (STP). It sets out how the NHS Five Year Forward View will be delivered and how local health and care services will transform and become sustainable, built around the needs of local people. The STP builds on our positive experiences of collaboration in NEL but also protects and promotes autonomy for all of the organisations involved. Each organisation faces common challenges including a growing population, a rapid increase in demand for services and scarce resources. We all recognise that we must work together to address these challenges; this will give us the best opportunity to make our health economy sustainable by 2021 and beyond.

The plan describes how north east London (NEL) will:

- meet the health and wellbeing needs of its population
- improve and maintain the consistency and quality of care for our population
- close the financial gap.

A number of different specific local plans are aligned to the STP, enabling its ambitions to be delivered. The STP builds on these existing local transformation programmes and supports their implementation: including Barking and Dagenham, Havering & Redbridge (accountable care system) and City & Hackney devolution pilots; Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme; and the improvement programmes of our local hospitals, which aim to supports Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures.

Crucially, the NEL STP is the single application and approval process for transformation funding for 2017/18 onwards.

2. Overview of the north east London Sustainability and Transformation Plan

We shared our initial thinking with NHS England in April and submitted a draft NEL STP showing our progress in June. During summer 2016 to facilitate public engagement on the STP, we produced a summary of progress to date and shared the draft STP on our website.

On 21 October we submitted an updated narrative, updated summary and eight delivery plans describing the main priorities of the STP to NHS England (NHS E) and NHS Improvement (NHS I). These are all available on the STP website. http://www.nelstp.org.uk/

[1] North east London includes: Barking and Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.

The NEL STP narrative

The STP vision and priorities are shown below. A copy of our plan on a page is included in Annex A.

NEL STP Vision
1. To measurably improve health and wellbeing outcomes for the people of NEL and ensure sustainable health and social care services, built around the needs of local people. 2. To develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care. 3. To work in partnership to commission, contract and deliver services efficiently and safely.
NEL STP Priorities
• The right services in the right place: Matching demand with appropriate capacity in NEL • Encourage self-care, offer care close to home and make sure secondary care is high quality • Secure the future of our health and social care providers. Many face challenging financial circumstances • Improve specialised care by working together • Create a system-wide decision making model that enables placed based care and clearly involves key partner agencies • Using our infrastructure better

To deliver the STP we are building on existing local programmes such as borough based health and wellbeing strategies and end of life care plans, as well as setting up eight work streams to deliver the priorities. The workstreams are cross-cutting NEL wide programmes, where there are benefits and economies of scale in consolidating a number of system level changes into a single programme. These are:

1. Promote prevention and personal and psychological wellbeing in all we do
2. Promote independence and enable access to care close to home
3. Ensure accessible quality acute services
4. Productivity
5. Infrastructure
6. Specialised commissioning
7. Workforce
8. Digital enablement

Delivery plans have been developed for each of our workstreams; they are live documents which will continue to be updated as the programme develops.

Each work stream has a Senior Responsible Officer (SRO) and Delivery Lead, and task and finish work streams are being established to take forward implementation of the delivery plans. There is local authority involvement and leadership within a number of work streams, for example the Prevention workstream. As we now start to mobilise the work streams we are seeking to strengthen local authority involvement and leadership across them.

3. Links with Transforming Services Together and other plans

Plans to implement integrated place-based care were underway before we began working on the STP, with each local health economy pursuing an innovative and ambitious programme to make this a reality. In INEL this includes the City & Hackney devolution pilot, and in Newham, Tower Hamlets and Waltham Forest the Transforming Services Together programme, which are supporting the development of accountable care systems locally.. We will support and enhance these programmes by working together, but they will continue to operate independently with separate programme and governance structures which allow each area the flexibility to best meet local needs. We are actively seeking to collaborate across NEL where it makes sense to do so and have formed a NEL wide group to share learning from the devolution pilots and transformation programmes which underpin the emerging accountable care systems.

4. Timetable for implementation

Each of the eight delivery plans sets out the milestones and timeframes for implementation. A critical path for the implementation of the main milestones across the whole STP programme is attached at Annex B.

5. Engagement on the Sustainability and Transformation Plan

We recognise that the involvement of local people is crucial to the development of the STP and are committed to involving them and clinicians in any proposed changes. The requirement for the NHS to involve and consult patients on specific service changes is a statutory duty and we will meet that duty and ensure patient and public involvement. At present there are no specific service changes in the INEL area that are worked up and at the stage where public consultation is required.

We started our engagement process when we submitted the draft STP in June, and we have been involving partners, including Healthwatch, local councils, the voluntary, community and social enterprise sector, and patient representatives. The feedback we have received so far was incorporated into the revised STP for the October 2016 submission.

A summary of our engagement activities to date is shown below:

- Published the draft and summary versions of the plan on our website and published regular updates
- Offered to meet all MPs which has resulted in a number of 1:1 meetings. A further briefing for all NEL area MPs is scheduled for 20 February 2017.
- Arranged for elected members from each borough to meet the STP Independent Chair and Executive
- Actively sought involvement of the eight Local Authorities facilitated through the Local Authority representative on the STP Board.
- Local Authorities are represented on the Governance Working Group and have taken part in the workshops developing the plans for transformation (with a Director of Public Health leading the work on prevention).
- Engaged the Local Government Association (LGA) to provide support to individual HWBs to explore self-assessment for readiness for the journey of integration and to a NEL-wide strategic leadership workshop to consolidate outputs from individual HWB workshops.

- Engaged with council and partner stakeholders such as the Inner North East London and Outer North East London Health Scrutiny Committees (HSC); Barking, Havering and Dagenham Democratic and Clinical Oversight Group; the eight Health and Wellbeing Boards; Hackney and Tower Hamlets councillors; and Newham Mayor's advisor for Adults and Health
- Met with local Save our NHS and Keep our NHS Public campaign groups
- Presented at meetings to discuss specific clinical aspects of the STP, for instance the NEL Clinical Senate; the NEL maternity network and maternity commissioners' alliance; mental health strategy meetings; and clinical workshops on the specialist commissioning of cardiac services and children's services. The proposals have also been discussed at a number of Local Medical Committee forums.
- Started to discuss the plans with NHS staff – further engagement is planned.
- Discussed the plans in open board meetings of all our NHS partners and offered opportunities to talk to patients and the public at various annual general meetings and patient group meetings.
- Held wider events on specific topics and developments, e.g. urgent care events involving patients and a wide range of stakeholders such as the London Ambulance Services and community pharmacists.

Our communications and engagement plan (phase 2) sets out how communications with staff, patients, the public, partners and other stakeholders will be managed and delivered. It focuses on the six month period from October 2016 to April 2017. This will be regularly reviewed, refined where necessary and shared with all interested parties, with updates on the outcomes achieved.

The STP programme communications and engagement team is responsible for coordinating work that needs to be done across all CCGs, developing a core narrative and coordinating activity.

Ian Tompkins joined the STP team as Communications Director in November 2016. He has previously worked as a Director of Communications in local authorities (Hackney, Newham, Waltham Forest and Hounslow), the East London NHS Foundation Trust and Newham Clinical Commissioning Group. Ian is currently meeting with local authority and NHS colleagues to develop a collaborative approach to communications and engagement, making use of the many existing and productive networks, including those in public health and the voluntary sector.

A workshop for all NHS and local authority communications and engagement leads, as well as those for policy and strategy and public health, is being held on 26 January 2017.

Local NHS communications teams are responsible for local delivery – understanding local issues and working at a much greater detail to develop local solutions; and engagement on plans that sit under the STP. All are responsible for (and have) links with local authority communications teams and Ian Tompkins will help encourage and support this

In order to ensure we develop the STP using all relevant patient and public views, to ensure efficiency and to reach a wide community of public and patients, we have asked local Healthwatch organisations to review the research and comments they have gathered in recent months and to use existing forums to discuss the STP (see section 6 of the communications and engagement plan).

From 21 October to February 2017, local Healthwatch organisations are working together to help us gather and understand the views of local people. They will make use of any other relevant consultation and engagement groups/networks, such as those of local authorities, where possible.

Our joint aim is to ensure engagement is relevant to local needs and that it builds on previous decisions made and the engagement and consultation work that has already take place across NEL on significant change programmes and developments. Healthwatch organisations will focus on gauging public views on a) promoting prevention and self-care b) improving primary care and c) reforming hospital services; with a local emphasis on:

- the Barking, Havering and Redbridge devolution pilot
- the Hackney devolution pilot
- Transforming Services Together in Newham, Tower Hamlets and Waltham Forest
- The vanguard project in Tower Hamlets

We will continue to exploit the full range of channels and formats for our communications and engagement activities to ensure we are reaching groups that are sometimes missed. We will carry on working with clinicians, local authorities and staff to ensure they too are actively involved in the development of the STP. We will encourage patients and local people to be involved at the design stage and work jointly with local authority engagement colleagues to help ensure a joined up approach; undertaking formal consultation when required.

We are committed to National Voices' six principles for engaging people and communities that set the basis for good, person-centred, community-focused health and care and will embed these across our work. We also believe that staff have a crucial role to play in the success of the STP. We want them to contribute to its development, to understand and support its aims; to feel part of it and be motivated by it.

There will be many opportunities for everyone (including patients, service users, carers and the public) to have their say on the emerging plans, and to continue shaping their development and implementation during the next five years. Any proposals for significant changes that emerge from the plan will be subject to specific engagement and consultation where required.

In addition, we are committed to engaging with all trade unions on the workforce impacts of the STP. There is a member of the London Health Unions Lead Representative on the NEL workforce advisory board, and each NHS provider has its own joint staff side arrangements where STPs are discussed.

6. Governance for the NEL Sustainability and Transformation Plan

The launch of the STP process signalled the move towards working in larger geographical areas and the need to develop governance arrangements to support strategy development and change at a system level.

To achieve this, 20 organisations have been working together to develop the NEL STP. However, as we move into the next phase of the programme, focusing on the mobilisation and implementation of our delivery programmes, the governance and leadership arrangements are being updated to ensure they continue to remain effective with appropriate membership. As key players in the development and delivery of the STP, especially in ensuring it meets the needs of the many different communities, local authorities will be suitably represented.

