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JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

5.00 pm	Tuesday 16 March 2021	Virtual Meeting

COUNCILLORS:

LONDON BOROUGH OF BARKING & DAGENHAM

Councillor Peter Chand
Councillor Donna Lumsden
Councillor Paul Robinson

LONDON BOROUGH OF WALTHAM FOREST

Councillor Umar Ali

LONDON BOROUGH OF HAVERING

Councillor Nic Dodin
Councillor Nisha Patel (Chairman)
Councillor Ciaran White

ESSEX COUNTY COUNCIL

Councillor Chris Pond

LONDON BOROUGH OF REDBRIDGE

Councillor Beverley Brewer
Councillor Neil Zammett
Vacanct

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:
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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

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 15 December 2020 (attached).

5 COVID-19 UPDATE (Pages 7 - 26)

Report attached.

6 INTEGRATED CARE SYSTEM (Pages 27 - 42)

Report attached.

7 WHIPPS CROSS HOSPITAL DEVELOPMENT (Pages 43 - 58)

Report attached.

8 COMMITTEE'S WORK PROGRAMME

The Joint Committee is invited to suggest items for inclusion on its future work programme.

9 DATES OF FUTURE MEETINGS

The Joint Committee is invited to approve the following as dates of its meetings for the 2021/22 municipal year.

Tuesday 8 June 2021
Tuesday 14 September 2021
Tuesday 14 December 2021
Tuesday 8 March 2022

The Joint Committee is also asked to consider if it wishes to make any amendments to the start time of its meetings, currently 5 pm.

Anthony Clements
Clerk to the Joint Committee

MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Virtual meeting
15 December 2020 (5.00 - 6.45 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Paul Robinson (Chair) and Donna Lumsden
London Borough of Havering	Nic Dodin, Nisha Patel and Ciaran White
London Borough of Redbridge	Beverley Brewer and Neil Zammett
London Borough of Waltham Forest	Richard Sweden
Essex County Council	Chris Pond
Epping Forest District Council (observer)	Alan Lion
Co-opted Members	Ian Buckmaster (Healthwatch Havering) and Richard Vann (Healthwatch Barking & Dagenham)

Officers present:

Jane Milligan, North East London Commissioning Alliance (NELCA)
Henry Black NELCA
Ceri Jacob, NELCA
Melissa Hoskins, NELCA
Don Neame, Clinical Commissioning Groups (CCGs)
Dr Magda Smith, Barking Havering and Redbridge University Hospitals' NHS Trust (BHRUT)
Hazel Melnick, BHRUT
John Mealey, BHRUT
Cathy Turland, Healthwatch Redbridge
Taiwo Adeoye, Democratic Services Officer, London Borough of Havering

Two members of the public were also present.

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

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

Apologies were also received from Councillor Peter Chand, Barking & Dagenham.

46 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

47 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 16 September were agreed as a correct record and would be signed by the Chairman at a later date.

48 NHS INVESTMENT PLANS

East London Health & Care Partnership officers provided the Joint Committee with an overview and context around how bed numbers needed to be viewed. The presentation also detailed the plans in place for some of the developments that the partnership have going forward in terms of investment and infrastructure.

The difficulties in providing an accurate number of beds was particularly because the hospital sites across the North East London area were different in nature. It was stated that many sites have a lot of beds that were used for either London wide or even national specialty centres.

The partnership officers outlined a commitment to continue to invest in services and estate across North East London. It was stated that each hospital in North East London was different and cannot be fairly compared since each site does not have the same estate, clinical or workforce capacity.

The number of beds in use at any hospital changed daily depending on the numbers of patients, the type of care required and safe staffing needs. It was also stated that some hospitals provided very specialist care such as St Bartholomew's Hospital whilst other hospitals have been designated for people across London with a heart attack or stroke. Furthermore, some hospital beds were used as part of national networks by patients outside North East and Greater London.

The Royal London Hospital was identified as a major acute and specialist hospital that offers a range of local and specialist services to patients from across all areas of North East London and beyond. The hospital is noted as

one of the capital's leading trauma and emergency care facilities as well as a hyper-acute stroke centre.

The report detailed some key developments and progress that included successful funding bids for major projects at St George's Hospital, Hornchurch, Whipps Cross Hospital and Sutherland Road Health Centre in Waltham Forest. The plans also included a £24million investment to expand critical care at the Royal London. All North East London Hospital Trusts had received £13.2 million funding to spend across sites in preparation for winter. An additional £15 million was specifically targeted for King George hospital over the next two years.

The presentation pointed out the fact that the response to COVID-19 changed the way that the partnership undertakes its work and that it was now planning in a more coordinated way. The partnership had been able to step up its COVID-19 response which included infection prevention, control and additional capacity being provided across the system.

It was explained that the future arrangements reinforced the point about how specific developments in particular sites were not exclusive to the locations that they were in but were part of the wider system resilience.

The presentation outlined various tables of funding and investment over a four year period. The Committee was informed that the funding indicated two key messages; firstly the substantial cash increase which although had corrected what was an historical imbalance was by no means sufficient to overturn a long legacy of underinvestment. Members noted that the funding would not fix things overnight but going forward, it would create better opportunity to resolve these issues.

Secondly, it was stated that although the table showed a substantial cash increase, it was important to note that the cash increase only took the BHR CCGs up to the funding level that they should have been receivining originally.

In response to a Member enquiry on consulting and engaging with areas in South West Essex for new facilities or new services, Partnership officers confirmed that colleagues from the South West Essex area would be fully engaged in any such planning. It was further explained that in terms of planning capital investments and facilities, the service would need to take into account the catchment area covering the whole of the geography that those sites would serve.

A member sought clarification on the core concerns about the concentration of facilities in central London enquiring if this would result in better standards of care for local residents. It was suggested that the committee should undertake further scrutiny work on this area in 2021.

Members sought further assurance that as the NELCA Accountable Officer was leaving, that there would still be sufficient system leadership capacity in 2021. In response the committee was informed that the current Chief Finance Officer's deputy would be stepping into the vacant position in an acting capacity to maintain a level of consistency.

It was agreed that the Joint Committee would keep close scrutiny on the new ways of working and how the partnership moved towards one larger CCG for North East London.

49 EAST LONDON HEALTH AND CARE PARTNERSHIP UPDATE

The Joint Committee received an update on the work of the East London Health and Care Partnership including plans for a single Clinical Commissioning Group (CCG) for North East London.

Officers explained that the movement towards a single CCG from a commissioning perspective was about partnership organisation and co-ordinated working. In October 2020, GP members had agreed to the new formation across the seven CCGs. The new single CCG had been designated as a North East London integrated care system and would be one of eleven nationally organised CCGs in place from 1 December 2020.

A recent NHS England publication on the future direction of travel for integrated care systems had reported the options available for statutory changes from April 2022, which was in line with developments across North East London.

It was noted that Barking, Havering and Redbridge (BHR) was part of the national CCG ratings and had moved from a 'requiring improvement' rating to 'good' . This was a positive position to be going forward to the next phase of integration.

It was explained that the partnership was under pressure within the system as a result of COVID prevalence with North East London being significantly impacted by the second wave, with significant numbers of patients requiring ventilation within critical care.

It was noted that test numbers had risen amongst the younger population and the over 60s but, dependent on the implementation of tier three and the Christmas period, this may change and therefore it would be necessary to ensure a collaborative approach in the safe delivery of services to patients and the protection of staff.

The primary care flu vaccination program had been rolled out, with 80% of all care home residents having received the vaccination and 28% of care home staff. Officers were working with local authority colleagues and care home forums to encourage staff to come forward. The Partnership had carried out mapping of pharmacies and identified the pharmacists which were most local to the care homes where staff could go and be vaccinated.

It was explained that there needed to be clarity of COVID vaccination versus flu vaccination messages to the public. Members noted that there was a high refusal rate amongst care home staff to come forward for the flu vaccine and the Partnership was working with local authorities to encourage vaccinations.

Webinars were being held to provide care home staff the opportunity to discuss the COVID-19 vaccine and any concerns that they might have. It

was noted that there was more to be done to counteract some of the discouraging media messages.

The Covid-19 vaccination had been rolled out to GP hubs and Queens Hospital and the partnership had extended invites to care home workers and high-risk shielding staff and officers were working with CCG leaders to ensure that the partnership maximized the use of the vaccine in all the primary care hubs.

In response to questioning, it was noted that the vaccination programme at Queens Hospital was on target for vaccinating the over 70s and plans were in place to utilise vaccines where appointments were missed. Individuals were encouraged to have the vaccination to assist in the reduction of pressures in hospitals.

Responses to staff mental health continued with innovative work provided to support the health and wellbeing of those working in emergency care departments, directly impacted by COVID-19.

Acute hospitals and community services continued to operate to assist with the pressures elsewhere and reduce the risk of COVID jumping localities. The importance of supporting long COVID-19 was highlighted. The use of multidisciplinary teams was a key part of supporting those with complex needs and the elderly at home, with the use of pulse oximeters and remote monitoring of COVID symptomatic patients in their home.

In terms of Local Authority involvement, officers agreed that this involvement was integral to the work of the partnership (BHR) and also to the Integrated Care System in North East London.

There was a focus on bringing together the primary care clinical directors, the Acute Trusts and Local Authority services to consider how the delivery of needs could be met on a daily basis. The borough Partnership Boards provided a collective voice and were an important part of the integrated care system, with its decision-making at the level of patients and residents, and would be a focus for the transformation programmes providing commonality across BHR. The introduction of the BHR Academy was intended to support workforce recruitment across the system.

In response to questioning, it was noted that the Trust's position was unchanged on the Paediatric A & E Unit at King George Hospital. The unit continued to remain closed overnight on health and safety grounds. The Trust was working on paediatric recruitment, a key driver impacted by the COVID-19 pandemic, and was committed to reviewing the closure by April 2021.

Members took the opportunity to express their appreciation of the work carried out by the NHS during the pandemic and the stress that staff have endured.

Data on the number of Essex COVID-19 patients being treated in a North East London hospital was sought and this would be provided at the next meeting.

Clarification was sought on the continuation of elective services such as cancer care, and on flu vaccinations. It was explained that there was a strategic command approach at Level 4, which was focused on the balance

of demand and capacity and the delivery of cancer and cardiac care through the hubs, whilst ensuring infection control. The Committee would be kept updated on the delivery of the COVID-19 and flu vaccination programmes and the delivery and level of critical care support.

It was stated that the partnership would be attempting to balance and maintain elective services, delivery of critical care and meeting the challenging delivery of the flu and COVID-19 vaccination programme. The Committee would be kept updated on progress.

It was explained that the uptake for the flu vaccine by the over 65s was impressive across North East London at about 69%. The uptake for the under 65s and 50 to 60 age groups were lower however. The Partnership was trying to establish a way of using text messages to contact people to have their vaccinations.

The Committee commended officers on their work and noted the position.

50 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

The committee noted the two questions from members of the public that both related to aspects of the Whipps Cross Hospital redevelopment.

It was agreed that the issues raised be put as a priority item for the next meeting and for Barts Health NHS Trust officers to attend. This would allow members to scrutinise fully the redevelopment plans and the future of the Margaret Centre palliative care unit.

Chairman

Havering
LONDON BOROUGH

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 16 MARCH 2021

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 the current position with the Covid-19 vaccination programme
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 gives details of the Covid-19 vaccination programme 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 the current position with the Covid-19 vaccination programme in 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.

Covid-19 stakeholder update for ONEL JOSC
5 March 2021

This is an update for the ONEL JOSC from the latest stakeholder update on how the NHS across north east London is responding to the Covid-19 pandemic.

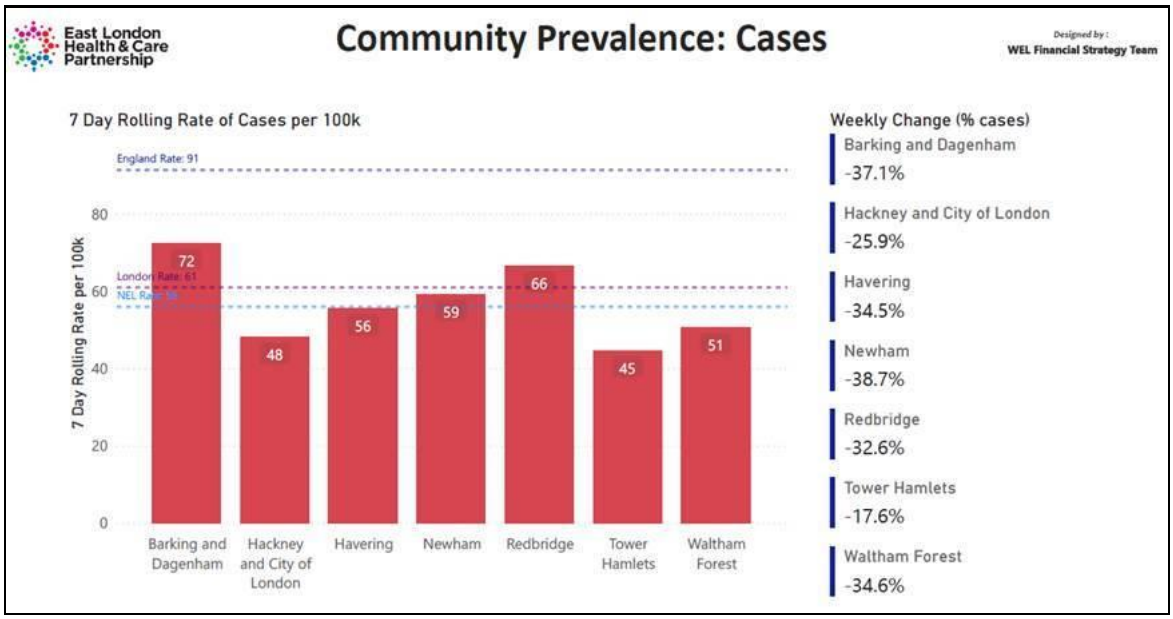
Also attached is a vaccine dashboard, which gives a detailed update on vaccination progress, broken down by borough and patient cohort. Please bear in mind when interpreting the dashboard that different cohorts started at different times with different amounts of vaccine.

Community prevalence in north east London

The community prevalence of Covid-19 cases in north east London is shown below, which indicates the weekly rate of cases per 100,000 is continuing to fall in; and the rates are below the England average in all boroughs.

This is due to the fantastic efforts of all those involved with our successful vaccination programme and keeping the virus under control. This includes our communities in keeping to the guidance and everyone in the NHS and social care, along with all our partners – whatever their role in limiting the spread of Covid-19.

But our hospitals continue to be under significant pressure, particularly for patients requiring critical care. It is still important that everyone follows the national guidance to help keep infection rates as low as possible.



Vaccine update

We have now given more than 420,000 people in north east London their first dose of the vaccine, including over 70% of people aged 65 to 69, more than 80% of the over-70s and over 90% of residents in care homes for older people.

Vaccine supply is set to increase significantly from 15 March and we are expecting the rate at which people are vaccinated to increase still further.

Anyone aged 60 plus is now being invited to book a vaccination via the national booking service, which means everyone in the first seven priority groups has been offered the vaccine – those aged between 50 and 60 will soon be invited.

Visits to housebound people continue and everyone in cohorts 1 to 6 who is housebound will have been offered the vaccine by 15 March.

The order in which we are vaccinating people is set out by the Joint Committee on Vaccination and Immunisation (JCVI)

Individuals can visit the ELHCP website and frequently asked questions for further information and to answer any queries about the vaccination programme.

We are running **pop-up vaccination clinics** in our community spaces across north east London as part of ongoing efforts to encourage all eligible people to get their jab. These are for people with booked appointments on specific dates, so people should wait to be invited before attending or look out for our tweets and communications from our partners.

Pop-up vaccination clinics have recently been held at City Gates Pentecostal Church in Ilford and Emmanuel Community Church in Walthamstow. They have also taken place in Newham, at the Sri Murugan Temple; the Minaj Ul Quran; the Rangharia Centre and the Redeemed Christian Church of God.

A new Covid vaccination centre, run by NELFT, opened at Liberty Shopping Centre in Romford on 1 March. Walthamstow Library will be available for use in the week beginning 8 March but we are awaiting confirmation of when the vaccine will be available.

Upcoming vaccination information events
The ELHCP website has details of Covid-19 online information sessions (run by the NHS and partner organisations) for anyone who would like to know more about Covid-19 and the vaccine.

Answering questions about the Covid-19 vaccine
Our Covid-19 vaccine chatbot for north east London helps local people find answers to common questions and concerns about different Covid-19 vaccines and how we are delivering the vaccination programme. So far, our chatbot has had over 700 interactions.

