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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD
AGENDA

1.00 pm	Wednesday, 25 September 2019	Town Hall

Members: 16, Quorum: 6

BOARD MEMBERS:

Elected Members:	Cllr Robert Benham Cllr Jason Frost (Chairman) Cllr Damian White Cllr Nisha Patel
Officers of the Council:	Andrew Blake-Herbert, Chief Executive Tim Aldridge, Director of Children's Services Mark Ansell, Director of Public Health Barbara Nicholls, Director of Adult Services
Havering Clinical Commissioning Group:	Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (CCG) Ceri Jacob, NHS England Steve Rubery, BHR CCG
Other Organisations:	Anne-Marie Dean, Healthwatch Havering Jacqui Van Rossum, NELFT Fiona Peskett, BHRUT Danny Batten, NHS England

For information about the meeting please contact:
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What is the Health and Wellbeing Board?

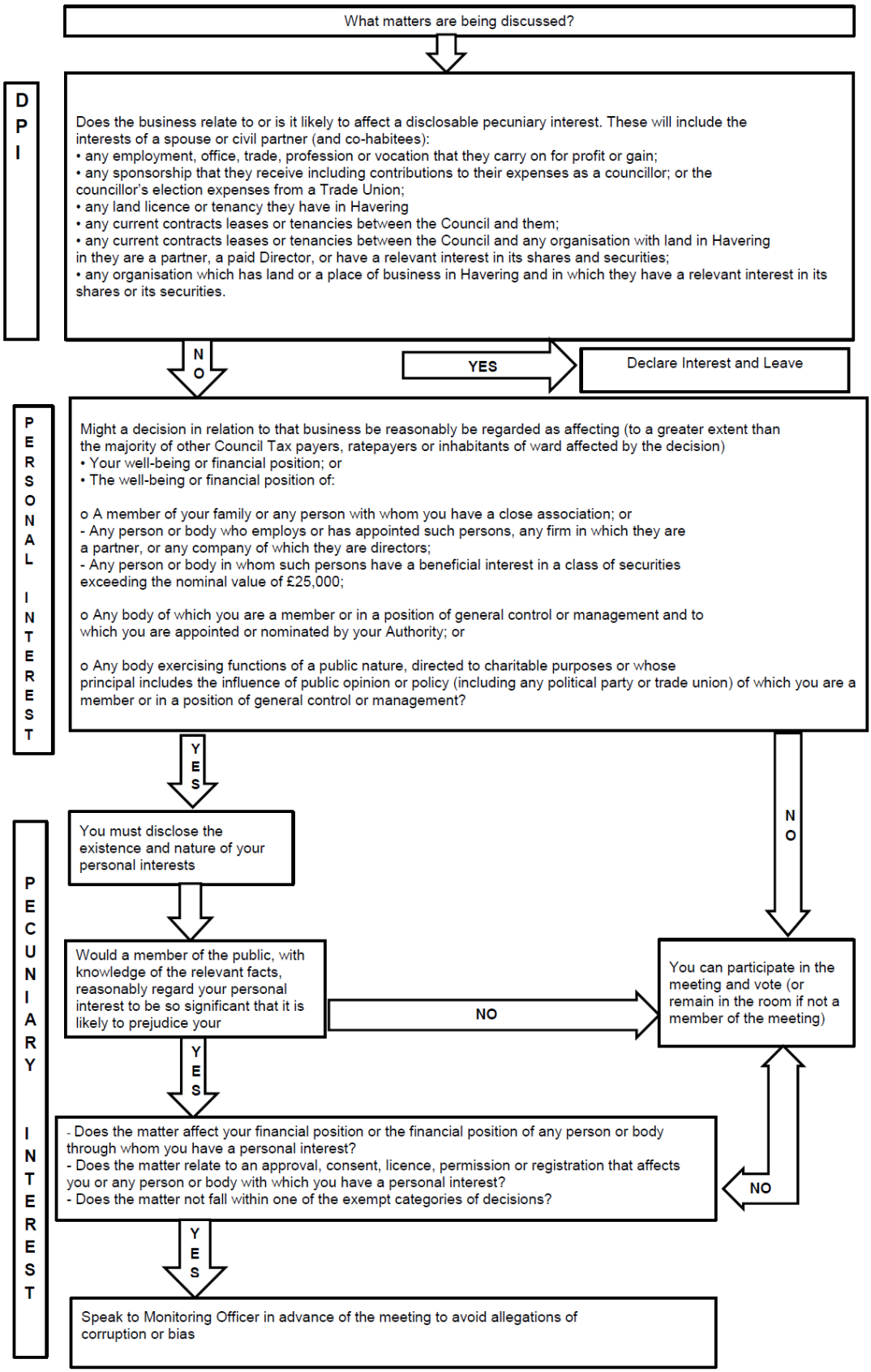
Havering's Health and Wellbeing Board (HWB) is a Committee of the Council on which both the Council and local NHS and other bodies are represented. The Board works towards ensuring people in Havering have services of the highest quality which promote their health and wellbeing and to narrow inequalities and improve outcomes for local residents. It will achieve this by coordinating the local NHS, social care, children's services and public health to develop greater integrated working to make the best use of resources collectively available.

What does the Health and Wellbeing Board do?

As of April 2013, Havering's HWB is responsible for the following key functions:

- Championing the local vision for health improvement, prevention / early intervention, integration and system reform
- Tackling health inequalities
- Using the Joint Strategic Needs Assessment (JSNA)and other evidence to determine priorities
- Developing a Joint Health and Wellbeing Strategy (JHWS)
- Ensuring patients, service users and the public are engaged in improving health and wellbeing
- Monitoring the impact of its work on the local community by considering annual reports and performance information

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.

2 APOLOGIES FOR ABSENCE

(If any) – receive

3 DISCLOSURE OF INTERESTS

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

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

4 MINUTES, ACTION LOG AND INDICATOR SET (Pages 1 - 14)

To approve as a correct record the minutes of the Committee held on 24th July 2019 and to authorise the Chairman to sign them.

The Action Log and Indicator Set are also attached.

5 HEALTH AND WELLBEING STRATEGY CONSULTATION (Pages 15 - 16)

Report attached.

6 HEALTHWATCH ANNUAL REPORT (Pages 17 - 38)

Report attached.

7 PRIMARY CARE TRANSFORMATION PROGRAMME (Pages 39 - 76)

Report and appendix attached.

8 NHS LONG TERM PLAN UPDATE (Pages 77 - 88)

Report and appendix attached.

9 HEALTH PROTECTION FORUM - ANNUAL REPORT 2018/19 (Pages 89 - 114)

Report and appendix attached.

10 DATE OF NEXT MEETING

The next meeting is scheduled to be held on the 27 November 2019, commencing at 1.00pm.

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MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Town Hall
24 July 2019 (1.00 - 3.20 pm)

Present:

Elected Members: Councillor Jason Frost (Chairman) and Nisha Patel

Officers of the Council: Tim Aldridge, Director of Children's Services; and Elaine Greenway, Public Health Consultant

Havering Clinical Commissioning Group: Maurice Sanomi, Havering Clinical Commissioning Group; and Tracey Welsh (Barking, Havering and Redbridge Clinical Commissioning Group)

Other Organisations: Anne-Marie Dean, Executive Chairman, Healthwatch Havering; and Irvine Muronzi, North East London Foundation Trust

Also Present: Claire Alp, Senior Public Health Specialist, London Borough of Havering; Dr Ann Baldwin, Clinical Director, Havering Commissioning Group; Natasha Dafesh, Senior Communications Officer, Barking, Havering and Redbridge University Hospitals NHS Trust; Councillor Gillian Ford, Elected Member, London Borough of Havering; Jordanna Hamberger, Primary Care Delivery Manager, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups; Dr Rami Hara, Chair, Long Term Conditions Transformation Board and Clinical Director, Barking, Havering and Redbridge Clinical Commissioning Group; Cathy Lobendhan, Delivery Manager, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups; and Nikita Sinclair, Public Health Specialist, London Borough of Havering.

One member of the public was also present.

All decisions were taken with no votes against.

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

20 **APOLOGIES FOR ABSENCE**

Apologies were received for the absence of Councillor Robert Benham, London Borough of Havering; Councillor Damian White, London Borough of Havering; Andrew Blake-Herbert, Chief Executive, London Borough of Havering; Mark Ansell, Director of Public Health, London Borough of Havering (Elaine Greenway substituting); Barbara Nicholls, Director of Adult Services, London Borough of Havering; Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (Maurice Sanomi substituting); Steve Rubery, Barking, Havering and Redbridge University Trust (Tracy Welsh substituting); Jacqui Van Rossum, North East London Foundation Trust

(Irvine Muronzi substituting); Fiona Peskett, Barking, Havering and Redbridge University Trust (Natasha Dafesh substituting).

21 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

22 MINUTES, ACTION LOG AND INDICATOR SET

The minutes of the meeting of the Board held on the 8 May 2019 were agreed as a correct record and signed by the Chairman.

The following items were noted in respect of the action log:

- 5 – Clarification had been provided on whether data from the 21 Havering practices who had signed a data sharing agreement could be assessed.

- 6 – Previously, two counselling services were officially brokered and signposted to schools via the HES Education Brokerage Service. The brokerage framework for this offer lapsed in January 2019 and, as things currently stood, had not been renewed. Schools could continue to engage counselling services independently. The Havering CYP Mental Health Transformation Group was developing guidance for schools on commissioning counselling services. This would present an opportunity to work with schools to re-explore opportunities to group purchase services. It was proposed that an update be provided during the next CYP Mental Health update to the Board.

- 7 – Comments from Board members had been incorporated into the draft Health and Wellbeing Board Strategy in readiness for a consultation period. All members agreed to promote the consultation to their staff and client/patient groups. Once the consultation period had closed a report would be produced for the Board.

- 8 – Members received an update from the Chair of the Clinical Commissioning Group. The Older People's Transformation programme was a three year transformational programme with a number of initiatives being rolled out in 2019/20. In April/May, the Clinical Commissioning Groups approved investment into older peoples services to improve outcomes in end of life care, falls services, intensive support (Home is Best Scheme) and to integrate services at the front door of Accident and Emergency. Programme highlights for April to June 2019 included:

    - Commissioning a falls prevention service from Age UK to cover Barking and Dagenham, Havering and Redbridge (previously only Redbridge).

- Commissioning the GP Federations to provide an enhanced primary care service to all nursing homes in Barking, Havering and Redbridge.
- Rolling out electronic care plans for end of life patients (Coordinate my Care)
- Engaging staff in integrated working through multi-agency workshops to develop the Home is Best scheme.
- Improving the identification of frail patients in Accident and Emergency by embedding the use of the Rockwood frailty score 0.

Members received the Health and Wellbeing Board indicator set which provided an overview of the health of residents and the quality of care services available to them.

23 DEVELOPMENT OF PRIMARY CARE NETWORKS IN HAVERING

The Board received a presentation regarding the development of Primary Care Networks across Havering.

During discussion, members were advised that if a surgery closed in a locality, without the prospect of another opening, there would be the flexibility to refine the strategy. Members noted the key milestones in 2019/20 and requested that details of what information would be provided to patients be regarding the primary care networks. It was noted that there had been difficulties in extracting data as the coding used was different across practices, however this was currently being addressed and the plan was for all practices to have a standardised system and a data sharing package/network.

The Board was informed that the Primary Care Network was required to appoint a named accountable Clinical Director, via a selection process within the Primary Care Network member practices, and details would be circulated to members.

Members questioned whether the delivery of primary care in care settings become the responsibility of Primary Care Networks or continue their individual relationships with particular practices, and were advised that it would be sensible for them to move to the Primary Care Network. Consideration would need to be given to embedding future work force teams in care homes. It was noted that a briefing document would be circulated providing completion details and implementation.

The Board noted and supported the ongoing development Primary Care Networks, as part of the Barking and Dagenham, Havering and Redbridge Integrated Care System.

24 BHR CCGS' LONG TERM CONDITIONS STRATEGY

Members received a report which set out the work that was being undertaken on Long Term Conditions. Barking, Havering and Redbridge partners were working together to move forward shared integration aspirations and address system wide issues. A number of clinically led transformation boards had been established to co-ordinate transformational change across the system that would drive down costs whilst improving both quality and outcomes. Long Term Conditions was one of the transformation boards. As Long Term Conditions had not previously constituted a defined area of work, a strategy document had been developed to understand the key challenges and develop a response to those challenges.

The scope of the strategy included diabetes, atrial fibrillation, chronic obstructive pulmonary disease, coronary heart disease, asthmas, chronic kidney disease and hypertension. Local and national data demonstrated a growth in the prevalence of all of these conditions and with it an increase in cost. A co-ordinated strategic approach was required to impact growth rates, improve care and deliver savings.

Increasing prevalence was a growing challenge with more people having a condition and not being identified or managed at an earlier stage, leading to unplanned care and possible admission. The need to shift care from NEL to elective, this focus on proactive care and patient empowerment would drive better outcomes and deliver financial savings across the system. Year one focused on Diabetes and Cardiology and the strategic focus was at national level.

There was a query about whether the mental health transformation board priority about improving mental health of people with physical ill health was mirrored in the LTC transformation board programme. It was confirmed that this was the case. It was reported that there seemed to be a high admission rate for people with LTCs who appeared to be self-medicating with alcohol and this was being investigated as there was no home detox team currently available.

There was a query about the availability of stop smoking services in the borough since the universal service was decommissioned. It was clarified that there was a stop smoking service available for Havering residents which was telephone/internet based. Information about the service would be forwarded to the LTC programme leads.

The Health and Wellbeing Board noted the report.

25 PREVENTION OF OBESITY - ANNUAL UPDATE

The Board received a report which provided an update on the progress made with implementation of the 2018/19 action plan.

The Board reviewed the progress made with the action plan during 2018/19 Discussed the refreshed action plan for 2019/20.

Members received an update on local trends in prevalence of obesity, physical activity and healthy eating. Trend data showed that prevalence of excess weight amongst Reception children remained stable at 24.4%. The prevalence of excess weight amongst adults in Havering was 71.2% in 2017/19, which was significantly worse than both England (62.0%) and London (55.9%). The difference in the buy-in from schools in relation to weight and obesity, in comparison to older people organisations was noted, and it was suggested that care facilities be approached to promote healthier living and physical health.

Members discussed the Local Implementation Plan 3 submitted incorporating Healthy Streets Approach and were informed that an application for public water fountains had been made to the Greater London Authority (GLA). During discussion of the delivery of a joint Sugar Smart and Water Refill campaign, information pertaining to potential plans for installation of water refill points by Transport for London would be sought.

Subject to there being general agreement with the approach taken to date, members agreed that the Chair of the Health and Wellbeing Board could approve the 2019/20 action plan without further reference to the Board. The Board approved the proposed approach to refresh the Havering Prevention of Obesity Strategy and agreed that the next update should be provided at the July 2020 meeting of the Health and Wellbeing Board.

26 **DATE OF NEXT MEETING**

The next meeting was scheduled for 1.00 pm, 25th September 2019 at Havering Town Hall.

Chairman

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Health and Wellbeing Board Action Log (following July 2019 Board meeting)

No.	Date Raised	Board Member Action Owner	Non-Board Member Action Owner	Action	Date for completion	RAG rating	Comments
10	24.07.19	Mark Ansell	Elaine Greenway	An update on the Health and Wellbeing Board Strategy to be presented to members.	27.11.19		
11	24.07.19	Dr Atul Aggarwal		Details of information provided to patients regarding the primary care networks to be circulated to members.	25.09.19		
12	24.07.19	Dr Atul Aggarwal		Details of the selection process for the appointment of an accountable Clinical Director of the Primary Care Network to be circulated to members.	25.09.19		
13	24.07.19	Dr Atul Aggarwal		A briefing document providing completion details and implementation of the Primary Care Network to be circulated to members.	25.09.19		

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Health and Wellbeing Board Indicator Set: 2018/19

The following high-level indicator set reflects the priorities and themes of the Health and Wellbeing Board Strategy. The first 10 core indicators provide an overview of the health of residents and the quality of care services available to them. Below the core indicators are additional indicators covering those topics of current and special interest to the Board which will change over time.

#	Indicator (Healthy Life expectancy)	What is *Good*?	Trend	Havering	Comparators						Period	Update status	Update commentary
				Number of Years	London	RAG	England	RAG	Target	RAG			
1	Healthy life expectancy, male	High	-	66	64		63		-		2015-17	Unchanged	Remains similar
2	Healthy life expectancy, female	High	-	65	64		64		-		2015-17	Unchanged	Remains similar

#	Indicator (Other)	What is *Good*?	Trend	Havering		Comparators						Period	Update status	
				Count	Rate (%)	London	RAG	England	RAG	Target	RAG			
3	Physically active adults	High	↑	-	66	66		66		-		2017/18	**Updated**	Sig improvement (16-17: 59%). Now same as London, similar England
4	Overweight (including) obese children, Year 6	Low	↑	1053	37	38		34		-		2017/18	Unchanged	No sig difference from last year; long term worse
5	Achieving a good (or better) level of development at age 5 (EYFSP)	High	↑	-	72	74		72		73		2017/18	Unchanged	RAG Significance added
6	Good blood sugar control in people with diabetes	High	→	-	56	60		60		-		2017/18	Unchanged	Remains similar
7	A&E attendees discharged with no investigation and no significant treatment	Low	↓	11,380	-	-		-		-		2017/18	Unchanged	
8	NHS friends and family recommendation of NHS Havering GPs	High	-	439	90	87		90		-		Feb-19	Unchanged	Remains similar
9	Satisfaction with Adult Social Care services	High	-	-	60	59		65		-		2017/18	**Updated**	(2015/16: 62) Remains similar to London, worse than England
10	Mortality attributable to air pollution	Low	-	-	6.1	6.5		5.1		-		2017 (Calendar year)	Unchanged	
11	Prescribed Long acting reversible contraception (LARC) excluding injections	High	-	1,195	2.4	3.4		4.7		-		2017 (Calendar year)	Unchanged	
12	Referral to treatment	High	↓	16,420	80					92		Jul-19	**Updated**	Performance worse

Trend rating: ↑ Increasing / better; ↑ Increasing / worse; → Steady/similar

RAG rating: Significantly better than comparator; Similar to comparator

Decreasing / better

Decreasing / worse

Significantly worse than comparator

Comparison not made

There are over 250K Havering residents. An increase of 10% in the last 10 years, with similar growth projected for the coming decade. Havering has the oldest population in London (46K residents aged 65 and older, 14K aged 80 or older) but the number of births each year has increased by 33% in the last 10 years to nearly 3.3k. Havering is gradually becoming more ethnically diverse, but 83% of residents are White British; a higher proportion than both London (45%) and England (80%). Havering is relatively affluent, but 10K children and young people aged <20 live in low income families and there are pockets of significant deprivation to the north and south of the borough. Average life expectancy is better than the national average with a significant gap berween the least deprived and deprived areas. Most residents enjoy good health but 18% of working age people have a disability or long term illness.

#	Indicator	Description
1	Healthy life expectancy, male	The average number of years a male newborn would expect to live in good health based on mortality rates and self-reported good health
2	Healthy life expectancy, female	The average number of years a female newborn would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health
3	Physically active adults	Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer recommended guidelines (current method)
4	Overweight (including) obese children, Year 6	Proportion of children aged 10-11 classified as overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex
5	Achieving a good (or better) level of development at age 5 (EYFSP)	Percentage of pupils achieving at least the expected level in the Early Learning Goals within the three prime areas of learning and within literacy and mathematics; this is classed as having a good level of development; The local target set by the Havering childrens team is 73%
6	Good blood sugar control in people with diabetes	The percentage of patients with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol (equivalent to HbA1c of 7.5% in DCCT values) or less (or equivalent test/reference range depending on local laboratory) in the preceding 12 months
7	A&E attendees discharged with no investigation and no significant treatment	Havering GP-registered patients who attend BHRUT A&E who are discharged without an investigation and with no significant treatment; this suggest that attendance at A&E was not appropriate
8	NHS friends and family recommendation of NHS Havering GPs	The Friends and Family Test asks patients how likely, on a scale ranging from extremely unlikely to extremely likely, they are to recommend the service to their friends and family if they needed similar care or treatment
9	Satisfaction with Adult Social Care services	The percentage of adult social care survey respondents who expressed strong satisfaction with the care and support services they received
10	Mortality attributable to air pollution	Percentage of annual all-cause adult mortality attributable to human-made particulate air pollution (measured as fine particulate matter <2.5µm)
11	Prescribed Long acting reversible contraception (LARC) excluding injections	Percentage of LARC excluding injections prescribed by GP and Sexual and Reproductive Health Services per 100 resident females aged 15-44 years; a high figure suggests that there is access to a choice of contraceptive methods
12	Referral to treatment	Percentage of Havering GP-registered patients referred to BHRUT, treated within the expected timescales

See **This is Havering** for further key geographic and socio-economic facts and figures

See **This is Havering** for further key geographic and socio-economic facts and figures https://www.naveringdata.net/joint-strategic-needs-assessment/

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HEALTH & WELLBEING BOARD

Subject Heading:	Health and Wellbeing Board Strategy Consultation Update
Board Lead:	Mark Ansell, Director of Public Health
Report Author and contact details:	Elaine Greenway, Public Health Consultant Elaine.greenway@havering.gov.uk

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

Health and Wellbeing Board members attended two workshop sessions to consider priorities for a new Health and Wellbeing Strategy for 2019/20 – 2023/24 which led to a draft strategy being produced. The Board agreed that a public consultation should take place over the summer to seek the views of organisations and local residents. All Health and Wellbeing Board members agreed to promote the consultation to their employees, volunteers and clients.

The consultation was subsequently launched on 1 August 2019 and closed on 28 August. The online version was published on Citizen Space, a web-based consultation tool. 218 responses were received

The Board will be attending a further workshop session to consider feedback from the consultation and agree the priorities for the final version of the strategy.

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RECOMMENDATIONS

HWB members to agree that, following the workshop session when feedback from the consultation will be considered and the priorities for the final version of the strategy agreed, Chairman's action may be taken to approve final versions of

(a) the consultation report, and

(b) the Health and Wellbeing Board Strategy 2019/20 – 2023/24

REPORT DETAIL

No further detail

IMPLICATIONS AND RISKS

None

BACKGROUND PAPERS

None

healthwatch Havering

Annual Report 2018 - 2019

Havering's independent champion for people using local health and social care services

Message from our Chairman

Welcome to this year's annual report. This report provides you with a resume of the work that we have undertaken on behalf of the residents of Havering and our plans for the coming year.

Our role is to listen to what people like about services and what could be improved. We share your views with those with the power to make change happen.

To achieve this on your behalf, we work in partnership with Queen's and King George Hospitals, Mental Health services, Clinical Commissioning Groups, GPs, the London Borough of Havering and the Care Quality Commission (the organisation that sets and inspects the standards of care in health and social care).

As usual our volunteers have been busy undertaking Enter and View visits in nursing and residential homes, GP practices and Queen's Hospital. Our volunteers are local residents and they made over 100 recommendations aimed at improving care locally in 2018/19.

Message from our Chairman (continued)

During this past year the NHS has been developing the most ambitious plans in its 70 year history.

The Long Term Plan has been based on ‘bottom up’ discussions with major charities, voluntary organisations and patient groups.

This year over 600 residents have helped us to shape services in Urgent and Emergency Care, Cancer Services, Vision Services and GP and Primary Care.

We want more of our residents to be able to influence and achieve the services that are important for them.

As GPs begin to work more closely together in groups called Primary Care Networks which include community services, patients’ views will be an important aspect of shaping the service model.

The views of patients who have disabilities, the frail and elderly members of our community are essential as the care models change to supporting people to live at home safely for longer.

About Us - People are at the heart of everything we do

We are a small but effective team, comprising:

- Three directors who work part-time
- Two office staff, also part-time
- Fifteen active volunteers
- Four volunteers who take a less-active part
- Five people who are training to become full volunteers

Our volunteers

We see our volunteers as our Ambassadors, championing the role of Healthwatch across the borough and beyond as many Volunteers attend other voluntary and community group meetings, such as:-

- Alzheimer's Society and the Havering Dementia Action Alliance
- GP Practice Participation Groups
- Havering MIND
- NHS Retirement Fellowship
- Richard Poyntz Charity (Upminster and Cranham)
- Queen's Hospital volunteering, patient experience and participation
- St John Ambulance
- Church and Synagogue volunteering
- First Step
- Havering Over Fifties Forum
- NHS England patient participation
- NHS Retirement Fellowship
- Tapestry
- Townswomen's Guild

Highlights of our Year

- Over 600 service users, carers and relatives contributed by sharing their views and concerns
- Over 590 users follow us on Twitter and we have had more than 2,100 people visited our website
- 25 Enter and View reports on Hospitals, GPs' Nursing and Residential Homes
- Working with other organisations, we have attended over 110 meetings
- 111 recommendations for service improvement

How we have made a difference by listening to your views.

