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JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

5.00 pm	Wednesday 16 September 2020	Virtual meeting

COUNCILLORS:

LONDON BOROUGH OF BARKING & DAGENHAM

Councillor Peter Chand
Councillor Donna Lumsden
Councillor Paul Robinson

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 Beverley Brewer
Councillor Neil Zammett (Chairman)
Vacancy

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
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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

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 Zoom call.

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.

A minute's silent reflection will be held in memory of Councillor Stuart Bellwood (London Borough of Redbridge) who sadly passed away recently.

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

3 DISCLOSURE OF INTERESTS

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

4 MINUTES OF PREVIOUS MEETING (Pages 1 - 12)

To agree as a correct record the minutes of the meetings held on 28 January 2020 and 11 February 2020 (attached).

5 ARRANGEMENTS FOR PUBLIC SPEAKING AND QUESTIONS (Pages 13 - 16)

Report attached.

6 COVID-19 UPDATE (Pages 17 - 44)

Information sand covering report attached.

7 NELFT PROSTHETICS CENTRE - CHANGE OF LOCATION (Pages 45 - 68)

Information and covering report attached.

8 COMMITTEE'S WORK PLAN AND FUTURE MEETINGS

The Joint Committee is invited to consider items for its future work programme.

The Joint Committee is also invited to agree the following dates for future meetings in the 2020/21 municipal year and to agree the start times for these:

Tuesday 15 December 2020
Tuesday 16 March 2021

Anthony Clements
Clerk to the Joint Committee

MINUTES OF A MEETING OF THE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

28 January 2020 (4.03 pm - 5.41 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Eileen Keller, Mohammed Khan and Paul Robinson
London Borough of Havering	Nic Dodin
London Borough of Redbridge	Beverley Brewer, Hannah Chaudhury and Neil Zammett (Chairman)
London Borough of Waltham Forest	Richard Sweden
Epping Forest District Councillor	Alan Lion
Co-opted Members	Richard Vann (Healthwatch Barking & Dagenham)

All decisions were taken with no votes against.

22 **CHAIRMAN'S ANNOUNCEMENTS**

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

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

Apologies were received from Councillors Nisha Patel & Ciaran White (Havering) Stuart Bellwood (Redbridge – Hannah Chaudhry substituting) Umar Alli (Waltham Forest – Richard Sweden substituting) and Chris Pond (Essex).

Apologies were also received from co-opted members Ian Buckmaster (Healthwatch Havering) and Mike New (Healthwatch Redbridge).

24 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

25 MINUTES OF PREVIOUS MEETING

Subject to the clarification that Jilly Szymanski was Scrutiny Co-Ordinator at London Borough of Redbridge, the minutes of the meeting of the Committee held on 15 October 2019 were agreed as a correct record and signed by the Chairman.

The minutes of the meeting of the Committee held on 6 November 2019 were also agreed as a correct record and signed by the Chairman.

26 ALIGNING COMMISSIONING PRIORITIES - EVIDENCE BASED INTERVENTIONS POLICY

The Committee was addressed by a member of North East London Save Our NHS (NELSON) – an umbrella organisation representing a number of NHS campaigning groups in North East London. It was noted that the Committee had not had the opportunity to scrutinise the NHS Long Term plan before the draft was submitted to NHS England on 15 November.

The NELSON group had a number of concerns regarding the plan including a lack of information about resources available for specific plans and a lack of detail about how services could be delivered in the community. Issues such as difficulties that the elderly or people with dementia may have in accessing hospitals had also not been considered sufficiently. Other concerns raised including an apparent lack of training opportunities for staff and moves towards an integrated care provider meaning there was a risk of contracts going to private companies. Members noted the concerns raised and agreed that there was an absence of much numerical data in the published plan.

A member of the public questioned the accuracy of data supplied in the agenda papers concerning the meeting of four hour A & E targets at Queens and King George Hospitals. BHRUT officers responded that the emergency departments at the two hospitals were different and could not be directly compared. It was accepted that there was significant room for improvement in performance in this area and that data could also be presented with more context around it. Admission rates from A & E had lowered recently which was an improvement in performance.

It was agreed that a draft policy on public speaking would be presented at the next for meeting for discussion.

A representative of the local CCGs explained the revised policy showed the final proposed list of procedures to be funded. A consultation exercise in May 2019 had produced around 600 responses and had resulted in the removal from the policy of a number of procedures including hip & knee

replacements, elective caesarean sections and treatment for cluster headaches. Some procedures had also been added to the policy including split earlobe repair and certain procedures relating to skin pigmentation issues.

The policy had commenced in November 2019 and would be subject to six monthly reviews which would take into account any updates in National Institute for Clinical Excellence Guidance. Exceptional clinical need cases would still be funded and this would be decided by a panel including clinicians, Council representatives and members of the public. Each case would be taken on its merits with for example a condition affecting a patient's ability to work likely to be considered as exceptional clinical need. Whilst private providers would be expected to adhere to the same policy as local NHS Trusts, it was accepted that there was nothing to stop clinicians offering such procedures on a private basis.

It was agreed that an update on how the new policy had been operating should be brought to the Committee in approximately 9 months time.

27 HEALTHWATCH REDBRIDGE - BHRUT RESPONSES TO CHEMOTHERAPY ISSUES

The Committee was addressed by a Redbridge resident whose husband was receiving chemotherapy and had undergone a very poor experience with lengthy delays when attending A & E at Queen's Hospital. Whilst certain staff and aspects of care were praised, the 'red card' system to give priority at triage to chemotherapy patients had not worked in this case.

A representative of Healthwatch Barking & Dagenham thanked the resident for relating her experiences and explained that the three local Healthwatch organisations had made recommendations to BHRUT on cancer services but had been unhappy with the response from the Trust and had made further comments to BHRUT. The formal written response received from the Trust had not yet been discussed by Healthwatch.

The Chairman agreed that the Healthwatch review of cancer services requested by the Committee had identified the issue of cancer patients not being fast tracked when attending A & E. Experiences such as that related by the resident at the meeting had led Members to question whether the system was safe.

Members of the Committee had recently visited the Sunflowers chemotherapy suite at Queen's Hospital and had agreed with the lead clinician that an audit would be carried out. Whilst specific details needed to be agreed, this was likely to cover outcomes for chemotherapy patients attending with sepsis, future demand for chemotherapy and ethnicity issues.

In response, BHRUT officers confirmed that the case related to the Committee by the resident was being taken very seriously by the Trust and the specific issues raised were currently being investigated. There had been no indications that services as a whole were unsafe and these areas had recently been inspected by the Care Quality Commission. If any similar experiences to those described by the resident were to be found, remedial action would be taken.

Members raised concerns that the ethnicity data supplied by the Trust meant that the service was not meeting the needs of the diverse population of e.g. Redbridge. BHRUT officers responded that the Trust could only treat people referred to them and that all people referred did have equal access to services. Members remained concerned that there was insufficient access for minority groups to information about Trust services. These issues could be considered via the planned audit.

In conclusion, the Chairman remained concerned at a perceived resistance at BHRUT to accepting the recommendations of outside bodies and reiterated that the Committee did wish to help the Trust.

28 **BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST (BHRUT) - PERFORMANCE REPORT**

A programme to improve the financial position at BHRUT was under way with a target of £28m savings in the current financial year. It was anticipated that approximately half of this would be achieved on schedule. Work to reduce costs included improving the planned flow of elective procedures so that the current 50-60% use of theatres was increased to 85-90%. Achievement of this target would generate financial improvement of around £25m.

Work was also in progress to reduce outpatient activities of which the trust saw around 2,000 each day at Queen's Hospital alone. It was felt that up to half of outpatients could be treated in other ways including by phone or in primary care. There was a target to reduce outpatient numbers at the Trust by 30% over the next three years. Reducing spend on agency staff would also save as much as £12m.

The Trust was continuing to fail to meet targets for the 'four hour rule' in A & E although the Trust had seen a 10.2% rise in attendances over the last year. The Trust saw up to 1,100 A & E patients per day as well as up to 200 ambulance transfers. Internal processes and systems at A & E were being reviewed although there were also space constraints on the department.

