Public Document Pack

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE – EXTRAORDINARY MEETING AGENDA

7.00 pm	**Tuesday 11 February 2020**	**Stratford Town Hall, 29, The Broadway, London, E15 4BQ**

COUNCILLORS:

LONDON BOROUGH OF BARKING & DAGENHAM

Councillor Eileen Keller
Councillor Paul Robinson
Councillor Mohammed Khan

LONDON BOROUGH OF WALTHAM FOREST
Councillor Umar Alli

LONDON BOROUGH OF HAVERING

Councillor Nic Dodin
Councillor Nisha Patel
Councillor Ciaran White

ESSEX COUNTY COUNCIL

Councillor Chris Pond

LONDON BOROUGH OF REDBRIDGE

Councillor Stuart Bellwood
Councillor Beverley Brewer
Councillor Neil Zammett (Chairman)

EPPING FOREST DISTRICT COUNCIL
Councillor Alan Lion
(Observer Member)

CO-OPTED MEMBERS:

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

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

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

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

Reporting means:-

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

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

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

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

Essex County Council

Waltham Forest

Havering LONDON BOROUGH

London Borough of Redbridge

London Borough of Barking & Dagenham lbbd.gov.uk

NOTES ABOUT THE MEETING

1. HEALTH AND SAFETY

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

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

2. CONDUCT AT THE MEETING

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

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

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

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

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

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

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

3 DISCLOSURE OF INTERESTS

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

4 SUBMITTED QUESTIONS

The Joint Committee is asked to note and, where appropriate, respond to questions submitted by the public relating to items on the agenda.

5 NHS LONG TERM PLAN (Pages 1 - 32)

Report attached.

6 PATHOLOGY SERVICES (Pages 33 - 38)

Report attached.

7 DATE OF NEXT MEETING

The next meeting of the Outer North East London Joint Health Overview and Scrutiny Committee will be on Tuesday 28 April at 4 pm at Havering Town Hall, Main Road, Romford, RM1 3BB.

Anthony Clements
Clerk to the Joint Committee

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Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 11 FEBRUARY 2020

Subject Heading:	North east London's response to the NHS Long Term Plan
Report Author:	Simon Hall, Director of Transformation, East London Health and Care Partnership
Policy context:	The information presented summarises the content of North east London's response to the NHS Long Term Plan
Financial summary:	No financial implications of the covering report itself.

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

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

Details are given in the attached papers of the development of the north east London response to the NHS Long Term Plan, which has been submitted to NHS England/Improvement as a final draft.

RECOMMENDATIONS

1. That the Committee considers the information presented and makes any comments it considers appropriate.

REPORT DETAIL

The East London Health and Care Partnership has asked to update the Joint Committee at this point on the draft north east London response to the NHS Long Term Plan. Further details are shown in the attached papers.

The full document (250+ pages) is on the ELHCP website: www.eastlondonhcp.nhs.uk/ourplans/

NHS England has developed a website on the national Long Term Plan - https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

East London Health & Care Partnership

The Long Term Plan for north east London

Presentation to
Inner North East London Joint Health Overview and Scrutiny Committee

and

Outer North East London Joint Health Overview and Scrutiny Committee

11 February 2020

This presentation covers:

East London Health & Care Partnership

- Background to the Long Term Plan
- Focus on selected workstreams as requested by the committees
- Developing an integrated care system for north east London and how the ICS will support us to deliver the Long Term Plan
- Role of the acute collaborative group
- Delivery and next steps

