

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

5.00 pm

**Tuesday
15 December 2020**

Virtual meeting

COUNCILLORS:

**LONDON BOROUGH OF BARKING &
DAGENHAM**

**Councillor Peter Chand
Councillor Donna Lumsden
Councillor Paul Robinson (Chairman)**

**LONDON BOROUGH OF
WALTHAM FOREST**

Councilor 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
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
anthony.clements@oneSource.co.uk 01708 433065**



Essex County Council



NOTES ABOUT THE MEETING

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

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 - 6)

To agree as a correct record the minutes of the meeting of the Joint Committee held on 16 September 2020 (attached).

5 QUESTIONS FROM MEMBERS OF THE PUBLIC (Pages 7 - 8)

List of questions submitted is attached. Questioners will have up to three minutes each to read out their question and make any supporting statement.

Note: The total duration of this section of the meeting shall not exceed 15 minutes.

6 NHS INVESTMENT PLANS (Pages 9 - 30)

Report and correspondence with Joint Committee attached.

7 EAST LONDON HEALTH AND CARE PARTNERSHIP UPDATE (Pages 31 - 60)

Report attached.

8 COMMITTEE'S WORK PROGRAMME

The Committee is asked to make suggestions for items for inclusion in its future work programme. The next meeting of the Joint Committee will be held on 16 March 2021.

Anthony Clements
Clerk to the Joint Committee

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**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Virtual meeting
16 September 2020 (5.00 - 6.50 pm)**

Present:

COUNCILLORS

London Borough of Barking & Dagenham Peter Chand, Donna Lumsden and Paul Robinson

London Borough of Havering Nisha Patel and Ciaran White

London Borough of Redbridge Beverley Brewer, and Neil Zammatt (Chairman)

London Borough of Waltham Forest Richard Sweden

Essex County Council Chris Pond

Epping Forest District Councillor

Co-opted Members Ian Buckmaster (Healthwatch Havering)

Also present:

Councillor Hannah Chaudhury,
Redbridge
Councillor Mohammed Khan,
Barking & Dagenham

The following officers were present:

Jane Milligan, North East London
Commissioning Alliance (NELCA)
Ceri Jacob, NELCA
Melissa Hoskins, NELCA
Don Neame, NELCA
Pippa Ward, NELCA
Dr Jagan John, Clinical
Commissioning Groups (CCGs)
Tony Chambers, BHRUT
Dr Magda Smith, BHRUT
Peter Hunt, BHRUT
Dr Heather Noble, Barts Health
NHS Trust
Laura Anstey, Barts Health NHS
Trust

Jacqui van Rossum, NELFT
Carol White, NELFT

37 CHAIRMAN'S ANNOUNCEMENTS

A minute's silent reflection was held in memory of former Redbridge Councillor Stuart Bellwood who had recently passed away. A number of tributes were paid to former Councillor Bellwood.

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

Apologies were received from Councillor Umar Alli, Waltham Forest, Councillor Richard Sweden substituting.

39 DISCLOSURE OF INTERESTS

7. NELFT PROSTHETICS CENTRE - CHANGE OF LOCATION.

Councillor Richard Sweden, Personal. Was until recently managed by NELFT in his work role.

40 MINUTES OF PREVIOUS MEETING

The minutes of the meetings of the Joint Committee held on 28 January and 11 February were agreed as a correct record and signed by the Chairman.

41 ARRANGEMENTS FOR PUBLIC SPEAKING AND QUESTIONS

The Joint Committee agreed the amendments to its terms of reference that were proposed in the agenda papers, in order to clarify the position around public speaking and questions at its meetings.

42 COVID-19 UPDATE

The accountable officer for North East London Clinical Commissioning Group (CCGs) explained that work was in progress to prepare for the second wave of Covid-19 and the winter peak of demand on health services. Health systems were still in an emergency phase but plans were also being worked on to return to business as usual.

Work had been undertaken with Healthwatch to identify the lessons learnt from the pandemic as well as with partners such as primary care, social care and Council Public Health teams. Next steps would include working with colleagues to address the impact on areas such as outpatients and elective surgery. It was also wished to keep open channels of communication between Health bodies and Councils.

Regular primary care services were resuming with face to face GP appointments available where clinically appropriate. This would be emphasised in NHS communications and there would be a focus on people with long term conditions. A & E attendances were now rising again and were now at two thirds of pre-pandemic levels. It was important that people used the NHS appropriately.

The flu vaccine would initially be available to over 65s and those at risk but would be extended to the over 50s from November. Officers apologised for the increase in waiting times for blood tests. Work had been undertaken with NELFT in order to increase blood testing capacity for the area.

Covid testing in care homes had commenced at an early stage in North East London and named clinical leads had been established for care homes. PPE deliveries to care homes were also in place regularly.

Surgical hubs were working to restore patient services and it was accepted that waiting times had increased due to the backlog. Work was under way to try to reduce this.

Work at BHRUT included establishing 'green' patient pathways to allow Covid-free operations, principally at King George Hospital. Both A & E departments at the Trust were open as usual with emergency surgery being performed at Queen's. Paediatric in-patients were still treated at Queen's although overall numbers were low. This would only be for the pandemic period and was not intended to be a long term configuration.

Waiting lists at BHRUT were prioritised according to clinical need. Capital investment had been secured at Queen's Hospital to establish point of care testing in A & E and to expand the Rapid Assessment and Fast Treatment area. Investments had also been made at King George on the frailty unit and expanding the Urgent Treatment Centre as well as on improving wellbeing facilities for staff. It was hoped the new facilities at King George would be complete by the end of 2021. High volume elective services would take place at King George which would also retain its A & E.

Around 20% of BHRUT patients were from South West Essex with a small amount also from the Chigwell area.

It was accepted that there was some reluctance among GPs to see patients face to face but 39% of GP appointments across the three local boroughs were now being undertaken face to face. Officers were happy to take reports of areas where this was not available. Video and phone consultations were also available. There had sadly been some deaths of GPs due to Covid-19 and it was important that GPs remained safe whilst undertaking their work. There had been a rise in demand for GP care since children had returned to school. A representative from Healthwatch Havering remained concerned that people were not getting the required service from their GP, even allowing for Covid-19 issues.

Concern was raised over the considerably higher death rate from Covid-19 among people with learning disabilities and problems with the availability of Covid-19 testing. People requiring tests were being sent as far away as Leicester, even if local centres appeared empty. Officers agreed that the learning disabilities death rate was unacceptable and factors such as underlying conditions in this group had to be addressed more effectively. There had been a rise in demand for testing amongst the general population, even from people with no symptoms. The vast majority of tests were carried out within 10 miles of a person's home and more laboratory capacity would be made available over the next two months

Infection control support was being extended to patients with learning disabilities and officers could provide further details on these issues. A written briefing on the position with Covid-19 testing centres could also be supplied. A Member from Redbridge stated that he was happy with the way blood testing issues had been handled in Redbridge but there that there remained issues with those carried out at Whipps Cross Hospital.

Members requested more information on surgical hubs and an assurance that they met with the overall strategic objectives for the NHS locally.

It was noted that recent weeks had seen a rapid increase in the numbers of Covid-19 cases. Work had been undertaken to prepare high risk groups for any second wave. This included the BAME population, care home residents and people with diabetes or long term kidney disease. GPs had been asked to focus on patients who were at higher risk and were able to use hot clinics to get Covid-19 advice from hospitals. Regular contact was also in place between NHS staff and borough public health consultants.

Officers apologised for a previous communications error regarding the availability of blood testing at Whipps Cross. A phlebotomy service would also reopen at Wanstead Hospital from 21 September. Processes at Whipps Cross were similar to those being followed at BHRUT. Face to face outpatient appointments would recommence in the next week and a full emergency service was continuing. Phone and video consultations were also available for outpatients.

The surgical hub had been split between elective and emergency pathways with low complexity surgery taking place at Whipps Cross. Higher complexity surgery would take place at the Royal London and Barts Hospitals. Emergency surgery would also take place at Whipps Cross.

It was AGREED that a detailed written briefing should be supplied by NHS officers to the Joint Committee covering Covid-19 testing and death rates and treatment for people with learning disabilities as well as surgical hubs.

Members thanked officers for their input to the meeting.

43 NELFT PROSTHETICS CENTRE - CHANGE OF LOCATION

NELFT officers explained that the prosthetics service was provided on behalf of NHS England for a wide geographical area. The service was based at the Long Term Conditions Centre in Harold Wood but this was not a good quality building and had not been greatly updated since being built in the 1950s.

The building housed both a clinical and manufacturing facility and this needed to be the same on any new site. A suitable alternative site in the local area had not proved possible to identify and the Trust had therefore selected the Mayflower Unit in Billericay as the new location for the service. It was emphasised that it had not been viable to alter the existing Harold Wood building which was not fit for purpose due to infection control and health & safety issues.

The service aimed to supply reablement and rehabilitation and worked with patients to help them become independent. A multi-disciplinary team was available covering nursing, therapy, psychological support etc. A consultation on the move commenced in February 2020 and was originally to last 28 days. The Covid-19 pandemic had however meant that only emergency repairs and prostheses could be carried out and it was not wished to return staff to the Harold Wood building. Every patient using the service had been contacted as part of the consultation.

The new service was on course to open in Billericay in October 2020 and officers were happy for Members to visit the site if they wished. The new building had been designed in conjunction with service users.

A NELFT officer apologised for using the term 'moaning' when referring to feedback from service users. The new service would be fully compliant with the Veterans and Prosthetics reviews and a detailed brief would be brought to the Committee covering the Equalities Impact Assessment, travel issues and the carbon footprint.

A Member from Essex stated that the Billericay site was a more suitable location for Essex residents. Officers added that feedback from the Care Quality Commission was that the Harold Wood site could not be brought up to the required standard. A representative from Healthwatch stated the organisation was pleased that NELFT would cover any taxi fares for service users to the Billericay site.

