Public Document Pack

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

4.00 pm	**Tuesday 13 February 2018**	**Council Chamber - Havering Town Hall, Main Road, Romford, RM1 3BD**

COUNCILLORS:

LONDON BOROUGH OF BARKING & DAGENHAM

Councillor Adegboyega Oluwole
Councillor Peter Chand
Councillor Jane Jones

LONDON BOROUGH OF WALTHAM FOREST

Councillor Mark Rusling
Councillor Richard Sweden
Councillor Geoff Walker

LONDON BOROUGH OF HAVERING

Councillor Dilip Patel
Councillor Michael White (Chairman)
Councillor Nic Dodin

ESSEX COUNTY COUNCIL

Councillor Chris Pond

LONDON BOROUGH OF REDBRIDGE

Councillor Stuart Bellwood
Councillor Suzanne Nolan/Councillor Hugh Cleaver
Councillor Neil Zammett

EPPING FOREST DISTRICT COUNCIL

Councillor Aniket Patel (Observer Member)

CO-OPTED MEMBERS:

Ian Buckmaster, Healthwatch Havering
Mike New, Healthwatch Redbridge
Richard Vann, Healthwatch Barking & Dagenham

For information about the meeting please contact:

Anthony Clements
anthony.clements@oneSource.co.uk 01708 433065

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

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

Reporting means:-

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

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

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

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

Essex County Council

Waltham Forest

Havering LONDON BOROUGH

London Borough of Redbridge

London Borough of Barking & Dagenham lbbd.gov.uk

NOTES ABOUT THE MEETING

1. HEALTH AND SAFETY

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

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

2. CONDUCT AT THE MEETING

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

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

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

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

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

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.

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

Apologies have been received from Councillors Stuart Bellwood (Rebridge) Chris Pond (Essex) and Mark Rusling (Waltham Forest).

3 DISCLOSURE OF INTERESTS

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

4 MINUTES OF PREVIOUS MEETING (Pages 1 - 8)

To agree as a correct record the minutes of the meeting of the Joint Committee held on 10 October 2017 (attached) and to authorise the Chairman to sign them.

5 EAST LONDON LOCAL MATERNITY SYSTEM (Pages 9 - 46)

Report and presentation attached.

6 CLINICAL COMMISSIONING GROUPS - SINGLE ACCOUNTABLE OFFICER (Pages 47 - 62)

Report and presentation attached.

7 CLINICAL COMMISSIONG GROUPS - FINANCIAL RECOVERY PROGRAMME (Pages 63 - 80)

Report and presentation attached.

8 HEALTHWATCH HAVERING - QUEEN'S HOSPITAL IN-PATIENT MEALS UPDATE (Pages 81 - 96)

Report and presentation attached.

9 URGENT BUSINESS

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

Anthony Clements
Clerk to the Joint Committee

MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Redbridge Town Hall
10 October 2017 (4.00 pm – 6.30 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Peter Chand and Jane Jones and Adegboyega Oluwole
London Borough of Havering	Nic Dodin
London Borough of Redbridge	Stuart Bellwood and Neil Zammett (Chair)
London Borough of Waltham Forest	Louise Mitchell, Mark Rusling and Richard Sweden
Epping Forest District Councillor	Aniket Patel
Co-opted Members	Ian Buckmaster (Healthwatch Havering) and Mike New (Healthwatch Redbridge)

Also present:

Tristan Kerr, Associate Director Nursing, Barts Health, Lucy Cosgrove, Dementia Clinical Nurse Specialist, Barts Health, Jususa Tabil. Dementia Clinical Nurse Specialist, Barts Health, Devinder Degun, Communications, Barts Health.

Louise Mitchell, BHR CCGs

Jon Scott, Interim Chief Operating Officer, BHRUT

Ian Tompkins, Director of Communications and Engagement, East London Health and Care Partnership

Cathy Turland, Chief Executive, Healthwatch Redbridge

Anthony Clements, Principal Democratic Services Officer, Havering (minutes) Jilly Szymanski, Health Scrutiny Coordinator, Redbridge, David Symonds, Democratic Services Officer, Barking & Dagenham.

Four members of the public and a member of the Press were also present.

All decisions were taken with no votes against.

11 CHAIRMAN'S ANNOUNCEMENTS

The Chairman gave details of the arrangements in case of fire or other event that may require the evacuation of the meeting room or building.

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

Apologies were received from:

Councillor Mrs Nolan, Redbridge
Councillors Dilip Patel and Michael White, Havering
Councillor Mark Rusling, Waltham Forest (Councillor Louise Mitchell substituting)
Councillor Chris Pond, Essex
Richard Vann, Healthwatch Barking & Dagenham

13 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

14 MINUTES OF PREVIOUS MEETING

It was noted that Councillor Oluwole's name had been inadvertently spelt incorrectly in the minutes.

It was further noted that a report by Healthwatch Havering on further to assess the quality of in-patient meals at Queen's Hospital would be brought to the next meeting of the Committee.

The minutes of the meeting of the Joint Committee held on 18 July 2017 were otherwise AGREED as a correct record and signed by the Chairman.

15 WHIPPS CROSS CARE FOR PATIENTS WITH DEMENTIA

The Committee was addressed by a member of the public who had serious concerns over the standard of care given at Whipps Cross Hospital to her late mother had had suffered with dementia. These events had taken place in December 2016 and January 2017. There had been a lack of dementia care nurses and care had not been patient-centred. There had also been no evidence of the use of any Forget Me Not documentation to support the care of patients with the dementia.

It was felt by the member of the public that the hospital environment was not dementia friendly and that her mother's cognitive needs had been poorly assessed. It was felt that many staff were not skilled in treating patients with dementia – actions were rushed and staff repeatedly failed to state what they were about to do. Insufficient care was paid to the person's mother's cannula and there had been a lack of oral care leading to mouth ulcers.

There had also been an absence of positive working with family members or carers and a lack of response from nurses on the ward. The member of the public felt that the policies and practices for caring for patients with dementia that were in place at Whipps Cross were simply not carried out in the case of her late mother.

The Committee expressed their condolences on the death of the member of the public's mother and it was noted that the Committee had no power to hear individual complaints.

Officers from Barts Health NHS Trust also offered their condolences and stated that there was a strong commitment to dementia care at Barts Health. The Trust now had a fully established dementia team and did now use the Forget Me Not documents. A lot of advice was now available for patients with dementia and the Trust actively sought feedback.

£500k had been awarded from the Trust in order to make the hospital environment more dementia friendly. All admitted patients aged over 75 years now received dementia screening. A dementia champion had been assigned to each ward and dementia buddies had been recruited from volunteers at Whipps Cross. Carers of patients with dementia were also supported by the Trust and given name badges etc. to identify them.

The dementia screening undertaken was reviewed on a weekly basis. Activity boxes for each ward had been funded by the hospital charity which helped the wellbeing of patients.

It was emphasised that all new members of staff at Barts Health, regardless of grade or role, were given one hour of training on dementia. Figures on the proportion of staff who had completed dementia training could be supplied to the Committee and the Chairman would request further information that the Committee would require. It was suggested that this could also include information on the staff induction programme and on how Barts Health measured the impact of this training on patient experience. Officers added that work was in progress with the patient experience lead at Whipps Cross on getting patient feedback on dementia care at the hospital.

It was clarified that any enhanced care offered would be in addition to safer staffing numbers and that all agency staff were required to have had relevant dementia training.

The Committee recorded their thanks to the member of the public for their input to the meeting. It was agreed that the Chairman, in conjunction with

the clerk, should ask for a set of more detailed information on this subject from Barts Health.

16 SPENDING NHS MONEY WISELY 2 CONSULTATION

The Committee was addressed by a group of local osteopaths who were concerned at a lack of engagement around the proposals. It was felt that the reference in the consultation document to osteopathy being a complimentary therapy was not correct.

The osteopathy service had widespread support from stakeholders including local GPs and the current system received around 200 referrals per month (in Redbridge). The Chairman pointed out that the decision on any cuts to funding for services was the responsibility of the Clinical Commissioning Groups and not of this Committee.

Officers from Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) explained that the consultation was in response to the financial and demographic challenges seen in Outer North East London. The local CCGs were required to make savings of £55m in 2017/18 – around 5% of their total budget.

The key proposals were to remove funding for over the counter medicines, some ear wax removal procedures, some back pain injections, osteopathy services, some cataract surgery and some podiatry. There were currently no equivalent proposals covering Waltham Forest.

Officers felt that the proposals on cataract surgery were safe and there had not been any increase in falls when such restrictions had been introduced in other areas. The threshold below which cataract surgery would be funded was a visual acuity level of 6:12 but officers would confirm this formally. Current NICE guidance had been followed although Members felt that draft NICE guidance for cataract surgery did not appear to support the proposals. Further detail could also be given on the prevention of and complications arising from cataracts.

Members were concerned that the consultation had not been widely publicised to vulnerable groups. Officers responded that an engagement programme had included drop-in sessions in locations including Romford Market and the Barking Learning Centre. Events had also been held with e.g. the Redbridge Asian Mandel with translators present if required. Responses could also be made via e-mail, social media and by phone.

GPs would be able to make independent funding requests for treatments of the kind covered in the consultation if there was felt to be sufficient medical

need. An Equalities Impact Assessment would be carried out on each proposal prior to the recommendations going to the CCG governing bodies. There would also be a public health report on the proposals, produced by Havering CCG. It was emphasised that the CCGs wished to find financial efficiencies whilst also protect cancer, mental health and urgent care services.

It was agreed that the Chair, in conjunction with the Clerk to the Committee would draft a response to the consultation, summarising the Committee's concerns about the proposals. This would be circulated to the Committee for comment, prior to the final version being sent.

17 BHRUT IMPROVEMENT UPDATE

The Chief Operating Officer of Barking, Havering and Redbridge University Hospitals NHS Trust explained that the Trust had come out of special measures in March 2017. Many 'must do' actions from the Care Quality Commission had now been completed. It was noted that attendances at the emergency department continued to rise with 994 people having attended across the two sites the previous day, a rise of 27% on the equivalent figure in the previous year.

A new Director of Communications had joined the Trust and three Board members had recently returned after illness. An Acting Chair was in post while a new Chair was being appointed. Infection control remained a major focus of the Trust and the Trust had met its targets for cancer treatment in the last two months. The 92% referral to treatment target had been met in June and July and it was still hoped to meet this by the target date of September.

A successful Trust recruitment fair had recently been held with 50 people appointed to posts. Methods to retain nurses had also been introduced with it now being easier to transfer to different roles within the organisation.

It was agreed that very few delayed transfers of care at the Trust were due to problems with social care. It was planned to discharge people earlier in the day by e.g. speeding up the dispensing of prescriptions. Some services such as ante-natal would be relocated and improvements had been made to the areas where blood tests were carried out. As regards technology, Blue Spike theatre management software had been introduced as had the Vital PAC system which allowed staff to record patient observations at the bedside. The new IT director at the Trust reported direct to the Chief Executive. It was accepted that any new IT systems needed to be able to communicate with each other.