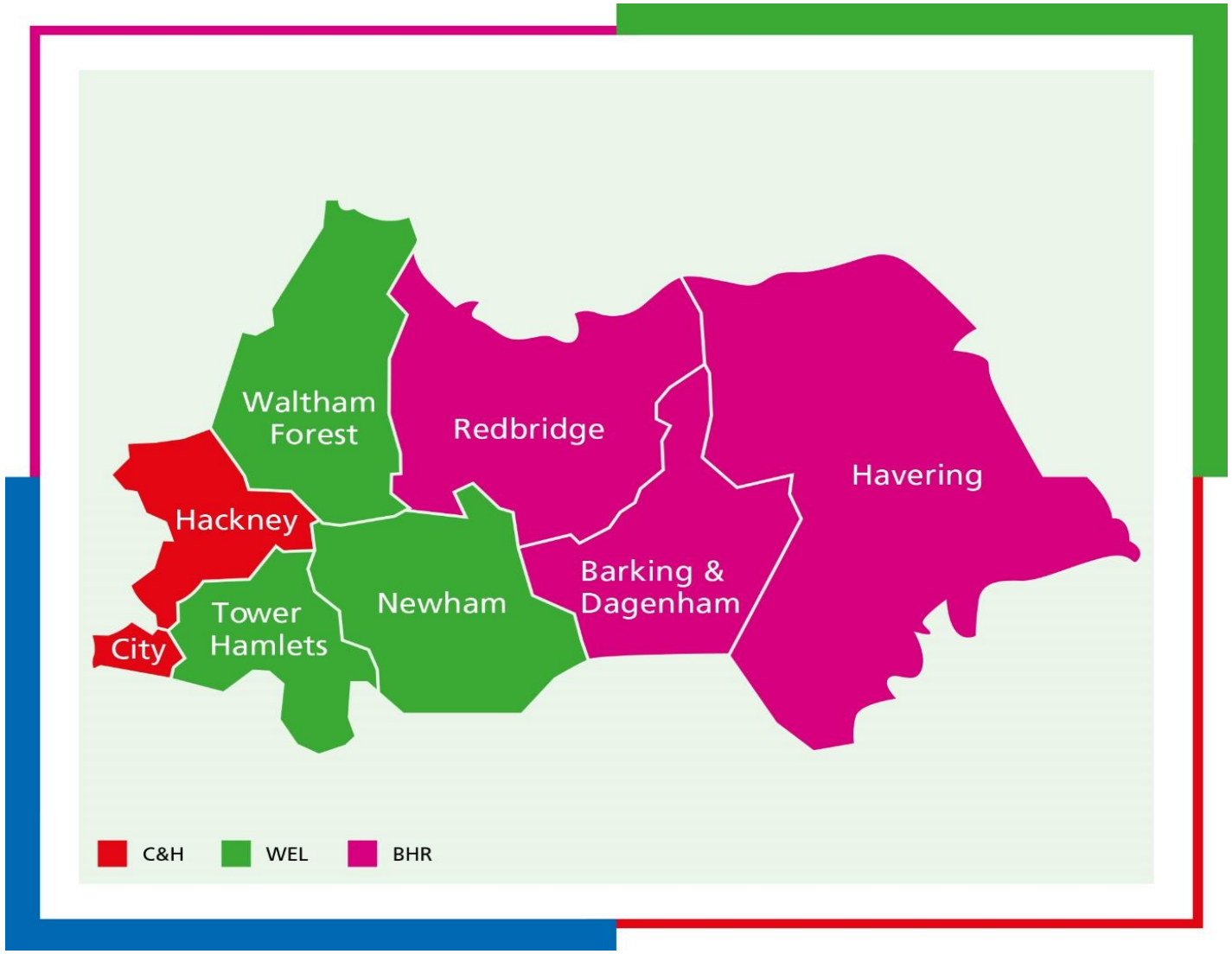
How we work together

East London Health & Care Partnership

Our basic principle is that decisions about health and care take place closest to local people as possible, and only where there is good reason to do so will programmes operate at NEL level.

Reminder: our three local systems

East London Health & Care Partnership



What we've achieved by working together: some highlights

East London Health & Care Partnership

- NEL-wide integrated clinical assessment services (CAS) for NHS111 has been rolled out across NEL. This involves a multidisciplinary team of GPs, pharmacists, dentists, nurses, paramedics, and health advisors providing expert advice over the phone
- a system wide estates strategy has been developed with a prioritised capital investment programme
- the East London Patient Record has been rolled out across WEL and C&H and is underway in BHR. Usage has doubled in one year (currently 112,000 views per month)
- delivery of an electronic records programme and paper switch off achieved for outpatient referrals to hospitals across NEL
- £5.2m secured for the first rapid access diagnosis centre in England
- significant improvements in the CQC ratings for our hospitals and GP practices.