East London Health & Care Partnership

North East London

COVID-19 Vaccination Dashboard

NEL COVID-19 Vaccine Uptake

East London Health & Care Partnership

Total Vaccinations	Eligible Population	Individuals Vaccinated	Percent Vaccinated
443,535	797,515	419,702	53%
(Across all sites)	(Individuals in cohorts 1-9)	First Dose (cohorts 1-9)	First Dose (cohorts 1-9)

Total Vaccinations by Site (includes non-NEL residents)

Hospital Hubs	65,406
Large Scale Vaccination Centres	39,906
Local Vaccination Sites - PCN	306,773
Local Vaccination Sites - Pharm...	31,450
Care Home	6,847

Vaccination of GP registered population in NEL by cohort group

Total First Vaccinations Delivered, Cohorts 1-2

Care home residents	3,438	91%
Care home staff	3,409	57%
Age 80+	45,905	84%
NHS and social care Worker	27,089	65%

Total First Vaccinations Delivered, Cohorts 3-5

Clinically Extremely Vulnerable	98,936	65%
Age 75-79	30,855	84%
Age 70-74	44,845	83%
Age 65-69	49,032	73%

Total First Vaccinations Delivered, Cohorts 6-9

COVID19 at risk	75,822	42%
Carers - DWP	9,631	34%
Age 60-64	43,820	48%
Age 55-59	38,775	34%
Age 50-54	36,665	27%

Data sources: Site data from Foundry, cohort data from NIMS dashboard, care home data from Capacity Tracker.

NOTE: cohort totals and site totals will not add up due to non-NEL residents receiving vaccinations at NEL sites, and NEL residents receiving vaccinations at non-NEL sites.

Latest Date Reported:
04 March 2021

Vaccinations by cohort:	Eligible Population	Total Vaccinations	Percent of Eligible Vaccinated
NEL	797,515 (Individuals in cohorts 1-9)	419,702 First Dose (cohorts 1-9)	53% First Dose (cohorts 1-9)

East London Health & Care Partnership

Total Vaccinations by Cohort Group

Priority Groups	Individuals	First Dose	First Dose %	Second Dose	Second Dose %
Age 50-54	133,788	36,665	27%	809	1%
Age 55-59	115,259	38,775	34%	803	1%
Age 60-64	91,338	43,820	48%	686	1%
Age 65-69	66,732	49,032	73%	423	1%
Age 70-74	54,087	44,845	83%	386	1%
Age 75-79	36,685	30,855	84%	416	1%
Age 80+	54,586	45,905	84%	9,046	17%
Carers - DWP	28,210	9,631	34%	44	0%
Carers - Other	0	0	NaN	0	NaN
Clinically Extremely Vulnerable	151,190	98,936	65%	4,634	3%
COVID19 at risk	179,158	75,822	42%	1,027	1%
NHS and social care Worker	41,928	27,089	65%	2,431	6%
Other – 0 to 17	276	276	100%	5	2%
Other – 18 to 49	54,205	54,205	100%	1,754	3%

Data sources: Cohort data from NIMS dashboard.

Latest Date Reported:
04 March 2021

Vaccinations by cohort:	Eligible Population	Total Vaccinations	Percent of Eligible Vaccinated
BHR	340,282 (Individuals in cohorts 1-9)	199,264 First Dose (cohorts 1-9)	59% First Dose (cohorts 1-9)

East London Health & Care Partnership

Total Vaccinations by Cohort Group

CCG	NHS BARKING AND DAGENHAM CCG					NHS HAVERING CCG					NHS REDBRIDGE CCG				
Priority Groups	Individuals	First Dose	First Dose %	Second Dose	Second Dose %	Individuals	First Dose	First Dose %	Second Dose	Second Dose %	Individuals	First Dose	First Dose %	Second Dose	Second Dose %
Age 50-54	14,828	4,393	30%	113	1%	18,877	5,425	29%	166	1%	20,563	6,487	32%	227	1%
Age 55-59	12,275	4,380	36%	101	1%	18,620	6,398	34%	175	1%	17,915	7,021	39%	216	1%
Age 60-64	9,107	4,075	45%	65	1%	16,190	7,603	47%	165	1%	15,086	8,277	55%	190	1%
Age 65-69	6,447	4,565	71%	27	0%	12,727	10,117	79%	75	1%	11,818	9,385	79%	153	1%
Age 70-74	4,977	4,016	81%	40	1%	12,968	11,703	90%	82	1%	10,042	8,570	85%	104	1%
Age 75-79	3,267	2,635	81%	37	1%	9,356	8,596	92%	34	0%	6,840	5,999	88%	226	3%
Age 80+	5,010	4,164	83%	1,247	25%	14,375	13,140	91%	1,041	7%	10,533	9,283	88%	3,804	36%
Carers - DWP	3,398	1,143	34%	9	0%	3,182	1,162	37%	8	0%	3,133	1,284	41%	7	0%
Carers - Other	0	0	NaN	0	NaN	0	0	NaN	0	NaN	0	0	NaN	0	NaN
Clinically Extremely Vulnerable	16,605	11,114	67%	586	4%	16,014	12,650	79%	564	4%	21,165	15,519	73%	1,483	7%
COVID19 at risk	18,911	8,983	48%	121	1%	23,587	12,150	52%	181	1%	27,278	16,021	59%	268	1%
NHS and social care Worker	5,171	3,144	61%	185	4%	6,406	4,809	75%	435	7%	6,067	4,281	71%	492	8%
Other – 0 to 17	17	17	100%	0	0%	35	35	100%	1	3%	83	83	100%	2	2%
Other – 18 to 49	5,551	5,551	100%	161	3%	6,785	6,785	100%	232	3%	9,628	9,628	100%	525	5%

Data sources: Cohort data from NIMS dashboard.

Latest Date Reported:
04 March 2021

Vaccinations by cohort:	Eligible Population	Total Vaccinations	Percent of Eligible Vaccinated
TNW	351,429 (Individuals in cohorts 1-9)	172,597 First Dose (cohorts 1-9)	49% First Dose (cohorts 1-9)

East London Health & Care Partnership

Total Vaccinations by Cohort Group

CCG	NHS NEWHAM CCG					NHS TOWER HAMLETS CCG					NHS WALTHAM FOREST CCG				
Priority Groups	**Individuals**	**First Dose**	**First Dose %**	**Second Dose**	**Second Dose %**	**Individuals**	**First Dose**	**First Dose %**	**Second Dose**	**Second Dose %**	**Individuals**	**First Dose**	**First Dose %**	**Second Dose**	**Second Dose %**
Age 50-54	24,258	5,881	24%	80	0%	15,598	3,780	24%	56	0%	21,161	6,758	32%	106	1%
Age 55-59	19,687	5,828	30%	74	0%	12,059	3,526	29%	59	0%	18,087	7,362	41%	103	1%
Age 60-64	15,133	6,331	42%	81	1%	9,577	4,940	52%	51	1%	13,874	7,739	56%	78	1%
Age 65-69	10,342	7,057	68%	65	1%	6,754	4,645	69%	22	0%	10,113	7,365	73%	47	0%
Age 70-74	7,067	5,446	77%	53	1%	4,707	3,775	80%	36	1%	8,000	6,493	81%	51	1%
Age 75-79	4,437	3,431	77%	39	1%	3,079	2,459	80%	24	1%	5,628	4,597	82%	47	1%
Age 80+	6,246	4,862	78%	840	13%	4,731	3,833	81%	718	15%	8,110	6,465	80%	559	7%
Carers - DWP	5,142	1,739	34%	5	0%	5,837	1,909	33%	3	0%	3,540	1,236	35%	10	0%
Carers - Other	0	0	NaN	0	NaN	0	0	NaN	0	NaN	0	0	NaN	0	NaN
Clinically Extremely Vulnerable	33,093	19,905	60%	681	2%	25,255	15,691	62%	519	2%	18,540	12,350	67%	332	2%
COVID19 at risk	31,866	10,792	34%	115	0%	23,794	6,165	26%	79	0%	27,818	11,885	43%	140	1%
NHS and social care Worker	7,168	4,142	58%	290	4%	5,868	3,585	61%	346	6%	5,956	3,792	64%	324	5%
Other – 0 to 17	43	43	100%	1	2%	15	15	100%	1	7%	57	57	100%	0	0%
Other – 18 to 49	9,636	9,636	100%	232	2%	8,318	8,318	100%	221	3%	7,523	7,523	100%	186	2%

Data sources: Cohort data from NIMS dashboard.

Latest Date Reported:
04 March 2021

Vaccinations by cohort:	Eligible Population	Total Vaccinations	Percent of Eligible Vaccinated
CITY AND HACKNEY	105,804 (Individuals in cohorts 1-9)	47,841 First Dose (cohorts 1-9)	45% First Dose (cohorts 1-9)

East London Health & Care Partnership

Total Vaccinations by Cohort Group

CCG	NHS CITY AND HACKNEY CCG				
Priority Groups	**Individuals**	**First Dose**	**First Dose %**	**Second Dose**	**Second Dose %**
Age 50-54	18,503	3,941	21%	61	0%
Age 55-59	16,616	4,260	26%	75	0%
Age 60-64	12,371	4,855	39%	56	0%
Age 65-69	8,531	5,898	69%	34	0%
Age 70-74	6,326	4,842	77%	20	0%
Age 75-79	4,078	3,138	77%	9	0%
Age 80+	5,581	4,158	75%	837	15%
Carers - DWP	3,978	1,158	29%	2	0%
Carers - Other	0	0	NaN	0	NaN
Clinically Extremely Vulnerable	20,518	11,707	57%	469	2%
COVID19 at risk	25,904	9,826	38%	123	0%
NHS and social care Worker	5,292	3,336	63%	359	7%
Other – 0 to 17	26	26	100%	0	0%
Other – 18 to 49	6,764	6,764	100%	197	3%

Data sources: Cohort data from NIMS dashboard.

Latest Date Reported:
04 March 2021

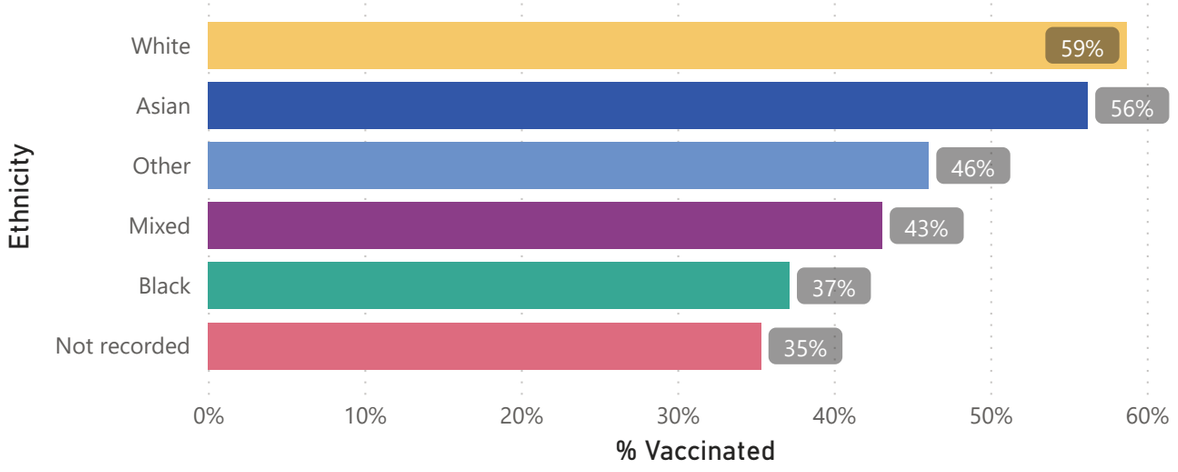
COVID-19 Vaccinations: Ethnicity

East London Health & Care Partnership

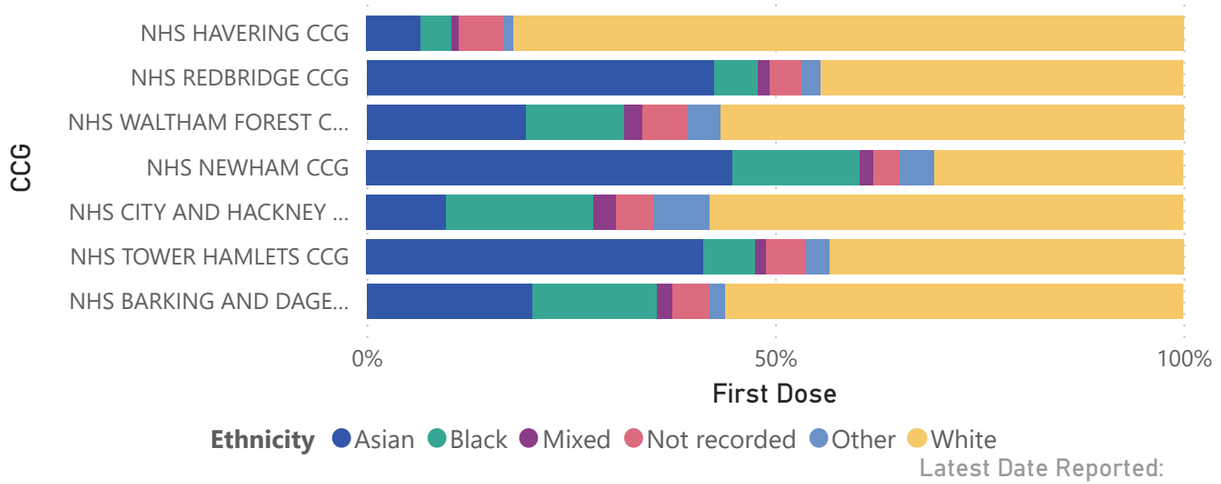
Total Vaccinations by CCG and Ethnicity

CCG	NHS BARKING AND DAGENHAM CCG		NHS CITY AND HACKNEY CCG		NHS HAVERING CCG		NHS NEWHAM CCG		NHS REDBRIDGE CCG		NHS TOWER HAMLETS CCG		NHS WALTHAM FOREST CCG		Total	
Ethnicity	First Dose	%	First Dose	%	First Dose	%	First Dose	%	First Dose	%	First Dose	%	First Dose	%	First Dose	%
Asian	8,667	57%	4,643	52%	5,196	60%	28,036	53%	33,128	64%	19,152	49%	12,442	58%	**111,264**	**56%**
Black	6,482	41%	8,654	32%	2,985	40%	9,751	36%	4,136	41%	2,971	35%	7,613	40%	**42,592**	**37%**
Mixed	784	40%	1,338	38%	744	48%	976	41%	1,132	52%	618	38%	1,406	46%	**6,998**	**43%**
Not recorded	1,964	34%	2,162	30%	4,303	48%	2,004	24%	2,999	39%	2,213	34%	3,598	36%	**19,243**	**35%**
Other	823	43%	3,326	41%	932	52%	2,711	48%	1,871	53%	1,398	41%	2,509	50%	**13,570**	**46%**
White	23,871	57%	27,718	54%	64,765	64%	19,030	48%	34,482	65%	20,122	51%	36,047	61%	**226,035**	**59%**
Total	**42,591**	**52%**	**47,841**	**45%**	**78,925**	**61%**	**62,508**	**46%**	**77,748**	**61%**	**46,474**	**47%**	**63,615**	**54%**	**419,702**	**53%**

Percent of Eligible Population (Cohorts 1-9) Vaccinated



Total Vaccinations by CCG and Ethnicity



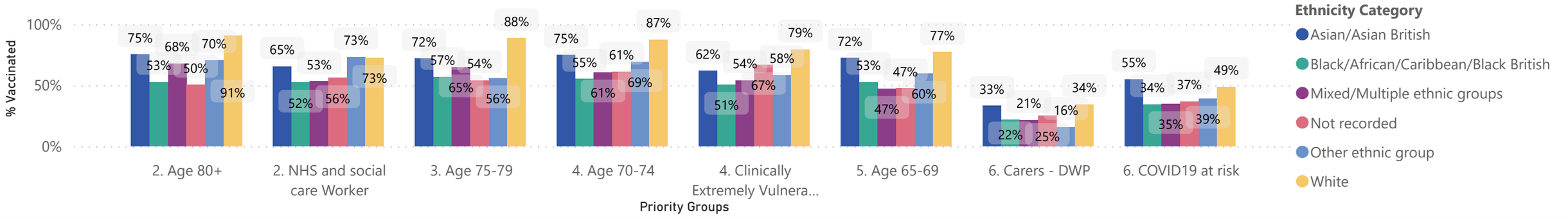
Data sources: Cohort data from NIMS dashboard.

