



Havering

L O N D O N B O R O U G H

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

7.00 pm	Tuesday 20 February 2018	Town Hall, Main Road, Romford
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Members 7: Quorum 3

COUNCILLORS:

Linda Trew (Vice-Chair)
Ray Best (Chairman)
Linda Hawthorn
Keith Roberts

Patricia Rumble
Roger Westwood
John Wood

For information about the meeting please contact:
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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.

What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.
2. Driving improvement in public services.
3. Holding key local partners to account.
4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview

and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference

The areas scrutinised by the Committee are:

- Personalised services agenda
- Adult Social Care
- Diversity
- Social inclusion
- Councillor Call for Action

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

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.

NOTE: Although mobile phones are an essential part of many people's lives, their use during a meeting can be disruptive and a nuisance. Everyone attending is asked therefore to ensure that any device is switched to silent operation or switched off completely.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – receive.

3 DISCLOSURE OF INTERESTS

Members are invited to disclose any interest in any items on the agenda at this point in the meeting.

Members may still disclose any interest in an item at any time prior to the consideration of the matter.

4 MINUTES (Pages 1 - 6)

To approve as a correct record the Minutes of the meeting of the Committee held on 29 November 2017 (attached) and authorise the Chairman to sign them.

5 EAST LONDON HEALTH CARE PARTNERSHIP UPDATE (Pages 7 - 40)

Report attached.

6 UPDATE ON JOINT HAVERING CARERS STRATEGY 2017-19 (COUNCIL CONTINUOUS IMPROVEMENT MODEL) (Pages 41 - 46)

Report and presentation attached.

7 INTEGRATED CARE PARTNERSHIP UPDATE (Pages 47 - 48)

Report attached.

8 QUARTER 3 PERFORMANCE REPORT (Pages 49 - 62)

Report and presentation attached.

9 FUTURE AGENDAS

Committee Members are invited to indicate to the Chairman, items within this Committee's terms of reference they would like to see discussed at a future meeting. Note: it is not considered appropriate for issues relating to individuals to be discussed under this provision.

10 URGENT BUSINESS

To consider any other items in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered at the meeting as a matter of urgency.

Andrew Beesley
Head of Democratic Services

**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Town Hall, Main Road, Romford
29 November 2017 (7.00 - 8.50 pm)**

Present:

Councillors Ray Best (Chairman), Linda Hawthorn, Keith Roberts, Roger Westwood and Phil Martin (substituting for Councillor Patricia Rumble).

Apologies for absence were received from Councillors Linda Trew, Councillor Patricia Rumble (Councillor Phil Martin substituting) and Councillor John Wood.

Apologies were also received from Barbara Nicholls, Director of Adult Services

Also present:

Ian Buckmaster, Healthwatch Havering

Tracy Bunton, Communication & Information Officer
Ben Campbell, Older People & PSD Commissioning Manager
Keith Cheesman, Head of Service for Integration (Adult Social Care)
Caroline May, Head of Business Management, Adult Services
Veronica Webb, Senior Complaints & Information Officer

14 MINUTES

The minutes of the meeting of the Sub-Committee held on 26 September 2017 were agreed as a correct record and signed by the Chairman.

15 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

16 INTEGRATED CARE PARTNERSHIP UPDATE

One of the key strands of work for the Integrated Care Partnership (ICP) related to accountable care and it was aimed to develop an alliance of care providers involving social care, the NHS and GPs. A provider group had been set up to develop services in a more effective way.

A pilot area was running on intermediate care – care for people in the six weeks following discharge from hospital. It was clarified that a rehabilitation package such as physiotherapy or occupational therapy was provided by the NHS but the Council paid for reablement services such as aids and adaptations in a person's own home. The current reablement provider was

NELFT and a joined up assessment was being introduced from December 2017.

Work was also in progress as regards diabetes with a pathway being developed with local GPs. It was wished to have earlier intervention and diagnosis for diabetes and work in this area for all three local boroughs was being driven by the Council's Public Health service.

As part of the ICP work, the borough was being split into north, central and south localities. Children & families work within localities would be focussed on Harold Hill where two schools and a GP surgery were being supported to identify children with issues that may affect attendance or attainment. The scheme was currently being piloted with eight families.

ICP work on adult social care was concentrated on establishing a 'virtual team' with housing, the voluntary sector etc and it was agreed that a progress update should be taken at the next meeting of the Sub-Committee.

Officers confirmed that there were only very low numbers of hospital discharges that were delayed to reasons related to social care. There had recently been an increase in resources for the hospital pharmacy at Queen's in order to seek to reduce delays to discharge related to the wait for medication etc.

The Sub-Committee noted the position.

17 COMPLAINTS ANNUAL REPORT

Officers reported that complaints relating to social care had been the subject of four Ombudsman investigations during the year. Elements of maladministration had been found but no penalty had been levied against the Council.

The overall number of social care complaints made had risen from 93 in 2015/16 to 121 in 2016/17. The move to locality teams had seen some complaints about service levels and lack of communication. Part of the rise in complaint numbers was however due to the process of making complaints now being easier.

Complaints re homecare services had reduced in number but related mainly to the length of time a carer spent in a person's home. If the times a carer spent in a home were in dispute, the relevant agency's minute by minute charging system could be used to obtain further details. Complaints could also be referred to the Council's safeguarding team where necessary. It was felt that many complaints could be due simply to a lack of communication between the service user and carer.

The most common types of complaints related to homecare, particularly level of service around missed and late calls and officers confirmed that a lot of work was in progress with providers to address this. Complaints

remained however at a low level compared to the number of hours of care commissioned. There were a total of 18 care providers of Havering with six additional spot providers. Pay rates for carers had been increased although there remained difficulties in recruiting and retaining staff.

The complaints team was also seeking to work with the Council's care providers to improve the quality of complaint responses. If complaints were more complex in nature, this could lengthen response times.

There had been a rise in complaints from people aged more than 85 years and increases such as this also reflected the general make-up of the Havering population. More people from different ethnicities were also now accessing the complaints process.

The number of compliments received had also increased and this had been recorded in the annual report.

The proportion of Member enquiries responded to within timescale (15 days) had increased to 71%. It was noted that input was needed on some occasions from the health sector or other agencies before a response could be given.

The Sub-Committee:

1. Noted the contents of the report and the continued work in resolving and learning from complaints and the challenges faced by the service with increasing demands.
2. Noted the actions taken to improve services and the continued monitoring by the Service and the Complaints & Information Team to ensure these are implemented evidencing service improvements and with a view to reduce similar complaints.
3. Noted the positive feedback to services by way of compliments received and highlighting good practice.

18 PERFORMANCE INFORMATION

Officers advised that the Council was ahead of target in reducing admittance of over 65s to residential and care homes. This indicated that fewer people being discharged from hospital needed to enter a care home due to a better reablement service and better capacity in homecare.

Performance on the percentage of service users receiving homecare was below target. Work was in progress to increase the number of personal assistants contracted to provide personal services to people receiving direct payments. The processing of direct payments was also being amended and it was hoped that there would be around an extra 100 direct payments

recipients. This would result in a saving of £100k to the Council due to a reduction in overheads. It was emphasised that people would never be forced to accept direct payments.

Monitoring of quality of care services provided would be invested in and a pilot scheme was planned whereby agencies would be able to manage more directly how care was provided to clients.

The Sub-Committee noted the performance information presented.

19 HEALTHWATCH HAVERING - SURVEY OF DOMICILIARY CARE USERS

A director of Healthwatch Havering explained that the organisation had recently undertaken a survey of around a quarter of users of domiciliary care in Havering. The survey had focussed on homecare users in sheltered accommodation and results had been positive overall. Concern had been raised however about issues such as new carers not introducing themselves, clients not being informed of social events and activities in their local area and carers not adjust the room temperature in a person's home.

The conclusions of the survey had been that most service users were satisfied with the homecare they received and that most carers did what clients wanted. There were however some problems with administration and communication difficulties between clients and carers.

Adult Social Care officers confirmed that all problems raised in the survey responses had been followed up and that clients could change care providers if necessary. The Council's quality team had also recently surveyed the users of homecare services and a lot of positive commitment was shown at meetings of the homecare providers forum.

Should it be necessary to make a complaint about a carer, this could be submitted under either the Council's or the care provider's complaints procedure. A register was kept of any carers who had committed serious offences.

The Sub-Committee noted the work undertaken by Healthwatch Havering.

20 FUTURE AGENDAS

Officers advised that fire procedures in dementia wards would be covered by fire regulations in the relevant building.

There were no other items raised.

21 **URGENT BUSINESS**

There was no urgent business raised.

Chairman

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INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE

20 February 2018

Subject Heading:

East London Health Care Partnership update

CLT Lead:

Daniel Fenwick

Report Author and contact details:

Richard Cursons, 01708 432430
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Policy context:

The information presented will allow more effective scrutiny of performance issues

Financial summary:

No impact of presenting of information itself which is for information/scrutiny only.

The subject matter of this report deals with the following Council Objectives

Communities making Havering
Places making Havering
Opportunities making Havering
Connections making Havering

[X]
[]
[]
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SUMMARY

Information will be presented that will detail current issues within the remit of the Sub-Committee.

RECOMMENDATIONS

1. The Sub-Committee to review the information presented and make any appropriate recommendations.

REPORT DETAIL

Officers will present and summarise information covering the areas within the remit of the Sub-Committee. This is presented to the Sub-Committee to allow effective scrutiny.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.



Appendix 1: East London Health & Care Partnership General Update February 2018

1. Introduction

The East London Health & Care Partnership brings the 12 local NHS organisations and eight borough councils together to protect and improve health and care services.

With a shared goal to help people live healthy and independent lives, the Partnership's mission is to protect vital services and provide better treatment and care built around the needs of local people, safely and conveniently, closer to home.

A top priority is to reduce the pressures on our hospitals and accident and emergency departments. A&E is all too often used as the only door into health and care services, when ideally people should be supported by NHS 111 staff, GPs, community staff and resources in their own homes.

The Partnership also wants better outcomes for cancer patients, people with diagnosed with diabetes and improvements to mental health services, and to help people become independent with access to care at home.

Reshaping services to provide them in the right place, where people need them most, supported by the right team of staff from across health and social care, with the right resources, is a key and urgent requirement.

The response to the demand on services needs to offer better alternatives that help prevent people's health deteriorating. This isn't just to make the most efficient use of the resources and money available, but to provide a better quality of care and services in the community, where local people have told us they want them.

Attempting to improve the hundreds of health and care services for the two million people of east London – a population expected to grow by around 30,000 more people in 2017 alone – is a daunting and complex task, but many of the most beneficial changes can be made quite simply.

Significant improvements are already being made by joining services up and people are starting to feel the benefit. The area now has some of the best care provision and facilities in the country, but there's still much to do.

Although they operate safely, some of our hospitals aren't fully equipped to meet the needs of modern healthcare. Waiting times for appointments and treatments must be reduced. And more has to be done to safeguard our most vulnerable people, such as the elderly, disabled and those with mental health difficulties.