Reminder: The NHS Long Term Plan

East London Health & Care Partnership

- The NHS Long Term Plan was published in January 2019 and sets out an ambitious vision for the NHS over the next ten years and beyond.
- It outlines how the NHS will give everyone the best start in life; deliver world-class care for major health problems, such as cancer and heart disease, and help people age well.
- In north east London we have developed our own draft LTP setting out what we'll do locally to transform health and care.

Update as of February 2020

East London Health & Care Partnership

- Final draft of north east London's response to the NHS Long Term Plan was submitted to NHS England on 15 November 2019 with the following text:

Note: this final draft document is being submitted to NHS England during a pre-election period, when the ELHCP is bound by purdah conventions. This has meant that we have been unable to discuss the document in public forums as originally planned. As such, this is a 'final draft' and will be shared with partners, but not published when it is submitted on 15 November 2019.

- Final draft is now on our website: www.eastlondonhcp.nhs.uk
- We are presenting on the LTP at partner meetings – trust boards, health and wellbeing boards, joint health overview and scrutiny meetings etc – for review and discussion before the LTP is finalised.
- Intend to publish the final LTP in March 2020, subject to NHS England/Improvement approval.
- Marie Gabriel has been appointed as our new chair, and starts on 1 April 2020.

In north east London, our LTP means:

East London Health & Care Partnership

- Greater emphasis on preventing ill health, and empowering local people to take more control over their health and lifestyle choices (prevention and personalisation)
- Ensuring the health and care services we do provide are integrated, joined up and appropriate for people's needs (integrated care)
- Rapidly modernising local approaches to health and care provision, utilising the academic and research base we have in north east London for the good of our local population (modernisation).

Reminder: our challenges

East London Health & Care Partnership

- Substantial population growth (from 2.02m to 2.28m by 2028, 13% growth over the next 10 years).
- Significant variations in clinical quality and outcomes across our health and care economy that need to be tackled in order to make a real impact on health inequalities.
- Significant workforce challenge across health and care services and our population growth will exacerbate demand for services if we continue to deliver them in the same way.
- Demand is projected to outstrip our resources and capacity which means we need to look at how we provide care and our financial models and systems. These challenges span both health and social care, and mean we need to agree a different way across all our partner organisations to manage financial risk.

LTP in summary and our work programmes

East London Health & Care Partnership

Our top priorities	✓ Improving quality of care delivery and reducing unwarranted variation – working together with our communities to create an integrated care system that will improve the quality of care they receive and make it much more joined up and person-centred ✓ Invest in local integrated primary and community infrastructure – help people stay well for longer and support them at home when they need it ✓ Population Health management and intelligence – using the information we have to direct resources and action where it is most needed and maximise our impact ✓ Digital revolution – taking advantage of advances in technology to radically change the way we access and provide care (e.g. information technology, artificial intelligence) ✓ Workforce transformation – changing how we work, the skills we need, what we offer our workforce so that we can attract the workforce we need, and developing new roles that are more relevant to 21st century health and care provision

Improving population health	System change and integration	Priority areas for improving outcomes	Enablers (supporting work programmes)
• Prevention • Health inequalities • Wider determinants of health e.g. housing, poverty • Personalised care	• Primary/community care • Urgent and emergency care • Improving planned care and outpatients • Provider collaboration • Mental health	• Cancer • Learning disabilities and autism • Children and young people • Maternity • Medicines optimisation • Major long term conditions • End of life care	• Workforce • Digital • Estates • Demand and capacity – business intelligence • Research and innovation

Focus on population health management

East London Health & Care Partnership

- Population health management is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population
- Our health and care needs are changing: we are living longer and increased incidence of multiple long term conditions. Much of this is down to lifestyle factors and where we live rather than the health and care services treating us. Population health management (PHM) can help us better understand and predict future health and care needs. This will allow improved targeted support, making better use of resources and reducing health inequalities.
- Providers will not just be responsible for the people they treat but have a collective responsibility for the whole population's health alongside commissioners
- Underpinning PHM is the accompanying cultural shift required to put population health data at the heart of decision making across an ICS.
- There is a key role for directors of public health to drive this forward.