Initiatives to improve performance had included recruitment of Advanced Care Practitioners and the Red2Green system to allow clinical staff to highlight delays in patient care. A new frail elderly unit had been opened at King George Hospital to support winter pressures as well as new short stay elderly care beds.

Referrals for hospital treatment had grown in recent years and BHRUT was working with the CCGs to better understand referral patterns. The longest waiting patients were reviewed on a twice weekly basis. Improvement work was also focussing on improving booking processes and clinic utilisation.

The Trust had struggled recently to meet targets for starting cancer treatment for some specialities within 62 days. A cancer services recovery plan was in place with a target to return the Trust to compliance by March 2020. Standards for diagnostics had been met in October & November 2019 and waiting lists, which would continue to be monitored, had reduced from 14,000 to 8,000.

Net recruitment to the Trust had increased and officers were pleased that there had been an increase in the response rate at the Trust to the NHS Staff Survey. The establishment of an Academy of Surgery had shortened the time to recruit and a senior intern programme had improved nursing retention rates.

Patient experience scores for maternity were still below target although ratings for both inpatients and the Emergency Department were both exceeding targets. Uniforms had recently been introduced for hospital volunteers and work was in progress to improve accessibility for deaf and blind patients. Changing Places toilet facilities were scheduled to be installed at both Trust hospitals.

A Care Quality Commission inspection had taken place between September and November 2019 and the Trust had been rated as good on three domains. The Trust had retained an overall rating of Requires Improvement.

It was clarified that no patients were left in ambulances and each arrival was brought into the hospital building, even if the transfer from paramedics could not be completed at that point. Nursing and medical staff would assess all ambulance arrivals even if the transfer had not yet been completed. Patients did sometimes wait in a corridor prior to being transferred to the RAFTing area for assessment and treatment.

Officers agreed that additional information and narrative on performance issues could be placed on the Trust's website. With the assistance of the CCGs, it was felt that the Trust would hit its overall target for the year and hence would avoid being fined by the regulator. Officers accepted that the Trust needed to improve its underlying processes and reduce waste and work on this would continue to be shared with the Committee.

The reopening of winter pressures beds at King George was part of a wider remodelling of how these hospital services were provided. This had been discussed with local residents via the recent clinical strategy events. The Trust wished to be open and transparent but it had not been possible to undertake formal consultation on this issue. Work was planned to allow

diagnostics to be provided as quickly as possible and a plan on this could be shared once available.

Members remained concerned at the position with A & E at Queen's and felt it was alarming that four hour rule figures were now below 40%. Requests would be made from Redbridge Health Scrutiny to meet with the Trust Chair and the London lead for NHS England to discuss this in more detail and it was suggested that some members of the Joint Committee could also attend these meetings, once they had been arranged. Members agreed that the performance report should be more transparent about problems at the Trust.

The Chairman agreed that the reopening of the elderly beds at King George was very good news but felt that this remained a significant variation and that news of this development should have been shared earlier. It was agreed that the Trust should provide further details of the purpose and performance of the new area (Foxglove ward). The Foxglove ward had been paid for via BHRUT reserves. It was also noted that performance information for the primary care sector should also be considered.

29 **JOINT COMMITTEE'S WORK PLAN**

It was noted that further discussion of the Healthwatch cancer services report as well as an item on digital transformation of NHS services were due to be dealt with at the next meeting of the Sub-Committee. Other issues for future meetings could include primary care networks and results from the CCG survey of GP patients. Whilst the NHS Long Term Plan was due to be scrutinised at the next meeting, it was suggested that the social care aspects of the plan could also be considered.

Chairman

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Stratford Town Hall, 29, The Broadway, London, E15 4BQ
11 February 2020 (7.00 - 9.13 pm)**

(Meeting held simultaneously with meeting of the Inner North East London Joint Health Overview and Scrutiny Committee)

Present:

COUNCILLORS

London Borough of Havering	Nisha Patel
London Borough of Redbridge	Beverley Brewer, Hannah Chaudhury and Neil Zammett (Chairman)
London Borough of Waltham Forest	Richard Sweden
Co-opted Members	Ian Buckmaster (Healthwatch Havering)

All decisions were taken with no votes against.

30 **CHAIRMAN'S ANNOUNCEMENTS**

The Joint Chairmen (Councillors W. Vaughan, LB Newham and N. Zammett, LB Redbridge) welcomed attendees and explained that the meeting was a simultaneous meeting of members of the INEL JHOSC and ONEL JHOSC to enable a discussion on matters relevant to both bodies, as such there were minor variations in the agendas for each Joint Committee. They led introductions around the table and explained the emergency evacuation arrangements.

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

Apologies were received from Councillors S. Bellwood (LB Redbridge, who was substituted by Councillor H. Chaudhry); Councillors N. Dodin and C. White (LB Havering) Councillor U Alli (LB Waltham Forest who was substituted by Councillor R Sweden) and Councillor A. Lion (Epping Forest District Observer Member).

32 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

33 SUBMITTED QUESTIONS

Ms C. Ackroyd, representing North East London Save Our NHS (NELSON) spoke in relation to the NHS Long Term Plan indicating that, whilst a positive development, the Plan did not contain sufficient information on resources, financial projections and the location of services, in order to support the proposed initiatives.

Regarding financial balance by 2023/24, Ms Ackroyd expressed concern regarding NHS deficits that the potential implications on local authority social care budgets, particularly regarding the anticipated reduction in the number of people being treated in hospital and the resources required to support care in the community.

Ms R. Mykura, representing North East London Save Our NHS (NELSON), spoke in relation to the NHS Long Term Plan and asked the following question:

“What steps have local authorities taken, locally and nationally, to understand the additional caring impact and financial implications of this transfer to local authority budgets and individuals, and to address these issues?”

A member of the INEL JHOSC requested further information from ELHCP either during the presentation on the NHS Long Term Plan or in due course in relation to the reference to the transfer of local authority budgets.

With the Chairman’s permission, Ms C. Ackroyd, also spoke in relation to the issue of overseas patients and charging by Barts NHS Trust, particularly regarding maternity services, indicating that this created a hostile environment with the community and calling on both Committees to issue a joint statement to NHS England and NHS Improvement to this effect.

The Chairmen thanked the speakers for their contributions and indicated that a response would be submitted to them on behalf of the two Committees in due course.

34 NHS LONG TERM PLAN

At the request of the Committees, an update was provided in relation to population health management, urgent and emergency care, primary care networks, cancer, mental health, workforce and estates, which was initially scheduled for the meeting held on 6 November 2019.

Jane Milligan (ELHCP Accountable Officer), Dr Jagan John (Chair Barking and Dagenham CCG) and Simon Hall (ELHCP Director of Transformation) introduced a detailed presentation which outlined a background to the NHS Long Term Plan; selected workstreams, ongoing work to develop an integrated care partnership for North East London, the role of the acute collaborative group, and projected delivery and next steps.

The Plan was published in January 2019 setting out a vision for the NHS over a 10-year period including the development of a number of work programmes. It was submitted to NHS England and published on the ELCHP website in November 2019.

Jane Milligan made reference to the questions received from the members of the public and explained that a single CCG (NEL Integrated Care System) was in development across north east London to remove barriers to integration, improve governance structures and speed up decision making in key areas, and Marie Gabriel was due to commence in her role as Chair on 1 April.

The final plan was due to be submitted to NHS England / Improvement in March 2020 and ELCHP would continue its boroughwide engagement with local authorities and NHS provider organisations as well as the JHOSCs, particularly as services are redesigned.

Questioning outlined the following:

- The Accountable Officer acknowledged the importance of co-production across the various partner organisations to deliver integrated care health and social care for north east London and the constraints of national policy and welcomed further developments in national policy, such as the Green Paper.
- Resources would be made available to support the transformation of services in north east London, particularly in relation to Primary Care Networks and workforce development, and work programmes would build on the learning from previous transformations, in terms of integrated working and engagement, such as maternity services and mental health.
- An Acute Collaboration Group exists which worked across acute providers to share good practice.
- Joint commissioning arrangements were a work in progress and both the Plan and a move to a single CCG would aid decision-making and the alignment of resources.
- The Accountable Officer acknowledged the challenges regarding A&E waiting times and explained that Marie Gabriel would be undertaking a governance review. The Director of Transformation clarified that the Plan included ongoing work to develop workforce initiatives including the offer of apprenticeships and collaborative work with partner organisations.
- The Chair Barking and Dagenham CCG explained that the transformation plan across the CCGs aimed to ensure that people

could access the right services in the right location and nearer to home and reduce A&E activity, particularly at BHRUT which was seeing a rise in activity relating to access and workforce, and to create a more stable system. He acknowledged the national and local challenges caused by retiring single handed GPs and explained that flexible work opportunities and physical associates programmes would enable a more diverse workforce model from traditional models.