'Barrier busters'

The East London Health & Care Partnership isn't afraid to tackle these challenges. It will build on the successes achieved so far and bring health and social care providers even closer together, breaking down any barriers between them as necessary.

The Partnership's main priorities are:

- To help local people live healthy and independent lives
- To improve local health and care services and outcomes
- To have the right staff in the right place with the right resources to meet the community's needs
- To be a well-run, efficient and open Partnership

The Partnership is not seeking to take away local control of services. It recognises that while east London faces some common problems – such as the high rate of preventable illness and a shortage of clinicians and care staff – the local make up and characteristics of the area vary considerably and services must be tailored and managed accordingly.

The Partnership is therefore shaping the way it tackles its priorities around five local areas, bringing together the councils and NHS organisations together within them as local care partnerships to ensure the people living there get high standards of care designed around their needs:

- Barking, Havering and Redbridge
- City of London & Hackney
- Newham
- Tower Hamlets
- Waltham Forest

The wider Partnership will drive forward the things that can only be achieved by all of the councils and NHS organisations across east London working together. This includes:

- good quality urgent and emergency care for east London
- the availability of specialist clinical treatments
- a better use of buildings and facilities;
- the recruitment and retention of doctors, nurses and other health and care professionals
- an increased use of digital technology to speed up the diagnosis and treatment of illness
- ways of working that will put a stop to duplication and unnecessary expense

The involvement of councils is also enabling the provision of health and care services to be aligned with the development of housing, employment and education, all of which can have a big influence.

But the biggest single factor in the long term is to prevent ill health and deaths caused by the effects of lifestyle choices such as diet, lack of exercise and smoking.

2. What the Partnership is doing and the Sustainability & Transformation Plan (STP)

The development of a Sustainability & Transformation Plan (STP) was the original reason for the East London & Health Care Partnership came together. However, it is now just one of many things the Partnership can and wants to do.

Originally drawn up in June 2016, and then redrafted following engagement with key stakeholders, the STP was submitted in draft form to NHS England (NHSE) and NHS Improvement (NHSI) on 21 October 2016.

It sets out how local health and care services will transform and become sustainable over the following five years, building and strengthening local relationships and ultimately delivering the vision of the NHS *Five Year Forward View*.

The plan describes how the organisations involved in the partnership 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

The plan officially remains as submitted, in draft form, but things have moved on considerably since then, as the various organisations and other interested parties have come together to develop shared ideas and solutions. They have created a series of transformation workstreams to focus on the following:

- Prevention
- Urgent & Emergency Care
- Primary Care Services
- Mental Health
- Cancer
- Maternity
- Medication
- Digital and Online Services
- Workforce
- Estates

All of the workstreams have set out what they want to do and what it will mean for local people (see *Appendix 2 Better Care and Wellbeing in East London*). Their ambitions are now being developed further in terms of how they can be achieved and when.

Some of the ideas are dependent on additional ‘transformation’ funding, and the Partnership is currently bidding for this from NHS England and other sources.

Once plans have been sufficiently developed, and any necessary funding is in place, the Partnership will engage fully with stakeholders, so they can contribute their views and ideas. This includes the wider public, as appropriate.

However, many improvements are already being made. Some examples are shown in *Appendix 3*.

3. Partnership Governance

The organisations behind the East London Health & Care Partnership member organisations:

NHS

Clinical Commissioning Groups

Barking & Dagenham; City & Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

'Provider' Trusts

Barking, Havering and Redbridge University Hospitals Trust; Barts Health

NHS Trust; The Homerton University Hospital NHS Foundation Trust; East London NHS; Foundation Trust; North East London NHS Foundation Trust

Councils

Barking & Dagenham; City of London Corporation; Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

The Partnership itself is not a statutory body, so it cannot make any formal decisions. These are made by the member organisations, through their existing governing bodies or systems.

The Partnership does, however, have a governance structure for its activities. The existing one is attached as Appendix 4, but this is currently being reviewed and streamlined, following feedback from the member organisations. More information on this will be available soon.

4. Development of Accountable Care Systems (ACS) and a single accountable officer

The seven north east London CCGs are now working together as the 'North East London Commissioning Alliance' where it makes sense, and is in the best interests of patients to do so.

The aim of the new arrangements is to establish commissioning that is truly integrated around patients; puts their needs first; is in line with the expectations of the NHS Five Year Forward View; and

harnesses the benefits of CCGs working together and collaborating with other NHS organisations, local authorities and the voluntary sector.

Providing care that is better coordinated and more joined-up care between GPs and hospitals, physical and mental healthcare and social care will mean breaking down barriers that currently hinder this happening. Additionally, the new plans aim to ensure discussions and decisions happen at the most appropriate level. Specialised commissioning is one example of something that is best done at an east London level, due to its scale.

All seven CCG governing bodies agreed in September to the appointment of a single accountable officer. Subsequently Jane Milligan was appointed to the role, and formally took up the post in December.

Jane is the accountable officer for all seven CCGs and sits on their respective governing bodies, supporting them to discharge their statutory responsibilities. She also acts as the executive lead for the East London Health & Care Partnership, which includes the North East London STP.

By linking the accountable officer role with responsibility for strategic planning and the East London Health and Care Partnership the new arrangements are bringing together, in a more effective and transparent manner, all those involved in the delivery of health and social care.

As single accountable officer, Jane will be providing clear system leadership and coordinating the CCGs' work to improve services and health outcomes for all local people, and support the very strong desire to build sustainable local 'Integrated (formally Accountable) Care Systems' in north east London.

By working as a commissioning alliance, the CCGs will be better placed to harness the benefits of greater collaboration across the system with CCGs, NHS organisations, local authorities and the voluntary and community sector working closer together.

The new commissioning arrangements aim to ensure commissioning is truly integrated around local people and significantly improve both services and health outcomes.

This includes:

- Developing prevention and self-care
- Better primary and community services so that services are closer to home
- Demand and capacity planning across hospitals
- The role of specialised health services, the commissioning of which is likely to move from NHS

England London to the Alliance for 2019/20

The North East London Commissioning Alliance aims to organise commissioning arrangements to reduce fragmentation and duplication across the north east London CCGs by adopting common approaches and doing things once where it is appropriate and beneficial to do so.

CCGs remain legally responsible for the delivery of their responsibilities and these arrangements will not change that.

Individual CCGs remain responsible for joint commissioning with local authorities and most of the CCG activity taking place at the borough level – whether this is integrating services with local councils, redesigning key pathways or delivering services at a neighbourhood level.

At a local level each CCG is headed by an acting managing director (MD). They will be providing local senior leadership and support as well as contributing to the wider development of the new commissioning arrangements across NEL.

Acting managing directors were appointed across all CCGs until the end of March 2018 – in BHR Conor Burke was appointed as the interim MD. Ceri Jacobs has been recruited as the permanent managing director, and will take up her post in April.

An Alliance director of strategic commissioning – Les Borrett (who was formally Waltham Forest CCG's Chief Finance Officer) - has been appointed on an acting basis to June 2018.

Les is ensuring the transformation programmes across north east London are aligned and deliver the Alliance's ambitious improvement plans. He is also leading on making sure the national commissioning planning requirements are met, including needs assessments and demand and capacity planning, and that they are underpinned by robust commissioning and contracting with our major providers.

A major pillar of the new arrangements will be developing robust and transparent governance structures.

Key to this is a new Joint Commissioning Committee (JCC) that will consider strategic functions that need to take place at north east London level and discuss items common to all CCGs.

Each CCG will take part in the decision-making process affecting commissioning of services in each borough. This is being developed as set out in our arrangements that went through the CCG Governing Bodies.

The JCC will look to align all our commissioning strategies, such as urgent care, and undertake some direct commissioning of services like NHS111.

The committee will formally come into effect on 1 April. Until then it will work in shadow form without formal powers or role, but will act as consultative body for the single accountable officer and her team.

5. Engagement

The Partnership has been engaging with various key stakeholders over the past year, but it has mainly been to establish relationships rather than talk about specific plans.

They include the police, fire and ambulance services; professional associations such as the BMA; housing, education and local business organisations; the voluntary and charity sector; community groups; and public and patient representatives.

The range of audiences is very diverse, with many different levels and types of interest. Keeping them engaged and involved in what we are doing is one of our biggest challenges. We need to invest considerable time and resource in it and ensure there is a regular dialogue, but it is essential if we are to achieve our goal.

A previous attempt to bring stakeholders together, through a single reference group as part of the Partnership governance structure, proved impractical due to the diversity of interests and numbers involved.

Instead, we are looking to develop smaller ones based around localities or areas of interest. Rather

than create something new, we are building on existing forums and networks such as Health & Wellbeing Boards and voluntary groups. These bring many of the stakeholders together already.

Just mapping the various interests has been a challenge. While many networks are already in place, they don't always connect with each other. Many organisations we have spoken to have welcomed our efforts to do this.

It is important to get the language right, too. It's why we talk of a partnership, and people working together, rather than a plan.

A priority has been to address the poor image of STPs; the perception of secrecy and cuts; the view that they are overly ambitious and lack credibility.

People agree about the challenges facing health and care services and that something needs to happen to ensure they meet current and future demands. What they want to know is how we plan to tackle those challenges and what it will mean for them.

The detail they want, to inform the engagement we need to do, is only just starting to emerge as the Partnership comes together and develops shared ideas and solutions. Once these are agreed, and any necessary funding and resources are in place, the Partnership can then start holding meaningful conversations with people.

The information in *Appendix 2* is a starting point. A suite of other communications resources, including videos and an improved Partnership website, are also being developed, with help from stakeholders.

As already said, there are many groups we need to engage with, and we are seeking advice and guidance on how we should go about it.

We are working closely with our communications and engagement colleagues in the partner organisations to make use of their local insight and networks. We have established regular meetings with local Healthwatch organisations and are seeking help from the community voluntary sector, not just with our communications and engagement activities but the development of ideas and plans generally.

While some of our activities are pertinent to everyone in east London – such as those around

prevention, signposting of services and improvements to NHS111 – we intend to frame most of them at a local level, to give more relevance. Again, we are working closely with all the right people in doing this.

Our first major engagement event was the Partnership launch held in Stratford last July. This was well-received, and we now want to hold similar events across east London in 2018, showcasing the current and planned improvements to services and listening to people's comments and suggestions.

A roadshow style of engagement – going to where people are, rather than expecting them to come to you – is clearly the right way to reach specific communities and hard-to-reach groups. A number of existing forums and networks have expressed a desire for this.

The various festivals and events held in boroughs each year are also valuable. Our presence alongside public health, NHS and voluntary sector organisations at the two of the biggest, last summer, demonstrated the effectiveness working together can have in terms of attracting public attention. Both were highly successful, pulling in lots of people, and we plan to do it again this year, joining up with the police, fire and other sectors too.

London Fire Brigade is particularly keen to work with us. It has around 100 staff involved in a school visit programme and is happy for us to piggyback it with health education information.

Our universities and colleges are also willing to help, as are business organisations like the Canary Wharf Group and East London Business Alliance. They all have access to many of the people we need to engage with.