Urgent and emergency care

East London Health & Care Partnership

- Moving away from relying on urgent and emergency care services (UEC), freeing them up to concentrate on the most serious and urgent cases and look at how at how primary and secondary care services can support UEC.
- NHS 111 clinical assessment service involves a multidisciplinary team of GPs, pharmacists, dentists, nurses, paramedics, and health advisors providing expert advice over the phone
- Stronger pathways of care with enhanced access to mental health services
- Ambulance handover pathways remain a challenge

Primary care networks

There are 48 geographically aligned PCNs in NEL, supported by their local GP federations.

Barking and Dagenham	6	**City and Hackney**	8
Havering	4	**Tower Hamlets**	8
Redbridge	5	**Newham**	10
		Waltham Forest	7

They are at varying levels of maturity in terms of leadership, organisational development, population health management and partnership working. All PCNs will be supported to work towards at-scale to ensure economies of scale and high-quality primary care.

We are already seeing benefits from the establishment of PCNs, with the end of half-day closing and improvement in extended hours. There are now an additional **271** hours of extended access appointments a week in NEL and no practices close for half a day.

PCN development

East London Health & Care Partnership

2019/20	2020/21	2021/22
Focus on formation, support for sustainability and building relationships with providers. NEL allocated £1.5 million a year for PCN development. PCNs starting to implement plans to meet their development needs PCNs starting to recruit to new supplementary roles: • Clinical pharmacists Social prescribing link workers	Focus on programme of primary and community services alignment. Five new national service specs will be rolled out: • Structured medication review and optimisations • Enhanced care in care homes • Anticipatory care • Personalised care • Early cancer diagnosis PCNs to recruit to new roles: • Physiotherapists Physician associates	Focus on progress evaluation Two more national service specification to be introduced: • CVD prevention and diagnosis • Tacking neighbourhood inequalities PCNs to recruit to new roles: • Paramedics

Cancer

The new North east London Cancer Alliance will 'go live' on 1 April 2020. It will drive delivery of three broad objectives:

Continue our improvements in one year survival and rates of earlier diagnosis

- Screening uptake and coverage
- HPV for primary screening/HPV self sampling project/FIT test for bowel cancer detection
- Rapid Access Diagnostic Centre at Mile End opens summer 2020

Maintain high performance in times to treatment and achieve the new faster diagnosis standard

- 28 day faster diagnosis standard
- Time to treatment - overall strong performance at Barts Health and Homerton, achieving the 85% target consistently, ongoing work with BHRUT to improve and sustain performance
- Rapid Access Diagnostic Centres

Ensure excellent patient experience and personalised care for patients throughout their pathway

- All trusts have in place, or are developing, stratified follow up pathways for breast, prostate and colorectal cancers
- Piloting different models of support for people living with cancer, including cancer navigators.

Mental health

- Committed to putting mental health care on a level footing with physical health services
- Committed to improving and widening access for adults needing mental health support
- Significant investment in mental health services, especially in children and young people's (CYP) mental health services
- Historically across north east London there has been an imbalance of investment in CYP mental health – this is changing and we working to redress the balance.
- Support London priorities for mental health which include:
  - No child starts school unable to learn or leaves school unable to work
  - No one takes their own life
  - No one accesses mental health treatment and care through A&E or the criminal justice system for want of an earlier intervention