Upcoming priorities for the Trust included plans for the winter peak period, improvements to the Emergency Department and Urgent Care Centre and the recent opening of the new surgical assessment centre. Three new cancer scanners were also being introduced.

It was accepted that demand for urology services outstripped supply and the Trust's urology improvement plan was in the process of being revisited.

Members raised ongoing concerns regarding the Emergency Department with failures to meet the four hour waiting time target and cases of patients waiting over an hour in ambulances before being transferred into the Emergency Department. It was clarified that Council social care teams did have bases on site at both Trust hospitals.

The Committee noted the update.

18 EAST LONDON HEALTH AND CARE PARTNERSHIP UPDATE

It was noted that the East London Health and Care Partnership (ELHCP) covered 8 Local Authority areas and 12 NHS organisations. It was recognised however that different parts of North East London required different solutions to health and social care issues. A new document had been developed showing what the ELHCP meant to local residents.

It was accepted that workforce issues were important to the success of the Partnership. There were also links between health and the quality of housing and the Partnership had organised a health and housing conference to be attended by representatives from charities, health organisations and councils.

There were plans to commence placements for teaching staff in the NHS and it was hoped to retain revenues from the sale of NHS estates within East London. Updates on a number of issues covered by the ELHCP could be brought to future meetings of the Committee including maternity, telecare, digital transformation and IT systems for sharing records. An enhanced 111 system for East London was in the process of being procured.

The creation of a single accountable officer for the Partnership had been driven by the local CCGs and this position had now been advertised. The consultation on payment systems had now concluded and proposals, with a 12-18 month pilot period, would be brought forward for further discussion.

It was accepted that there had thus far been few definite proposals from the ELHCP on which to engage. It was emphasised that the Partnership was not a formal decision making body and any proposals from the ELHCP would have to go through the constituent organisations' individual governance arrangements. Public meetings about the ELHCP were planned in each borough from February 2018 onwards.

It was agreed that further details of the impact of the ELHCP on maternity services should be brought to the next meeting of the Committee.

19 HEALTHWATCH REDBRIDGE REPORTS ON DISCHARGE PATHWAY

The Chief Executive of Healthwatch Redbridge reported that the organisation had visited the discharge lounges of all local hospitals. Problems with delays to prescriptions and with patient transport had been noted. The Committee viewed a short film produced by Healthwatch Redbridge in which a member of the public, who had since died, related the difficulties and poor experiences she had suffered relating to her discharge from hospital.

There had been p[articular problems found re the discharge of Redbridge residents who used Whipps Cross Hospital. A Member reported similar issues from Barking & Dagenham residents who were taken to Newham Hospital. There were also felt to be particular concerns around the out-patient discharge lounge at King George Hospital which was in an isolated location with no staff present. There was also a lack of toilets and a buzzer system in the discharge lounge.

It was felt by the Healthwatch representative that there may be a lack of consistency in social workers when elderly people were discharged from hospital and that the system may not be fully integrated. A Member added that a further problem was that intensive physiotherapy often could not be accessed in care homes.

It was agreed that the Committee should scrutinise further the issue of hospital discharge, either at a future meeting or at a separate seminar. It was felt that complaints management and how outcomes and learning from complaints were looked at by Hospital Trusts could also be considered by the Committee. It was agreed that the responses received to the Healthwatch Redbridge report on the discharge pathway should also be circulated to the Committee.

20 NEXT MEETING

It was noted that the next meeting of the Joint Committee was scheduled to be on Tuesday 16 January 2018 at 4 pm at Havering Town Hall, Romford.

21 URGENT BUSINESS

There was no urgent business raised.

Chairman

Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 13 FEBRUARY 2018

Subject Heading:	**East London Local Maternity System**
Report Author and contact details:	**Wendy Matthews OBE, Deputy Chief Nurse /Director of Midwifery, Barking, Havering and Redbridge University Hospital NHS Trust 01708 435000 Ext 3894 wendy.matthews@bhrhospitals.nhs.uk**
Policy context:	**The information presented sets the context, challenges and vision of maternity services in east London.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

Purpose of the presentation:

- To set the context, challenges and vision of maternity services in east London.
- To highlight the governance arrangements of the East London Local Maternity System and alignment to the East London Health and Care Partnership.
- To give an overview of performance across maternity services in east London.
- To provide an overview of the development of transformation plans and the delivery model for maternity services in east London.
- To highlight wider engagement on plans for maternity.
- To highlight successes achieved to date.

RECOMMENDATIONS

1. That the Sub-Committee considers the attached presentation and takes any action it considers appropriate.

REPORT DETAIL

A presentation (attached) will be made at the meeting.

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.

East London Health & Care Partnership

ELLMS
EAST LONDON LOCAL MATERNITY SYSTEM

East London Local Maternity System

Report to the Outer North East London Joint Health Overview and Scrutiny Committee

13th February 2018

Purpose

- To set the context, challenges and vision of maternity services in North East London.
- To highlight the governance arrangements of the East London Local Maternity System and alignment to the East London Health and Care Partnership.
- An overview of performance across maternity services in NEL.
- To provide an overview of the development of transformation plans and the delivery model for maternity services in NEL.
- To highlight wider engagement on plans for maternity.
- To highlight successes achieved to date.

Introduction

- In February 2016, the National Maternity Review ‘Better Births’ set out the Five Year Forward View for NHS maternity services in England, with the aim for services to become safer and more personal and kind. In response, NHS England established a Maternity Transformation Board (MTB) to oversee the delivery of the policy and recommendations.

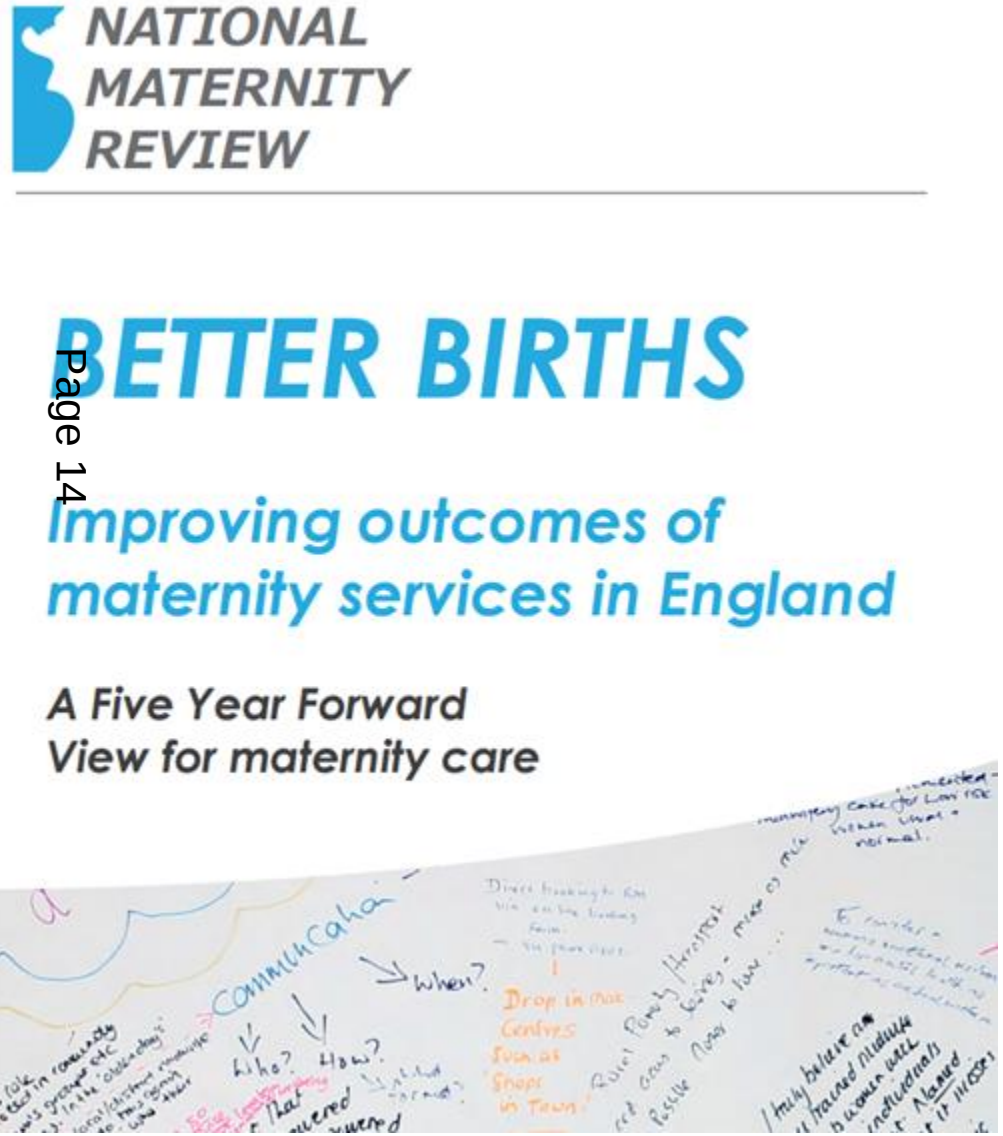
- The MTB recognised that delivery of its vision relies on local leadership and action, and asked the system to come together to form Local Maternity Systems (LMS) to achieve this.

- Within the North East London Sector the East London Local Maternity System (ELLMS) was established with governance arrangements aligned to the East London Health and Care Partnership.

- ELLMS has now developed a detailed plan for the next 5 years to focus on how the system will coherently deliver recommendations of Better Births both individually and collaboratively, whilst recognising that implementation will require significant transformation from providers of maternity services.

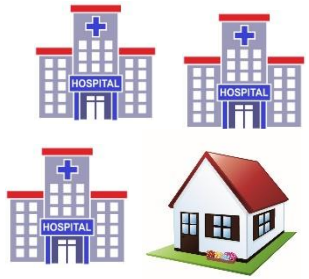
- NHS England have produced a set of **Key Lines of Enquiries (KLOEs)** for all Local Maternity Systems to develop clear and credible plans and baseline data requirements ahead of an assurance submission to NHS England in October 2017.