The investment in the Mayflower site was within the NELFT capital budget. Officers were not aware of the plans for the former site in Harold Wood which was the responsibility of NHS Property. Details of relevant officers at NHS Property could be provided as well as the Equality Impact Assessment and information on travel times.

The Joint Committee noted the position.

44 COMMITTEE'S WORK PLAN AND FUTURE MEETINGS

It was agreed that future meetings of the Joint Committee for the remainder of the municipal year would start at 5 pm on the following dates:

Tuesday 15 December 2020

Tuesday 16 March 2021

A Member asked of details could be provided of the work of a medical company that had been offering its services locally.

Members asked if further scrutiny could be undertaken of the perceived imbalance in health resources between Inner and Outer North East London. It was suggested that the borough Public Health departments could be contacted to give their views on this, workloads permitting.

It was also suggested that issues of health inequalities could be scrutinised with particular emphasis on diabetes, mental health and obesity. This could also link with existing Public Health work on inequalities.

Chairman

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE, 15 DECEMBER 2020

QUESTIONS SUBMITTED FROM MEMBERS OF THE PUBLIC

1. Whipps Cross Hospital Redevelopment

Given the risks to residents across north east London of a new hospital with insufficient capacity, will this Joint Scrutiny Committee do all in its powers to question and challenge the proposals being made by Barts Trust?

2. Margaret Centre, Whipps Cross Hospital

Can you ensure the vital Margaret Centre palliative care unit will continue in the new plans for Whipps Cross Hospital?

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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 15 DECEMBER 2020

Subject Heading:	NHS Investment Plans
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	The information presented gives details of future investment plans in health services locally.
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	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

SUMMARY

The attached presentation covers details of future investment plans for the NHS in Outer North East London.

RECOMMENDATIONS

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

REPORT DETAIL

Following concerns raised by the Joint Committee about the apparent disparity in health services and investment between Inner and Outer North East London (see correspondence attached) NHS officers will present of future investment plans for Outer North East London.

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.

Investing across north east London

- We are committed to continuing to invest in services and estate across north east London.
- Each hospital in north east London is different and they cannot be fairly compared – they do not have the same estate, clinical or workforce capacity.
- The number of beds in use at any hospital also changes daily, depending on the numbers of patients, the type of care required and safe staffing needs. Some of our hospitals provide very specialist care (such as St Bartholomew's Hospital) and we have designated hospitals for people across London with a heart attack or stroke.
- Some beds are used as part of national networks, and are therefore used by patients from outside of north east London and indeed outside of London.
- The Royal London is a major acute and specialist hospital. It offers a range of local and specialist services to patients from across all areas north east London (and beyond) and is one of the capital's leading trauma and emergency care centres and hyper-acute stroke centres.

Some key developments and progress

- Successful funding bids received for major projects including St George's Hospital, Havering (17m) Whipps Cross Hospital (TBA), and Sutherland Road Health Centre, Waltham Forest (1.5m)
- Opening of the new NELFT Jane Atkinson Community Centre (WF)
- COVID-19 response (including infection prevention and control) and additional capacity provided across the system
 - This includes £24m investment in expanding critical care at the Royal London.
 - All NEL hospital Trusts (Barts Health, Homerton and BHRUT) received £13.2 million to prepare for winter. BHRUT also secured an additional £15million in government funding over the next two years for King George Hospital.
- Centralised NEL capital pipeline (part of the London Capital pipeline)
- DH asset transfer policy enforced to retain assets locally, and continued progress on void reduction across estates

Estates major achievements (2018 – 2020)

Funding awards:

Capital:

1. St George's Hospital, Havering: £17m
2. Whipps Cross Hospital – TBA.
3. Sutherland Road Health Centre (WF) – £1.5m
4. Goodman's Field (TH) – Section 106 funding - £6m
5. Pontoon Docks (Newham) – £1.6m
6. Improvement grant funding – £4m over 2 years
7. Additional estates and technology transformation fund (ETTF) funding – £1.5m
8. Barts Life Sciences benefits from £1.5 million in funding
9. 13.2m across NEL hospitals for winter + additional £15m for KGH

Improved utilisation:

1. Kenworthy Road Health Centre (Hackney)
2. Kenwood Gardens (Redbridge) - additional clinical rooms will open in December 2020
3. Shared back office for CCG corporate staff in BHR and WEL (better office environment and use of our resources)

Funding awards:

Revenue:

1. Ilford Exchange
2. Barking Riverside
3. Beam Park
4. St James

Additional capacity:

1. Barts Health Orthopaedics Centre – Newham Hospital – c.£6m investment
2. Jane Atkinson Centre (WF) development – c£14m
3. Cancer diagnostic hub providing additional capacity at Mile End Hospital
4. Wellington Way Health Centre (TH) – January 2020 – c.£7m investment
5. Royal London 14/15 floors capacity for Covid-19 response – c.£24m investment
6. Goodmayes Hospital additional beds capacity for Covid-19- £1m investment

Estates: How COVID-19 has changed planning

- NEL partners have worked together to develop a joint NEL-wide operating plan that involves creating surge capacity.
- We have maximised the number of acute beds we can dedicate to patients.
- We have maximised our clinical management of Covid-19 to minimise length of stay, this had a big impact on our bed requirement.
- We worked with partners to create capacity outside our hospitals, e.g. using void capacity at East Ham Care Centre.

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Additional surge critical care capacity

- Barts Health – Royal London. Up to 176 critical care beds on 14/15th floors in state-of-the-art unit.
- NELFT – Goodmayes Hospital - additional 100 step down beds to support King George Hospital for patients not requiring ventilation support
- ELFT – East Ham Care Centre – space brought back into use with additional 19 beds

Estates: next steps

- The NEL ICS will be the primary level at which the new health and care system will be designed and delivered. Locally, any capital projects will be delivered by Integrated Care Partnerships (ICPs) – Barking Havering and Redbridge (BHR), Waltham Forest, Newham & Tower Hamlets (WEL) and City and Hackney (C&H), with NEL providing strategic assurance and oversight to ensure a consistent approach and leadership for system-wide programmes.
- We will continue to support and deliver key actions including:
 - Continuing to support the impact of Covid-19, including Covid response programmes for vaccine trials and testing sites
 - Refreshing our infrastructure plan to support new clinical models
 - Managing our capital pipeline
 - Focusing on using our capital resources to help address health inequalities
 - Continue to bid for centralised funding opportunities when available
 - Build the pipeline of additional assets to transfer locally
 - Complete the reduction of clinical voids across the estates
 - Use digital innovation for better access to services – including implementation of Futuregov principles
 - Support any necessary requirements for the creation of a single CCG
 - NEL have also been part of primary care planning model with Imperial College Health Partners. This will enable us to continue the extensive work we have been doing with primary care networks to create a primary care strategy which feeds up into the NEL strategy and pipeline for 21/22 onwards.

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**CCG allocations – historical trends in funding
Outer North East London Health Overview and Scrutiny Committee
15 December 2020**

This paper is intended to indicate the relative levels of funding growth across London and specifically within north east London and Barking and Dagenham, Havering and Redbridge over the last five years.

Despite a prevailing climate of governmental financial restraint over the past five years reasonable cash increases have been seen in the NHS, although the extent to which such increases have kept pace with system cost pressures remains a topic of some debate.

Across England this inflow amounts to c.£16.6bn in total place-based allocation. Or c.£11.5bn in direct core CCG allocation growth. Figures 1 & 2 below illustrate both the increase in funding using 2016/17 as a baseline year.