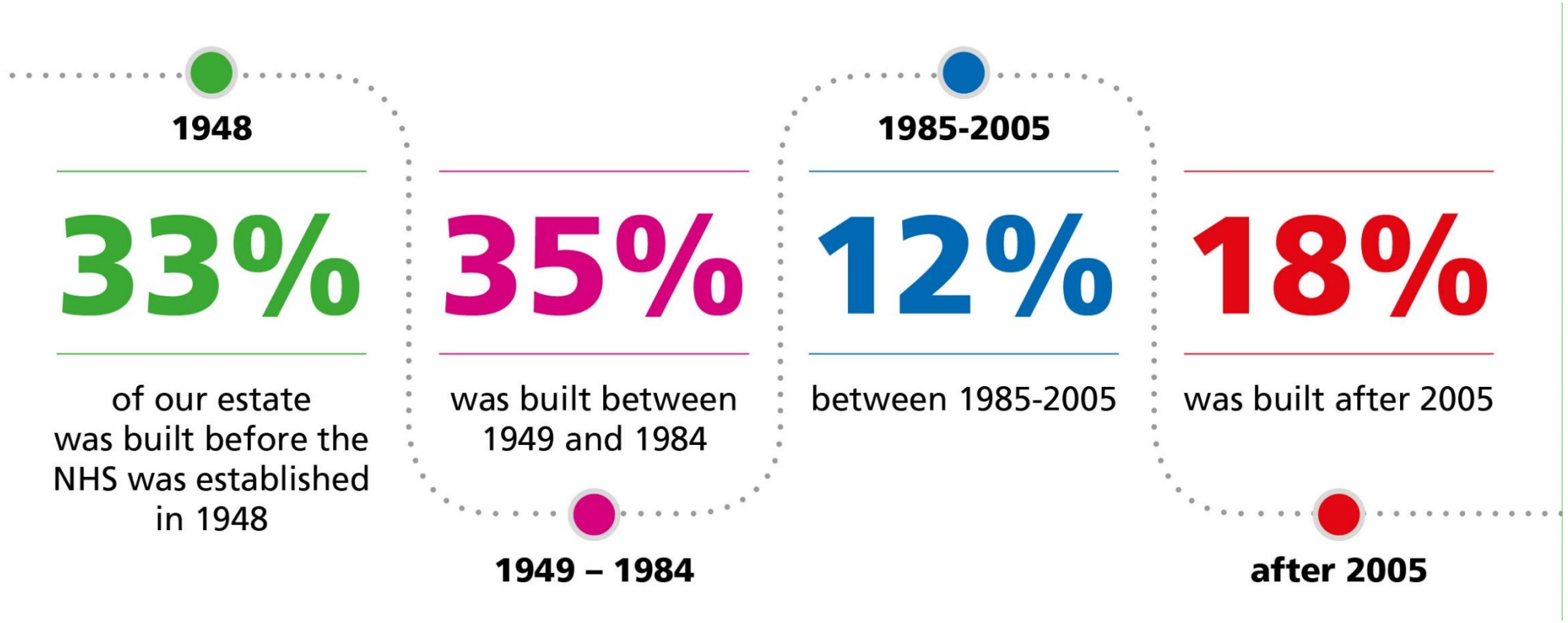
Workforce

East London Health & Care Partnership

- Continue to focus on recruitment and retention in order to meet the demand of our growing population
- Varying vacancy rates with some good progress (e.g. midwifery) and ongoing challenges (1800 adult nurse vacancies) and significant social care vacancies
- Grow our primary care workforce over the next five years to be able to deliver care outside of hospitals.
- Recruit and retain a new primary care workforce with roles like physician's associates, social prescribers and physiotherapists and work closely with Health Education England to provide support
- Developing a workforce of north east London residents through working closely with schools and colleges
- Offer an attractive career pathway – flexible working, training and development opportunities etc

Our estate in north east London

East London Health & Care Partnership



Managing our estates

East London Health & Care Partnership

- Care needs to be delivered in modern, fit for purpose buildings
- Poor estate means poorer patient experience and poorer working conditions for staff
- We are investing in our estate and prioritising investment – Whipps Cross Hospital redevelopment, St George's Health and Wellbeing Centre
- Acute estate makes up 59% of our footprint, but we need to move activity out of hospitals
- Working with PCNs and local authorities to look at how and where care is provided
- In process of revising our 2017 estates strategy
- Recent examples:
  - Wellington Way Health Centre in Bow – redevelopment funded by S106 monies
  - Health and Care Space Newham - joint venture between LB of Newham and ELFT

Delivering by developing an ICS

East London Health & Care Partnership

In the Long Term Plan, we have committed to working together in a collaborative way to deliver improved local health and care services. In order to deliver this, we need to change the way commissioners, providers, clinical leaders, GP members, local authorities, partners and voluntary organisations work together by developing an integrated care system for north east London. The ICS will help us do this through:

- driving forward more partnership working in a truly integrated way
- enabling commissioners and providers to share responsibility for the way finances are managed and contracts delivered, as well as manage population health for the benefit of local people
- reducing the statutory burden to free up resources at a local level
- providing the resources to support challenges across the whole of north east London, such as population growth and homelessness.