A governance task and finish group (including health organisations, local authorities and Healthwatch) was set up to review and update the governance arrangements to reflect this change in focus. Through this group we have developed a shadow governance structure,

and initial terms of reference for the key governance forums. We will be operating the governance in shadow form until April 2017 to enable us to test and review it.

This governance structure recognises and respects the statutory organisations, while providing the necessary assurance and oversight for system level delivery. In addition to reinforcing some of the existing governance forums (i.e. re-focusing the membership of the NEL STP Board), several new bodies have been added to strengthen the level of assurance and engagement, most notably:

- Community Council – A council of local people, voluntary sector, and other key stakeholders to promote system wide engagement and assurance
- NEL Political Leaders Advisory group - To provide a forum for political engagement and advice to the NEL STP
- Assurance Group – An independent group of audit chairs to provide assurance and scrutiny
- Finance Strategy Group -To provide oversight and assurance of the consolidated NEL financial strategy and plans to ensure financial sustainability of the NEL system.

We have developed a draft Memorandum of Understanding (MoU) for the governance arrangements of the North East London STP between the health and social care partners. The MoU will not be legally binding, but is intended to ensure a common understanding and commitment between the partner organisations on the NEL STP governance arrangements, specifically:

- The scope and objectives of the NEL STP governance arrangements
- The principles and processes that will underpin the NEL STP governance arrangements
- The governance framework / structure that will support the development and implementation of the NEL STP

The draft MoU is being circulated to local authorities, Trust boards and CCG governing bodies in December 2016 -January 2017.

The shadow governance structure is included at Annex C.

7. Finance considerations of the NEL STP

The basis for the financial modelling has been the refreshed draft five year CCG Operating Plan and provider Long Term Financial Model templates. These have been prepared by individual NEL commissioners and providers, all of whom followed an agreed set of key assumptions on inflation, demographic and non-demographic growth, augmented with local judgement on other cost pressures and necessary investments in services.

The individual plans have then been fed into an integrated health economy model in order to identify potential inconsistencies and to triangulate individual plans with each other. Activity has been modelled across NEL utilising the TST model. Specialised commissioning and any differences in contract assumptions are included in these projections. The local authority position is modelled separately and a summary is detailed below.

The forecast NEL FY20/21 'do nothing' affordability challenge is c£578m to break even (an additional c£30m to reach 1% surplus target for commissioners). This assumes growth and inflation in line with organisations' plans but that no CIP (Cost Improvement Plans, or Provider efficiencies) or QIPP (Quality, Innovation, Productivity and Prevention schemes, or commissioner savings) would be delivered in any year.

In the 'do minimum' scenario, in which 'business as usual' efficiencies of 2% across all years have been included, the affordability challenge would be c£336m by FY20/21. The Providers in NEL have committed to delivering a further stretch CIP of £84m meaning the estimated gap after achieving internal efficiencies is £251m. Of this, £160m of savings will be delivered through a variety of collaborative transformation schemes, mitigate down from £184m after applying a prudent risk rating. This includes £38m of savings from providers improving their collaboration on back office functions, as well as a total of £111m in a variety of service transformation across the seven boroughs over five years.

A number of factors are driving our rising expenditure. One significant factor is our growing and ageing population in line with GLA projections. We also face a non-demographic demand growth, due to factors such as new technology and increases in disease prevalence; we have assumed that this growth is approximately 1% per year. Pay and price inflation have been assumed in line with NHS I guidance. This results in a steady increase in expenditure over the planning period.

We see significant increases in CCG allocations throughout the planning period. However, Sustainability and Transformation Funding (STF) and some other non-recurrent provider income (such as gains by absorption) primarily affect the initial years and have no impact in the projections of in-year movements from FY18 onwards.

NEL local authority challenge
All NEL local authorities and the Corporation of London have provided financial data for the STP modelling, though it is recognised that further detailed work is required to confirm assumptions and what effect local authority funding challenges and proposed services changes will have on health services and vice versa.

For the 'do nothing' scenario, the combined FY17 Local Authority challenge is estimated as £87m reaching £238m by FY21. This figure is based on adult social care, Better Care Fund, children's services and public health at all local authorities.

If Children Services were excluded from the gap analysis, the gap in FY17 would be estimated as £60m reaching £174m by FY21.

A 'do minimum' scenario, where 'business as usual' savings are assumed, will still need to be completed.

Contracts between providers and commissioners
Two-year contracts between all NEL providers and commissioners (including NHSE specialised commissioning) for the period 2017-19 were agreed in line with the national timeframe of 23rd December 2016, as well as two year operating plans which reflected these agreements.

STP partners have agreed to use the period January – March to refine the joint delivery plans that support the transformation schemes agreed in the contracts, designed to deliver the efficiencies required to achieve financial balance across the NEL STP footprint.

8. Equality considerations
An equality screening has been completed (December 2016) to consider the potential

equality impacts of the proposals set out in the NEL STP. A copy of this is attached as Appendix 1.

The screening includes:

- An overview of all the initiatives included in the NEL STP narrative to determine at which level equality analyses should be undertaken i.e. NEL STP level, Local Area Level, CCG/borough level or London-wide level.
- An initial assessment of the NEL STP overarching '**Framework for better care and wellbeing'.**
- Actions to be undertaken during further detailed equality analyses.

The screening recognises that the initiatives included in the STP will be implemented at different times, hence further equality analyses will need to be undertaken over the life of the STP programme.

9. Your views on the NEL STP

The STP is a work in progress and this latest draft submission is currently being circulated to health and social care partners. We anticipate feedback from NHSE/I early in 2017, and will continue to evolve the STP following feedback from our local partners, local people and the national bodies. We welcome your comments and input as we further develop the plans.

Tell us what you think

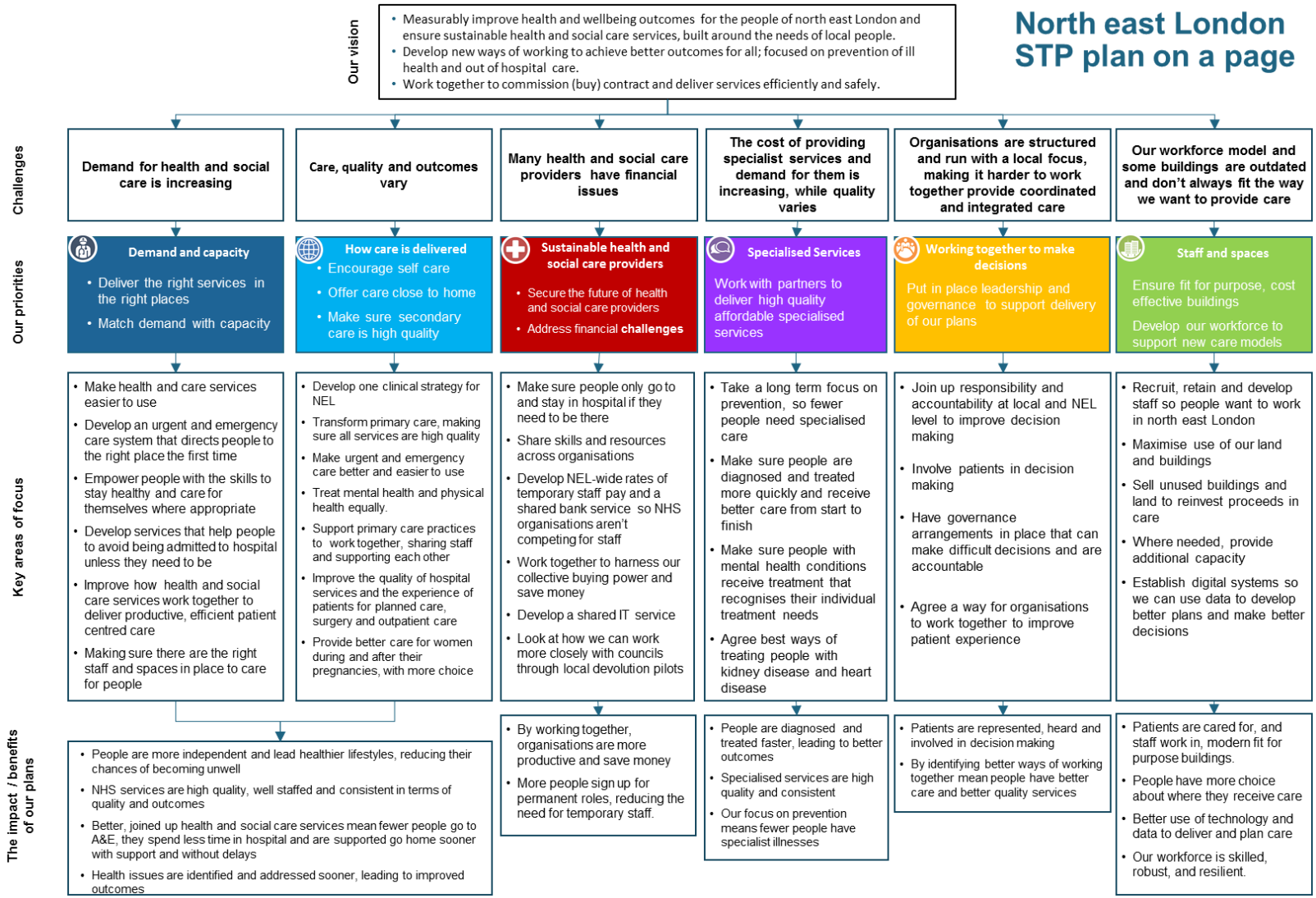
We'd like to know what you think about our STP. It's still a draft, so the content can and will change. We'd like to hear from as many people as possible about what you think so we can refine our ideas and further develop our STP, based on your comments, before it is finalised later in the year.