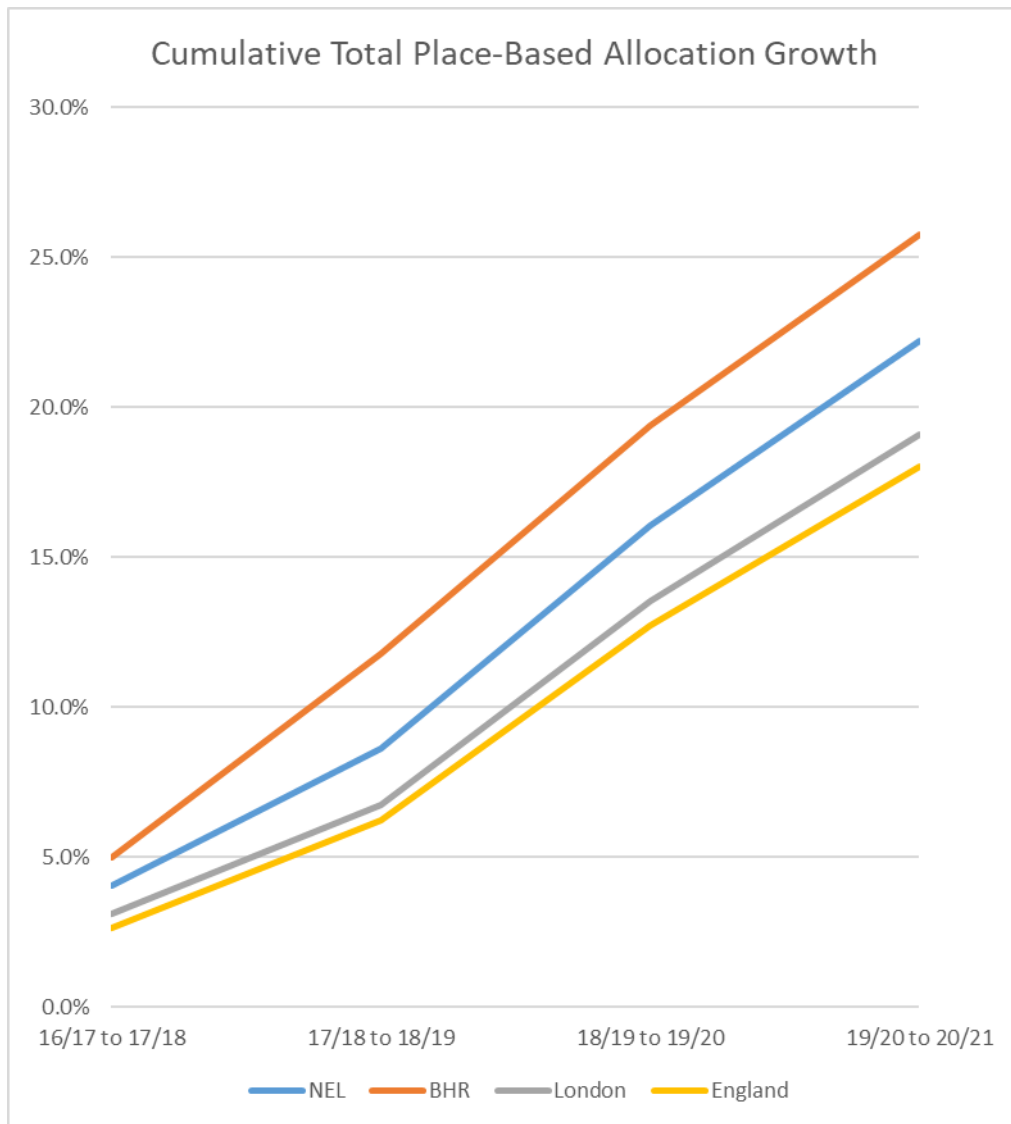


Figure 1 - Cumulative Total Place-Based Allocation Growth

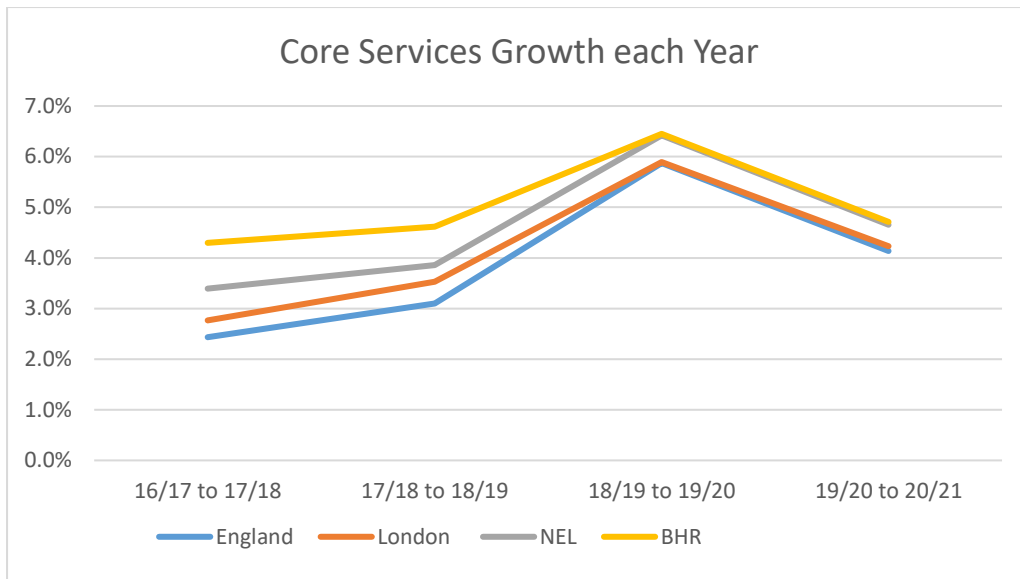


Figure 2 - Annual Core CCG Allocation Growth

Such funding allocations have applied nationwide providing funding growth to all CCGs, however it has been more focussed on those CCGs which have historically been below their calculated target funding amount.

For some time the BHR CCGs had received funding settlements below their calculated level of need, with subsequent impacts on the availability and diversity of services. Therefore this area was targeted for increased funding to catch up with funding increases above the national and regional average.

This is illustrated in Figure 3 below showing a modest funding increase to BHR CCGs in 2017/18, followed by a much more significant in 2018/19 moving BHR CCGs allocation above the targeted funding level.

In line with much of London, and consistent with the policy desire not to reduce cash allocations in any year, the excess allocation above target will continue to increase in both 2019/20 and 2020/21.

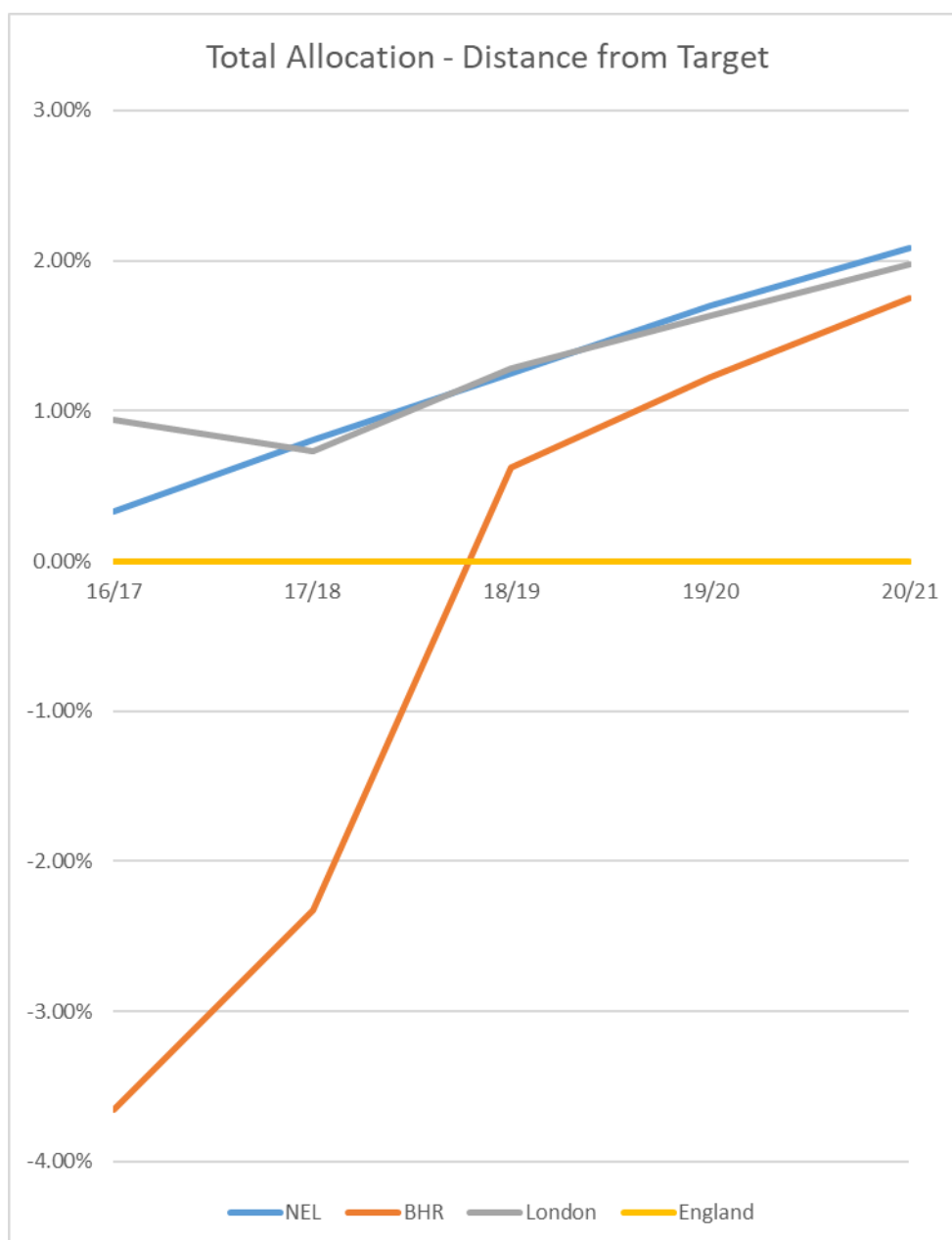


Figure 3 – Distance from funding target

CCG/Area	16/17	17/18	18/19	19/20	20/21
NEL	£ 10,783	£ 27,038	£ 43,724	£ 63,210	£ 81,474
BHR	-£ 45,935	-£ 30,240	£ 8,399	£ 17,451	£ 26,196
London	£ 140,497	£ 112,383	£ 204,595	£ 276,082	£ 348,857
England	£ -	£ -	£ -	£ -	£ -

Figure 5 - Distance from Target in Cash Terms

The cash equivalent of these distances from target allocation are shown in the table below.

To help to illustrate the cumulative benefit to the BHR system from the above average increases in allocation changes it is useful to consider a comparison against the average English funding increase.

December 2020

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Officer

DEMOCRATIC SERVICES

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TO:

Jane Milligan
Accountable Officer
NHS North East London Commissioning
Alliance/East London Health Care Partnership
4th Floor, Unex Tower
5 Station Street
Stratford
London E15 1DA

Date: 30 September 2020

Your Reference:

Our Reference:

By E-mail

Dear Jane

Perceived Disparities in Healthcare Resources between Inner and Outer North East London

As the current Chairman of the Outer North East London Joint Health Overview and Scrutiny Committee, I am writing to you, following discussions at the recent meeting of the Joint Committee, in order to express Members' concerns at what we consider to be a growing imbalance in resources for healthcare between Inner and Outer North East London.

Members have noted with increasing concern developments such as the transfer of more clinical services and beds to the Royal London Hospital and the fact that there are two maternity departments located in Tower Hamlets compared to only one covering Barking & Dagenham, Havering and much of Redbridge. There are also two major hospital sites in Tower

The Joint Health Overview and Scrutiny Committee is exercising its powers as conferred under the NHS Act 2006, section 245 (as amended by the Health and Social Care Act 2012). This is distinct from and separate to those powers exercised by the Executive of the constituent Councils.

Hamlets and the overall number of acute beds In Inner North East London is nearly three times that of Outer North East London.