Policy Context



'Halve it' Ambition

OUR VISION FOR MATERNITY SERVICES IN EAST LONDON



Choice journey begins with services recognising women's needs

Accessible relevant information in a range of formats with options for discussion and support with referral as needed and option of self-referral

Choice discussions with midwife about options for care begin at booking

Continuity of carer close to home where possible supports personalised kind care

Choice of place of birth is offered to all with high quality, unbiased information and discussion

Optimal birth experience with known midwives and good multidisciplinary working supports improved outcomes

Transfer to postnatal care is seamless and well supported with optimal start to family life

Safe respectful care is at the centre of all we do

Integrated records support excellent clinical care, communication and safety

An empowered workforce who prioritise multidisciplinary working wraps care seamlessly around the woman

An holistic public health approach underpins care

Services are improved and designed with women not just for them

The Golden Threads

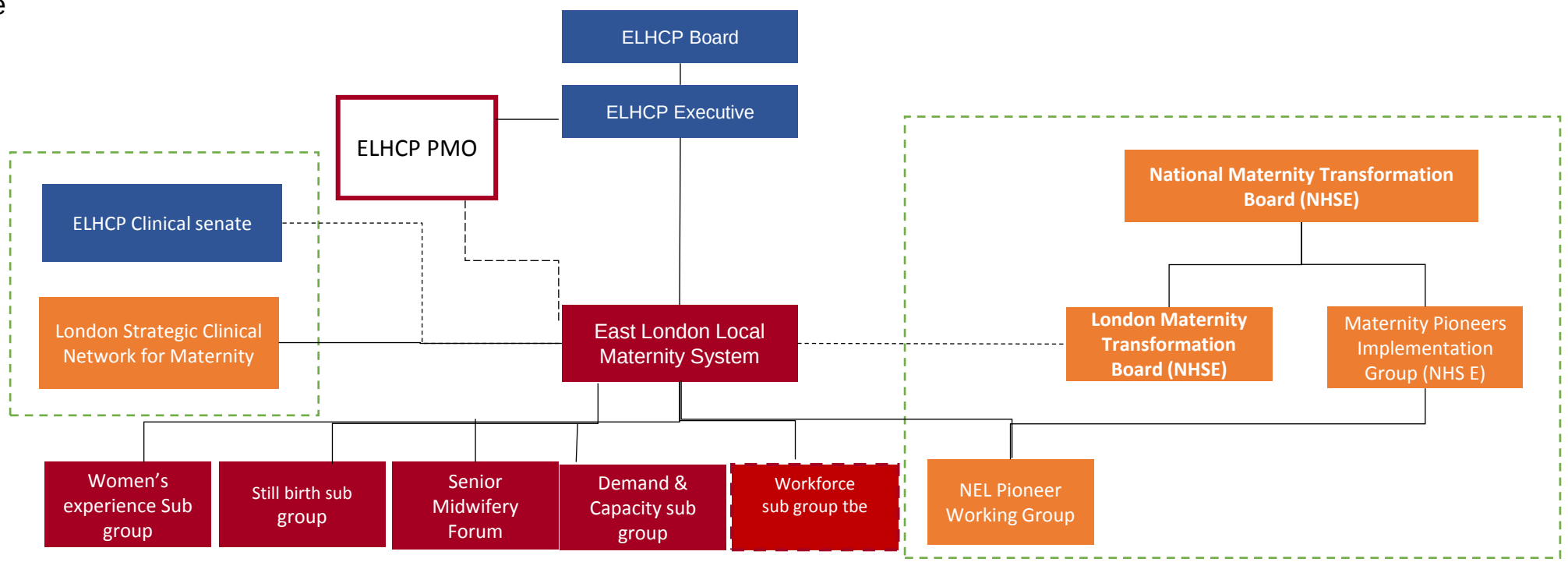
The Current Position and Key Challenges of Maternity Services in NEL

- Demand modelling indicates an increase by 4.41% (approximately 1500 births) within the next 5 years with greater pressure anticipated in the BHR footprint.
- There are 4 providers working over 5 acute sites for maternity services each with an obstetric labour ward and an alongside midwifery led unit.
- There are also two freestanding midwifery led birth units.
- One Midwifery led NHS Provider in NEL.
- Workforce gaps and high turnover of midwifery staff in acute providers resulting in challenges with clinical capacity or transformation.
- Variation exists in patient ratio to GP with Redbridge and Waltham Forest falling in the lowest 20% whilst City and Hackney and Tower Hamlets have the first and second best ratios across London.
- There is significant financial pressures on providers and a drive to achieve a sustainable future position
- 19.9% (2712) of women are presenting with multiple co-morbidities, which may rise as high as 23% by 2018
- Over the last 2 years a rise of over 2% in the numbers of women reported as unable to speak or understand English (from 6.9% to 9.3%)
- 70% of women who give birth in Newham are born outside the UK.
- 43% of women in Tower Hamlets born outside the UK with over 90 languages spoken in the borough.
- Age of women giving birth higher than national average (NEL 31.16 yrs. compared to the national average of 30.4 yrs.)
- An expected increase in the prevalence of diabetes 1.5% (1051 women) per year.
- A further 1% (254 women) of women are expected to develop gestational diabetes during pregnancy.
- Mental health conditions rising by 1% (254 women) per year

DRAFT- East London Maternity Governance Structure

- Within NEL The ELLMS reports via the ELHCP Programme Management office to the ELHCP executive and Board.
- It also reports to the London and National Maternity Transformation Boards.

Maternity



The ELLMS is not a statutory body and it is noted that accountability for commissioning remains with the CCGs and accountability for service provision with Trust Boards.

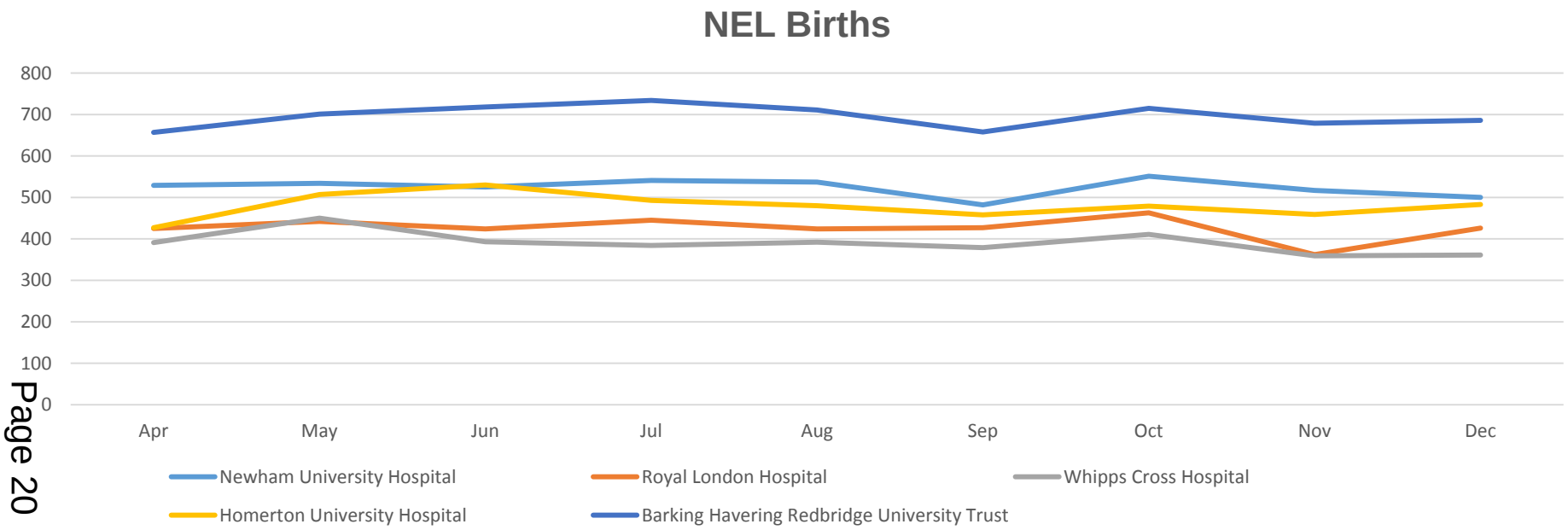
Our maternity transformation plans are:

- **Reduce stillbirth/neonatal death/brain injuries and maternal death** by 20% by 2020 – and halved by 2030.
- **Investigate incidents and share the learning.**
- Engaging with **NHSI neonatal and maternal safety collaborative**.
- Ensure more women have **a personalised care plan**.
- Ensure more **women can choose from the three places of birth**
- Ensure that **more women receive continuity of the person caring for them** during pregnancy, birth and postnatally.
- Ensure that more women be enabled to **give birth in midwifery led settings**.

Our maternity transformation plans:

- ❑ Is based on an **understanding of the needs of local women** and their families and is it aligned to the local STP?
- ❑Has been **signed off by** the Sustainability and Transformation Partnership (STP) Board.
- ❑Provides evidence that the Local Maternity System has the **capacity & capability** to implement plans.
- ❑Detail of **how the plans will be implemented**? This means including actions and milestones (with responsible owners), how will the plan be delivered, monitored, assured and evaluated, and how interdependencies work with other work streams of the STP (e.g. Digital Roadmap, workforce) will be managed.
- ❑ **Is Costed plan and resources** within the constraints of the STP's financial balance. This includes an assessment of the need for additional financial investment the LMS has identified through its plan and the extent to which the business case is credible.
- ❑ Includes our non-clinical LMS plans i.e **Procurement, Digital and Estates transformation and workforce** transformation plans.
- ❑ Outlines our **LMS governance** and how it aligns with the STP plans.

Births in NEL



Number of Births 2017/18 (M9)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Barts Health NHS Trust	1345	1426	1342	1370	1363	1288	1425	1238	1287	12084
Newham University Hospital	529	534	525	541	537	482	551	517	500	4716
Royal London Hospital	425	442	424	445	424	427	463	362	426	3848
Whipps Cross Hospital	391	450	393	384	392	379	411	359	361	3520
Homerton University Hospital	427	507	530	493	480	458	479	459	483	4316
Barking Havering Redbridge University Trust	657	701	718	734	711	658	715	679	686	6259
Total	**2429**	**2634**	**2590**	**2597**	**2544**	**2404**	**2619**	**2376**	**2456**	**22659**

(Apr- Dec 2017)

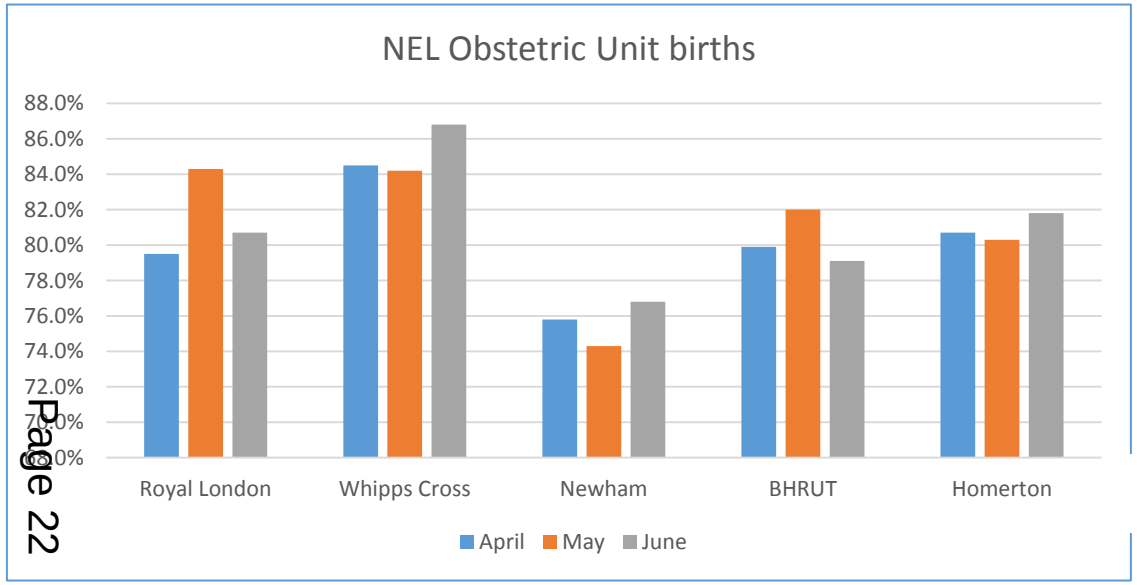
Key Headlines of our plans : Out of Obstetric Unit Births