Right care, Right place, Right time - consultation on urgent and emergency care

Over 40 comments from patients were included in the report

From listening to residents, the 3 recommendations below were made to the CCG

- ✓ That the CCG acknowledge the popularity of the option to walk in to urgent care facilities without prior appointment and ensure that, as services develop, the option of attending for urgent care without appointment be preserved.
- ✓ That all GP surgeries be requested to ensure that the options for seeking urgent care when the surgery is closed are prominently displayed, within and outside (where possible and practicable) the surgery premises, and that use of electronic screens for that purpose be considered.
- ✓ That any information campaign use images of NHS staff “on the job” as the main means of communicating the message and that use of closely worded text be avoided so far as possible.

These recommendations have all been taken on board and are being implemented

Listening to you – our report on Vision Services

Our report crossed the boundaries between Hospital, Primary care, Social care, the Royal College of Ophthalmologists and the Royal National Institute for the Blind

Our aim was that services for visually impaired residents, children and adults, was that in future, in our Borough, Vision Services would be able to cross the boundaries as seamlessly as our report

Listening to residents and voluntary organisations, The Partially Sighted Club and Sight Action Havering together we made a total of 18 Recommendations – and all of them are being implemented

Vision Services - change is happening!

The CCG have recommissioned community services with a much wider and consistent offer for all

BHRUT are working in partnership with RNIB to provide an Eye Clinic Liaison Officer arriving shortly

North East London Eye Network has supported the development of services

BHRUT are re-designing their hospital services and their internal facilities

Helping you find the answers

- ✓ Havering has the highest number of older people in London
- ✓ We work alongside Nursing and Care homes together we aim to improve the lives of residents
- ✓ Our volunteers visited 25 care and nursing homes, GP practices and hospital services this year
- ✓ Our volunteers made over 100 recommendations for improvement

Networking...

Chairman Anne-Marie Dean, Andrew Rosindell MP, Julia Lopez MP and Director Ian Buckmaster

At the Healthwatch England Conference in the House of Commons, January 2019

Havering Volunteer Centre Chief Executive Shelley Hart, Havering Mayor Cllr Dilip Patel and three Healthwatch volunteers

At the Havering Volunteer Centre Awards, 2018

Our plans and priorities for the year ahead must recognise the importance of ensuring that residents views are at the centre of the health and social care changes which will begin to affect residents in the coming months.

- We will combine this with our Enter and View work, ensure the continued improvements in Vision Services, and identify a simple project selected by our volunteer members for this year
- To develop our consultation and engagement skills working across the span of all age groups
- Work closely with the CCG and LBH to ensure that we are available to support the proposed health and social care changes
- To improve our knowledge and widen our understanding of the diverse needs of our growing community
- Develop a model of engagement to work with children and young people

Our Finances 1

Our principal source of income continued to be the grant from Havering Council. At £117,359, this grant has remained at the same level since 2013 – for more detail see Our Finances 2 following

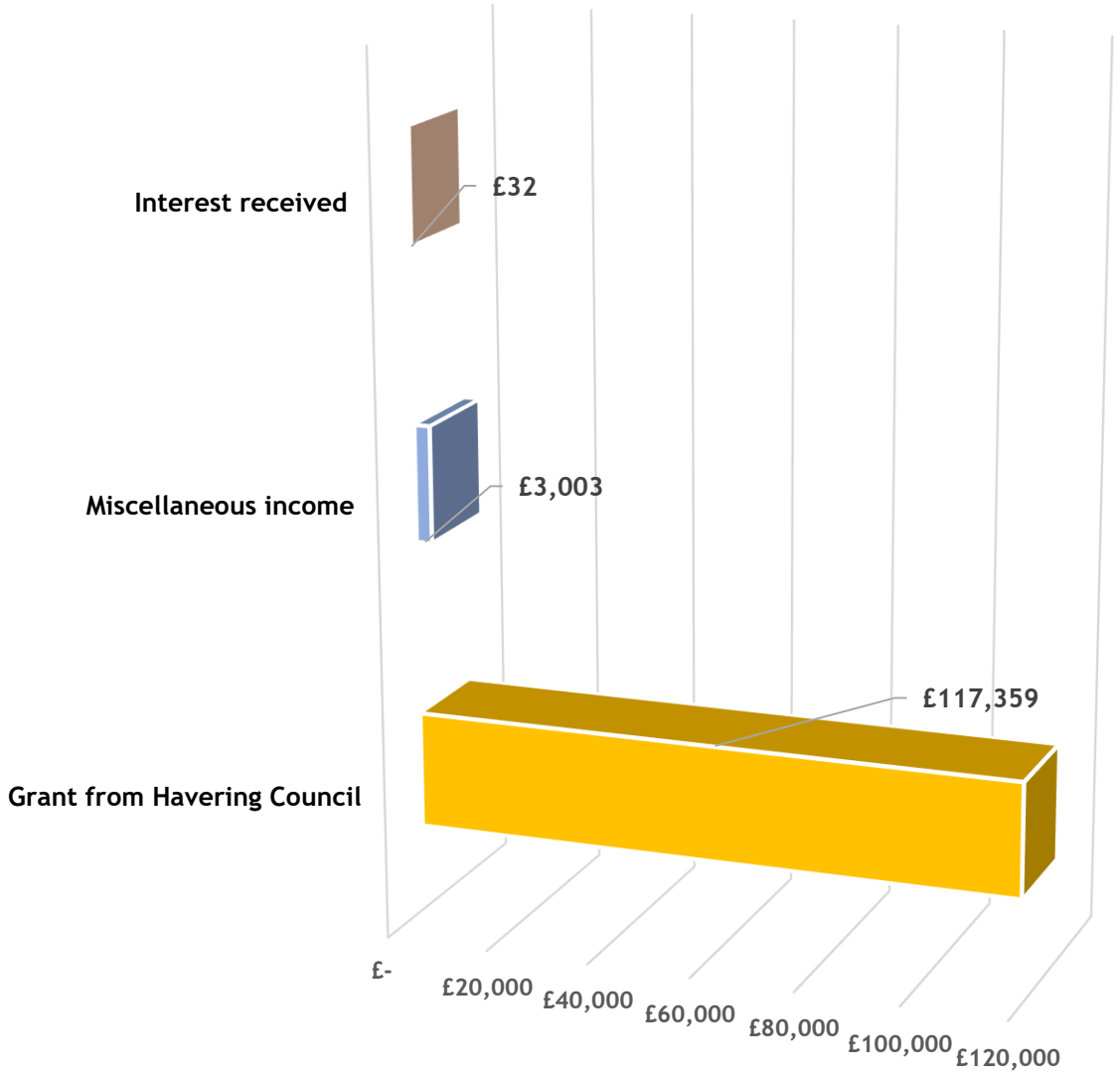
We had miscellaneous income of just over £3,000, including £2,000 for commissioned work undertaken on behalf of Havering CCG and £250 from the sale of redundant computers– for more detail see Our Finances 3 following

As always, our main expenditure was on our staff.

The statutory annual accounts are available on our website at http://www.healthwatchhavering.co.uk/our-activities

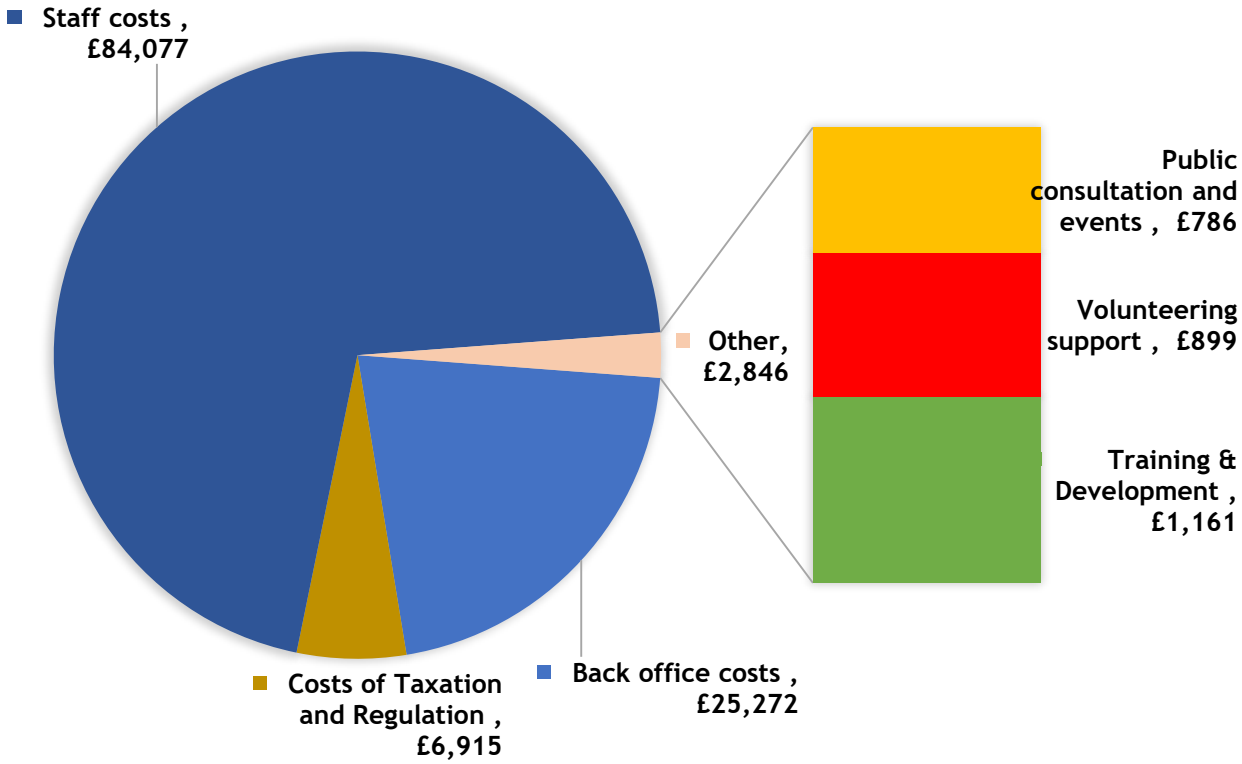
Our Finances 2

INCOME SUMMARY



Our Finances 3

EXPENDITURE SUMMARY



Our Enter & View programme 1

Introduction

Havering has one of the largest residential and care home sectors in Greater London, a significant number of single-handed or small partner GP practices, one of the busiest hospitals in the country and a community health Trust that provides a range of services beyond the borough's boundaries.

We have long taken the view that a robust programme of Enter and View visits is the best way that we can be sure that the needs of users of health and social care services are being met. Entering and viewing facilities enables our volunteers to observe first-hand how facilities work, in real time. This provides assurance to the public that facilities are the sort of places they would want to use for themselves, their relatives and friends.

To that end, we identify premises that should be visited through a monthly meeting of staff and volunteers at which the programme is managed, visits arranged and the findings of recent visits reviewed. In 2018/19, we carried out 25 visits (with one premises visited twice). The list of facilities we have visited follows.

Our visiting teams have always been made welcome and managers and proprietors are very co-operative in facilitating the visits. The team members were able to discuss the facility with staff, residents/patients and their relatives and friends alike.

Where we have made recommendations, we have been, or will be, following up to see what effect they have had.

All reports of our visits are published on our website www.healthwatchhavering.co.uk/enter-and-view-visits and shared with the home and all relevant agencies. Owing to the thorough nature of pre-publication checks, not all of the reports had been published at the date this report was prepared.

The powers of Healthwatch to carry out Enter and View visits are set out in legislation and all of these visits were carried out in exercise of them.

We did not find it necessary to make recommendations to Healthwatch England on special reviews etc, nor has anyone failed to respond to our reports.

Our Enter & View programme 2

Visits 2018 up to September

Date of visit	Establishment visited		Reasons for visit	Number of recommendations for improvement
	Name	Type		
2 May	Hillside	Nursing Home	To observe the normal operation of the home	5
14 May	The Robins Surgery	GP	To observe the normal operation of the practice	None specific to practice
15 May	Dr Abdullah, Rainham Health Centre	GP	To observe the normal operation of the practice	6
21 May	Queen's Hospital: Outpatients' Departments	Hospital	To observe the normal operation of the departments	6
18 July	Abbcross Nursing Home	Nursing Home	To observe the normal operation of the home	4
24 July	The Willows	Residential Care Home	To observe the normal operation of the home	None
1 August	Billet Lane Medical Practice	GP	To observe the normal operation of the practice	None specific to practice
1 August	Dr S Subramaniam, Mungo Park Practice	GP	To observe the normal operation of the practice	None
13 September	Queen's Hospital: Maternity	Hospital	To observe the normal operation of the department	4
19 September	Queen's Hospital: Emergency (A&E) Department	Hospital	To observe the normal operation of the department	5
29 September	Romford Nursing Care Centre	Nursing Home	To observe the normal operation of the home	None

Our Enter & View programme 3

Visits 2018 from October

Date of visit	Establishment visited		Reasons for visit	Number of recommendations for improvement
	Name	Type		
4 October	Queen's Hospital: Patients' Meals (Third visit)	Hospital	To observe the normal operation of the department	6
8 October	Faringdon Lodge	Residential Care Home	To observe the normal operation of the home	2
16 October	Langley House	Residential Care Home	To observe the normal operation of the home	4
11 September and 1 November	Barlewcroft	Residential Care Home	To observe the normal operation of the home	12
7 November	Dr K Subramanian, Harlow Road Surgery	GP	To observe the normal operation of the practice	3
19 November	The Lodge, Collier Row	Residential Care Home	To observe the normal operation of the home	6
3 December	Dothan House	Residential Care Home	To observe the normal operation of the home	5
5 December	Urgent Treatment Centre (PELC) at Queen's Hospital	Hospital/ Community Care	To observe the normal operation of the department	5
10 December	Arran Court	Residential Care Home	To observe the normal operation of the home	None

Our Enter & View programme 4

Visits in 2019

Date of visit	Establishment visited		Reasons for visit	Number of recommendations for improvement
	Name	Type		
25 January	Greenwood Practice: Ardleigh Green and Gubbins Lane branches	GP	To observe the normal operation of both branches of the practice	8
6 February	Havering Court	Nursing Home	To observe the normal operation of the home	4
11 February	Queen's Hospital: Discharge Lounge and Ambulance Waiting Lounge	Hospital	To observe the normal operation of the department	8
20 February	Alton House	Residential Care Home	To observe the normal operation of the home	None

Our governance

1

Name and status of Havering Healthwatch company; and new contract

- Since the inception of Healthwatch, the service in Havering has been provided by the Company (Havering Healthwatch Limited) originally set up by Havering Council in 2013. Between 2013 and the end of March 2019, the service was funded by a series of annual grants from the Council to the Company.
- In October 2018, however, the Council announced that it intended to undertake a test of the market for the provision of Healthwatch services from April 2019 by running a competitive bidding process. Havering Healthwatch Limited was one of two prospective providers to submit bids and, after a close-run competition, was successful in retaining the contract to provide the service.
- The specification of the contract differed in some respects to the original grant-funded arrangement, requiring changes in the way that the service is provided. Restrictions in the contract required the name and status of the company to be altered and, following the appropriate legal process, on 15 March 2019 the name of the company was changed to **Havering Healthwatch C.I.C.** and it became a Community Interest Company.
- Havering C.I.C. remains a company limited by guarantee, registered in England& Wales.
- The new contract will run for five years, until 2024, with the possibility of an extension for two further years.

Our governance 2

Involving volunteers in governance

- In consequence of the new contract, a range of changes to governance arrangements and policies and procedures are in hand. We will report fully on them in our next Annual Report.
- During 2018/19 we continued to involve our volunteers in governance of our organisation.
- All volunteers are entitled to attend both our Engagement Programme Panel (formerly the Enter & View Panel) and the Management Board. The Panel meets monthly and the Board generally meets every couple of months.
- All volunteers are also members of the Company and are entitled to attend its general meetings. In 2018/19, we held an Annual General Meeting and an Extraordinary Meeting to deal with the change of name and status to a Community Interest Company.
- In preparation for the new contract, we also established a Governance Committee, which will meet monthly in 2019/20.
- We also arranged for a small group of volunteers to review our governance arrangements and their recommendations have been taken into account in our new governance arrangements that will apply from April 2019.

Our governance 3

Compliance with statutory requirements

- We have maintained our engagement with the Havering Health and Wellbeing Board, Health and other Overview & Scrutiny Committees and the Outer North East London Joint Health Overview & Scrutiny Committee. We have been represented at most meetings of these bodies.
- We have used the Healthwatch logo on stationery, reports and on our website. We continue to hold a licence from Healthwatch England to do so.
- Copies of this Annual Report will be sent to various stakeholders, including Healthwatch England, Havering Council, Havering CCG and the British Library.
- We are registered as a Community Interest Company with Companies House and for data protection purposes by the Information Commissioner.

Contact us:

healthwatch Havering

Healthwatch Havering is the operating name of
Havering Healthwatch C.I.C.
A community interest company limited by guarantee
Registered in England and Wales
No. 08416383
Registered Office:
Queen's Court, 9-17 Eastern Road, Romford RM1 3NH

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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Primary Care Transformation update
Board Lead:	Sarah See, Director of Primary Care Transformation, BHR CCGs
Report Author and contact details:	Emily Plane, Head of Primary Care, BHR CCGs

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☐ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

1. The NHS Long Term Plan (2019) and recent GP Contract reforms set the direction of travel for primary care over the next five years. Essentially the ambition of the NHS is to dissolve artificial divides between primary care and community health services delivering more integrated, seamless care in the context of an Integrated Care System. Through this approach, local people will receive more tailored, comprehensive care and support, when they need it. The plan also recognises the need to redistribute funding flows and reform contracts to enable more robust care organisation structures that also deliver economies of scale and adhere to the principles of subsidiarity.

2. With the coming together of the seven North East London CCGs to form the North East London Commissioning Alliance (NELCA) the system has now moved to a single Primary Care Strategy, which was approved by the BHR CCGs Joint Committee and the BHR Health & Care Cabinet in June 2019 (see appendix one for a summary of the key elements of this strategy). This Strategy 'Strengthening Primary Care across North East London' has been developed in

accordance with National Strategies, namely the Long Term Plan, GP Contract Reform and the regional strategy – the 'Next Steps: Strategic Commissioning Framework for London.'

3. A workshop was held in March 2019 to review and refresh the Barking and Dagenham, Havering and Redbridge (BHR) Primary Care Transformation Programme Plan for 2019/20 which will be responsible for delivering the key elements of the North East London (NEL) strategy. Appendix one sets out the key elements of this plan, which reframes the BHR Transformation Programme in the context of the North East London approach.

4. Another key primary care development summarised in appendix one is the establishment of Primary Care Networks (PCNs). This is one of the most fundamental developments from National Strategy, with PCNs identified as the key building blocks of Integrated Care Systems with general practice at their core. Practices have come together in local networks to serve populations that are geographically aligned, based around natural local communities, typically serving populations of 30,000+. In principle PCNs should be small enough to maintain the traditional strength of general practice, but large enough to provide resilience and support the development of integrated community teams to deliver more seamless care to local people.

5. All Practices across Havering are now aligned to a Primary Care Network; a map of the current PCN configuration in Havering can be found within the supporting papers at appendix one illustrating the following PCN establishment:

   - **Havering Crest**: List size 42,663 (8 practices)
   - **North**: List size 82,231 (15 Practices)
   - **South**: List size: 106,280 (17 Practices)
   - **Marshall's**: List size 47,990 (3 practices)

   South Network is the largest PCN in Barking and Dagenham, Havering and Redbridge, with a registered population of just over 100,000.

6. This report provides an update on the development of the North East London Primary Care Strategy, BHR Primary Care Transformation Plan, Establishment of Primary Care Networks, including funding to support their development and key priorities for 2019/20 and 2020/21, and some key primary care performance updates.

RECOMMENDATIONS

7. Health and Wellbeing Board members are asked to review, and note the content of this report, providing comments on the proposed Barking and Dagenham, Havering and Redbridge Primary Care Transformation Plan.

REPORT DETAIL

8. Whilst GP practices have been exploring different ways of working together, for example, super-partnerships, federations, clusters and networks, the NHS long-term plan and the new GP contract (April 2019), creates a formal structure around this way of working, without creating new statutory bodies. Newly established Primary Care Networks will focus on delivery of an Extended Hours Directed Enhanced Service in 2019/20, and will begin to prepare for additional DES' from April 2020 including:

    - Structured medication reviews
    - Enhanced health in care homes
    - Anticipatory care with community services
    - Personalised care
    - Supporting early cancer diagnosis

9. As set out in 'Investment and evolution: a five-year framework for GP contract reform to implement The NHS Long Term Plan', all participating practices were required to sign a mandatory network agreement and submit a registration form to ensure that they meet the minimum national requirements and be eligible to claim financial entitlements under the PCN arrangements (such as workforce reimbursement and core funding) and any Directed Enhanced Services.

10. In 2019/20 there is one key Directed Enhanced Service (DES) for Primary Care Networks to deliver – Extended Hours. To meet the baseline requirements for this DES, all member practices of the PCN must be open during 'core hours', five days a week. Historically there have been a number of practices across Havering that close for half a day per week; Commissioners have worked with these practices over the past two months to agree plans to ensure that all practices within each PCN will be open during core hours; each practice which previously practiced half day closure now has a plan in place to ensure that they are open during core hours by October 2019.

11. Funding is also coming to PCNs to support recruitment to new roles, in 2019/20, Social Prescribers (100% funded) and Clinical Pharmacists (70% funded) will be recruited. Further roles including Physicians Associates and First Contact Physios will be recruited in the following years.

12. Primary Care Networks will also work collaboratively with wider stakeholders at a local PCN level, including community providers, local authority and the Community and Voluntary sector.

13. There are five key streams of funding to support the development of Primary Care Networks in 2019/20, appendix one sets the funding associated with these streams in more detail:
    - **Extended Hours Directed Enhanced Service**; this aims to provide additional access to primary care appointments outside of 'core' hours.
    - **Clinical Directors**; to fund a Clinical Director (CD) role for each Primary Care Network – all PCNs have a Clinical Director in post. Appendix one details the CD for each PCN.
    - **Network Participation**; paid to each practice to support their membership of and involvement in the Primary Care Network
    - **Core PCN funding;** This is the only network payment from core CCG funds
    - **Staff payment;** funding for new roles – in 2019/20 each PCN will receive 100% funding for a social prescriber, and 70% funding for a Clinical Pharmacist. South Havering PCN will receive funding for two Social Prescribers and two Clinical Pharmacists Reimbursement is made by invoice submitted on a monthly basis by the PCN and will only be paid once staff are in place.

14. In addition a programme of support for the development of newly established Primary Care Networks (PCNs) has been announced – the PCN Development Fund. This support package recognises that PCNs are developing within the context of wider Integrated Care Systems (ICS) and that there is a need for PCNs to engage with ICS partners at all levels, facilitating the formation of strong partnerships as opposed to fostering competing groups of providers, and enabling providers to deliver the aspirations of the ICS (and Long Term Plan) together in a more integrated way.

15. In practice this means that c£1.5 million in funding will come into **North East London STP** to support the development of PCNs in year one; it is anticipated that a further four years of recurrent funding will follow. This funding is over and above that set out in the GP contract agreement.

16. Appendix one also provides some key Primary Care performance updates including an update on CQC inspections of practices, and a scheme to improve primary care access.