The Joint Committee feels therefore that further investment in the Tower Hamlets area such as the new Early Intervention Cancer Service at Mile End and the Clinical Sciences Centre in Whitechapel should be reviewed on the grounds of location. Would there be any possibility for example of the Clinical Sciences Centre being located on the Barking Hospital site and the Cancer Service being sited in vacant accommodation at King George Hospital?

The Joint Committee remains unconvinced by the overall argument that the concentration of facilities in geographically distant locations will result in better standards of care and is likely to be undertaking further scrutiny work on this area. Discussions will also be initiated with the borough Directors of Public Health in order to obtain their views on any imbalance of facilities.

On governance issues, Members have noted that you are CEO of the Health Care Partnership and of the Commissioning Alliance whilst also being accountable officer for Tower Hamlets CCG. Whilst accepting that the first two organisations are not legally established entities, the Joint Committee wish to raise the matter of any conflict of interest here and whether this can be resolved.

The Joint Committee would, however, request your initial comments on this letter and the balance of resources between Inner and Outer North East London.

I look forward to hearing from you in due course.

Yours sincerely

Councillor Neil Zammett
Current Chairman, Outer North East London Joint Health Overview and Scrutiny Committee

CC:

All Members and Supporting Officers, Outer North East London Joint Health Overview and Scrutiny Committee
Borough Directors of Public Health – Barking & Dagenham, Havering, Redbridge and Waltham Forest

North East London Commissioning Alliance

Jane Milligan
Accountable Officer
NHS North East London Commissioning Alliance
4th Floor, Unex Tower
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Stratford
E15 1DA

23 October 2020

Councillor Neil Zammett
Chair, Outer North East London Joint Health Overview and Scrutiny Committee
Sent by email to Anthony.Clements@oneSource.co.uk

Dear Councillor Zammett

Thank you for your recent letter on behalf of the Outer North East London Joint Health Overview and Scrutiny Committee. I would like to thank Members for their ongoing support to all of our north east London health and social care partners over recent months and while we continue to deal with the pandemic. I recognise the undoubted benefits of working in partnership with committee members as we go forward.

I would like to provide clarity around my role, as referenced in the last paragraph of your letter. I am the single Accountable Officer for all seven of the CCGs who work together under the North East London Commissioning Alliance, which includes Barking and Dagenham, Redbridge and Havering CCGs. I assure you that I provide equitable, strategic leadership to all of our local systems and support them in their plans to drive forward improvements for local people. As part of my senior team, each local system has a Managing Director. For Tower Hamlets, Newham and Waltham Forest, this is Selina Douglas. For Barking and Dagenham, Redbridge and Havering, you will know this is Ceri Jacob. For City and Hackney, this is David Maher. Each CCG also has a clinical GP chair and is led by a governing body, which is made up of both elected and appointed members who have the duty to ensure the CCG exercises its functions effectively, efficiently and economically.

The committee should now be aware that the GP members of all seven North East London CCGs have passed the vote on our proposals to form a new North East London CCG with strengthened local borough partnerships. As a single CCG, the vast majority of health and care delivery will continue to be delivered at local place and borough level, but we will also work together as partners with our local population to integrate acute, community and social care services for the benefit of all our patients.

This leads me on to my other role, which is the senior responsible officer of the East London Health and Care Partnership (ELHCP). The partnership consists of the seven CCGs, eight councils, three hospital trusts (the Homerton, Barts Health and BHRUT) and two mental health and community trusts (NELFT and ELFT). My role is to bring us together and provide leadership on our collective plans for strategic transformation and improvements across NEL. However it is very much a partnership approach between organisations and the recent pandemic has demonstrated how as local healthcare partners we are able to work closely together at pace to address our challenges and deliver safe, sustainable care at a system level.

To address the points in your letter:

Members have noted with increasing concern developments such as the transfer of more clinical services and beds to the Royal London Hospital; and the overall number of acute beds in Inner North East London is nearly three times that of Outer North East London

The hospitals in north east London do not have the same estate, clinical or workforce capacity that would enable any fair comparison. The number of beds in use at any hospital also changes daily, depending on the numbers of patients, the type of care required and safe staffing needs. Some of our hospitals provide very specialist care (such as St Bartholomew's Hospital) and we have designated hospitals for people across London with a heart attack or stroke. Some beds are used as part of national networks, and are therefore used by patients from outside of north east London and indeed outside of London.

The distinction of what is outer north east London and what is inner north east London is also drawn around borough boundaries rather than health systems. We know that residents have access to, and are often closer to, other hospitals depending on their choice. For instance, a proportion of residents in Redbridge and Havering will use Whipps Cross or Essex services as they are closer to their homes. As Whipps Cross Hospital serves patients across a wide geographical area, the redevelopment programme for a new hospital is being developed in partnership with a broad range of partners, which includes communities, local authorities and CCGs in outer north east London and Essex.

We also know that hospital is not necessarily the right place for people to receive the right care for their needs and so where appropriate and safe to do so we want to continue to provide more care in local communities and reduce the need for people to go to hospital.

In terms of some of the recent investment to our hospitals - as part of the national funding provided to all of our hospitals to prepare for winter, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) received £4.1m to improve the Emergency Department at Queen's Hospital. This will be spent on providing Point of Care Testing (meaning patients' results are available immediately, cutting treatment delays and providing a better quality of care to patients) and on expanding the current Rapid Access and First Treatment area. The Trust also recently received £15million in Government funding over the next two years to improve their Emergency Department at King George Hospital.

The first £3m will provide a Rapid Access and First Treatment (RAFTing) area, and Point of Care Testing. The department will also benefit from a new x-ray facility. The further £12m funding, subject to approval of a business case, will fund a Paediatric Assessment Unit and to implement Same Day Emergency Care (SDEC). SDEC aims to treat more complex patients on the same day, reducing the need for them to be admitted to hospital, which improves overall flow throughout the hospital, ensuring beds are available for patients who really need them. Other developments include offering 7 day a week mechanical thrombectomy in the Hyper Acute Stroke Unit, providing Same Day Emergency Care at Queen's Hospital, and BHRUT are the first in the UK to introduce Ethos therapy – using artificial intelligence to personalise and constantly update radiotherapy treatment for cancer patients.

Specifically during the pandemic, the Barts Health NHS Trust board agreed to rapidly develop the previously dormant 14th and 15th floors at The Royal London Hospital to enable the hospital to play a full role in managing a co-ordinated response to coronavirus. Up to 176 extra intensive care and high dependency beds were created in a brand new state-of-the-art unit on these floors, which played a key part in the peak of the local NHS response. Barts Health leads the Critical Care Hub for north east London, which monitors daily demand for specialist beds with ventilators and co-ordinates capacity requirements among providers across the patch. If there is a sudden surge in demand from patients with respiratory problems, we would be able to utilise this and our collective resource across NEL and safely respond to any future expected demand for Covid-19 treatment.

There are two maternity departments located in Tower Hamlets compared to only one covering Barking & Dagenham, Havering and much of Redbridge

We want to make sure that all babies born in north east London have the best possible start in life and their parents experience the best possible pregnancy and birth. Women can choose to give birth with one of our five maternity providers, and their birth options include obstetric labour wards, co-located midwife led units, freestanding midwife-led birth centres and at home.

North east London hosts the largest maternity trust in England, Barts Health, with three hospitals providing maternity services - Royal London Hospital, Newham University Hospital and Whipps Cross Hospital. Queen's Hospital in Romford, run by BHRUT, is one of the largest single site maternity providers in England.

In Tower Hamlets, women can be cared for at either the Royal London Hospital or at the Barkantine Birth Centre, a free standing midwifery-led unit, although some will also choose to deliver at other local hospitals outside the borough. The Barkantine also provides care to low-risk women from the surrounding boroughs, including Newham and Waltham Forest.

Women living in Waltham Forest, Barking and Dagenham, Havering and Redbridge can also choose to give birth in a number of different birth settings.

In addition to the obstetric-led unit at Queen's Hospital, local women have an additional birthing choice with the along-side midwife-led unit within the hospital. Depending on where they live, some women may give birth at Whipps Cross, which as you know is also used by many women across Redbridge, or Newham Hospitals. If women are low-risk, they can also choose to give birth at the free standing Barking Birthing Centre, which is based at the Barking Community Hospital, and there is a supportive community midwifery service which provides low risk women the additional choice of a home birth where appropriate.

We are committed to continuing to ensure we support demand and capacity management for all of our maternity providers, provide early access to maternity services and to aid the choice and personalisation agenda. As far as possible (given each woman's clinical needs) we want local women to be able to have the type of birth that they want – be that at home, in a midwife-led unit or on a hospital ward.

There are also two major hospital sites in Tower Hamlets

We understand from the council officers the committee is referring to The Royal London and Mile End Hospital.

As outlined above the Royal London is a major acute and specialist hospital. It offers a range of local and specialist services to patients from across all areas north east London (and beyond) and is one of the capital's leading trauma and emergency care centres and hyper-acute stroke centres.

Mile End is a community-based site, not a major acute hospital. It provides a range of outpatient services for Barts Health, mental health services from the East London NHS Foundation Trust, and ophthalmology from Moorfields Eye Hospital. The site also provides training facilities for Queen Mary University of London and is home for other local organisations such as the facial injury and disease charity Saving Faces.

Barking Community Hospital provides similar services to Mile End in terms of ophthalmology from Moorfields Eye Hospital and local mental health services, but also offers a wide range of services for local residents including dermatology, cardiology, MRI, X-Ray, Phlebotomy, Urgent Care, Sexual Health and outpatient services, along with a GP Practice, Birthing Centre and community café.

We have also secured £17 million of national funding to progress our plans to build the new health and wellbeing centre on the site of St George's Hospital in Hornchurch. This investment will provide a range of services for our growing population both now and into the future, including outpatient based services, GP services and space for local voluntary and community groups.

Would there be any possibility for example of the Clinical Sciences Centre being located on the Barking Hospital site and the Cancer Service being sited in vacant accommodation at King George Hospital?