Latest Date Reported:
04 March 2021

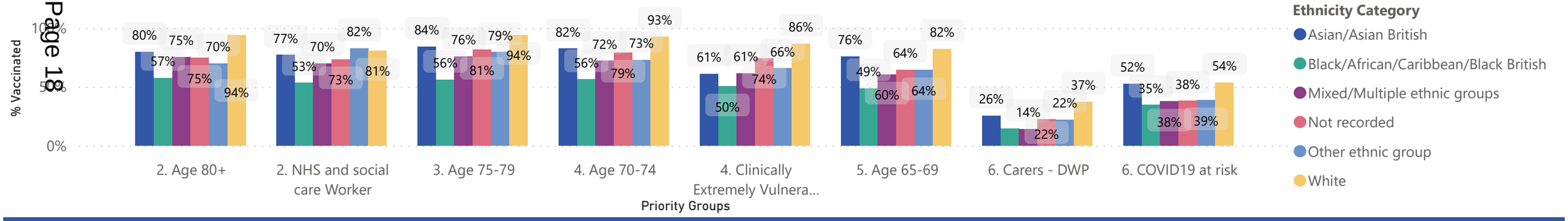
COVID-19 Vaccinations: Cohort by CCG & Ethnicity

East London Health & Care Partnership

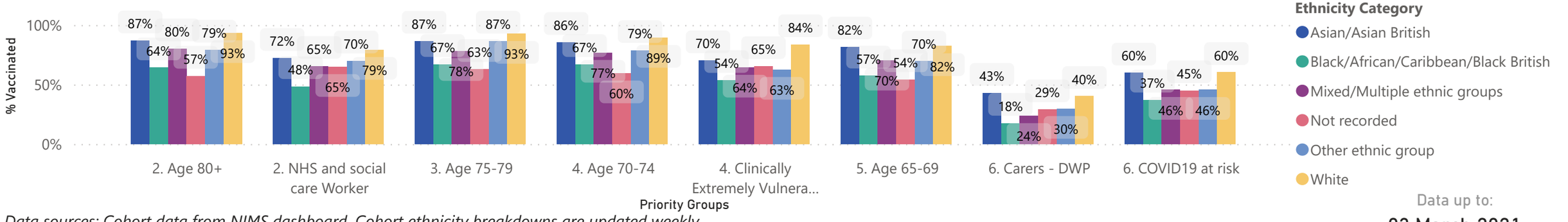
Barking & Dagenham - Percent of Eligible Population Vaccinated (current cohorts)



Havering - Percent of Eligible Population Vaccinated (current cohorts)



Redbridge - Percent of Eligible Population Vaccinated (current cohorts)



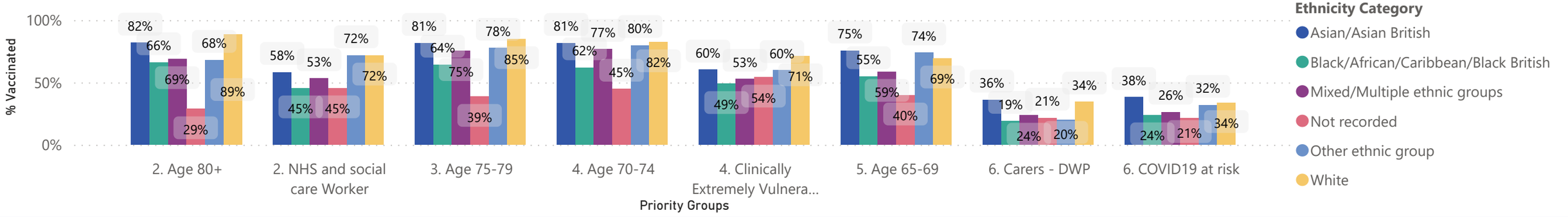
Data sources: Cohort data from NIMS dashboard. Cohort ethnicity breakdowns are updated weekly.

Data up to:
03 March 2021

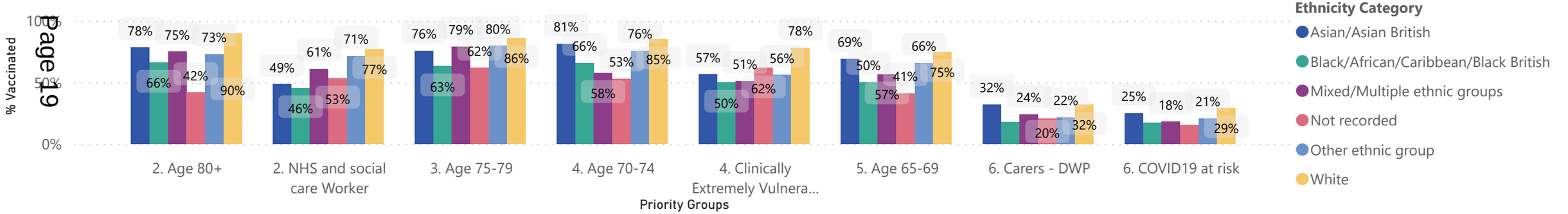
COVID-19 Vaccinations: Cohort by CCG & Ethnicity

East London Health & Care Partnership

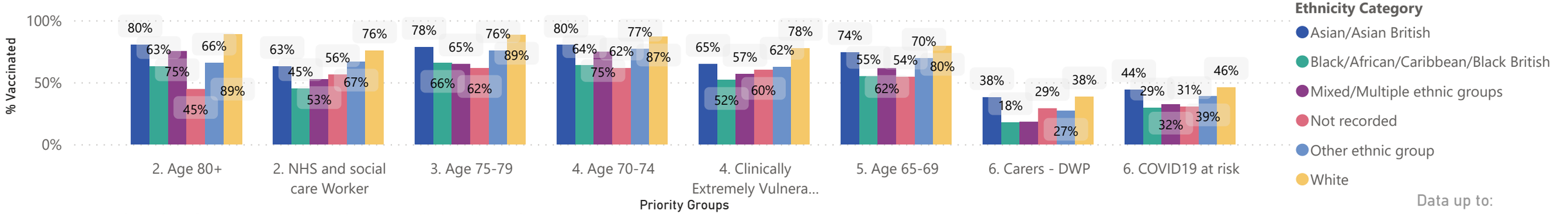
Newham - Percent of Eligible Population Vaccinated (current cohorts)



Tower Hamlets - Percent of Eligible Population Vaccinated (current cohorts)



Waltham Forest - Percent of Eligible Population Vaccinated (current cohorts)



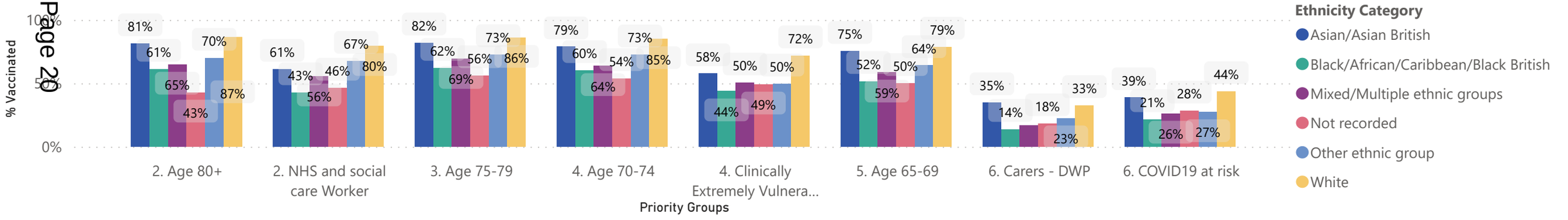
Data sources: Cohort data from NIMS dashboard. Cohort ethnicity breakdowns are updated weekly.

Data up to:
03 March 2021

COVID-19 Vaccinations: Cohort by CCG & Ethnicity

East London Health & Care Partnership

City & Hackney - Percent of Eligible Population Vaccinated (current cohorts)



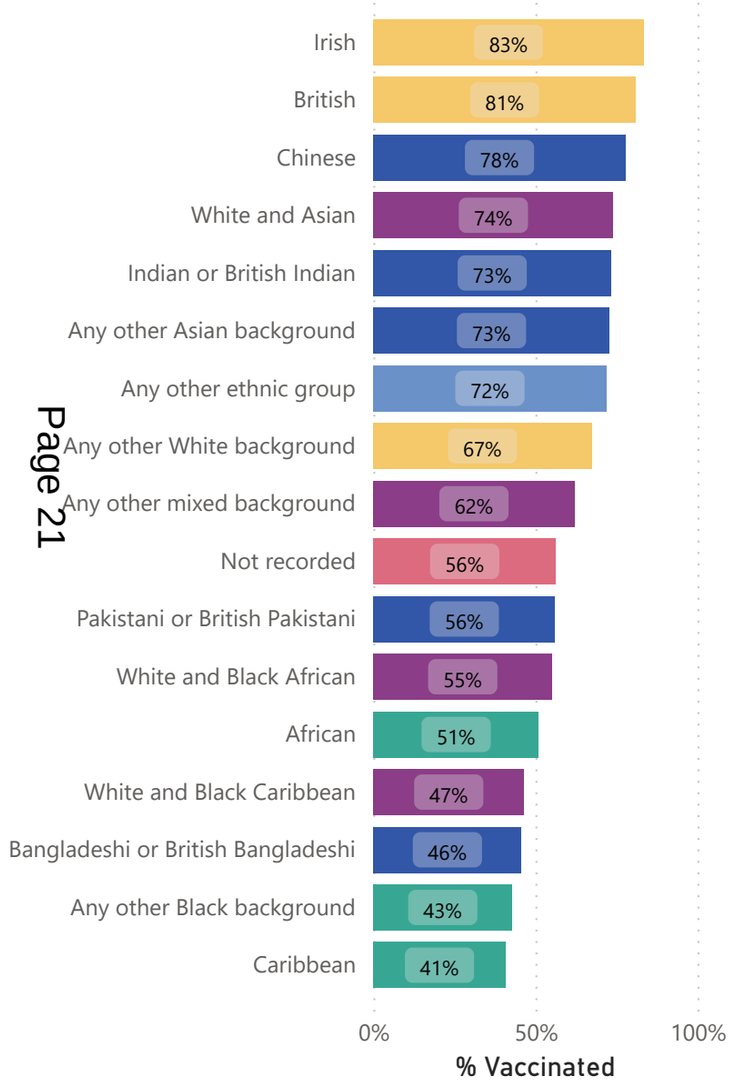
Data sources: Cohort data from NIMS dashboard. Cohort ethnicity breakdowns are updated weekly.

Data up to:
03 March 2021

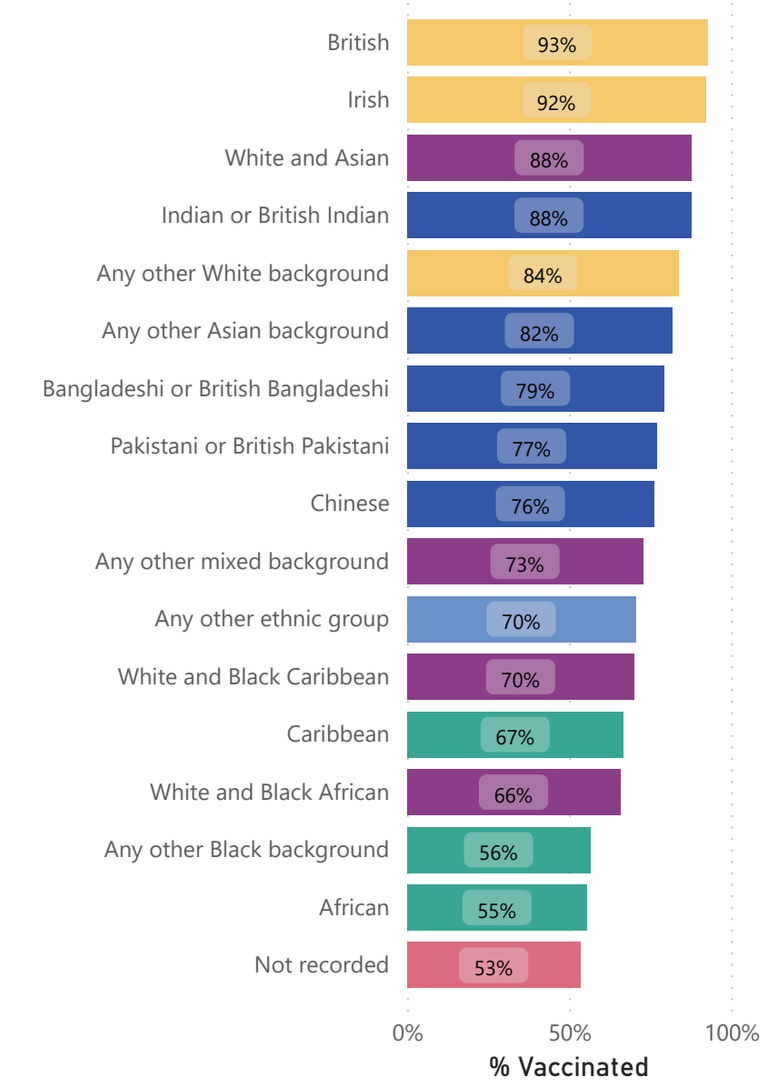
COVID-19 Vaccinations: Cohort uptake by Ethnicity (NEL level)

East London Health & Care Partnership

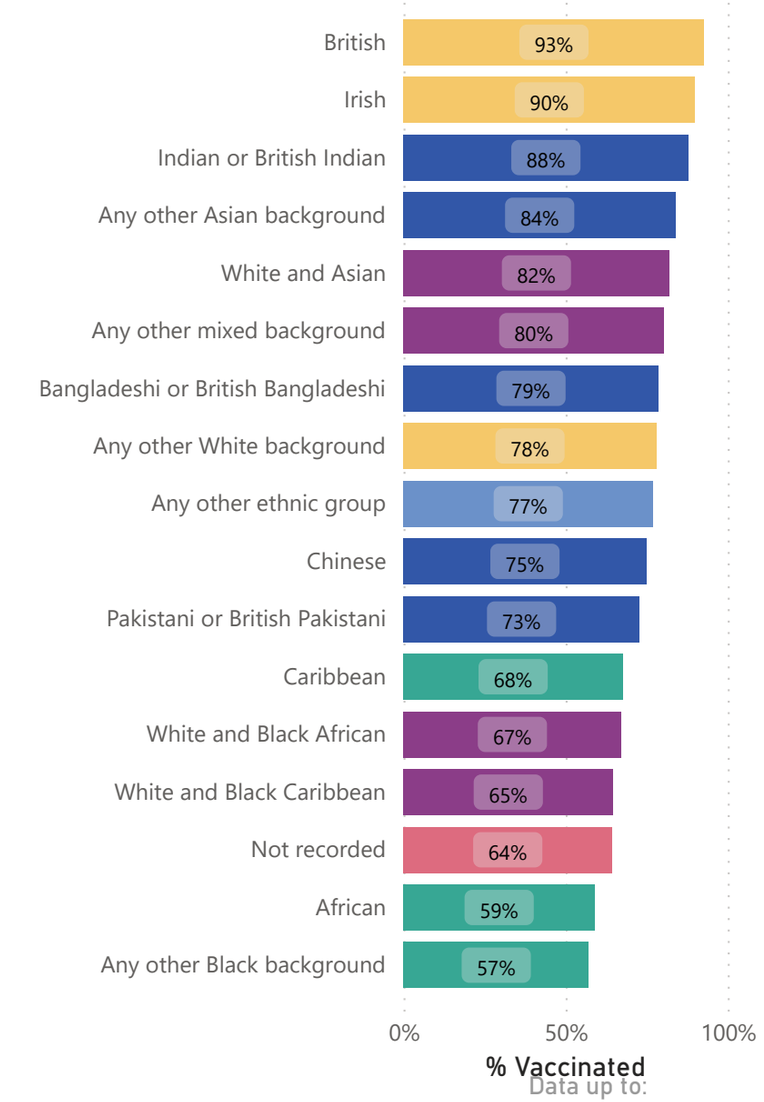
Cohort 2: Health and Social Care Workers



Cohort 2: Age 80+



Cohort 3: Age 75-79



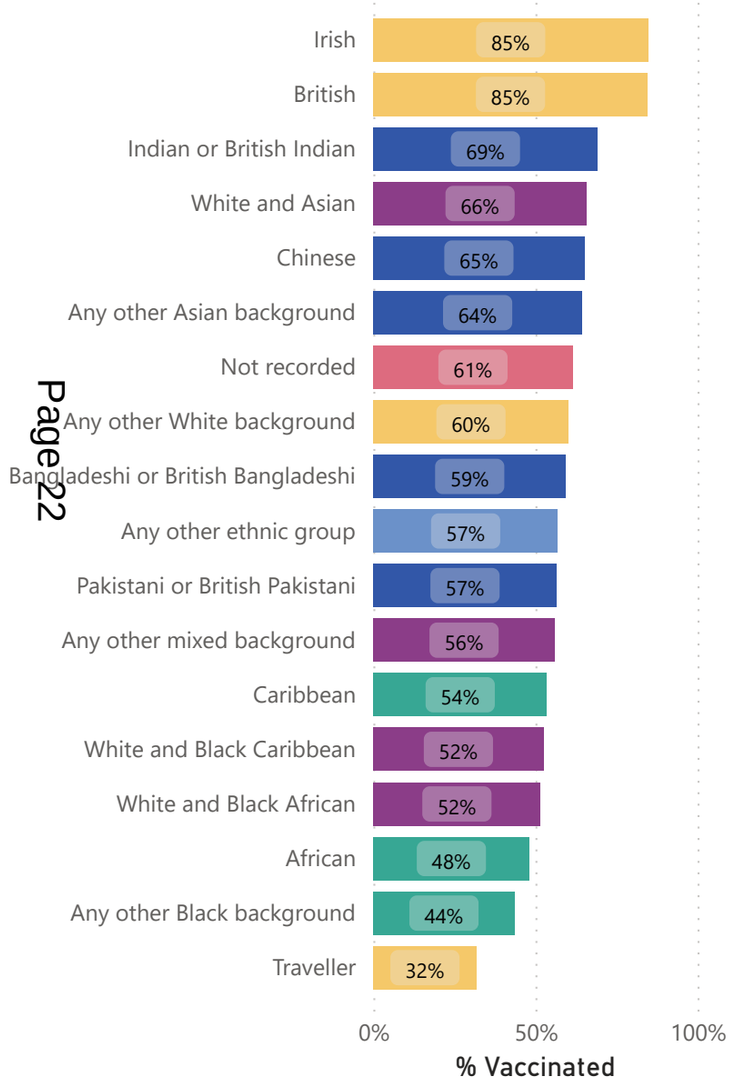
Data sources: Cohort data from NIMS dashboard. Cohort ethnicity breakdowns are updated weekly.