- The Chief Finance Officer explained that a move away from PBR (payment by results) was part of the Long Term Plan with the aim of working collaboratively to deploy resources based on the needs of the demographic population.
- Further to a suggestion by a Member of the INEL/ ONEL JHOSCs, the Accountable Officer agreed to amend the Plan to include the following references:

  i) Assurances that in planning out of hospital care it was not envisaged that any tasks currently carried out by the NHS would be devolved to local authorities without financial recompense.

  ii) The need for affordable accommodation for NHS staff.

  iii) An aspiration that no one should access mental health treatment through the criminal justice system or A&E for want of an earlier intervention by mental health services, ensuring a clear pathway to mental health services.

- The Accountable Officer invited any further comments or engagement with the JHOSCs and local borough OSCs regarding the Plan both prior to March 2020 and beyond, as services are redesigned.

- The Chairman (ONEL JHOSC) referred to his commentary on the NHS LTP and a briefing paper produced by the Redbridge Public Health Team, which was shared with members of the JHOSCs for their information, and offered to share it with the Accountable Officer.

It was agreed that the JHOSCs note the update and the Chairmen thanked those present for their attendance and contributions to the discussion.

35 **PATHOLOGY SERVICES**

The report outlined that Barts Health NHS Trust, Lewisham and Greenwich NHS Trust, and Homerton University NHS Foundation Trust hospitals were working to develop a joint NHS pathology network in order to improve the quality, efficiency and sustainability of pathology services.

Ralph Coulbeck, Director of Strategy, Barts Health NHS Trust and Tracy Fletcher, Chief Executive, Homerton University Hospital NHS Trust introduced the report and explained that the proposed clinical model was based on the creation of a network of laboratories, centralising laboratory testing where clinically appropriate and reflected the changing needs of an ageing population and the emergency of new diagnostic tests and an increase in demand and potential benefits, to be reflected over time; this included improved quality, faster response time, reduced variation in standards, improved training opportunities for staff and increased strategic alignment between partners.

The Outline Business Case for the partnership had been approved by all three trust boards through November and December 2019 and work had commenced on the Full Business Case, due to be completed by end of March 2020.

Questioning outlined the following:

- The proposed changes would best utilise available resources and experts in the field and each hospital site would be able to undertake urgent / fast turnaround testing where required.

- The development 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 is the proposed host for the network and the Royal London site is the proposed location for the 'hub' laboratory.

- Each Trust would be able to specify a list of 'Reserved Matters' where a trust may wish to reserve a right of veto over partnership decisions and an example of such a matter was given as extending the partnership at a future date beyond the founding partners.

- Further detail regarding potential staffing changes and performance monitoring of turnaround times would be included a part of the full business case and any potential savings over the four-year transition period would be reinvested among the three organisations.

- The choice of provider organisations related to expressions of interest and did not preclude the likelihood of additional partnerships at a future date.

It was agreed that officers would continue to keep the Committees briefed on developments prior to the Final Business Case being completed.

36 DATE OF NEXT MEETING

The next meeting of the ONEL JHOSC will be on Tuesday 28 April at 4pm at Havering Town Hall, Main Road, Romford RM1 3BB.

Chairman

Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 16 SEPTEMBER 2020

Subject Heading:	Arrangements for Public Speaking and Questions
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	The information presented recommends some changes to the Joint Committee's terms of reference.
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 appended document of a proposed addition to the Joint Committee's terms of reference to clarify the policy regarding public speaking and the asking of questions by the public at meetings of the Joint Committee.

RECOMMENDATIONS

1. That the Committee agrees the addition to its terms of reference as shown on the document appended to this report.

REPORT DETAIL

Following recent requests from the public to speak and ask questions at meetings of the Joint Committee, Members have requested a formalising of the policy around these areas.

The attached proposed addition to the Terms of Reference seeks to address this by setting time limits for the receipt requests to speak and for individual and overall public speaking contributions at the actual meetings. A policy for dealing with questions asked by members of the public is also suggested.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

Appendix: Proposed Amendment to Outer North East London Joint Health Overview and Scrutiny Terms of Reference

PUBLIC SPEAKING ARRANGEMENTS
Members of the public, provided they give notice in writing or by electronic mail to the Clerk of the Joint Committee by no later than 12 noon **TWO WORKING DAYS BEFORE** the meeting, may give a statement or ask a question at meetings of the ONEL JHOSC.

The statement or question must relate to the terms of reference and role and responsibility of the committee.

Statements and questions must be no longer than three minutes in duration. The total time allowed for dealing with statements and questions at each meeting will be fifteen minutes;

There will be no debate in relation to any statements or questions raised at the meeting but the committee will resolve:

"that the petition / statement be noted and, if appropriate and relevant, be considered when a relevant item is debated at the meeting".

RESPONSE TO QUESTIONS
Questions will be directed to the appropriate NHS organisation to provide a written response directly to the questioner with an appropriately redacted copy to be sent to the clerk to the Joint Committee for distribution to Members. NHS organisations will be asked to provide a response within 28 calendar days of receipt.

The public must not use participation at any meeting to pursue a complaint against the Council (whether in a personal, business or professional capacity) where a formal complaint channel exists, such as the Local Government Ombudsman or the Council's Complaints Procedure, or where such a complaint is already being pursued.

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Havering
LONDON BOROUGH

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 16 SEPTEMBER 2020

Subject Heading:	Covid-19 Update
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	The information presented gives details of aspects of local responses to the Covid-19 pandemic.
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

The attached presentation covers details of the Covid-19 response by local NHS organisations.

RECOMMENDATIONS

1. That the Joint Committee scrutinises the information presented, makes any appropriate recommendations and takes any action it considers appropriate.

REPORT DETAIL

NHS commissioning officers have requested to brief the Joint Committee on the impact of the Covid-19 on Outer North East London and the associated recovery plans. This information is attached for scrutiny by the Joint Committee.

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

Covid-19 update for ONEL JHOSC

- Managing the Emergency
- Next Steps – London/National Context
- Phase 3 – NEL Actions

Wednesday 16 September 2020

Contents

East London Health & Care Partnership

- **Managing the Emergency**
  - Covid cases and deaths
  - Socio-demographic risks
  - Testing and PPE
- **Next Steps – London/National Context**
  - Phase 3
  - People plan
  - Obesity plan
- **Phase 3 – NEL Actions**
  - Winter preparedness
  - Flu
  - Mental health
  - Inequalities
  - Primary care
  - Involvement and Consultation
  - One CCG
  - Key messages