- **What do you think about what we've chosen to focus on?**
- **Do you think we have the right priorities?**
- **Is there anything missing that you think we should include?**

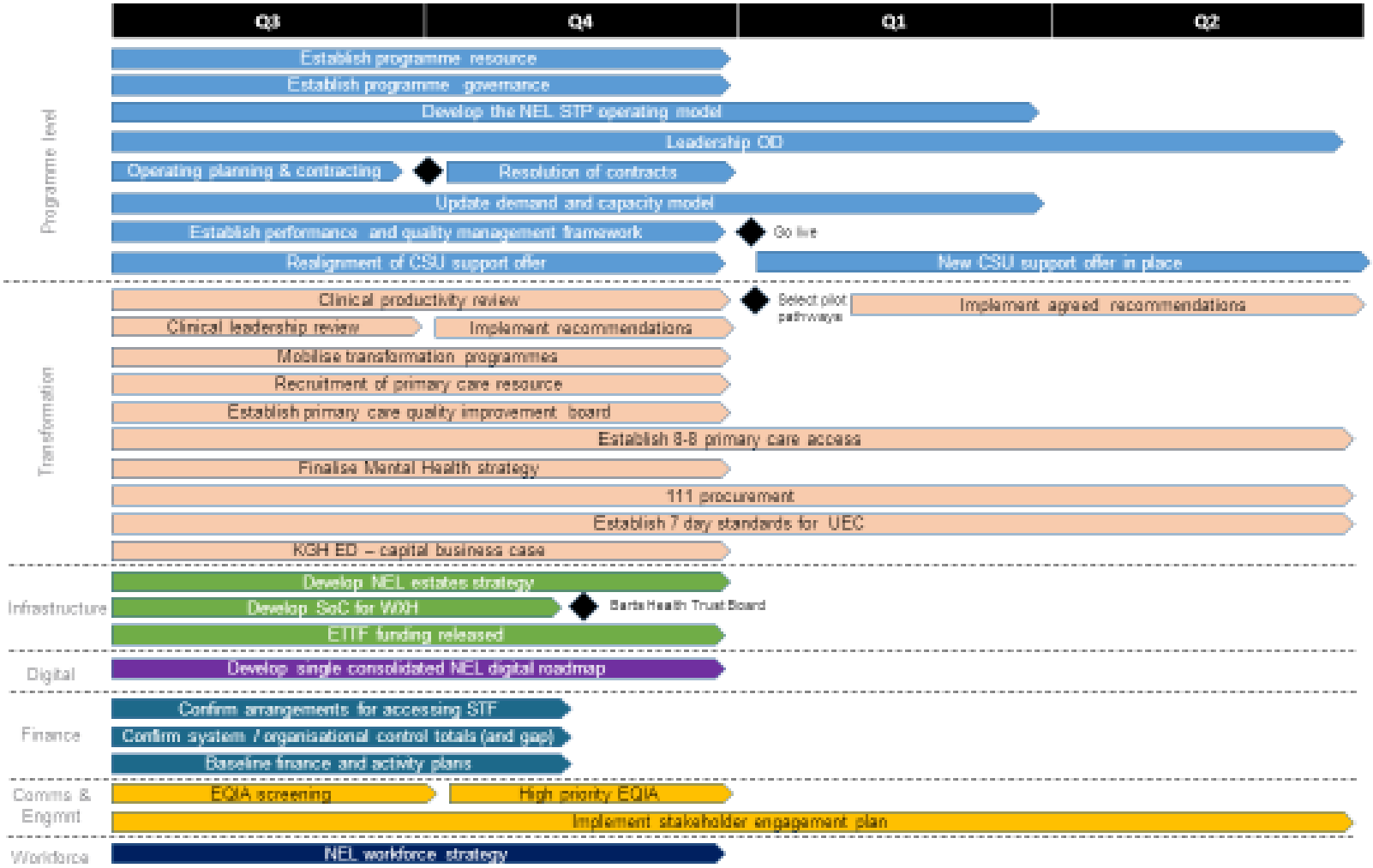
Please send us an email and tell us what you think: nel.stp@towerhamletsccg.nhs.uk

For more information about the NEL STP visit http://www.nelstp.org.uk/

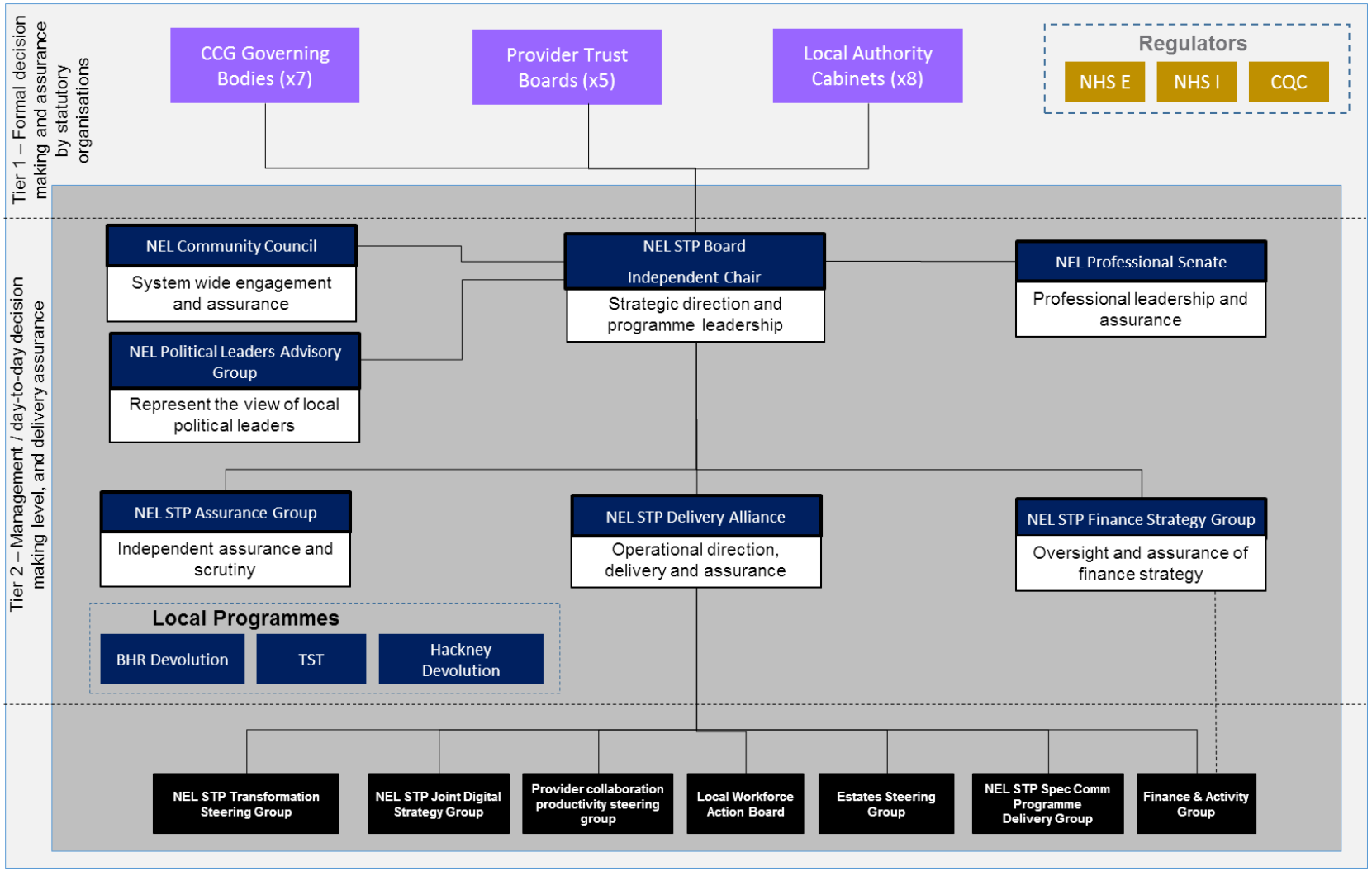
Annex A: NEL STP Plan on a page



Annex B **NEL STP Year 1 Critical Path**



Annex C NEL STP Shadow governance structure



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APPENDIX 1

North east London Sustainability and Transformation Plan

EQUALITY ANALYSIS

(Equality Impact Assessment screening)

Contents

Section 1: Introduction

Name of policy/function being assessed

North east London Sustainability and Transformation Plan (NEL STP)

The policy/function being assessed is a:

Strategy/Plan	☑
Written Policy	☐
Service	☐
Guideline/Framework	☑
Procedure	☐
Project	☐
Agreement/Contract	☐
Consultation	☐
HR Restructure	☐
Other, please state:	☐

Is this a new or existing policy/function?

New **X** Existing **X**

Senior Responsible Officer for the policy/function

Jane Milligan, Chief Officer, Tower Hamlets CCG and Executive Lead for north east London Sustainability and Transformation Plan (NEL STP)

Lead person responsible for conducting the equality analysis

This initial screening of the STP has been conducted by the STP Programme Office, led by Nichola Gardner STP Programme Director.

A brief description of policy/function

This Equality Screening considers the potential equality impacts of the proposals set out in the north east London Sustainability and Transformation Plan (NEL STP) draft submitted to NHS England on 21 October 2016.

The STP is the new national planning framework for NHS services, which is intended to support the delivery of a transformed health service, which is set out in the Five Year Forward View (5YFV). During 2016, 20 organisations across NEL (which covers seven CCGs and eight local authority areas[1]) have worked together to develop the NEL STP. A detailed public health profile for north east London was carried out in March 2016 to identify the local health and wellbeing challenges to be addressed by the STP.

The NEL STP has adopted the following joint vision and priorities.

NEL STP vision
1. To measurably improve health and wellbeing outcomes for the people of NEL and ensure sustainable health and social care services, built around the needs of local people. 2. To develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care. 3. To work in partnership to commission, contract and deliver services efficiently and safely.
NEL STP priorities
• The right services in the right place: Matching demand with appropriate capacity in NEL • Encourage self-care, offer care close to home and make sure secondary care is high quality • Secure the future of our health and social care providers. Many face challenging financial circumstances • Improve specialised care by working together • Create a system-wide decision making model that enables placed based care and clearly involves key partner agencies • Using our infrastructure better

To implement this we have developed a common framework (see below) that will be consistently adopted across the system through our new model of care programmes. This framework is built around our commitment to person-centred, place-based care for the population of NEL.

[1] Barking and Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.