Working together as an ICS

East London Health & Care Partnership

We want to make some changes to how we are organised to provide better and more joined-up services as an ICS. This will include:

- all GP practices working together in primary care networks
- seven place-based partnerships drawing together all the NHS organisations in a given area and working more closely with local authorities
- Three local systems looking more strategically at what makes sense to be provided across a wider geographical area
- a single commissioning group for north east London, led by local health professionals, to take a bird's eye view and look at where we can tackle shared challenges together, such as cancer and mental health

These changes support the commitments set out in the NHS Long Term plan.

A single CCG for north east London

East London Health & Care Partnership

- Removes the barriers to true integration through the opportunity of changing and improving governance structures so that key decisions can be made at a local level by local partners.

- Statutory and governance burdens can be undertaken at a single CCG level, rather than replicated seven times which will free up resources to meet the needs of local people and front line services.

- Will speed up decision-making in key areas.

- Opportunity for savings through more efficient use of back-office and administrative resources, freeing up budgets for frontline services, locally.

Ensuring accountability

East London Health & Care Partnership

- NEL ICS will operate a “federated” approach to organisation, with most of the activity and delivery being carried out within local systems.
- We need ensure good governance and decision-making is strengthened locally and across NEL. NEL ICS will be the vehicle for transformation funding, and therefore need a governance process to reflect this going forward.
- This is not about bolting on an additional layer of bureaucracy to existing arrangements, but an opportunity to redesign how we do things so that we are more agile, productive and effective.
- The ICS recognises the individual statutory responsibilities of its constituent members, but seeks to build a common set of goals and objectives that compliment individual responsibilities and a collaborative approach to delivery that focuses on delivering outcomes and solution and shares the risks and benefits so that we optimise our collective achievement.

Finances

East London Health & Care Partnership

- There is a requirement that as a minimum each NHS organisation plans to deliver efficiencies of 1.1% annually for each of the years of the LTP.
- We are planning to improve efficiencies by:
  - reducing the cost of purchasing health care, through reducing unwarranted activity
  - commissioning changes to clinical pathways to eliminate waste
  - changing contractual forms to reduce administration costs
  - reducing the operating costs of the providers to reduce the cost of commissioned health care
- In each year our plans meet the investment requirements for Mental Health Investment Standard and the Primary Medical and Community Services target in 2023/24, as required.
- We are investing in our hospitals, including the redevelopment of Whipps Cross, and are planning to invest £232 million in out of hospital and primary care over the life of the LTP.

What does the LTP mean for?

East London Health & Care Partnership

Local people	Health and care staff
don't notice organisational boundaries – it is all one health and care system working together to provide the best care	can easily talk to and share information with staff working in other organisations so they can provide the best care
are supported to stay well	support people to stay healthy, with a focus on longer-term health and wellbeing and prevention
can access the best care possible in modern, fit for purpose facilities	work in modern, fit for purpose facilities that make it easy to do their jobs well
can view their patient record online, and are confident it is stored securely	can easily and securely access patients records in order to provide knowledgeable, consistent care, and don't have to ask people to repeat themselves
access care provide by skilled, motivated, kind staff with a culture of continuous improvement	are supported to provide the best care by continually developing their skills and expertise and are offered training want to work in north east London because there are flexible, innovative roles with opportunities to develop
benefit from world class research and innovation which means earlier diagnosis and more effective treatments	can use research and innovation to provide the best care

Involving local people in delivering the Long Term Plan

East London Health & Care Partnership

- Embed engagement throughout the Long Term Plan workstreams
- Look at how we can involve local people with lived experience in the transformation of health and care services
- Some change may require a formal process – if significant change is required, a public consultation process would ensure further engagement opportunities for local people to be involved in developing the future model of care
- Establish an oversight group of experts to support change programmes
- Explore opportunities for co-design and co-production
- Involve Healthwatch and community and voluntary services
- Look at how we involve and inform critical friends – scrutiny committees and health and wellbeing boards.