The life sciences campus in Whitechapel is a partnership between Barts Health, their academic partners at Queen Mary University of London (QMUL) and supporters in the Barts Charity. This will provide a space for researchers, scientists and clinicians to work alongside businesses and entrepreneurs, and share ground-breaking ideas to improve health outcomes for patients but will benefit all of north east London. This has been a vision for sometime as part of the Whitechapel development and will be one of the most modern research facilities in Europe. It is not something that could be relocated and this site is well located next door to the QMUL that is ranked third in the world for excellence in medical research. The life sciences team is proactively seeking opportunities to work with partners across north east London and beyond. The centre will act as a catalyst for growth and innovation far beyond it's footprint in Whitechapel, helping to reduce health inequalities and transform patient care in East London and across the UK. The overall impact will be to improve health and well-being in an area hard hit by the Covid-19 crisis.

There are also opportunities already underway in the outer boroughs to partner with NHS organisations, local authorities and academic institutions (universities and colleges). This includes creating the innovative BHR Health Care Academy, promoting education, learning and training; improving recruitment and retention; building human resource capacity and capability across the system.

With regards to cancer diagnosis and treatment, it would be helpful to clarify that the Mile End Early Diagnosis Centre (EDC) is a shared resource with developed pathways across both the inner and outer boroughs of North East London so this is very much a facility to ensure equity of access to clinicians for patients across all boroughs. An estates review was conducted at the time to determine the most suitable location and the Mile End Hospital site was concluded as the best option. We are keen to develop a further rapid access diagnostic centres at the new St George's Health and Wellbeing Centre in Hornchurch (subject to funding).

The Joint Committee remains unconvinced by the overall argument that the concentration of facilities in geographically distant locations will result in better standards of care and is likely to be undertaking further scrutiny work on this area.

We know clinical evidence shows that by consolidating speciality care, and by undertaking large numbers of the same procedure every day, we will be able to ensure patients get the best possible results. The scientific evidence shows this leads to better outcomes, more consistent clinical standards and shorter hospital stay. An example of this is how we already provide major trauma and hyper acute stroke care across the capital, saving hundreds of lives a year in London alone.

We welcome the opportunity to ensure there is robust scrutiny in local care provision, and will work closely with the committee on any review they would like to undertake.

I hope my response provides some reassurance to the committee and thank you again for the ongoing support during what has been an unprecedented time of pressure for the NHS. We are still in an emergency and need to be prepared to be so for a year. Covid infection rates are rising,

new measures are in place nationally, and so our response to Covid-19 must continue to be flexible. We appreciate your understanding and support whilst we do this. Our collective focus remains on the health and safety of our staff and patients, and we will continue to work in partnership across north east London to provide the best care possible to all of our communities during this challenging time.

Yours sincerely



Jane Milligan

Accountable Officer

NHS North East London Commissioning Alliance (City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)

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Professor Oliver Shanley, Chief Executive, NELFT

Borough Directors of Public Health – Barking & Dagenham, Havering, Redbridge and Waltham Forest

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 15 DECEMBER 2020

Subject Heading:	Integrated Care System
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	The information presented gives details of the planned Integrated Care System for North East London.
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	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

SUMMARY

The attached presentation gives details of the planned Integrated Care System covering many NHS services in Outer North East London as well as related issues.

RECOMMENDATIONS

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

REPORT DETAIL

NHS officers will bring details for scrutiny of planned changes to the organisation of services across North East London including the establishment of an Integrated Care System and a single Clinical Commissioning Group.

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.

Covid-19 update for NEL OSCs

- One CCG/ the Integrated Care System
- Covid-19
- Managing the emergency – recovery and winter
- Patient and public involvement, insight and communications

ONEL JHOSC 15 Dec 2020

Contents

- **One CCG and the Integrated Care System**

- **Covid-19**

- Overview and coordination
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- Care homes
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- **Managing the emergency – recovery and winter**

- Acute and elective care
- Elective
- Outpatients and diagnostics
- Primary care
- Cancer
- Flu
- Homelessness
- Mental health
- Inequalities

- **Patient and public involvement, insight and public messages**

- Patient Insights and key public messages

One CCG and the Integrated Care System (ICS)

- In October all [seven NE London CCGs passed the vote on our proposals](#) to form a new North East London CCG on 1 April 2021, with strengthened local partnerships. Merger approved by NHS&I subject to submission of a constitution and appointments to all statutory Governing Body roles
 - System focus on supporting frontline staff to deliver improved health and care outcomes, influence specialised commissioning and be efficient
 - Population-focused integrated care partnerships (ICPs): Barking and Dagenham, Havering and Redbridge (BHR); Waltham Forest, Tower Hamlets and Newham; City of London and Hackney will join up services and increase transparency for residents.
 - Vast majority of health and care delivery will continue to be delivered in partnership with local populations at a local place and borough level.
- We are delighted to have been designated the North East London Integrated Care System from 1 December 2020

Covid-19

Overview



- North east London has come out of a [national lockdown](#) into [tier 2 restrictions](#)
- Slower rise in cases compared to wave one; but rates in outer north east London are high, causing significant pressure on the NHS.
- From 5 November 2020 NHS Emergency Preparedness, Resilience and Response (EPRR) incident level moved back from Level 3 (regional) to **Level 4** (national) control. Lockdown effects may be reduced compared to wave one as the restrictions were less severe. Greatest concern now is staff shortages due to infections and self-isolation (but there are new staff testing regimes being rolled out) and the wish to continue other services.
- We are promoting the national campaign to encourage **pregnant women** to 'Help Us To Help You' as there are concerns women are reticent about engaging with maternity teams. Visiting restrictions have been challenging. They are closely monitored and subject to change, but currently across ONEL, birth partners are allowed at all stages of labour and can visit the postnatal ward. (with appropriate PPE). Visitors are restricted to birth partners due to infection control measures.
- Reopening expanded capacity of **critical care beds**.
- Exploring a range of **community-based schemes** e.g. frailty services, discharge, community end-of-life care services and enhanced health in care homes which reduce the critical care bed requirement.

Co-ordination



- NEL Directors of Public Health now have significantly more detailed information regarding cases, infection rates, geographical data etc and meet weekly to discuss and manage case data, outbreaks
- Summary data is now consolidated on government [websites](#) as is [testing data](#)
- We have stepped back up the NEL incident control centre to 8am to 8pm seven days a week

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A system chief execs group has started meeting again weekly to oversee matters within the health system – including local authority representation.

Testing

- NEL PCR swab test capacity is around 2,000 tests a day. This is expected to increase over the next few weeks with additional testing machines coming on stream.
- Positive swab test levels (infection rate) remains at 3-5%.
- Did not attend (or did not return) test rate is c18%.
- BHRUT is one of 34 national sites testing the roll out of **non-symptomatic testing of patient facing staff** using lateral flow swab tests and has so far offered test kits to 5,591 staff. All other trusts across NE London are now in the process of rolling out lateral flow swab test kits to their staff. Planning has started to scope out the approach to roll out lateral flow swab test kits for patient facing staff in primary care and community pharmacy, whilst waiting for further announcements from NHSE&I about when this group of staff will receive their test kits.
- Working with Directors of Public Health to identify groups of the population who could benefit from the roll out of lateral flow swab test kits as part of the government's **mass testing programme**.
- Working with Trusts to enable patients who are **residents in supported living and extra care settings to receive a PCR swab test on discharge from hospital**, in the same way that residents in care homes do.
- **BHRUT has now received their new Abbot testing machine**. This will significantly increase their testing capacity and reduce their reliance on the Royal London lab.

Care homes & Home Care Providers



- Joint co-ordination by NEL Care Homes and Home Care Domiciliary Oversight Group (Two subgroups – Communications and Digital). [London](#) and local resources provide guidance.
- Funding agreed (and work ongoing) to improve digital resources in care homes including connecting up records; remote monitoring; ipads etc.
- Clinical leads for care homes and regular virtual ward rounds
- Distributed Pulse Oximeters
- NHS 111 StarLine (which enables fast access to clinical advice) rolled out to home care providers as well as care homes so that there is equity in approach
- Working with care homes to translate [national guidance](#) to local advice on relatives/friends visiting. Local authority public health and social care teams will provide assessment on the suitability of different visiting regimes
- As at 16 November
 - 80% of residents have had a flu immunisation (20% not immunised or not known).
 - Only 28% of directly employed staff have had a flu immunisation
- Isolation facilities for Covid+ patient discharge to care homes are operational

Covid vaccines

- First Covid-19 vaccine is now in the UK. But we don't expect vaccines to be widely available until 2021. We can't use vaccines until they are approved by the Medicines and Healthcare Regulatory Agency but we are prepared with partners
 - Finalising governance, modelling, processes and systems; public communications etc
 - Challenges around storage and distribution (e.g. storage at v low temperatures)
 - A trained and available workforce needed if we are to continue other NHS services, especially if this coincides with a further Covid surge. Many staff will come from primary care, but the DHSC has consulted on legislation to allow a wider group of staff, including physios and paramedics to become vaccinators (with training/supervision)
- The Joint Committee on Vaccination and Immunisation published [interim guidance on the likely priority groups](#) to be reviewed depending on the efficacy of vaccines on different age/risk groups, any safety issues etc. Proposed first cohorts based on age:
 - older adults' resident in a care home and care home workers and all those 80 years of age and over and health and social care workers
 - all those 75 years of age and over and those 70 years of age and over
 - all those 65 years of age and over and high-risk adults under 65 years of age
- Given the likely priority groups, we need primary/ community services/ community pharmacies to work together offering roving vaccine delivery services in people's homes or care homes. We will arrange large scale sites for population within 30-40 mins on public transport; and at least one community site in each borough.

Recovery and winter

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We have published our [Phase 3 Plan](#)

This was described at previous JHOSC and focused on reducing inequalities; increasing mental health services; supporting our workforce; and recovering maximum elective activity including surgery, cancer, diagnostics etc.