Promote prevention and personal and psychological wellbeing in all we do
• Workplace
• Housing
• Self-service care
• Leisure
• Education
• Employment
ACCESSIBLE QUALITY ACUTE SERVICES
CARE CLOSE TO HOME
PREVENTION
COMMUNITIES, FRIENDS AND FAMILY
PEOPLE-CENTRED SYSTEM
• Self-care
• Peer-led services
• Voluntary sector services
• Home-based support
• Mental health services
• Children's services
• Social care services
• Opticians/dentists/pharmacies
• GPs
• Integrated multi-disciplinary teams
• Support from volunteers
Promote independence and enable access to care closer to home
• Maternity
• Acute physical and mental care
• Emergency care
• Specialised services
NHS
Ensure accessible, high quality acute services for people who need it

To deliver the STP we are building on existing local programmes such as borough based health and wellbeing strategies and end of life care plans, as well as setting up eight workstreams to deliver the priorities. The workstreams are cross-cutting NEL wide programmes, where there are benefits and economies of scale in consolidating a number of system level changes into a single programme. These are:

1. Promote prevention and personal and psychological wellbeing in all we do
2. Promote independence and enable access to care close to home
3. Ensure accessible quality acute services
4. Productivity
5. Infrastructure
6. Specialised commissioning
7. Workforce
8. Digital enablement

Delivery plans have been developed for each of our workstreams; they are live documents which will continue to be updated as the programme develops.

A communications and engagement plan has been produced (see below), and joint memorandum of understanding has been agreed by the multi-organisational Governance Working Group to underpin this work.

The NEL STP builds on the existing local transformation programmes (shown below) and supports their implementation; it also supports our local hospitals out of special measures.

Local transformation programmes
Barking and Dagenham, Havering and Redbridge (BHR): devolution pilot (accountable care system)
City and Hackney: Hackney devolution
Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme (TST)
Barts Health NHS Trust
Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

A copy of our plan on a page is included in Appendix 1.

Information/Evidence

The following key messages are taken from the detailed public health profile for north east London carried out in March 2016; they have informed the development of the NEL STP.

Overall

- There is a significant projected increase in population in the next five years to 2021, with projections of 6.1% (120,000), from 1.95 million to 2.07 million. This varies from 3% Redbridge and Waltham Forest to 13.2% Tower Hamlets.
- Over 15 years, to 2031, the increase is expected to by around 345,000 or 18%, to 2.3 million people.

- There are significant health inequalities across NEL and within boroughs, in terms of life expectancy and years of life lived with poor health.

Age

- NEL has higher rates of obesity among children starting primary school than the averages for England and London. All areas have cited this as a priority requiring system wide change across the NHS as well as local government.
- This is not reflected in the statistics for excess weight in adults: only Barking and Dagenham has significantly higher rates than England, and half of all NEL boroughs have significantly lower rates. NEL has generally higher rates of physically inactive adults, and slightly lower than average proportions of the population eating 5-a-day.
- Right Care analysis identified that for NEL rates of admission for people age 65+ with dementia are poor. With a rising older population continuing work towards early diagnosis of dementia and social management will remain a priority.

Disability (including long term limiting illness and mental illness)

- For males, Barking and Dagenham, and Hackney have significantly higher premature mortality rates from cancer than England and London. Tower Hamlets and Havering also have higher rates that narrowly fail the 5% significance test. Only Redbridge has significantly lower rates than England and London.
- For females, Tower Hamlets' rate for premature mortality from cancer is significantly higher than England's and London's. With the exception or Redbridge, all the other boroughs' rates are not significantly different from England's. Barking and Dagenham's rates is significantly higher than the London average. Only Redbridge has rates significantly lower than England and London.
- Breast cancer screening rates vary: Havering's rate is significantly higher than England's; Redbridge's rate is significantly below England's but above the London average; while rates in Waltham Forest, Barking and Dagenham, Newham, Tower Hamlets, and Hackney are significantly below the London average.
- There is an increased risk of mortality among people with diabetes in NEL and an increasing 'at risk' population. The percentage of people with Type 1 and Type 2 diabetes who receive NICE-recommended care processes is poor.
- Cancer survival rates at year one are poorer than the England average and screening uptake rates below England average.
- There is a shortage of high quality relevant data for people with mental illness and learning disabilities.
- Acute mental health indicators identify good average performance however concerns identified with levels of new psychosis presentation.
- Suicide rates are lower than the England average. NEL has higher than average rates of mental health clients living independently.
- The percentage of adults with learning disabilities living independently varies across NEL.

Gender reassignment

Data on gender re-assignment is not available at a NEL level, but a Home Office funded study for the Gender Identity Research and Education Society, estimated there were 300,000 – 500,000 transgender people in the UK[2].The study quotes a 2007 report which estimates that 20 people per

[2] Gender Identity Research and Education Society, The Number of Gender-Variant People in the UK, 2011

100,000 of the UK population (potentially 400 people in NEL) had sought medical care for gender variance – around 10,000 people, of whom 8,000, had undergone transition.

Pregnancy and Maternity

- The teenage pregnancy rate in Barking and Dagenham is very much higher than the England and London rates. Redbridge's rate is significantly lower than England's and London's. Rates in the other boroughs are not significantly different from each other or from London and England.
- Smoking in pregnancy rates vary across NEL. Hackney and Newham have significantly higher rates the London and England. Barking and Dagenham's rate is between those of London and England. Havering's rate is not significantly different from England's. Data for the other boroughs was not published because of data quality issues.
- Hackney and Newham have significantly higher rates of breast feeding than the London and England. Barking and Dagenham's rate is between those of London and England. Havering's rate is not significantly different from England's. Data for the other boroughs was not published because of data quality issues.
- NEL boroughs have notably low rates of childhood immunisation. City and Hackney's rate is similar to England's. Havering's and Barking and Dagenham's rates are significantly below that of England but above the London average. Waltham Forest and Redbridge's rates are significantly lower than that of London.

Race and Religion

- North east London is ethnically very diverse. The GLA estimates the under half the population (951,000, 49%) are ethnically White, while 51% are from Black and Minority ethnic (BME) groups (which includes all mixed ethnicities).
- Some BME groups will grow differentially faster, South Asians by 10.5%, but Black groups slightly less than the total, about 5.1%. These groups have higher risks of major, potentially preventable, health conditions.
- Estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions. Black groups and South Asian groups have higher risk of diabetes. North east London faces a stiff challenge in diabetes prevention, as the biggest components of its expected population growth are in ethnic groups at higher risk.
- South Asian groups have 50% higher risk of ischemic heart disease than White groups, while Black groups have lower risks of heart disease than the general population. Black groups have double the risk of stroke than the general population, and South Asian groups have rates 50% higher than the general population.

Sex

- For males there is a 3.3 year difference between the longest life expectancy (Redbridge) and the shortest (Barking and Dagenham). Male life expectancy in Redbridge is significantly higher than for London and England, while in Havering it is significantly higher than England overall but not significantly different from London. In Waltham Forest male life expectancy is significantly below that of London but not significantly different from England. Male life expectancy in Newham, Hackney, Tower Hamlets, and Barking and Dagenham is significantly lower than both London and England.
- For females there is a 2.5 year difference between the longest life expectancy (Redbridge) and the shortest (Barking and Dagenham). Female life expectancy in Redbridge is significantly higher than for London and England, while in Havering and Waltham Forest

female life expectancy is significantly higher than for England overall but not significantly different from London. Female life expectancy in Hackney and Newham is significantly below that of London but not significantly different from England. In Tower Hamlets, and Barking and Dagenham female life expectancy is significantly lower than both London and England.

Sexual orientation

- We do not have NEL level data for people identifying as lesbian, gay or bisexual. However based on estimates for London[3] 2.6% of the population identify themselves as lesbian, gay or bisexual, 0.3% describe themselves as 'other', a further 6.9% 'don't know' or 'refuse to say' and 2% did not respond to this question. Nearly 90% of Londoners describe themselves as straight or heterosexual.
- Syphilis is an important public health issue amongst men who have sex with men among whom incidence has increased over the past decade. The highest rate is in the City of London, but absolute numbers are small. Tower Hamlets and Hackney have significantly higher rates than the London average. Waltham Forest and Newham have rates significantly lower than the London average, but higher than the England average. Redbridge, Havering and Barking and Dagenham have rates non-significantly lower rates than the England average.

Socio-economic groups

- NEL has generally very high levels of deprivation compared with the rest of England. According to the Index of Multiple Deprivation 2015 (IMD 2015) average scores, Tower Hamlets is the ninth most highly deprived upper tier local authority in England, Hackney the tenth, Barking and Dagenham the eleventh. Five of the eight NEL STP boroughs are in the most deprived quintile. Redbridge, Havering and the City of London are in the less deprived 50% of local authorities.
- Overall, NEL has unemployment rates about 35% higher than the national average. The highest rate is in Barking and Dagenham.

Additional evidence about the NEL key overall care and quality challenges is shown in the draft NEL STP.

[3] ONS Integrated Household Survey, January – December 2014

Consultation, engagement and contribution

Since March 2016 we have been engaging partners, including Healthwatch, local councils, the voluntary, community and social enterprise sector, and patient representatives including meeting with local Save our NHS, 38 Degrees and Keep our NHS Public campaign groups[4]. In addition we have published regular updates, as well as an updated narrative, updated summary and eight delivery plans describing the main priorities of the STP. These are available on our website, www.nelstp.org.uk A summary of communications and engagement activity from June to November 2016 can be found in Appendix 2.

In order to ensure we develop the STP using all relevant patient and public views, to ensure efficiency and to reach a wide community of public and patients, we have asked local Healthwatch organisations to review the research and comments they have gathered in recent months and to use existing forums to discuss the STP. From October 2016 to February 2017, the local Healthwatch organisations across the STP area will be working together to help us gather and understand the views of patients and communities. Our joint aim is to ensure engagement is relevant to local needs. Healthwatch organisations will focus on gauging public views on a) promoting prevention and self-care b) improving primary care and c) reforming hospital services; with a local emphasis on:

- The Barking and Dagenham, Havering and Redbridge devolution pilot
- The Hackney devolution pilot
- Transforming Services Together in Newham, Tower Hamlets and Waltham Forest
- The vanguard project in Tower Hamlets

A communications and engagement plan http://www.nelstp.org.uk/downloads/Publications/Delivery-plans/NEL-STP-Delivery-plan-9-Comms-and-Engagement-Oct-submission.pdf has been produced which sets out the arrangements for communication with patients, the public, voluntary and statutory sector partners, staff and other stakeholders between October 2016-April 2017. The plan details the suggested evidence that local Healthwatch organisations will interrogate and the meetings where the STP is likely to be a focus of the discussions. The feedback we have received has as far as possible been addressed and incorporated into the revised STP in October 2016.