- ❑ Data suggests that low risk women are safer giving birth in midwifery led settings and have better experiences of care
- ❑ In 2016/17 approximately 18% of births in NEL were in midwifery led settings with wide variation across providers from 13 – 25%.
- ❑ There is capacity in the system to increase these figures even in the face of rising acuity

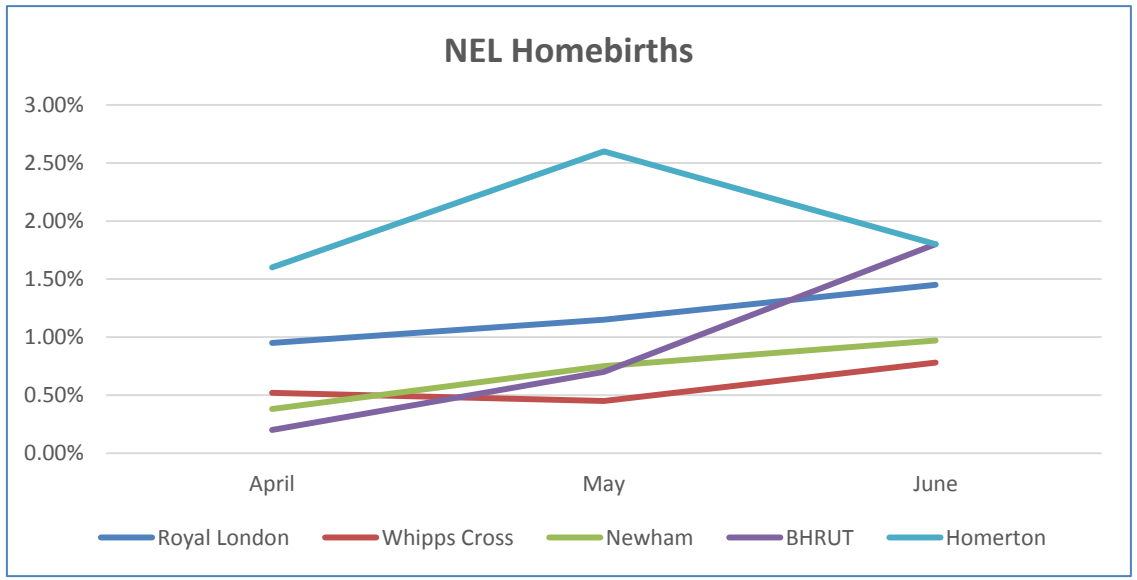
	BHRUT	HUH	Newham	Royal London	Whipps Cross
Out of Obstetric Unit Birth rate in 2016/17	18.5%	17.5%	25.3%	13.1%	15.6%
Aspirations for Out of Obstetric Unit Birth 2021	20%	24%	28%	22%	23%

2017/18	2018/19	3 + years
• Establish Out of obstetric working group/ develop outline and expression of interest documents. • Develop shared guidelines across the ELLMS.	• Develop further plans from recommendations being developed from acuity modelling in collaboration with commissioners to inform future commissioning arrangements for 19/20 and onwards.	• Agree and achieve target set by the LMS to increase midwifery led unit births to across NEL.

Our Performance on Place of Birth



NEL Obstetric Unit Births	April	May	June
Royal London	79.5%	84.3%	80.7%
Whipps Cross	84.5%	84.2%	86.8%
Newham	75.8%	74.3%	76.8%
BHRUT	79.9%	82.0%	79.1%
Homerton	80.7%	80.3%	81.8%
Neighbourhood Midwives	29%	29%	38%



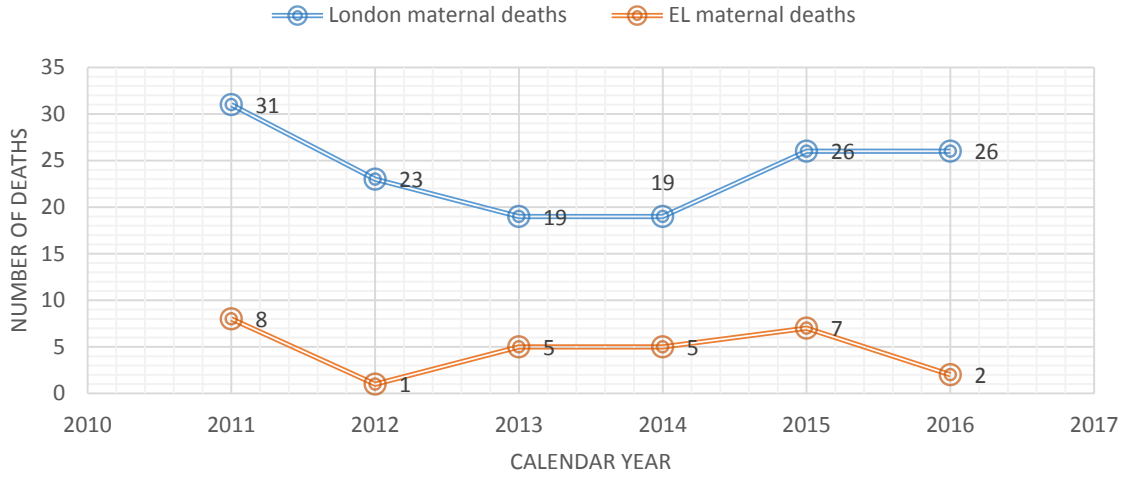
INDEPENDENT

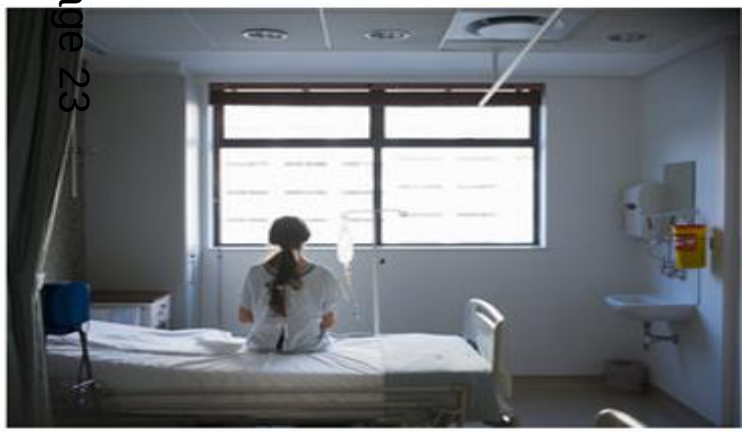
MATERNITY SHAKE-UP Maternity care shake-up could see more women giving birth at home or without doctor present

NEL Homebirths	April	May	June
Royal London	0.95%	1.15%	1.45%
Whipps Cross	0.52%	0.45%	0.78%
Newham	0.38%	0.75%	0.97%
BHRUT	0.20%	0.70%	1.80%
Homerton	1.60%	2.60%	1.80%
Neighbourhood Midwives	43%	71%	63%

Safety Performance

Calendar year	London maternal deaths	EL maternal deaths
2011	31	8
2012	23	1
2013	19	5
2014	19	5
2015	26	7
2016	26	2





Mum's Account Of Care After Baby Loss 'Should Serve As An Example To Other NHS Hospitals'

Period Q1 2017/18 (April-June 2017)																
North East London Maternity Units	Royal London	Whipps Cross	Newham	BHRUT	Homerton		Royal London	Whipps Cross	Newham	BHRUT	Homerton		Royal London	Whipps Cross	Newham	BHRUT	Homerton
Measure/Indicator	Apr-17						May-17						Jun-17				
Number of deliveries	420	388	524	657	419		434	443	533	701	502		414	387	517	718	521
Number of term intrapartum stillbirths	0	0	1	0	0		0	0	1	0	0		0	0	0	0	0
Number of early neonatal deaths	2	3	3	1	0		4	2	2	1	0		2	3	3	0	0

Key Headlines of our plans to improve Safety; *'Halve it'* Ambition

Implement the ***'care bundle'*** elements	**Smoking Cessation including Public Health and Prevention.**
	Identification and surveillance of fetal growth restriction.
	Reduced fetal movement.
	Effective fetal monitoring across NEL.
Maternal Medicine Network/ Hub and Spoke model	**A model is being developed to improve the care for women requiring specialist care. This will be a managed clinical network with hubs and spokes and with close multi-disciplinary team working in a variety of medical specialities between physicians, midwives, obstetricians and primary care.**
	Cross boundary working: is being developed to improve safety, communication and wider access for high risk women to specialist services.
	Plan for midwives to rotate across all NEL maternity providers. This will be piloted with Band 6s midwives across NEL.
Serious Incidents(SI) and Shared Learning	**Standardisation of clinical guidelines and pathways to reduce clinical variation and improve good practice across the systems.**
	SI learning event to explore how we can improve our investigation reports. Review common pitfalls in SI report writing and will try to find solutions to some of the more tricky issues.
	Adopt bereavement toolkit currently launched by the Clinical Networks to local Trust policies.
	ELLMS involvement with Getting it Right the First Time (GIRFT)

Confirmed trajectory data has been submitted by all providers to reduce rates of stillbirth, neonatal and maternal death