Data up to:
03 March 2021

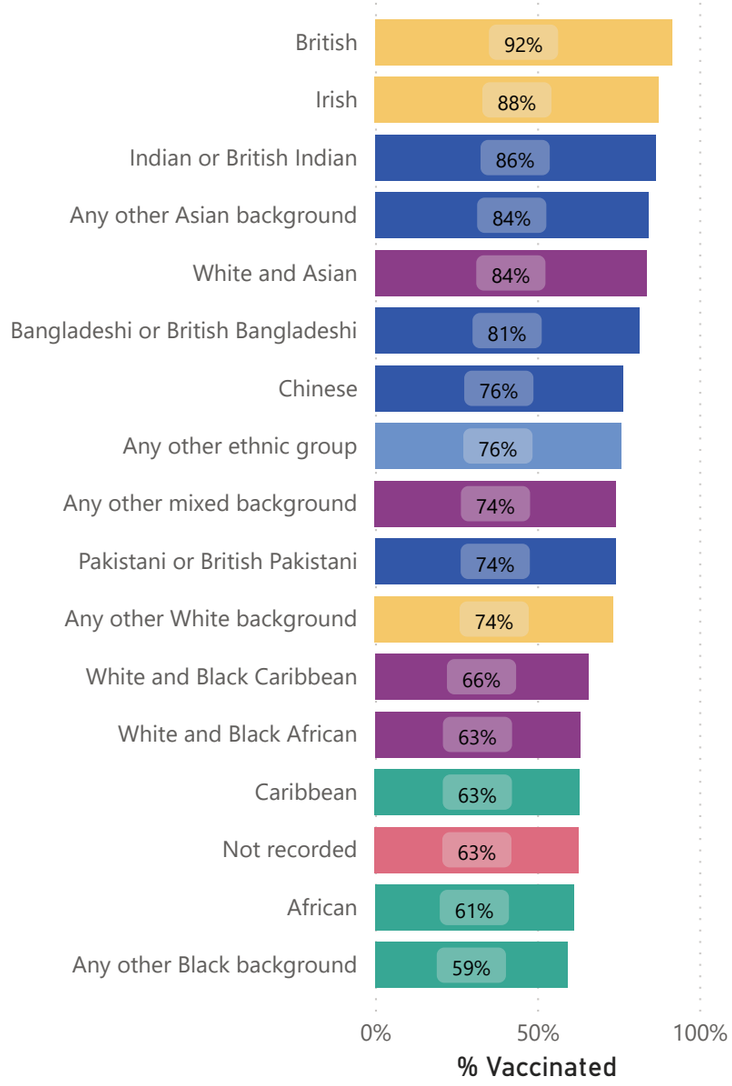
COVID-19 Vaccinations: Cohort by Ethnicity (NEL level)

East London Health & Care Partnership

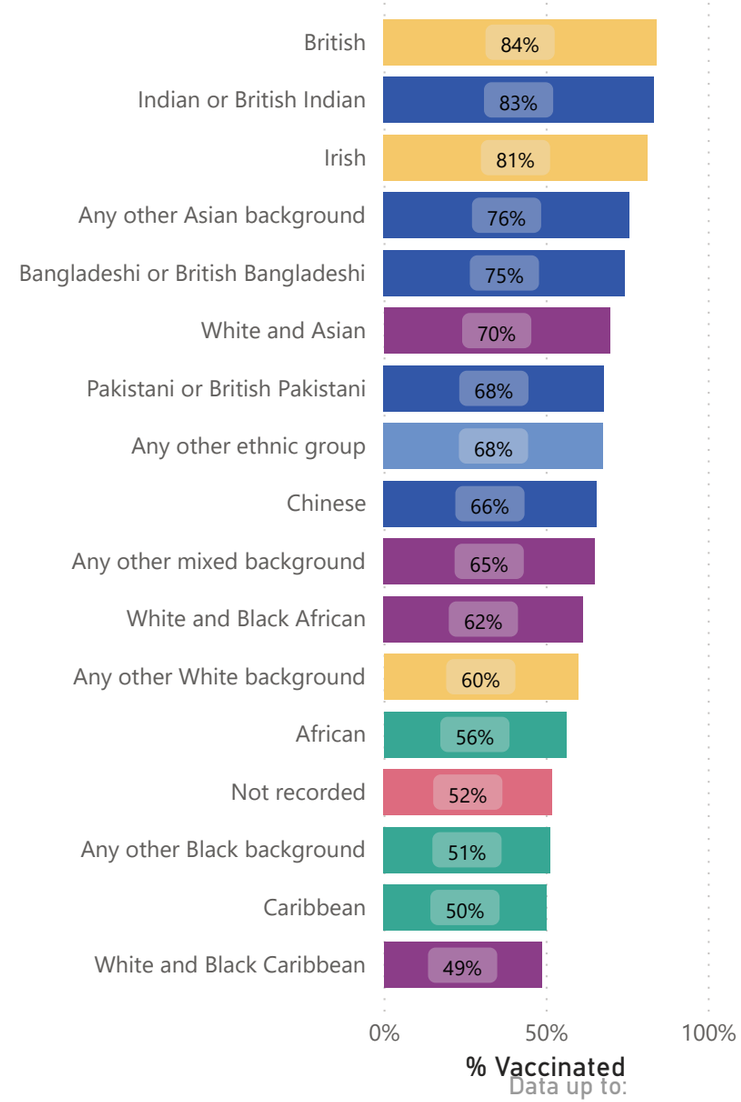
Cohort 4: Clinically Extremely Vulnerable



Cohort 4: Age 70-74



Cohort 5: Age 65-69



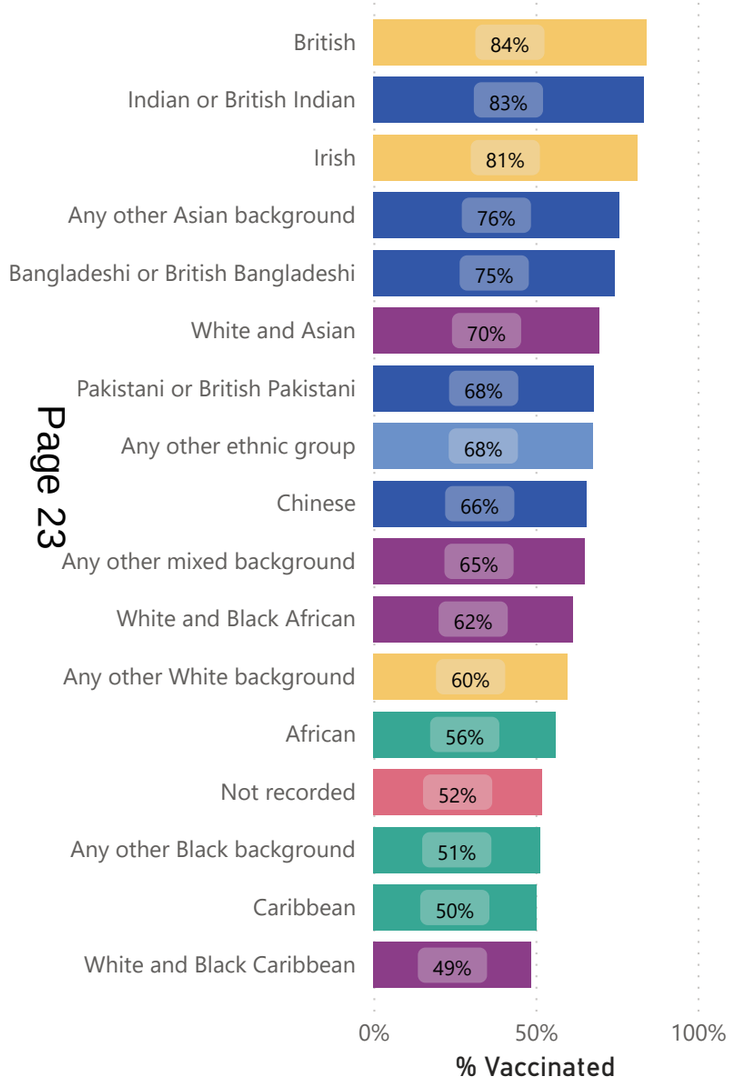
Data sources: Cohort data from NIMS dashboard. Cohort ethnicity breakdowns are updated weekly.

Data up to:
03 March 2021

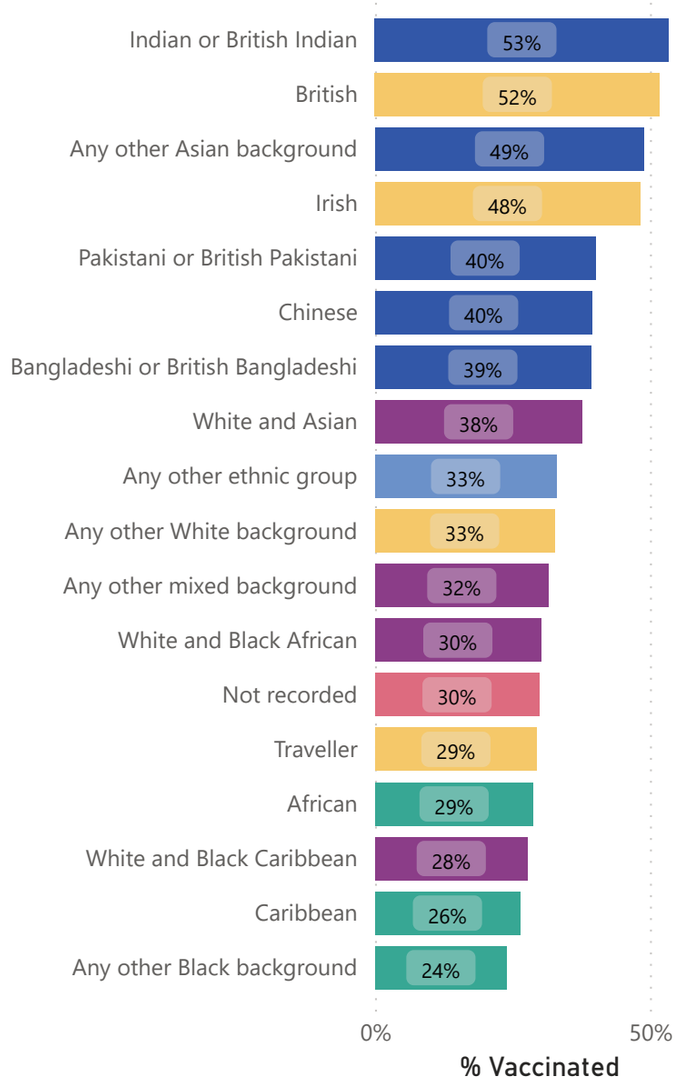
COVID-19 Vaccinations: Cohort uptake by Ethnicity (NEL level)

East London Health & Care Partnership

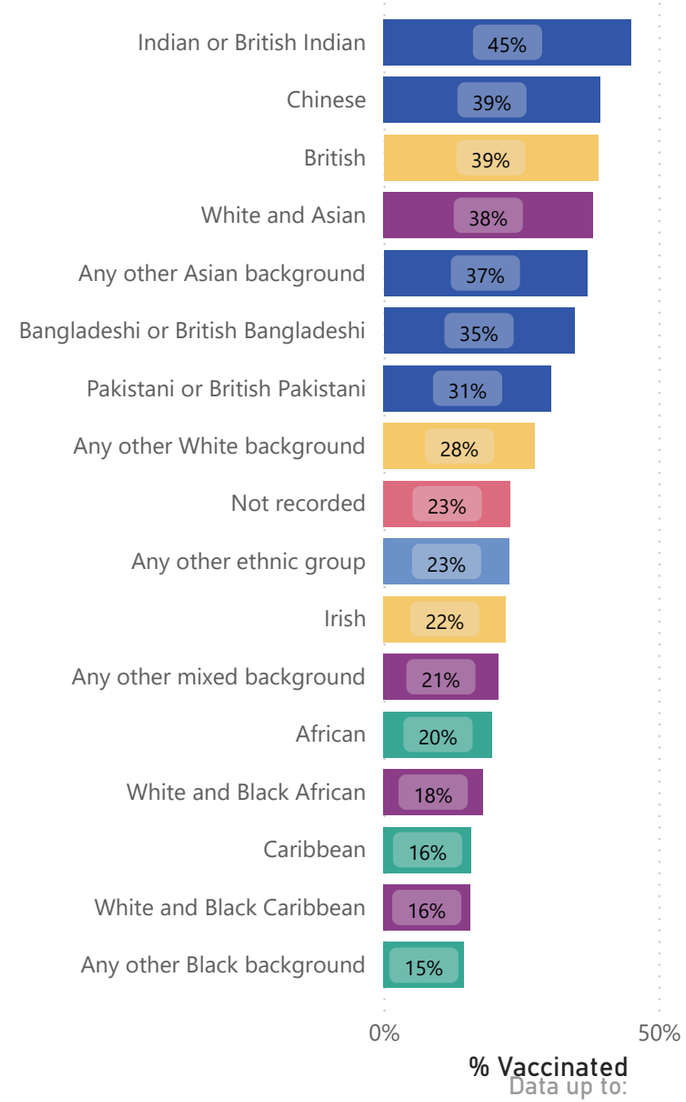
Cohort 5: Age 65-69



Cohort 6: At risk of COVID-19 (QCovid)



Cohort 6: Carers



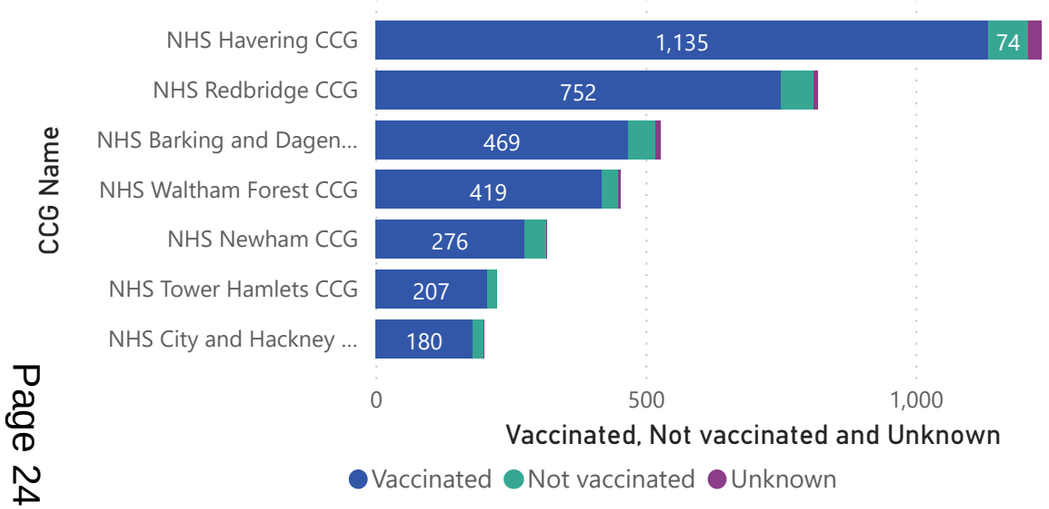
Data sources: Cohort data from NIMS dashboard. Cohort ethnicity breakdowns are updated weekly.