Acute collaborative group

Barts, the Homerton and BHRUT working together

- Identifying opportunities to work in collaboration to support transformation priorities across north east London
- Looking at acute demand and capacity model
- Ensuring alignment of clinical strategies and working together to improve pathways
- Looking at clinical and estates interdependencies
- Delivering this vision requires partnership working across acute providers and their clinical teams.
- Barts Health is currently gathering the views of their staff, patients, commissioners and partner providers regarding a proposed creation of surgical centres of sub specialist expertise at the Trust. More information is available at www.bartshealth.nhs.uk/our-future-plans-for-surgery

Maternity and neonatal care: demand and capacity review

East London Health & Care Partnership

- Need to make sure we have the right maternity and neonatal capacity, in the right place, so local women and their families have the best possible maternity and neonatal outcomes.
- Currently undertaking a review of demand and capacity. This involves modelling maternity and neonatal demand and capacity for now and in the future to understand current capacity and what this means for future demand.
- Also looking at the models of maternity care and will be engaging with local women to find out where they chose to give birth and why.
- We already know there is increased demand for some birthing options as more women that live outside the catchment area are choosing to book and birth with our maternity services. As more women present with complications such as obesity and diabetes, demand for lower risk birthing options is reducing. The review will explore this and other areas and is envisaged to be completed by spring 2020.

Next steps: focus on delivery

East London Health & Care Partnership

- Finalise and publish the LTP
- Share LTP summary widely
- New chair starts 1 April 2020
- Agree an accountability framework with each part of the ICS so we are all clear on what is being delivered where
- Report annually on progress and what we've achieved.

Thank You

East London Health & Care Partnership

East London Health and Care Partnership
2nd Floor | Unex Tower | 5 Station Street
London | E15 1DA

North east London's local authorities, NHS and community organisations working together to deliver sustainable health and care for local people.
www.eastlondonhcp.nhs.uk
Follow us on twitter @elhcp

East London Health & Care Partnership
Citizen's Panel

Join the East London Citizens' Panel and help us shape health services in north east London. Help create services that work for you and others in your area and get your voice heard.
enquiries@eastlondonhcp.nhs.uk

Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 11 FEBRUARY 2020

Subject Heading:	Pathology Network Development
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	The information presented gives an update on development of a joint NHS pathology network.
Financial summary:	No financial implications of the covering report itself.

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

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

Details are given in the attached report of work to develop a joint NHS pathology network for parts of the Outer North East London area.

RECOMMENDATIONS

1. That the Joint Committee considers the information presented and takes any action it considers appropriate.

REPORT DETAIL

The attached report details work currently in progress on the development of a Full Business Case by Barts Health NHS Trust, Lewisham and Greenwich NHS trust and Homerton University NHS Foundation Trust for the formation of a pathology network. This aims to improve the quality, efficiency and sustainability of local pathology services.

The Joint Committee is asked to scrutinise the impact of the proposals on Outer North East London and to take any action that it considers appropriate.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

Title	Pathology network development
Accountable Director	Director of Strategy
Author(s)	Director of Strategy
Purpose	Update the INEL/ONEL Joint Overview and Scrutiny Committee (JOSC) board on the development of a pathology network with neighbouring NHS providers

Executive summary

Barts Health NHS Trust, Lewisham and Greenwich NHS Trust, and Homerton University NHS Foundation Trust hospitals are working to develop a joint NHS pathology network in order to improve the quality, efficiency and sustainability of pathology services. The three trusts have agreed an Outline Business Case for the formation of a pathology network and work is underway on a Full Business Case and associated arrangements. The development of network offers significant opportunities for all three organisations to improve pathology services, however the formation of a network would not have a significant impact on the current organisation of clinical services or pathology services across the Barts Health hospitals. Barts Health is the proposed host for the network and the Royal London site is the proposed location for the 'hub' laboratory.

Legal implications/ regulatory requirements	None at this stage

Action required

Network partners to provide update to the INEL/ONEL Joint Overview and Scrutiny Committee (JOSC)

PATHOLOGY NETWORK DEVELOPMENT

INTRODUCTION

1. This paper describes the plans and progress for the development of a pathology partnership between, Barts Health NHS Trust (BH), Homerton University NHS Foundation Trust (HUH), and Lewisham and Greenwich NHS Trust (LGT).