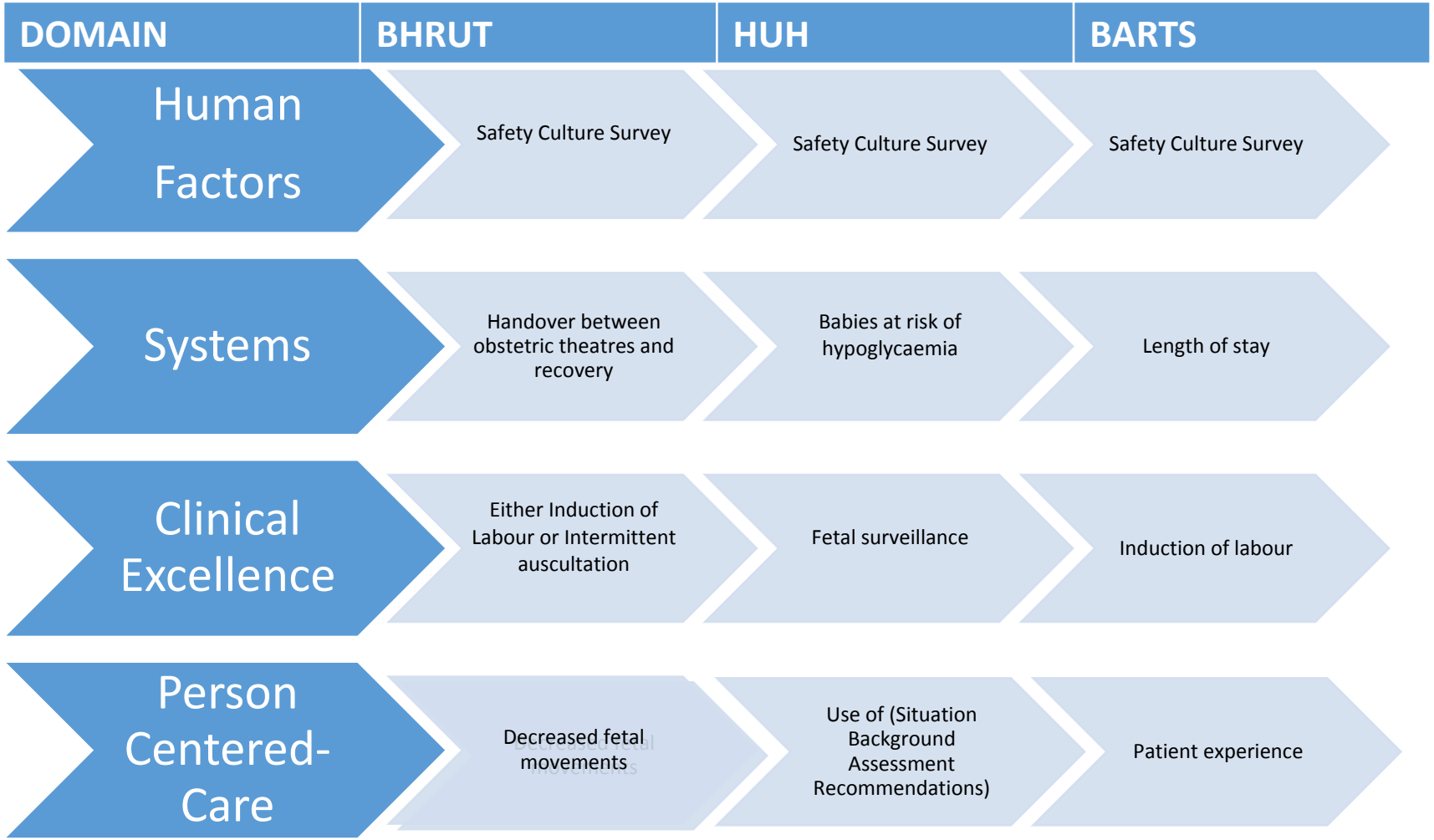
theguardian

Almost half of maternity wards are turning away mums in labour because they have no spare beds for them

- Units were forced to temporarily close their doors on at least 382 occasions last year
- Hospitals are struggling to cope with the rising number of births and the increasingly complex labours among older and obese women
- Understaffing is compounding the issue, with the NHS currently lacking about 3,500 full-time midwives

NE Indicators																	
Period Q1 2017/18 (April-June 2017)																	
North East London maternity units	Royal London	Whipps Cross	Newham	BHRUT	Homerton		Royal London	Whipps Cross	Newham	BHRUT	Homerton		Royal London	Whipps Cross	Newham	BHRUT	Homerton
Measure/Indicator	Apr-17						May-17						Jun-17				
Number of women booking	482	457	637	657	499		314	440	621	701	579		577	513	733	718	563
Number of obstetric labour ward closures per month	0	0	3	0	0		0	0	0	0	0		0	1	0	0	0
Number of obstetric labour ward attempted closures per month	0	0	0	0	0		0	0	0	0	0		0	0	0	0	0
Number of closures and/or suspensions of midwifery led birth settings	0	0	0	0	0		0	0	0	0	0		0	0	0	0	0
Number of term babies with severe brain injury	0	0	1	N/A	0		0	0	1	N/A	1		1	0	1	N/A	0
Number of term intrapartum stillbirths	0	0	1	0	0		0	0	1	0	0		0	0	0	0	0
Number of early neonatal deaths	2	3	3	1	0		4	2	2	1	0		2	3	3	0	0

Key Headlines of our plans : Safety; ‘Halve it’ Ambition - NHS Improvement Maternity and Health Safety Collaborative



Key Headlines of our plans : Personalised Care Planning

- ELLMS have recently launched the Choice Pioneer Programme in NEL to increase and promote choice and personalisation for women. The pilot is being run with a GP practice and with evaluation at the end of 2017 with women receiving detailed information on all providers in NEL and the Choice Midwives to gain insight and learning from the pilot.

- Phase 2 will involve all providers improving the quality and content of discussions around place of birth using resources developed at sector level to improve consistency, quality of information and transparency.

- All providers wish to move current practice of antenatal appointments from 15-20 mins to 30mins as a minimum to allow sufficient time to develop personalised care plans for women. Homerton have already achieved this.

ovider and numbers)	Baseline of women receiving a personalised care plan 17/18	Projected numbers for 18/19	Projected numbers for 19/20	Projected numbers for 20/21
BHRUT	0.2% (20 women)	5% (400 women)	10% (800 women)	15%
Homerton	4.38% (250) (homebirth women)	10% (600) (homebirth women and obstetric high risk receiving care with obstetrician)	15% (900)	20% (1,200)
Whipps Cross	1%	5%	10%	15%
Newham	1%	5%	10%	15%
Royal London Hospital	1%	5%	10%	15%
Total	**2%**	**6%**	**11%**	**16%**

Definition Better Births : *The development of a personalized care plan by the woman and midwife, built on the decisions each woman makes, and informed by an assessment of the type of care she might need. There must be* ***sufficient time*** *to have this dialogue.*
Proposed trajectories are significantly dependent on funding.

Key Headlines of our plans : Choice

- All NEL providers have identified that choice of place of birth is made available to women to support them to make decisions about the type of birth and setting of birthing available to them to give birth only within their Trusts. However, the Care Quality Commission (CQC) surveys in 2016 highlighted that most women in NEL expressed that they were **not** offered the choice of where they gave birth.

- The ambition is to expand choice for women across geographical boundaries in line with Better Births.

2017/18	2018/19	3 + years
• Data collection for NEL to develop MyHealthLondon website for women. • Successful bid for additional funding to scale up Choice Pilot. • Audit current choice rates to identify baselines and trajectories.	• Evaluation of Choice Pioneer Programme • Complete the development of information resources (subject to funding) • Implement training to enable midwives to roll out practice widely across NEL This will include “train the trainer’	• Establish commissioning arrangements in line with commissioning guidance and Better Births across NEL to enable choice to be provided widely across geographical boundaries.

Key Headlines of our plans : Continuity of Carer

- No acute provider in NEL currently provides continuity of care in the antenatal, intrapartum and postnatal periods for women other than for very small groups of vulnerable women.
- Neighbourhood Midwives – a pilot midwifery led pilot in Waltham Forest do offer this approach.
- There is an agreement across NEL acute providers to implement a staged approach to continuity of carer at antenatal and postnatal periods at the initial stage before concentrating on intrapartum continuity.

Provider	Current Model of Care (antenatal)	Intrapartum	Post-natal	Proposed Model of Care
BHRUT	Continuity of care begins at time of booking	Partially to specific high risk groups	Partially	**Caseloading team**; named midwife will provide care from early in pregnancy i.e. booking through labour and birth, up to two weeks postnatally.(if woman still resides locally).
Homerton	Continuity of care begins at time of booking	Partially to specific high risk groups	Partially	**Caseloading team**; named midwife will provide care from early in pregnancy i.e. booking through labour and birth, up to two weeks postnatally.(if woman still resides locally)
Whipps Cross	Continuity of care begins at 16 weeks	Partially to specific high risk groups	Partially	**Midwifery Group Practice Caseload care**: Women will be booked by a named midwife who will see them for majority of their antenatal, intrapartum and postnatal care.
Newham	Continuity of care begins at 16 weeks	Partially to specific high risk groups	Partially	**Midwifery Group Practice Caseload care**: Women will be booked by a named midwife who will see them for majority of their antenatal, intrapartum and postnatal care.
Royal London Hospital	Continuity of care begins at 24 weeks	Partially to specific high risk groups	Partially	**Caseloading team**: initially will be led by the home birth team focusing on the Barkantine Birth Centre; named midwife will provide care from early in pregnancy i.e. booking through labour and birth, up to two weeks postnatally.(if woman still resides locally)

Proposed trajectories: Continuity of Carer

Provider	Baseline of women receiving continuity of care 17/18	Projected numbers for 18/19	Projected numbers for 19/20	Projected numbers for 20/21
BHRUT	0.2%	5%	7.5%	10%
Homerton	4.38%	5%	7.5%	10%
Whipps Cross	0.1%	0.5%	3%	6%
Newham	2%	3%	5%	10%
Royal London Hospital	0.1%	3%	5%	10%
Neighbourhood Midwives	100%	100%	100%	100%
Total across NEL	**1.36%**	**3.3%**	**5.6%**	**9%**

The proposed trajectories are significantly dependent on funding

Engagement with women and other stakeholders

- As an essential part of shared learning and stakeholder engagement the ELLMS has engaged with approximately 502 local women and their families in 2017 across a number of forums, events and meetings to involve, inform, co-produce and co-design a number of these plans.
- Other key stakeholders have also been involved and a log of engagement is maintained for evidence.

Women's Experience in NEL

Why was choice important to you?

Comment 1

"Choice is incredibly important in the process of preparing to give birth and can have a huge impact on the mental state a mother experiences as her due date approaches. For me, to know that I could have my baby at home meant that I could visualize the event and plan everything to help make it a reality. This ensured I was calm and positive as my pregnancy progressed - qualities that are vital to a healthy pregnancy and complication-free birth".

Comment 2

"I would not choose a home birth…In my opinion, home birth is dangerous".

Comment 3

"Having a choice was particularly important to me because the idea of having a hospital birth really did not appeal".

Comment 4

"Hospital should be primary place of childbirth not home".

Would you like to see the same midwife and doctor throughout your maternity care?

Comment 5:

"*It depends on the individual"*

Comment 6

*"I was really pleased to be accepted onto the NHM pilot as it meant that I would see the same midwife the whole time, and they would be my midwife at the birth. My midwife was *** and I cannot speak highly enough of the care I received from her. It really makes such a difference getting to know the person who will assist you during what is a very personal experience".*

Key Headlines of our plans : Co-designing with local women

2017/18

- Agree with WEL commissioners x3 on the terms of agreement and functions of their MVPs – this will include how CCGs wish to use MVPs to influence commissioning and improve maternity services
- Completion of MVP mapping process for NEL including sign off from Chairs to send to the regional team.
- Baseline mapping of information provided across the NEL to develop centralised resources and consistency of information provision.
- Providers will regularly gather and collate information on women's experience to analyse it and feedback results to the maternity management team in order to support and inform service improvement.

2018/19

- Commission the 3rd sector to carry out needs based analysis with a wider number of local women in NEL.
- Development of new websites and social media forums.
- Recruit local women on LMS.
- Hold women's experience workshops across the STP to ensure women are informed of the LMS plans and progress and receive feedback.
- Develop briefing room on STP website with maternity delivery plans, updates, useful publications and information on services for local women.