Data up to:
03 March 2021

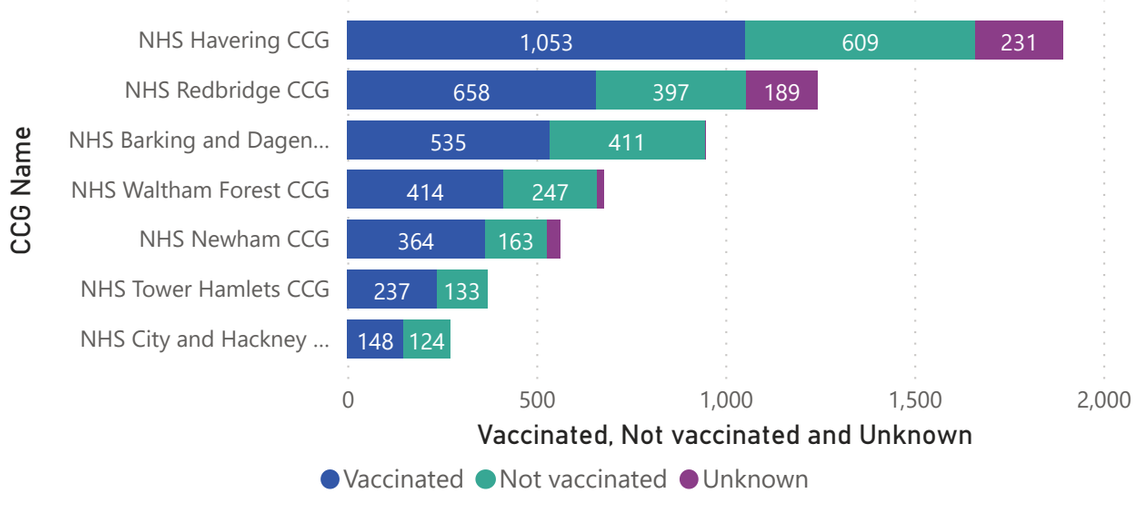
COVID-19 Vaccinations: Older Adult Care Homes

East London Health & Care Partnership

Residents vaccination by CCG



Staff (including agency) vaccination by CCG



Remaining Residents by Home

CCG Name	Residents not vaccinated	% Residents Vaccinated
NHS Barking and Dagenham CCG	49	89%
NHS City and Hackney CCG	21	89%
NHS Havering CCG	74	92%
NHS Newham CCG	40	87%
NHS Redbridge CCG	59	92%
NHS Tower Hamlets CCG	18	92%
NHS Waltham Forest CCG	31	92%
Total	**292**	**91%**

Remaining Staff by Home

CCG Name	Staff not vaccinated	% Staff Vaccinated
NHS Barking and Dagenham CCG	411	56%
NHS City and Hackney CCG	124	54%
NHS Havering CCG	609	56%
NHS Newham CCG	163	65%
NHS Redbridge CCG	397	53%
NHS Tower Hamlets CCG	133	64%
NHS Waltham Forest CCG	247	61%
Total	**2084**	**57%**

Data sources: Care home data from Capacity Tracker (vaccinations of residents and staff in Older Adult Care Homes, as specified by NHSE/I London). Staff figures includes agency staff.

Latest Date Reported:
5 March 2021

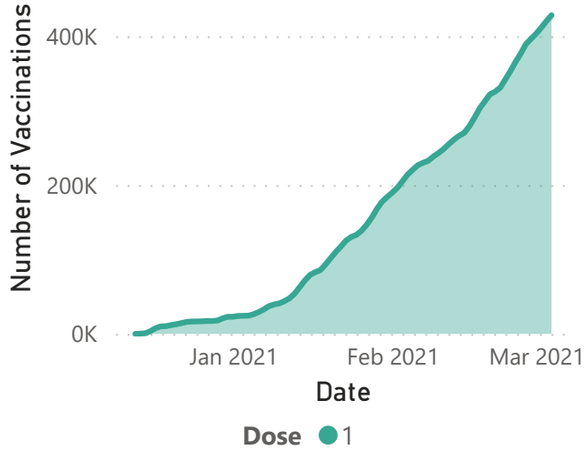
COVID-19 Vaccinations: All Sites

East London Health & Care Partnership

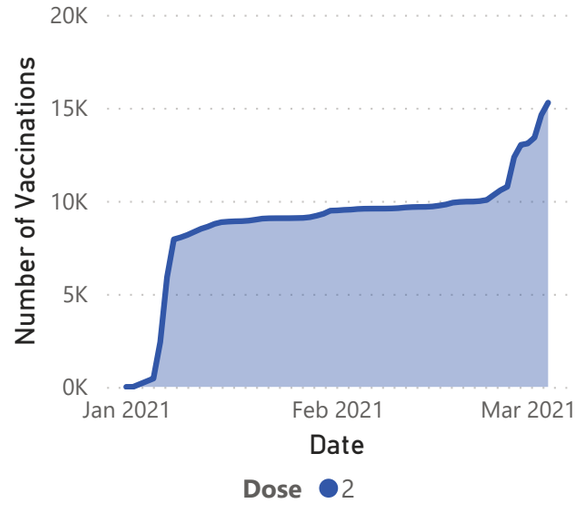
Total Vaccinations by Site

Delivery Model	AZ	Pfizer	Total
⊟ **Hospital Hubs**	**18,861**	**46,545**	**65,406**
BARLEY COURT	6,046		**6,046**
HOMERTON UNIVERSITY HOSPITAL	6,573	1	**6,574**
KING GEORGE HOSPITAL	2,610	11,845	**14,455**
MILE END HOSPITAL	3,236		**3,236**
NEWHAM GENERAL HOSPITAL		2,094	**2,094**
QUEEN'S HOSPITAL	396	6,913	**7,309**
ST BARTHOLOMEW'S HOSPITAL		1,866	**1,866**
THE ROYAL LONDON HOSPITAL		21,404	**21,404**
WHIPPS CROSS HOSPITAL		2,422	**2,422**
⊟ **Large Scale Vaccination Centres**	**39,700**	**206**	**39,906**
ExCEL Centre (Barts Health)	30,925	206	**31,131**
Liberty Shopping Centre	905		**905**
Westfield Stratford City (ELFT)	7,870		**7,870**
⊞ **Local Vaccination Sites - PCN**	**134,718**	**172,055**	**306,773**
⊞ **Local Vaccination Sites - Pharmacy**	**31,448**	**2**	**31,450**
Total	**224,727**	**218,808**	**443,535**

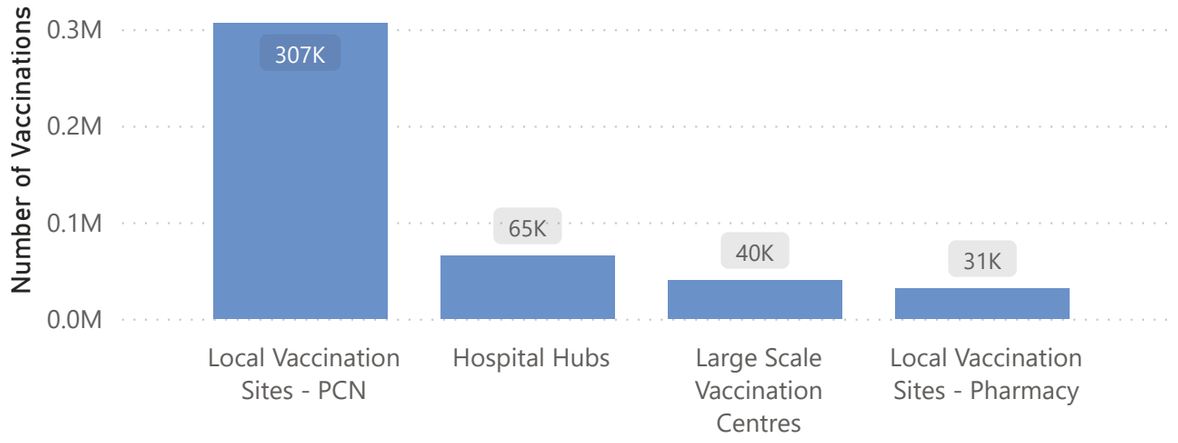
Total 1st Doses by Date



Total 2nd Doses by Date



Total Vaccinations by Delivery Model



Data sources: Foundry extract for East London Health and Care Partnership.

Latest Date Reported:
04 March 2021

Notes, Assumptions & Definitions

East London Health & Care Partnership

Notes and Definitions

Vaccinations by site type:

Number of vaccinations by site is from NHS Foundry. There are some discrepancies between totals from Foundry compared to local collections due to incorrect labeling of data in Foundry. Queens Hospital was incorrectly labelled King Georges. All Barts Health sites were labelled as Royal London Hospital, they have since been split out but the cumulative totals remain incorrect.

Vaccination by cohort group:

Number of vaccinations by cohort group is obtained from NIMS dashboard. NIMS report "provides a user with information on patient populations who are within the age groups for COVID vaccinations, their vaccination statues and whether they have been invited for a vaccination by the National immunisations service.
The data used to feed the age group criteria has been defined by NHS Digital. Data is mainly derived from primary care records but is also contributed to by national maternity data and NHS and social care Electronic Staff Record (ESR) data."

The recording of vaccination of Health and Social Care Workers in the NIMS database is an underestimate, based only on workers recorded in the NHS and social care ESR data. Some individuals who have been vaccinated because they are workers, will be counted under other age-based cohorts if their worker status is not recorded at the time of vaccination. As a result, the percentage of Health and Social Care Workers vaccinated is also an underestimate. Similarly, individuals who qualify for Cohort 6 (16-64 with underlying conditions and/or informal carers), may not be identified as such in their vaccination record, and will be counted under age-based cohorts instead. This leads to Cohort 6 progress being underestimated.

There is overlap between cohorts – e.g. An individual may be counted under both 80+ and Clinically Extremely Vulnerable cohorts in the NIMS dataset. As a result, the sum of the total vaccinations by cohort will be an overestimate of the number of individuals vaccinated. Therefore, progress through each cohort should be considered separately.

Care home vaccinations:

Care home data is obtained from Capacity Tracker, which is completed by care home organisations themselves. In this report we are only presenting data for 'older adult' care homes.

Havering
LONDON BOROUGH

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 16 MARCH 2021

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

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.

East London Health & Care Partnership

Integration and innovation: working together to improve health and social care for all

Overview of Government White paper setting out legislative proposals for Integrated Care Systems and what this means for NEL

Update for the ONEL JOSC meeting, 16 March 2021

White paper - key points to note

East London Health & Care Partnership

The white paper outlines plans to build on the 2019 NHS Long Term Plan and proposes the following:

- **Improving accountability in the system**. A merged NHS England and NHS Improvement will be placed on a statutory footing and will be designated as NHS England.
- **Legislate for integrated care systems**, focusing on integration within the NHS to remove boundaries to collaboration as well as integration involving greater collaboration between the NHS and local government and wider partners
- NHS and local authorities will be given a **duty to collaborate** with each other
- **ICS's will be put on a statutory footing** comprising of an ICS health and care partnership bringing together the NHS, local government and partners alongside an ICS NHS body which will be responsible for the day to day running of the ICS
- A key responsibility for these systems will be to support **place-based joint working** between the NHS, local government, community health services, and other partners such as the voluntary and community sector.
- There are also measures around **reducing bureaucracy** (a focus on changes to competition law and procurement) and improving accountability (more powers for the Secretary of State over NHS England)

ICS legislation

East London Health & Care Partnership

- A statutory ICS will be formed from
  - NHS ICS body
  - ICS health and care partnership

Integrated Care System

NHS ICS body	Health and care partnership
Will merge some of the functions currently being fulfilled by STPs with the functions of a CCG and will be responsible for: • Day to day running of the ICS • Developing a plan to meet the health needs of the population within their defined geography; • Developing a capital plan for the NHS providers within their health geography; • securing the provision of health services to meet the needs of the system population	Will bring together health, social care, public health (and potentially representatives from the wider public space where appropriate, such as social care providers or housing providers) and be responsible for: • developing a plan that addresses the wider health, public health, and social care needs of the system • the ICS NHS Body and Local Authorities will have regard to that plan when making decisions.

A key responsibility for ICSs will be to support **place-based joint working** between the NHS, local government, community health services, and other partners such as the voluntary and community sector as well as delegate to emerging **provider collaboratives**

ICS Governance

East London Health & Care Partnership

NHS ICS body

- Each ICS NHS body will have a unitary board, and this will be directly accountable for NHS spend and performance within the system, with its Chief Executive becoming the Accounting Officer for the NHS money allocated to the NHS ICS Body.
- The board will, as a minimum, include:
  - A chair and the CEO
  - Representatives from:
    - NHS trusts
    - general practice
    - local authorities
    - others determined locally for example non-executives.
- NHSE will publish further guidance on how Boards should be constituted, including how chairs and representatives should be appointed.

Health and care partnership

- Members of the ICS Health and Care Partnership could be drawn from a number of sources including:
  - Health and Wellbeing Boards within the system
  - partner organisations with an interest in health and care (including Healthwatch, voluntary and independent sector partners and social care providers)
  - and organisations with a wider interest in local priorities (such as housing providers).
- ICS should set up a Partnership and invite participants – local areas can appoint members and delegate functions to it as they think appropriate.
- The ICS Health and Care Partnership could also be used by NHS and Local Authority Partners as a forum for agreeing co-ordinated action and alignment of funding on key issues

Clinical leadership - ICSs will also need to ensure they have appropriate clinical advice when making decisions.

How the ICS will work

East London Health & Care Partnership

Financial remit - a duty will be placed on the ICS NHS Body to meet the system financial objectives which require financial balance to be delivered. The ICS NHS Body will not have the power to direct providers but arrangements will be supplemented by a new duty to compel providers to have regard to the system financial objectives so both providers and ICS NHS Bodies are mutually invested in achieving financial control at system level.

Duty to collaborate - placed on NHS organisations (both ICSs and providers) and local authorities with the Secretary of State for Health and Care to be able to issue guidance on what delivery of this duty means

Triple Aim duty on health bodies, including ICSs focused on: better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.

Joint committees - proposing to create provisions relating to the formation and governance of these joint committees and the decisions that could be appropriately delegated to them; and separately, allowing NHS providers to form their own joint committees. Both types of joint committees could include representation from other bodies such as primary care networks, GP practices, community health providers, local authorities or the voluntary sector.

Collaborative commissioning – focus on working across ICS boundaries allowing services to be arranged for combined populations - allow ICSs to enter into collaborative arrangements for the exercise of functions that are delegated to them, enabling a "double-delegation".

Patient voice – role of Healthwatch and others in strengthening patient voice at place and system levels – focus on genuine co-production

What this means for North east London

East London Health & Care Partnership

- These proposals are broadly in line with our direction of travel. We have a strong history of partnership working in NEL and our collective response to the Covid-19 pandemic, across health and care has demonstrated the strength of this approach
- We have established strong borough based working and integrated care partnership working across boroughs where it makes sense and place based working will be at the core of our ICS and the proposed legislation supports us to continue to do this
- We have also already been establishing strong provider collaboratives between our acute providers and we have a community based out of hospital collaborative which brings together mental and community health services, as well as a reducing health inequalities collaborative and a primary care collaborative to and these form a key part of our ICS approach
- In April 2021 our seven CCGs will become one single CCG for NEL, we will still be establishing our ICS board and reviewing our clinical leadership and focusing on reducing health inequalities. We are expecting further guidance and will continue to work with our partners to shape the emerging governance structures and priorities

A locally focused approach

- The borough based partnerships are the building block of local decision-making and will each have a local partnership board.
- Where there is benefit in working across larger footprints, especially around transformation of acute pathways, our Integrated Care Partnerships bring all partners together to improve services.
- The vast majority of responsibility will be delegated down to the local level, but NEL ICS will maintain some functions where it is appropriate to operate at scale.