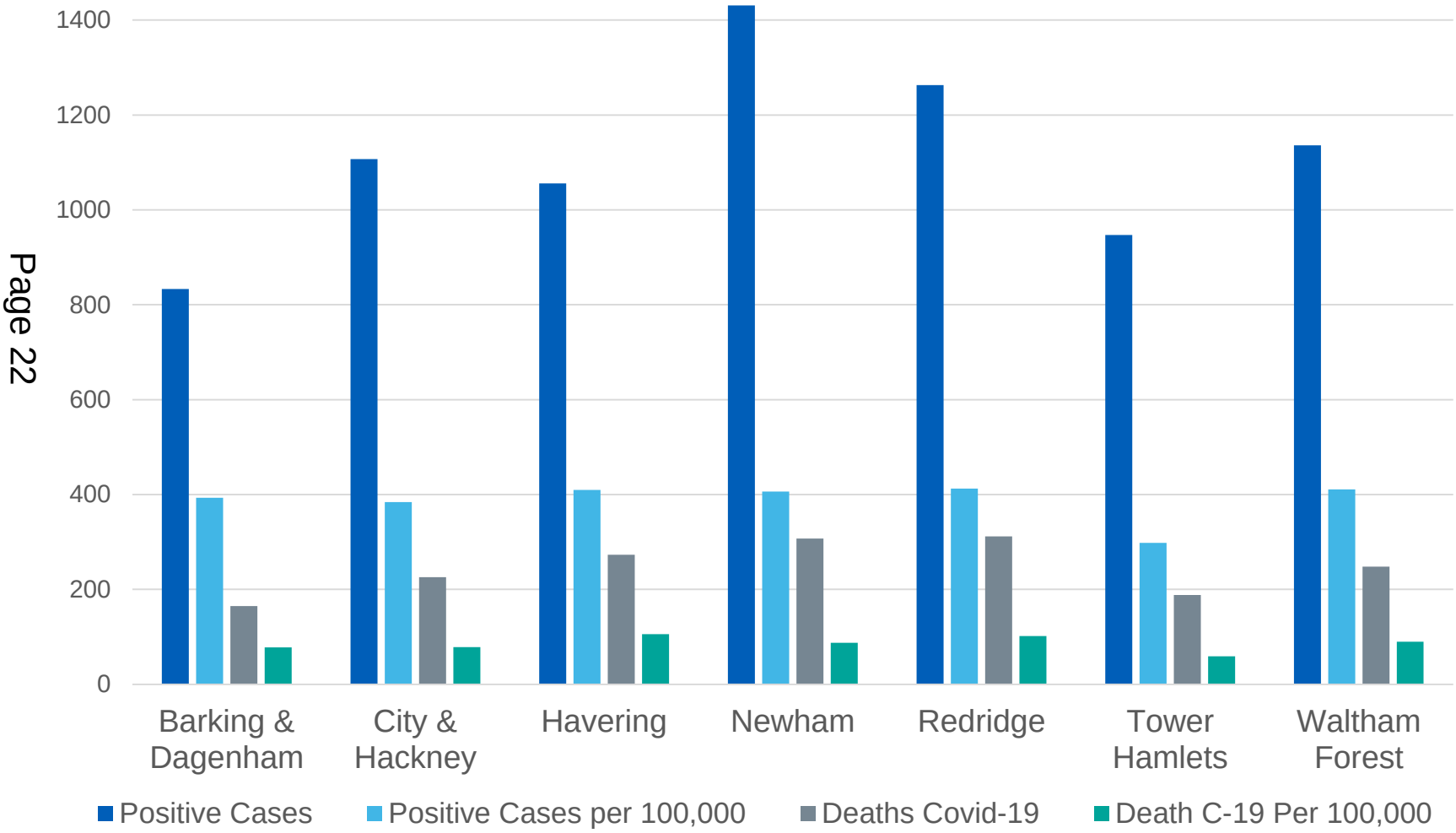
East London Health & Care Partnership

Managing the Emergency

Covid cases and deaths

Cases to 24 August; Deaths to 24 June 2020 (latest official figures)

East London Health & Care Partnership



Covid cases

Calculated through Pillar 1 and 2 testing. 7 day rolling total cases as per methodology in PHE Centre Daily Covid-19 report (Period 15-21 August)

Place	7 Day Total	7 Day Rate / 100,000	Cumulative Total	Cumulative Rate / 100,000
Hackney and City of London	65	23	1140	395
Barking and Dagenham	21	13	848	400
Tower Hamlets	29	10	970	305
Waltham Forest	19	10	1149	415
Havering	22	10	1072	416
Newham	20	9	1446	411
Redbridge	22	8	1269	418
NE London	198	9.9	7894	393
London	815	11.6	35543	433
England	4913	11.3	285155	508

Socio-demographic risks

East London Health & Care Partnership

Headlines	Socio-demographic risk factors on hospitalisation, critical care and mortality following a diagnosis of Covid-19 (Tower Hamlets, Newham and City and Hackney C-19 logistic regression). Data used outcomes of 1,673 confirmed C-19 cases, August 2020.
Gender	Compared to females, males were more likely to end up in hospital
Age	Compared to younger adults, people aged over 50 were more likely to be hospitalised and/or die following a diagnosis of Covid-19. Age has the most significantly increased odds of all risk factors, especially for those age 70+ who had the highest odds of dying compared to all other risk factors (between 11 and 23 times more likely to die compared to adults under 50)
Ethnicity	People of Black and Asian ethnicity had greater odds of ending up in hospital, and those of Asian ethnicity were significantly more likely to be in critical care or die following, compared to people of White ethnicity.
Learning Disability	People with Learning Disabilities were around five times more likely to die than people without learning disabilities, and the difference is statistically significant.
Long-term conditions	People with certain LTCs (cancer, kidney disease, diabetes) had some greater odds of ending up in hospital compared to people without any diagnosed underlying conditions.
Obesity	People who were obese had greater odds of hospitalisation and requiring critical care, and those who were morbidly obese had a greater likelihood of death, compared to those of a healthy weight.

PCR (Swab) tests for public, health and social care staff

East London Health & Care Partnership

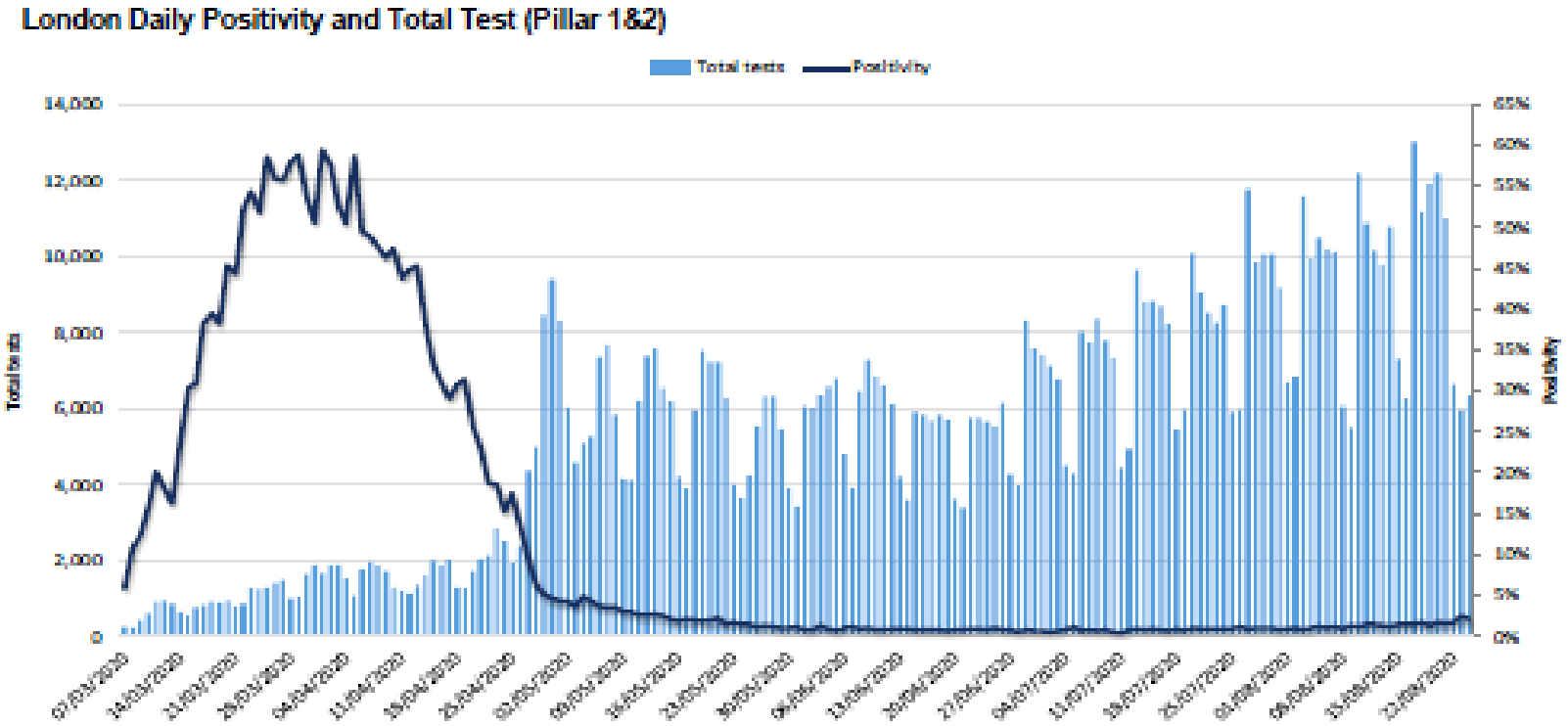
Pillar 1	**Local NHS supply** (Max. 1600 tests per day) to cover testing of patients, health and care staff and their families; responding to local outbreaks in care homes, supported living and extra care providers; and research studies.
Pillar 2	**National scheme** for testing anyone who has COVID-19 symptoms and regular testing of care homes.