IMPLICATIONS AND RISKS

Risk description - there is a risk that…	Mitigating actions

Workload: ability to deliver business as usual, and the asks of the Transformation Programmes	▪ Additional resource into primary care as well as other additional streams of income (PCN Development Fund) to support establishment of primary care networks. ▪ Year one of PCNs is focused on establishment of PCNs with the requirement to deliver one Directed Enhanced Service (DES) ▪ Review of CCG resource to support delivery of care at locality level. ▪ Clarity with systems partners regarding the scale of transformation that primary care is required to deliver and mitigate expectation. ▪ Support primary care leaders to develop both professionally and to support the establishment of strong networks of clinical leaders across CCGs, PCNs and GP Federations including. ▪ Recruitment to new roles within primary care to support the work of the PCNs to enable general practice time to be freed up to support delivery.
Workforce; requirement to recruit to new roles to support delivery, as well as supporting General Practice recruitment and retention	▪ Monitor role recruitment via the Provider at Scale Board, escalating risk as necessary ▪ Collaborate via HEE-CEPN across the NELCA footprint to ensure maximum effort is applied for new role development and sharing of best practice. ▪ Phased recruitment to new roles e.g. Social Prescribers and Clinical Pharmacists will be recruited in year one - 2019/20
Reducing variation in quality and performance in General Practice to ensure that they are able to support delivery of improved health outcomes to local people	▪ Work with General Practice to deliver quality improvements ▪ Utilise resilience monies appropriately on practices who are deemed in need of support ▪ Work with practices to improve quality and performance ▪ Work with PCNs to develop an open and 'safe' peer support environment that facilitates improvement through peer to peer learning

Havering
LONDON BOROUGH

BACKGROUND PAPERS

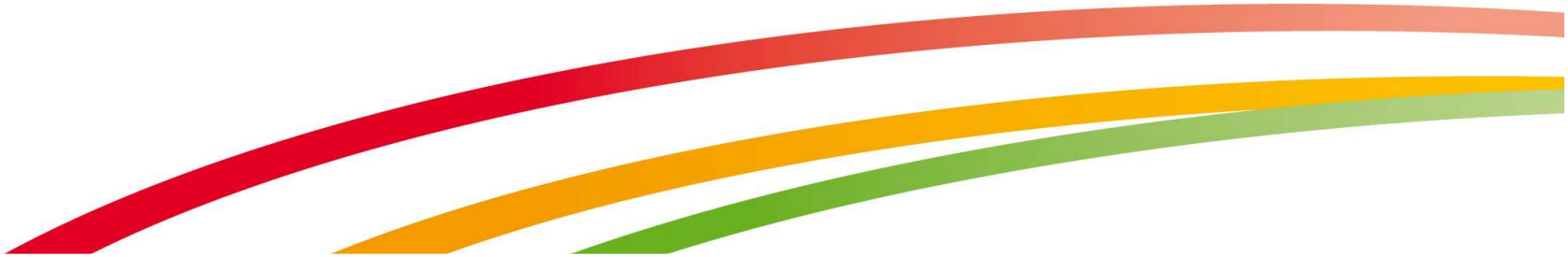
Appendix one: Primary Care Transformation update

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

Primary Care Transformation update

Jordanna Hamberger, Primary Care Delivery Manager

25 September 2019



Introduction

This pack provides an update on a number of key developments for Primary Care Transformation including:

1. **Primary Care Transformation Board Refresh:**
   - North East London Primary Care Strategy
   - Barking and Dagenham, Havering and Redbridge Primary Care Plan
2. **Primary Care Network development**
3. **Key Primary Care Performance updates**

1 Update: Primary Care Transformation Board Refresh

Background:

- BHR CCGs approved the three respective Primary Care Strategies for Barking and Dagenham, Redbridge and Havering in May 2016; the BHR Primary Care Transformation Programme Board (PCTPB) was established to oversee implementation of the strategy. Good progress was achieved, for example, ongoing maturity of the GP Federations, delivery of Primary Care Diabetes and AF LIS schemes and design and implementation of workforce initiatives such as GP SPIN etc.

- With the coming together of the seven North East London CCGs to form the North East London Commissioning Alliance (NELCA) the system has now moved to a single Primary Care Strategy, which was approved by the BHR CCGs Joint Committee and the BHR Health & Care Cabinet in June 2019. This Strategy 'Strengthening Primary Care across North East London' has been developed in accordance with National Strategies namely the Long Term Plan, GP Contract Reform and the regional strategy – the 'Next Steps: Strategic Commissioning Framework for London'.

Refresh of the BHR Transformation Programme plan:

- To realign the BHR Transformation Programme a PCTPB workshop was held in March 2019. As well as feeding into the NEL Primary Care Strategy, this workshop was used to review and refresh the BHR Transformation Programme for 2019/20.

- This document, which reframes the BHR Transformation Programme in the context of the North East London approach, includes the vision, objectives, programme scope, priorities, metrics, workstream framework, governance and risks and sets out the key delivery priorities for 2019/20

- The following slides summarise the key elements of the NEL Primary Care Strategy and set out the draft refreshed BHR Transformation Programme Plan

1 Primary Care Transformation Board Scope

The Primary Care Transformation Programme is the delivery vehicle that brings together requirements and support for the development of primary care

Drivers

National,

Long Term Plan and new GP Contract Reform 2019/20

Regional

Strategic Commissioning Framework

NELCA Primary Care Strategy

NHS
North East London Commissioning Alliance

Delivery Via

borough level

NHS
Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

BHR ICS

Local challenges:

- Health and wellbeing
- Quality and Care
- Workforce
- Finance and Productivity

Requirements

NHS Long Term Plan

GPFV: 10 High Impact Actions

Local solutions:

- New models of Care: Primary Care Networks and GP Federations
- Integrated Care System Clinical Strategy
- Development of Localities/ Primary Care Networks via Primary Care at Scale
- Financial Recovery Plan
- Collective Workforce Development
- Delivery of Transformation Programmes e.g. Planned care (including IRT, RTT recovery plan)
- Constitutional and IAF targets

Resources

- GP Forward View monies
- Delegated Commissioning
- BHR CCGs Primary Care Funds
- ETTF (estates & technology)
- Health Education England funded programmes (e.g. CEPN)
- NHS England Programme Funding (e.g. International GP Recruitment, Social Prescribing, LTBI)

Implementation of Primary Care Transformation for BHR

Delivery

Programme:

Primary Care Transformation Programme Board

As part of the wider transformation policy

Delivery Model:

Federations with Primary Care Networks, in localities, working as part of wider Integrated Care System

1 North East London Primary Care Strategy

VISION

'Person-centered, integrated and comprehensive care delivered by sustainable general practice that forms the corner stone of our integrated care system'
(North East London Primary Care Strategy, 2019)

BHR workstream	BHR key objectives	By
Quality and Efficiency	We will strengthen primary care by embedding a Quality Improvement culture across BHR	▪ Strengthen primary care by embedding a quality improvement culture across NEL-practices to undertake formal QI Programmes ▪ Supporting practices with workload by delivering the 10 High Impact Actions ▪ Access hubs and practices linking into new integrated urgent care services
Recruit and Retain Workforce	We will make BHR a desirable place to work and train in primary care	▪ Local initiatives to support recruitment and retention ▪ Make BHR a really desirable place to train and work in primary care ▪ Workforce modelling- developing new roles across at scale primary care teams e.g. physicians assistants, clinical pharmacists, portfolio careers for GPs
New Models ▪ **provider development** ▪ **digital innovation**	We will develop new models, optimising digital innovations, at-scale working and learnings from new developments to deliver population based comprehensive care.	▪ Developing at scale providers for key roles in Integrated Care Systems ▪ Developing primary care networks for population health approaches ▪ Delivering extended access and digital solutions ▪ Maximising existing estates in line with developing models and expanding the East London patient record to all BHR practices
Enablers	▪ New ways of commissioning-ensuring best value for money ▪ Estates - ensuring there is sufficient capacity within primary care estates ▪ Communications-ensuring robust local BHR comms to facilitate dialogue ▪ Working with BHR transformation programmes to ensure system readiness at all levels	

Provide accessible, coordinated and proactive care

Quality and Efficiency	**5 Quality aspirations to be delivered by 2021:** • We will aim to achieve a CQC rating of good or outstanding for 95% of practices in each borough • We will aim to have at least one Quality Improvement expert per network • We will ensure workflow optimisation is embedded in each practice across BHR • We will develop a NEL-wide QI methodology to ensure consistent quality across the STP • We will aim to standardise at least 5 care pathways across NEL to ensure consistent access and quality of services
Recruit and retain workforce	**5 Workforce aspirations to be delivered by 2021:** • We will aim to implement a local salaried portfolio scheme for new and existing GPs across all boroughs • We will ensure continuous professional development opportunities for each professional category across NEL • HEE and local CEPNs will develop an STP primary care workforce training hub at locality level to support the development and realisation of educational programmes for primary and community care workforce at scale • We will model our future primary care workforce requirement to ensure proactive recruitment. • We will develop innovative primary care employment models via workforce modelling tool.
New Models; at scale working	**5 New Models aspirations to be delivered by 2021:** • We will have mature federations in each borough delivering population based outcomes via primary care networks • Each network will have at least two domains based on their population needs and analysis • We will have an effective, inclusive, vibrant primary care network development programme across BHR • Network Clinical Directors will be represented at appropriate system levels to reduce unwarranted inequalities • We will have standard policies and procedures for all federations so that all staff are treated and supported equally • In addition to online consultations, we will have at least one more digital tool (e.g. online referrals) in each practice • Our primary care networks will have effective ways of working with local residents

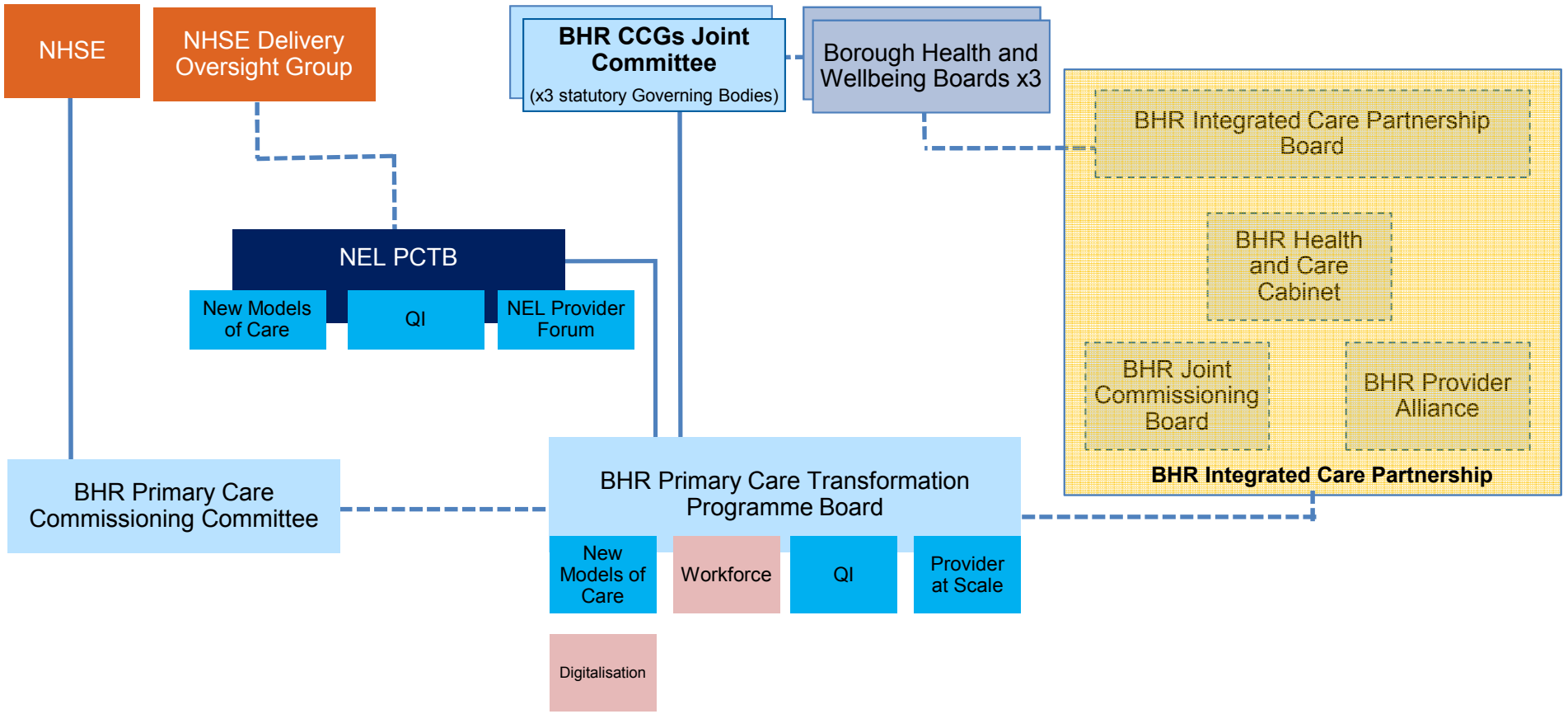
1 BHR Priorities and Activities 2019/20

BHR Corporate Objective: Establish our integrated care system, with **primary care as the foundation** of a system delivering **improved health and wellbeing**, through our strong health and care partnerships (BHR 2019)

Quality and Efficiency	**Priority: Embed a culture of quality and efficiency** **Activities will include:** • Practice resilience – ongoing programme of training to support CQC registration and practice viability • PCNs to identify at least one QI expert within each PCN by 2019/20 • Work with Care City (Innovation Partner) to scope and test options for increasing 'front line' staff efficiency through the use of technology • Work with PCNs as part of the QOF Quality Improvement programmes around End of Life and Medication Reviews • GP Federations to increase the utilisation of QI Life amongst General Practice • Each practice to have at least two trained roles which embed Workforce Optimisation and Care Navigation • Embed the use of Dragon technology across primary care to reduce the administrative burden of clinicians • Working with the digital team, roll out the NEL solution to sharing records and data between providers to ensure coordinated proactive care
Recruit and retain workforce	**Priority: Introduce new roles within a primary care settling and continue recruitment and retention plans for General Practice** **Activities will include:** • All PCNs to recruit a Clinical Director – complete May 2019 • Undertake baseline workforce assessment – complete June 2019 • PCNs to recruit Social Prescribers and Clinical Pharmacists in 2019/20 • PCNs to prepare for new roles in the pipeline from 2020/21: Physicians Associates, Enhanced Physios • Recruit second cohort under GP SPIN and develop a similar scheme for GPs mid-career • Recruit to the posts within the General Practice Nurse Leadership Programme • PCN Leaders to engage in a Clinical Leadership programme • Explore continuous professional development opportunities for each profession including HCAs • Understand locality workforce modelling to support new pathways and MDT working; translate this into a proactive recruitment programme • Create and test the model for training hubs and develop innovative employment models with Integrated Care Partners
New Models; at scale working	**Priority: Ongoing development of Federations and Primary Care Networks (PCNs) and to extend the digital offer to all practices across BHR** **Activities will include**: • Establish Primary Care Networks (PCNs) – achieved July 2019 • PCNs to undertake a development programme, in conjunction with other system providers, working to the eight modules within the National Specification • PCNs to be 'DES ready' by April 2020 • PCNs to undertake self-assessment in context of maturity framework • All PCNs to provide the 'Extended Hours DES' 2019/20 • Each PCN to publish a Development Plan and Network Profile (including their localised priorities) • GP Federations to achieve 'good' in each of the five Domains in the 'At Scale Provider Maturity Framework' • GP Federations to deliver a range services within a primary care setting and/ or Local Enhanced Services, sub contracting via the PCNs where appropriate e.g. IRM and LTC • Continue to reduce DNAs through text messaging and GP Online • PCNs to work with wider locality teams to embed MDT working and embed social prescribing/active signposting through a new model of integrated working • Every practice, as a minimum should have 30% of their registered practice list registered with GP Online – with the ambition to stretch further for those already achieving this standard • 75% of the registered population within BHR should have access to online GP consultations • Good working relationship between respective Federations and PCNs, with a shared vision / priorities

1 Governance and Delivery Arrangements

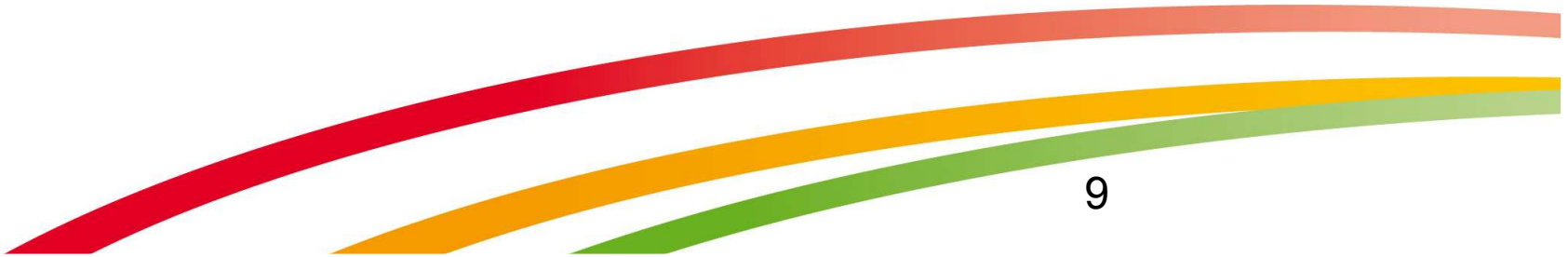
Overseeing delivery of primary care transformation and delegated commissioning



General Practice Providers

Havering	B&D	Redbridge
GP Federation / PCNs x4	GP Federation / PCNs x6	GP Federation / PCNs x5

The new General Practice landscape; update on the establishment of Primary Care Networks



2 What are Primary Care Networks

- PCNs are the key building block of the NHS Long Term Plan.

- 'At scale' general practice has been a policy priority for a number of years, alongside the aspiration to create more integrated health and care systems where services are aligned around the needs of local people.

General Practice is currently experiencing pressure in relation to:

- Workforce; recruitment and retention
- Workload; significant workload pressure
- Quality and variation
- Increasing demand in relation to leading change / transformation

- There are a number of benefits to primary care at scale, both to GPs (improved ability to recruit and retain staff, management of financial and estates pressures), and to the wider system / range of services (ability to more easily integrated primary care at scale with the wider health and care system).

- Whilst GP practices have been finding different ways of working together – e.g. in super-partnerships, federations, clusters and networks – the NHS long-term plan and the new GP contract (April 2019), puts a more formal structure around this way of working, without creating new statutory bodies

2 Emerging Primary Care Networks in BHR

The BHR Primary Care team and colleagues have been working closely with practices across Barking and Dagenham, Havering and Redbridge to form into Primary Care Networks.

All GP practices were asked to come together in geographical networks covering populations of approximately **30–50,000** patients (can be larger than 50k, but not smaller than 30k) by June 2019 if they are to take advantage of additional funding attached to the GP contract.

There are now 15 Primary Care Networks across BHR, and three GP Federations:

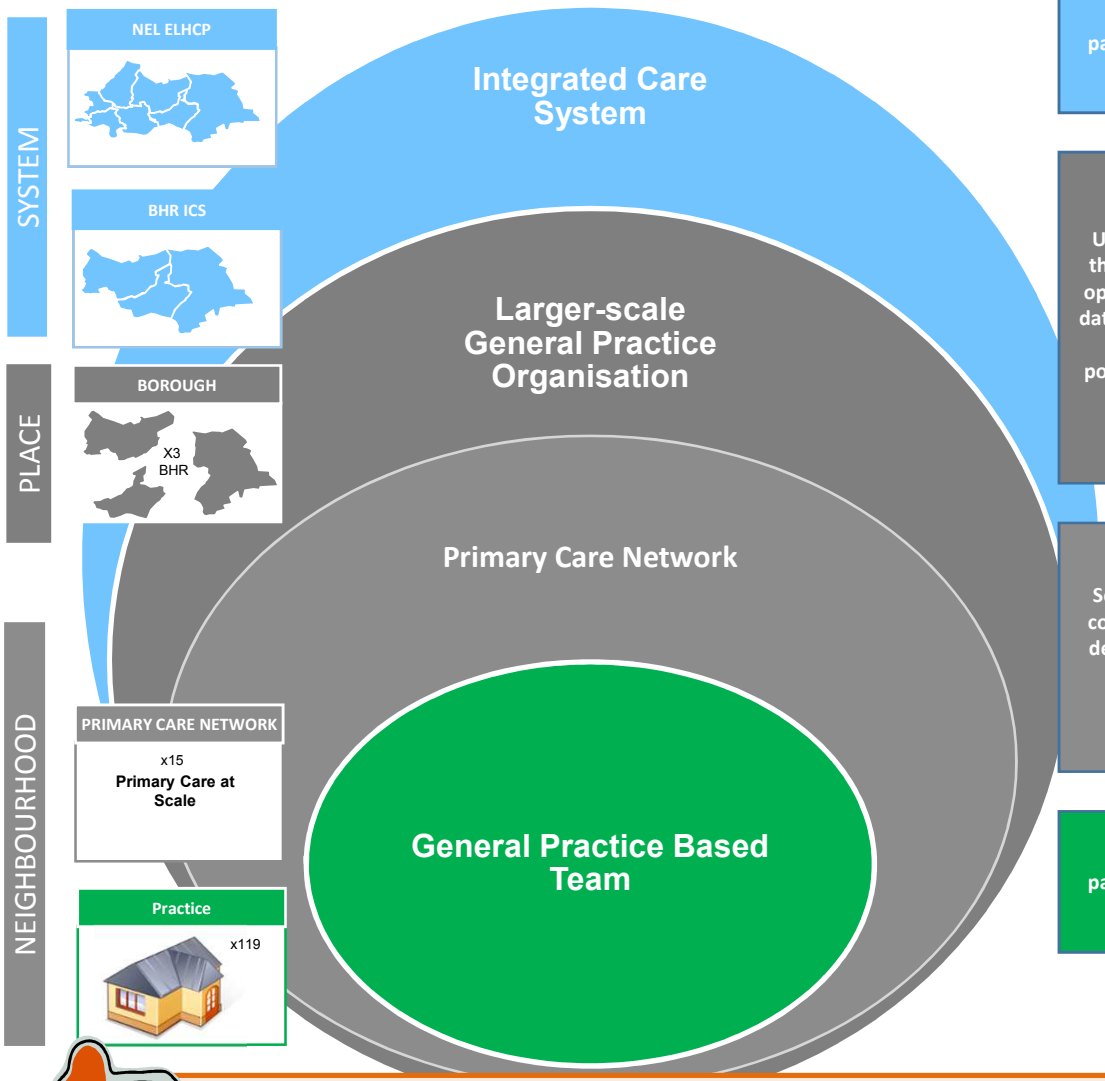
B&D – 6 PCNs
Hav – 4 PCNs
Red – 5 PCNs

PCNs are distinct from the GP Federations, although in many cases will work closely alongside the Feds to deliver primary care at scale.

As part of the requirements of the Extended Hours DES to be delivered at PCN level, all practices within a PCN must be open during core hours. In BHR all practices have now confirmed their intention to open during core hours by October 2019.

The following diagram / maps illustrate BHR practices aligned to their respective Networks, within the context of the health and care Localities agreed through the BHR Integrated Care Partnership work.