A further communications and engagement plan will be developed for any subsequent phases, or in light of any significant changes. We will need to review existing local arrangements on patient participation to ensure they are fit for future purpose, e.g. increasing self-care; using expert patients, self-help groups etc. Once the detailed options being considered within each workstream have been scoped, there is a need for further engagement work with patients and local communities with protected characteristics.

Consultation outcomes

We recognise that some changes proposed in the STP may require formal public consultation, and are committed to the government's principles for consultation (2016). We will look at how to tailor consultation to the needs and preferences of particular groups, such as older people, younger people or people with disabilities that may not respond to traditional consultation methods.

[4] A list of engagement activities between June and November is included in Appendix 2.

Section 2: Test of Relevance and Initial Screening Assessment

Scope of the equality screening

The proposals in the STP programme relate to the need to pay 'due regard' to the Public Sector Equality Duty (s.149, Equality Act 2010) to: ***'advance equality of opportunity between those who share a "protected characteristic" and those who do not share that protected characteristic'***. The STP proposals need to be analysed to how they will be advancing this equality aim including the need to:

- *Remove or minimise disadvantages experienced by people due to their protected characteristic*
- *Take steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities*
- *Encourage people from protected groups to participate in public life or in other activities where their participation in disproportionately low*

The draft STP states that:

'We are committed to ensuring that everyone has equal access to high-quality services and care, regardless of gender, race, disability, age, sexual orientation, religion or belief. We will work closely with patients, staff, partners and voluntary organisations to help reduce inequalities and eliminate any discrimination within NHS services and working environments. As part of the development of the final STP we will carry out engagement with people who have protected characteristics as set out in the Equality Act 2010. We will conduct equality impact assessment (EIA) screenings to identify where work needs to take place and where resources need to be targeted to ensure all groups gain maximum benefit from any changes proposed as part of the STP.'

Approach to the NEL STP equality screening

An initial equality screening conversation between NEL CSU and the NEL STP Team to discuss the intended equality impacts of the proposals, agreed that:

- An overview of all the initiatives included in the NEL STP narrative was needed to determine at which level equality analyses should be undertaken i.e. NEL STP level, Local Area Level, CCG/borough level or London-wide level.

- As this is an umbrella plan and many of the initiatives are being developed and delivered at a local area or borough level, this equality screening will focus on those initiatives, which will be delivered at NEL STP level.

- In recognition that the initiatives will be implemented at different times, further equality analyses will need to be undertaken over the life of the STP programme.

The STP team is leading on the overview equality screening of the STP programme and providing the oversight for the NEL-wide initiatives. Each NEL wide initiative will have an identified lead who will:

- Work to the principles in the NEL STP Communications and Engagement Plan to ensure that direct engagement with the communities most affected by the proposals
- Be responsible for ensuring that the equality screening is carried out
- Consider any HR implications for staff arising from the STP proposals
- Ensure that any identified actions resulting from the equality analysis are implemented

Equality screenings of borough and local level initiatives are being led by the relevant local programme leads.

This document includes:

- An equality screening of the projects included in the STP (see Appendix 3).
- An governance assessment of all the initiatives included in the NEL STP that seeks to determine at which level equality screening should be undertaken i.e. NEL STP level, Local Area Level, CCG/borough level or London-wide level and their progress to date (see Appendix 4) and the potential timescales.

Between November 2016 and March 2017 equality screenings for the NEL-wide initiatives below will be completed:

(Please note these are works in progress so the dates are subject to change.)

Section 3: Conclusion

Comments or recommendations

The scale and scope of the STP programme means that there is the potential for many equalities impacts, relevant to all groups sharing protected characteristics, and/or people living in deprivation. Some of these will relate to small numbers of patients/people with multiple, complex needs and communities. Where relevant, the STP programme will need to ensure that these are considered in a proportionate and timely manner to inform service design.

It is likely that the most significant impacts, and the highest equalities risks, will relate to those living in the more deprived areas of NEL. It is particularly important that the STP programme ensures a high level of involvement by representatives of these communities in planning and decision-making. The STP programme will need to consider how to engage with:

- people who are not in touch with patient representatives and community groups or organisations but who will nevertheless be impacted by potential changes to services arising from the programme
- discrete groups and communities within each NEL borough most affected by the proposals

The equality screening in Appendix 3 and the governance chart in Appendix 4 will be used to identify where more work needs to take place and where resources need to be targeted to ensure all protected groups gain maximum benefit from the improvements.

Actions

Actions	Lead(s)	Timescale
1. Equality analysis leads to be identified for each NEL-wide initiative	STP Executive Lead	End of Nov
2. Carry out equality analyses for each NEL-wide initiative including: • working with Directors of Public Health to undertake further population needs analysis when required • taking account of equality analyses already undertaken on local transformation programmes • recognising that some initiatives will require separate HR analyses	Equality leads for each initiative	Dec 2016 onwards
3. Consider how to incorporate equalities monitoring into service specifications to improve knowledge about those using services e.g. requiring providers to develop collection and recording of patient and client personal data as part of patient care plans and records	SROs for each workstream	Dec 2016 onwards
4. Ensure that key dependencies across each workstream are addressed e.g. are children and young people's issues addressed within acute care and specialist commissioning	STP Programme Director	Dec 2016 onwards
5. Jointly with NEL boroughs, map each borough's engagement structures and work with the relevant groups to carry out direct engagement with the communities most affected by the proposals	STP Director of Comms	Dec 2016 onwards
6. Undertake detailed planning across all workstreams on the training requirements for various staff groups to support them in meeting the needs of patients, residents and staff in groups with protected characteristics	SROs for each workstream	Dec 2016 onwards

Final outcomes

This equality screening has concluded that the overarching framework proposed by the NEL STP programme will have a positive effect on the residents of north east London. The overview screening shows that some STP initiatives will continue as planned whilst others will need further analysis to ensure that the proposals better advance equality.

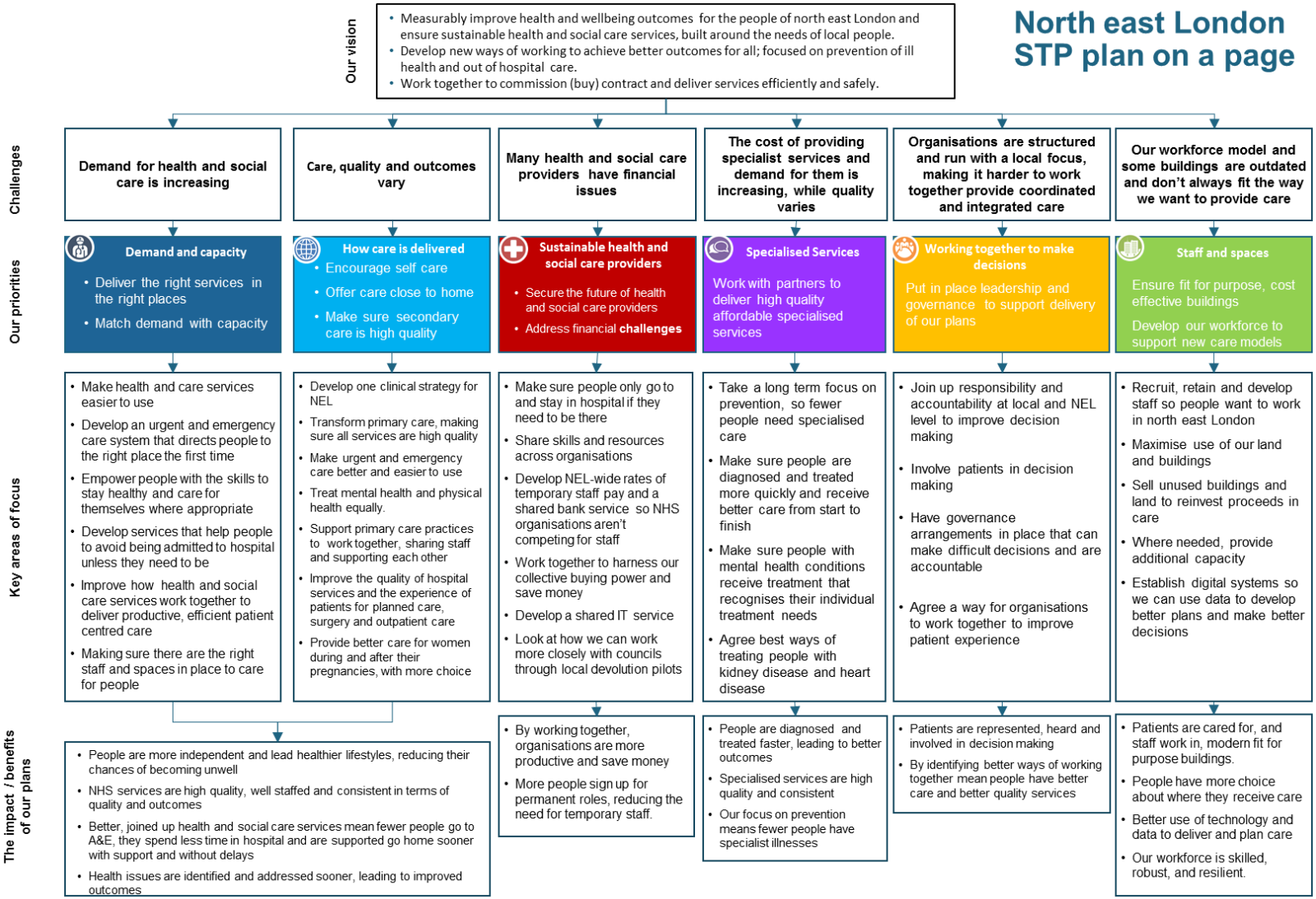
a) Continue with the policy as it is X
b) Continue with the policy with adjustment or further analysis X
c) Stop/remove the policy

Signature of the Senior Responsible Officer

Date and date of next review

Date: 20 December 2016
Date of next review: During the life of the STP programme (2016-2021) detailed equality analyses will be completed for NEL-wide STP initiatives. Indicative dates for each are shown in Appendix 4.