Weekly meets with key leads and Directors of Public Health to manage local outbreaks and ensure test and trace is working. This has included responding to suspected outbreaks at two care homes in Havering (all 274 staff/residents tested), two supported living sites in Hackney (150 tests) and a site in Redbridge (14 tests)

- Working with the Trust pathology labs and NHSE/I to resolve current capacity issues and increase Pillar 1 capacity to 3,000 tests per day
- Worked with Directors of Public Health to agree a prioritisation framework to enable access to finite Pillar 1 capacity to support the testing of residents and staff in care homes and supported living sites if they can't access testing from the national scheme
- In a UK-first, the ELHCP worked with Queen Mary University of London to trial a **new portable rapid PCR testing machine** that was shown to deliver results in 30 minutes. The test is cost-effective and its proven technology will be critical in responding to local outbreaks

Tests vs Positivity

East London Health & Care Partnership



Borough	Pillar 2 tests in 7 days up to 25 Aug	% that were positive
City of London	967	3%
Hackney	932	3%
Barking and Dagenham	550	3%
Havering	862	1%
Redbridge	865	1%
Newham	616	2%
Tower Hamlets	724	2%
Waltham Forest	799	1%

Test and Trace Antibody Tests

East London Health & Care Partnership

- New **NHS Test and Trace** app is being trialled with residents in Newham over three weeks. Residents receive unique codes to give them early access to download the app via email and post to monitor performance and identify improvements ready for national launch.
    - https://www.gov.uk/government/publications/nhs-test-and-trace-app-privacy-information/the-nhs-test-and-trace-app-early-adopter-trial-august-2020-data-protection-impact-assessment

From May to 23 August we offered the **antibody test** to over 38,773 NHS and social care staff at a range of sites across North East London.

- Because we don't know if someone with antibodies can still pass the virus on or get re-infected, anyone with a positive test result still has to follow all Government guidance on self-isolation, social distancing, correct use of PPE, good hygiene etc. So the test is used to keep the Coronavirus under surveillance
- Testing has now stopped for NHS staff and from 4 August has been offered to social care staff. As of 27 August we have provided 491 antibody tests to social care staff.

Personal Protective Equipment

East London Health & Care Partnership

- National agreement that from September onwards, the formal Quality Assurance process for PPE will be fully implemented before shipping to the UK to ensure that PPE bought abroad is only shipped if compliant.
- FFP3 (Filtering Face Piece) masks which are thicker than surgical masks and have a filter have proved to be the most difficult items to stock in different sizes (which is important). NHSE is trying to resolve the issue.
- The PPE eCommerce Portal, managed by the Department of Health and Social Care, is now available as an emergency PPE top-up route for all GPs, social care residential and domiciliary care providers regardless of size, and pharmacies.
- We are working to ensure that all relevant organisations across our local authority areas have successfully registered on the portal.
- The NEL PPE Emergency Hub also continues to operate as an emergency route, with a dedicated team in place, to help ensure that organisations across north east London have access to the emergency PPE they need to keep staff safe.

Next Steps – London/National Context

Phase 3

East London Health & Care Partnership

- From 1 Aug 2020 NHS Emergency Preparedness, Resilience and Response (EPRR) incident level moved from **Level 4 (national) to Level 3 (regional) control**
- **London priorities** (a NEL plan is required by 21 Sept 2020). Acting in a way that takes account of lessons learned, and utilises beneficial changes; systems are required to accelerate the return to near-normal levels of non-Covid health services before winter, with a focus on:
  - Restoration of community and acute services
  - Mental health
  - Inequality actions
  - Patient Initiated Follow Ups (PIFUs). This means patients can request follow up appointments when they think it is most appropriate for their personal condition, rather than using a service-agreed fixed timescale
  - Workforce

We are the NHS: People Plan 2020/21 – action for us all

East London Health & Care Partnership

- In June 2019 NHS England, NHS Improvement and Health Education England published the Interim People Plan Covid-19 has changed things, but the central themes; **more people, working differently, in an inclusive and compassionate culture** – are even more important now than they were then.
- The plan commits to:
  - **Looking after our people** – ensuring they are safe and healthy, physically and mentally well and able to work flexibly
  - **Belonging in the NHS** – ensuring the NHS is inclusive and diverse and a place where discrimination, violence and bullying do not occur. We will overhaul recruitment practices to improve representation; have health and wellbeing conversations; empower staff to use their voice to inform learning and improvement and further develop inclusive, compassionate leadership
  - **New ways of working** – being flexible and making the best use of skills and experience; upskilling staff; expanding multi-disciplinary teams; supporting volunteers and expanding routes into health and care careers; and supporting staff development
  - **Growing for the future** – capitalising on the interest in NHS careers and higher numbers of applications to education and training by recruiting into entry-level clinical and non-clinical roles; encouraging return to practice; new training places in shortage professions; international recruitment; and retaining more people in the service

https://www.england.nhs.uk/ournhspeople/

Our NHS People Promise

East London Health & Care Partnership

- Our NHS People Promise published alongside the People Plan, urges all staff to make a firm commitment to improve the experience of working in the NHS.

- We are developing our own People Plan (draft ready by end of Sept) to supplement the national work.

Obesity Plan

- New campaign to encourage people to achieve a healthier weight with evidence-based tools and apps and advice on how to lose weight
- Expanding NHS weight management services and the Diabetes Prevention Programme. Primary Care Networks will be offered training to be healthy weight coaches
- Public consultation to gather views and evidence on the ‘traffic light’ label
- New legislation to require large hospitality food businesses, e.g. restaurants and takeaways with more than 250 employees, to add calorie labels to food
- Consulting on making companies provide calorie labelling on alcohol
- Legislating to end the promotion (online and in high streets) of foods high in fat, sugar or salt (HFSS) e.g. by restricting buy one get one free
- Banning the advertising of HFSS products on TV and online before 9pm and holding a consultation on introducing a total HFSS advertising restriction online
- Looking at ways to support:
  - disabled people eat healthily: part of National Strategy for Disabled People
  - employers ensure people are able to be healthier whilst at work

https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives

East London Health & Care Partnership

Phase 3 – NEL Actions

Winter preparedness

East London Health & Care Partnership

- **A&E numbers fell sharply earlier in the year, but are steadily rising** (to about two thirds of pre-pandemic rates). We are reassuring the public that the NHS is open for business; whilst maintaining high standards of infection control; and encouraging people to use services appropriately.
- To create a Covid-free zone **at Mile End Hospital we have relocated the inpatient dementia assessment services to the purpose-built East Ham Care Centre. This will** improve the quality of care by consolidating all cognitive impairment specialist dementia beds at EHCC. Family and carers will be able to access travel assistance if this is an issue.
- NEL hospitals recently received **£13.2 million prepare for winter**
  - **£4.1million for Queen's Hospital Emergency Department** to provide blood tests in A&E rather than a laboratory, meaning results are immediately available; and to increase the number of patients who can be assessed at the same time in A&E; and get patients the care they need more quickly, whilst ensuring social distancing.
  - **£6.4million for Barts Health. £3m for Whipps Cross; £1.8m at Newham and £1.6m at Royal London** to segregate Covid and non-Covid patients in A&Es, support social distancing, and ensure services are relocated where A&E is taking up more space
  - £**2.7million for Homerton**
- In primary care we are zoning practices and developed 'hot hubs' to separate Covid and non-Covid symptomatic patients which can be used flexibly to adapt to changing situations

Flu

- The flu vaccination programme is a key priority as we push hard to vaccinate 75% of ‘at-risk’ population groups and people over 65. We will deliver on these ambitions in partnership across NEL through:
  - population modelling to ensure there is enough vaccine for the new patient cohorts
  - a North East London marketing, communications and engagement campaign
  - PPE planning to provide the vaccine safely to patients and staff during Covid-19
  - mutual aid plans for vaccine sharing and underwriting costs of any excess vaccines

  Key focus on health and social inequalities; in light of the disproportionate effect of Covid-19 on Black, Asian, minority ethnic and older populations.
- Developing innovative models of service delivery such as doorstep vaccinations targeting whole streets of eligible people; ‘drive through’ vaccination services; and working with Covid-19 volunteers as ‘flu fighters’ to encourage vulnerable people to get flu jabs), as well as collaborating closely with local pharmacy partners.
- Developing a joined-up approach (between CCGs, Trusts, local authorities and key community groups such as Healthwatch, National Childbirth Trust and interfaith groups) to managing communications and engagement to pool knowledge and resources and ensure a clear consistent message
- People aged 50-64 will be eligible for the free flu vaccine from mid-November, ensuring those in the normal ‘at-risk’ groups are seen first. We are working with GP practices and pharmacies to manage any interest prior to November.