Events like the Health & Housing Conference in October '17 are also an effective means of stakeholder engagement, especially as they go beyond the confines of the STP. We hope to do more of these, on topics such as workforce and prevention, and are also looking to hold events with specific interest groups, such as young people.

But one of the most important groups we must engage with is our staff. They are the eyes and ears in terms of what matters to local people and are an invaluable source of views and ideas that will help us get it right. It is vital they feel involved in what we are doing and our internal communications will reflect this, recognising the contribution everyone makes and encouraging and valuing people's

opinions and suggestions.

We intend running an interactive programme of engagement with staff over the coming months to create awareness and understanding of what the Partnership is about; what it is planning to do; what it will mean for people; and what they can do.

Keeping our many different stakeholders engaged and involved in what we are doing is one of our biggest challenges. It is essential if we are to achieve our goal.



**East London
Health & Care
Partnership**

BETTER CARE AND WELLBEING IN EAST LONDON



We are:

NHS

NHS
Barking and Dagenham
Clinical Commissioning Group

NHS
Redbridge
Clinical Commissioning Group

East London **NHS**
NHS Foundation Trust

NHS
City and Hackney
Clinical Commissioning Group

NHS
Tower Hamlets
Clinical Commissioning Group

Homerton University Hospital **NHS**
NHS Foundation Trust

NHS
Havering
Clinical Commissioning Group

NHS
Waltham Forest
Clinical Commissioning Group

North East London **NHS**
NHS Foundation Trust

Barking, Havering and
Redbridge University Hospitals **NHS**
NHS Trust

NHS
Newham
Clinical Commissioning Group

Barts Health **NHS**
NHS Trust

Councils



BETTER CARE AND WELLBEING IN EAST LONDON

We can all do our bit

With an ever growing population, and more of us living longer, the challenge to keep us healthy and well has never been bigger.

As more and more people choose to live and work in east London, the demand on health and social care services is at an all-time high. Our doctors, nurses, paramedics and other health and care professionals are looking after record numbers of people every day as our population grows faster than in any other part of the country.

Despite immense pressures, local hospitals are continuing to treat A&E patients as fast and effectively as any major western country. Our GP, mental health and community services are among the very best in the country, and local councils are providing vital care to the most vulnerable.

It's thanks to the dedication and hard work of the professionals involved, and the support of many thousands of voluntary carers, community and charity organisations across the area that we are getting the care we need.

But change must be allowed to happen, and things improved, if we are to protect the health and care services we value so much, not just for now but for future generations.

The NHS has constantly adapted and must continue to do so as our community and our health needs also change.

It is now able to treat people with new drugs and clinical care that weren't available in the past. With this comes an increase in life expectancy, but also a rise in the ailments of old age. More people now have conditions including heart disease, arthritis and Type 2 diabetes.

There are big opportunities to improve care by making common-sense changes to how the NHS has historically worked and bring it closer to the social care services run by local councils.

This a chance to deliver improvements that matter:

- ▶ to make it easier to see a GP;
- ▶ to speed up cancer diagnosis;
- ▶ to offer better support in the community for people with mental health conditions;
- ▶ to provide care for people closer to their home.

If we do nothing and carry on providing and using services in the way we do now, without any changes, we will not only miss out on these improvements, we will fail to keep up with the growing demand and simply won't have enough money to keep services going.

In the east London area alone, there will be a £580m shortfall in funding within four years, by 2021. Services and facilities may have to close and standards of care will suffer if not addressed urgently.

Change is required, and fast, to help keep us healthy and well in the future and to receive care when we need it.

We all have a part to play in this – all of those providing the services, and all of us using them. We can all do our bit.

It's why neighbouring NHS hospitals, community and mental health trusts, family doctors, pharmacies, local councils and others have come together to plan for the future and redesign local health and care services to benefit us all – now and in the years ahead.

Working as the East London Health & Care Partnership, and backed by the leaders of all the organisations involved, they are combining their expertise and resources to develop ways of giving our nurses, doctors and care staff the best chance of success to look after us when we need them to.

BETTER CARE AND WELLBEING IN EAST LONDON

With a shared goal to help people live healthy and independent lives, the Partnership's mission is to protect vital services and provide better treatment and care built around the needs of local people, safely and conveniently, closer to home.

A top priority is to reduce the pressures on our hospitals and accident and emergency departments. A&E is all too often used as the only door into health and care services, when ideally people should be supported by NHS 111 staff, GPs, community staff and resources in their own homes.

The Partnership also wants better outcomes for cancer patients, people with diagnosed with diabetes and improvements to mental health services, and to help people become independent with access to care at home.

Reshaping services to provide them in the right place, where people need them most and supported by the right team of staff from across health and social care, is a key and urgent requirement.

The response to the demand on services needs to offer better alternatives that help prevent people's health deteriorating. This isn't just to make the most efficient use of the resources and money available, but to provide a better quality of care and services in the community, where local people have told us they want them.

Attempting to improve the hundreds of health and care services for the two million people of east London – a population expected to grow by around 30,000 more people in 2017 alone – is a daunting and complex task, but many of the most beneficial changes can be made quite simply.

Significant improvements are already being made by joining services up and people are starting to feel the benefit. The area now has

some of the best care provision and facilities in the country, but there's still much to do.

Although they operate safely, some of our hospitals aren't fully equipped to meet the needs of modern healthcare. Waiting times for appointments and treatments must be reduced. And more has to be done to safeguard our most vulnerable people, such as the elderly, disabled and those with mental health difficulties.

'Barrier busters'

The East London Health & Care Partnership isn't afraid to tackle these challenges. It will build on the successes achieved so far and bring health and social care providers even closer together, breaking down any barriers between them as necessary.

The good work already being done to meet more localised needs will continue. The Partnership is not there to undo what works, slash budgets or act secretly behind closed doors. Instead, it will drive forward wider benefits that can only be achieved by everyone working together, coming up with new ideas and better ways of working that can put a stop to duplication and unnecessary expense.

The Partnership's main priorities are:

- ▶ To help local people live healthy and independent lives
- ▶ To improve local health and care services and outcomes
- ▶ To have the right staff in the right place with the right resources to meet the community's needs
- ▶ To be a well-run, efficient and open Partnership

The Partnership's *Sustainability and Transformation Plan (STP)* sets out how these priorities, and those of the wider health and care sector, will be turned into reality.

It describes how the Partnership will meet the health and wellbeing needs of east London by improving and maintaining the consistency and quality of care, and plugging the shortfall in funding of services.

The plan proposes improvements across the whole of east London, such as the availability and quality of specialist clinical treatments, how buildings and facilities could best be used, particularly those in need of renewal, and the introduction of digital technology to enhance services for local people.

The involvement of councils enables the vision for better health and care provision to be aligned with the development of housing, employment and education, all of which can have a big influence on people's health and well being.

The Partnership is committed to being transparent and engaging fully with key stakeholders and the wider public in the development of its plans.

But the biggest single factor in the long term is to prevent ill health and the time pressure and financial pressure preventable conditions put on the NHS. This is something we can all play a part in – everyone living and working in east London. It's not just down to the authorities.

Public health information and advice will be strengthened. Information and support to help us live healthier lives will be made more widely available, online and through social media. It's up to us to enjoy life to the full by doing those little things each day that help us stay healthy and fit. We can watch what ourselves and our families eat and drink and all get more active.

Rather than immediately going to the doctor or calling for an ambulance when we don't need to, we can go to the pharmacist and get advice from telephone and online services first.

We can all do our bit and if we do this, and get behind the work of the East London Health & Care Partnership, the prize is being able to lead healthy and independent lives, and get the care we can trust and rely on when we need it.

PREVENTION

Our aims

- Better support to stop smoking
- Better screening, treatment and support for diabetes
- Help you look after your own general health and wellbeing

More and more people are choosing to live, work and stay in east London.

Major regeneration of the area is creating growth and opportunity, bringing new jobs and housing, better transport, shopping and leisure facilities, making it an attractive place to call home.

But while this is improving east London as a place, and making it generally more prosperous, are we actually investing in ourselves and taking care of our personal future health and wellbeing?

Some 40 per cent of all deaths in England are preventable and are caused by the effects of lifestyle choices including diet, lack of exercise, smoking, alcohol and drugs.

Treating preventable diseases, such as heart disease and smoking-related lung cancer, costs the NHS in England £11 billion each year.

About 1.2m people in London still smoke. Of these, 280,000 live in east London and the local NHS spends £56m a year treating people for illnesses caused by it.

Type 2 diabetes is also preventable.

One in six patients in hospital in England has diabetes, 90 per cent of whom have Type 2 and it costs the NHS £1million an hour to care for them – 10 per cent of the total NHS spend.

More than half of all adults in east London are overweight or clinically obese. This is less than the national average of 63 per cent, but London has the highest rate of childhood obesity of any city of its size in the world.

If we fail to tackle preventable illnesses, not only will this situation continue, and likely get worse, the sustainability of our health and care services will be put at risk.

The East London Health & Care Partnership has three priorities to help tackle these issues:

- ▶ To help people stop smoking. We will especially target children and young people, so they fully understand how harmful and expensive smoking is – both to the individual and, in terms of treatment, to the NHS
- ▶ To reduce diabetes. We want to improve early diagnosis and provide ongoing support for those identified ‘at risk’. This includes offering places on the National Diabetes Prevention Programme, where people are given a personal health and wellbeing coach to help with their diet and exercise. We also want to improve outcomes for those living with Type 1 and Type 2 diabetes, ensuring they receive regular follow ups and have access to specialist advice when needed.
- ▶ To improve workplace health. Around 24 million working days are lost in London each year because of sickness absence or injury. We will help business and public sector organisations across east London, including our own, give better health and wellbeing support to staff. We will promote healthy eating and physical activity and create support services for dealing with stress and other health issues, including those who want to stop smoking or reduce the amount of alcohol they drink.

But it’s not just down to the authorities; we all have a stake in our own health. There are many things we can do in our daily lives to take better care of ourselves – such as eating more healthily, reducing alcohol intake and getting plenty of exercise.

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Providing better support in our hospitals, mental and community health and primary care services to help people stop smoking
- Improving screening processes to better identify those at risk of contracting Type 2 diabetes, and offering courses to help those people change their lifestyles
- Making the care that people with Type 1 and Type 2 diabetes receive in GP surgeries and hospitals the same across east London
- Empowering people, through flexible self-care courses, to better look after their diabetes and avoid unnecessary trips to hospital
- Working with local schools, colleges and universities, employers, libraries and voluntary services to provide better support for young people with diabetes
- Improving workplace health across east London, starting with the NHS. Happier, healthier NHS staff means better healthcare for patients.

What does it mean for local people?

- Better support to stop smoking, with help and advice available at many health and care centres, workplaces and online
- Better screening, diagnosis, treatment and support for people with diabetes
- New services to help young people, and pregnant women, manage diabetes better
- Better opportunities and more support to stay healthy at work
- Greater consistency of healthcare opportunities and support across east London
- Help to help you take better care of yourself

What can you do?