People at the heart of everything we do

We are committed to:

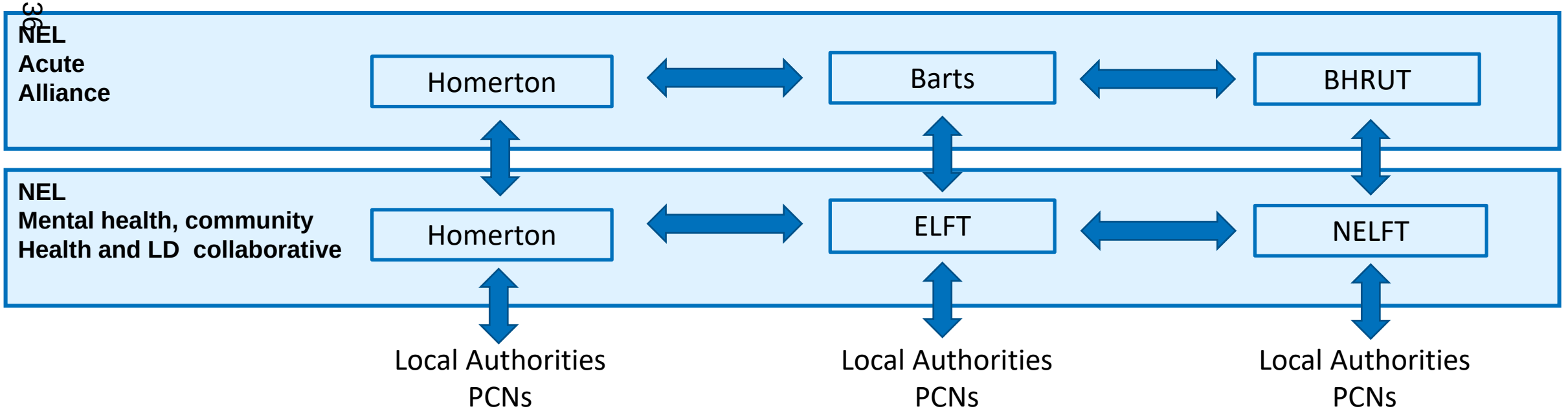
- Exploring opportunities for co-design and co-production
- Establishing an oversight group of experts to support change programmes
- Looking at how we can involve local people with lived experience in the transformation of health and care services
- Involving community and voluntary services and look at how we involve and inform critical friends
- Where significant change is required, a public consultation process would ensure further engagement opportunities for local people.

Provider collaboration

East London Health & Care Partnership

NHS provider trusts will be expected to be part of provider collaboratives, in order to:

- deliver relevant programmes on behalf of all system partners;
- agree proposals developed by clinical and operational networks, and implement resulting changes (from standard operating procedures to wider service reconfigurations);
- challenge and hold each other to account through agreed systems, processes and ways of working, e.g. an open-book approach to finances/planning;
- enact mutual aid arrangements to enhance resilience, for example by collectively managing waiting lists across the system.



Expected timeline

- The Bill is likely to go through Parliament in the summer, with Royal Assent expected by January 2022.
- We will be aiming to move in to a transition phase in NEL from September 2021.

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8 January 2020

Via email

North East London Integrated Care System response to the NHSE/I paper "Next steps for integrated care"

As a newly designated ICS we have shared and discussed the paper in a number of different forums and with a range of stakeholders including provider CEOs, LA CEOs, CCG Chairs, Healthwatch representatives and staff. We have been on a journey to become an ICS over the last few years and are pleased that the paper is in line with our direction of travel and that neither of the options laid out in the legislative proposals will disrupt our intentions. The proposals need to ensure that as an ICS we can devolve decision-making and resources as far as possible to local partnerships of NHS bodies and local authorities, building on the Integrated Care Partnerships and other arrangements that have been developed already and which have strengthened during the response to the ongoing Covid-19 pandemic.

In principle our preference is option two which we believe will help us move to a more integrated way of working sooner. It will bring more stability for our staff and provide the accountability and leverage for the ICS to deliver its priorities. However the detail of how it will work needs further clarity as follows:

- Detail is needed on areas such as managing conflict, change and transformation and managing situations where not everyone is in agreement so that decision making is not slowed down and is as seamless as possible.
- The paper suggest that no organisation can veto a decision but how would this work in reality? There is a balance to be made between sharing ownership and responsibility and the statutory responsibility of individual bodies, so careful thought needs to be given to the governance that frames this.
- Given the above, we believe that it is not just the roles of CCGs that need to change; the statutory powers and responsibilities of Foundation Trusts will also need to change to ensure they are more firmly grounded in order to focus on delivery of ICS outcomes.
- A duty to co-operate is quite loose and we will need some stronger incentives and requirements to make delivering population health everyone's business. A clear financial and contracting framework better suited to aligning system priorities is required – enabling resources to be invested in line with population need and supporting organisations to work together to drive value rather than encourage them to act independently to drive growth. National versus local priorities and measures of performance will be critical as well as a mechanism for agreeing this across multiple partners. What are the levers to exert in order to develop system accountability for whole population planning if differences/clashes exist between partner organisations' priorities?
- One of the cornerstones of CCGs is the importance of clinical leadership – particularly that of experienced primary care leaders. We would like to see the legislation maintain and develop the voice of clinical leaders from primary care and demonstrate how the local voice continues to be heard in the new governance, ensuring we do not lose what we have in place already.
- Similarly, there needs to be more clarity about how the lay members and non-executives will be involved and able to influence at an ICS rather than just at the organisational level.

- Because of our size as an ICS, with a population of around 2 million, as well as our seven place based partnerships matching our local authority boundaries, we also have Integrated Care Partnerships covering more than one borough. We welcome the emphasis on the role of place but further clarity is needed on the relationship with other local partnerships. In addition there needs to be a stronger emphasis on joint commissioning and delivery of integrated health and care at a place level.

For north east London it is essential that any changes ensure there is a greater emphasis on the role of local authorities in addressing health inequalities and improving health outcomes as well as their role in strengthening democratic accountability in decision making. Additionally we fundamentally believe any development of integrated care needs to develop the importance of meaningful and systematic participation of residents.

North east London response to the feedback questions:

Q1. Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?

In principle, we are supportive of the move to ensure ICSs have the right statutory footing and authority to make effective decisions and be held accountable to the local population. We have been working closely as providers and commissioners for some time and would welcome the opportunity to establish decision making joint committees and formally bring together providers and commissioners. It is important that the legislation should provide a foundation not just for the NHS but for a genuine partnership of the NHS with local government across health services, social care and the wider determinants of population health.

Q.2. Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?

Ultimately we would welcome legislative change with minimal disruption particularly as we continue to respond to the ongoing Covid-19 pandemic, but at the same time ensures there is robust decision making and resources to strengthen partnerships of NHS and local government at a local level.

Option two makes the most practical sense and would be best particularly for our staff, noting the reassurance for CCG employees with regard to terms and conditions. We welcome the reassurance about the continued need for commissioning functions and the role this will play. However we would also welcome further clarity on ‘repurposing CCGs’, particularly clarity and reassurance around what happens to the CCG’s legal duty to involve patients and residents if CCGs are abolished.

We also welcome the emphasis on the role of local government in future plans for ICSs as they are an equal partner around the table and it is essential that any change allows us to strengthen the relationships and approach we have already developed and builds on our significant progress to date. In many ways, the proposal could go further and be more ambitious about the role of health and social care integration as it is light on details around social care. Additionally the proposal could define how ICS’s plan and provide their own services to ensure greater integration with local authorities. Further clarity is also needed on continuing health care (CHC) and the Better Care Fund where local government and NHS responsibilities and financial regimes are currently blurred.

We have made great strides in developing our provider alliances, particularly over the last 12 months and welcome the opportunity to continue to develop these as well as our place based approach which is fundamental to the way we work in NEL.

Finally, it would be helpful if the legislation could provide the necessary support to ICS's to ensure that when out of hospital services are transformed there is a focus on place based working, including primary care, community and mental health services, with an emphasis on local provision and addressing health inequalities.

Q.3 Do you agree that other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?

Certainly across north east London we have built our integrated approach around what works best for each place, rather than applying a one size fits all arrangement. For example our three CCGs in BHR have worked collectively since 2013 and have a well-established integrated care partnership and the same approach across our City and Hackney footprint, whereas across Tower Hamlets, Newham and Waltham Forest we work much more on a borough basis. Shaping our own governance arrangements to best suit population need would be essential for us to ensure we continue to build on the progress we have already made. We would like to ensure that any change enables local partnerships to take initiatives and have discretion to use resources to respond to local need. The legislation should clarify the functions best dealt with at ICS level (and regional and national level) with a strong presumption that as much decision making as possible should be at local level.

In addition we do want a strong voice for our primary care colleagues ensuring there is good primary care representation as part of our ICS governance, so further clarity on this would be helpful and the freedom and scope to create our own approach utilising the strong clinical voice we have across NEL is essential.

Q.4 Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?

In principle, yes we do agree to this. However we would want to see greater clarity on how this would work in practice, in particular clinical pathways and the operating model and population management approach. Given our close proximity to other London ICSs as well as Essex we would want to see an approach that took in to account population flow as well as footprint.

Across NEL we have already made significant progress with how we operate services such as cancer across a broader footprint and we would welcome the opportunity to build on this and reduce some of the layers of governance.

In conclusion we are broadly supportive of the proposals laid out in the paper and would welcome further clarity on the areas outlined. Our overarching priority is what is best for patients and their engagement in our new systems is critical, so we welcome any further steps to ensure this is front and centre of our ICS.

Jane Milligan
Senior Responsible Officer
NEL ICS

Marie Gabriel
Independent Chair
NEL ICS

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Havering
LONDON BOROUGH

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 16 MARCH 2021

Subject Heading:	Whipps Cross Redevelopment Update
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	The information presented gives details of the current situation with Covid-19 in 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	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The attached information gives details of the planned redevelopment of Whipps Cross Hospital.

RECOMMENDATIONS

1. That the Joint Committee scrutinises the information presented agrees any comments and questions it wishes to submit for response and takes any action it considers appropriate.

REPORT DETAIL

The attached documents give details of the planned redevelopment of Whipps Cross Hospital. This follows the decision of the Joint Committee at its previous meeting to scrutinise these issues. Unfortunately, due to current NHS pressures, NHS officers working on the project will be unable to attend the meeting. The Joint Committee is however asked to agree any questions or comments on the proposals and submit these for response by the project team.

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.

Whipps Cross Redevelopment Update

This update has been prepared for the Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JOSC) Meeting on Tuesday 16th March 2021, 5pm.

Introduction

1. Barts Health NHS Trust is planning to build a brand new hospital at Whipps Cross. It will provide the same core NHS services as today, including A&E and maternity, with improved modern facilities, in better surroundings, for the whole community. A new flexible hospital design, able to adapt to future healthcare demands, will have more clinical space for staff to treat patients within an environment of improved care and wellbeing. The development's design is being led by healthcare professionals, with important input from patients and the local community.

2. The programme is continuing to progress, despite the unprecedented clinical and operational challenges of the COVID-19 pandemic that our staff and our health and care partners have been facing. We are continuing to develop the Outline Business Case (OBC) ahead of submission to the Department of Health and Social Care later this year.

3. This note provides an update on the redevelopment programme, including the latest on: the size and shape of the new hospital, the Margaret Centre services and the emerging designs both for the hospital and the wider Whipps Cross site. The latest designs were published in February in a booklet as part of the pre-planning application consultation. This is attached as an appendix to this note.

Capacity in the new hospital

4. Our ongoing demand and capacity modelling is confirming the assumptions we made in the Strategic Outline Case (SOC) for the new hospital still apply[1]. We have not finalised this work but, overall, we should expect to require fewer overnight inpatient beds in the new hospital, as we expect to carry out more day case surgery and diagnostic tests and deliver more same-day emergency care.

5. However, the number of beds in any hospital is not fixed and, through the hospital design, we will have the flexibility to respond to changes in operational pressures, with an appropriate number of beds. Importantly, and in response to feedback, the

[1] See the September 202 publication, Building a Brighter Future for Whipps Cross: Moving to the next stage

latest designs for the hospital and the wider site now also include additional space for future hospital expansion should it be needed in the future.

6. In support of this, we continue to work closely with our partner organisations in north east London to ensure our assumptions are aligned with respect to demand and capacity planning across the local health and social care system. Working together, we are also considering with partners how best to realise the benefits of the opportunity the redevelopment gives us, as a local health and care system, to co-locate community services on the Whipps Cross site in a way that will continue to support the delivery of integrated care strategies.

7. At around 80,000 square metres, the new hospital will have more clinical space than today in which to treat patients – with the overall proportion of clinical space expected to increase from 50% in the current hospital to around 65% in the new hospital. This will help staff deliver improved pathways of care including more space and facilities to diagnose and treat emergency patients on the same day to avoid admissions and more spaces for day case surgery. The new hospital will also improve patient experience, privacy and dignity, with around 70% single rooms in the new hospital, compared to only around 17% today.

The Margaret Centre

8. Over the last few weeks, we have received representations about specialist palliative care and end-of-life care, with respect to the long-term future of the Margaret Centre in the context of the redevelopment of the hospital. The new hospital will continue to provide specialist palliative and end-of-life care. However, in light of some of the points made in the representations, clinicians have agreed to review what we have been describing as the future model of care.

9. This review will be looking at how we organise the provision of specialist palliative care and end-of-life care in the new Whipps Cross Hospital; and we are working with partner organisations in the local health and care system to agree next steps, ensuring the focus continues to be on planning and delivering the highest quality care for our patients, their families and those that care for them.

Latest designs for the hospital and the wider Whipps Cross site

10. The overarching design vision, which has been positively received, is to create ‘a hospital in a garden and a garden in a hospital’, connecting the hospital more

strongly to the local areas and the neighbouring Epping Forest, with the healing benefits that that can provide. Key benefits of the emerging hospital design include:

- a cluster of ward modules around a central hub, allowing different departments to work together more effectively and helping to minimise walking distances for patients and staff, making the hospital easy to get around with better wayfinding;

- more space for clinical activity and significantly more single rooms for patients;

- the flexibility and adaptability to respond to changing healthcare needs in the future - we have seen how important this requirement is during the hospital's response to the COVID-19 pandemic; and

- an exemplar sustainable building that is designed to achieve the target of net zero carbon.

11. In relation to the wider site, we want to create a much more accessible place than at present, promoting active travel with new walking and cycling routes connecting the site to Epping Forest and the neighbourhoods around Whipps Cross. A plan is being developed to promote active travel and to improve public transport connectivity to the hospital and we continue to work closely with Waltham Forest and Redbridge local authorities, Transport for London and the Greater London Authority.

12. We expect the combination of different initiatives will help reduce the reliance on car use, recognising there will still be an ongoing need for car parking on the site. Our plans envisage the construction of a new 500-space multi-storey car park to be completed ahead of the construction of the new hospital. But we assume we will need to construct a second car park after completion of the new hospital, even though the size of that second car park is not yet known – we will need to assess the impact of the active travel plan before deciding final car parking requirements.

13. Once the new hospital is built and services have relocated into it, the land not required for the new hospital will be released for development, primarily for much-needed new homes, including an assumption of 50% affordable housing. We are also planning to retain space on the site for future healthcare uses.

14. Our emerging designs for the wider site also envisage a new neighbourhood with its own identity, including integration with some of the hospital's oldest buildings in a way that celebrates the heritage aspects, complemented by shops, leisure facilities

and green public spaces, such as a new public park. The feedback we have already received has helped us to develop the proposals further. Below are four of the main areas where we have listened to feedback and made changes that are reflected in the latest published designs:

- many wanted to see additional space retained for the hospital to potentially use in the future -additional space has therefore been identified for potential hospital expansion and other health services;

- concern was raised about the proximity of some of the proposed buildings to existing homes around the site - both the hospital and the multi-storey car park have been moved further away from the boundary and parts of the hospital closest to our residential neighbours have been lowered. It is also proposed to plant more trees along the site's boundaries;

- lots of people liked the idea of a new park and wanted to see as much green space as possible. Our plans would create a new park around the restored chapel, re-establishing a strong green connection between the hospital and Epping Forest for everyone to enjoy. The plans also now include gardens and landscaping across the site and a new green route for pedestrians and cyclists along what we are currently calling the Fille Brook;

- we heard from some people how much they value the historic buildings. We want to celebrate their history and give them a new lease of life. The plans would restore the chapel and create a feature of it in the new park and refurbish the four historic pavilions to create new homes and community.