Mental health

- Expanded crisis resolution home treatment teams and crisis hubs reduced demand for psychiatric beds in the pandemic. And new 24/7 mental health helplines continue to operate with an aim to move to a national service in the future if funding allows
- Expanding Children/Young People crisis services & Mental Health in Schools teams
- IAPT (Improving Access to Psychological Therapies) services to resume fully. Successful expansion of online delivery. IAPT services have given invaluable support to front line staff and a co-ordinated approach to bereavement services.
- Black, Asian and Minority Ethnic Working Groups established to identify and address the differential impact of Covid
- Proactive review of all CMHT (Community Mental Health Team) caseloads to ensure appropriate therapy/interventions are in place.
- Developing alternatives to inpatient settings/ treatment for people with a learning disability and ensuring Care and Treatment Reviews always take place
- We are ensuring patients/public are accessing services; but also expecting a surge in the need for services. We are increasing ward capacity and investing in the community e.g. crisis resolution teams, crisis hubs and alternatives to online support such as outdoor meetings
- NEL Mental health summit brought together over 200 people with lived experiences, Healthwatches, voluntary / statutory organisations to discuss building partnerships; reducing inequalities; experiences of services and how we can improve

Inequalities

- NEL Recovery and Restoration Inequalities programme led by Jason Strelitz, Director of Public Health, London Borough of Newham.
- **Three agreed health inequalities priorities:** 1. Epidemic response; 2. Economic recovery and Anchors. 3. Inequalities Analysis

Workstream	Workplan Progress / Examples	Next Steps
Epidemic response: Our residents frequently cross borough and city boundaries so we are collaborating to address issues quickly. Boroughs reviewed their Local Outbreak Response Plans, shared learning and discussed blind spots.	• Local Outbreak Control Plans regional peer review with Professor Kevin Fenton (PHE) • Sharing information /ideas e.g. community champions; walk-in and care home testing; education and schools; and winter planning.	• Working collectively on contact tracing approaches. • Planning prioritisation for immunisations and vaccinations using data on high-risk groups.
Economic recovery: Covid & Brexit will exacerbate health and social inequalities. To mitigate this we are using the anchor system approach focusing on: • Procurement and local supply chains • Local skills and employment • Environmental impact and sustainability • Social value; wellbeing/inclusion/equality	• Two engagement events organised (Sept and Oct) to bring together chief execs and directors to showcase local work, share learning and define opportunities for collaboration. • Sustainability framework for NEL to be launched.	• Baseline data collection at NEL level underway (economic and inequalities data) • Governance for the anchor system approach regionally.
Inequalities data: Data is collected and analysed by local PH departments, but in silos. Increased data sharing will inform work programmes and commissioning decisions.	• Weekly sub-group meetings. • Draft workplan has been put together, with two priority actions (1) Covid-19 risk stratification and (2) equity audits	• Delivering and tracking outputs • Covid risk stratification outputs Sept 2020 • GDPR and governance

Inequalities

To strengthen our delivery over the next 3-12 months NEL will be accelerating and embedding the programme by achieving the following eight steps;

	Delivery Priorities next 3-12 months	2020-21
1	Align strategy with NEL Long Term Plan goals and ensure progress is tracked against developing maturity and governance models.	Sept 2020
2	Deliver NEL analytics inequalities data workplan framework and baselines to support new segmentation and risk stratification models. NEL to align this work with national Wave 3 Integrated Care System Population Health Management Programme due to start Jan 2021	Sept 2020
3	Starting with general practice, prioritising groups at significant risk of Covid-19 in time for winter then Primary Care Networks with involvement from other providers and systems.	Sept 2020
4	Working with regional BI-Analysts and researchers to build and cleanse core data sources i.e. Acute, CEG, JSNA etc. – improve on LTCs data sets especially diabetes.	Oct 2020
5	Establish NEL anchor charter principles underpinned by the developing London kite mark to ensure stakeholders are working together under one framework.	Sept - Oct 2020
6	Supporting partners to implement Equality Impact Assessments framework i.e. Equity Audits in ELFT, Quality Improvement methodology, EDS2 regional assurance etc.	Jan 2021
7	Embed new ways of working across our workforce ensuring all staff are trained on population health approaches Each system will get dedicated analytical support (and tools) to produce data packs using local linked data.	Feb 2021
8	Designing and implementing proactive care models for key population cohorts identified through segmentation and risk stratification.	Mar - Aug 2021

Primary care

- We are using the window of opportunity between now and winter to resume primary care services and face to face appointments, with a particular focus on those that have potentially missed out – people with Long Term Conditions, people with a learning disabilities, those needing immunisations, cancer screening etc.
- CCG Chairs wrote to GPs in August to remind them it should be made clear to patients that all practice premises are open to provide care, with adjustments; that no practice should be communicating to patients that their premises are closed or redirect patients to other parts of the system unless necessary; and CCGs will be monitoring this and undertaking work locally to get feedback from patients on their ability to access services.
- CCGs and GPs have started public facing communications, in line with national messages and materials, to reassure people they will not be a burden and should contact their GP if they have any concerns about their health and to attend any appointments they are invited to.
- We have been surveying and engaging with patients on their experiences of primary care during lockdown and previous experiences of the flu vaccine to inform our recovery and communications efforts.

Involvement and Consultation

- Commissioned all eight Healthwatches in NEL and Healthwatch England to gain insight on improving services that have changed during Covid-19; and what lessons we have learned about the future structure of services.
  - Review all existing surveys and analyse c5-8k patient and public comments
  - In partnership with CCGs, providers and local councils, explore gaps in knowledge e.g. diverse communities; those not digitally connected. Analysis at local/NEL-level
- Engaging with specific condition/high risk/vulnerable/shielding groups particularly when we need to make urgent changes to cope with the pandemic or e.g. when services need to be recommissioned
  - e.g. DeafPlus, East London Motor Neurone Disease Support, Breathe-Easy, Age UK and the British Lung Foundation and with broader groups e.g. Youth Forums; women's experience network; faith groups etc
- National guidance is changing rapidly; however the clear direction of travel is to separate urgent and planned care to reduce infections
- We will develop our thoughts, taking into account learning from winter, to outline a list of changes we believe would be beneficial to make permanent. We will then discuss with stakeholders and OSCs before preparing a case for change and determining appropriate involvement and consultation in 2021

Developing our Integrated Care System and one CCG

East London Health & Care Partnership

- Direction of travel in NHS Long Term Plan is one CCG per Integrated Care System (ICS) by April 2021
- Took more time in NEL than other areas to ensure development of our local arrangements and wider ICS
- **80:20 principle** – Majority of decision-making is local and close to our populations through more integrated partnerships
- Shared our proposal *'The future of health and care for the people of north east London' in* early August and seeking views from now and through September
- Please read our document and respond:

https://www.eastlondonhcp.nhs.uk/ourplans/the-future-of-health-and-care-for-the-people-of-north-east-london.htm

Public messages

East London Health & Care Partnership

- The Integrated Care System partners have produce a public-facing bulletin that our community and other partners are invited to distribute. Initially we envisage this will be fortnightly. It is also on our website: https://www.eastlondonhcp.nhs.uk/elhcp-public-bulletins/health-and-care-news-from-across-north-east-london/115570

  Issue 1 contains links to patient stories and videos of their positive experiences, and advice on:

  - What to do if you have Covid symptoms
  - Wearing a face mask
  - Contacting a GP if you are concerned about your health
  - The infection control measures the NHS is putting in place
  - Advice for parents about getting care

East London Health & Care Partnership

21 August 2020
Issue 1

Health and care news from across north east London

Welcome to our new bulletin, keeping local people informed about health and care services and how you can stay well and keep safe. This bulletin can also be found on our website.