- If you smoke, try to stop and seek help to do so
- Cut down on sugary food and drinks
- Eat smaller portions and enjoy a balanced diet, including vegetables
- Keep hydrated – plenty of water!
- If you drink alcohol, do so sensibly and watch how much you drink
- Try to do some physical exercise every day. Just taking the stairs instead of the lift once a day, or going for a quick stroll, can make a difference

And if you do these things yourself, support a family member or friend that wants to do the same!

Take an NHS Health Check

The NHS Health Check is a health check-up for adults in England aged 40-74. It’s designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.

If you are in this age group without a pre-existing condition, you can expect to receive a letter from your GP or local authority inviting you for a free NHS Health Check every five years.

In the meantime, there are other ways of getting your health checked. Visit www.nhs.uk for more information on this and many other topics.

URGENT & EMERGENCY CARE

Our aims

- **Make it easier to understand the range of services available and how to access them quickly**
- **Provide more services in local communities, so they are accessible and convenient. This will also reduce the pressure on hospitals**
- **Make it easier to see a GP and bring services together**

Our hospital Accident & Emergency (A&E) Departments face some of the most intense pressures in our local health and care services, with growing numbers of people attending them each year.

Around 100 people are currently visiting the A&Es across east London every hour. But many of them do not need to be there, as they have relatively minor problems that can be treated elsewhere.

With people unsure of where to go for treatment, there is a huge demand on busy A&E services.

Some 68 per cent of patients have told us they do not know the difference between facilities such as 'Urgent Treatment Centres' and 'Minor Injury Units'. We want to change this.

An immediate priority for the East London Health & Care Partnership is to give better information on how and where we can all get the right care and treatment, including advice on ways we can look after ourselves.

There are three ways in which you can access health services and help to reduce pressure on our hospitals:

- ▶ **'Click'** - online information and support and to book urgent or routine appointments when needed.
- ▶ **'Call'** - for people who don't have access to the internet and those who need more advice or reassurance from a healthcare professional.
- ▶ **'Come in'** - where patients really need to see a healthcare professional.

...and we are improving all three.

'Click' and 'Call' - information and support online and by telephone through NHS 111

Click

Online support and information 24/7 through the NHS 111 website at www.nhs.uk. Here you get information on a range of health issues, and in a variety of languages, to help you decide what action to take, including what to do if you need to speak to a clinician.

Call

If you do not have access to the internet, or need further health advice after going online, you should firstly try calling your GP. If your GP is unavailable, you can call NHS 111 by simply dialing 111.

The NHS 111 telephone service is being improved from next year, enabling you to speak to a wider range of qualified healthcare professionals, including nurses, GPs and pharmacists.

Calls to NHS 111 about the very young and older people (babies under one and people over 75) will always be directed immediately to a qualified healthcare professional.

Speaking to NHS 111 will ensure you are getting the right level of advice and support. If you need to be seen by someone, you will be booked an appointment at the most appropriate place, such as with your own GP or at an Urgent Treatment Centre close to where you live.

Staff from care homes and community health staff are also now using NHS 111 for clinical advice. It is helping many people avoid the need to go to hospital and be treated and cared for at home instead.

Come in

Where patients really need to see a healthcare professional because it is an emergency.

GP Practices

We don't just want to make it easier to book an appointment with a GP. We also want to offer them at a more convenient time.

It's now possible to book appointments online at many surgeries. An increasing number are extending their opening hours to cover evenings and weekends.

In some instances you may not need to visit a surgery at all. You could have the appointment with a doctor, or nurse, by a video link from your smartphone instead.

We are also looking to free GPs, and other healthcare professionals in local surgeries, from paperwork so they can spend more time with their patients, especially those with complex conditions.

Improvements to information systems, and the links between surgeries, hospitals and specialist services, will give doctors and other clinical specialists quicker access to records and test results, enabling them to plan and give better care to patients.

Community

A priority is to provide care closer to, or in, people's homes. It's why we are bringing all the relevant services together in local neighbourhoods.

GPs, community nurses and other NHS specialists will be based alongside council care teams in centres across east London, within easy reach of the main residential areas, to provide comprehensive treatment and support - not just in the centres themselves, but also in the surrounding homes.

Bringing expertise together in this way will do more than just streamline services. With more staff than traditional GP practices, and equipped with the latest facilities and technology, the centres will be able to stay open longer and offer a greater range of services - from 8am to 8pm, seven days a week.

Urgent Treatment Centres

If your need cannot be treated by a GP, you may be directed or booked for an appointment at your nearest Urgent Treatment Centre.

Located across east London, Urgent Treatment Centres give treatment for minor injuries including: sprains, strains and broken bones; injuries to the back shoulders and chest; minor head and eye injuries; minor burns and scalds; insect and animal bites; and wound infections.

Before heading off to one of these centres, we recommend people contact NHS 111 first so they can be directed to the right place. If you do go to an Urgent Treatment Centre and your need can be better met elsewhere you will be redirected. It's therefore best to give a 'click' or 'call' to NHS 111 first to ensure you get it right and don't waste time.

Accident & Emergency Departments

If you need to attend an Accident & Emergency Department (A&E) we want to ensure you are treated as soon as possible.

For some emergency conditions, we are setting up special areas in A&Es where people can be quickly assessed and treated so they can, when possible, go straight home without being admitted to hospital.

An example would be for a clot in the lung (pulmonary emboli) or leg (deep vein thrombosis). You will be treated by a team of specialists in a separate part of the A&E and may be able to leave the same day, with medication and a schedule of follow up treatment if needed.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Providing better information to the public on where to get the most appropriate healthcare.
- Launching a new, improved NHS 111 online and telephone service, with better links to other health services such as GPs, pharmacists, Urgent Treatment Centres, mental health specialists and community health professionals.
- Improving access to weekend and evening GP appointments.
- Saving some visits to the surgery by enabling patients to speak to a doctor or nurse online or via a video link from a smartphone.
- Improving information systems for GPs to free them up from paperwork, see more patients and plan and give better care.
- Bringing community nurses, GPs, other NHS specialists and social care staff under one roof in local communities.
- Creating consistency in the services available at Urgent Treatment Centres, so people understand what treatment can be given to them.
- Creating special areas in the hospital for specific emergency conditions to avoid people being admitted to hospital when there is no medical need for this.

What does it mean for local people?

- It will be easier to understand what healthcare services are available, and where.
- By calling or visiting NHS 111 online you will be able to get all the advice you need on how and where you can get the best care.
- It will be easier to book an appointment with a GP. Appointment times will be more convenient, including evenings and the weekends. In some instances you may not need to go to the surgery at all. Instead, you could speak to the doctor or nurse over the phone, online or via a video link from a smartphone.
- You will be able to see a range of health and social care professionals, quickly and conveniently in one place, close to your home.
- Wherever you live in east London, you will have access to an Urgent Treatment Centre for the treatment of minor injuries, including broken bones and minor burns.
- We will strive to give every patient the best possible care and treatment. If you need to be admitted to hospital, we want to reduce the time you have to spend there and get you safely home as soon as possible.



PRIMARY CARE SERVICES

Our aims

- **Make it easy to see your local GP or healthcare professional**
- **Improve the quality of services provided, so it is consistently good**
- **Bring services together to make them more accessible and convenient**

Primary Care services are usually the first point of contact the public has with the NHS. They include GP surgeries or practices, pharmacies and dentists.

Across east London there are examples of excellent primary care services. Many are among the best in the country, but there are also some that need improving.

We want all of our health and care services in east London to be the very best and are working with clinicians and staff in primary care to ensure they are consistently good across the area, both now and in the future.

Information on the many improvements we are making is also given elsewhere in this guide, especially in the section on Urgent and Emergency Care. This includes information about the NHS 111 service, which you can contact online or by telephone for advice and help, day and night, when you don't feel well and are unsure about what to do and where to go.

We want to make it easier to book an appointment with a GP. We also want to offer them at a more convenient time.

It's now possible to book appointments at many surgeries online. An increasing number are extending their opening hours to cover evenings and weekends.

In some instances you may not need to visit a surgery at all. You could have the appointment with a doctor, or nurse, by a video link from your smartphone instead.

We are also looking to free GPs, and other healthcare professionals in local surgeries, from paperwork so they can spend more time with their patients, especially those with complex conditions.

Improvements to information systems, and the links between surgeries, hospitals and specialist services, will give doctors and other

clinical specialists quicker access to records and test results, enabling them to plan and give better care to patients.

For minor ailments it's often quicker in the first instance to visit your local pharmacy rather than GP surgery.

Pharmacists are skilled, qualified healthcare practitioners who will be able to see you immediately and offer advice and medication for a range of complaints such as hay fever, conjunctivitis and flu. They offer many other services as well, including flu vaccinations and help with stopping smoking.

An increasing number of pharmacists in east London are able to offer urgent repeat medication. NHS 111 can also help with this.

An important priority is to provide care closer to, or in, people's homes.

It's why we are bringing all the relevant services together in local neighbourhoods, in the form of hubs.

GPs, community nurses and other NHS specialists will be based alongside council care teams in centres across east London, within easy reach of the main residential areas, to provide comprehensive treatment and support – not just in the centres themselves, but also in the surrounding homes.

Bringing expertise together in this way will do more than just streamline services. With more staff than traditional GP surgeries, and equipped with the latest facilities and technology, the hubs will be able to stay open longer and offer a greater range of services – from 8am to 8pm, seven days a week.

As well as making primary care more accessible and convenient, we want to improve the quality of services so people experience the best possible treatment and care – whoever they are and wherever they live.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Providing better information to the public on where to get the most appropriate healthcare.
- Launching a new, improved NHS 111 online and telephone service, with better links to other health services such as GPs, pharmacists, Urgent Treatment Centres, mental health specialists and community health professionals.
- Improving access to weekend and evening GP appointments
- Saving some visits to the surgery by enabling patients to speak to a doctor or nurse online or via a video link from a smartphone.
- Improving information systems for GPs to free them up from paperwork, see more patients and plan and give better care.
- Bringing community nurses, GPs, other NHS specialists and social care staff under one roof in local communities.
- Helping GP practices improve the experience of their patients, including better staff training and development
- Helping GP practices improve services for people with long term conditions, such as diabetes
- Projecting the mix and number of GPs and other Primary Care staff that will be needed to meet the needs of the public in the future, and working hard to recruit them
- Working together to retain current staff for longer, making east London an attractive place to work for both existing and new recruits

What does it mean for local people?

- It will be easier to understand what healthcare services are available, and where.
- By calling or contacting NHS 111 online you will be able to get all the advice you need on show and where you can get the best care.
- It will be easier to book an appointment with a GP. Appointment times will be more convenient, including evenings and the weekends. In some instances you may not need to go to the surgery at all. Instead, you could speak to the doctor or nurse over the phone, online or via a video link from a smartphone.
- You will be able to see a preferred clinician if you wish and are prepared to wait longer for an appointment.
- You will be able to see a range of health and social care professionals, quickly and conveniently in one place, close to your home.
- Your overall experience of Primary Care will be better and consistent. You will feel you are treated as a person, not a number

MENTAL HEALTH

Our aims

- **Improve access to services and cut waiting times for treatment**
- **Treat mental and physical health needs as one**
- **Address the wider determinants on mental health, e.g. housing and employment**

Mental health services in east London are among the best in England, but they face tough challenges ahead.