Appendix 1: NEL STP Plan on a page



Appendix 2: NEL STP Engagement activities June – November 2016

- Published the draft and summary versions of the plan on our website and published regular updates
- Offered to meet all MPs which has resulted in a number of 1:1 meetings
- Arranged for elected members from each borough to meet the STP Executive
- Actively sought involvement of the eight Local Authorities facilitated through the Local Authority representative on the STP Board.
- Local Authorities are represented on the Governance Working Group and have taken part in the workshops developing the plans for transformation (with a Director of Public Health leading the work on prevention).
- Engaged the Local Government Association (LGA) to provide support to individual HWBs to explore self-assessment for readiness for the journey of integration and to a NEL-wide strategic leadership workshop to consolidate outputs from individual HWB workshops.
- Engaged with council and partner stakeholders such as the Inner North East London and Outer North East London Health Scrutiny Committees (HSC); Barking, Havering and Dagenham Democratic and Clinical Oversight Group; the eight Health and Wellbeing Boards; Hackney and Tower Hamlets councillors; and Newham Mayor's advisor for Adults and Health
- Met with local Save our NHS and Keep our NHS Public campaign groups
- Presented at meetings to discuss specific clinical aspects of the STP, for instance the NEL Clinical Senate; the NEL maternity network and maternity commissioners' alliance; mental health strategy meetings; and clinical workshops on the specialist commissioning of cardiac services and children's services. The proposals have also been discussed at a number of Local Medical Committee forums.
- Discussed the plans with staff.
- Discussed the plans in open board meetings of all our NHS partners and offered opportunities to talk to patients and the public at various annual general meetings and patient group meetings.
- Held wider events on specific topics and developments, e.g. urgent care events involving patients and a wide range of stakeholder such as the London Ambulance Services and community pharmacists.

Appendix 3: Equality screening for the NEL STP

Screening for overarching NEL-wide framework
Our framework for better care and wellbeing is built around our commitment to person-centred, place-based care for the population of NEL.

This screening focuses on the three outward facing delivery plans covering prevention, promoting independence and care close to home, and quality acute services.

The remaining delivery plans: 4 – provider productivity; 5 – estates infrastructure; 6 – specialised commissioning; 7 – workforce and 8 – digital enablement will also affect protected groups, but through the first three delivery plans.

Delivery Plan 1: Promote prevention and personal and psychological wellbeing in all we do

A proactive approach to disease prevention within all that we do, addressing unhealthy behaviours that may lead to serious conditions further down the line and thus reducing the burden on the healthcare system. We will take action to motivate people to take ownership of their own health and encourage healthy environments to enhance the quality of life for our population. Initiatives aim to reduce smoking and diabetes and to improve workplace healthiness.

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/ unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Age	High	Overall positive	• Promoting prevention and improving wellbeing will help people of all ages. • Older people in general experience greater health problems than the rest of the population and are more likely to develop long-term conditions which can be alleviated by changes in lifestyle. • Children will benefit from initiatives to reduce excessive weight. • Some initiatives are likely to be of less benefit to older people (e.g. online prevention schemes)	• Target prevention programmes at those most in need including older people including to address diabetes, heart disease and respiratory difficulties. • Workplace initiatives are less likely to improve the health of older people and children so it is important to ensure other schemes do focus on these age groups. However NHS workplace initiatives aim to reduce staff turnover, stress etc – thereby improving the quality of care overall. • Services provided on new media (e.g. online smoking cessation) should be additional to existing services in order to preserve choice until it is clear that traditional services are no longer needed.

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/ unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Disability	Medium	Overall positive	• Promoting prevention and improving wellbeing will help people of all disabilities. • Workplace initiatives are less likely to improve the health of disabled people (who are more likely to be out of work). • Online services are likely to be beneficial to some people with physical/mobility difficulties • Cross-device services e.g. on apps could enable services to be better presented to people with learning disabilities • Targeting illnesses such as diabetes and smoking will reduce future disability.	• Workplace initiatives are less likely to improve the health of disabled people so it is important to ensure other schemes do focus on this group. However NHS workplace initiatives aim to reduce staff turnover, stress etc – thereby improving the quality of care overall. • When developing services, we need to seek to consider how to take advantage of cross-device (computers/mobiles) opportunities to reach the widest audience.
Gender reassignment	Medium	Overall positive/to be checked	• Likely to be affected the same as the general population.	• Need to check this assessment is correct.
Marriage and civil partnership	Medium	Overall positive/to be checked	• Likely to be affected the same as the general population. • Those in a marriage or partnership may have more support than single people (to travel, for encouragement etc).	• Need to check this assessment is correct.
Pregnancy and maternity	Medium	Overall positive/to be checked	• Likely to be affected the same as the rest of the population.	• Need to check this assessment is correct.
Race	High	Positive	• Promoting prevention and improving wellbeing will help people of all races. • Some ethnic groups tend to have poorer general health outcomes than others and higher rates of illness (e.g. diabetes) so these proposals will have the potential to have greater positive effect. • For those who do not speak fluent English, who are accustomed to accessing services they need in a familiar location and way, they may experience some difficulties.	• Ensure prevention programmes are relevant and particularly targeted to local black and ethnic group communities. • Need to build on existing good practice working with local community groups and interpreters where necessary and seek to recruit a workforce that reflects the community.
Religion or	Medium	Overall	• Likely to be affected the same as the rest of the	• Need to check this assessment is correct.

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/ unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
belief		positive/to be checked	population	
Sex	Medium	Overall positive/to be checked	• Initiatives that prevent suicide and encourage better self-care/seeking early advice etc are more likely to benefit men.	• Need to check this assessment is correct.
Sexual orientation	Medium	Overall positive/to be checked	• Initiatives that prevent suicides will have a greater positive effect on the lesbian, gay, bisexual and trans (LGBT) community.	• Need to check this assessment is correct.
Socio-economic groups and other vulnerable groups	High	Positive if the group is targeted	• People in lower socio-economic groups, homeless people and people unregistered with a GP are more likely to be benefit from prevention activities, however it is likely that they will not be able to afford to live healthily as easily as those with higher incomes and they may not be included in activities unless efforts are made to particularly target them in initiatives. • Workplace initiatives are less likely to benefit those in lower socio-economic groups (although they should benefit from improved care).	• Ensure prevention programmes are relevant and targeted to people in lower socio-economic groups, homeless people and those not registered with a GP.

Delivery Plan 2: Promote independence and enable access to care close to home

Locally designed, integrated models of care in place across north east London, that wrap around the individual, supporting them to manage their own care and to access services that are delivered close to home.

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/ unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Age	Medium	Positive	• Older people tend to need to rely more on public transport. Enabling older people to receive more care locally (from hospital to the community or repatriated from out of area to a local hospital) will make access to health services easier for them and their carers. • Younger people are more likely to be able to take advantage of online/mobile/digital opportunities for care and advice. • Reducing the proportion of hospital beds to the population may mean that some people (mainly elderly) may be discharged into the community without appropriate family support or social/health care.	• Develop transport solutions in partnership with e.g. TfL, to ensure there is adequate transport to enable people to easily receive care close to home. • When developing services, we need to seek to consider how to take advantage of cross-device (computers/mobiles) opportunities to reach the widest audience. • Ensure social and health care is developed alongside hospital bed changes. • Ensure programmes are relevant and targeted at this group.
Disability	Medium	Positive	• Disabled people tend to need to rely more on public transport. Enabling disabled people to receive more care locally (from hospital to the community or repatriated from out of area to a local hospital) will make access to health services easier for them and their carers. • Improving services for people with a learning disability will reduce the equality gap for this group of people. Reducing the number of learning disability beds (in order to care for people in the community) should improve care and should repatriate some people from outside the area, but has a risk attached if services in the community are not well developed.	• Develop transport solutions in partnership with e.g. TfL, to ensure there is adequate transport to enable people to easily receive care close to home. • Ensure community services are developed in advance or in conjunction with any proposed reduction in learning disability beds. • Ensure programmes are relevant and targeted at this group.
Gender reassignment	Medium	Positive/to be checked	• Likely to be affected the same as the rest of the population	• Need to check this assessment is correct.
Marriage and civil partnership	Medium	Positive/to be checked	• Likely to be affected the same as the rest of the population	• Need to check this assessment is correct.

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/ unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Pregnancy and maternity	Medium	Positive/to be checked	• Likely to be affected the same as the rest of the population	• Need to check this assessment is correct.
Race	High	Positive	• Due to the increased incidence of mental health problems in some ethnic groups, improving mental health services will have a particularly beneficial effect on this group. • Black and minority ethnic groups tend to need to rely more on public transport. Enabling these groups to receive more care locally (from hospital to the community or repatriated from out of area to a local hospital) will make access to health services easier for them and their carers. • For those who do not speak fluent English, who are accustomed to accessing services they need in a familiar location and way, they may experience some difficulties.	• Develop transport solutions in partnership with e.g. TfL, to ensure there is adequate transport to enable people to easily receive care close to home. • Ensure programmes are relevant and targeted at this group. • Need to build on existing good practice working with local community groups and interpreters where necessary and seek to recruit a workforce that reflects the community.
Religion or belief	Medium	Positive	• Some religions have restrictions on travel (e.g. travel on the Sabbath; women not travelling unaccompanied). Enabling these groups to receive more care in their local community will make access easier.	• Develop transport solutions in partnership with e.g. TfL, to ensure there is adequate transport to enable people to easily receive care close to home. • Ensure programmes are relevant and targeted at this group.
Sex	Medium	Positive	• Women tend to need to rely more on public transport[5]. Enabling these groups to receive more care in their local community will make access to health services easier for them and their carers. • Due to the increased incidence of mental health problems in men, improving mental health services will have a particularly beneficial effect on this group.	• Develop transport solutions in partnership with e.g. TfL, to ensure there is adequate transport to enable people to easily receive care close to home. • Ensure programmes are relevant and targeted at this group.
Sexual orientation	Medium	Positive	• Due to the increased incidence of mental health problems in some LGBT groups, improving mental	• Ensure programmes are relevant and targeted at this group

[5] http://content.tfl.gov.uk/women.pdf (2012); https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457752/nts2014-01.pdf (2015)

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/ unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
			health services will have a particularly beneficial effect on this group.	
Socio-economic and other vulnerable groups	Medium	Positive if the group is targeted	• Lower socio-economic groups tend to need to rely more on public transport. Enabling these groups to receive more care locally (from hospital to the community or repatriated from out of area to a local hospital) will make access to health services easier for them and their carers.	• Acute attendance does not rely on registration so there will be a failsafe. • Ensure programmes are relevant and targeted at this group. • Develop transport solutions in partnership with e.g. TfL, to ensure there is adequate transport to enable people to easily receive care close to home.