Acute & emergency care



New ways of providing emergency care will reduce waiting times, support social distancing in waiting rooms, reduce the need for travel and enable patients to access the right care earlier. Services are being rolled out in advance of winter.

- [111 First](#) – People who need urgent, but not life-threatening, care are asked to contact NHS 111 before going to A&E. NHS 111 can book appointments at an A&E if needed. This will reduce waiting times and support social distancing in waiting rooms.
 - GPs are open for phone, online, video and face-to-face appointments
 - If people make their own way to A&E, they will be seen but may be directed to an alternative service depending on their clinical need. Those needing emergency treatment will be prioritised.
- A same day emergency service for patients with priority conditions (e.g. pneumonia, blood clots, and falls) offers access to specialist advice and clinics within 24 hours.
- BHRUT has opened an Emergency Decision Unit at Queen's to help improve flow across hospitals . Run by the emergency care team it helps quick decision-making for patients who need additional tests and treatment whilst in the emergency department, and is a more comfortable environment
- [Temporary overnight closure of the paediatric Emergency Dept, King George Hospital](#)
- One stop shop service for people with minor injuries introduced in BHR. Patients call NHS 111 and will receive a video consultation with a GP. If required, a same-day test appointment will be booked and a consecutive appointment at an urgent treatment centre, so the GP can review the test results and arrange treatment without delay
- 11 • | New Paediatric Assessment Unit at WX will provide emergency care for referrals from GPs and community consultants into consultant-led, bookable appointments.

Whipps Cross



- WX will deliver the same core services as today, including A&E, maternity, children's services and a range of surgery; but with more same day emergency care; doubling of diagnostic capacity; increase in theatre capacity; more day case operations and more 'virtual' outpatients appointments.
- Hospital size from 91,000m² to 77,000m² but an increase in clinical space from 50% to around 70% with better clinical adjacencies. 17% single rooms increased to at least 50%.

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Department of Health and Social Care has agreed progress to the Outline Business Case stage and are providing funding to further develop plans

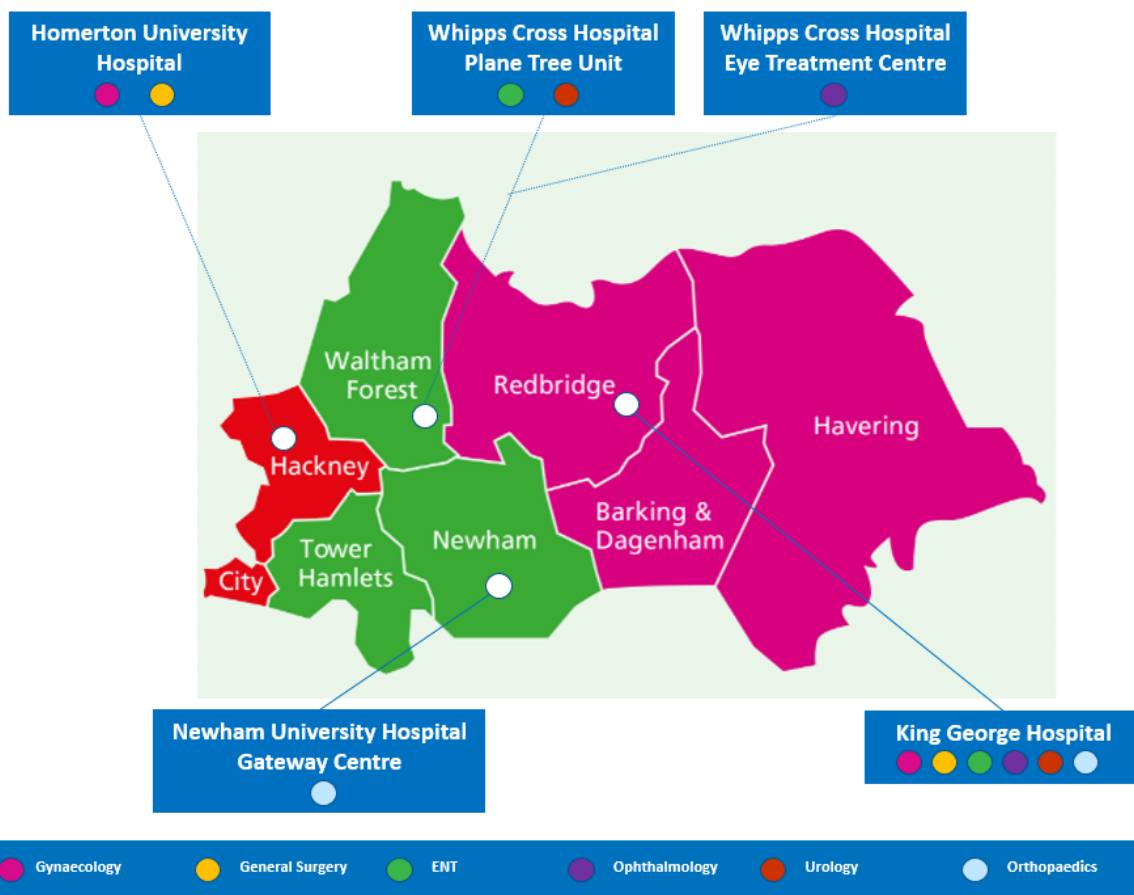
- Health and Care Services Strategy reviewed by clinicians in the light of Covid. This has reinforced the direction of travel and confidence in the strategy (eg. more 'virtual' outpatient appts). Clinical brief being developed
- Hospital design ideas and plans for the whole site will inform an outline planning application in early 2021.
- The demolition of disused buildings on the site of the former nurses' accommodation (the preferred way forward for the location of the new hospital) is due to begin in coming months.
- Looking further ahead – OBC due to be finalised in the first half of 2021; then a full business case in 2021/22; and construction due to start in Autumn 2022.

Elective care

- Widespread use of weekend and evening lists and targeted use of independents
- Every effort made to ensure patients attend for surgery
- Fast-track surgical hubs are boosting the amount of planned surgery that can be carried out; helping patients get routine procedures sooner. Patients will be treated

by surgeons who perform the same type of surgery day in, day out which will help deliver better patient outcomes.

The hubs are being established in phases, in Covid-secure environments – to minimise the risk of infection. There will be two dedicated hubs for each of six specialties that account for around half of the east London elective backlog.



Outpatients & Diagnostics



Infection control and prevention requirements mean we cannot recover 100% of pre-Covid activity whilst in the emergency. The aim is for 90%.

Outpatient transformation is being driven through the three local integrated care partnerships.

- Around 70-80% of appointments are now being provided virtually
- Positive progress on Patient Initiated Follow Ups (where patients choose the right time to book a follow up appointment (if at all), rather than be given a standard appointment at a standard length of time from their original procedure/care).
- Increasing the number of clinics in community estates to minimise the number of people attending one reception and waiting room
- Routine use of weekend and evening sessions to spread activity across the week

Diagnostics

- A virtual north east London acute alliance imaging and diagnostics hub has been established to ensure the highest quality restoration of services. The hub will share expertise and cross cover; and standardise approaches to clinical prioritisation, clinical harm reviews, performance monitoring and staffing
- Increasing capacity in Computerised Tomography (CT), Magnetic Resonance Imaging (MRI) and endoscopy

Primary and integrated care



Primary care focus has been on flu and preparing for Covid vaccines; ensuring patients continue to use their primary care services and patients feel safe and supported

Huge range of developments continue across North East London including:

- Increase Multi-Disciplinary Teams
- New carers support services to support wellbeing at home
- Home monitoring services e.g. oxygen, blood pressure
- Expanding integrated discharge hubs – providing rehabilitation services in the community, supporting timely and appropriate hospital discharge for patients who are medically fit.
- ‘Long Covid’ services will build on existing community services and MDTs, with specialist follow up clinics/GP advice and guidance services, bolstered by a community-based Single Point Of Access led by Allied Health Professionals, to co-ordinate a multi-disciplinary approach (from 14 Dec)

- Detailed performance recovery plan in place, with numbers of patients waiting over 62 and 104 days+ continuing to reduce. 97% of patients on patient list proceeding as normal. Continuing to explore and use mutual aid to prepare for surge in covid cases and green, covid-protected zones in place to keep cancer services safe.
- Screening
 - Sending out bowel invitations at 191% of the pre-Covid rate to clear the backlog.
 - 100% of GP practices are taking cervical samples as services are fully restored. Samples received in the lab are 106% of pre-Covid numbers.
 - Work continues to restore breast screening to pre-covid levels, with a strong focus on BAME communities and people with learning disabilities.
- Diagnosis
 - Opening of Mile End Early Diagnostic Centre planned this month, which will increase endoscopy and ultrasound capacity. Ultrasound already running and has seen over 750 patients between opening in August and the end of October .
 - Endoscopy services reducing backlog, with around 4,000 patients in October
- Patient and public communications
 - Working with local partners to reduce inequalities in access to services

- The flu vaccination programme is in full swing in order to achieve our aim to vaccinate 75% of 'at-risk' population groups and people over 65.
- Innovative models of service delivery such as drive through/ doorstep programmes. Six online events arranged to mythbust concerns of pregnant women, children aged 2-3 and people with long term conditions – promoted by partners, community and faith leaders. Also offering to attend existing groups (e.g. Somali Women's Group) with clinicians that are reflective of the community we are talking to.

- Key focus on health and social inequalities. BAME audiences are also key targets in social/digital ads going live this week, and outdoor placements around places of worship and early years settings.
- Community and spiritual leaders have been filming videos in a variety of languages e.g. Cantonese, Polish, Somali, Bengali, Gujarati, Filipino, Tamil and Hindi. The videos and other information and resources on flu are [here](#)
 - Our 'Refusal rate' is one of the highest in London (and the country); this may be because some communities have low trust in Government-led programmes; conspiracy or cultural beliefs; historic bad experiences etc
 - Nevertheless, our 'Uptake rate' is currently above last year's performance at this point in time and we are second only to SW London for Over 65s (58.7%) and under 65 at risk groups (28.2%). But our performance for pregnant women and 12&3 year olds is lower than the rest of London.