The area's growing population is placing unprecedented demands on services, with higher numbers of people needing mental health support.

One in four of us will have problems with our mental health at some time in our lives. Whether it is a concern about a job, financial problems, a relationship, bereavement or the pace and pressures of modern life, it can happen to any of us.

- ▶ People with a serious mental health illness die on average 15 years younger than the rest of the population.
- ▶ Physical and mental health issues are intrinsically linked – 30 per cent of people with a long-term condition have a mental health problem and 46 per cent of people with a mental health problem have a long-term condition.
- ▶ Mental health service users in east London are two to three times more likely to die of cancer, circulatory or respiratory disease than the rest of the population.
- ▶ 50 per cent of lifetime mental health conditions are first experienced by the age of 14, 75 per cent by the age of 24.
- ▶ 60 per cent of people in contact with secondary care mental health services are not in employment.
- ▶ 47 per cent of people with serious mental illness smoke compared to 20 per cent of the wider population.
- ▶ 30 per cent of people with serious mental illness are obese compared to 10 per cent of the general population.

Many people with mental health problems have to rely on emergency departments (A&E) for help.

- ▶ People with mental health problems in east London attend A&E nearly three times as often as others. They are also three times more likely to be admitted to hospital in emergencies than others.
- ▶ More than 20 per cent of all emergency admissions in east London can be attributed to mental health service users, who only make up seven per cent of the overall population.

No one should experience mental illness without the right support. But with more and more people needing it, and only so many resources available, we will have to change the way our mental health services are delivered.

We are making the provision of sustainable mental health services across east London one of our top priorities, but believe we can go further.

Working in partnership, bringing the NHS and councils together, our ambition is to:

- ▶ Develop new models of care that address mental and physical health and social care needs as one.
- ▶ Provide good service user education to reduce stigma and promote resilience.
- ▶ Help people with more serious mental health problems to find and remain in employment – a key factor in their recovery.

We also want to find the right place for people to live, with the right support close by – essential in helping them get well.

Creating opportunities and providing good quality care in the community, including specialist services, is an underlying aim of the East London Health & Care Partnership. It is part and parcel of helping people live happy and independent lives, and nowhere is this more important than in mental health.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Working with partners to address the wider determinants of mental health e.g. access to accommodation, education and employment.
- Supporting the roll out of digital self-management tools such as the London Digital Mental Wellbeing Service (www.digitalwellbeing.london).
- Developing an east London-wide suicide prevention strategy.
- Supporting employers to improve staff mental health and emotional wellbeing via programmes such as Mental Health First Aid.
- Developing our talking therapies services so there are more appointments with reduced waiting times.
- Integrating mental health services into GP surgeries, A&E and general hospitals.
- Developing perinatal mental health services for expectant mums and mums of new babies.
- Improving services for people experiencing a crisis by ensuring everyone in crisis can access mental health crisis support 24/7.
- Delivering mental health treatment at home.
- Delivering specialist mental health services for children and young people closer to home.
- Developing a new Child and Adolescent Mental Health Unit Psychiatric Intensive Care Unit here in east London.

What does it mean for local people?

- Improved access to, and shorter waiting times for, psychological therapies.
- A wider range of mental health services to be accessible via your GP.
- Your mental and physical health and social care needs treated as one, wherever and whenever necessary.
- Enhanced support to access the right education, employment and accommodation opportunities for people with mental health issues.
- People in east London will have access to the same range of mental health services wherever they live.

CANCER

Our aims

- Cut waiting times for appointments
- Diagnose and treat any cancer quickly, with better education and information for the public
- Improve care and outcomes for people

Parts of east London compare poorly with the rest of England in helping to prevent, and treat cancer.

Local people aren't living as healthy a lifestyle as others elsewhere. The area has higher-than-average rates of smoking and obesity and fewer take part in any form of physical activity.

People are also not going for check-ups as often as they should, greatly reducing the chances of survival because a cancer hasn't been detected and treated early enough.

The facts are simple:

- ▶ More than 40 per cent of cancers diagnosed in the UK last year could have been prevented by people adopting healthier lifestyles.
- ▶ Up to 10,000 deaths in England could be avoided each year if cancer is diagnosed earlier and treatment started sooner.

But we can all do something about it.

The East London Health & Care Partnership is making the prevention of cancer, and improving outcomes for people that have it, a top priority.

We are going to improve information on screening for breast, cervical and bowel cancer and other forms of the disease. This includes better signposting on when and where you can be screened, and what you can do yourself to check for symptoms.

We especially want to reach out to those that don't have regular health checks, or who don't like seeking help.

We want to cut waiting times for appointments and ensure patients from all backgrounds have access to timely, high quality modern treatments. Working with some of the best expertise there is, we want people to live well after treatment and increase their chance of survival.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Ensuring all patients who are referred for an urgent appointment with a specialist are seen within two weeks.
- Making sure patients are receiving their tests and diagnostics on time to enhance early diagnosis and treatment and improve cancer survival.
- Enabling better communication between GPs, hospital consultants and other specialists to allow faster and more effective treatment and care.
- Encouraging patients in east London to take up their screening.
- Improving information technology and administrative processes to make sure the cancer referral pathway is effective and patient care is joined up.
- Listening to patients and carers to ensure we meet their needs and keep improving their care.
- Working with public health services to improve prevention and lifestyle choices.

What does it mean for local people?

- If you are referred urgently by your GP or another health care professional you will be seen within two weeks.
- If you have a cancer diagnosis, you will receive treatment quickly in order to improve your chances of survival.
- A number of health and social care professionals will be involved in your care to ensure your care is joined up.
- Your experience of care will be positive because we are listening to you and making improvements.
- If you take up screening when you get an appointment, you are likely to receive early detection and treatment.

What can you do?

We will do our bit to turn things round, and make sure east London does everything it can to beat cancer. But you can play your part too and take good care of yourself. It is by far and away the best thing you can do to avoid this disease.

Do yourself, your family and friends a favour and:

- stop smoking
- avoid too much alcohol
- eat well
- keep active
- check yourself over regularly
- register with a GP
- attend regular screening appointments

If your GP refers you to the hospital for a test, or to be seen, please make sure you attend the appointment.

MATERNITY

Our aims

- **Improve information and advice about pregnancy to help prevent any problems**
- **Give women greater control and more choice about how and where they give birth**
- **Make them feel safe and secure, cared for and supported**

East London has the fastest growing population in the UK and the highest birth rate.

Our health and care services must cope with this growth and continue to ensure all goes well for the mums and babies. But it's not the only challenge.

More women of child bearing age are living with a long-term health condition, such as diabetes or heart disease. This can lead to a complex birth, requiring extra care and attention. We need to help women prevent and better manage these conditions.

Our vision for maternity services in east London is for them to be safe, caring and kind. We want it to be easier for women to find out about the services, and for care to be focussed around the needs of the woman and her family.

We want all women to feel safe and secure during their pregnancy. We want them to have a choice about how and where they give birth and to feel supported throughout.

For our staff, our culture is to promote innovation and continuous learning. We want to create a working environment where they feel valued – one that will help us attract and retain the best people.

We are one of seven areas across the country taking part in the Better Births Initiative to make care safer and give women greater control and more choices during their pregnancy. It aims to reduce the number of different midwives and doctors seen during pregnancy, so a proper relationship can be built.

We will strive for continual improvement in all that we do to ensure the best, and happiest, outcome for every mum and baby.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Listening to, and working with, women in east London to understand their needs and design care around them.
- Giving women greater choice about how and where they give birth.
- Making it easier for people to get help and information and book appointments.
- Ensuring safe and high quality care for all mums and babies.
- Ensuring there are enough midwives to cope with the increasing number of births. There is currently a shortage of midwives in east London, many are retiring or moving away from the area. We need to recruit more and keep them here.
- Working together to ensure every woman gets continuity of care throughout her pregnancy and birth. We want to reduce the number of different midwives and doctors she sees, so a proper relationship can be built.

What does it mean for local people?

- You will have a greater choice about where and how you give birth.
- You will have easier and better access to help and information, including advice on how to keep well before, during and after pregnancy. You will also be able to book appointments online.
- You will likely see the same midwife throughout your pregnancy to ensure continuity of care.
- The plan for care during your pregnancy will be developed and agreed between you and your midwife or obstetrician.
- If you have a long-term condition, such as diabetes, or you are having twins or other multiples, you will be seen by your midwife and obstetrician regularly and may be referred to a specialist.
- Your overall experience of care during and after your pregnancy will be positive and of high quality. We want you to feel safe and secure, cared for and supported.

MEDICATION

Our aims

- Ensure the right medicines are used, at the right time, for the right patients
- Reduce medicine waste
- Make it easier to get prescribed medicine when it is needed

To be truly effective, medicines must be used properly and responsibly – from those that help get us better when we’re ill, to those that keep people with long-term conditions alive.

The East London Health & Care Partnership’s aim is to ensure the right people, get the right medicine at the right time. We don’t want people taking medicines they don’t need.

New medicines are being introduced all the time. This includes those available over the counter from pharmacists and supermarkets, as well as those only available on prescription.

GPs, pharmacists and other healthcare professionals must have a good understanding of what medicines their patients are taking and what they can and cannot do. They also need to know the side effects of the medicines and how and when they should be taken.

Evidence from the Royal Pharmaceutical Society shows there is an urgent need to get the fundamentals of medicine use right.

For example:

- ▶ Only 16 per cent of patients who are prescribed a new medicine take it as prescribed.
- ▶ At least six per cent of emergency re-admissions are caused by avoidable adverse reactions to medicines.
- ▶ It’s estimated at least £300m is wasted on medicines each year across England.

The overuse of anti-biotics is also something we need to get right. It is weakening their effectiveness and making them counter-productive. The World Health Organisation says resistance to antibiotics is one of the biggest threats to global health.

We will be improving education and information about medicines and encouraging people to become less dependent on them, including antibiotics.

There are alternative and often more effective ways to treat and prevent common ailments.

Taking regular Vitamin C and Zinc supplements, for instance, can prevent colds developing. If you do have a cold, steaming your nose and mouth for up to 15 minutes, four times a day, and drinking plenty of fluids, can alleviate the symptoms.

For people with long-term conditions, alternatives to medication can include following a particular healthy eating regime and an exercise programme.

An example is for those with high cholesterol. A diet rich in plant sterols and stanols, that block the body’s absorption of cholesterol, can avoid some people having to take drugs called statins. They are substances that are naturally found in small amounts in plants – in fruit, vegetables, pulses and grains. You can also buy spreads, cereals and yoghurt-style drinks which have been fortified with them. Regular exercise also helps and sometimes reduces the need for blood pressure medication.

Physical activity can also help with mental health conditions, such as depression, as can getting sufficient sleep and being more involved in communities to combat loneliness.

We also need to reduce the prescribing of medicines that are proven to have limited clinical value.