2 BHR Integrated Care System in Context



General practice as the foundation of a wider Integrated Care System, working in partnership with other health and care providers to collaboratively manage and provide integrated services to a defined population within a shared budget

Usually at a borough level and often a single formal organisation e.g. Federation, this is the platform to provide the scale to develop and train a broad workforce, create shared operational systems and quality improvement approaches including use of locally owned data, support the delivery of collective back office functions to reduce waste and enhance efficiency, develop integrated unscheduled and elective care services for the whole population, and provide professional leadership and the 'voice for general practice in the local health economy

Serving populations of 30,000 – 50,000, bringing together groups of practices and other community providers around a natural geography. Support multi disciplinary working to deliver joined up, local and holistic care for patients. Key scale to integrated community based services around patients' needs who require collaboration between service providers and long-term care coordination

General practice as the foundation of a wider Integrated Care System, working in partnership with other health and care providers to collaboratively manage and provide integrated services to a defined population within a shared budget

The **Primary Care Network** model is at the core of both the development of General Practice in its own right, and as the foundation of place-based, integrated care. The **GP Federations** are a key platform to expand on the benefits of PCNs and enable further commissioning and to achieve economies of scale at both a borough (single GP Federation) and multi borough (e.g. three BHR Federations working together) level

2 Primary Care in the context of an Integrated Care System

Federations

- Hold contracts to be delivered through primary care at scale
- Provide infrastructure to achieve economies of scale
- Represents primary care at the BHR Provider Alliance

GP Networks

- Work with member practices to reduce variation in quality
- Work with network member practices and federation leads to ensure the network has the capacity and capability to deliver key services

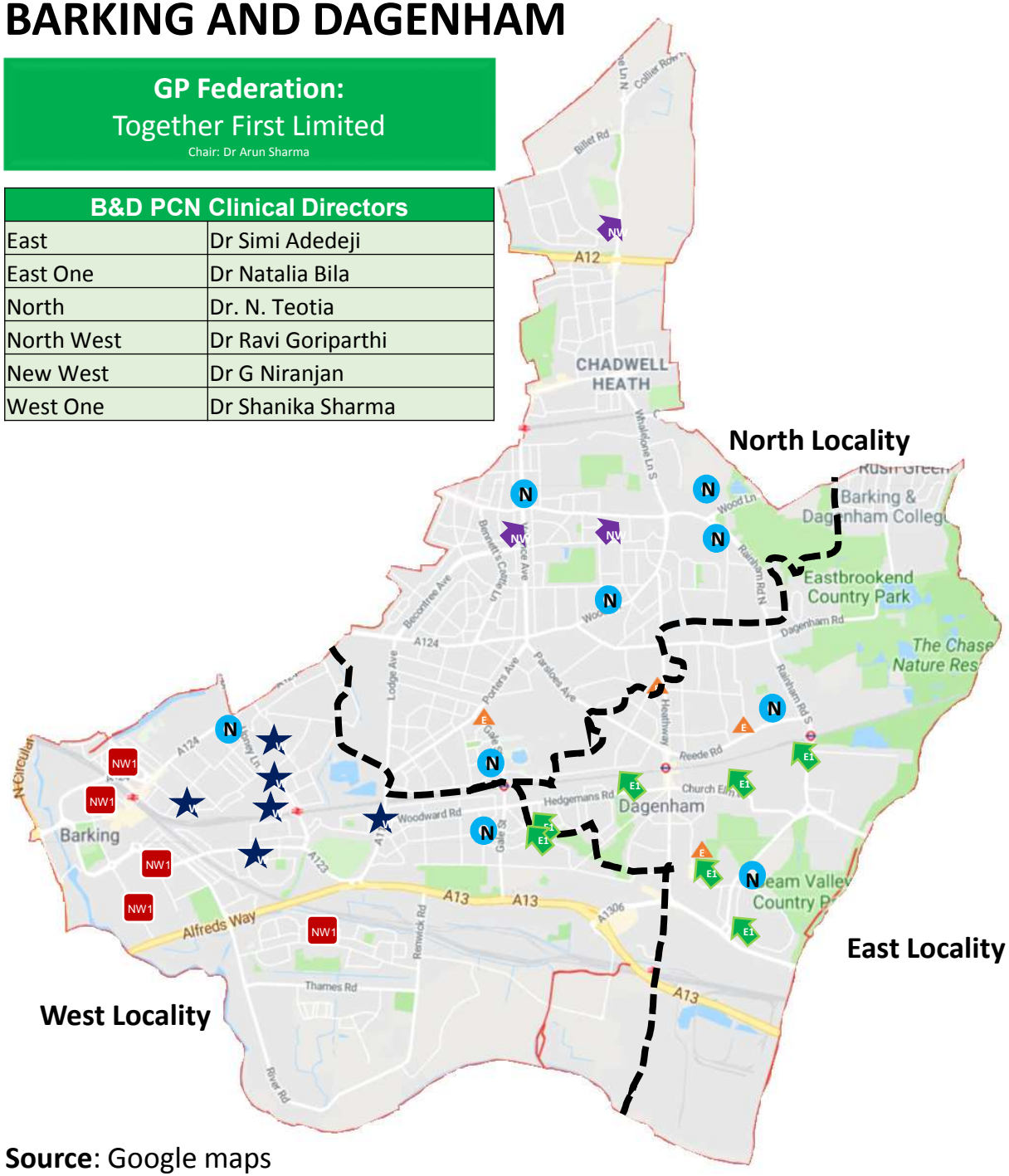
Localities

- Primary Care is the core
- Drives delivery of integrated care commissioned by the CCGs and in some cases by the Local Authority as well
- Identifies and implements approaches to streamline processes between different providers within the localities i.e. looks to remove avoidable bureaucracy

BARKING AND DAGENHAM

GP Federation:
Together First Limited
Chair: Dr Arun Sharma

B&D PCN Clinical Directors	
East	Dr Simi Adedeji
East One	Dr Natalia Bila
North	Dr. N. Teotia
North West	Dr Ravi Goriparthi
New West	Dr G Niranjan
West One	Dr Shanika Sharma



Source: Google maps

North Primary Care Network; 8 practices List size 45,669	
Green Lane Surgery	3740
Dr S Z Haider & Partners	5704
Dr A K Sharma	9872
Dr A Arif	4533
Five Elms Medical Practice	4057
Gables Surgery	6876
Dr M Ehsan	3042
Dr B K Jaiswal	5415
Dr Prasad (Faircross Health Centre)	2430
	45,669

North West PCN; 3 practices List size 32,637	
Marks Gate Health Centre	4943
Tulasi Medical Centre	21062
Becontree Medical Centre	6632
	32,637

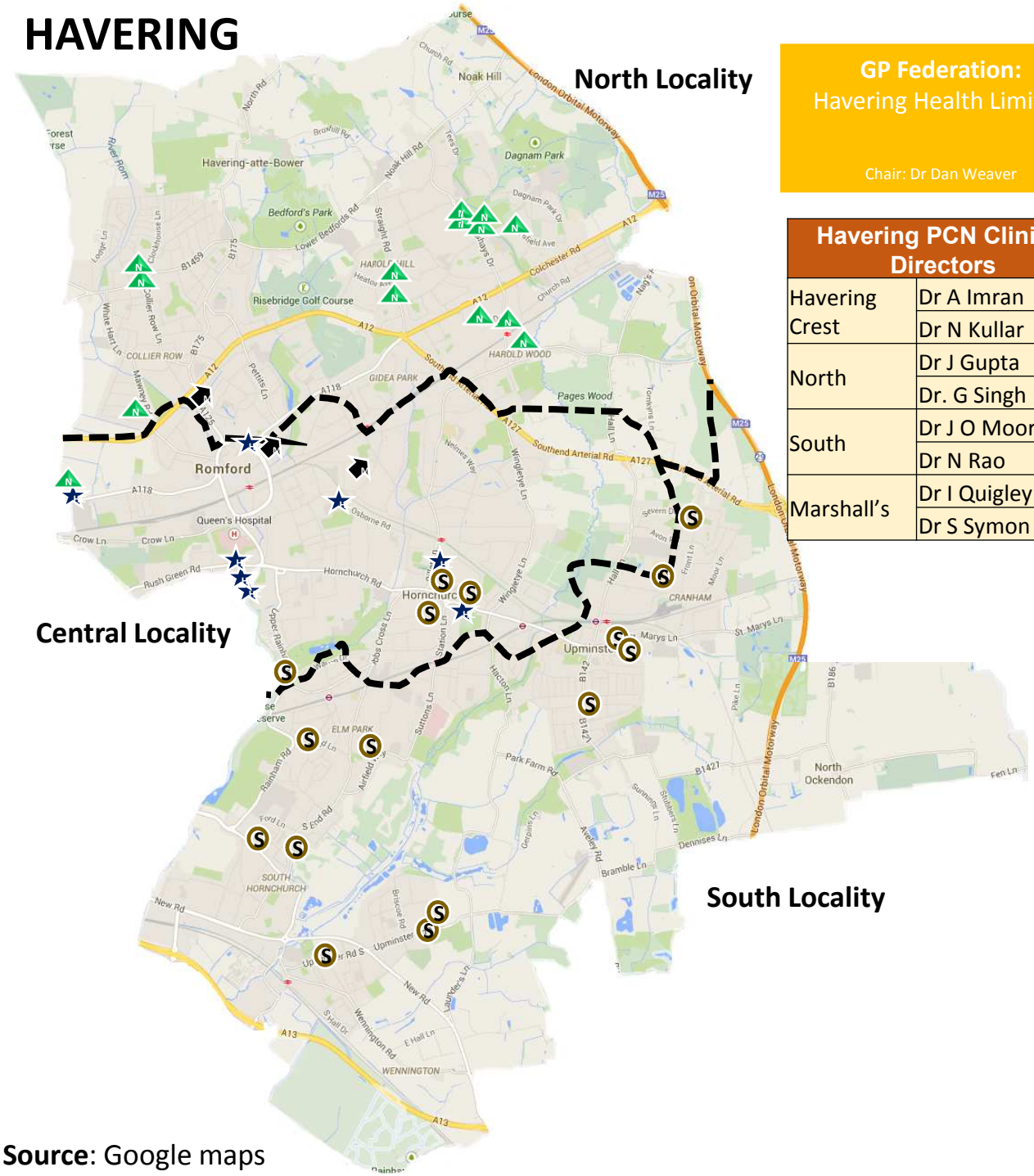
West One Primary Care Network; 6 practices list size 40,489	
Drs Chibber & Gupta	4465
Drs Sharma & Rai	5492
Highgrove Surgery	7961
Dr Ansari & Ansari	8270
The Barking Medical Group Practice	11348
The John Smith Medical Centre	2953
	40,489

New West PCN: 5 practices List size 30,973	
Abbey Medical Centre	6949
Dr G. Kalkat	8538
Dr N. Niranjan	4869
Drs John & John	8415
Shifa Medical Practice	2202
	30,973

East Primary Care Network; 4 Practices List size: 39,458	
Broad Street Medical Centre	6553
Porters Avenue *(merged 01.04.2019 with Child & Family)*	8898
Church Elm	6204
Halbutt Street Surgery	6779
Child and Family Health	11,024
	39,458

East ONE Primary Care Network; 7 Practices List size: 37,134	
Dr Alkaisy Surgery	4682
First Avenue Surgery	5401
Heathway Medical Centre	4895
Hedgemans rd	5717
Parkview	4598
St Albans Surgery	8076
The Surgery (Dr Ola)	3765
	37,134

HAVERING



Source: Google maps

GP Federation:
Havering Health Limited

Chair: Dr Dan Weaver

Havering PCN Clinical Directors	
Havering Crest	Dr A Imran
	Dr N Kullar
North	Dr J Gupta
	Dr. G Singh
South	Dr J O Moore
	Dr N Rao
Marshall's	Dr I Quigley
	Dr S Symon

Havering Crest Primary Care Network: 8 practices
List size 42,663

F82031	Rush Green Medical centre , Dr Samoni	4838
F82675	Billet Lane Surgery	3831
F82039	Dr Poolo	3502
F82638	Modern Medical Surgery	5830
F82011	St. Edwards Surgery (formally mawney medical)	10856
F82019	The Upstairs Surgery (Dr Imran)	6902
F82023	Dr Pervez High Street Surgery	3333
F82663	Dr Marks	3571
		42,663

North Primary Care Network: 15 Practices
List size 82,231

F82671	Dr J Gupta & Dr Prasad Straight Rd Surgery	2762
F82007	Greenwood Surgery	11732
F82010	Petersfield Surgery	7428
F82045	Dr Choudhury	3335
F82610	Dr N Gupta	2969
F82014	Harold Hill H/C Dr Kucchai	7178
Y02973	Kings Park Surgery	7812
F82670	Harold Hill H/C Dr Jabbar	2660
Y00312	Robins Surgery	4729
F82016	Central Park	7457
F82030	Lynwood Medical Centre	12141
F82630	Chase Cross Surgery	5933
F82648	Ingrebourne Surgery	3007
F82686	Dr A Patel	3088
		82,231

South Primary Care Network: 17 Practices
List size: 106,280

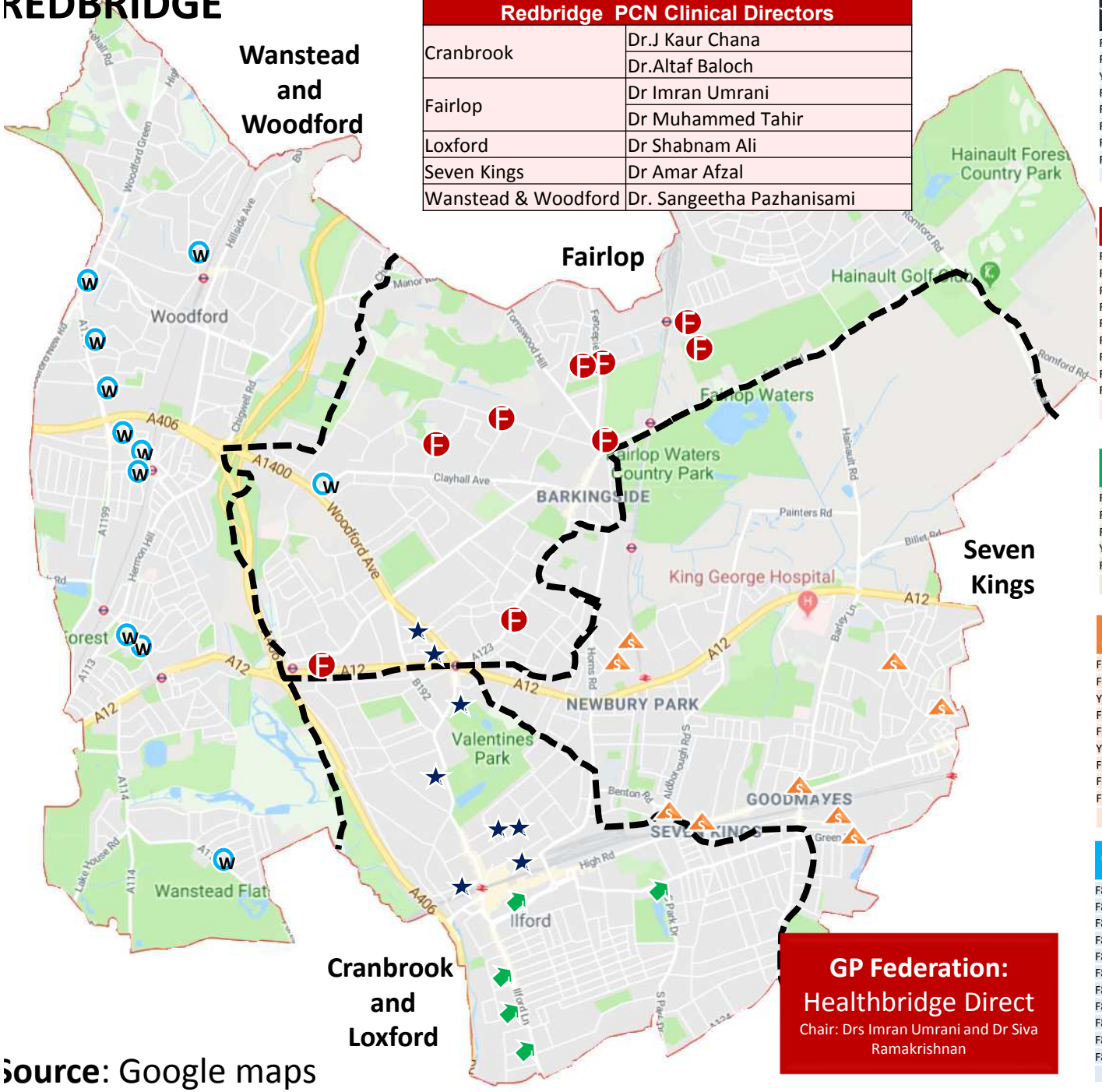
F82008	Maylands Health Care	14549
F82624	Upminster Medical Centre (Dr O'Moore)	3798
F82614	South Hornchurch Clinic	3190
F82619	Harlow road Surgery	2001
F82002	Haiderian Medical Centre	6288
F82028	Wood Lane Surgery	8448
F82006	Dr Dhas and Humberston	11824
F82033	Dr V M Patel	3776
F82609	Dr P Patel	4522
F82055	Hornchurch Healthcare	6909
F82607	Spring Farm	5058
F82627	Dr Abdullah	5191
F82666	Dr Rahman and Tsoi	4264
F82674	Avon Rd Cranham H/C	5155
F82649	Berwick Surgery	4653
F82053	Upminster Medical Surgery Dr Baig	4230
F82022	Rosewood Surgery	12424
		106,280

Marshall's Primary Care Networks: 3 Practices
List size 47,990

F82013	Western Road Surgery	17129
F82009	North Street Medical Centre	18457
F82021	The New Medical (Dr M Edison)	9747
F82639	Dr Joseph Surgery list has been taken on by North Street practice Romford	2657
		47,990

REDBRIDGE

Redbridge PCN Clinical Directors	
Cranbrook	Dr.J Kaur Chana
	Dr.Altaf Baloch
Fairlop	Dr Imran Umrani
	Dr Muhammed Tahir
Loxford	Dr Shabnam Ali
Seven Kings	Dr Amar Afzal
Wanstead & Woodford	Dr. Sangeetha Pazhanisami



GP Federation:
Healthbridge Direct
Chair: Drs Imran Umrani and Dr Siva Ramakrishnan

Source: Google maps

Cranbrook Primary Care Network: 8 Practices list size 49218		
F86698	Cranbrook Surgery	4454
F86657	York Road Surgery	8245
Y00918	Granville Medical Centre	6456
F86042	Balfour Road Surgery	6209
F86652	The Drive Surgery	6305
F86702	St.Clements Surgery	4714
F86008	Gants Hill Medical Centre	9192
F86703	The Redbridge Surgery	3643
		49218

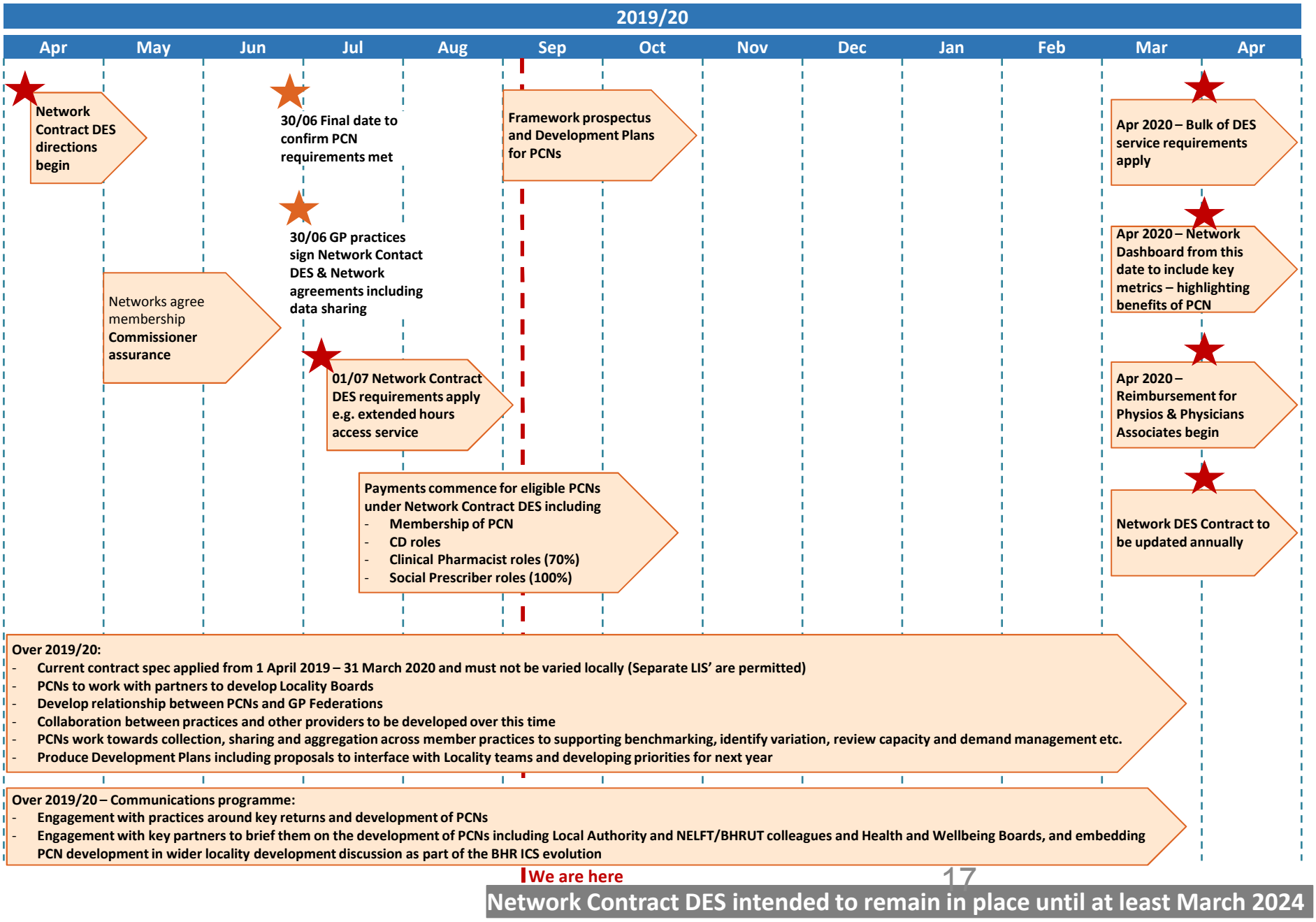
Fairlop Primary Care Network: 9practices list size 61,649		
F86010	Fullwell Cross Medical Centre	13586
F86007	The Forest Edge Practice	12390
F86083	The Eastern Avenue Medical Centre	7192
F86707	Fencepiece Road Medical Centre	6543
F86057	The Willows Practice	6489
F86081	Kenwood Medical Centre	5931
F86612	The Fullwell Avenue Surgery	3514
F86624	The Heathcote Primary Care Centre	3246
F86085	Hainault Surgery	2758
		61649

Loxford Primary Care Network: 5 practices list size 61,649		
F86022	Ilford Medical Centre	13639
F86692	Mathukia's Surgery	10362
F86082	Ilford Lane Surgery	5684
Y02987	AT Medics	16892
F86025	Oak Tree Medical Centre	15072
		61649

Seven Kings Primary Care Network: 9 practices list size 73,215		
F86642	Castleton Road	4637
F86028	Chadwell Heath Surgery	10057
Y00090	Doctors House	8661
F86087	Goodmayes Medical Centre	7177
F86034	Goodmayes Medical Practice	5640
Y00155	Grove Surgery	8815
F86060	Newbury Group Practice	15159
F86009	Palms Medical Centre	7731
F86637	Seven Kings	5338
		73215

Wanstead & Woodford PCN: 11 practices list size 80,295		
F86064	Elmhurst Practice	4923
F86731	Aldersbrook Practice	3768
F86066	Southdene Surgery	7858
F86641	Shruberries Medical Centre	7235
F86020	Glebelands Practice	5989
F86023	Evergreen Practice	9068
F86013	Broadway Surgery	6383
F86012	Rydal Group Practice	10897
F86032	Wanstead Place Surgery	9230
F86658	Queen Mary practice	4581
F86691	Clayhall Group Practice	10363
		80295

2 Key milestones



2 Funding to support Primary Care Networks

PCN Network	Extended Hours £1.099 per registered patient to cover period July 2019 to March 2020	Clinical Director £0.514 per registered patient to cover July 2019 to March 2020	Social Prescriber 100% band 5 salary x 1 per PCN up to 100,000 population	Clinical Pharmacist 70% band 7 salary x 1 per PCN up to 100,000 population	PCN Support £1.50 per registered patient per year	Practice Participation Payment £1.761 per registered patient per year	
Cranbrook	54,375.22	25,431.18	34,113.00	48,231	74,215.50	74,847.08	
Fairlop	68,207.24	31,900.38	34,113.00	48,231	93,094.50	100,575.09	
Loxford	68,013.81	31,809.92	34,113.00	48,231	92,830.50	94,411.03	
Seven Kings	80,534.72	37,665.92	34,113.00	48,231	109,920.00	111,302.90	
Wanstead & Woodford	88,501.37	41,391.91	34,113.00	48,231	120,793.50	127,316.39	
Redbridge Total	**£359,632.36**	**£168,199.30**	**£170,565.00**	**£241,153.50**	**£490,854.00**	**£508,452.49**	**£1,938,856.65**
East	43,885.27	20,525.05	34,113.00	48,231	59,898.00	63,515.47	
East One	40,953.14	19,153.70	34,113.00	48,231	55,896.00	63,165.74	
New West	34,427.27	16,101.56	34,113.00	48,231	46,989.00	49,684.49	
North	47,491.09	22,211.48	34,113.00	48,231	64,819.50	73,685.22	
North West	36,052.70	16,861.77	34,113.00	48,231	49,207.50	54,315.00	
West	47,585.60	22,255.69	34,113.00	48,231	64,948.50	69,479.92	
B&D Total	**£250,395.06**	**£117,109.25**	**£204,678.00**	**£289,384.20**	**£341,758.50**	**£373,845.84**	**£1,577,170.85**
Havering Crest	46,849.27	21,911.31	34,113.00	48,231	63,943.50	73,487.11	
Marshall's	53,017.96	24,796.39	34,113.00	48,231	72,363.00	81,337.88	
North	91,430.21	42,761.72	34,113.00	48,231	124,791.00	143,958.31	
South	117,267.70	54,845.86	68,226.00	96,461	160,056.00	181,727.94	
Havering Total	**£308,565.14**	**£144,315.28**	**£170,565.00**	**£241,153.50**	**£421,153.50**	**£480,511.24**	**£1,766,263.66**

* Social Prescriber Based on Band 5 19/20 Salary (Note South Network has over 100k registered population)
* Clinical Pharmacist based on 70% reimbursement (Note South Network has over 100k registered population)

CAVEATS: There will be changes to the B&D figures to reflect the move of Dr Prasad's practice (Faircross) to another Network. Reconciliation of the Extended Hours DES payments also need to take place to take into account the time it will take some practices within the Networks to comply with core hours opening times

PCNs will begin to receive their 'staff reimbursements' once the new staff are in post – the figure noted is the maximum available based on the staff being in post from July 2019 – March 2020

2 PCN focus from April 2020 to April 2021

DES: A 'DES', or Direct Enhanced Service is a primary medical service other than essential services, additional services or out-of-hours services.