Homelessness



In 'Wave 1' ELHCP worked with the GLA and Health London Partnership (HLP) on the 'everybody in' campaign to step up a number of hotels to prevent infection and spread by ensuring homeless people had access to health care services.

- Commissioned ELFT, NELFT and the Partnership of East London Operatives (PELC) to provide community outreach nursing services in homeless hotels; offering triage and health checks; supported clients to e.g. register with a GP, access mental health and drug and alcohol services. A dedicated Covid-care hotel was set up in Newham to monitor homeless symptomatic patients.

In 'Wave 2' the GLA is negotiating additional national funding to top up existing funds to commission a Covid-care facility in London for symptomatic homeless patients.

- Continue to provide accommodation and support in GLA-funded hotels. A new triage hub service has been set up in Hackney providing a daytime central point where outreach teams can direct those newer to the streets for intensive support to help end their rough sleeping. As of 1st Nov, all GLA hotels in NEL, (except the Ibis Leyton) were closed. It is likely that more hotels will be stood up when needed.
 - The Government is providing [further winter funding for protecting rough sleepers](#). This would help identify and support vulnerable and extremely clinically vulnerable group; long term rough sleepers who have previously refused accommodation and or engaged with services; as well as provide health and care for Covid+ people.
 - The Home Office has commissioned seven temporary Asylum Seekers hotels in NEL (two in BHR) hosting approximately 450-500 clients. CCGs provide health input at these sites.
- 18 | A number of clients have very high complex needs with the associated trauma.

Mental health

Mental health and wellbeing support for staff:

- ELHCP has successfully bid for funding to build on our offer to provide mental health and wellbeing support to NHS and social care staff. The support will be easily accessible, culturally sensitive and provide a real time listening ear and fast-tracked referrals to services
- Staff support will also focus on providing outreach via BAME networks and developing health and social wellbeing champions to engage with our BAME colleagues to provide support that is culturally aligned and sensitive.

Children and Young People (CYP) mental health crisis and inpatient pathways:

- [North Central East London \(NCEL\) Children and Adolescent Mental Health Service Collaborative](#), a partnership of CAMHS providers has secured funding as part of a London effort to strengthen CAMHS crisis and home treatment team responses into EDs to March 21. This increases:
 - ✓ staffing rotas at peak times (incl weekends) across assertive outreach, crisis response and home treatment teams, including where CAMHS staff are embedded in Emergency Departments.
 - ✓ capacity for clinical input into bed management and offer a greater range of options and alternatives to admission when a child or young person presents in crisis.

Accessing mental health services:

- NELFT is piloting an integrated crisis and assessment hub over winter, at Goodmayes, to divert patients facing a mental health emergency but who do not need immediate physical health support
- Continue to monitor access to therapeutic care for adult and CYP as we recover to meet our long term plan deliverables. Covid plans are in place to ensure services are accessible and face to face appointments are offered where clinically warranted.
- Sent reminders to local people of our local mental health support services for both adults and children, including contact details and crisis lines.

Increased joint working is developing and delivering an integrated primary and secondary care offer, bringing in additional national investment, and reducing out of area placements

Inequalities

Progress in each of the three agreed health inequalities priorities for NEL:

1. **Inequalities analysis:** Produced data identifying groups at higher risk of Covid hospitalisation and death in NEL. Sharing timely data on who is testing positive to Covid (by age, gender, ethnicity and location) to support the epidemic response.
 2. **Economic recovery and the anchor system approach:** Developing a set of principles to be included in an Anchor Charter for NEL, which focuses on the opportunities to reduce inequalities and support local economic recovery in our roles around employment and skills, procurement, buildings and land, and climate action. Sept and Nov events both attended by more than 80 people.
 3. **Epidemic response:** Supporting discussions around advice and support for clinically vulnerable groups, and supporting primary care to protect vulnerable patients. Working in partnership with local organisations on the work they are doing to reduce health inequalities in light of Covid to enable progress and shared learning across NEL. Sharing information including barriers to self-isolation, contact tracing and vaccinations.
- We are supporting a range of other work to reduce inequalities across NEL and which include delivery against the eight national priorities. We are also engaging with the London Health Equity Group on action to reduce health inequalities at the regional level.

BHR Inequalities programme of work – plan on a page



BHR Primary Care Networks
x16

Inequalities work at a PCN Level

Focussed work at a Primary Care Network footprint level to ensure that services are tailored to meet the needs of local people; they will work with Borough Partnerships to ensure that local people are linked in to support for the wider determinants of health

Focused, partnership led streams of inequalities work over the next 6-8 months

Key area	Ambition	Lead
Obesity	Particularly focus on early years including childbirth, with a view to embedding prevention	LBBD: Usman Khan Rebecca Nunn
Creating a prevention framework for community based care (including shielding)	Work with leads (community and primary care) to embed in Community Based Care Plans with PCNs, a consistent offer to support residents, including for example, those who were shielding which embeds prevention and seeks to address the wider determinants of health.	LBH: Mark Ansell
Communications and key messaging	Ensure that we embed as a partnership better messaging around health promotion behaviour, particularly focusing on those for whom English is not their first language / who are harder to reach	LBR: Louise Dibsdaill
Mental health support around the life course	Targeted mental health support, particularly around education and schools, and working adults	NELFT: Caroline O'Donnell Harjit Bansal

Work of the BHR Borough Partnerships

Borough Partnerships will focus on health and care services for their respective populations with a particular focus on linking with and addressing the wider determinants of health, for example, housing, poverty, health literacy, to reduce inequity in each Borough

BHR Transformation Boards

Transformation Boards focus on ensuring that pathways across each area are inclusive and accessible to all, with a view to ensuring that

Training programmes

Focussed equality and diversity training programmes

BHR Academy

Ambition to ensure to continue to build an inclusive workforce with opportunities for all

Sustainable development

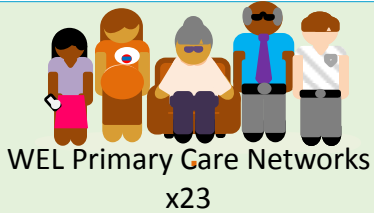
Behaviour change methodology to embed improvements locally

Anchor Organisations

Local Organisations to focus on creating more stable local economies and creating jobs for local people

NEL inequalities programme

NEL level programme of work to address inequalities and COVID-19, as part of a wider strategy around embedding health equity across the ICS



Our borough partnerships consider the inequalities impacts of every services we provide as well as focusing on addressing, the wider determinants of health, including housing, poverty and health literacy, to reduce inequity in each Borough. Our PCNs deliver care and support to those with the greatest needs and at most adverse risk from inequalities.

Newham

Tower Hamlets

Waltham Forest

COVID has had a disproportionate impact on the BAME population, highlighting pre-existing inequalities within Newham. The Health and Wellbeing Board is now leading borough-wide work on redressing these inequalities

Increasing digital access to services whilst continuing to provide support to individuals without digital technology at home

Delivering more care closer to home, reducing both the cost and time needed to travel to services

By focussing on initiatives that improve residents access to services and make it easier to receive advice from a broader range of health professionals Waltham Forest is working to reduce inequalities across the borough.

Our three borough partnerships

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Workstreams being progressed within Borough Partnerships focusing on reducing inequalities:

- **Collecting ethnicity data** to know who we are treating and how we are performing in treating them
- Supporting those without **digital access** to ensure equal opportunities to access services and local health info
- Continued engagement with families to **co-produce services** to meet their needs and ensure they are made aware of any service changes which impact them
- Reviewing **how residents access services** to ensure that no one is unable to access help when they need it
- Prioritise those individuals who would have been **most disadvantaged during COVID**
- **Reduce the gap in diagnosis** for vulnerable groups for conditions such as asthma

WEL

Within WEL we have developed an **equalities framework** that enables us to **identify the equalities benefits** of our plans as well as to **mitigate against any unintended consequences** that could widen or exacerbate existing inequalities further. Through the development of the framework, we created the concept of an 'Inequality Statement' to help identify and **define the specific inequalities that exist within WEL population data sets**. We are now working to embed this within our commissioning cycle to ensure that combatting inequities is at the centre of all we do.

NEL
ICS

The NEL inequalities programme works to **address inequalities as part of a wider strategy for embedding health equity** across the ICS. This is delivered through workstreams such as the **NEL Inequalities Insight Group** which develops and assess intelligence and insight with the aim of understanding and **predicting inequalities** across the NEL population. In addition, the **Anchor Institutions** public health workstream supports **job creation** for local people and fosters more **stable local economies**.

Patient and public involvement, insight and communications

Patient insights



- First stage of our work with all NEL Healthwatch to review recent surveys is complete. Over 60,000 patient comments from more than 16,000 people have been collated which will provide us with detailed insight into patient views; in real time – so we can act on intelligence quickly and with precision.
- We continue to build the database; and we are integrating its use into the commissioning and quality cycles.