Around £3.8m is currently being spent on them every year in east London. It doesn’t just represent poor value for money – which could be better spent on other health and care services – the use of such medicines is not in the best interest of patients.

It is not always necessary to go to a GP for treatment for minor ailments, or for medication that can be bought over the counter in a pharmacy or shop without a prescription. A pharmacist can give advice for problems such as coughs, colds, fevers, hay fever and eye infections.

For those taking medication for a long-term condition, your GP will regularly review what you are taking and adjust it as and when needed. If your surgery has a practice pharmacist you can ask them to check the medication too.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Following national recommendations from NHS England, we are reviewing the prescribing of certain medicines. They are those for which there is limited evidence about their effectiveness.
- Buying some medicines from alternative better value suppliers. These are the unbranded items that do exactly the same thing, but for a lot less money. It will enable any savings to be better spent on other health and care services.
- Helping people take charge of their overall health and achieve better outcomes without a dependency on medication. Holding regular reviews with patients to identify medicines they no longer need.
- Reducing medicines waste
- Reducing resistance to antibiotics by moderating the amount and type prescribed. Educating patients and prescribers on the importance of completing courses of antibiotics when necessary.
- Ensuring we have sufficient pharmacists where they are needed. This includes clinical pharmacists within GP practices and/ or clinics in order to help ensure the right medicines are used, at the right time for the right patients.

What does it mean for local people?

- You will be able to get professional medical advice for all minor ailments in pharmacies, including out of hours pharmacies.
- Pharmacists will give you advice on the nature of medicines available to buy over the counter and what you will need a prescription for.
- You will not be prescribed medicines for which there is limited evidence about their effectiveness or where there are safer alternatives.
- You will not be prescribed antibiotics unless they are essential.
- You will be less likely to be kept in hospital waiting for medicines to be prescribed.
- The cost of prescribing medicines to you as a tax-payer will be less, meaning money can be better spent on other health and care services.

THE RIGHT STAFF IN THE RIGHT PLACE WITH THE RIGHT RESOURCES

Our aims

- Ensure we have the we have right number of good quality staff to look after people, now and in the future
- Make services and care accessible and convenient, consistent and personal
- Give the best possible treatment and care by ensuring our staff have access to all information and resources they need

THE RIGHT STAFF

There is a considerable shortage of staff to fill key roles in health and care services. It's one of the biggest challenges the sector is facing in meeting the demands of a growing and ageing population.

Not as many people want to become doctors or nurses or care workers as used to.

Doctors, nurses and care workers cannot afford to live in London because of high property prices and a chronic shortage of suitable accommodation.

People also want more flexible jobs and careers so they can manage their other responsibilities like childcare or looking after an older relative.

Many GPs are due to retire soon, and a quarter of nurses leave their profession after just five years.

Nearly 20 per cent of jobs in registered social care lie vacant.

We are having to rely heavily on temporary staff, who come at higher rates than permanent staff and are not always available.

While we are still managing to provide services safely, action is needed to tackle the shortages, both now and in the future.

Attracting staff

The regeneration of many parts of east London is making it an increasingly attractive place to live and work. We need to promote this more strongly and sell its strengths.

In future when we advertise for staff, we will not just give details about the job and organisation. We will tell people about the wider benefits of the area – its transport, shopping and restaurants; the nurseries, schools and colleges; the many leisure attractions. Most importantly, we will help find them a home and offer affordable key worker accommodation. This is the single most important factor in recruiting staff to work in London and is something we are currently working on with housing providers and developers.

But we don't just want to attract staff from outside the area. Far from it. We want to recruit 'home-grown' talent too and are working with local schools, colleges and universities to do more of this. Creating job and career opportunities in our public services for the people that already live here will always be a priority for the partnership.

When we have recruited good quality people to come and work with us, we want to keep them.

To do this we need to offer more training, research and career development opportunities, with the ability to work across different organisations.

For example, midwives in east London are now getting the chance to work in all different areas of the profession not just one – home births; deliveries in birthing centres; hospital labour wards; experience of complicated births. It's this sort of variety, and the opportunity to progress

a career without having to keep moving home, that's a big factor in retaining people.

As well as offering careers, we will also be putting more emphasis on looking after the health and wellbeing of our staff, including how to manage stress. Difficulty with this is a major reason why many doctors, nurses and carers leave the profession. We want to ensure the right support is in place to help them.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Collaborating with councils and housing associations to ensure there is affordable accommodation for key workers.
- Expanding roles in GP surgeries (including physician associates, clinical pharmacists, practice healthcare assistants and care navigators) and developing an endoscopy and community nurse workforce.
- Promoting east London as a place, with all its attractions and benefits, to encourage more staff to live, work and stay here.
- Working with education and training providers to develop job and career opportunities in health and care for local residents.
- Offering more training, research and career development opportunities.
- Looking after staff so they can better look after the people of east London.

What does it mean for local people?

- More healthcare professionals likely to be taken on and retained to look after you and your family's health and care needs – now and in the future.
- A continuity of care wherever you are treated – in hospital, in the community and at home.
- More job and career opportunities in local health and care services



THE RIGHT STAFF IN THE RIGHT PLACE WITH THE RIGHT RESOURCES

THE RIGHT PLACE

Having staff in the right place might be a hospital, a GP surgery or even a patient’s home.

Whether staff work in a hospital trauma centre or in the community, we are enabling and encouraging them to work together across the range of health and care services. We want to stop working in silos. The focus will be on following patients, not patients following us.

Where we can we are looking to put local health and care, and other public services, in the same building. This isn’t just to save money, but to encourage closer working between them – and to stop the public having to go to lots of different places.

When a building is no longer required, the money recouped from the sale or rent will be reinvested locally to help improve or rebuild those we do need.

Although we have many modern facilities in the area, we also have buildings that are more than 100 years old and no longer fit for purpose. Whipps Cross Hospital in Waltham Forest definitely needs rebuilding, and we are working on this right now. We want all of our facilities to be up to date and functional, ready for future advances.

A greater use of digital technology will also help ensure services are provided in the right place. We want staff to have greater flexibility over how and where they work so they can spend more time in local communities. It also saves money on costly building space, which can be better spent on patient care.

Technology brings other benefits too.

Using a digital device to constantly monitor someone’s heart, or provide a video link to a doctor or nurse, for instance, can enable a patient needing that type of care to stay in the comfort of their own home, yet remain in constant touch with expert help and support should it be needed.

It will not only make care accessible and convenient, but more consistent and personal. It’s very likely you will see the same staff throughout your care rather than lots of different people.

If you are unfortunate enough to have an accident requiring major surgery, for instance, once you have been discharged from hospital the same team of physiotherapists will visit you at home to help you fully recover. As well as saving numerous trips back and forth to the hospital, it will avoid you constantly having to repeat your medical history, or details of any medication, to a number of different people.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Ensuring staff can offer a continuity of care to all patients.
- Improving buildings and facilities in need of repair or modernising.
- Enabling staff to work in the community – making services more accessible and convenient and saving on costly building space.
- Tapping into the opportunities digital technology offers to give patients better and more convenient access to services. This includes appointments via a video link and apps to monitor their own health and progress.
- Looking to share the buildings we do need with other public services, not just to save cost but to make things more convenient for people.

What does it mean for local people?

- Care will be accessible and convenient, more consistent and personal
- More care will be given to you in your home or close by, helped by digital technology
- You will more likely see the same staff throughout your care, establishing a relationship with them that generates assurance and trust
- No need to keep repeating your medical history and medicines to different health and care professionals.

THE RIGHT STAFF IN THE RIGHT PLACE WITH THE RIGHT RESOURCES

THE RIGHT RESOURCES

It's vital our staff have all the resources they need to do their job effectively.

As we have already said, digital technology will enable staff to spend more time in local communities. We will continue to invest in it to ensure they have easy and reliable access to all the information and data while out and about.

The right resources also means creating better links between the many different information and IT systems across health and care services.

Many of them have been developed independently of one another and, as a result, they can't 'talk' to each other. It's slowing down information exchanges between organisations and delaying the results of clinical tests. We are joining systems up to overcome these problems.

And it's not just about information technology.

To give effective treatment and care, staff need access to an array of equipment and resources, from hi-tech medical scanning systems to basic office supplies. We are working together to make sure they have it, investing in new kit and facilities where needed and joining up our buying teams to secure the best possible deals.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Continuing to invest in digital technology to ensure staff can work anywhere in the community with the information and data they need.
- Joining up IT systems to speed up information exchanges and the sharing of records so staff can plan, and give better treatment and care.
- Working together to ensure staff have all the modern facilities and equipment they need to do their jobs effectively

What does it mean for local people?

- More care can be given in or closer to your home as a result of staff being better equipped to work flexibly
- Your treatment and care will be planned and managed more effectively thanks to improved IT systems and the sharing of records
- Modern equipment and facilities will enable you to get the best possible treatment and care



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Appendix 3: Our goal and highlights of 2017

Our goal: To help the people of east London live healthy and independent lives

We are doing this by:

- Protecting vital services and giving the best possible treatment and care built around the needs of all local people.
- Supporting our nurses, doctors, therapists and carers to provide the best quality care to people and achieve the right outcomes.
- Improving our services, so they are easy to access and provided at a time and in a place where people want them, ideally in their homes or close by.
- Helping people to stay well. We are doing all we can to help them take good care of themselves and enjoy healthy and independent lives – now and in the future.

Highlights of 2017

Prevention

We agreed a shared ambition to reduce obesity, smoking, diabetes, high blood pressure and heart disease. We want to support people to do more physical activity, educate people around how to avoid or better manage health conditions and see more use of 'social prescriptions'.

We secured extra funding to support people with diabetes and help smokers quit.

We held a successful conference on workplace health and established a community of practice to promote it. We also launched a project with the Healthy London Partnership to improve staff health in GP practices and pharmacies.

Mental Health

We successfully bid for additional funding to increase mental health support for people in hospitals.

We were awarded more money to support children and young people in mental health crisis.

We began work to improve access to psychological therapies, local crisis services and maternal mental health services.

We increased the number of physical health checks for patients with a mental illness and are opening up more employment opportunities for people as part of their recovery.

Urgent & Emergency Care

We worked together to improve access to health services. In the New Year, patients will be able to:

- CLICK – using NHS 111 online to access information and support regarding their health.
- CALL – calling NHS 111 to access advice or reassurance from a healthcare professional
- COME IN – when patients need to be seen, because it is an emergency, we are supporting direct booking into either their own GP or appropriate service. This will also help reduce the pressures on A&E departments so that people who need to be seen there will be treated as soon as possible.

We have shared learning to improve patient flows through our hospitals, valuing our patients' time and reducing delays in transfers of care following an admission.

We implemented measures to enhance care provided in care homes and people's own homes, helping develop a skilled workforce.

Social care providers told us it is often difficult to support people who become unwell in their own home. As a result, we will shortly be launching a pilot to give domiciliary care workers increased direct access to clinical advice via NHS 111.

Primary Care

We launched a series of programmes to improve and standardise the quality of primary care across east London. This includes training plans and a common system for sharing improvement projects, with 500 free licences available to commissioners and providers.