DES	What is it?	Go Live date	New workforce roles in PCNs to support	Linked to Transformation Programme/s
Structured Medication Reviews	▪ aims to optimise use of medicines for some people (such as those who have LTCs or who take multiple medicines) ▪ can identify medicines that could be stopped or need a dosage change, or new medicines that are needed. ▪ can lead to a reduction in adverse events.	April 2020	▪ Clinical Pharmacist	▪ Medicines Optimisation ▪ LTCs ▪ Older People and Frailty ▪ Unplanned Care ▪ Planned Care
Enhanced health in care homes	▪ Access to consistent, named GP and wider primary care services ▪ Medicines review ▪ Hydration and nutrition support ▪ Access to our of hours / urgent care when needed	April 2020	▪ Clinical Pharmacist ▪ Community Paramedic	▪ Older People and Frailty ▪ Unplanned Care ▪ Medicines Optimisation
Anticipatory care with community services	▪ thinking ahead and understanding their health needs of individual people ▪ knowing how to use services better ▪ helps people make choices about their future care. Those with LTCs or chronic health problems can benefit from having an Anticipatory Care Plan.	April 2020	▪ Social Prescriber ▪ Clinical Pharmacist ▪ Physician Associate ▪ Community Paramedic ▪ PCN Physios	▪ LTCs ▪ Older People and Frailty ▪ Unplanned Care ▪ Planned Care ▪ Children &Young people ▪ Mental Health ▪ Cancer
Personalised care	▪ Care tailored to the needs of people and what matters to them ▪ Prevention embedded ▪ Personal Health budgets ▪ Shared decision making is key	April 2020	▪ Social Prescriber ▪ Clinical Pharmacist ▪ Physician Associate ▪ Community Paramedic ▪ PCN Physios	▪ LTCs ▪ Older People and Frailty ▪ Unplanned Care ▪ Planned Care ▪ Children &Young people ▪ Mental Health ▪ Cancer ▪ Maternity
Supporting early cancer diagnosis	▪ Supporting early identification and diagnosis of cancers in primary care to increase life expectancy	April 2020	▪ Physician Associate	▪ Cancer ▪ Unplanned Care ▪ Planned Care
CVD Prevention and diagnosis	▪ Identification of those at risk of developing CVD and embedding programmes of prevention to prevent onset of the disease ▪ Closing the prevalence gap	April 2021	▪ Social Prescriber ▪ Clinical Pharmacist ▪ Physician Associate	▪ Unplanned Care ▪ Planned Care ▪ LTCs
Inequalities	▪ Reducing inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities	April 2021	▪ Social Prescriber ▪ Clinical Pharmacist ▪ Physician Associate	▪ All Transformation Programmes

2 Primary care Network Development Fund

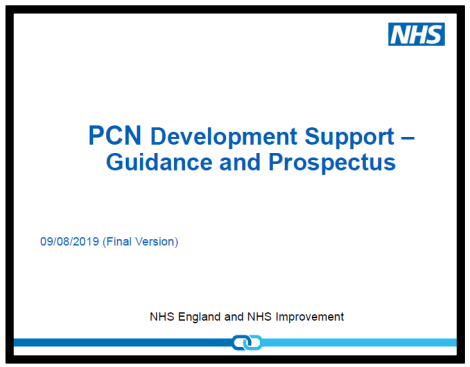
There is a programme of support for the development of newly established Primary Care Networks (PCNs).

This support package recognises that PCNs are developing within the context of wider Integrated Care Systems (ICS) and that there is a need for PCNs to engage with ICS partners at all levels, facilitating the formation of strong partnerships as opposed to fostering competing groups of providers, and enabling providers to deliver the aspirations of the ICS (and Long Term Plan) together in a more integrated way.

In practice this means that c£1.5 million in funding will come into **North East London STP** to support the development of PCNs in year one; it is anticipated that a further four years of recurrent funding will follow. **NB. The focus of this funding is likely to flex over this time period.** This funding is over and above that set out in the GP contract agreement.

There is a focus on the six key domains within the national prospectus:

1. Organisational development & change
2. Leadership development support
3. Supporting collaborative working (MDTs)
4. Population health management
5. PCN set-up support
6. Social prescribing and asset-based community development



As usual there will are a number of key documents that PCNs and Integrated Care Systems will need to review and complete to access this funding.

The Development Fund Prospectus, Self-assessment Tool and Maturity Matrix are in the process of being shared with PCNs.

PCNs should:

1. Have used a diagnostic process to establish development needs e.g. maturity matrix

2. Have an idea of where they are aiming to get to, know where they are on the journey, and can demonstrate progress

3. Are functioning effectively as teams (including wider partners) and have made use of additional roles

4. Have worked on/are working on a service improvement project of some kind

5. Have formed PCN 'Boards' and borough-level fora – engaging with the ICS via the GP federations

6. Have a development plan in place, and have started implementing that plan

7. Be ready to deliver the DES specifications.

Key Primary Care Updates

Results March 2017 versus August 2019

The CQC has inspected all 118 GP practices across BHR CCGs:

- 106 have been rated 'good'
- 11 have been rated 'requires improvement'
- 2 have been rated 'inadequate' and placed in special measures

Inspection reports are presented to the BHR Primary Care Commissioning Committee - in some cases the practices are already being monitored by the CCG for contractual reasons.

The Committee reviews the report and where applicable takes further action.

In August 2019 Maylands Practice were upgraded to 'good' from requires improvement.

CCG	Total no. of practices		No. rated 'inadequate'		No. rated 'requires improvement'		No. rated 'good'	
	Mar-17	Aug-19	Mar-17	Aug-19	Mar-17	Aug-19	Mar-17	Aug-19
B&D	36	34	1	2	6	4	29	29
Havering	44	42	3	0	6	4	35	38
Redbridge	43	42	0	0	6	3	37	39
Total	123	118	4	2	18	11	101	106

3 CQC Inspections

Practices rated ‘inadequate’ & ‘requires improvement - note, Maylands have been removed from this list as they are now rate ‘good’ following their inspection in August 2019.

CCG	Practice_Name	Date of Report publication:	CQC Overall Rating	SAFE Rating	EFFECTIVE Rating	CARING Rating	Responsive Rating	WELL-LED Rating
NHS Havering CCG	Chadwell Heath Health Centre (Dr Hamilton-Smith/Dr Francis Oladimeji)	15.1.19	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
NHS Havering CCG	Rosewood Medical Centre	16.01.19	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
NHS Havering CCG	Rush Green MC - Dr B Beheshti	05.09.18	Requires improvement	Requires improvement	Good	Good	Requires improvement	Good
NHS Havering CCG	Dr K Subramanian/The Surgery	09.02.18	Requires improvement	Requires improvement	Requires improvement	Good	Good	Requires improvement

3 Recruitment, Retention and Leadership

GP Salaried Portfolio Innovation Scheme

- The scheme, developed in 2018/19 (now successfully rolled out across London) offers a permanent contract with a local GP practice for between 4 – 7 sessions per week, 2 sessions per week as a portfolio day for 12 months and a monthly peer support action learning sets with GP facilitation for 12 months
- In 2018/19 the scheme successfully employed 7 GPs to BHR (2018/19). As the scheme has come to a close some GPs are choosing to remain in BHR. This supports the promotion of recruitment
- GP Spin is now moving into its second year. Stakeholders this year include: BHRUT, NELFT, QMUL, LA, HEE, CEPN
- 8 ST3/GPs have successfully applied for the 2019/20 scheme which starts in September 2019

General Practice Nursing (GPN)

- To promote general practice nursing across BHR 4 nurse leadership positions have been established. This resource will be employed by the BHR Federations who are in the process of recruiting to these posts.
- These roles are to provide leadership, support and direction for GPNs across BHR in general practice as well as shape an ongoing strategy to improve GPN nurse recruitment and retention.
- Links have been established with the local community education provider network (CEPN) and training opportunities via CEPN and HEE now actively marketed to BHR Nurses through the CCG.
- BHR is now a member of the NELFT hosted Super hub (organisation of nurses across providers, commissioners) to increase the profile of nursing across the BHR health economy.

3 GP Online and Video Consultations progress

The Long Term Plan (2019) and GP contract reform sets out a clear direction of travel to provide digital access to NHS services to patients:

- **GP Online -** Target: All patients be enabled for online access by April 2020
  - Online Services for patients to enable appointment booking, ordering of repeat prescriptions, and access to information in their clinical record.
  - Highest achieving practice in BHR is at 66% (July 2019)

- **Online Consultations (eConsult) -**Target: All patients to have access to online consultation by March 2020
  - Online Services for patients to conduct clinical consultations with their GP practice online.
  - eConsult has been commissioned as the online consultations system for BHR.
  - BHR average achievement to date 41.8% (August 2019)

- **NHS App**
  - Launched in Havering 25th February 2019
  - Launched in Barking & Dagenham 4th March 2019
  - Launched in Redbridge on 6th May 2019

- **Video Consultations –** All patients to have access to video consultations by April 2021
  - Video consultation currently being piloted by eConsult (online consultations system provider), and to be rolled out to practices on completion of pilot.

3 GP Online and Video Consultations progress

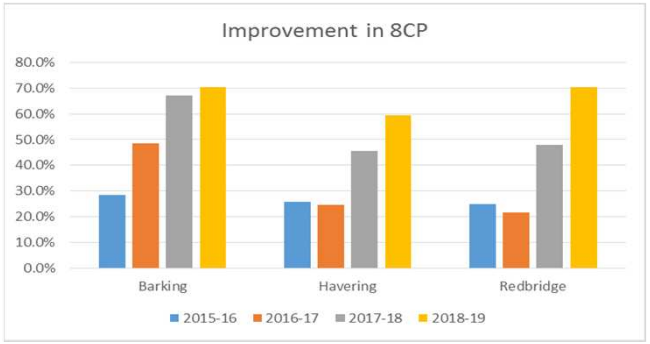
GP Online Summary – July 2019			
CCG	**Number of practices below 10%**	**Number of practices 10 – 29%**	**Number of practices 30%+**
Barking and Dagenham	4	23	7
Havering	6	29	7
Redbridge	1	16	25
BHR	11 (9%)	68 (57.6%)	39 (33%)
NEL	14 (5%)	141 (49.6%)	129(45%)
10% was the 2016/17 target for GP Online			

Online Consultations (eConsult) Summary – August 2019			
CCG	**Number of practices offering online consultations**	**% of CCG registered population with access to online consultations**	**London Average**
Barking and Dagenham	10	42%	London average for access to online consultations is 35%
Havering	10	22%	
Redbridge	24	58%	
BHR	44	41.8%	
Target for Online Consultations is 100% coverage by April 2020			

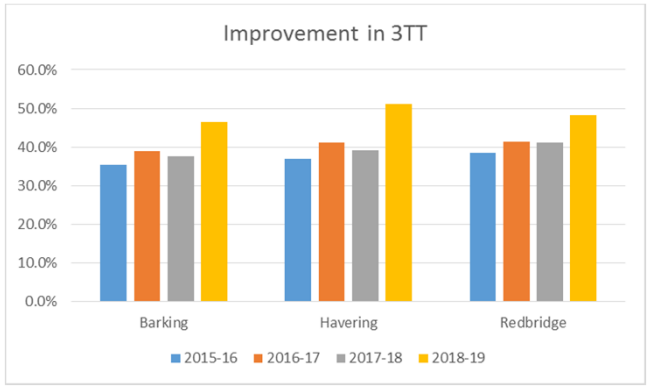
NHS App Uptake – September 2019			
CCG	**Uptake Numbers**		
Barking and Dagenham	230	Havering has the second highest uptake in London for NHS App (after Enfield CCG).	
Havering	1570		
Redbridge	477		
BHR	2277		

3 Diabetes

- From 2016-17 the CCG has invested in improving the quality of care for type 2 diabetics across BHR
- Work has focused on increasing the number of diabetics who receive annual reviews.
- The number of patients receiving 8 care processes (recommended by NICE) has risen since start by 22,967
- The number of patients achieving control of their diabetes (defined as on target for blood pressure, cholesterol and blood glucose levels, 3TT) has risen by 9,900
- ***In May 2019, this work won the HSJ Award for Best Diabetes Innovation. The award was made for it's impact in tackling inequality in diabetes care.***



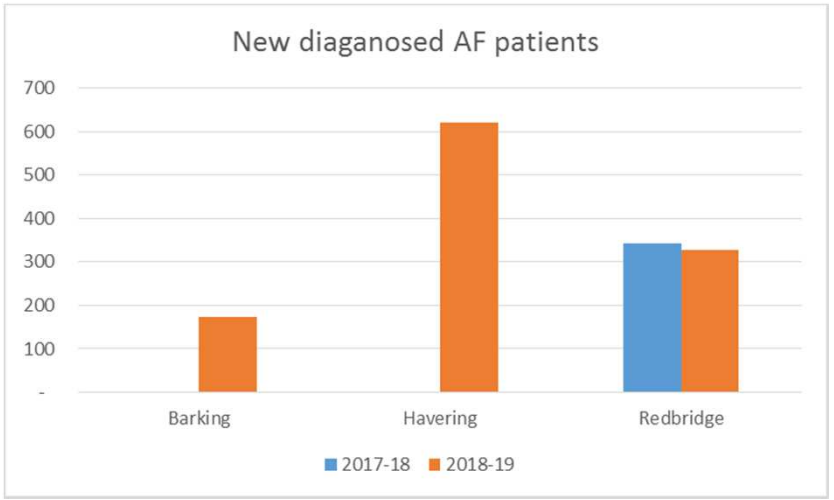
Patients (T2 %) 8 care processes				
CCG	2015-16	2016-17	2017-18	2018-19
Barking	28.4%	48.4%	67.2%	70.5%
Havering	25.8%	24.7%	45.6%	59.3%
Redbridge	25.0%	21.7%	47.8%	70.2%
BHR Average	26.4%	31.6%	53.5%	66.7%
England	53.9%	47.7%	58.8%	NK



Patients (T2 %) achieving tripple treatment target				
CCG	2015-16	2016-17	2017-18	2018-19
Barking	35.3%	39.0%	37.6%	46.5%
Havering	37.0%	41.1%	39.2%	51.1%
Redbridge	38.5%	41.4%	41.1%	48.3%
England	40.4%	41.1%	40.2%	NK

3 Atrial Fibrillation

- In 2016-17 Redbridge CCG led an initiative to increase the detection and treatment of Atrial Fibrillation (AF)
- Success in 2017-18 led to 'scaling-up' this quality improvement across BHR; Redbridge CCG had the second largest increase in AF patients across the England for 2017-18
- Our first full year across BHR has identified 1,121 patients with AF
- BHR CCGs & Barts Health AF Scheme was a nominated for the HSJ Value in Healthcare award 2019
- Redbridge AF scheme was previously recognised with an Anticoagulation Achievement Award 2018 and Healthcare Pioneers 2018 by the Arrhythmia Alliance.



CCG	2017-18	2018-19
Barking		173
Havering		620
Redbridge	344	328
TOTAL	344	1,121

Outcome - reduce incidence of stroke over future years

3 Primary Care Access

Access objectives: Access to practices and clinical appointments is one of the biggest patient issues reported in the national patient survey. Opening times and appointment volumes can sometimes vary although we are working with general practice to reduce this variation.

The aim of this service is to deliver a consistent, above average, level of clinical and physical access while encouraging efficiency improvement in participating practices.

A service was commissioned across all 3 CCG's to help address opening hours, appointments and practice demand management efficiency while supporting direct booking for NHS 111 - requirements are

- Practice opens 8 am – 6.30 pm Monday to Friday
- Three target level options for appointments /1000 patients set above the national average.
- Practices had to complete a demand management and efficiency improvement project
- Accept direct booking of appointments by the NHS 111 service
- Submit a baseline to show their current appointment level and a quarterly return

To illustrate the impact of this service, each practice signed up to the scheme delivers an estimated additional 5 appointments per 1,000 registered population, per week, so if a practice has 3,000 patients registered, they are delivering an additional 15 appointments per week on average

	Redbridge	B&D	Havering
Number signed up	37/42	31/37	29/43
Impact on access	Est. 68k appts (approx. 5 additional appointments per week per 1,000 registered population)	Est 43k appts (approx. 5 additional appointments per week per 1,000 registered population)	Est 54k appts (approx. 5 additional appointments per week per 1,000 registered population)
Wtd.Pop. 01.04.19	288,729	212,291	272,928
Proportion served	263655	182,000	208,408
	91%	85%	76%

3 Learning Disabilities

NHS National Operating Planning and Contractual Guidance requires CCGs to improve access to healthcare for patients with Learning Disabilities (LD). By 2020/21, 75% of patients on the Learning Disabilities (LD) Register should receive a health check on an annual basis.

2018-19 Learning Disabilities Data					
CCG	Patients on LD Register	Completed LD Checks	No of additional Patients receiving LD Check	% of Checks completed	% Improvements on 2017-18
Havering	928	733	18	**79%**	+5%
Barking & Dagenham	872	638	48	**73%**	+12%
Redbridge	1143	830	185	**73%**	+18%
BHR Totals	2943	2201	251	**75%**	+12%

The annual achievement of completed LD health checks in BHR for 2017/18 were all below 75% standard; individual results were 61%, 74% and 55% respectively.

Havering exceeded the NHS England standard of 75%, achieving **79%** in 2018-19, which is likely to be one of the best achievements in London.

An additional 251 LD patients received an LD health Check in 2018/19 across BHR with an overall average of 75% achievement of completed learning disabilities checks at a BHR level.

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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	NHS Long Term Plan Update
Board Lead:	
Report Author and contact details:	Simon Hall/Mark Scott East London Health and Care Partnership

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

The accompanying report summarises the East London Health and Care Partnership's development of a response to the NHS Long Term Plan.

RECOMMENDATIONS

Health and Wellbeing Board members to note the content of the report.

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REPORT DETAIL

Attached.

IMPLICATIONS AND RISKS

Report for information

BACKGROUND PAPERS

None

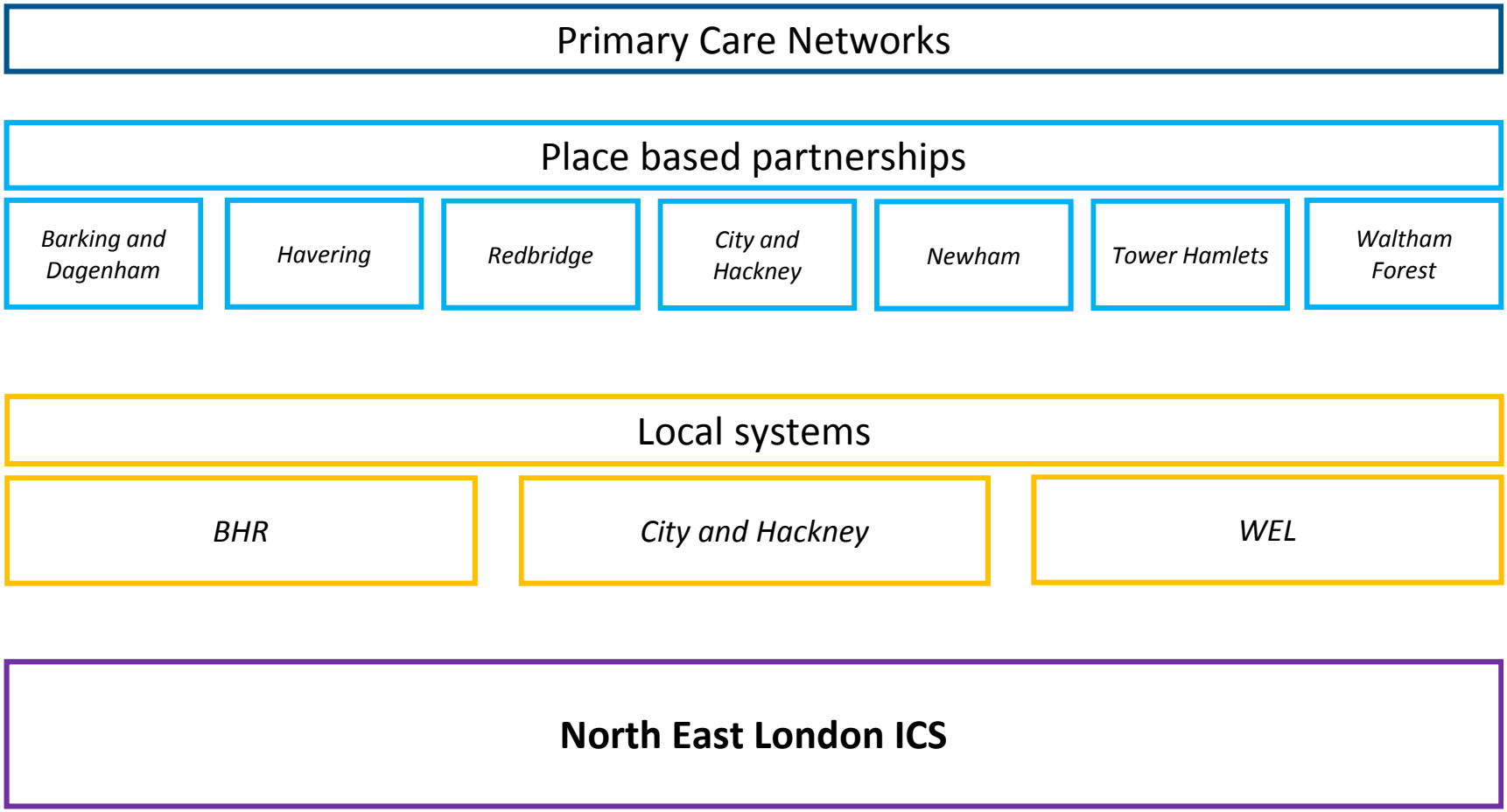
Developing a Long Term Plan for north east London

The East London Health and Care Partnership is developing a response to the Long Term Plan, setting out how partners (CCGs, providers, local authorities) will work together to provide high quality care and better health outcomes for patients and their families, through every stage of life. The document is a strategy for the next five years, which sets out how we will make the ambitions of the Long Term Plan a reality for the communities we serve.

The NHS Long Term Plan will make sure the NHS is fit for the future, providing high quality care for you and your family, throughout your life.

Our envisaged Health & Care System across North East London

Integrated Care & Collaboration – from the Networks to the ICS level



Long Term Plan background: 1

The national Long Term Plan was released in early 2019. It sets out how to make the NHS fit for the future.

By giving everyone the best start in life

- through better maternity services, including a dedicated midwife looking after a mother throughout her pregnancy.
- by joining up services from birth through to age 25, particularly improving care for children with long term conditions like asthma, epilepsy and diabetes and revolutionising how the NHS cares for children and young people with poor mental health with more services in schools and colleges.

By delivering world-class care for major health problems to help people live well

- with faster and better diagnosis, treatment and care for the most common killers, including cancer, heart disease, stroke and lung disease, achieving survival rates that are among the best in the world.
- supporting families and individuals with mental health problems, making it easier to access talking therapies and transforming how the NHS responds to people experiencing a mental health crisis.

By helping people age well

- with fast and appropriate care in the community, including in care homes, to prevent avoidable hospital admissions for frail and older people.
- by significantly increasing the numbers of people who can take control of their healthcare through personal budgets.

Long Term Plan background: 2

The national Long Term Plan sets out how the NHS will take action to make this ambitious vision a reality.

- **We will join up the NHS so patients don't fall through the cracks**, such as by breaking down the barriers between GP services and those in the community.
- **The NHS will help individuals and families to help themselves,** by taking a more active role in preventing ill-health, such as offering dedicated support to people to stop smoking, lose weight and cut down on alcohol.
- **The NHS will tackle health inequalities** by working with specific groups who are vulnerable to poor health, with more funding for areas with high deprivation and targeted support to help homeless people, black and minority ethnic (BAME) groups, and those with mental illnesses or learning disabilities.
- **We will back our workforce by increasing the number of people working in the NHS**, particularly in mental health, primary care and community services. We will also create a better working environment by offering better training, support and career progression and we'll crack down on bullying and violence at all levels.
- **We will bring the NHS into the digital age**, rolling out technology such as new digital GP services that will improve access and help patients make appointments, manage prescriptions and view health records on-line.
- **The NHS will spend this extra investment wisely, making sure money goes where it matters most.** The NHS will build on the £6 billion we saved last year by reducing waste, tackling variations and improving the effectiveness of treatments – this will include bearing down on red tape, ensuring the NHS is used responsibly, and curbing fraud and other abuses.

Forming our NEL Long Term Plan

- Determining how the ambitions in the national long term plan and the additional funding we will receive over the next five years should be translated into improved services for people in our area.
- Building on existing plans that local people have already helped us draw up
- Engaging at local system (BHR/WEL/C&H) and workstream (e.g. maternity/diabetes/primary care) level
- Healthwatch-led engagement to help to improve reach into communities and enhance understanding of issues among all parties
- Still more to do

he contents of our NEL LTP response document:

East Lon
Health &
Partners

he framing of our response is in line with the chapters of the LTP document.