Page 56 Three initial reports focus on services for equality groups; emergency and urgent services; and GP services, particularly looking at the effects of Covid:

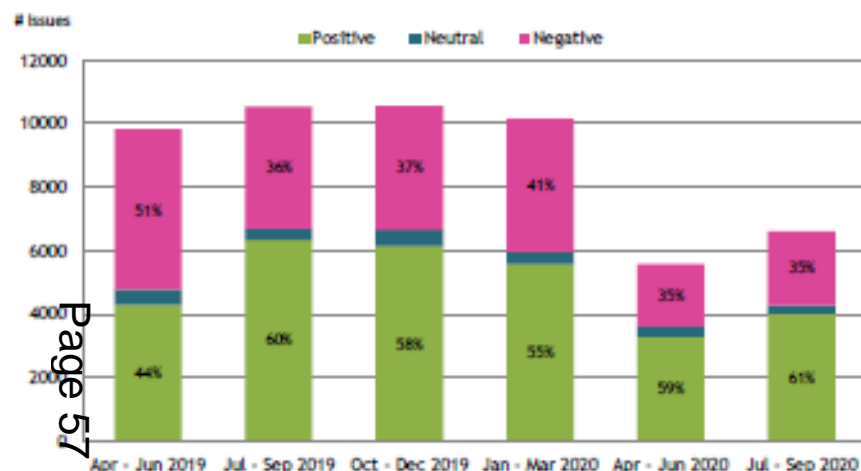
- Positive experiences across most services during Covid, but with the worst experiences in mental health, maternity; for carers and people with disabilities
- Overall satisfaction with urgent and emergency care has remained high during Covid; less so with maternity and bladder/bowel services. People's perception of access dropped between April and June, but has risen again.
- The use of total triage, online booking systems, the availability of video conferencing and other remote consultations seems to be increasing access and satisfaction overall, but it would be good to specify when patients may get a call back; and more information is required to help patients have confidence in the new pathways. The benefits of these systems for the majority, needs to translate into improved services for those who are not digitally connected

Sample insights

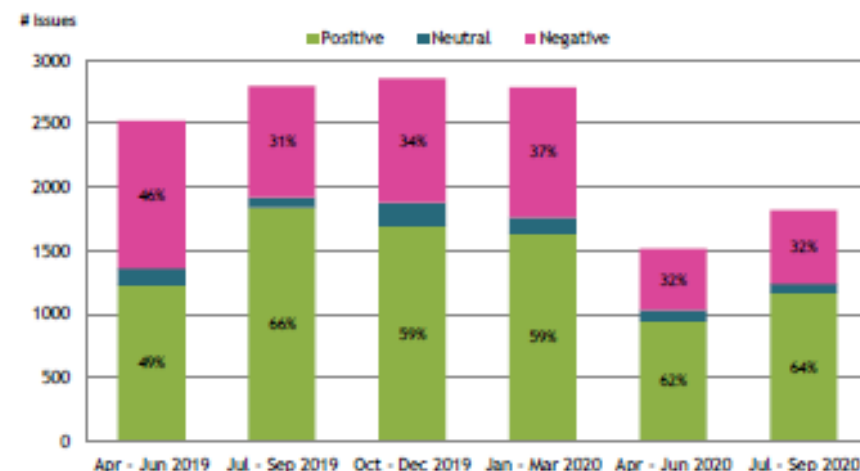
4. On the whole, how do people feel about Health and Care services?



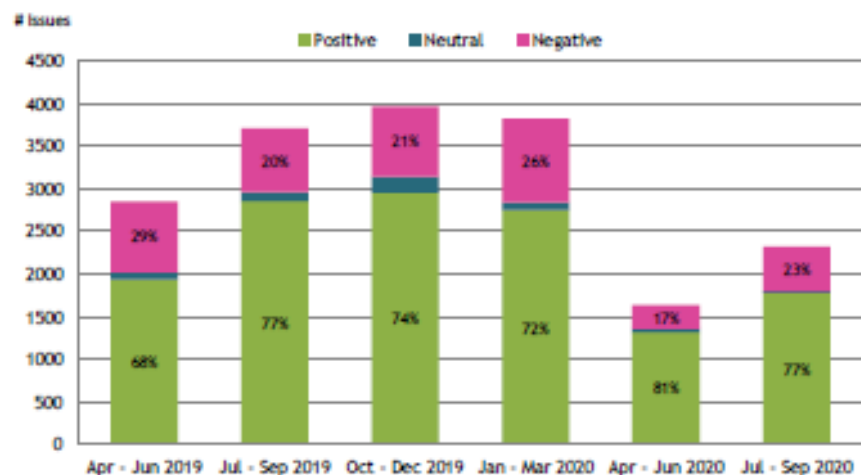
4.1 How do people feel about services overall?



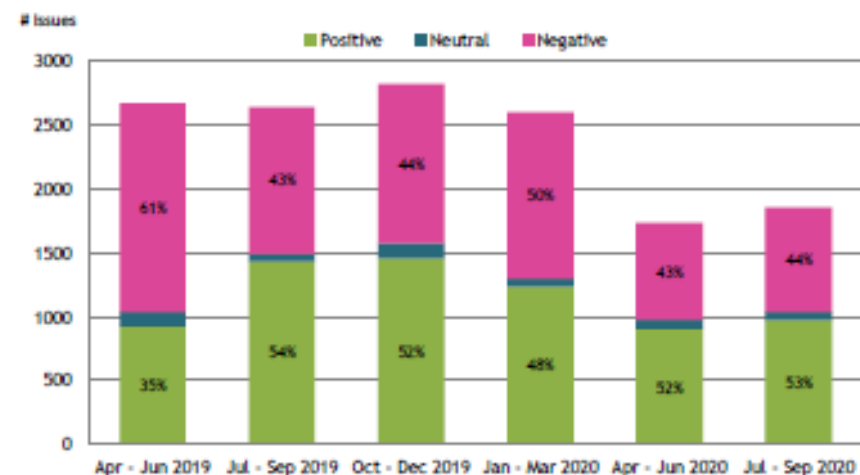
4.2 How well informed, involved and supported do people feel?



4.3 How do people feel about general quality and empathy?



4.4 How do people feel about access to services?



Sample insights



The bigger picture

Comparison: Apr 2019- Feb 2020 to Mar-Oct 2020

	Barking and Dagenham	City of London	Hackney	Havering	Newham	Redbridge	Tower Hamlets	Waltham Forest
Waiting for appointments	Improved	Improved	Improved	Improved slightly	Deteriorated slightly	Improved	Improved	Deteriorated slightly
Booking appointments	Improved	Improved	Improved	Improved slightly	Stayed the same	Improved	Improved slightly	Stayed the same
Admin issues	Improved	Insufficient data	Improved	Stayed the same	Deteriorated slightly	Improved	Stayed the same	Deteriorated
Telephone	Improved	Insufficient data	Improved	Improved	Improved slightly	Improved	Stayed the same	Deteriorated
Communication- reception	Improved	Improved	Improved slightly	Improved	Deteriorated	Improved slightly	Stayed the same	Deteriorated slightly
Online systems	Improved	Insufficient data	Improved	Improved slightly	Stayed the same	Improved	Improved	Improved slightly
Attitude of reception staff	Stayed the same	Insufficient data	Deteriorated slightly	Improved slightly	Deteriorated	Improved slightly	Stayed the same	Deteriorated slightly
Communication- med staff	Deteriorated	Improved	Stayed the same	Stayed the same	Stayed the same	Stayed the same	Stayed the same	Deteriorated slightly
Quality of treatment	Deteriorated slightly	Improved	Stayed the same	Stayed the same	Stayed the same	Stayed the same	Stayed the same	Stayed the same
Quality of nursing	Deteriorated slightly	Insufficient data	Improved slightly	Improved slightly	Stayed the same	Stayed the same	Deteriorated slightly	Improved slightly
Attitude of med staff	Stayed the same	Improved	Stayed the same	Stayed the same	Improved slightly	Stayed the same	Stayed the same	Improved slightly
User/ carer involvement	Improved slightly	Insufficient data	Deteriorated slightly	Stayed the same	Stayed the same	Stayed the same	Stayed the same	Deteriorated slightly

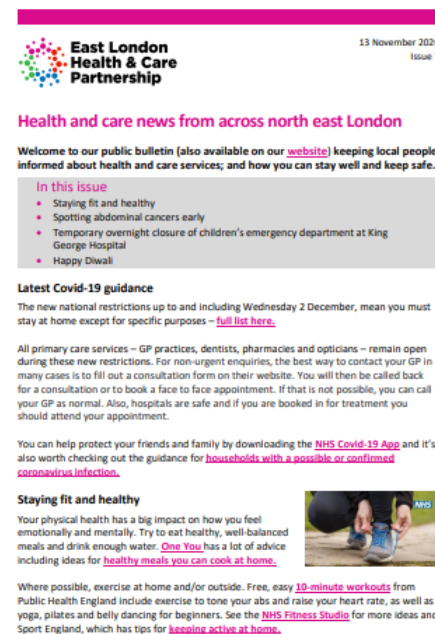
Public communications

- The Integrated Care System partners continue to produce a [fortnightly public-facing bulletin](#) promoting a huge number of videos and other material in a variety of languages
- We are encouraging people to use NHS services if they need to – call their GP, attend hospital and community appointments, go to A&E for emergency care when they need it.
- Different campaigns target different specific groups e.g. Developed a video to show it is [safe to attend cancer services](#) in hospital sites, a video asking people to [come in for treatment](#) and [patient stories](#).

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But the core theme remains:

The NHS is open for anyone to seek help when needed. All hospitals and surgeries have measures in place so staff can continue to care for patients safely while the coronavirus remains a threat.



The screenshot shows the header of a public bulletin from the East London Health & Care Partnership, dated 13 November 2020, Issue 7. The title is 'Health and care news from across north east London'. The main text welcomes readers to the public bulletin, available on their website, and provides information about health and care services and staying safe. A section titled 'In this issue' lists topics: Staying fit and healthy, Spotting abdominal cancers early, Temporary overnight closure of children's emergency department at King George Hospital, and Happy Diwali. Another section titled 'Latest Covid-19 guidance' explains new national restrictions up to and including Wednesday 2 December, requiring people to stay at home except for specific purposes, with a link to the full list. It also mentions that primary care services (GP practices, dentists, pharmacies, and opticians) remain open during these restrictions, and provides advice on how to contact a GP. A final section titled 'Staying fit and healthy' encourages people to stay active, eat healthy, and drink enough water, with a link to healthy meal ideas. A small image of a person exercising is shown next to this section. The footer mentions that where possible, exercise should be done at home or outside, and provides links to NHS fitness resources.

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