We established business intelligence systems to collect clinical outcome data and help improve the efficiency of patient services.

We successfully set up a development framework to help our primary care providers (GP federations and networks) improve quality across local health and care systems.

We introduced a model to help us evaluate future workforce needs and a potential skill mix for multi-professional working.

We implemented a range of plans recruit to and retain our primary care workforce across east London.

Cancer

We set up three local programmes to improve cancer outcomes at a local level across east London.

We achieved cancer waiting time targets and secured more funding to help earlier diagnosis.

The one-year survival rate is continuing to improve for our local population – although there is still much to do.

Maternity

We completed and submitted (in November) our East London Maternity Transformation Plan and Funding Bid in line with the Better Births strategy to improve maternity care for our local women. We are awaiting the outcome of the bid.

We initiated joint procurement arrangements that will save money for the maternity system without impacting on services.

We became one of seven maternity 'Pioneer' sites in the country.

We finalised our East London Midwifery Workforce Programme for launching in the New Year.

We secured FIVE nominations in the Royal College of Midwives annual awards! Two of these being in the prestigious 'Team of the Year' category. Fingers Crossed!!

Learning disabilities

We have been working hard to move our patients with learning disabilities and/or autism out of long-stay hospitals and back into the community. We have so far managed to support 14 patients to go home from hospital in time for Christmas.

Medicines optimisation

Hospital providers and clinical commissioning groups are now working together to switch to medicines that do the same thing as others, but for a better price.

A national consultation on the value and cost of medicines that have a low clinical value was completed at the end of October. The results of will help steer our future decisions on this in east London.

Digital

Health and social care professionals are able to make better and safer decisions by sharing records through the east London Patient Record (eLPR) system. NELFT, LB Newham & LB Hackney have also recently connected to the system, which is now getting over 80,000 views per month – more than anywhere else in the country.

2.3m patient records are now placed in Discovery – a population health analytics platform.

Organisational development (OD)

East London Health & Care Partnership is now the pilot site for the national STP OD programme, partnering with the staff college to develop collaborative working.

Workforce recruitment

We have been working together, across the NHS and councils, to help recruit and retain essential staff for east London, such as doctors, nurses and care workers. This includes helping find them somewhere to live, and developing career opportunities.

Provider productivity

A cap on the use of medical agencies was introduced in October, thanks to an initiative we ran in conjunction with a pan-London group.

The introduction of a new procurement scheme has led to economies of scale and greater value for money in the buying of provider consumables.

Infrastructure

We established an East London Health & Care Partnership estates board – in line with the formation of a London Estates Board and the requirements of London Devolution.

We have been working together to identify opportunities to share accommodation, office and back office functions. This includes agile and new ways of working, such as shared booking systems.

We are focusing on maximising the clinical utilisation of estates, thereby supporting seven-day working while increasing efficiency and releasing savings through disposal.

We are working to complete a prioritised pipeline of sites, mapping current demand and capacity so we can ensure the right infrastructure is in place to meet future needs.

Health & Housing Conference

Developing the relationship between housing and health, and bringing the various providers and services closer together was the subject of our highly successful Health & Housing Conference in October 2017.

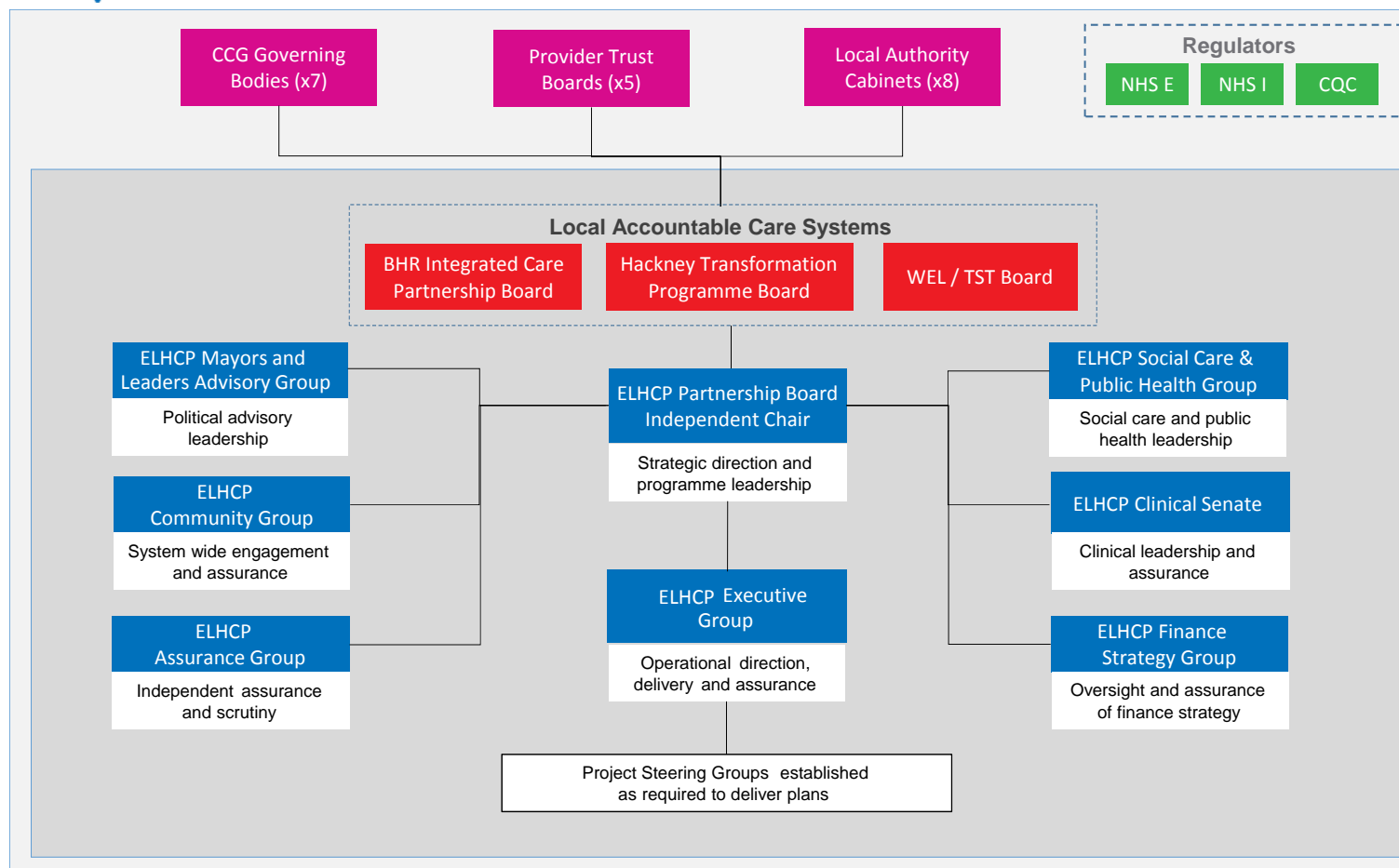
Delegates from across east London, with an interest in health, social care, housing and regeneration discussed a range of topics, from the provision of accommodation for key workers to how digital technology can help care for people, especially the most vulnerable, in their own home. They also talked about ways of combating homelessness and how housing services can help reduce delays in discharging people from hospital because of a lack of suitable accommodation and support.

The conference was the first of its kind in east London, generating lots of ideas – many of which were simply the result of everyone coming together.

We look forward to doing more in 2018, working together with you to help the people of east London live healthy and independent lives.



Present governance structure (2017)



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INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE

20 February 2018

Subject Heading:

CCIM: Update on Joint Havering Carers Strategy 2017-19

CLT Lead:

Daniel Fenwick

Report Author and contact details:

Richard Cursons, 01708 432430
richard.cursons@onesource.co.uk

Policy context:

The information presented will allow more effective scrutiny of performance issues

Financial summary:

No impact of presenting of information itself which is for information/scrutiny only.

The subject matter of this report deals with the following Council Objectives

Communities making Havering
Places making Havering
Opportunities making Havering
Connections making Havering

[X]
[]
[]
[]

SUMMARY

Information will be presented that will detail current issues within the remit of the Sub-Committee.

RECOMMENDATIONS

1. The Sub-Committee to review the information presented and make any appropriate recommendations.

REPORT DETAIL

Officers will present and summarise information covering the areas within the remit of the Sub-Committee. This is presented to the Sub-Committee to allow effective scrutiny.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.



Havering

LONDON BOROUGH

Havering Carers Strategy



Developments

- Increased funding to commissioned services for carers
- Completion of commissioning exercise
- New provider in place with services being developed
- Carers of those with different conditions
- Other services in place to encourage peer support and reduction of social isolation

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Updates

- Carers engagement – Havering carers voice..
- Partnership working – practical examples..
- Plans for implementation of other commitments
- Information and advice
- Issues encountered

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Update on measures

- Positives
- Adjustments
- Narrative
- Issues faced

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INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE

20 February 2018

Subject Heading:

Integrated Care Partnership update

CLT Lead:

Daniel Fenwick

Report Author and contact details:

Richard Cursons, 01708 432430
richard.cursons@onesource.co.uk

Policy context:

The information presented will allow more effective scrutiny of performance issues

Financial summary:

No impact of presenting of information itself which is for information/scrutiny only.

The subject matter of this report deals with the following Council Objectives

Communities making Havering
Places making Havering
Opportunities making Havering
Connections making Havering

[X]
[]
[]
[]

SUMMARY

Information will be presented that will detail current issues within the remit of the Sub-Committee.

RECOMMENDATIONS

1. The Sub-Committee to review the information presented and make any appropriate recommendations.

REPORT DETAIL

Officers will summarise the current position with work on the Integrated Care Partnership. Work on the partnership is currently ongoing and the position is changing regularly making detailed written snapshots difficult to produce without their quickly becoming out of date. Officers will however summarise the current position at the meeting. This will be presented to the Sub-Committee to allow effective scrutiny.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 20th February 2018

Subject Heading:	Quarter 3 performance report
SLT Lead:	Jane West, Chief Operating Officer
Report Author and contact details:	Graham Oakley Senior Performance and Business Intelligence Analyst 01708 433705 graham.oakley@havering.gov.uk
Policy context:	The report sets out Quarter 3 performance relevant to the Individuals Overview and Scrutiny Sub-Committee
Financial summary:	<p>There are no direct financial implications arising from this report. However adverse performance against some performance indicators may have financial implications for the Council.</p> <p>All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience financial pressure from demand led services.</p>

The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

SUMMARY

This report supplements the presentation attached as **Appendix 1**, which sets out the Council's performance within the remit of the Individuals Overview and Scrutiny Sub-Committee for Quarter 3 (October 2017 - December 2017).