Covid-19: Advice on what to do if you have symptoms

- **If you have any of the main symptoms of Covid-19** you must stay at home (self-isolate) and get a swab test. Do no wait. Apply for a swab test as soon as you have symptoms. General advice on getting tested is on the national website.
- You can **book a swab test** either at a drive-through or walk-through site, or you can ask for a home test kit to be sent to your home. To get a test use the national testing site.
- If you are **worried about your symptoms** or not sure what to do, use the NHS 111 online coronavirus service, or speak to your GP surgery, hospital or pharmacy.
- Latest advice on all aspects of the coronavirus is on the Government website.

Inside this issue

- Latest Covid-19 advice
- Updates from provider trusts
- Guidance for parents

About East London Health and Care Partnership (ELHCP)

ELHCP is made up of clinical commissioning groups (CCGs), provider trusts, councils and local communities working together across north east London to improve health and care and create a more efficient and effective NHS.

North east London covers seven CCG areas: City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs. For more information, contact the NEL communications team on 020 3688 1216 or

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Havering
LONDON BOROUGH

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 16 SEPTEMBER 2020

Subject Heading:	NELFT Prosthetics Centre – Change of Location
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	The information presented gives details of the moving of site of the NELFT Prosthetics Centre.
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

The attached information covers details of the move of location of the NELFT Prosthetics Centre.

RECOMMENDATIONS

1. That the Joint Committee scrutinises the information presented, makes any appropriate recommendations and takes any action it considers appropriate.

REPORT DETAIL

Following concern raised by Members over the moving by the North East London NHS Foundation Trust of the Trust's Prosthetics Centre from Harold Wood (London Borough of Havering) to a site in Billericay, the attached information on the rationale for the move is presented to the Joint Committee for scrutiny.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

Carol White
Integrated Care Director
The West Wing
CEME Centre
Rainham RM13 8GQ
Tel: 0300 555 1201 Ext: 66234
Email: carol.white@nelft.nhs.uk

January 2020

Dear Colleague

Consultation regarding the relocation of the Prosthetic service for North East London and Essex

I am writing to advise you that we are launching a 28 day consultation regarding the proposed relocation of the NHSE commissioned prosthetic service for the North East London Region.

This regional service has been delivered by NELFT in a building in Havering for the last 9 years; prior to that it was delivered in the same premises by a different community provider.

The service is complex as it involves the clinical delivery of assessment and treatment of patients with limb loss. The service is delivered in partnership with the manufacturer of the prosthetics on the same site to support the patient journey. The current manufacturer is a company called Steeper. In order to deliver the service the building requires both clinical and industrial areas; as such the site has to be of an appropriate size.

Unfortunately, the building in Havering that currently houses the service has not been fit for purpose for some time. The fabric of the building is dated and has infection control and health and safety compliance issues posing risk to the patients that use the service. As a result the service is currently on our NELFT risk register; these issues were also noted in a Care Quality Commission (CQC) inspection in 2016.

To address the concerns noted NELFT in conjunction with our colleagues from NHSE and NHS Property Services (NHSPS) have explored staying in the same building. This option required undertaking vast renovations and unfortunately this option was not deliverable.

As a result, we have been for the last 3 years trying to source an alternative building and have reviewed several options, but until this point no building identified delivered against the needs of the operational delivery, patient, space and parking requirements.

In 2018 a building owned by NELFT became vacant and presented a new option and we have been working this through with NHSE and service user representatives throughout 2019. The option has been approved by the NELFT Board.

The view from NHSE is that formal consultation led by them regarding the proposed move is not required; this is due to the fact that the service is currently provided from a regional centre moving to another regional location based in the same commissioned foot print. They are in support of NELFT taking actions to rectify the health and safety concerns and infection prevention issues which are

pressing. NHSE have however advised that a consultation regarding relocation of the prosthetics service is required under section 242 duties.

The Equality Impact Assessment (EIA) undertaken regarding the new building and service move has identified that most patients are primarily transported to the service. We will be continuing to provide transport for patients.

As a result we are commencing a 28 day period of consultation. Whilst we are commissioned to deliver this service by NHSE, we are aware that residents within your borough may be affected by this change and therefore wanted to inform you of the proposals via the power point pack attached. We are sending to all the relevant clinical commissioning groups (CCG's). The pack also contains relevant information and FAQs together with contact details where concerns/other questions can be raised.

We will be contacting each individual patient affected by the relocation directly between now and April to understand their needs and to support them through any changes.

During the period of consultation should you have any queries or wish to speak to me directly with any concerns please use the email address commentsprosthetics@nelft.nhs.uk.

Please do not hesitate to contact me if you have any queries via the contact details above.

Yours sincerely

Carol White
Havering Integrated Care Director

Carol White
Havering Integrated Care Director &
NELFT BHR Director of Transformation
The West Wing
CEME Centre
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Tel: 0300 555 1201 Ext: 66234
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7 July 2020

Dear Stakeholder,

Re: Proposed relocation of Prosthetic Centre to Billericay – consultation outcome letter

I am writing further to my letter of 8 January 2020 which advised you that we were launching a 28 day consultation regarding the proposal to move the NHSE commissioned regional prosthetic service from the Long Term Conditions Centre (LTCC) in Havering to the Mayflower site in Billericay.

Further to that letter, in March 2020 NELFT responded to the NHSE guidance regarding the delivery of services during the COVID-19 pandemic. This involved suspending all but the most urgent prosthetic work and redeploying our staff to other buildings and services to support the front line response. As a result the staff that would have normally been based at the LTCC have been relocated to other buildings.

As noted in my original letter, there are major concerns about the fabric of the LTCC which means there is a lack of adherence to health and safety and infection control standards.

NELFT are now being asked to begin restoring business as usual services and whilst we have not yet received written confirmation that the prosthetics service will resume we expect this shortly.

As a Trust we have completed health and safety and COVID-19 risk assessments; the LTCC remains unfit for purpose and even more so given the requirements under the new COVID-19 secure building guidance.

Asa responsible employer and NHS provider, we do not feel we can ethically ask staff or patients to return to a building we know is not fit for purpose.

As a result, during the COIVD-19 response, our estate colleagues have continued to work on the Mayflower site and we are hopeful that this will be ready for occupation by the beginning of August 2020. Our plan and preference is to restart the service from that site from September 2020.

With regards to feedback from the consultation, we received only one comment via Healthwatch Havering. This was a concern that patients form Havering may have to travel further to receive their care.

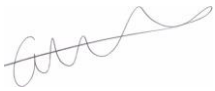
Our response was as follows and this response would apply to any patient known to the service:

98% of patients who attend the prosthetic service arrive by NHS transport that is paid for by NELFT. This facility will continue into the future at the new site. For those patients who do attend the service by public transport and express any concerns they can be offered, free transport. We will also be offering some satellite clinics in Havering.

As noted in my letter every service user has been consulted on regarding the move and to date no concerns have been expressed about the plans.

If you have any concerns or queries please do not hesitate to contact me.

Yours sincerely



Carol White
Havering Integrated Care Director & NELFT BHR Director of Transformation

NELFT NHS
NHS Foundation Trust

Proposed move of Regional Prosthetics Service to Mayflower LTCC Billericay

[Date]

History

- Since 1974 the Regional Prosthetics Service has been provided from the Long Term Conditions Centre in Harold Wood. No alterations have been made to the building since the time of being constructed.
- The team assess, treat and manufacture prosthetics for all ages of patients who have suffered limb loss – congenital or acquired.