Executive Summary

Scene setting

- Demographics
- Health Inequalities

Chapter 2 - Integrated Care

- Population Health for NEL
- Description of Integrated Care for NEL
- Three system overviews
  - C&H
  - WEL
  - BHR

Chapter 3 Prevention

- London Vision prevention: e.g. HIV/ Knife crime
- Public Health
- NEL specific prevention context

Chapter 4 - Delivery

- Primary and community care
- Transforming how we deliver UEC
- Rapid Diagnostic Centres
- Personalisation
- Social Care
- Clinical/surgical strategy

Chapter 5 Better care
Improved Outcomes

- Maternity
- CYP / 0-25
- Learning Disabilities
- Early MH
- Major LTCs Diabetes/CVD/Stroke/Respi y
- Meds Optimisation
- Cancer
- Ageing well
- EOLC Patient Safety and Experience
- The NHS Patient Safety Strategy

he contents of our NEL LTP response document:

Chapter 6 - Enablers

- Workforce and culture change
- Digital
- Estates
- Quality Improvement
- Research & Innovation
-

Chapter 7 - Sustainability

- Finance
- Activity
  - Specialist Commissioning – London Devolution
- Sustainability

Chapter 8 - Delivery

- 2021 vision
- Key risks
- Tracking + monitoring of our plans
- Next steps – deliver through systems

Themes of interest

- Population is growing and changing, things can't continue as they are
- We want to make sure they are treated by the right person, in the right place, at the right time – this is not necessarily in a hospital.
- Need to invest in our estate
- Primary Care Networks - covering around 30-50,000 patients in a neighbourhood, the network is a group of separate GP practices choosing to join forces:
  - with each other to address the challenges faced by general practice, and
  - with other community-based services to enable integration of care for patients.

Networks will be funded to recruit a new workforce and given support to make primary care more attractive for GPs in their 30s and 40s to work more than part time.

- Significant workforce challenges present an opportunity to engage with health and care workforce to design things differently for the future (roles, ways of working, use of technology etc).

ED at King George Hospital

BHRUT is developing its clinical strategy which will set out how it can meet the growing demand and changing needs of patients, while still providing the best possible care. The project is moving into its second phase, where a list of possible options for delivering care are developed from which preferred options will go into a final draft strategy, This is a set of standards which will be applied to each option to see which would work and provide the most benefit to patients. There will be some options which are not up for consideration, for example the Trust will keep a Type 1 Emergency Department at both hospitals.

To be clear: the Emergency Department at King George Hospital (KGH) is safe and there is a need for such provision both now and into the future.

It will continue to be a consultant-led service, open 24 hours a day, with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients (currently known as a Type 1 A&E department).

Timelines and key dates

Implementation guidance issued on 27 June 2019:
https://www.longtermplan.nhs.uk/publication/implementation-framework/

Process of compiling a draft for submission to NHS England on **27 September** is underway.
This process involves:

- Regular partnership meetings to review progress and content
- 31 July workshop to explore working together over the course of this planning period and beyond, and how we enhance local delivery of the work while facilitating a co-ordinated approach where helpful
- Drafts shared with partners for comment
- Updates to all HWBBs with opportunity for feedback and comments
- Sharing draft sections on our website for comment as we're able: www.eastlondonhcp.nhs.uk

Once the draft is submitted we will share and ask for further comments in **October.** Concurrently, NHSE/I will respond and feedback on this draft version allowing us to further amend and update before to final submission on **15 November.**

Our **16 October** event (save the date), will further engage partners in reviewing the first draft. This event will also provide an initial opening for discussion on how we move from planning towards an implementation phase.

Havering
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HEALTH & WELLBEING BOARD

Subject Heading:	Health Protection Forum Annual Report 2018-2019
Board Lead:	Mark Ansell, Acting Director of Public Health
Report Author and contact details:	Elaine Greenway, Acting Consultant in Public Health / Louise Dibsdall, Senior Public Health Strategist

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
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- ☒ Theme 4: Quality of services and user experience

SUMMARY

The Havering Health Protection Forum (HPF) supports the Council Director of Public Health in discharging their duty to protect health and prevent threats to health; by contributing to surveillance and challenge of local health protection arrangements.

This annual report reviews the priority areas identified in the 2017/18 report; summarises the work of the HPF during 2018-19; and outlines the priorities for 2019-20.

Overall, health protection arrangements in Havering are working well. There appear to be good working relationships between the variety of different agencies responsible for the commissioning and/or delivery of both direct and indirect functions to protect the health and wellbeing of Havering residents and visitors. However, there are areas where improvements could be made, such as uptake of flu and MMR vaccinations; this and other improvement areas are summarised on page5.

Each section of this report gives an outline of how the health protection system works for that area, key data trends or a diagram demonstrating how the system works, current concerns or highlights, and actions being taken. The final section of this year's report outlines how we intend to pilot a collaborative approach with Barking & Dagenham's health protection forum. This will not only create efficiencies for our statutory partners in terms of attendance at forum meetings, but will also create better health protection processes across the Barking, Havering and Redbridge CCG system.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to

- note the report, requesting further information/clarification on any aspect of the content

REPORT DETAIL

As attached

IMPLICATIONS AND RISKS

No further risks in addition to those already managed by relevant organisations that are responsible for health protection functions.

BACKGROUND PAPERS

None

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Havering Health Protection Forum

2018/19 Report

Contents

1. Foreword

As Director of Public Health (DPH) I am mandated to provide leadership for health protection and seek to be assured that arrangements to protect the health of the community are robust and implemented appropriately; escalating concerns as necessary.[1] On behalf of the local authority, I must ensure that there are preventative strategies in place locally to tackle key threats to health.

Overall, health protection arrangements in Havering are working well. There appear to be good working relationships between the variety of different agencies responsible for the commissioning and/or delivery of both direct and indirect functions to protect the health and wellbeing of Havering residents and visitors. However, there are areas where improvements could be made, such as uptake of flu and MMR vaccinations; this and other improvement areas are summarised on page 5.

I take this opportunity to thank HPF members for their commitment to health protection during 2018/19 and for their support in preparing the work programme for 2019/20.

Mark Ansell, Director of Public Health

2. Introduction

The Havering Health Protection Forum (HPF) supports the Council DPH in discharging their duty to protect health and prevent threats to health; by contributing to surveillance and challenge of local health protection arrangements. This annual report reviews the priority areas identified in the 2017/18 report; summarises the work of the HPF during 2018-19; and outlines the priorities for 2019-20. Each section of this report gives an outline of how the health protection system works for that area, key data trends or a diagram demonstrating how the system works, current concerns or highlights, and actions being taken. The final section of this year's report outlines how we intend to pilot a collaborative approach with Barking & Dagenham's health protection forum. This will not only create efficiencies for our statutory partners in terms of attendance at forum meetings, but will also create better health protection processes across the Barking, Havering and Redbridge CCG system.

The 2017/18 report indicated that the Forum would enhance its core remit by inviting additional stakeholders to join the discussions on topics where there would be benefit from wider engagement. Over the past year, the Havering Health Protection Forum meetings have therefore consisted of two main parts:

- quarterly updates and key issues have been discussed by core members of the forum,
- special-interest topic focused meetings have been held, which included invitation to attend the meeting to key representatives from other services with a role to play

These topic-focused meetings have encouraged discussion and debate with wider partners to generate improvements in the local health protection system. In addition, a standalone Winter Planning workshop was held in September 2018 to ensure local agencies were thinking about winter pressures and what could be done through early preparation to ensure a healthy local population. The workshop report is available on request.

3. Health Protection Forum Members

- London Borough of Havering (Public Health, Public Protection)
- Public Health England (PHE) North East North Central Health Protection Team
- NHS England (NHSE)
- Barking, Havering and Redbridge Clinical Commissioning Groups (BHRCCGs)
- Chair of Havering Borough Resilience Forum (BRF)
- North East London Foundation Trust (NELFT)
- Barking, Havering and Redbridge University Hospitals Trust (BHRUT)

[1] Local Government Association, Department of Health, Public Health England (2013) *Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013*

4. Review of 2017/18 Actions

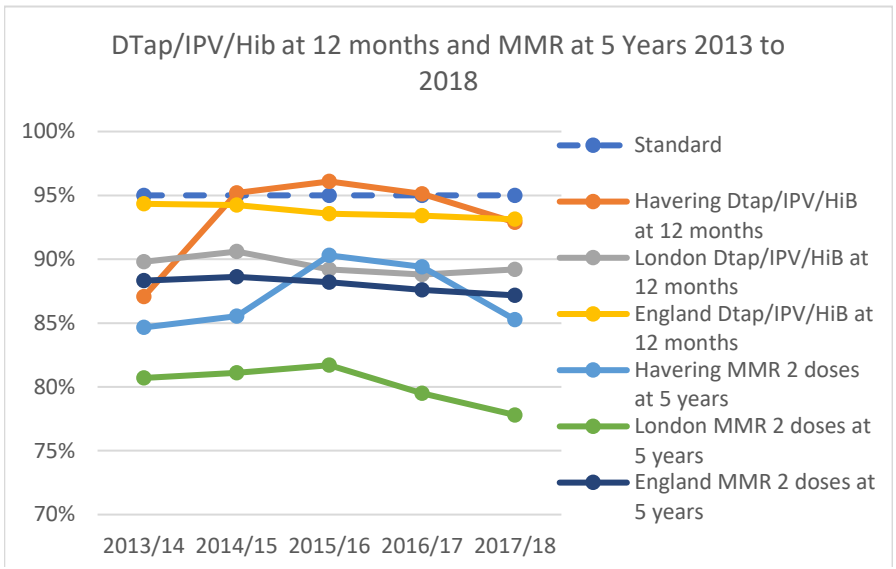
	Topic	Action	Outcome
1	Influenza vaccination	A multi-agency group will convene in September to receive and comment on NHSE/CCG flu vaccination plan (in the context of winter planning).	A Keeping Healthy this Winter workshop was held in early September 2018 with key partners. As a result, a free flu vaccination clinic was set up in the Salvation Army Centre, Romford, for a local GP to deliver flu vaccinations to homeless or rough sleepers. The clinic was replicated in Barking & Dagenham.
2	MMR Vaccination	Raise awareness of measles and the importance of MMR vaccination to frontline workers in healthcare settings.	Awareness and importance of MMR vaccination is communicated widely by NHSE and other media sources, but cases of Measles, Mumps and Rubella continue to rise globally due to low vaccination rates leading to reduced herd immunity. Havering MMR at 5 years old (i.e. receiving the required 2 doses) is currently at 85%.
3	Antimicrobial resistance	Multi-agency group to meet in October to consider and comment on local implementation of Antimicrobial Resistance Planning Group action plan.	A special topic-focused HPF meeting was held on 18th October 2018 to discuss AMR and its local issues. It was agreed that: • From a workplace wellbeing perspective, clear messaging and communication to manage expectations could be cascaded and enhanced through workplace and wider community health champions • LBH will investigate whether the Health Visiting contract includes provision for Health Visitors to communicate AMR messaging
4	Tuberculosis	A multi-agency group to consider where arrangements could be strengthened	A topic workshop focusing on TB was held in July 2018, with the following actions that were taken: • Staff from local drug and alcohol service (WDP) raised awareness of the risk factors for TB and HIV (risk factors include homelessness). • Information on self-referral to TB service was cascaded. • Arrangements were made for PHE to present information on TB to a GP PTI event. • PHE to broker Find and Treat Service to attend central Romford venue.
5	Air Quality	Air Quality Improvement Group will oversee implementation of the Action Plan and report progress to HPF.	AQAP group meet quarterly to review progress on actions in the plan. Several projects are in progress including: • School streets bid to MAQF to restrict cars from designated streets at school drop off and pick up times • Tree planting around the borough and in schools • New policy in Local Plan to ensure developers conduct a health impact assessment on their schemes, which includes assessing how air pollution during and post construction will be mitigated
6	Meningitis vaccination	Raise awareness of meningitis vaccine (ACWY) among those about to start university	The University toolkit developed by PHE was distributed via the schools portal in August 2018, and supported by a local communications campaign
7	Pandemic flu plan	Refresh pandemic flu plan	Havering's Pandemic Flu Plan is in the process of being revised.

5. Key topics of focus for 2019/20

The following describes the key topics that the HPF plans to focus on during 2019/20. The topics have been chosen either because the HPF has identified a priority issue that requires improvement/closer scrutiny, or that the HPF considers that there is value in partner organisations coming together to look at existing arrangements and considering whether there is anything further that could be done to make improvements locally. Ongoing monitoring will continue across all areas of health protection, and where issues arise, these will be added as key topics.

	Topic	Why Chosen	What will be done
1	Vaccinations: • MMR • Meningitis (MenACWY) • Shingles • Flu	• The number of reported cases of measles and mumps, both of which are preventable with a simple vaccine, have been rising across the UK. In 2018 there were 9 cases of measles and 21 cases of mumps in Havering. • Following the introduction of the MenACWY vaccination, the national numbers of cases of MenW have decreased, but cases of MenC and MenY have continued to increase. To achieve herd immunity, the uptake of MenACWY vaccination needs to further increase. • Whilst the percentage uptake of shingles is higher in Havering than London and England, the HPF acknowledge the demographics of Havering means that there are large numbers of older people in the borough who are not vaccinated. • Uptake rates of the flu vaccination are lower than the desired standard for all targeted vaccination groups across Havering, London and England. There has been an overall and steady decline in flu vaccination uptake since the start of the programme	• NHSE have developed a London MMR Action Plan to increase uptake • Continue to raise awareness of availability of free MenACWY vaccine to young people up to the age of 25, particularly those starting university (Freshers) • HPF to support shingles vaccination uptake through health champion programme / local comms • A Flu Improvement plan is being developed jointly between NHSE and the CCGs across the NEL STP area focusing on 2 and 3 year olds, at risk under 65s and primary care frontline healthcare workers.
2	Bowel Cancer Screening	Implementation of faecal immunochemical testing (FIT), to replace faecal occult blood testing (FoBT), has started for self-referrals. 100% roll out of FIT is imminent nationally	HPF to support and locally enhance national campaigns through health champion programme / local comms
3	Antimicrobial resistance	Antimicrobial resistance is a public health concern. Whilst the majority of actions are the responsibility of prescribers, many organisations can support the drive to tackle the problem, by bringing the issue to public attention.	Multi-agency group to meet in 2019/20 to consider and comment on local implementation of Antimicrobial Resistance Planning Group action plan.
4	Air Quality	Poor air quality has a direct impact on the health and wellbeing of residents, workers, commuters and visitors. An Air Quality Action Plan has been approved by Cabinet to make progress towards reducing key pollutants, Nitrogen Dioxide (NO_2) and Particulate Matter (PM_{10} and $PM_{2.5}$)	Air Quality Improvement Group will oversee implementation of the Action Plan and report progress to HPF.
+	Adverse Weather Planning (Summer and Winter)	Whilst the emergency services are well prepared to respond, year-round planning for adverse weather conditions needs to be embedded in organisational plans.	Summer Planning workshop to be held to consider how year-round planning can be better implemented.

6. Immunisations: Routine Childhood Immunisations



How the System Works

- NHSE overall responsible for childhood imms programme – some delegation to Havering CCG
- PHE provides advice, surveillance and guidance
- DPH supports and advocates for improved access and uptake
- GPs deliver pre-school imms
- NHSE commissions Vaccination UK to deliver school-aged imms in Havering , incl. flu nasal spray, HPV (girls 12-13) and MenACWY (age 14)
- Childhood imms recorded on GP systems and on Child Health Information System

Current concerns

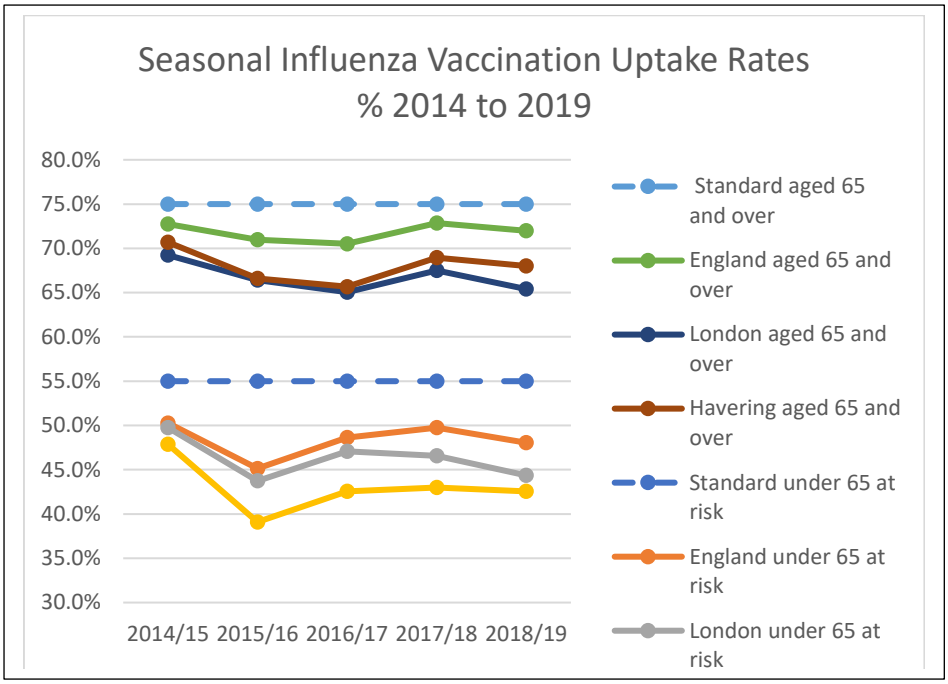
- Childhood immunisations are standard practice for GP surgeries, as per the Routine Immunisation Schedule[2]. Data are reported by NHSE via Cover of Vaccination Evaluated Rapidly (COVER). However, a number of practices in outer NEL have not signed a data sharing agreement so data flows between practices and the CHIS have been affected. This in turn has impacted on accurate COVER reporting.
- DTap/IPV/HiB uptake rates are a good indicator of how effective the routine childhood vaccination programme is. However, there appears to be a downward trend in the uptake rate of this vaccine (<95%) in recent years.
- Over 2018-19, there have been an increasing number of cases of measles and/or mumps, including some significant outbreaks in mainland Europe. Herd immunity for measles, mumps and rubella can be achieved when the uptake of MMR vaccination is at 95% or greater. However, the percentage of children who receive the required two doses of MMR vaccine by 5 years of age, MMR2, is at 85% in Havering, worse than for England.
- Cases of meningitis and septicaemia caused by the strain of Men W bacteria have been rising since 2009, and so delivery of the MenACWY vaccination programme in senior schools is important.

Actions being taken

- The issues regarding data linkage have been escalated within BHR CCSs and NHSE and meetings are taking place between these commissioner and provider organisations to resolve the issues.
- NHSE have developed a pan-London MMR action plan to improve uptake of MMR, which can be adapted to develop appropriate local actions. Through Making Every Contact Count (MECC) principles, adults with no record of MMR vaccination should be offered vaccination – this is especially important for those in contact with people who are immunosuppressed or new entrants with no previous record. Other than standard contraindications, there are no known additional risks to receiving the vaccination twice if status is unknown.
- The NHSE contract with GPs requires practices to identify 10 and 11 year old patients who have not received 2 doses of MMR and call/re-call them.
- As part of the school aged booster programme commissioned by NHSE, the MenACWY vaccine will continue to be provided to children in schools years 9 or 10 with a catch-up campaign for years 10-12. Pupils will also have their MMR status checked at this vaccination appointment and be offered the MMR if status is unknown or not yet received. University entrants up to age 25 will also be offered the MenACWY vaccination.
- The national drive to increase MenACWY vaccination, which protects against four different strains of meningococcal bacteria that cause meningitis (including W strain) and septicaemia, will continue in 2019-20.

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741543/Complete_immunisation_schedule_sept2018.pdf

7. Immunisations: Seasonal Flu



How the System Works

- NHSE commissions GPs, pharmacists (and locally Vaccination UK) to deliver flu vaccinations
- Children, pregnant women, people 65 and over, under 65s clinically at risk , and carers, are eligible for free vaccinations
- Frontline health and social care staff eligible for free flu vaccination at GP or pharmacy by showing their ID badge
- Other people can buy a flu vaccination from most pharmacies

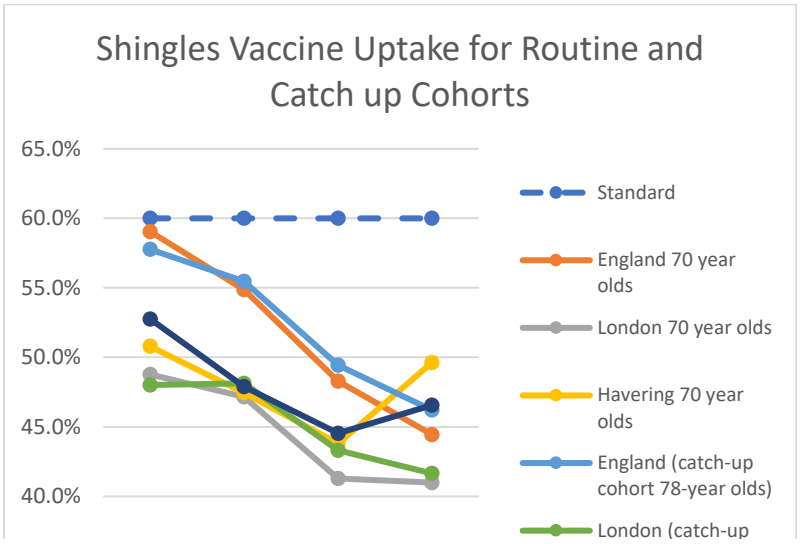
Current concerns

- Uptake rates of the flu vaccination are lower than the desired standard for all targeted vaccination groups across Havering, London and England. There has been an overall and steady decline in flu vaccination uptake since the start of the programme.
- Distrust in vaccination by some anti-vaccination groups are compounding the issue, along with negative media reporting about the effectiveness of the vaccine. Antigenic drift and shift is normal for a flu virus and so there may be other strains of flu circulating at the same time as the predominant strains which have been used to create the vaccine. A person may still get flu from these less common strains, but the vaccine will protect against the predominant circulating strains.
- In the 2018-19 season, there were issues with the delivery of adjuvanted trivalent influenza vaccine (aTIV) stock for the over 65s which impacted on uptake rates for this cohort.
- Data transfer between pharmacies and GP practices for flu jabs received at pharmacies continues to be problematic due to differing IT systems.
- Vaccination UK, the provider for the school vaccinations programme, experienced challenges with data sharing with schools with respect to new GDPR regulations.

Actions being taken

- NHSE is seeking assurance from providers of the aTIV vaccine that there will be sufficient stock available for the 2019/20 season.
- A Flu Improvement plan is being developed jointly between NHSE and the CCGs across the NEL STP area focusing on 2 and 3 year olds, at risk under 65s and primary care frontline healthcare workers.
- A housebound flu Local Improvement Scheme (LIS) is being developed by BHR CCGs for the 2019-20 season; GPs who sign up to this LES will ensure patients unable to attend a flu clinic will be visited in their homes to receive the vaccination.
- NHSE, the commissioners of the school-aged vaccination programme are working with head teachers of eligible schools to ensure mutual understanding of data sharing that does not contravene any GDPR issues.
- VUK will continue to support schools in delivery of appropriate comms messages with the aim of increasing vaccination uptake in all groups.

8. Immunisations: Adult



How the System Works

- NHSE commissions GPs to deliver routine adult imms
- People aged 65 years are eligible for a free pneumococcal vaccination (PPV), given once only
- Adults aged 70 or 78 years are entitled to a Shingles vaccination
- Pregnant women are offered a free pertussis vaccination from 16 weeks gestation to prevent whooping cough in newborns

Current concerns

- Four vaccinations are given routinely in adulthood; Pertussis (whooping cough) to pregnant women, flu vaccinations (as per Section 7), PPV[3] (for pneumonia) and shingles. Adults with uncertain or incomplete immunisation status should be assessed and offered vaccination where appropriate. Whilst there are no specific concerns regarding Pertussis and PVV, commissioners and providers continually seek to improve uptake.
- There remains some confusion amongst GP practices regarding who is eligible for a shingles vaccine. Shingles is a painful condition affecting people who have previously caught chicken pox, in most cases decades after the original infection. Shingles cannot be caught; it is a reactivation of the dormant virus in your body, which can be highly debilitating.
- A shingles vaccination has been developed which is designed to reduce the severity and length of a shingles episode, should it occur.
- People aged over 70 are most at risk from shingles and so a vaccination is offered at any time in the year they turn 70, with a catch-up cohort at 78 years old. In addition, anyone who was previously eligible (born on or after September 2 1942) but missed out on their shingles vaccination remains eligible until their 80th birthday.
- The shingles vaccine is not available on the NHS to anyone aged 80 and over because it seems to be less effective in this age group.
- Whilst the percentage uptake of shingles is higher in Havering than London and England, the HPF acknowledge the demographics of Havering means that there are large numbers of older people in the borough who are not vaccinated, and so will seek further improvement in uptake locally.