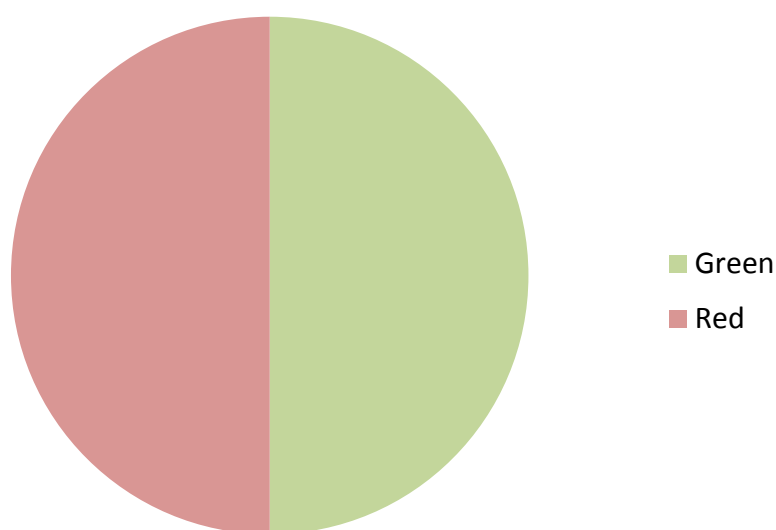
RECOMMENDATION

That the Individuals Overview and Scrutiny Sub-Committee notes the contents of the report and presentation and makes any recommendations as appropriate.

REPORT DETAIL

1. The report and attached presentation provide an overview of the Council's performance against the performance indicators selected for monitoring by the Individuals Overview and Scrutiny Sub-Committee. The presentation highlights areas of strong performance and potential areas for improvement.
2. Where performance is off the quarterly target and the rating is '**Red**', 'Improvements required' are included in the presentation. This highlights what action the Council will take to improve performance.
3. Also included in the presentation (where relevant) are Direction of Travel (DoT) columns, which compare:
 - Short-term performance – with the previous quarter (Quarter 2 2017/18)
 - Long-term performance – with the same time the previous year (Quarter 3 2016/17)
4. A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance has remained the same.
5. Both the performance indicators selected by the sub-committee have been included in the Quarter 3 2017/18 report and presentation. Both indicators been assigned an on track / off track status

Quarter 3 Rating Summary



In summary, of the two indicators:

1 (50%) has a status of **Green** (on track)

1 (50%) has a status of **Red** (off track)

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no direct financial implications arising from this report. However adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services, such as adults' social care. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

Further information on the financial performance of the Council was reported as part of the budget report to Cabinet in February.

Legal implications and risks:

Whilst reporting on performance is not a statutory requirement, it is considered best practice to review the Council's progress regularly.

Human Resources implications and risks:

There are no HR implications or risks involving the Council or its workforce that can be identified from the recommendations made in this report.

Equalities implications and risks:

There are no equalities or social inclusion implications or risks identified at present.

BACKGROUND PAPERS

None



Havering

LONDON BOROUGH



Quarter 3 Performance Report 2017/18

Individuals O&S Sub-Committee

20th February 2018

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About the Individuals O&S Committee Performance Report

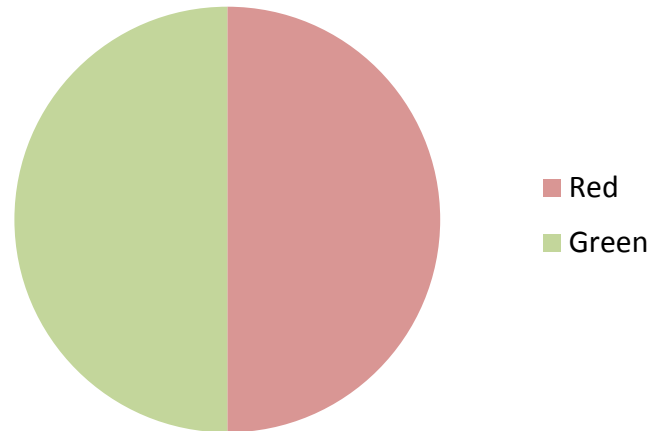
- Overview of the Council's performance as selected by the Individuals Overview and Scrutiny Sub-Committee
- The report identifies where the Council is performing well (Green) and not so well (Red).
- Where the rating is 'Red', 'Corrective Action' is included in the presentation. This highlights what action the Council will take to improve performance.



OVERVIEW OF INDIVIDUALS INDICATORS

- 2 Performance Indicators are reported to the Individuals Overview & Scrutiny Sub-Committee.
- Q3 performance figures are available for both indicators.

Q1 Indicators Summary



In summary of the 2 indicators:

1 (50%) has a status of **Green**.

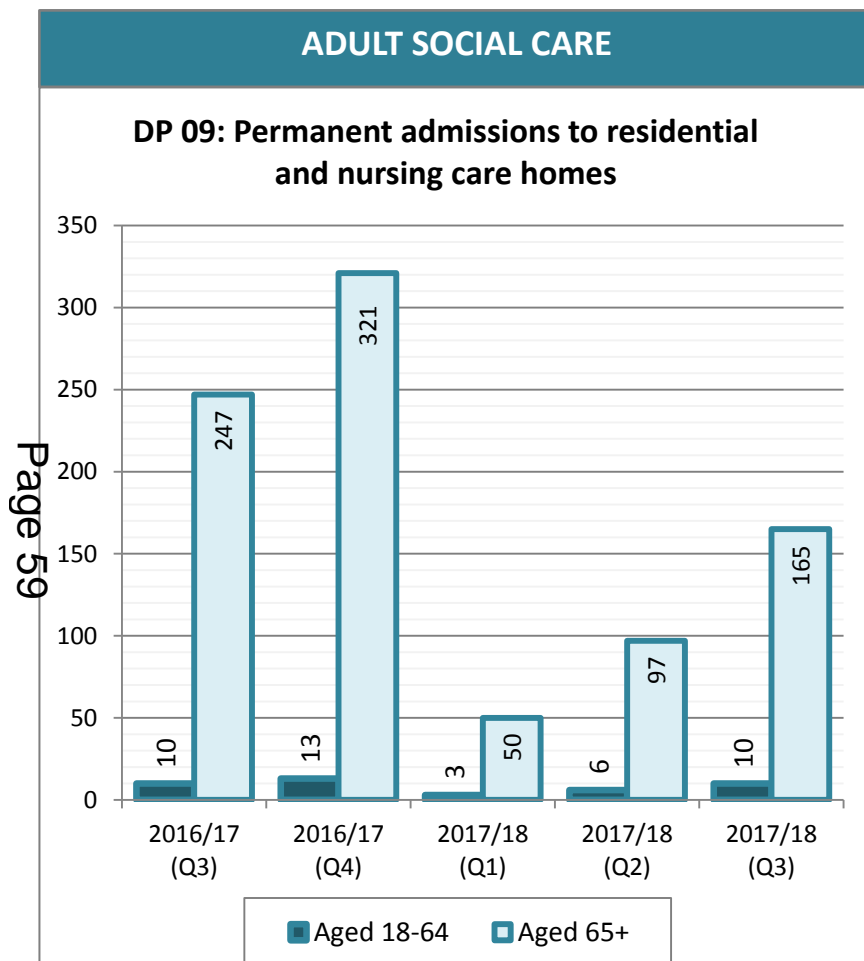
1 (50%) has a status of **Red**.

Quarter 3 Performance

Indicator and Description	Value	2017/18 Annual Target	2017/18 Q3 Target	2017/18 Q3 Performance	Short Term DOT against 2017/18 (Q2)		Long Term DOT against Q3 2016/17	
Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is better	660	480	356.8 GREEN	↓	209.08	↑	538.6
Percentage of service users receiving direct payments	Bigger is better	36%	36%	33.7% RED	↓	34.0%	↑	33.5%

Highlights

- Better than target (where lower is better) for the rate of permanent admissions for service users over the age of 65 into nursing or residential care.
- 33% reduction compared with the same time period last year (247 admissions in 16/17 compared to 165 admissions in 17/18).



By the end of Q3, there had been 10 adults aged 18-64 in council-supported permanent admissions to residential and nursing care, which is the same as in Q3 in 16/17. There had been 165 adults aged over 65 in council-supported permanent admissions. In 2016/17 there had been 247, so we have seen a decrease of 82.

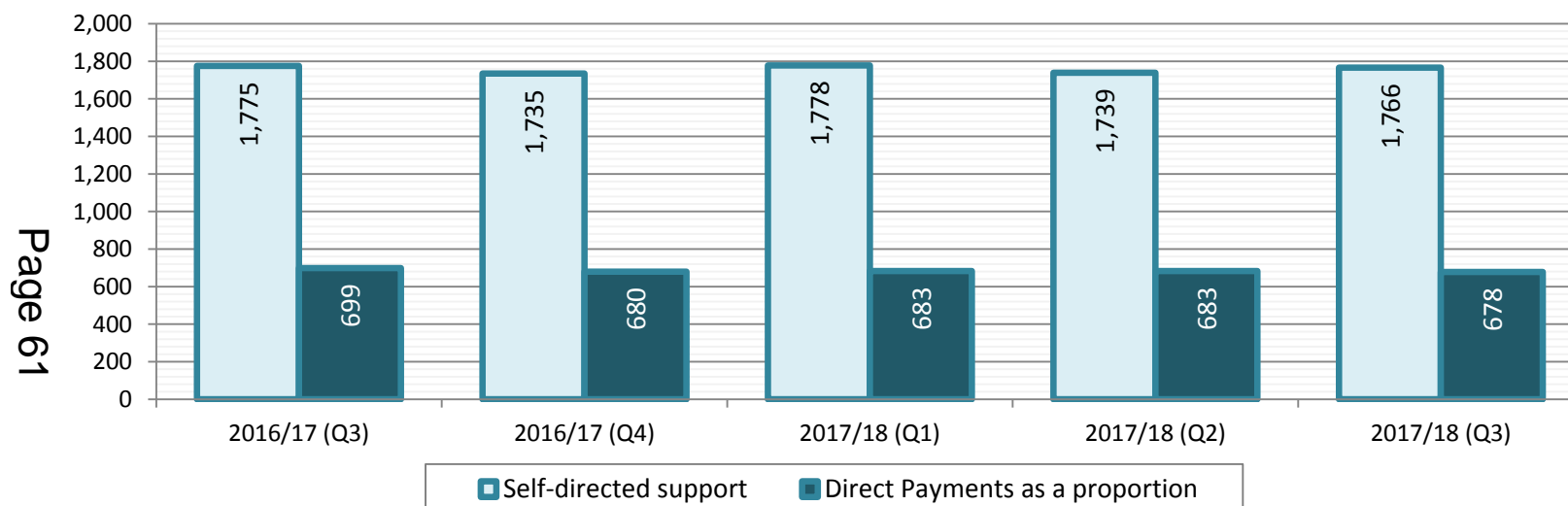
Improvements Required

- Below target (where bigger is better) for the percentage of service users who are receiving their care via a Direct Payment.
- A Personal Assistant Co-ordinator has now joined the Joint Commissioning Unit
- Working Group has held its first meeting to look at the process and see where improvements can be made.



ADULT SOCIAL CARE

DP 10: Self Directed Support and Direct Payments as a Proportion



At the end of Q3, there were 1,766 service users receiving self directed support, compared to 1,775 at the same stage last year. There was also a 3% reduction in the take-up of direct payments from December 2016 compared to December 2017.

Any questions?