Delivery Plan 3: Ensure accessible quality acute services

When people fall seriously ill or need emergency care, local hospitals provide strong, safe, high-quality and sustainable services

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/ unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Age	Medium	Positive if mitigations are put in place	• As high users of acute services, older and younger people will benefit from higher quality local acute services, improved referral times, and reduced avoidable admissions. • Moving surgical services (e.g. surgical hubs) could affect transport arrangements for this group although repatriating surgery from outside of area could benefit patients. • There is a risk that some people will be discharged from hospital without the necessary support at home. • Cancer survivorship is a key strand of the cancer strategy and will impact more on older people.	• Develop transport solutions in partnership with e.g. TfL • Ensure pre and post-operative requirements are met at the hospital or community service closest to home. • Ensure strong links between health and social care services.
Disability	Medium	Positive if mitigations are put in place	• As higher users of acute services, disabled people will benefit from higher quality local acute services, improved referral times, reduced avoidable admissions. • Moving surgical services (e.g. surgical hubs) could affect transport arrangements for this group although repatriating surgery from outside of area could benefit patients. • There is a risk that some people will be discharged from hospital without the necessary support at home.	• Develop transport solutions in partnership with e.g. TfL • Ensure pre and post-operative requirements are met at the hospital or community service closest to home. • Ensure strong links between health and social care services.
Gender reassignment	Low	Positive/neutral	• Likely to be affected the same as the rest of the population	• Need to check this assessment is correct
Marriage and civil partnership	Low	Positive/neutral	• Likely to be affected the same as the rest of the population	
Pregnancy and maternity	High	Positive	• Developing continuity of care with one midwife will bring benefits to the vast majority of women, but there may be times when a relationship does not flourish at a time when women are vulnerable and needing support.	• Need to put in place ways in which mothers can raise any concerns regarding their midwife in a sensitive way. • Identify whether midwifery-led care satisfactorily meets the needs of mothers

			• Some mothers may not have the home conditions to be able to give birth at home. • A specific target of the STP is to reduce inequalities by improving outcomes, continuity of care and women's experience for all. The focus on outcomes includes a review for vulnerable women and measures to address concerns.	wanting a more natural birth.
Race	Low	Positive/neutral	• For those who do not speak fluent English, who are accustomed to accessing services they need in a familiar location and way, they may experience some difficulties.	• Need to build on existing good practice working with local community groups and interpreters where necessary and seek to recruit a workforce that reflects the community.
Religion or belief	Low	Positive/neutral	• Likely to be affected the same as the rest of the population	
Sex	Low	Positive/neutral	• Likely to be affected the same as the rest of the population	
Sexual orientation	Low	Positive/neutral	• Likely to be affected the same as the rest of the population	
Socio-economic groups	Low	Positive	• Screening programmes, early diagnosis of diseases etc will be more problematic for homeless people, people not registered with a GP etc.	• Acute attendance does not rely on registration so there will be a failsafe. Therefore encourage local uptake of national screening programmes through hospitals.

Appendix 4: Governance assessment

This document sets out the various proposals in the NEL STP and considers whether equality screenings / impact assessments have already been conducted, or where and when they might be best carried out.

In general we have categorised the levels as:

- Borough – one CCG
- Local area level – two or more boroughs and CCGs working together
- North East London (NEL) level – assessment most appropriately carried out across all seven CCGs.
- London-wide level

(Please note these are works in progress so the proposals and dates are subject to change.)

Overarching	Level	Comment	Timescale
Our framework for better care and wellbeing	NEL level	Plan in development	2016/2017
Developing Accountable Care Systems (ACS) in NEL	Local Area level	Barking and Dagenham, Havering, and Redbridge (BHR) ACS	To be assessed as part of pilot
		Waltham Forest, Newham and Tower Hamlets (WEL – Waltham Forest and East London) and the Transforming Services Together (TST) programme - Screenings carried out for each element of work, except Mile End and Whipps Cross hospitals and shared care records, which will be undertaken once details are more fully developed.	http://www.transformingservices.org.uk/equality-impact-assessment-screening.htm
		City and Hackney (C&H)	To be assessed as part of pilot

Delivery Plan	Workstream/priority	Level	Comment	Timescale
1. Promote prevention and personal and psychological wellbeing in all we do	Environment, leisure and physical environment	Borough	Included in borough level: • Health and wellbeing strategies • Local Plans (covering planning requirements) • Regeneration plans • Housing strategies • Children and young people's plans	Ongoing in each borough
	Employment	Borough		
	Early years, schools and healthy families	Borough		
	Housing and planning	Borough		
	Healthy living and smoking cessation	Borough	Included in borough health and wellbeing strategies	Ongoing in each borough
	Diabetes	Borough/Local Area level	Established programme in WEL and City and Hackney.	Equality analyses will take place in BHR as and when the programme starts.
2. Promote independence and enable access to care close to home	Integrated health and social care	Borough	To be determined locally. May be included in Better Care Fund (BCF) planning.	Ongoing work in each borough/local area
	Integrated children's and young people's care	Borough	Ongoing work subject to existing local arrangements between CCGs and Local Authorities	Ongoing work in each borough/local area
	Community based end of life care	Borough	Ongoing work subject to existing local arrangements between CCGs and Local Authorities. A high level screening was produced to support the TST Strategic Investment Case.	Ongoing work in each borough/local area
	Enhanced primary care	Borough or local area level	The local delivery plans for implementing the Strategic Commissioning Framework will need to be assessed locally. A high level screening was produced to support the TST Strategic Investment Case.	Ongoing work in each borough/local area
	Transforming sexual health services	London / local area level	This is being conducted at a London level and also through local programmes in C&H, BD, Havering, and across the Barts footprint (WF, Newham, TH and Redbridge).	To be agreed

Delivery Plan	Workstream/priority	Level	Comment	Timescale
	Reducing unnecessary diagnostics	Local area level	Elements of planned care transformation are co-ordinated across WEL through TST A high level screening was produced to support the TST Strategic Investment Case for Surgical Hubs, Outpatient Pathways and Diagnostics.	http://www.transformingservices.org.uk/equality-impact-assessment-screening.htm
	Pathway redesign and best-in-class clinical productivity, especially in outpatient care	Local area level		
	High quality integrated mental health care and support	NEL and borough	Plans in development	Will require EA during 2017-18.
	Integrated urgent and emergency care (including London Ambulance Service)	NEL and borough	Overview screening to be conducted through the NEL Urgent and Emergency Care (UEC) network but local areas will also need to conduct EAs as local plans come online.	Ongoing
	Ambulatory (outpatient) Care	NEL and borough	Plans still in development. A high level screening was produced to support the TST Strategic Investment Case.	Likely to require EA during 2017-18.
	Local programmes for learning disabilities	Local area level (Inner North East London (INEL) and BHR)	Each Transforming Care Partnership to conduct an EA when plans are finalised.	To be agreed.
3. Ensure accessible quality acute services	Maternity	NEL or local area level (BHR, C&H and WEL)	Maternity transformation is currently coordinated across the NEL footprint. A high level screening was produced for WEL - TST maternity and newborn care workstream.	Timescales for meeting the national Better Births outcomes means that an EA is needed for 2017-19.
	Improving the treatment of cancer in community and secondary settings	NEL / and/or jointly with NCL for the Vanguard	Cancer transformation is currently coordinated across the NEL footprint. There was an equality impact assessment for the London Specialist Cancer Services Reconfiguration in 2013. A high level screening was produced for WEL - TST surgery workstream which is also relevant. We will also adhere to national guidance, in which equalities have	Timescales for meeting the national mandatory outcomes means that an EA is needed for 2017-19.

Delivery Plan	Workstream/priority	Level	Comment	Timescale
			been considered.	
	Planned care strategy including surgery	Local area level currently/ (by Acute Provider across NEL when plans are scoped)	Elements of planned care transformation are co-ordinated across WEL through Transforming Services Together. A high level screening was produced to support the TST Strategic Investment Case for: Surgical Hubs, Outpatient Pathways and Diagnostics.	Discussions underway about wider collaboration across providers, including initially Referral to Treatment, thus no current wider EA requirement.
	Medicines optimisation/ management	NEL	Workstreams agreed; opportunities still being scoped.	EA to be carried out during 2017/18
	Safely transitioning patients from King George Hospital's emergency department	NEL and local area level	This is being managed at local level with the STP taking a co-ordinating role and before any implementation there will be further work on safety and equality impact.	An EA was carried out in 2010-11 as part of Health for NEL and will be updated during 2017-18.
4. Productivity	Bank and Agency and back office (HR)	NEL	Any potential changes to back office HR service arrangements would need to be discussed with staff and would include assessment of equality impacts. This would need to be factored into any options appraisal.	Service modelling likely to be carried out in 2016-17.
			Changes to bank and agency processes will need to take into consideration what impact this might have on provision of services to patients.	Bank and agency processes are being reviewed in 2016-17
	Back office (finance)	Provider Trust	Any potential changes to back office finance service arrangements would need to be discussed with staff and would include assessment of equality impacts. This would need to be factored into any options appraisal.	Options appraisal is likely to be in 2016-17.
	Pathology	Provider Trust	Any potential changes to pathology service arrangements may need to go through a staff and stakeholder engagement process. This would need to be factored into any options appraisal.	Options appraisal is likely to be in 2016-17.