3 + years

- Active participation across NEL from local women with CQC surveys.
- Improve methods in which information is disseminated to women specifically in relation to safety by translating information to more languages given the diverse population of NEL.

Key Headlines of our plans : Procurement

- In line with Lord Carter's review of efficiency in hospitals and the recommendations made on how large savings can be made by the NHS by reducing unwarranted variation in productivity and efficiency to make cost savings by 2020/21, the LMS have agreed to participate with the STP on a joint provider collaborative to centralise back office functions. Procurement is one of the workstreams which the LMS has agreed to undertake collaboratively.

- A gap analysis has been carried out and it has been identified that there is a variation of products between the 5 provider sites and some waste has been identified as well as a variety of pricing.

- The LMS is represented by the SRO on the STP Procurement Working Group and has BHRUT as the host. The process is currently being piloted and certain consumables, delivery packs and suture packs are being identified to be procured centrally as phase 1.

- Approximately £135,000 savings identified on delivery packs in 2017/18.

2017/18

- **Phase 1-** Initial scoping meetings to be held with NHS Supply Chain Buyer and the STP to agree collaborative approach and agree items to jointly procure.
- Identified provider leads to lead project.
- Market overview analysis.
- Agree standard delivery pack for costing and submission of volumes.

2018/19

- Pack buyer review of milestones
- **Phase 2** – agreement of additional items which can be procured jointly.

3 + years

- Cost savings realisation benefits to be carried out to evaluate provider efficiency at STP level.

NEL Maternity Workforce Challenges

- There are substantial workforce challenges given that 4% of the maternity workforce are in the retirement age cohort and the national trend of lack of middle grade obstetric staff will have an impact. By definition safe service delivery can only be achieved with safe staffing levels and therefore workforce recruitment and retention will remain a top priority.

- It is likely that there will be a potential recruitment implications for midwives based on impact of Brexit. 40% of the workforce is EU/non UK and 44%, is non-EU.

- 4% of the NEL maternity workforce could potentially leave service due to retirement in the 8-5 years and a further 12% of the workforce are within the ages of 55-60 and therefore in the cohort approaching retirement within the next 10-15 years.

(Data source: Health Education England)

More nurses and midwives leaving UK profession than joining, figures reveal

3 Jul 2017

Midwife shortages blamed for home births falling to 15-year low

16 Oct 2017

Midwife shortage makes women in labour feel like 'cattle', says report

Key Headlines of our plans : Workforce

- Supporting transformation of the workforce is complex and vital to success.
- Known national challenges in numbers of middle grade trainee obstetricians and ultrasonographers.
- Recruitment and retention in NE London has been difficult to achieve.
- Plan finalised and implementation to commence in Q4.

Develop an innovative recruitment network which provides an opportunity for midwives to rotate across all NEL providers.

Encourage people to remain in NEL i.e to live and work working closely with communications and engagement teams.

Improve work life balance and staff satisfaction.

Support staff to develop new models of care with a high degree of autonomy.

Consideration for a review on the benefits of standardizing inner/outer London weighting for Band 6s midwives as an initial pilot.

Invest in staff training and development.

Key Headlines of our plans : Digital

- Agreed across the sector that there is a need to develop an integrated IT and digital system across NEL to transform and support the provision of modern maternity care.

- Better Births, outlines that NHS providers should invest in technological solutions that observe the following principles:

✓ Women, families and professionals should be able to access it, with the appropriate permissions from the woman.

✓ It should be accessible via a mobile device so that midwives can use it at booking and that it is accessible in community hubs and at home.

✓ It should be accessible by staff at the community hub and hospital services, and connect with hospital records systems.

✓ It should be accessible by all providers of maternity and maternity-related care within the local maternity system.

This is considered to be one of our key enablers for the entire transformation agenda

Key Headlines of our plans : Digital

201718

- Map current digital positions with each provider through the digital STP workstream to identify plans and funding gaps to deliver transformation.
- Map hardware and infrastructure require requirements across all Providers.
- Identify software changes required to support community data requirements.
- Develop project plans per site with support from STP digital leads to capture operational site and STP wide requirements.

2018/19

- Implement NHS Digital tool to improve/facilitate digital access to maternity records for women.
- Purchase mobile devices / capital infrastructure for community midwives with in-built clinical applications.
- Review current IT infrastructure in the community and requirements. Align with ELHCP Digital Plan.
- Develop specification for interoperability across community and acute services.

3 + years

- Implement digital interoperability across provider sites including community and acute.
- Ensure clinical applications are designed and developed to measure care models e.g. continuity of care across provider sites.
- Shift to a paperless care model.

Key Headlines of our plans : Estates

- The NHS needs to organise its services around women and families. Community hubs should be identified to help every woman access the services she needs, with obstetric units providing care if she needs more specialised services. Hubs, hospitals and other services will need to work together to wrap the care around each woman.

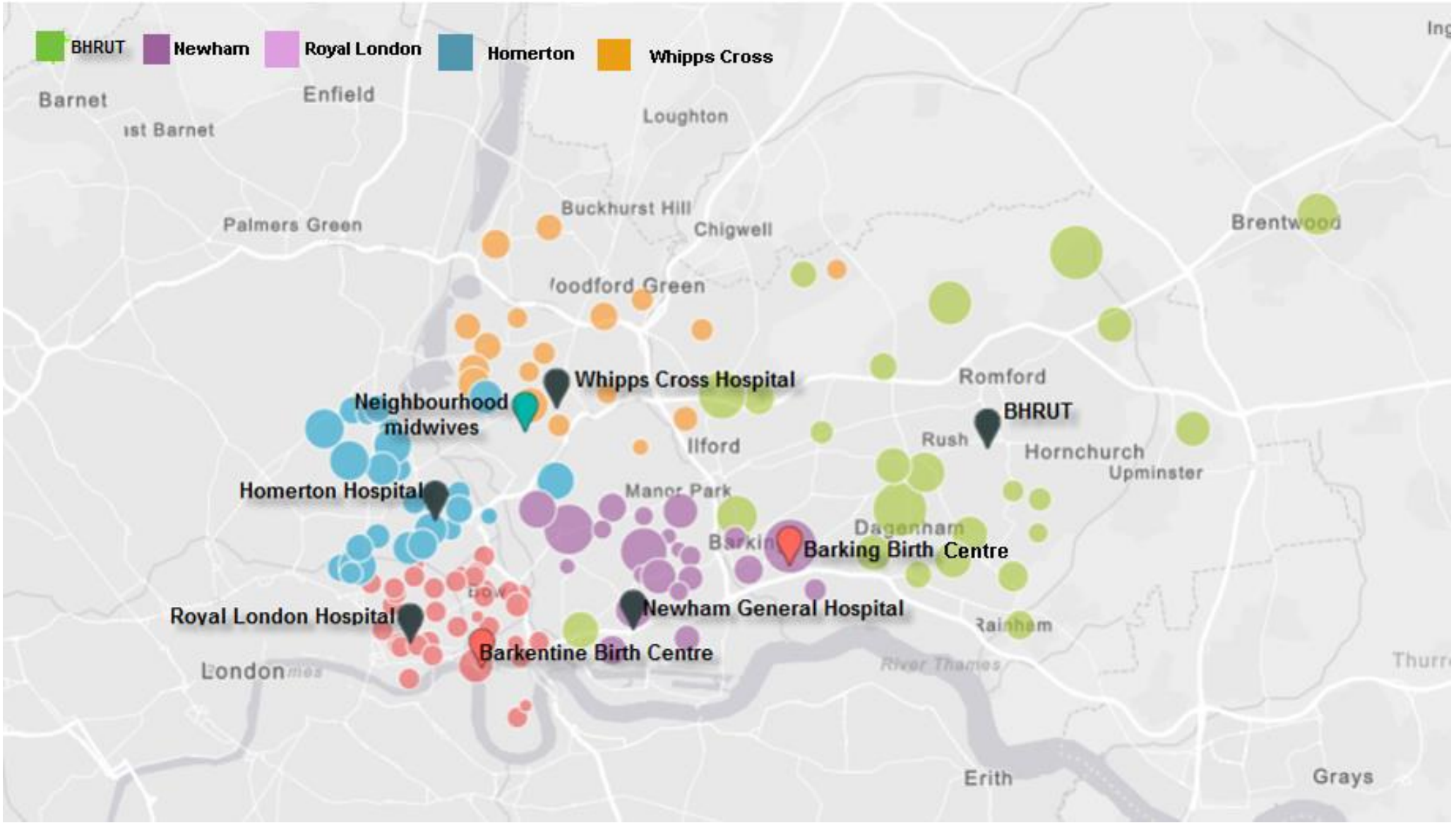
- A community hub is a local centre where women can access various elements of their maternity care. They could be located in a children's centre, or in a freestanding midwifery unit or embedded in new at-scale models of primary care, including multispecialty community provider models being adopted by many GPs as part of the NHS Five Year Forward View implementation.

- Different providers of care can work from a community hub, offering midwifery, obstetric and other services easily accessible for women. These might be ultrasound services, smoking cessation services or voluntary services providing peer support.

- Key issues is affordability which has been escalated to STP, regional and national Maternity Transformation Boards.

Estates - Current Community Provision

Current provision in some areas is primarily in small clinics in GP surgeries which offers some opportunities for joined up working but often poor connectivity, flexibility and choice for women.



Key Headlines of our plans : Perinatal Mental Health

- North East London providers have collaborated on perinatal mental health bid for transformation funding.

- The LMS supports and endorses this bid.

Recruitment and training of specialist staff to enable us to increase the numbers of women accessing PMHS.

Co-production with women and families to ensure PMHS meets patient needs and improves patient experience.

Implementation of shared outcomes and targets e.g. waiting times and recovery rates.

Development of shared pathways and policies across NEL e.g. treatment approaches and criteria and thresholds for care.

Design and delivery of a NEL wide perinatal mental health training strategy.

Strengthened stakeholder engagement and integration, including with all STP maternity, community adult and inpatient mental health and primary care and voluntary sector providers.

Key Headlines of our plans : Neonatal Services

- In September 2017, the Local Maternity Systems received an announcement from the **London Neonatal Operational Delivery Network** outlining **Integrating Neonatal Care into Local Maternity System Transformation Plans.**

- The expectation of NHS England that Neonatal ODNs influence Local Maternity Transformation plans and retain responsibility for the neonatal content planning and delivery.

- Neonatal ODNs will support their Local Maternity Systems and co-develop an overarching regional strategy to deliver improvements in the following areas;

- ✓ Optimisation of birthplace for premature infants to support the national ambition
- ✓ Reduction in term admissions (ATAIN programme)
- ✓ Workforce Planning

- NEL are awaiting information from the neonatal ODN for NCEL to support the integrated working between the services.

Key Headlines of our plans : Innovation & New Care Models

- Piloting a new model of care with a new provider Neighbourhood Midwives.

- In a position to pilot new models of tariff and new ways of cross boundary working with the new provider.