Enabling Works

15. We are about to appoint a contractor for demolition of the disused buildings on the site of the former nurses' accommodation, the preferred location for the new hospital. We expect the works to begin in the coming weeks. This first phase of the enabling works allows us to move forward to make the site ready for the construction of the new hospital and will include the temporary re-provision of car parking spaces ahead of the main works and construction of the new permanent car park.

Communications and Engagement

16. The Whipps Cross Redevelopment is a programme that exists for the local community, to deliver real benefits for health, wellbeing and regeneration of the

community that can be enjoyed by generations to come. Effective communication and engagement across the communities served by the hospital – is key to the redevelopment, to ensure people are kept informed and to seek their views so they can help us shape, develop and improve our plans for their hospital.

17. Over the past few months we have held a total of 25 focus groups. In September and October our Health and Care Services team held focus groups for patients about individual experiences of clinical services at Whipps Cross. Throughout November and December we held a series of design focus groups, covering the following topics, which included representation from local people across the communities served by Whipps Cross:

- Healing Environments – Public Spaces
- Patient Journeys (moving around the hospital)
- Inclusive Design
- Healing Environments – Clinical Spaces
- Travelling to Hospital
- External Approach and Green Spaces

18. We are now in the second phase of our pre-planning application consultation, in which staff and local people have the chance to have their say on our latest plans in a variety of ways: through a series of public meetings (held on 27th February, 2nd March and 4th March), staff meetings, a dedicated email inbox and phone line and an online survey.

19. As well as communicating about the programme through established Whipps Cross communications channels, we also work very closely with our partners in Clinical Commissioning Groups and local Councils (including Waltham Forest, Redbridge and Epping Forest) who support and enable us to communicate and engage widely with local people and groups across the communities who use Whipps Cross.

20. We are also being supported in our thinking around engaging and involving members of the community through our Community Engagement Action Group and through community leaders who are involved in supporting us establish a new community forum for Whipps Cross.

Conclusion

21. In conclusion, the Whipps Cross redevelopment programme is continuing to progress, despite the unprecedented clinical and operational challenges of the COVID-19 pandemic that our staff and our health and care partners have been facing. We continue to work with very closely with our local health and social care partners, our staff and local people to develop the plans for a brand new hospital that can serve the local community for generations to come.

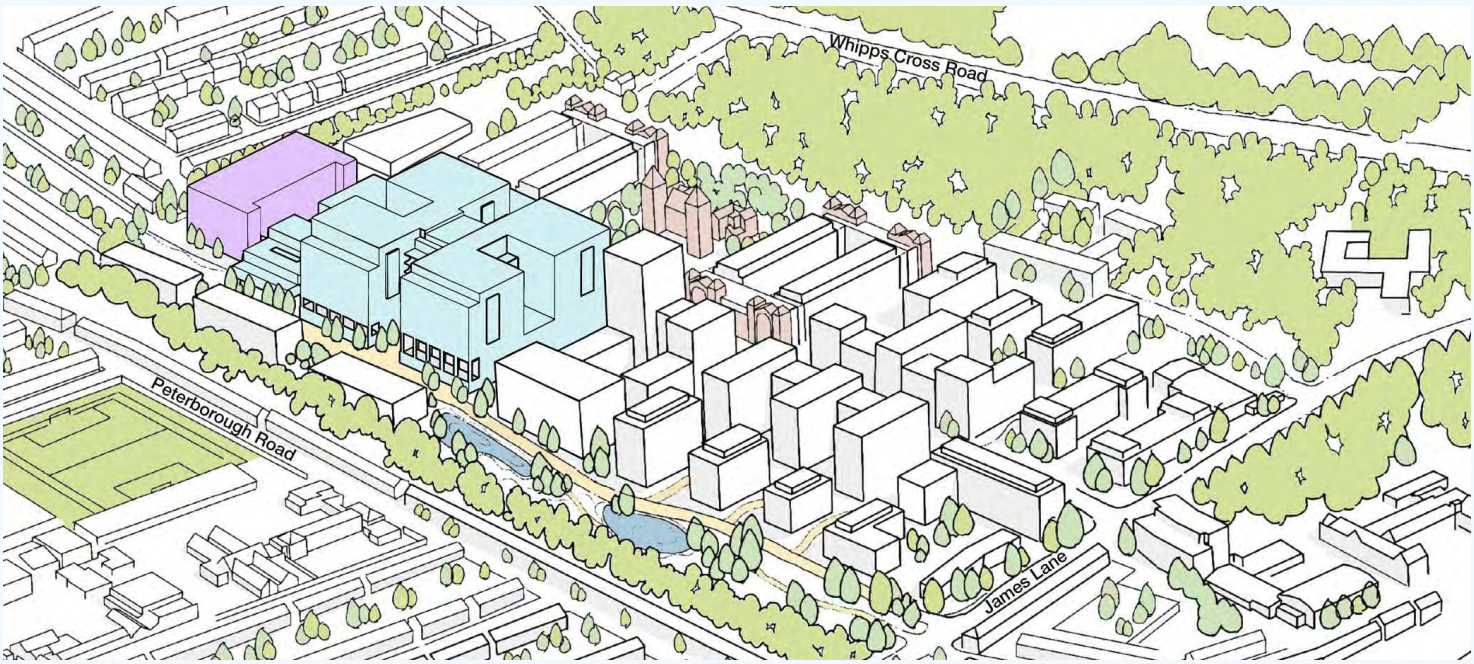
22. Further information about our vision, the story so far, the proposed designs, and other materials can be found on our website bartshealth.nhs.uk/future-whipps.

WeCare
Our vision, values and behaviours

NHS
Barts Health
NHS Trust

February 2021

Updated designs for a new hospital and a brighter future for Whipps Cross



A sketch looking north-east showing our updated proposals for the Whipps Cross site. The new hospital is shaded in blue and the new multi-storey car park is shaded in purple.

In November last year we consulted with local people about our emerging vision and designs for a new 'hospital in a garden and a garden in a hospital' for Whipps Cross.

Our plans aim to transform the area, creating a new, state-of-the-art NHS hospital, with improved access to the site and new green spaces, re-establishing its connection to the surrounding forest. On the wider Whipps Cross site we envisage a vibrant neighbourhood with new amenities for everyone to enjoy, including a public park.

Thank you to everyone who gave us feedback or attended one of our online discussion meetings. Your comments were hugely valuable and have informed the development of our designs.

The design team has considered all feedback and this document shows how we have reflected it in our proposals.

We want to hear what you think about these updated designs. This spring, we hope to submit a planning application to the London Borough of Waltham Forest (LBWF).

For background information on the site and our previous phases of engagement and planning consultation please visit our website: bartshealth.nhs.uk/future-whipps

Have your say

Join one of our online discussion meetings on:

- Saturday 27 February, 10.30-11.30am
- Tuesday 2 March, 12-1pm
- Thursday 4 March, 6.30-7.30pm

To register your attendance, go to whipps-cross-development2.eventbrite.co.uk

Complete the online survey: future-whipps-survey.co.uk

Complete and return the feedback form attached

Email: FutureWhipps.BartsHealth@nhs.net

Freephone: 0800 307 7961

Engage using #FutureWhipps and @WhippsCrossHosp

A brand new, better hospital

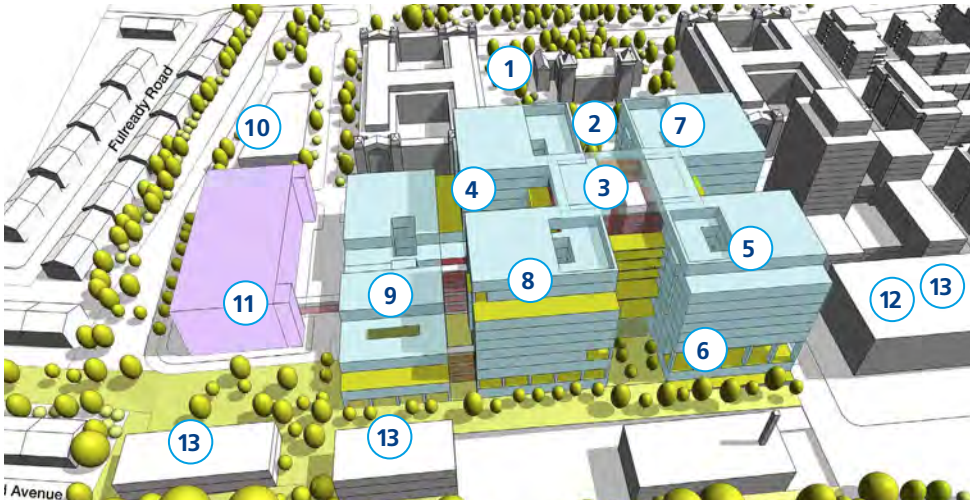
The new Whipps Cross hospital will continue to deliver the same core services as today, including the Emergency Department and maternity, for the whole community.

The overall size of the planned new hospital is around 80,000sqm. This is smaller than the current hospital (which is around 91,000sqm) but the layout of the new hospital will be organised much more efficiently than the current one, with clinical departments closer to each other so that journeys between them are much shorter for patients and staff.

Due to be completed in 2026, the new hospital will have more clinical space than today – at least 65% of the overall space in the future will be for clinical activities, compared to around 50% today (which is an increase of around 5,000sqm). This will help staff deliver improved care with more space to diagnose and treat emergency patients on the same day to avoid admissions and more spaces for day case surgery. It will also improve patient experience, privacy and dignity with more single rooms in the new hospital, compared to today.

The new hospital will have:

- Improved core NHS services brought closer together for better patient care
- All new clinical departments including intensive care, emergency and maternity
- More clinics and same day patient care
- Better access to diagnostics
- Increased clinical space for patients
- Easier access and navigation for patients, staff and visitors
- Coordinated transport links and improved parking
- A sustainable design



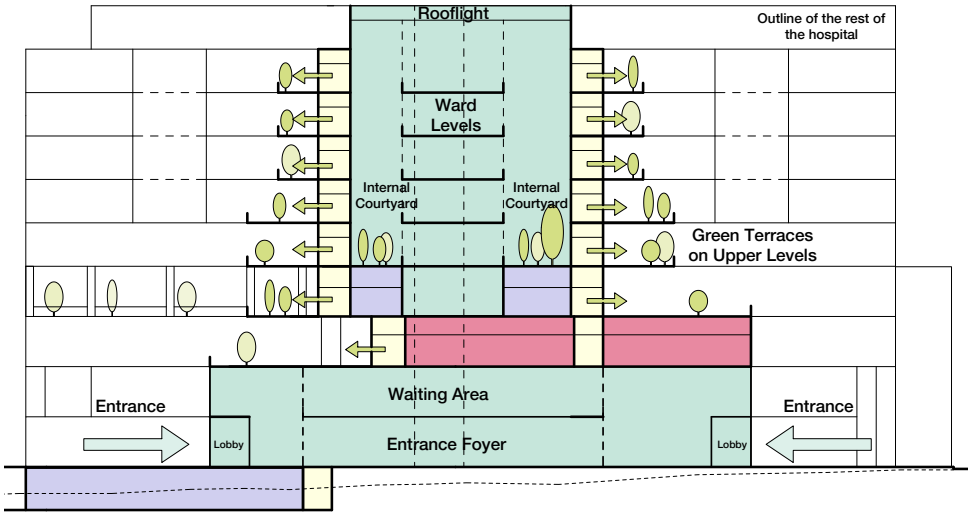
View of the new hospital looking east towards Epping Forest. The new hospital is shaded in blue and the new multi-storey car park is shaded in purple.

Since the last consultation, the design for the new hospital has evolved, and it now includes:

1. A stronger green route into the hospital and better views out to the forest
2. Direct access from the main entrance onto a new park, which is currently being called Chapel Park, for staff and visitors to enjoy
3. A central entrance space at ground floor, full of natural light, that will act as a meeting hub with clear wayfinding to all departments
4. Access from all wards to outdoor green terraces, improving well-being for staff, patients and visitors
5. Improved staff facilities and spaces to relax
6. A publicly accessible café / restaurant that will include outdoor seating areas to take advantage of the new green space, which is currently being called Fille Brook Lane
7. Space for a shop near the entrance supported by additional amenities around Chapel Park
8. An amended design with the highest part, at nine storeys (excluding roof top servicing), furthest away from our neighbours. We have also moved the main hospital building further away from the residential boundary
9. A sustainable design including sustainable heat and power sources to contribute to our drive to net-zero carbon
10. Alongside the new hospital, a new community health and care facility could be developed
11. A new multi-storey car park with a bridge link connecting it to the new hospital
12. Potential location for a second multi-storey car park
13. Some smaller buildings along Fille Brook Lane and other spaces identified for potential hospital expansion should it be needed in the future.

The new hospital is being designed with staff and patients, in focus groups and workshops.

The hospital's flexible and adaptable design will be able to adjust to new clinical ways of working and future healthcare demands and we have retained space on the site for future expansion. The new layout, with its central entrance and closely connected clinical departments, will enable quicker diagnosis and mean patients spend less time traveling around the hospital site and instead receive the care they need in one place. We're building a hospital at the leading edge of sustainable design, striving to deliver a net zero carbon building. It will also have a better green environment with more natural light and green terraces improving well-being for all who use it.



A cross section through the middle of the new hospital.

New green spaces

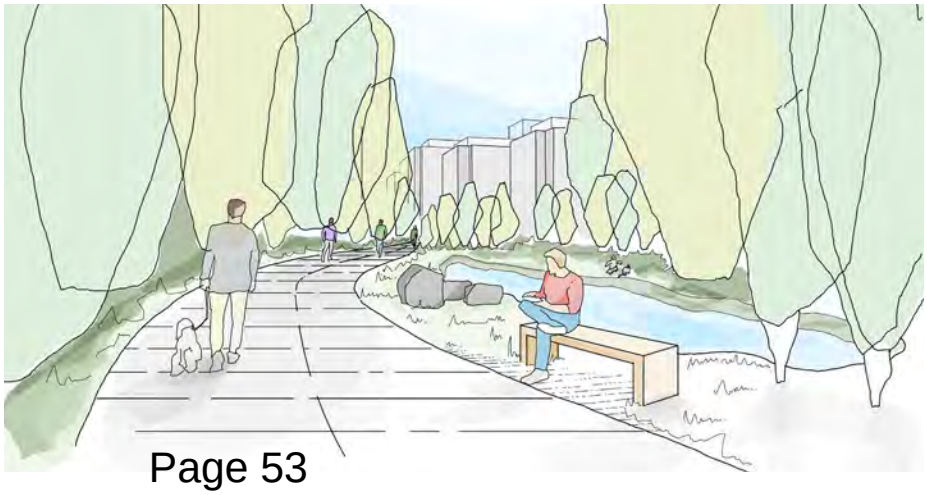
Creating more green spaces is a core part of bringing our vision of a 'hospital in a garden' to life. The proposals have developed and now include two major new green connections.

Chapel Park

- We received positive feedback on our ideas for a new park and we think it would work really well around the restored chapel, creating a fantastic green connection between the hospital and Epping Forest
- The ground floors of the buildings facing the park would be for restaurants or shops, creating a vibrant and social meeting place for local people, patients, hospital staff, and visitors

Fille Brook Lane

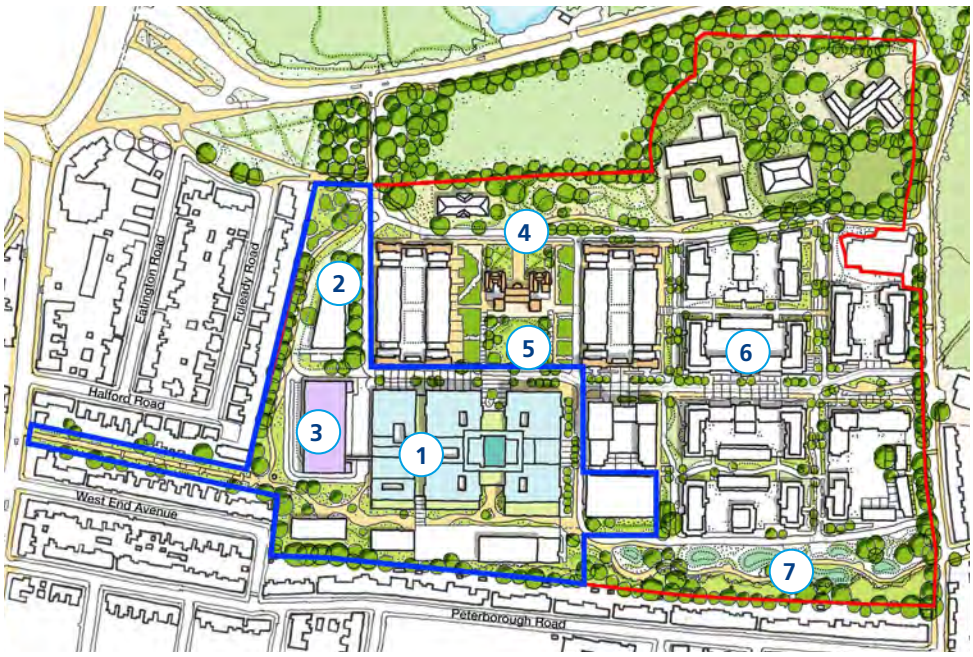
- A new landscaped route has been designed connecting Lea Bridge Road and James Lane for pedestrians and cyclists
- Currently called Fille Brook Lane, it would have wetland features and places to play, improving local journeys across the area
- The wetland features would also improve water management and drainage, to reduce existing local flooding issues, as well as improve biodiversity



Sketch showing proposed Fille Brook Lane.