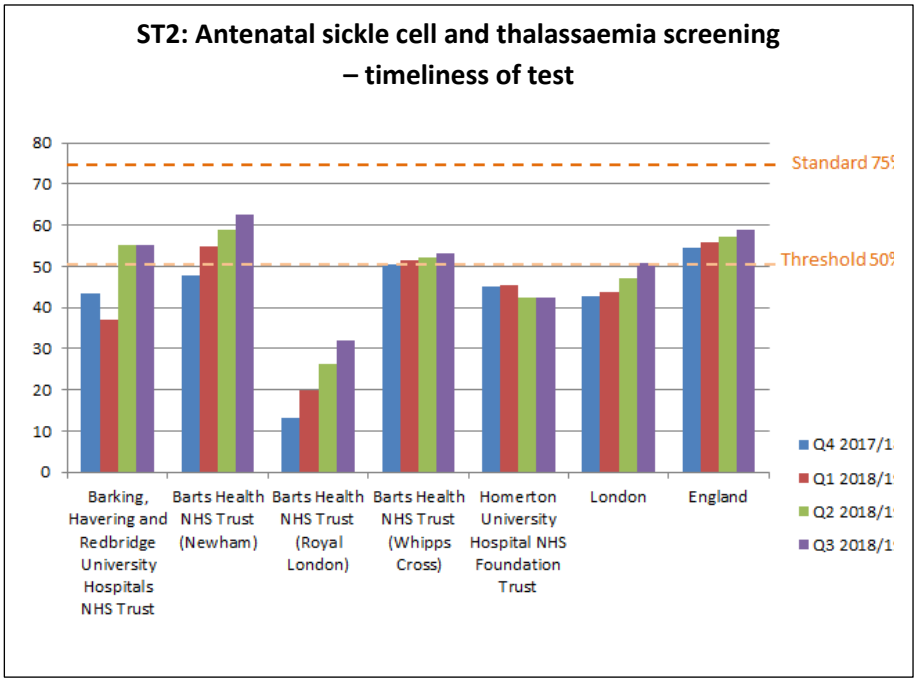
Actions being taken

- NHSE are continuing to raise awareness of shingles vaccine through national and local promotion, supported by a Shingles Good Practice Guide containing advice and guidance on how to improve shingles vaccine uptake which was developed by NHSE[4].
- NHSE are delivering action planning sessions with practices and CCG/Local Authority Public Health teams to create plans to improve and sustain developments.

[3] Pneumococcal polysaccharide vaccine

[4] https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/08/good-practice-guide.pdf

9. Screening: Antenatal & Newborn Screening Programmes (Non-Cancer)



How the System Works

- The UK National Screening Committee (UKNSC) oversees screening policy and sets standards for the programme
- NHSE commissions antenatal and newborn screening programmes
- The majority of screening tests are delivered by maternity services, although GPs provide 6 week check
- Child Health Information System Hubs provide a failsafe check to identify untested babies and inform health visitors (primarily mothers/babies who have newly moved into the area)

Background

- The Antenatal & Newborn Screening Programme (ANNB) aims to find health problems that may affect mother or baby, such as infectious diseases, physical abnormalities, chances of inherited disorders or chromosomal abnormalities
- Screening tests consist of ultrasound and blood tests, newborn physical examination and hearing screening
- The earlier a mother can confirm pregnancy, the earlier they can be booked into the maternity system and start the screening process

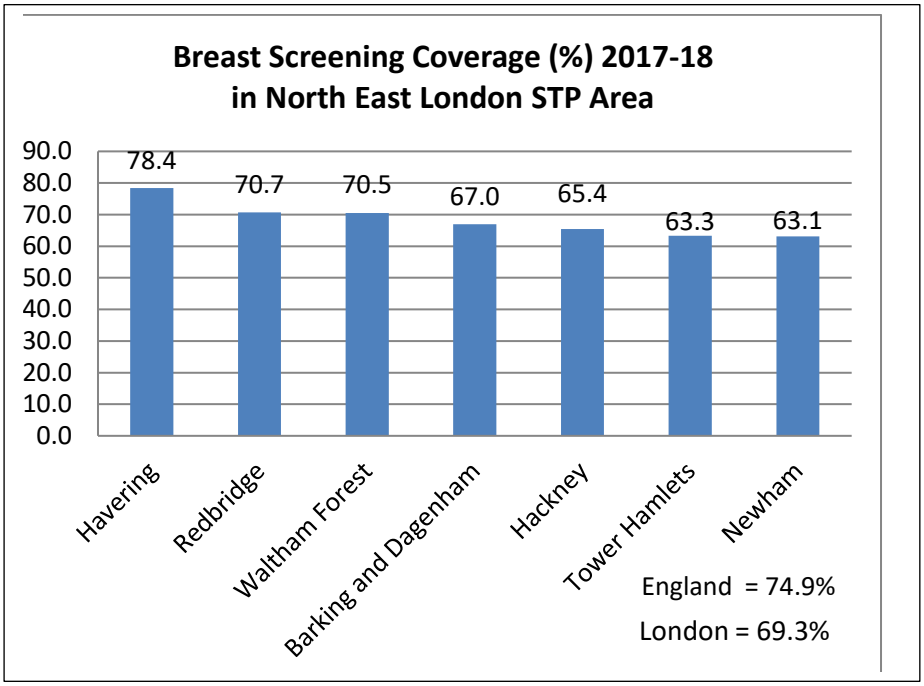
Current concerns

- The latest published quarterly data show that a small number of Key Performance Indicators are below nationally agreed acceptable levels
    - ST2: proportion of women having antenatal sickle cell and thalassaemia screening for whom a screening result is available by 10 weeks + 0 days gestation is just above the threshold level (see graph above).
    - NB2: latest available data for Q3 2018-19 shows avoidable repeat testing for newborn blood tests is 2.2% (target is 2.0% or less)
- Due to issues with staffing within the haematology genetic counselling service there were delays in identifying at-risk couples, offering prenatal diagnostic testing and pregnancy management options – this led to a serious incident. Contributory factors include delayed turnaround times for antenatal sickle cell and thalassaemia screening samples with delay in transportation of samples from Queens Hospital to King George's Laboratory and lack of senior biomedical scientist in Laboratory to authorise results.

Actions being taken

- NHS England are monitoring completion of Public Health England (PHE) screening quality assurance service recommendations and Trust action plan from this incident.
- NHSE are working with BHRUT to increase the number of women who have results available for Sickle cell and Thalassaemia by 10+0 weeks gestation (ST2). NHSE have set trajectories for the Trust for 2019-20 to help met these national standards and the Trust have submitted an improvement plan to achieve the set targets.
- Work is required at national and local level and with community groups to encourage women to self-refer and book for maternity care as soon as possible (ideally before 10 weeks).

10. Screening: Cancer Screening Programmes



How the System Works

- UK National Screening Committee oversees screening policy
- NHS England commissions cancer screening programmes
- PHE provides expert advice, surveillance, and guidance
- Contracts are held with NHS Trusts /private providers / GPs / laboratories (inc multi-disciplinary teams)
- Bowel screening age 55: a one off bowel scope screening test, 60-74 a home testing kit every 2 years, over 75 can request a home testing kit every 2 years
- Breast screening; every 3 years women 50-70 (over 70 can self-refer). NHS is currently undertaking an extended trial to invite women younger and older – 47 to 73 years.
- Cervical screening for women aged 25-49 every 3 years and those aged 50-64 every 5 years

Background

- Population screening programmes identify apparently healthy people who may be at increased risk or a disease or condition, enabling earlier treatment and better informed decisions.
- There are three national screening programmes for cancer (breast, bowel and cervical)[5]; breast screening is not included in the above chart as the programme as is meeting the 70% uptake standard.
- Prostate cancer screening is not included in the cancer screening programme, as there is currently no reliable screening test

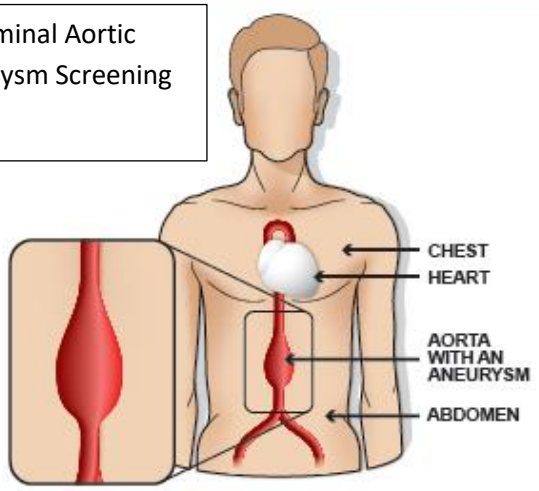
Actions being taken

- Bowel:
  - Implementation of faecal immunochemical testing (FIT), to replace faecal occult blood testing (FoBT), has started for self-referrals. 100% roll out of FIT is imminent, date to be confirmed, but it will be in the next couple of weeks, and this will be national.
  - Barking, Havering & Redbridge University NHS Trust (BHRUT) has been RAG rated as green, meaning that the Trust, based on national criteria, is FIT ready.
  - Bowel Scope has rolled out to 29 of the 44 practices. There is no date for completion
- Breast: No exceptions to report
- Cervical:
  - Health Service Laboratories (HSL) were the successful bidders for the Primary HPV London Hub. All samples will go through the single primary HPV lab for April 2020
  - Queens currently has backlog of 3570 (11/06/2019), 25 days for results (standard is 12 days) to go out. Queens have been given additional funding by NHSE & I to tackle backlog, to either outsource samples or use locums. Current projections to get down to 12 days, is December 2019, but if they outsource or use locums, they could achieve this by the end of August 2019. NHSE & I are currently working closely with Queens to go through their latest plans

[5] https://www.gov.uk/topic/population-screening-programmes

11. Adult Non-Cancer Screening Programmes

Abdominal Aortic Aneurysm Screening (AAA)



How the System Works

- There are two non-cancer screening programmes: diabetic eye screening (DES) and abdominal aortic aneurysm (AAA).
- NHS England (London) re-procured Diabetic Eye Screening provision in Nov 15;
  - the number of Diabetic Eye Referral Centres in London were reduced from 17 to 5, each new service being aligned to the STP geographical footprint.
  - DESP provision differs in Havering from the rest of the NEL patch as it is provided in high street optometry practices.
- There are 41 local AAA screening services covering the whole of England. NHS England (London) region has procured a new screening provider, InHealth, for AAA in North London
- Each local service (AAA or DESP) coordinates screening for the population in its area and organises invitation letters, screening and surveillance clinics, results letters and referrals to the appropriate network.

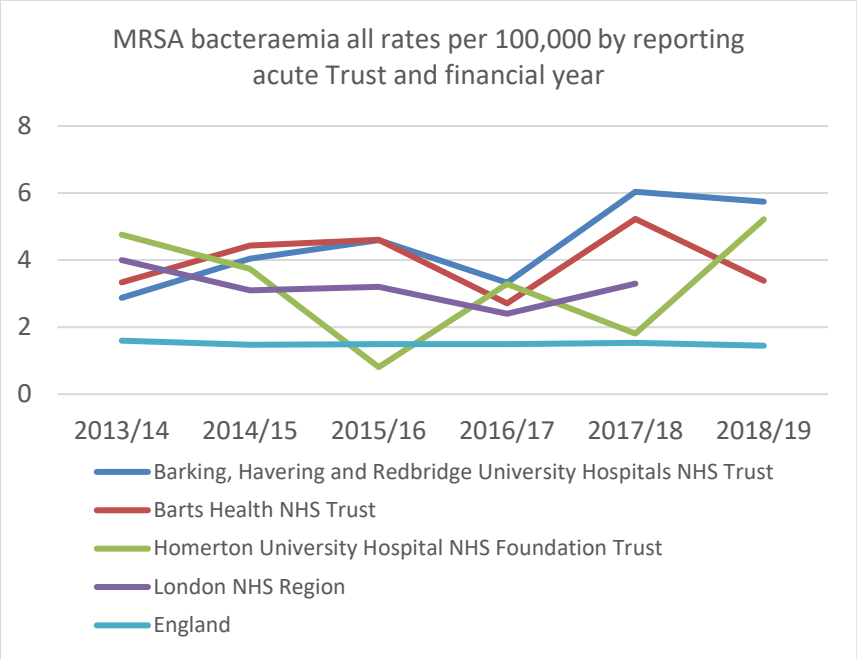
Background

- People living with diabetes are at risk of vision loss due to diabetic retinopathy. Annual DES is offered to all people with type 1 or type 2 diabetes aged 12 and over. Havering uptake of DESP is amongst the highest in London at 85.5% by the end of Quarter 4 2017/18, and higher than England.
- Women with pre-existing diabetes who become pregnant require DES screening due to the risks associated with diabetes to both mother and baby.
- AAA is offered to men aged 65. Screening helps to reduce the rate of premature death from ruptured AAA by up to 50 per cent One in 70 men have an AAA; deaths from ruptured AAA, around 3,000 per year, account for 1.7% of all deaths in men aged 65 and over. Havering uptake of AAA screening is the highest in NEL at 86% (5% above national average).

Actions being taken

- Although there are no current concerns regarding overall uptake rates, InHealth are required to undertake a Health Equity Audit (HEA) at the end of the first year of their contract which will inform strategic planning to help address any inequalities in access to the screening programme
- As part of their contract roll out, InHealth have developed a making every contact count (MECC) strategy, that seeks to optimise the service's contact with each man that attends for a screen and sign-post to other relevant/available health services.
- NHSE and InHealth will look to work in partnership with local stakeholders as the service develops, to ensure it is delivering the best outcomes for the population of Havering.
- NEL DESP are currently rolling out a surveillance service for people who have low risk retinopathy, identified through screening. This prevents referral to ophthalmology where they would only continue to be monitored, with no intervention. This is better for the patient, safer in terms of management and administration and provides a significant cost saving to the system.
- DESPs are also currently working with STP diabetes leads to develop a MECC strategy that supports referrals to structured education.
- NHS England are looking to commission a pan-London HEA to support a strategic approach to tacking any identified inequalities that impact participation in diabetic eye screening.

12. Infectious Diseases: Health Care Associated Infections



How the System Works

- The Department of Health sets tolerance target for Acute Trusts for MRSA and *C.difficile* (for MRSA this is set at zero)
- PHE monitors numbers of infections that occur in healthcare settings through routine surveillance, and advises on prevention and control in places such as hospitals, care homes and schools.
- BHRUT and NELFT have infection prevention policies and procedures in place, and report HCAIs to their respective Boards

Background

- Healthcare-associated infections (HCAIs) pose a serious risk to patients, staff and visitors, and incur significant costs for the NHS. So infection prevention and control is a key priority for the NHS.
- HCAIs develop either as a result of interventions such as medical or surgical treatment, or from being in contact with the infection in either an acute or a community healthcare setting.
- The term HCAI covers a wide range of infections. The most well-known include Methicillin-resistant *Staphylococcus aureus* (MRSA) which lives harmlessly on the skin of around 1 in 30 people but can cause serious infection if it gets deeper into the body as it is resistant to widely used antibiotics. *Clostridium difficile* (*C. difficile*) is a bacteria that can infect the bowel and cause diarrhoea.
- PHE has carried out mandatory enhanced surveillance of MRSA bacteraemia since October 2005; patient-level data of any MRSA bacteraemias are reported monthly to PHE. Independent sector (IS) healthcare organisations providing regulated activities also undertake surveillance of MRSA bacteraemia.
- Whilst surveillance focuses on infections such as MRSA and *C.difficile* , infections such as influenza, norovirus and measles can also be passed on in a healthcare setting and so are also monitored.

Current concerns

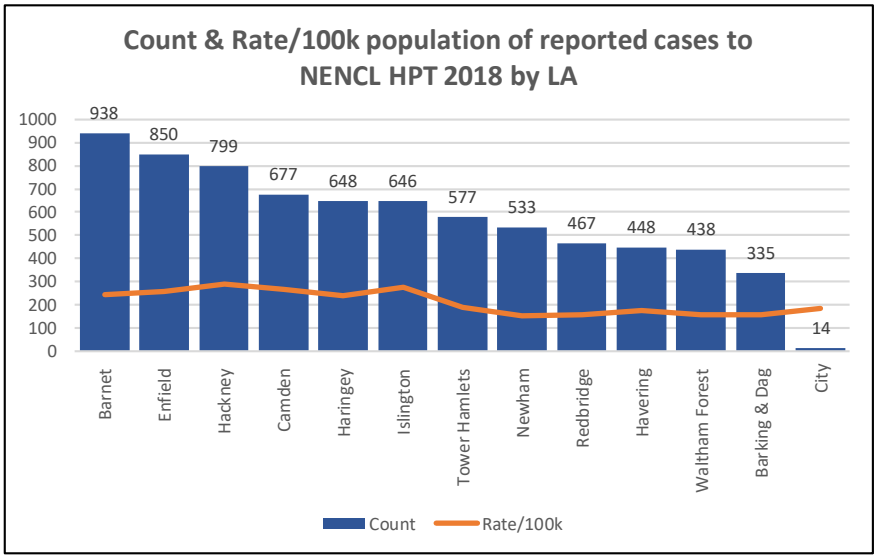
- Data from the local acute Trust (BHRUT) show that for the year April 2018 to March 2019, BHRUT had five cases of MRSA and nine cases of *C.difficile.*
- Annual data is shown in the table above[6].

Actions being taken

- Anti-microbial resistance (AMR) was one of the PHE priorities to implement the PHE-led actions in the UK AMR National Action Plan, and support Department of Health and Social Care to deliver the UK global AMR related commitments including the Global Burden of Disease project.
- A sector-wide (North East London) antimicrobial resistance strategy group (AMRSG) has been established to seek ways to ensure appropriate prescribing to reduce the risk of antibiotic resistant organisms
- Infection, Prevention and Control (IPC) teams at both the acute Trust (BHRUT) and community trust (NELFT) have action plans, policies and procedures in place to reduce and/or prevent the number of infections from MRSA and C.Diff.

[6] Data Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/815157/MRSA_annual_tables_2019.xlsx

13. Infectious Diseases: Notifiable Infections and Outbreaks/Incidents



How the System Works

- Registered medical practitioners have a duty to notify suspected cases of certain infectious diseases
- North East & North Central Health London Protection Team (NENCLHPT) provides a 24/7 service; conducting public health risk assessment for individual notifications of infectious diseases and non-infectious environmental hazards; lead outbreak investigation, management and control and provide advice.
- LBH Public Protection Services (trading standards, environmental health and licensing) works with the NENCLHPT and NHS in investigating and responding to outbreaks
- The NENCHPT produce weekly and monthly infectious diseases reports that form part of the surveillance function of the Director of Public

Background

- Notification of infectious diseases (NOIDs) refers to the statutory duties for reporting notifiable diseases[7].
- PHE aims to conduct a timely public health risk assessment and identify possible outbreaks of disease as rapidly as possible. Therefore, registered practitioners should report suspected cases of notifiable diseases and not wait for laboratory confirmation.
- In 2018, 448 cases were notified. Havering has one of the lowest number of notifications in NENCL, ranked 10th lowest out of 13 L.As.

Key Facts

- **NOIDs** - In 2018 the most commonly reported infection in Havering is Campylobacter (170 cases), followed by Scarlet Fever (86 case), pneumococcal infection (30 cases) and salmonella (29 cases),
- Campylobacter and Salmonella are common causes of food poisoning. Although Campylobacter was the most commonly reported NOID in Havering, when compared with regional data for 2017, Havering is classified as having a "better rate" (66/100,000) when compared to nearest neighbour London Boroughs, and a "similar" rate to London region (63/100,000) [8].
- **Legionella –** there were six cases of legionnaires disease in 2018. Half of these cases were related to overseas travel and two linked to a local cluster. National Fingertips Data for 2016 (most recent national data), shows that Havering has the highest rate of 1.58/100,000, when compared with "nearest neighbour" LAs and London region (0.51/100,000). However, given the small numbers overall the rate is classified as "similar" to that of the London Region[8].
- **Outbreaks/Incidents:** NENCLHPT managed 37 outbreaks and incidents across Havering in 2018.
    - 11 were in care homes due to suspected norovirus. 3/11 were due to Scabies outbreaks, which usually requires all residents and staff to receive topical treatment.

[7] Notifiable diseases https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-diseases

[8] PHE Fingertips Health Protection Profiles. PHE Fingertips Health Protection Profiles - Havering

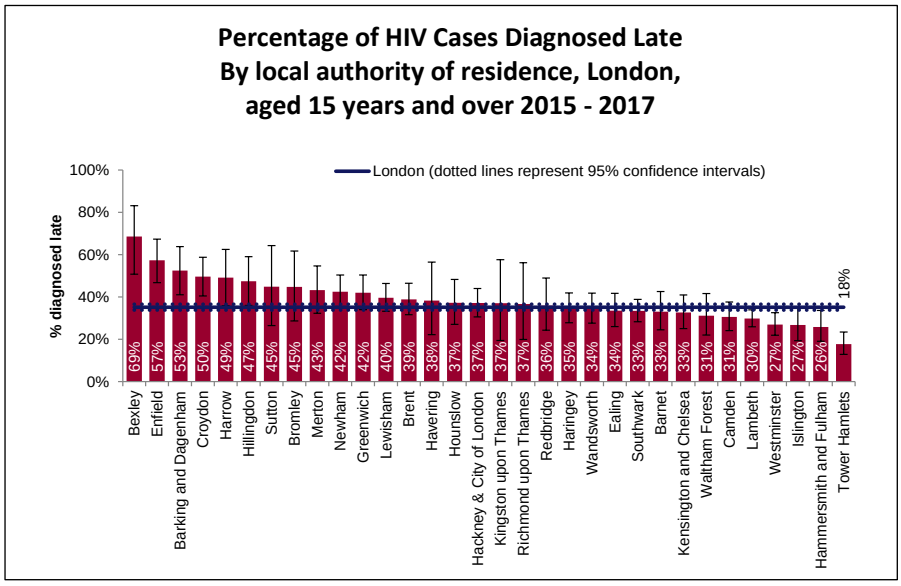
- There were no reported influenza outbreaks in care homes across Havering. However, it is important to note the uptake of influenza immunisations in those in risk groups and 65 yrs and over falls below national targets (55% and 75% respectively).
- 7 incidents were reported in schools and 8 were in nurseries.
- During 2018 there was increased measles activity across NENCL with a total of 291 confirmed/probable cases. Most cases were located in Hackney and Haringey. Overall in 2018 Havering had 3 confirmed cases. These cases were linked to a nursery outbreak at the beginning of 2018. This outbreak was further complicated by co-circulating scarlet fever infection. In addition to providing advice to the nursery, information was shared with staff and parents, promoting the importance of MMR vaccination and the incident prompted a review of local healthcare providers to consider the MMR coverage for healthcare workers. Wider communication across acute and primary care and schools was cascaded throughout 2018 in response to the national/regional and NENCL measles situation.

- There were two postcode clusters of Legionnaires Disease. These clusters are identified from enhanced surveillance as the cases visited/live within close proximity of each other. On such occasions the HPT work with the EHO team/relevant providers to consider if there any obvious or potential ongoing source(s).

Actions being taken

- Review of the Legionella epidemiology for cases who reside in or who are linked to Havering.
- Reinforce messages to medical practitioners re notifying suspected cases of infectious diseases.
- Continued measles activity across London, coupled with fall in uptake of seasonal influenza immunisation for those in risk groups and aged 65+, highlights the need for and continued efforts to maximise opportunities to promote immunisation across relevant population groups including health and social care occupations.