Delivery Plan	Workstream/priority	Level	Comment	Timescale
	Procurement	NEL / Provider Trust	Any potential changes to procurement service arrangements will need to assess the impact of any changes on staff and patients.	Initial options may be developed in 2016-17
			Changes to products / services e.g. medical consumables (i.e. moving to a NEL wide consumables list) will need to be agreed through engagement with clinical staff and potentially patient groups to ensure that there is no negative impact on specific patient groups.	Review of medical consumables will begin in 2016-17 but will most likely be an ongoing process.
	IT (back office)	NEL / (borough and Trust)	Any potential changes to IT service arrangements will need to go through a staff engagement process. This would need to be factored into any options appraisal.	Initial options appraisal is likely to be in 2016-17.
5. Infrastructure	NEL Estates strategy	NEL, Local Area and borough	Ongoing work subject to further development of governance arrangements, respecting the principles of subsidiarity agreed within the STP, and taking account of the governance arrangements for providers, commissioners and local authorities. The *local* implementation plans for Strategic Estates Plan (SEP) will be assessed/ managed at CCG level	May require an EA during 2017-18.
	Utilisation and productivity	NEL, Local Area and borough	Being conducted at NEL level and in local programmes at TST, BHR and borough level Discussions need to explore wider collaboration across commissioners, providers and property owners on reviewing the utilisation through joint working at NEL level	May require an EA during 2017-19.
	Disposals	NEL, Local Area and borough	This is being conducted at a NEL level and also at TST, BHR and borough level. Further discussion will be held on reducing the amount of unoccupied land in NEL.	May require an EA during 2017-19.
	Additional capacity	NEL, Local Area and borough	Demand modelling being conducted at a NEL level and by local programmes in TST.	May require an EA during 2017-18.

Delivery Plan	Workstream/priority	Level	Comment	Timescale
			Use demand and capacity modelling to develop estimates for future infrastructure requirements including acute and maternity capacity to accommodate population increase.	
	Assurance	NEL	External assurance for investment and savings assumptions to be determined at NEL level.	May require an EA during 2017-19.
6. Specialised commissioning	Renal dialysis	London, NEL, provider and/or borough	Pilot models in place in Tower Hamlets, and City and Hackney. Newham and Waltham Forest due to roll out by end of 2016. STP objective is to roll out similar model across BHR CCGs during 2017-2019.	Plans and business case approval to be completed in 2017. EA due in 2017/18
	Cardiology (AF and HF)	London, NEL / provider	Plans being developed for how to adapt the pathway	EA due in 2017/18.
	Additional pathway transformation	London, NEL, provider and/or borough	Other pathway transformation opportunities not yet developed. Pathways to include cancer, mental health, neuro rehab, neonates and specialist paeds.	EA for various pathway developments due in 2017-2019.
7. Workforce	Staff recruitment and retention	NEL Level	This programme comprises a number of different work streams and is in the early stages of scoping with the focus on looking at evidence. Equality analysis should be done at the stage of proposals being developed	Unknown at this stage.
	Workforce for new models of care	NEL Level	Equality analysis would be best undertaken by the individual programme with one of the aspects being workforce.	To be led by each transformation programme
8. Digital enablement	Shared records	NEL and local area level	There are three digital roadmaps covering NEL which are being currently being combined and will be submitted to NHS E in March 2017. The equality screening of the plans for digital enablement is being undertaken as part of this process.	The combined document will be published in 2017 following agreement by NHS E.
	Co-ordinated care and care planning			
	Patient enablement			
	Advanced system-wide analytics			
	Digital infrastructure			

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OPEN DIALOGUE in the UK

Dr Russell Razzaque

Consultant Psychiatrist

Associate Medical Director

North East London NHS Foundation Trust

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Mental Health; A Rising Concern

- **Mental ill health is now the highest cause of claiming equivalent of DLA**

- **RCPsych & RSPH state that *"The consequence of mental ill health has huge financial implications for the economy and this is set to double over the next twenty years"***

- **Yet, at the same time a £30bn funding shortfall is expected across the NHS over the next decade**

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Family/Network is Key To Better Care & Outcomes

- "*Having friends (& a social network) is associated with more favourable clinical outcomes and a higher quality of life in mental disorders*" (Giacco et al., 2012)
- *"A systematic review of Randomised Controlled Trial (RCT) evidence suggests that family therapy could reduce the probability of hospitalisation by around 20%, and the probability of relapse by around 45%"* (Pharoah 2010)
- *"The estimated mean economic savings to the NHS from family therapy are quite large: £4,202 per individual with schizophrenia over a three-year period"*

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Family Work/Therapy & NICE

- **Recommended across the board in a range of guidelines;**
  - Depression
  - Bipolar
  - Schizophrenia (strongly recommended)

- **But how many receive it? (?<10%)**

Family/Network is Key

- **WHO International Pilot Study of Schizophrenia (IPSS), 1967;** ***patients in countries outside Europe and the United States have a lower relapse rate than those seen in developed countries***

- **Ten Country Study (Jablensky et al., 1992). [Data on outcome after 2 years were obtained for 78% (n=1078) of the original sample]** ***The long term outcome for patients diagnosed with broad schizophrenia was more favourable in developing countries than in developed countries***

- **WHO International Study of Schizophrenia (ISoS), 2000 [based on numerous cohorts including the original IPSS and Ten Country Study cohorts]** ***replicated the developed versus developing differential through long term follow up (>13 years follow-up)***

But This Is Lacking In Our Services…
2014 National CQC MH SU Survey*

Poor network involvement …	
"A family member or someone close to me was involved as much as I would like"	55%
… leads to poor collaboration/agreement	
"Mental health services understand what is important in my life"	42%
"Mental health services help me with what is important"	41%

- *16,400 SU respondents from 51 MH Trusts

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Open Dialogue…
A Relational & Network Based Approach

- All MDT staff receive rigorous training in family therapy and related social network engagement skills
- This is therefore knitted into the very fabric of care – not an additional intervention offered on the side
- Every crisis is an opportunity to rebuild fragmented social networks (friends & family, even neighbours), by instilling a sense of group agency
- The patient's family, friends and social network are seen as "competent or potentially competent partners in the recovery process [from day one]" (Seikkula & Arnkil 2006)
- There is an emphasis on building deep & authentic therapeutic relationships from the start

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Outcomes

2 Year follow up (Open Dialogue Vs Treatment As Usual):

	OpD	TAU
Mild/no symptoms	82%	50%
NO Relapse	**74% returned to work or study**	**(7% in the UK)**
DLA	23%	57%
Neuroleptic usage	35%	100%
Hospitalisation	< 19 days	++

In a subsequent 5 year follow up, 86% had returned to work or full time study

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Global Take Up

- **First Wave:**

Finland, Norway, Lithuania and Sweden

- **Recent Years:**

Germany, Poland, New York ($150m invested in Manhatten by 2016), Massachusetts, Vermont, Georgia (U.S.)

…training evolving and improving, becoming more accessible and focused.

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Open Dialogue…
A Different Approach

Core principles…

- **The provision of immediate help** – first meeting arranged within 24 hours of contact made.

- **A social network perspective** – patients, their families, carers & other members of the social network are always invited to the meetings

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Open Dialogue…
A Different Approach

- **Psychological continuity:** The same team is responsible for treatment – engaging with the same social network – for the entirety of the treatment process

- With this as the backbone of treatment, hospitalisation is resorted far less often

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Open Dialogue…
A Different Approach

- **Dialogism**; promoting dialogue is primary and, indeed, the focus of treatment. "the dialogical conversation is seen as a forum where families and patients have the opportunity to increase their sense of agency in their own lives."

- This represents a fundamental culture change in the way we talk *to and about* patients. All staff are trained in a range of psychological skills, with elements of social network, systemic and family therapy at its core

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Open Dialogue…
A Different Approach

- Social network meetings occur regularly – daily if necessary – for the first 2 weeks

- A sense of safety is cultivated through the meetings – both their frequency and their nature

- **Tolerance of uncertainty**: "An active attitude among the therapists to live together with the network, aiming at a joint process… so as to avoid premature conclusions or decisions"

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Open Dialogue…
A Different Approach

- **Flexibility & Mobility**: "Using the therapeutic methods that best suit the case"

- Rapid response where physical safety threatened, otherwise, leaving models at the door (biological, CBT etc.) and using whatever works/arises in the moment through a dialogical process

- Minimum 3 meetings before new medication prescribed.

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Open Dialogue…
Making a Mindful Connection

- **Being In The Present Moment:** ***"Therapists… main focus is on how to respond to clients' utterances from one moment to the next"*** **(not using a "pre-planned map")**

- ***"Team members are acutely aware of their own emotions resonating with experiences of emotion in the room."***

- ***Mindfulness*** ***is a major aspect of training (studies show how it improves therapeutic relationships)***

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Peer-supported Open Dialogue (POD)

- **Their experience is itself recognised as a form of expertise for the team**

- **They affect the culture of the team – keeping the hierarchy flattened and the combatting “them and us” mentality**

- **They help cultivate local peer communities – of value especially where social networks are limited or lacking**

UK Multi-centre POD RCT

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Training

- A % of one team (EIP or CRT) for 1 year from 6 Trusts
- North East London, Nottinghamshire, North Essex, Kent, Avon & Wiltshire, Somerset
- Strong support from medical and service directors in each area
- Training organized by N.E. London NHS Foundation Trust
- Delivered by 12 trainers from 5 different countries – inc. Mary, Jaakko, Mia, Kari
- Diploma to be accredited by AFT
- First wave of 50 students completed in 2015
- Second wave training starts in Jan 2016 (70 more with 10% peer workers)

UK Multi-centre POD RCT

Trial

- Led by Prof Steve Pilling with robust panel from Kings, UCL & Middlesex Uni.
- Program grant submitted to NIHR for £2.4 million
- If successful, launch teams throughout 2017 and evaluate from end of 2017
- Recruit for 1 year and follow up for 2 years
- Compare to TAU re relapse + hospitalization, agency, social network size & depth, medication use, recovery/functional outcomes and wider service use

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Initial Feedback/Response

- **SU feedback:**
  - "I feel very safe in these meetings"
  - "I have never been able to share like this, with anyone in all the years I have had mental healthcare",
  - "I wouldn't have been in services for 20 years if I had this"
  - "I wish I had this before – it would have changed my life."
  - "I never want any other kind of care again"
  - "how can I help promote this so that everyone is treated this way?",
- **Staff Moral:**
  - "This is the most important training I've had in my career"
  - "I want to work in this way full time now"

Challenges Ahead

- **Developing operational policies**
  - Creating a separate recovery POD team
  - With own culture & non-hierarchical way of working
  - Regular supervision to maintain practice and self work
  - Maintaining continuity of care across HTT and Recovery Team

- **i.e. can we be true to OD principles, and also deliver on a large scale?**

- **Can we also measure everything that happens/makes a difference?**

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April 2016 National Conference

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THANK YOU

Russell.Razzaque@nelft.nhs.uk

For regular updates on the POD project, please go to:

www.podbulletin.com