A brighter future for Whipps Cross

There was a huge amount of support for our 'hospital in a garden and a garden in a hospital' vision and we have continued to use this as the inspiration for the overall plan for the site.



An illustration of the updated overall plan. The area outlined in blue shows the proposed hospital and car park site and the red outline shows the boundary of the wider Whipps Cross site.

1 A new, better hospital

The new hospital will be a fantastic new facility for patients, staff and visitors. It will have more clinical space than the current hospital, treating more people in one visit, on the same day. We've also identified room adjacent to the hospital for it to expand in the future if needed.

2 Community health building

This site has been identified as a potential location for a community health building.

3 Improved car parking for patients, staff and visitors

We are planning to improve parking facilities for patients, staff and visitors with a 500 space multi-storey car park, which will be ready to open at the end of 2022. Following feedback from local residents we have looked carefully at its design and location to minimise the impact on our neighbours and the environment. We are also improving access to the site and promoting active travel options to reduce car-use at Whipps Cross.

4 A real connection with nature and a new park

There was support for our vision to include more green areas and create a new park. We have designed a strong, green route through the site and a new public park around the old chapel. Overall, around a third of the site will be green and public space and we would love to hear from you about the types of landscape and play facilities you would value here.

5 Celebrating the site's history and creating a new social space

Our aim has always been to retain the most valued parts of the historic buildings and give them a new lease of life. Restoring the chapel and creating a feature of it within a parkland setting would provide a new feature to the area north of the new hospital. Meanwhile, new homes, with shops and community spaces at ground floor level, spilling out onto the park, could be sensitively integrated between the four historic pavilions to create a place with a sense of identity and character.

6 A new neighbourhood

The rest of the site would see new homes – including affordable homes, family houses and some to support later living – along with gardens and community facilities.

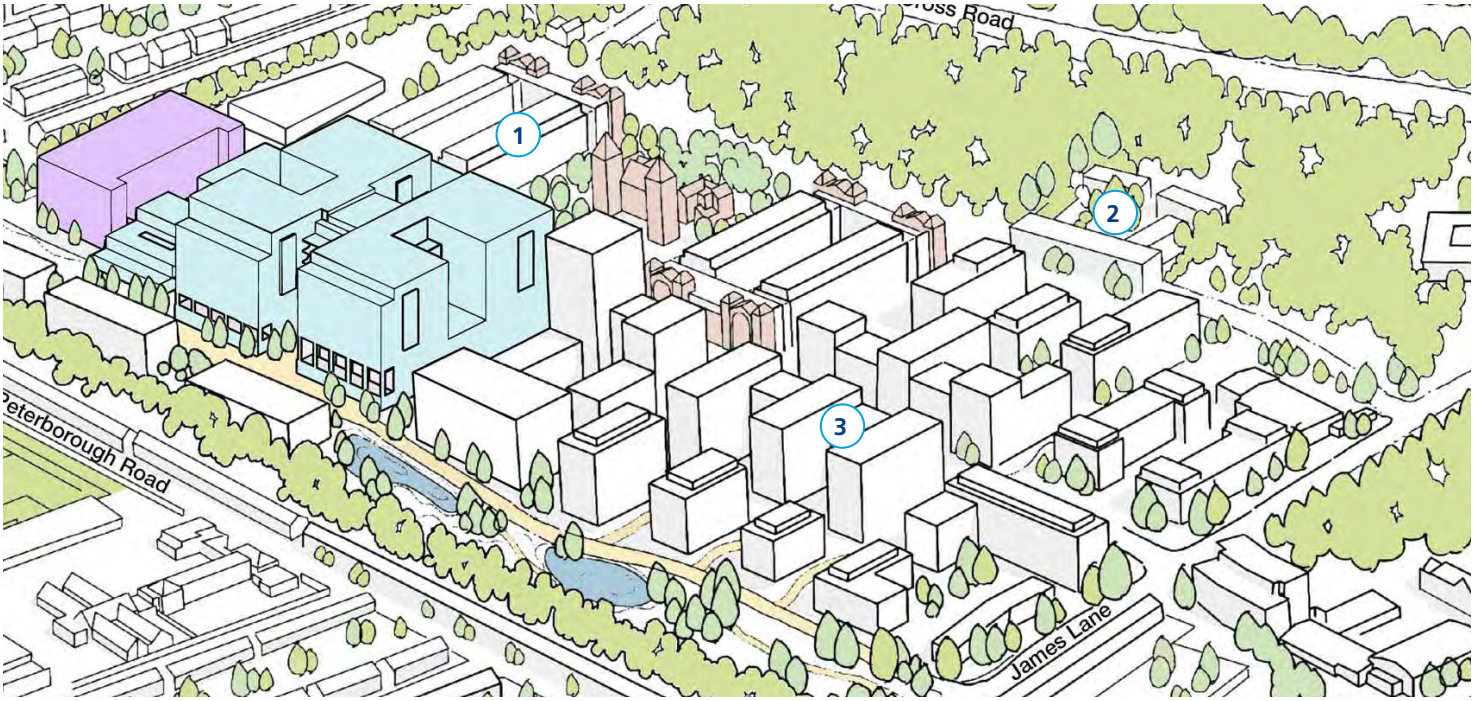
7 Improving connections and encouraging active travel

Creating an accessible place, with new walking and cycling routes and strengthened connections to the surrounding town centres is a core part of our plans. This would help to embed the principles of the 15-minute neighbourhood where everyone would be able to meet most, if not all, of their needs within a short walk or bike ride from their home. Along with a new 2km walking loop the proposals include a new landscaped route for pedestrians and cyclists, referred to as Fille Brook Lane, connecting Lea Bridge Road and James Lane.

A new neighbourhood that is part of the wider community

Along with the new hospital, there is an incredible opportunity to create a new neighbourhood with new homes, green spaces and local facilities.

The site could deliver a minimum of 1,500 homes, including 50% affordable homes and key worker housing is being considered as part of this affordable housing provision. The detailed design and mix of the new homes would be decided at a later stage and be subject to a further formal planning application in the coming years.



A sketch looking north-east showing our updated proposals for the Whipps Cross site.

1 Chapel Park homes

- This area could sensitively incorporate new homes around the new park and in between the restored heritage pavilions
- These would reflect the character and identity of the historic buildings and create a vibrant place with shops, cafés and community uses at ground floor level, spilling out onto the park

2 The Forest site

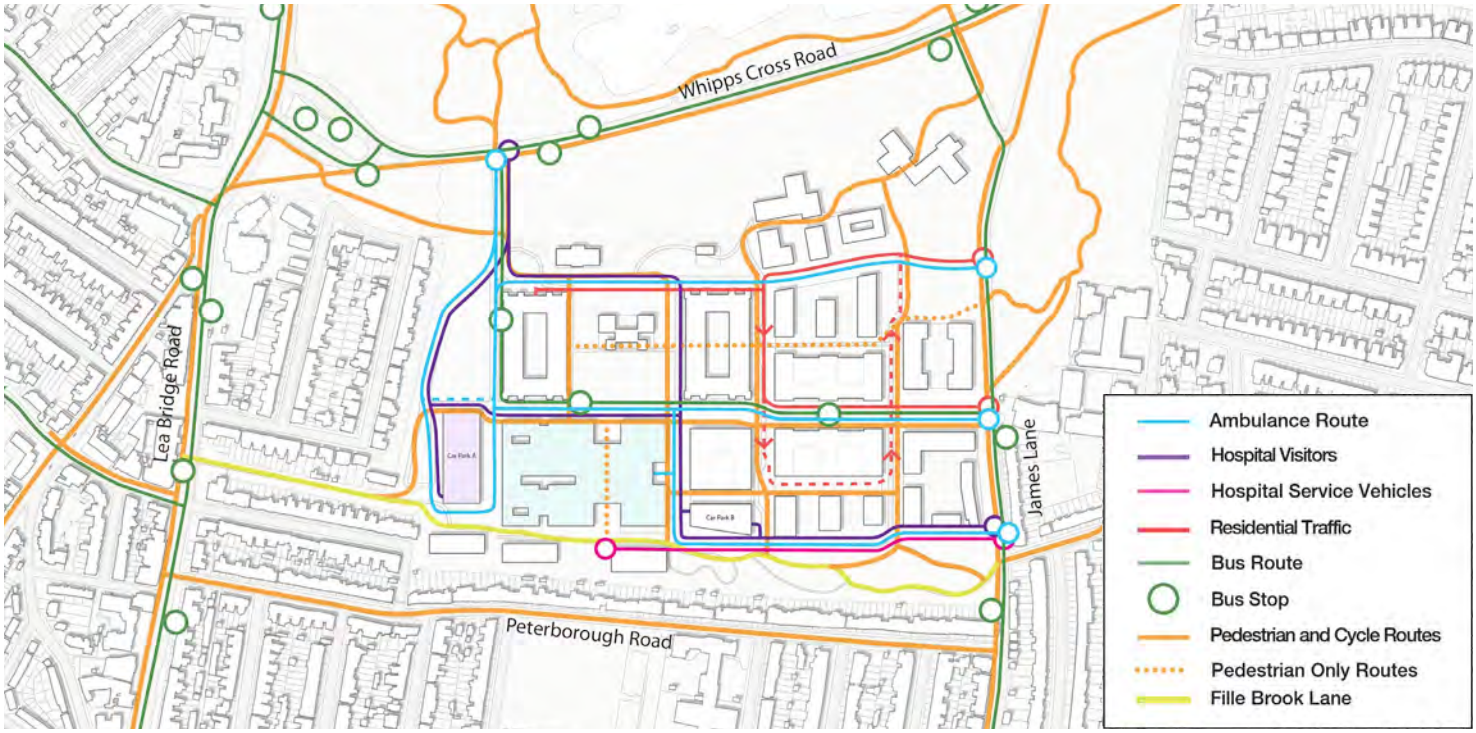
- This area has been identified for a later living development

3 Other new homes

- The homes in this part of the site would be spread across buildings of different heights and include some terraced homes as well as apartments
- The plans carefully consider the way these new homes and buildings could be set out to minimise the impact on existing residents. The buildings close to existing homes would be set back from the boundary and less than eight storeys, increasing in height towards the centre where the buildings could range from eight to 11 storeys, with potentially one building at 18 storeys
- The residential streets would have gardens and space for local shops and amenities at ground floor level
- In line with local and regional policy, this would be a car-free development and only disabled parking would be provided for the new residents

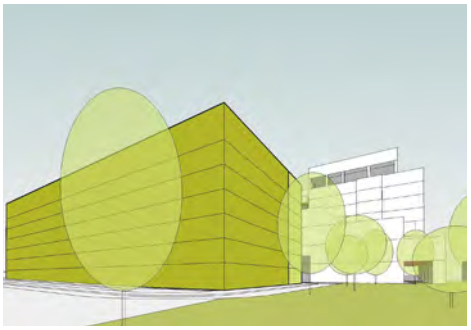
Improving access and encouraging active travel

Map showing proposed access routes through the site (hospital shaded in blue, car park shaded in purple)



Improved car parking for patients, staff and visitors

It is hugely important that the hospital – which will be operational throughout the construction of the new buildings – always has parking available for patients, staff and visitors. That is why we are building a new multi-storey car park first, which will be ready in 2022.



Sketch image of the car park at ground level.

Following feedback from local residents we have moved the car park further away from the residential boundary and it will be lower in height than the existing buildings that are to be demolished. It has been reduced from 700 to 500 spaces. We are investigating innovative greening and screening solutions to reduce its impact further and make it more sustainable.

The car park will have:

- 500 spaces, including disabled parking
- secure staff cycle parking
- a bridge linking the car park to the hospital
- electric vehicle charging points

In line with local and regional policy we are exploring ways to reduce the number of people who need to travel to the hospital by car. For example, we are developing an Active Travel Plan and have begun working with Transport for London to improve public transport, particularly bus connections.

To minimise the scale of this car park and ensure future site flexibility, we have also identified a location for a potential second multi-storey car park, which would be constructed after the hospital is complete. Further work will be needed to determine the size required.

Responding to your feedback

The feedback we have received has helped us to develop the proposals further and we hope you can see how we have responded in the plans presented in this booklet. We highlight below four of the main areas where your views have made a difference.

1. Ensuring the hospital is fit for the future

Many of you wanted to see additional space retained for the hospital to potentially use in the future. Additional space has therefore been identified for potential hospital expansion and other health services should they be needed.

2. Protecting and respecting our neighbours

Concern was raised about the proximity of some of the proposed buildings to existing homes around the site. Both the hospital and the multi-storey car park have been moved further away from the boundary and parts of the hospital closest to our residential neighbours have been lowered. It is also proposed to plant more trees along the site's boundaries.

3. A new park and more green space

Lots of people liked the idea of a new park and wanted to see as much green space as possible. Our plans would create a new park around the restored chapel, re-establishing a strong green connection between the hospital and Epping Forest for everyone to enjoy. The plans also now include gardens and landscaping across the site and a new green route for pedestrians and cyclists along what we are calling the Fille Brook.

4. Heritage

We heard from some people how much they value the historic buildings. We want to celebrate their history and give them a new lease of life. The plans would restore the chapel and create a feature of it in the new park and refurbish the four historic pavilions to create new homes and community spaces with a real sense of character and identity.

Freepost RTZX-GRSR-BLXR

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What happens next?

Indicative programme timeline (subject to approvals)

Feb – Mar 2021
Second pre-application planning consultation

Spring 2021
Submit planning applications

Spring 2021
LBWF statutory consultation on submitted plans

Summer 2021
Planning decision anticipated

Autumn/Winter 2021
Potential start of car park construction

Autumn 2022
Potential start of hospital construction and car park completion

Autumn 2026
New hospital completed

Have your say

We will review all the feedback we receive from this second phase of our planning consultation as we prepare our planning applications.

We will continue to engage with patients, staff and communities as we develop the detail going forward.

Please use the feedback form below or our online survey to give us your feedback. If you have any questions you can email or call us or register to attend one of our public meetings.

Large print and other languages

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

For more information, contact futurewhipps.bartshealth@nhs.net

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine alternatif dillerde sunulabilir. Daha fazla bilgi için kontak, futurewhipps.bartshealth@nhs.net

Na Państwa prośbę, informacje te mogą być udostępnione w innych w formatach, takich jak: wydruk większą czcionką lub łatwiejszą do czytania, a także w tłumaczeniu na inne języki. Aby uzyskać więcej informacji, proszę wysłać e-maila na adres: futurewhipps.bartshealth@nhs.net

বৃহৎ মুদ্রণ এবং অন্যান্য ভাষা এই তথ্য বিকল্প বিন্যাসে উপলব্ধ করা যেতে পারে, যেমন সহজ পঠন বা বড় মুদ্রণ, এবং অনুরোধের পর বিকল্প ভাষায় উপলব্ধ হতে পারে. আরও তথ্যের জন্য, futurewhipps.bartshealth@nhs.net সাথে যোগাযোগ করুন

Your feedback

We have developed an online survey which we would love you to complete: **future-whipps-survey.co.uk**
Alternatively you are welcome to use the space below to give us your views on the updated plans.

SCAN ME

- What do you think of our more detailed plans for the Whipps Cross site?
- Is there anything else you'd like to see as part of the proposals?

Once complete, you can post this form back to us with the freepost address on the rear. You do not need to use a stamp.

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Name .....

Address ..... Postcode (Please provide) .....

Email ..... Phone .....

☐ If you wish to be kept informed about progress with this consultation and development, please tick this box. We are required to collect consultation data in respect of these proposals so that feedback from the local community can be assessed and summarised within the planning application documents. Please be assured however that we will not hold or use your data for any other purpose whatsoever.