14. Infectious Diseases: Blood Borne Viruses and Sexually transmitted infections (STIs)



How the System Works

- LBH is responsible for commissioning sexual health services (inc HIV testing). LBH opted-in to a national HIV self-sampling service procured by PHE,
- NHSE is responsible for HIV treatment
- NHSE commissions HIV testing as part of antenatal screening. If HIV is detected, then antivirals reduce the viral load to protect the health of the mother and reduce risk of mother-to-child transmission. HIV
- PHE implemented national surveillance standards for hepatitis B in 2007 which provided the framework for more consistent reporting of cases.
- LBH commissions local drug and alcohol service, which arranges testing for BBVs, and advises clients on prevention

Background to Blood Borne Viruses

- Blood-borne viruses (BBVs) are viruses carried in blood; transmission is by exposure to infected blood and body fluids contaminated by blood, most often through sexual contact, blood-to-blood contact and perinatal. BBVs most closely monitored are HIV, Hepatitis B (HBV) and Hepatitis C (HCV).
- **HIV**
  - The new diagnosis rate for London residents aged 15 years or older was 21.7 per 100,000 and although much higher than the rate of England (8.7 per 100,000), there was a 22% fall from 2016. Since 2016, the fall has accelerated from previous years due to a large drop in the number of new diagnoses in men who have sex with men (MSM). The rate in Havering was 8 per 100, 000 and has one of the lower rates of new HIV diagnoses in London.
  - The diagnosed prevalence rate of HIV in London in 2017 was 5.7 per 1,000 residents aged 15-59 years with all local authorities in London having a diagnosed HIV prevalence rate in excess of 2 per 1, 000 population aged 15-59 years in 2017, which is the threshold for expanded HIV testing. Diagnosed HIV prevalence in Havering remains low at (2.1 per 1,000 compared to England 2.3 per 1,000). Those most at risk of HIV are men who have sex with men, and black African men and women, particularly if born in a country with high HIV prevalence. Where HIV is diagnosed late, this means a higher risk of passing on infection and poorer health outcomes.
  - There has been a steady improvement in reducing late diagnoses in Havering between 2009 and 2016 with over 50% in 2009-10, reducing to 37.5% in 2014-16. However, between 2015 and 2017, 38.2% (95% confidence interval [CI] 22.2%-56.4%) of HIV diagnoses were made at a late stage of infection so a slight increase from previous years (Please note that the number of late diagnoses (and new HIV diagnoses) are small therefore these figures must be interpreted with caution).
- The new HIV self-sampling service is expected to contribute to a continuing reduction in late diagnoses[9]
- NHSE is conducting a trial for PrEP[10] and the trial continues with the plan to recruit 10,000 people over three years. HIV negative people attending sexual health clinics in England will have their risk of acquiring HIV checked by clinic staff.

[9] Tests for anyone who thinks they are infected available from Sexual Health clinics or community testing sites (www.aidsmap.com/hiv-test-finder); GP surgeries; or by requesting a self-sampling kit online www.freetesting.hiv)

[10]Pre exposure prophylaxis is: where people take HIV medication daily to lower their chances of becoming infected.

[14]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/801174/London_hepatitis_B_report_2016.pdf

- **HBV:** immunisation is recommended for individuals at high risk of exposure to the virus e.g. people who inject drugs, healthcare workers, babies born to high risk mothers, and household contacts of people who are acutely and chronically infected with HBV. In August 2017, babies born on or after 1st August 2017 were offered the Hepatitis B vaccine as part of the routine childhood immunisations. The aim of this was to ensure that all children will be routinely protected against Hepatitis B and therefore reduce the risk of infection and provide longer term protection against future exposure risks. In the UK, hepatitis B is mainly transmitted via contact with blood or other infected bodily fluids, particularly during sex or through needle sharing in people who inject drugs (PWIDs). London has a higher burden of hepatitis B compared to the rest of the UK with the incidence rate of acute hepatitis B in London at 1.70 per 100,000 population in 2016 compared to the rate in England which was 0.82 per 100,000. The rate of acute Hepatitis B in Havering is lower than both the London and England rate for 2016[14].
- **HCV:** those most at risk of HCV are injecting drug users. There is no vaccine for HCV but it can be treated. Rates of infection have been declining nationally.

Background to Sexually Transmitted Infections

- Sexually transmitted infections (STIs) represent an important public health problem in London. Out of all the Public Health England centres it has the highest rate of new STIs in England. More than 117,000 new STIs were diagnosed in London residents in 2017, representing a rate of 1,335 diagnoses per 100,000 population. Rates by upper tier local authority ranged from 501 new STI diagnoses per 100,000 population in Havering to 2,925 new STI diagnoses per 100,000 population in Lambeth.
- Syphilis: In 2017, 3,397 London residents were diagnosed with syphilis, accounting for nearly half (49%) of all cases in England. The rate of syphilis diagnoses in London in 2017 was 38.7 per 1,000 population which is over 200% higher than the rate in England and over 200% higher than any other region. Gay, bisexual and other men who have sex with men (MSM) in London are disproportionately affected by syphilis and this is worsening with MSM accounting for 90% of syphilis cases in 2017. Havering has the lowest rate of Syphilis in London at a rate of 3.9 per 100,000 population. Due to the high rates of Syphilis in London and numbers of cases increasing since 2013, a London action planning was convened and work is being carried out in areas that include: promotion of prevention messages as well as how partner notification can be increased. These meetings are still ongoing and the most recent action was a letter to trust medical directors to raise awareness.

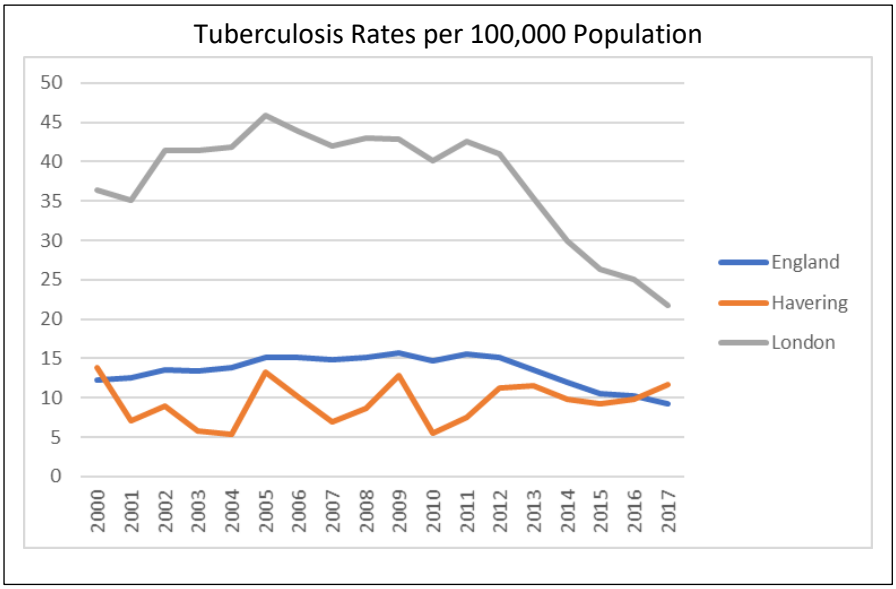
Current concerns

- There are no major concerns regarding BBVs and STIs, however, it would be useful to confirm if expanded HIV testing is being carried out.
- It would also be useful to consider the local Havering population profile to ensure targeted health promotion work around sexual health.

Actions being taken

- Continue to monitor all blood borne viruses
- HPF to convene discussion to focus on blood borne viruses: consider epidemiology of BBVs listed above, and what further actions required.

15. Infectious Diseases: Tuberculosis (TB)



How the System Works

- NHSE commissions the BCG vaccination programme; all contracted maternity units are expected to offer BCG universally to all babies born in London hospitals up to the age of 28 days; or up to 12 months if priority group A or B.
- Suspected and confirmed diseases must be notified within 3 working days
- There are 7 Tuberculosis Control Boards (TBCB) across the UK which have been functioning since September 2015; Havering is part of London TBCB.
- CCGs are responsible for commissioning TB services. In Havering this is provided by BHRUT.
- A Find-and-Treat service is commissioned pan-London; Local Service staff who work with homeless, prisoners or substance misusers should follow the NICE guidance for managing active or latent TB in these hard to reach

Background

- TB is a bacterial airborne infection that is associated with deprivation
- TB often affects the lungs (pulmonary TB) but can also affect other parts of the body. Infection can be active or latent (latent TB can be reactivated in later years).
- The BCG vaccine is a targeted programme, given shortly after birth to babies who are high risk. It is 70-80% effective against the most severe form of disease (TB meningitis).
- The rate of TB continues to decrease and in 2017, the rate of TB in London was the lowest number since 2000; a rate of 21.7 per 100,000 of the population.
- The incidence of TB in Havering remains low at 11.7 per 100,000 in 2017 but did see an increase from 2016 when the rate was 9.9 per 100, 000. The rate of TB in Havering does not constitute a high incidence area (over 40/100,000). There are now only 2 boroughs in London with are above the threshold rate of 40 per 100,000 cases; Newham and Brent.
- Increase in 2017 was primarily in the UK born population but these are small numbers so an increase of 3 cases from 2016. White UK born increased from 7 cases in 2016 to 9 cases in 2017. The Havering TB data for 2017 was reviewed and further work could be explored such as understanding the white population in more detail.
- Nationally, 12% of TB cases had at least one social risk factor (2017). TB cases with at least one social risk factor are more likely to have drug resistant TB. Social risk factors include history/current homelessness, imprisonment, drug/alcohol misuse, immunocompromised, some ethnic minority groups. In Havering, Homelessness was the most common risk factor.
- Havering had a total of 6 TB incidents in 2018 which was an increase from 2 incidents in 2017. However, the increase in the number of incidents involved non-Havering residents in 5 of the 6 incidents in 2018.
- TB incidents are led by the health protection team, but the risk assessment is carried out jointly by the TB team and HPT to decide if anyone requires screening at the setting.
- Havering also had the lowest total number of incidents in North East and North Central London at 15.

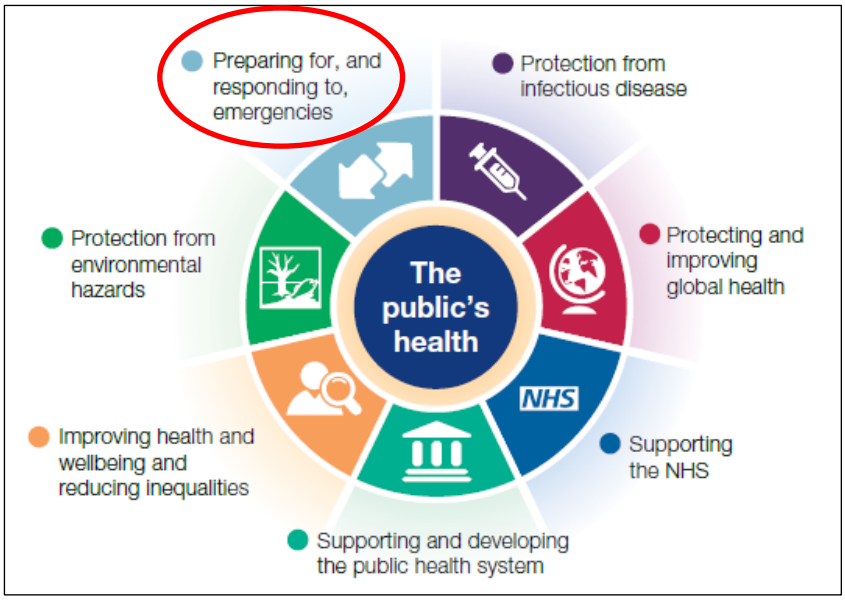
Current concerns

- Some groups are at greater risk if their social circumstances, culture, lifestyle or language make it more difficult to access diagnostic and treatment services or administer treatment. PHE has produced a document called: 'Tackling Tuberculosis in Under-Served Populations' and describes the Under-Served populations (USPs) as follows:
  - some migrants, including some asylum seekers, refugees, undocumented migrants and those in immigration detention
  - people in contact with the criminal justice system (CJS) (custodial settings like prisons, immigration removal centres, police custody, children and young people's secure estate etc. as well as those in contact with the CJS in the community)
  - people with drug or alcohol misuse including those in contact with drug and/or alcohol treatment services
  - people with mental health needs
  - homeless people
  - as well as other minority or vulnerable groups who share a common feature of being currently under-served by primary and secondary healthcare services because of a lack of access or other issues
- The document highlights that these groups often have overlapping health and social care needs therefore joint working opportunities should be explored between organisations

Actions being taken

- Whilst incidence of TB in Havering is low, there is potential for infections to increase if numbers of under-served populations increase. The updated version of the report in tackling TB in the under-served population highlights the importance of meeting the needs of this population.
- A workshop session organised by Havering local authority took place in January 2018 and discussions took place to better understand the local services in place to manage TB patients but also more specifically, where the local system could be strengthened, particularly considering the challenges for USPs.
- Since this meeting, the health protection team was able to place the Find and Treat team in touch with the local homeless shelter manager to arrange a visit from this service that now also offers BBV screening. The find and treat service are a team of TB nurse specialists, social and outreach works and radiographers. Their job is to take TB control into the community by finding cases of active TB early and providing support to patients to complete treatment. They are a specialist outreach team that work alongside others to tackle TB amongst the USPs.
- The health protection team presented at the GP PTI session in March 2019 to discuss TB case and incident management as well as discussing local referral pathways.
- Lessons learnt from TB incidents are being captured and explored locally as appropriate.

16. Public Protection: Health Emergency Planning



How the System Works

- The multi-agency Havering Borough Resilience Forum (HBRF) facilitates planning the local response in the event of a major incident, including a response to public health emergencies.
- Membership of the HBRF is set out in legislation.
- The HBRF Risk Advisory Working Group assesses risks and produces a local risk register, and contributes to the community risk register for the London Local Resilience Forum.

Background

- A wide range of events can cause health emergencies, including natural hazards, accidents, outbreaks of disease and terrorist attacks. Emergencies can be minor events that threaten the health and lives of local communities or major events that affect the whole population.
- Year-round planning is essential to ensure both the population and the emergency planning system is prepared for adverse or extreme weather events or emergencies.

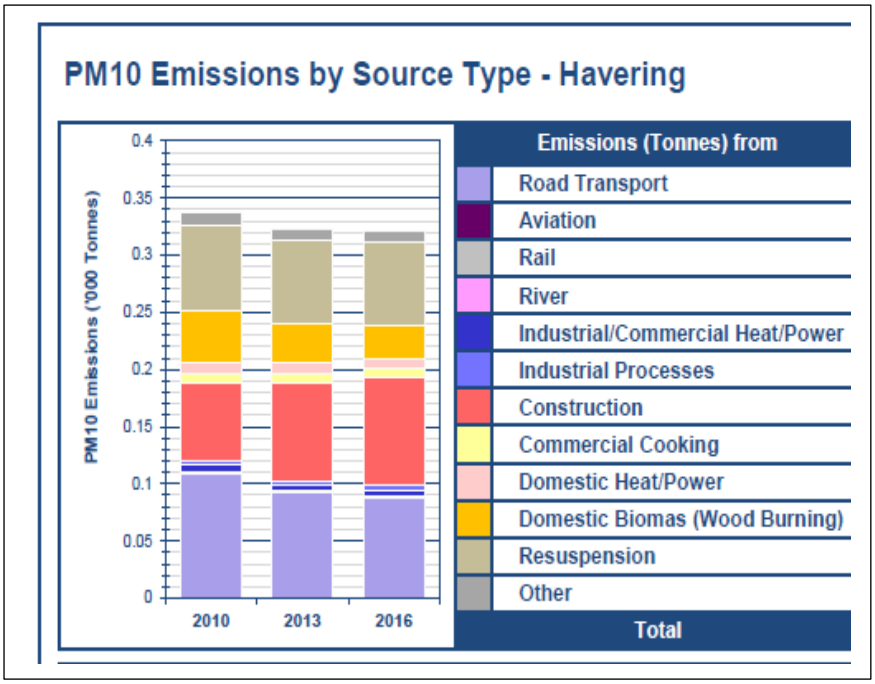
Current concerns

- Ongoing delays in the process for the United Kingdom to leave the European Union are causing a degree of uncertainty and anxiety about what preparations need to be made.
- New categories of risk, including antimicrobial resistance will soon need to be added in to the National, London and Borough risk assessment process.
- Inspections of Traveller sites and assessments of rough sleepers have identified gaps in the system for temporarily or permanently finding suitable accommodation to meet the needs of these groups
- Three major events are being held in the borough in 2019, including the We Are FSTVL at end May; Havering Show in August and Havering Mind half marathon in October

Actions being taken

- There is a standalone group in the borough, who have conducted a risk assessment on potential impact of EU Exit talks, which are ongoing.
- The Health Protection Forum organised a Summer and Heatwave Planning workshop for 2019 to engage key stakeholders in year-round planning.

17: Public Protection: Air Quality



How the System Works

- The UK has signed up to a set of National Air Quality Objectives and European Directive legal limits for air pollutants; Havering has a statutory duty to provide appropriate monitoring of air quality.
- There are two main forms of monitoring – Continuous Monitoring Stations (CMS) and Diffusion Tubes; Havering has 2 continuous monitoring stations (CMS) currently in use, 10 Air Quality Mesh pods (also continuous) and 52 Diffusion Tube sites across the borough.
- Havering declared an Air Quality Management Area (AQMA) under the powers conferred upon it by Sections 82(1) and 83(1) of the Environment Act 1995, in September 2006 for both Nitrogen Dioxide (NO_2) and Particulate Matter (PM_{10}) [1].

Background

- The Air Quality Action Plan (AQAP) for Havering sets out the projects, policies and initiatives to be taken over the next 5 years in order to improve air quality, by reducing Nitrogen Dioxide and Particulate Matter concentrations from the key emission sources i.e. road transport, new development and gas boilers.
- Air Quality is a major environmental risk to public health, contributing to cardiovascular disease, lung cancer and respiratory diseases. The groups that are at highest risk of ill health caused by poor air quality are older people and children.
- Although air quality in Havering is relatively clean in comparison with inner London boroughs the health harm is nonetheless significant; the fraction of mortality attributable to particulate air pollution is 6.1%, lower than London (6.5%), higher than England (5.1%).[11]
- Nearly two thirds (65.7%) of all NOx pollution comes from road vehicles, including diesel and petrol cars, HGVs, vans, minivans, buses, taxis and motorcycles. The remaining third comes from domestic gas supplies, domestic and commercial fuels, non-road mobile machinery, industry and other forms of transport (rail, aviation, river).
- The air quality monitoring for 2018 in Havering showed for the vast majority of the monitoring sites (37 of the 40) a decrease in NO_2 concentrations has been identified, in comparison with the 2017 concentrations. For 18 of these sites the decrease can be considered significant (over 5 $\mu g/m^{-3}$). The NO_2 annual mean concentrations for four monitoring sites, which were exceeding the annual mean objective, were below the objective for the first time since 2016. Though the "hotspots" remain the same the GLA has advised us that the focus areas for poor air quality have changed slightly in that Rush Green Road with Romford Town Centre, as Rush Green Road has improved slightly.

Highlights on Progress of AQAP Implementation

- Within the Council the Public Protection and Public Health Services are collaborating on matters relating to air quality. The Director of Public Health is the Chair of the Board monitoring the implementation of Air Quality Action Plan.
- We have introduced an interactive air quality predictive modelling tool created for us by King's College London. The interactive maps provide further evidence in addition to the Council's air quality monitoring network for planning decisions and support major strategic transport and infrastructure projects for the Council.

[11] PHOF, data for 2017 www.fingertips.phe.org.uk

- The network of air quality monitoring stations (diffusion tubes and continuous monitoring stations) was reviewed in 2018-19 with a view to expand the network by 4-5 diffusions tubes in hot spot areas across the borough, focusing on Elm Park, Front Lane and Rainham Road.
- Electric vehicle technology is advancing rapidly, and consumer demand for greener/less polluting vehicles is gradually rising due to their lower emissions. In 2018-19 a feasibility study was carried out on the appetite for, and ease of implementation of greater numbers of electric vehicles in the borough, including siting accessible rapid charging points. The results of an online survey are currently being collated.
- Council staff in charge of fleet vehicles are investigating alternative fuels for diesel vehicles, such as gas to liquid fuels which result in less vehicle emissions
- Smarter travel, including walking, cycling and anti-idling is continuing to be promoted across all primary schools to raise awareness of the impact of pollution on health and wellbeing, and how alternative forms of transport can contribute to a cleaner, greener and safer borough.
- Section 106 funding of £20,000 has been sourced for this. The location of the monitoring station will be on A1306 in Rainham expanding on the boroughs continuous monitoring programme. Efforts to attain further funding to continue the monitoring once the £20,000 has been spent are being made.
- Hostas and Ferns have been planted in Romford town centre, which is one of Havering's air pollution hotspots / air quality focus areas. More planting is planned in 2019 targeting other hotspots. Planting makes Havering's streets greener, safer and encourage more people to sustainably travel around the borough. It also supports complimentary benefits highlighted in local and regional policies such as improving mental health, combating social inclusion

17. Going Forward: Cross-Borough Health Protection Arrangements for 2019/20

Background

Surveillance, commissioning and delivery of services and systems to protect the health of the population have developed significantly following the Health and Social Care Act 2012. NHSE are responsible for commissioning screening and immunisation programmes; PHE are responsible for responding to health protection incidents; and a number of NHS, statutory and private provider organisations are responsible for the delivery of screening and immunisation programmes, infection control, health emergency planning etc. And yet, the Director of Public Health maintains the responsibility of ensuring the varied components of the health protection system are adequately working to protect the health of the local population.

In order to fulfil the statutory health protection responsibilities of the Director of Public Health within local authorities, individual boroughs have approached health protection in a number of different ways, for example through convening optional Health Protection Forums. In addition, in the 6 years since the transfer of public health teams to local authorities, the health and social care system has changed quite dramatically.

Creation of the tri-borough Barking, Havering and Redbridge CCG has generated opportunities for economies of scale across both the acute and community providers, but also generates complexities in meeting the specific needs of discrete populations and vulnerable groups unique to each borough.

The Development of Cross-borough Health Protection Working

In order to respond to the changing context of public health teams within the STP area, joint Health Protection working will enable the Directors of Public Health for the London Boroughs of Havering and Barking & Dagenham to assure their respective Governance Structures, primarily Health and Wellbeing Boards, that appropriate arrangements are in place to protect the health of local residents.

Whereas each borough remains accountable for the provision of its individual health protection assurance functions, and will maintain its individual Governance arrangements, there are a number of justifications for such partnership working:

- to better align with the wider health and social care delivery system, which cross borough boundaries
    - BHRUT
    - NELFT
    - BHR CCG
    - NHSE commissioned services
    - PHE functions
- achieve efficiencies for all partners involved in the delivery, overview and scrutiny or assurance of the health protection functions of a local authority, especially in terms of the number of meetings attended being reduced for partners in common to both boroughs
- achieve efficiencies in attendance at programme board meetings led by the commissioners of the services (NHSE/PHE); one representative from the two boroughs will be required
- to better collaborate with close neighbours on issues which affect both boroughs, such air quality
- to invite colleagues from the wider public health system to attend relevant meetings to broaden discussions on tackling the wider determinants of health and wellbeing and utilise MECC principles, for example:
    - TfL
    - Social Care
    - Early Years
    - Schools and higher education
    - Economic development and local businesses

- Planning and development control
- Homeless and rough sleeper leads

Scope of the Joint Forum

The Joint Forum will provide surveillance of the components of the health protection system common to both boroughs. This includes services provided by BHRUT and NELFT to both boroughs, whether by borough-specific contract or centrally/nationally commissioned service. The Joint Forum offers challenge to the system when risks are identified. Topics that are within the scope of the forum include:

- Infectious disease prevention and control e.g. pandemic influenza, tuberculosis (TB), Blood Borne Viruses (BBV), Sexually Transmitted Infections (STIs)
- Health Care Associated Infections (HCAI)
- Immunisation programmes
  - Routine
  - Targeted
- National screening programmes
  - Antenatal and newborn
  - Adult cancer screening (breast, bowel, cervical)
  - Adult non-cancer (Abdominal Aoritic Anuerism (AAA); Diabetic Retinopathy (DE)0/
- Air quality
- Extreme weather planning (summer, winter)

The delivery of these health protection functions in this new environment requires effective working relationships which are underpinned by a legislative framework that puts a duty on new bodies such as the Clinical Commissioning Groups (CCGs) and NHS England to cooperate with Local Authorities in respect of health and wellbeing.

Joint Health Protection Forum Objectives

- seek and receive assurance that appropriate measures are in place to protect the health of the population
- ensure there is an appropriate response to local outbreaks of infectious diseases, but not in cases where a major incident is declared
- assess risks to the health of the local population as identified in the Joint Strategic Needs Assessment and Borough Risk Register and escalate as appropriate
- assess the performance of:
  - healthcare providers with regard to levels of health care associated infections
  - cancer and non-cancer screening programmes
  - immunisation programmes

  and to raise any issues of concern with the relevant Commissioners
- challenge the health protection delivery systems when necessary in order to protect the health of the community
- produce appropriate reports/papers as required by each borough:
  - Joint Annual Report to be presented to each borough's Health and Wellbeing Board
  - Monthly assurance reports for Barking & Dagenham
- ensure health protection issues are raised in the appropriate internal and external fora , according to each borough's governance arrangements
- establish task and finish groups if required

The inaugural joint meeting is planned for Wednesday 2nd October, 10:30 – 12:30, venue tbc.

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