- Supporting and engaging with innovative research such as ‘REACH’ which is researching radically different model of group antenatal care with large numbers of women and peer research with some of the most vulnerable women using our services.

- Working to develop new models of transitional care, including developing care in the community that would currently be hospital based.
- Health Innovation Grant (£75k)for a new antenatal education model which will include co-production and evaluation.

Maternity Transformation Bid Proposal

Provider	Revenue 2018/19	Recurrent revenue 2019/20	Sum of Non recurrent revenue 2020/21	Capital 2018/19	Capital 2019/20	Total for all years excl over heads	Overheads	Grand Total
BHRUT	501,672	471,062	480,644	477,000		1,930,378	71,519	2,001,897
HUH	542,538	553,388	564,456	7,000		1,667,382	83,369	1,750,751
NUH	330,467	414,676	424,970	83,000		1,253,113	62,656	1,315,769
WXH	310,467	317,676	325,060	84,000		1,037,203	51,860	1,089,063
RLH	244,911	249,809	254,805	153,000		902,525	45,126	947,651
STP	184,001	187,691	191,456			563,148	28,157	591,306
Grand Total	**2,114,056**	**2,194,303**	**2,241,390**	**804,000**		**7,353,750**	**342,687**	**7,696,437**

NEL has recently submitted a bid proposal to NHS England for investment to support the delivery of maternity transformation.

Potential savings opportunities will include:

- ❑ Moving more births to midwifery led units.
- ❑ Centralising and standardising our procurement arrangements across NEL.
- ❑ Reduction in litigation costs as a result of improving safety in maternity services and engagement from GIRFT.

Key Risks

- **Organisational Changes -** With the formation of accountable care systems in NEL, there will be considerable staff changes specifically at senior level across organisations.
- **Funding -** With no significant investment and being faced with a STP financial gap across the footprint, if funding is not made available, it will be almost impossible to implement Better Births.
- **Demand and Capacity -** If the response to the current and future demand for maternity services is not met urgently, there is a potential risk that women will experience unsafe, poor quality services which do not meet their needs or choices.
- **Digital and Data Quality -** The pace of estate, digital and workforce enabler responses are insufficient and impede the necessary step change required to manage maternity service demand.
- **Workforce -** the system's workforce challenges could impact on the quality, scale, safety and delivery of maternity services in NEL.
- **Time and Capacity -** Provider time and resource to deliver the NEL LMS plans effectively, at scale and on target.
- **Continuity of Care -** The delivery of continuity of care in line with the FYFV is dependent on the professional and personal capabilities of the maternity workforce.
- **Estates -** Due to recent lease regulations from NHS Properties, providers are facing the challenge of developing community hubs due to the cost of estates.
- **Governance** – Neither the STP nor the Local Maternity System are accountable for delivery of maternity systems. NHSE has outlined a governance framework for the KLOEs to be monitored via these non-statutory bodies.

Some of our successes…

- We have developed our East London Maternity Transformation Plan and bid
- An established new Caseloading team at BHRUT to provide Continuity of Care to women.
- The development of the Neighbourhood Midwives Service in Waltham Forest.
- NEL is one of the 7 footprints in the country to be involved in the Pioneer Programme.
- An established cardiology maternal medicine network model across NEL.
- Centralised some maternity procurement arrangements for NEL.
- Well-established links and referral flows across maternity services and good working relationships in NEL.
- Barts is one of UK's largest Trusts with 5 centres offering broad range of sub-specialties – critical mass, state-of-the-art clinical infrastructure, research, education and training.
- A number of established models of care cited in the Better Births Review as best practice including authorship from one of our local GPs.
- The appointment of a consultant midwife at the Homerton to be the Co-Clinical Director for the London Maternity Clinical Network.
- Providers in NEL have won several national awards acknowledging their efforts to implement positive outcomes for women and Better Births.
- Strong ELLMS leadership.

Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 13 FEBRUARY 2018

Subject Heading:	**Clinical Commissioning Groups – Single Accountable Officer**
Report Authors:	**Jane Milligan, Accountable Officer, NHS North East London Commissioning Alliance**
Policy context:	**The information presented details the role and challenges of the Single Accountable Officer for the NHS North East London Commissioning Alliance.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

Details will; be presented to the Joint Committee of the role of the Single Accountable Officer covering the majority of the commissioning of health services across North East London.

RECOMMENDATIONS

1. That the Sub-Committee considers the attached presentation and takes any action it considers appropriate.

REPORT DETAIL

A presentation (attached) will be made at the meeting.

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.

Update for outer north east London Health Overview and Scrutiny Committee

Jane Milligan - Accountable Officer,
NHS North East London Commissioning Alliance

13 February 2018

Jane Milligan – accountable officer

Who am I?

- Have worked in the NHS for over 30 years
- Originally a chartered physiotherapist
- Executive Lead for the East London Healthcare Partnership (NEL STP)
- Co-chair of the Mental Health Transformation Board for London, part of the Healthy London Partnerships Programme

My role

- I am the accountable officer for each CCG individually, and a member of each governing body.
- I provide clear system leadership and coordinate the work of CCGs to achieve the ambitions of the new system - and support the very strong desire to build sustainable local accountable care systems in north east London.

Developing new commissioning arrangements in north east London

- The seven clinical commissioning groups in north east London are working together where it is in the best interests of patients to do so
  - City and Hackney CCG
  - Barking and Dagenham CCG
  - Havering CCG
  - Newham CCG
  - Redbridge CCG
  - Tower Hamlets CCG
  - Waltham Forest CCG

- Collectively known as the NHS North East London Commissioning Alliance

- Aim 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.

Working together as commissioners

- Need to ensure that commissioning is truly integrated around local people and will significantly improve both services and health outcomes, including:
  - 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 (from 2019/20)

- Working together means reducing fragmentation and duplication by adopting common approaches, and doing things once where it is appropriate and beneficial to do so.

Developing the Alliance

- Looking at opportunities to further collaborate and do some things once across the Alliance to improve efficiency and effectiveness
- Looking at our structures and functions to make sure we are working as smartly and efficiently as we can
- Finalising our plans for a new Joint Commissioning Committee (JCC) – to consider strategic functions that need to take place at a north east London level and discuss items common to all CCGs as well as look to align all our commissioning strategies such as urgent care, and undertake some direct commissioning of services. The JCC will run in shadow form until end of March 2018, from April it will be a formal committee held in public.

Boroughs are key

- **Individual CCGs remain legally responsible for the delivery of their responsibilities and joint commissioning with local authorities – the Alliance arrangements do not change this**
  Most CCG activity is taking place at the borough level
  Each CCG (or cluster of CCGs, in the case of BHR) will have a managing director who reports to the accountable officer. They will provide local senior leadership and support as well as contributing to the wider development of the new commissioning arrangements across NEL
- In **Barking and Dagenham, Havering and Redbridge** this is Ceri Jacob (from April, Conor Burke is acting MD until then)
- In **Waltham Forest** recruitment is underway, and Jane Mehta is acting MD until an appointment is made.

Support for the Alliance

- Les Borrett (ex Waltham Forest CCG) is acting Director of Strategic Commissioning. He will:
  - ensure that the transformation programmes across north east London are aligned
  - deliver the Alliance's ambitious improvement plans
  - lead on making sure the national commissioning planning requirements are met including needs assessments and demand and capacity planning - and that these are underpinned by robust commissioning and contracting
- Looking to recruit an chief financial officer, who will oversee and coordinate finance across the Alliance
- The other former accountable officers are working as special projects directors leading on key Alliance-wide areas of work.

What does this mean for patients and the public?

- For patients: a more joined up, efficient, consistent, local NHS with improved pathways and care
- A key strand of work is developing how we work with patients and ensure their views are at the heart of our commissioning.
- Build on what works already and the existing systems and processes that are in place - recognise the importance of local networks and engagement at a local level
- Each borough is unique – recognise that a once for north east London approach will not work for everything.

What does this mean for the East London Health and Care Partnership? (NEL STP)

- The Sustainability and Transformation Plan sets out how local health and care services will transform and become sustainable by 2021, building and strengthening local relationships and ultimately delivering the vision of the NHS Five Year Forward View
- ELHCP reps are part of the Alliance senior management team, so we can deepen and build the links between the Partnership and commissioners
- Working together will support the development of accountable care systems across east London.
- Help to work between organisations at east London level to establish a consensus about what is done at each ‘level’ of the system: borough, WEL/BHR, ELHCP and London-wide.

Accountable care systems in NEL

Barking and Dagenham, Havering and Redbridge

- working to fundamentally change the way in which the health and care system works by pooling budgets and sharing resources to produce better health and wellbeing outcomes for local people.
- local authority and health commissioners will be jointly accountable for the health and wellbeing of the local population, setting the high-level strategic outcomes for their defined population.
- Local authority and NHS providers of services, including hospital, community and GP services, will work together in an alliance to provide health and care services in the most appropriate way for local people.

Waltham Forest

- borough based ACS in development with a distinct borough-based logic
- working across WEL to make sure we do not duplicate or lose any learning
- borough leads are working collectively to identify areas where a single approach across WEL would be beneficial.

Finances

- There are no plans to facilitate money being moved from one CCG area to another.
- This is an opportunity to look at the potential to share financial risk where appropriate and in the best interests of patients.

What we've been working on

NHS111 – recently announced the first joint commissioning contract to be awarded by the Alliance - the contract for the new integrated NHS 111 and clinical assessment service. The service aims to improve our urgent and emergency care services across NEL, providing a better service to local people when they need it most.

Stocktake across all CCGs - looking at CCG structures and functions, financial arrangements and position, the overarching commissioning strategies and approaches and the management of quality and performance, as well as corporate functions, so we can:

- identify good practice for sharing and learning across CCGs
- identify opportunities to collaborate and do things once across NEL.

Looking ahead

- Looking at national annual commissioning planning guidance (due to be published shortly) as an Alliance. This sets out what we need to do for 2018/19 around finances, QIPP (Quality Innovation, Productivity and Prevention), assessing local needs and our demand and capacity planning for services.
- Working with NHS England (London) as our regulator to agree the level of assurance we need to provide, once at a NEL level, which should release resources and people across all our CCGs.

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Havering
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OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 13 FEBRUARY 2018

Subject Heading:	**Clinical Commissioning Groups – Financial Recovery Programme**
Report Authors:	**Tony Travers, Chief Financial Officer, Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups (CCGs)**
Policy context:	**The information presented summarise the current financial position of the BHR CCGs and plans to recover from and improve this.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

Details will; be presented to the Joint Committee of the financial challenges faced by Barking & Dagenham, Havering and Redbridge CCGs and plans to improve the situation.

RECOMMENDATIONS

1. That the Sub-Committee considers the attached presentation and takes any action it considers appropriate.

REPORT DETAIL

A presentation (attached) will be made at the meeting.

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.