History (cont'd)

- The current building owned by NHSPS is not fit for purpose. This is logged on the NELFT high risk register and the issues have also been logged by the CQC.
- The site has been targeted by vandals over the past 3 years which has led to a disruption in service provision.
- Complaints from service users about the building have been received and answered in line with Trust policy.
- NELFT have reviewed various options of redevelopment and investment to address the Health and Safety, Infection Prevention and Control and environmental issues.

History (cont'd)

- NHSPS have not engaged with NELFT regarding possible redevelopment and as a result Trust board agreed to the pursuance of an alternative site to develop and create a centre of excellence.
- We have therefore sought to find a suitable alternative premises. Mayflower is a NELFT property and plans have been drawn up and planning permission granted.

Rationale for proposal

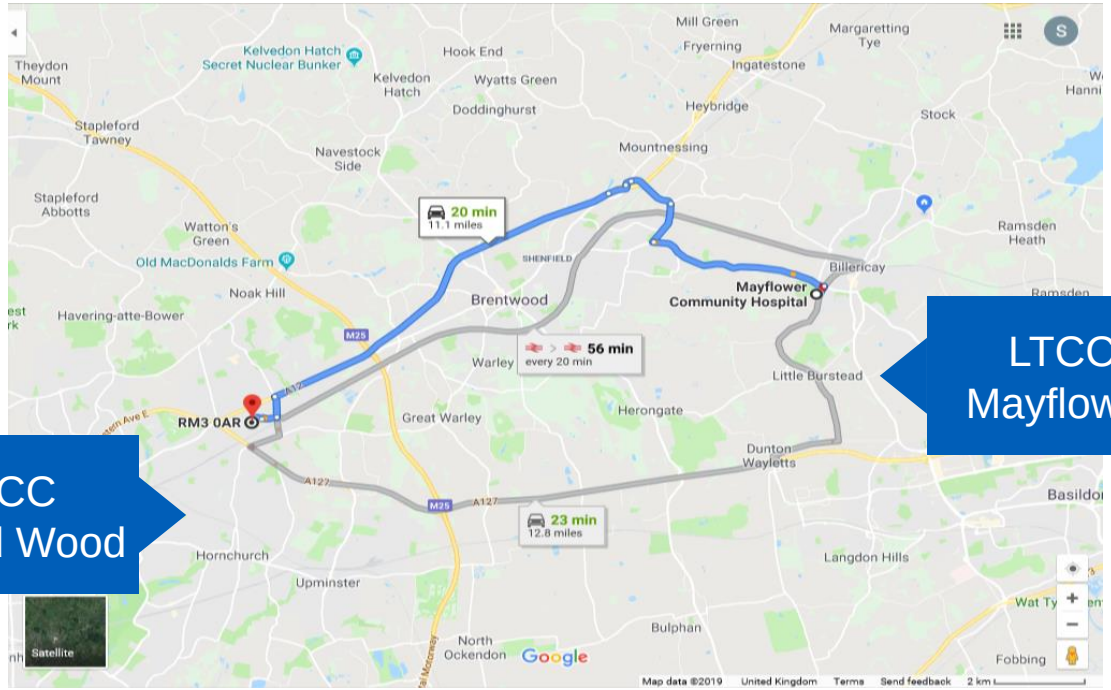
- National provision for a regional centres is required by NHSE. Harold Wood is one of 35 in the country.
- NHSE and NHSI engaged with the local team who have confirmed that they would support this move.
- Requirements are: accessible to public transport, clinical space, workshop, areas for rehabilitation (both inside and outside), social area, supportive of agile working, training space, ability to work with social sector/local community and tertiary services.
- Public engagement and service user engagement is integral to the decision and central to the move.

Current service

The service is provided in an integrated way with NELFT and Steeper and offers a one stop shop with access to a specialist multi disciplinary team of committed experts. Service users and their carers and families are integral to the service and are supported by:

- Prosthetists working within a specialist workshop environment to enable the work to be carried out site for manufacture maintenance and repair of all prosthetic limbs
- Rehabilitation from specialist physiotherapy and occupational therapists
- Psychological support
- Specialist medical assessment
- Nursing and wound care support

Current and proposed sites



LTCC Harold Wood

LTCC Mayflower

Steeper - Contracted Prosthetic Manufacturers

- Over recent years it has become evident that significant investment in the clinical facilities and workshop areas is essential to the long term sustainability of the service.
- Following a thorough investigation and planning process, we feel Mayflower House, Billericay, represents the best opportunity to develop and grow our service delivery required to meet the changing needs of our patients.
- Investment in workshop and clinical areas will mean streamlined and efficient repairs and manufacturing processes, reducing wait times for patient but also improving right first time delivery and a first class patient experience. “IR - Steeper Group”

User Group

- “….the current centre we are in has amazing staff but the building is dated - it looks like something from the 1970s newsreel.
- That's why I think the new building will be good for the users. New facilities will help improve the level of care that the staff at Harold Wood can provide.”

JT – User Group

Comments taken from National Prosthetic Survey 2018

- “They are a real support to me during the hardest part of my life.”.
- What I would want improved is….. “Modernisation of the building/revamp the centre.”
- “First class service/excellent service.”

Third sector involvement

Moving to the new building will provide additional space and enable us to co-locate and co deliver joint initiatives with partners

- Limbless association – co-location Hub and Support group. Joint visits and support to patients prior to discharge
- Blesma - Moved to Chelmsford recently and base will be nearer to support Veterans
- Limb Power – service user works with them which supports links
- Training in outdoor mobility will be possible in the new environment
- Potential use of the football club facilities located next to the proposed site

Limbless Association
LIFE BEYOND LIMB LOSS

NELFT NHS
NHS Foundation Trust

“The key aim of the Limbless Association is to ensure *“that no amputee need cope alone*”. The relationship between Harold Wood LTCC clinical staff and the LA outreach team has steadily developed over the last couple of years. The Help Desk and Support and Connect Hub have nurtured productive working relationships with the centre to help more amputees who find themselves without the information or support to move forward with their limb loss journey. We have no doubt that having a base at the centre would enable us to ensure that even more amputees are supported in this way. There would be greater opportunities for collaborative working and learning around and for the further benefit of this patient group who experience wide ranging and complex challenges in their rehabilitation pathway”

- **DB, Limbless Association**

- “Blesma enjoy an excellent working relationship with the team at the Harold Wood LTCC. A number of our Veteran amputee Members attend their prosthetics service. The prosthetics department deliver consistently good outcomes despite tired and less than ideal surroundings. A move to more appropriate facilities is long overdue and the positive impact on all patients can not be understated. Blesma support relocation to a more appropriate setting and would hope that the patient experience is at the centre of any decision on a new site.”

- BC, Blesma

Aspirations

- Propose to engage with local college/ disability groups to work with the user group to develop and run the Tea Bar
- Specific training space will be available to support and educate primary and secondary care staff
- Apprenticeships for all levels of staff in the team
- Increase group activities which evidence show to be effective
- Support siblings and children of sepsis survivors to understand impact of loss
- Encourage service users to support and inspire others currently we have an ambassador who is in a Paralympian , a published author and a sepsis survivor who is embarking on a counselling career and patient rep in NELFT and one of our users has just climbed Kilimanjaro.

Impact Assessment Newham CCG

Number of users currently attending LTCC that will be affected	117
Average mileage per journey to current site	13 miles
Average mileage per journey to proposed site	20 miles
Potential impact of the move	On average there is an increase of 7 miles travel between the two sites. Facilities will be set up to provide high level specialist care in one setting. Patient transport will continue to be provided in line with Trust policy and to meet the needs of each service user's level of independence. There is no additional cost to the CCG.

FAQs

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Best care by the best people

Question	Answer
Will our patients wait longer?	No, we envisage no change in waiting times to be seen by any member of the team and the “drop in” service for repairs will remain.
Will our patients have to pay more to travel?	Those on transport services do not currently pay for attendance to the centre and there will be no change to current patient transport provision. Those who travel to the centre will have a difference of just 13 miles per journey, noting that for most service users this is nearer than the current base. Those who claim travel expenses via other routes will still manage this in the same way.
Will the referral process change?	No, there will be no change to any processes as confirmed by NHSE. This move has been considered to improve the facility and therefore patient care.
Where will we raise concerns and provide service feedback?	Please use the email address commentsprosthetics@nelft.nhs.uk to raise any concerns with the project team.

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