2. The three Trusts came together out of recognition of common aims and in particular a shared ambition for an NHS partnership rather than an arrangement with a commercial pathology provider.

3. The Outline Business Case for the partnership has now been approved by all three trust boards through November and December 2019. Work has now commenced on the Full Business Case to be completed by end of March 2020.

PROPOSED CLINICAL MODEL AND BENEFITS

4. This is a critical time for NHS pathology services both nationally and locally. The changing needs of an ageing population combined with the emergence of new diagnostic tests and techniques are driving an increase in demand in an environment where critical resources are in short supply. There is therefore a clear expectation to realise the following benefits over time, which are in line with a well-established national evidence base for the benefits of pathology networks:

- Improved quality through concentration of expertise, opportunities for shared learning and encouragement of innovation.
- Faster response times and higher efficiency across the network resulting in cost savings for all parties.
- Reduced variation in standards across the network.
- Improvements in training opportunities and working conditions for staff across the network.
- Increased strategic alignment between partners, supporting exploration of other opportunities for partnership.
- Increased resilience and business continuity resulting from the greater scale of the network.
- Realisation of national policy objectives through the formation of a network.

5. The overarching clinical model is based on the creation of a network of laboratories, centralising laboratory testing where clinically appropriate. It has been agreed that the central hub laboratory would be at the Royal London

Hospital, which already acts as the hub laboratory for the four Barts Health hospitals. All hospitals in the network will retain a 24/7 on site laboratory service to ensure all urgent testing needs can be met.

6. Lewisham, Whipps Cross, Newham and St. Bartholomew's hospitals already operate local Essential Service Laboratories so there are no significant changes for these hospitals in the proposed clinical model.

Partnership arrangements

7. It is proposed that the partnership will take the form of an 'arms-length hosted organisation' with Barts Health acting as the host organisation. This means the partnership will be fully within the NHS and is a well-established model for pathology networks across the country. The partnership will be governed by a joint board with representation from the three trusts and an independent chair.

8. The commercial terms include three key mechanisms by which each Trust will continue to maintain control, creating in effect a "triple lock" on the future running of the partnership:

   - One of the agreed commercial principles is that each Trust will have equal voting rights with respect to the matters delegated to the partnership board.

   - Each Trust will be able to specify a list of 'Reserved Matters' these will be issues where a trust want to reserve a right of veto over partnership decisions, or to assert that for a specific issue they have sole decision making authority. It should be possible to identify most of these areas of concern prior to creation of the partnership agreement. There will also be a mechanism for additional reserved matters to be added at a later date.

9. The partnership will produce an annual business plan detailing the plans for the coming year. All three Trusts will agree this plan thus defining the specific parameters for the partnership for the year.

Financial Case

10. The formation of the partnership offers the potential to increase efficiency and realise financial savings which can be shared between the partners. The preferred option offers the potential for steady state annual savings of up to £8.7m following the completion of the transition period.

11. The total investment required in capital and transition costs to establish the partnership and realise these savings has been estimated at £10.7m, a significant amount of which will be attributed to the establishment of a new laboratory at Homerton University Hospital. This funding will be refined and finalised during the next stage of business case development.

Management Case

12. The decision on the development of preferred model up to FBC standard requires a clear governance structure and commitment by the teams. The management case provides details on how this would develop and sets the expectations for key members of the team that will be required to support the next phase, FBC and implementation / transition.

13. In addition to supporting these key posts, another important input during FBC development and beyond will be a robust communications plans that ensures a clear and consistent message is shared with all stakeholders. Such a programme, which will evolve during development of the FBC, will include commitments to maintaining quality and a strict commitment that service changes will depend on quality gateways being achieved prior to any transition.

Programme Plan / Next Steps

14. In relation to the timeline for the completion of the FBC, it is expected that this would be completed by the end of March 2020. At which point the final approvals and transition period will start. The Management case provides a detailed Gantt chart with all the key actions required, however, the key milestones are:

15. In parallel, the OBC and FBC will require approval from NHSI/E and support from the wider health system. Further updates will be communicated to the trust boards prior to finalising the FBC regarding the detailed partnership arrangements, including the specific arrangements for each of the trusts.