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

Financial recovery programme

Tom Travers
Chief Financial Officer

Outer north east London Joint Health Overview and Scrutiny Committee
13 February 2018

BHR CCGs' situation

- Have to make savings of **£55 million**
- This is just over 5% of our total annual joint budget of just over **£1 billion** for the three boroughs
- In 'legal directions' and NHSE requires CCGs to achieve 'in-year breakeven' in 2017/18
- Must protect essential health services and faced with challenging decisions.

It’s not just BHR CCGs

- East London Health and Care Partnership (ELHCP)’s ‘do nothing’ position across the seven boroughs is £580 million
- Other CCGs in London and across the country face financial challenges and are looking at how to save money and reduce spending
- Need to look at how to make savings across north east London, by working together

How did we get into this situation?

- CCG funding allocations are based on population size and local health needs and according to Department of Health formula this area is under-funded.
- Demand for services continues to increase. A growing and ageing population and more people living with long term health conditions are placing further pressure on already stretched services and finances.
- Worked closely with BHRUT to address referral to treatment time (RTT) issues at a cost of c£20 million
- Contract over-performance at other acute providers

What we are doing about it

- Reviewing contracts
- Corporate savings and improved processes
- Continuing healthcare efficiencies
- Provider efficiencies
- Spending NHS money wisely
- Looking at POLCE compliance
- Looking at alternative pathways and shift to out of hospital care
- Estates efficiencies

What we are doing about it

Reviewing contracts

- Looking at the different contracts we have with a number of providers to make sure:
  - that these are still providing what's needed in terms of care and value for money. Where these are not, we are renegotiating to change or stop these contracts.
  - there is no duplication or overlapping services.
  - contracts are cost effective.

What we are doing about it

Corporate savings and improved processes

- Creation and recruitment to director of performance and delivery post
- Continuous improvement of internal governance arrangements for assurance and approval of projects, improved senior level project oversight and exception reporting process in place
- Focus on monitoring the financial performance of projects
- Making savings from CCG operating budgets, e.g. introducing charges for the carpark

Continuing healthcare

- reviewing continuing healthcare packages to ensure the most consistent and effective commissioning of services and appropriate funding

What we are doing about it

Provider efficiencies

- working with providers to make the patient pathway (who a patient sees and where they go - from their first contact with an NHS member of staff, through referral, to the end of their treatment) more efficient, for example by introducing a musculoskeletal referral triage service
- making better use of technology, for example by introducing a virtual triage for gastroenterology patients

What we are doing about it

Provider efficiencies (continued)

- working with BHRUT and NELFT to jointly develop schemes to improve quality and cost effectiveness:
  - Referral management system – developing a system where GP referrals are reviewed by other GPs and consultants to improve the quality of referrals, improving patient treatment and delivering improved value for money
  - Pressure ulcer management – to address high number of level 4 pressure ulcers in the system
  - Discharge to assess – discharging patients home when safe to do so and assessing their longer term needs
  - End of life - processes to help people to die where they want
  - Contractual requirement for provider efficiencies that respect patient time e.g. unnecessary follow ups

What we are doing about it

Spending NHS money wisely

- Making sure only those who benefit clinically from the treatment receive it
- 2x eight week consultations on no longer funding or restricting some medications and procedures
- SMW1 changes took effect from 10 July 2017 and should amount to **£3 million of savings**
- SMW2 changes took effect from 8 January 2018 and should amount to **£3.75 million of savings**

What we are doing about it

Estates efficiencies

- Not paying property changes on spaces identified for disposal e.g.
  St George's Hospital in Hornchurch
- Using buildings efficiently and not paying for space we don't need. For example, reorganising our head office so we can give up the lease on a floor
- Working with property owners to make sure we are only paying the estates costs we are liable for

Feedback from the public

Broad support for SMW1 proposals and suggestions for future savings:

- Reuse or recycle occupational therapy and other medical equipment
- Make non-UK patients pay for treatment or ensure they have medical insurance
- Reduce administration costs, the number of managers and use of agency staff
- The NHS should not treat heavy smokers, alcoholics, obese people or those abusing drugs, or should charge these people.

Progress to date

£40.5m of savings identified against target of **£55m**

Likely outturn of **£20m** deficit against **£10m** forecast, taking into account QIPP and pressures in the system

£55m is over 5% of revenue resource and a large figure to 'take out' in one financial year

Performance to date indicates a 90% forecast outturn on schemes currently in delivery.

Progress to date (continued)

- Established Delivery and Performance Board which include GPs, providers, council and NHS England and NHS Improvement
- Concerted six week system-wide effort required by all to plan system return to financial balance (includes identifying £37m savings) by 28 February 2018
- Alternative is intervention by NHS England
- Experienced support secured by CCGs to:
    - set up and manage delivery and performance board avoiding duplication of established contract and performance management
    - develop outline transformational change support plan.

Looking ahead to 2018/19

- There will be a significant savings challenge in 2018/19.
- We are working across the East London Health and Care Partnership (ELHCP) to maximise opportunities by working closely together
- Current savings requirement of **£48m**, compared to target of **£55m** for 2017/18, **£32m** already identified.

Any questions?

Thank you

Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 13 FEBRUARY 2018

Subject Heading:	Healthwatch Havering – Second Enter and View Visit to Queen's Hospital at patients' mealtimes
Report Author and contact details:	**Ian Buckmaster, Director, Healthwatch Havering 01708 303300 ian.buckmaster@healthwatchavering.co.uk**
Policy context:	**The information presented summarises further work undertaken by Healthwatch Havering to scrutinise in-patient meals at Queen's Hospital.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

The attached report of Healthwatch Havering details the work carried out by the organisation in follow up visits to review the quality of in-patient meals at Queen's Hospital.

RECOMMENDATIONS

1. That the Sub-Committee considers the attached Healthwatch Havering presentation and takes any action it considers appropriate.

REPORT DETAIL

At the Joint Committee's meeting in July 2017, Healthwatch Havering presented a report of an Enter and View visit carried out in October 2016. The findings were, in short, that although the serving of meals was generally satisfactory, there were shortcomings in the serving of meals to patients on a ward for people with dementia.

Healthwatch decided to carry out a further visit, over two days, in October 2017. Again, although the serving was satisfactory overall, there remained areas of concern. Barking, Havering and Redbridge University Hospitals Trust subsequently produced a formal response, including an action plan to deal with the issues identified in the report and the Healthwatch recommendations.

A presentation (attached) will be made at the meeting.

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.

healthwatch Havering

Enter & View

Queen's Hospital, Romford

In-patient meals

Second visit
4 & 5 October 2017

Findings of visit, 6 October 2016:

"The conduct of the mealtime at both the Bluebell and Harvest wards was satisfactory: food was served in adequate portions, seemingly in accordance with patients' orders and assistance with eating was available to those needing it. In Sunrise B ward, however, the story was very different: the food on offer was limited to "meatballs and potato", there were insufficient staff available to assist all patients with feeding, some patients' ability to move had been restricted for their own safety (but, by doing so, their ability to take food had been likewise restricted), and the food was indifferently served because the nursing and HCA staff were too stretched to attend properly to every patient."

NHS England Nutritional Standards (1)

1. Screen all patients and service-users to identify malnourishment or risk of malnourishment and ensure actions are progressed and monitored.
2. Together with each patient or service user, create a personal care/support plan enabling them to have choice and control over their own nutritional care and fluid needs.
3. Care providers should include specific guidance on food and beverage services and other nutritional & hydration care in their service delivery and accountability arrangements.
4. People using care services are involved in the planning and monitoring arrangements for food service and drinks provision.
5. Food and drinks should be provided alone or with assistance in an environment conducive to patients being able to consume their food (Protected Mealtimes).

NHS England Nutritional Standards (2)

6. All health care professionals and volunteers receive regular training to ensure they have the skills, qualifications and competencies needed to meet the nutritional and fluid requirements of people using their services.
7. Facilities and services providing nutrition and hydration are designed to be flexible and centred on the needs of the people using them, 24 hours a day, every day.
8. All care providers to have a nutrition and hydration policy centred on the needs of users, and is performance-managed in line with local governance, national standards and regulatory frameworks.
9. Food, drinks and other nutritional care are delivered safely.
10. Care providers should take a multi-disciplinary approach to nutrition and hydrational care, valuing the contribution of all staff, people using the service, carers and volunteers working in partnership.

Visit on 4 and 5 October 2017:

- To follow up 2016 visit
- To observe current meal service arrangements in wards
- To observe collection of food from storage and its distribution to wards
- We visited **Harvest A, Sahara A and B,** and **Sunrise B on 4 October**
- A team accompanied food distribution on 5 October

Findings of visit, October 2017:

Mealtime arrangements greatly improved - but:

- Drinks containers and cutlery inadequate for some patients
- No encouragement for some patients to take regular drinks
- Confusion about range of menu choices
- “Hostesses” seemingly unaware of key issues such as infection control
- Lack of teamwork between Sodexo and BHRUT staff
- Lack of flexibility over food available – no small portions, special dietary requirements (catered for but in an unimaginative way)
- Confusion over ordering deadlines
- Failure to enable patients to make informed choice of food

healthwatch Havering

Recommendations:

- Improve training for hostesses – especially infection control and general approach to tasks
- Improve co-operation between Sodexo staff and BHRUT staff
- Review food ordering procedure, clarify deadlines and enable capable patients to make their own choices
- Review food on offer to address special dietary requirements flexibly and avoid overwhelming food choice
- Accord greater priority to maintaining hydration

BHRUT response and actions:

Recommendation: *Improve training for hostesses – especially infection control and general approach to tasks*

- Additional training programmed for Sodexo staff, with Ward Manager tasked to supervise and report failings
- Training programme for new hostesses being introduced, with particular attention to hygienic food handling and standardised approach
- Sodexo introducing “infection control passports”: all hostesses to be trained by end of May

BHRUT response and actions:

Recommendation: *Improve co-operation between Sodexo staff and BHRUT staff*

- To be discussed at liaison meetings
- Hostesses to be invited to ward huddles and team meetings
- Patient Experience team attending meal tasting sessions and feeding back to Sodexo and ward

BHRUT response and actions:

Recommendation: *Review food ordering procedure, clarify deadlines and enable capable patients to make their own choices*

- Clarified that deadline for ordering is **10:15am**
- Menus on every bedside locker, with additional options in holders in central ward area
- Supervisors to check daily availability of menus
- Mealtime testing by Sodexo and Patient Experience team to check patients have menus in advance

BHRUT response and actions:

Recommendation: *Review food on offer to address special dietary requirements flexibly and avoid overwhelming food choice*

- Menu options are reviewed monthly
- 17 menu ranges available

BHRUT response and actions:

Recommendation: *Accord greater priority to maintaining hydration*

- Water jugs are topped up regularly
- Ward staff to monitor and refill if needed
- Reminders to be added and documented as part of morning huddle
- Management to check regularly

BHRUT response and actions:

Other issues identified in report (1):

- Catering Department corridor has been cleaned: scrubbed at weekends and mopped daily
- Additional scrubbing arranged as required
- Sodexo to check monthly

BHRUT response and actions:

Other issues identified in report (2):

- Faulty dishwasher repaired
- Reminder given of correct procedure for reporting defects via host huddles