

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

5.00 pm

Tuesday
15 June 2021

Havering Town Hall

**LONDON BOROUGH OF BARKING &
DAGENHAM**

Councillor Paul Robinson
Councillor Peter Chand
Councillor Donna Lumsden

**LONDON BOROUGH OF
WALTHAM FOREST**

Councillor Umar Ali

LONDON BOROUGH OF HAVERING

Councillor Nic Dodin
Councillor Nisha Patel
Councillor Ciaran White

ESSEX COUNTY COUNCIL

Councillor Chris Pond

LONDON BOROUGH OF REDBRIDGE

Councillor Beverley Brewer
Councillor Neil Zammett (Chairman)
Councillor Bert Jones

EPPING FOREST DISTRICT COUNCIL
Councillor Alan Lion
(Observer Member)

CO-OPTED MEMBERS:

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

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

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

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

Reporting means:-

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

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

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively. Due to very limited capacity at present given Covid-19 restrictions, any member of the public should also ring 01708 433076 in order to check that places in the Council Chamber remain available.

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



Essex County Council



NOTES ABOUT THE MEETING

1. HEALTH AND SAFETY

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

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

2. CONDUCT AT THE MEETING

Although members of the public are welcome to attend meetings of the Joint Committee, they have no right to speak at them. Seating for the public is, however, limited and the Joint Committee cannot guarantee that everyone who wants to be present in the meeting room can be accommodated.

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

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

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

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

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

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

3 MINUTES OF PREVIOUS MEETING (Pages 1 - 6)

To agree as a correct record the minutes of the meeting of the Joint Committee held on 16 March 2021 (attached).

4 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.

5 NORTH EAST LONDON RECOVERY AND TRANSFORMATION (Pages 7 - 8)

Report attached.

6 WHIPPS CROSS HOSPITAL REDEVELOPMENT (Pages 9 - 36)

Report attached.

7 DIGITAL TRANSFORMATION OF HEALTH SERVICES (Pages 37 - 52)

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

Meetings of the Joint Committee will be held at 5 pm on the following dates, venues to be confirmed.

Tuesday 14 September 2021

Tuesday 14 December 2021

Tuesday 8 March 2022

Anthony Clements
Clerk to the Joint Committee

This page is intentionally left blank

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

16 March 2021 (5.00 - 6.27 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Peter Chand, Donna Lumsden and Paul Robinson
London Borough of Havering	Nic Dodin, Nisha Patel (Chairman) 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 Councillor	Alan Lion
Co-opted Members	Ian Buckmaster (Healthwatch Havering) and Richard Vann (Healthwatch Barking & Dagenham)

Also present:

Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (CCG)
Henry Black, Chief Finance Officer, North East London CCGs
Tony Chambers, Chief Executive, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)
Marie Gabriel, Independent Chair, NEL Integrated Care System
Ceri Jacob, Managing Director, BHR CCGs
Dr Anil Mehta, Chair, Redbridge CCG
Dr Magda Smith, Chief Medical Officer, BHRUT
Cathy Turland, Healthwatch Redbridge
Jacqui van Rossum, Executive Director – North East London NHS Foundation Trust (NELFT)

All decisions were taken with no votes against.

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

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

52 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

53 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 15 December 2020 were agreed as a correct record.

54 COVID-19 UPDATE

The Accountable Officer for North East London CCGs advised that 524k vaccines had been administered in North East London of which 491k were first doses. 91% of care home residents had been vaccinated as well as 85% of over 80s. It was emphasised that GP practices were also providing care as usual, in addition to the provision of vaccines. New vaccine sites were also being introduced such as the Liberty in Romford. Pop up vaccine clinics had also been set up in locations such as the Gardens of Peace Muslim Cemetery in Hainault and the Balfour Road Mosque in Ilford.

The Broadway Theatre vaccination centre in Barking had been visited by Keir Starmer MP – Leader of the Labour Party as well as the local MP – Margaret Hodge. There was also a vaccine clinic in Barking & Dagenham targeted at people with learning disabilities as well as information videos available in multiple languages. Communications were being focussed on those who were hesitant or not engaged in the vaccine process.

It was confirmed that NELFT did not stop the provision of any services during the peak of the pandemic. There were currently 34 Covid in-patients at BHRUT which compared to a peak in early January of more than 530, 80 of whom were in critical care or on ventilators. All but the most urgent elective procedures had been suspended by the Trust from mid-December but these had now restarted.

It was accepted that the BHRUT recovery plan was very challenging but most diagnostic services had also now restarted. Some 350 nurses at the Trust had been redeployed to Covid ITU but critical care bed numbers were now able to be reduced.

GPs were continuing to offer other immunisations and certain tests but it was accepted that phone lines to GPs were very busy. Patients could be seen face to face, based on clinical need. It was though envisaged that remote or digital access to GPs would also stay beyond the pandemic. There had been a rise in mental health issues being presented to GPs, across all groups. GPs were also seeing an increasing number of cases of Long Covid which could exhibit a lot of different symptoms and the exacerbation of underlying conditions. It was hoped to work with social care to increase the level of care for people with Long Covid.

It was confirmed that more than 70% of NELFT staff had received the vaccine. Other NELFT services were continuing with for example a 24 hour mental health crisis line having been established since the first peak of the pandemic. 0-19 services were operating at 75% capacity and NELFT was working towards 100% of services reopening.

The Trust was increasing use of digital platforms. It was hoped this would assist engagement with young people as 50% of young people presenting with mental health issues in A & E were not known to services.

It was not presently compulsory for BHRUT staff to have the Covid vaccine although this was under review with NHS Employers. The vaccine was also not compulsory at NELFT but individual conversations were taking place with staff who were reluctant to have the vaccine.

A Member thanked NHS officers for producing a high take-up of the vaccine in the Essex area. There had also been a high take-up in the Essex/London border area, which officers felt was possibly due to the ethnicity in this area. It was confirmed that the vaccination programme used a national IT system and records would therefore be updated for a person's own GP.

Officers felt that the Astra Zeneca vaccine was the most suitable for housebound people. Many housebound people had in fact been brought by relatives to vaccination centres. NELFT had now increased its bed base and was no longer sending mental health in-patients to other areas.

More evidence was required about any risk of blood clots from the Astra Zeneca vaccine. Officers confirmed that the vaccine was safe to use and more communications would be released around this.

Psychiatric support was available to support BHRUT staff who were also encouraged to get rest and take their annual leave. A system-wide wellbeing hub was also available though it was recognised the Trust needed to work further on staff recognition. Members were pleased that the paediatric A & E department at King George Hospital had now reopened overnight. More detail was requested on how specific ethnic groups were being encouraged to take up the vaccine.

A Healthwatch representative raised concerns over digital exclusion with reports of waits of up to 3 hours on some GP phone lines. Many GPs were also no longer taking on-line bookings for appointments. Officers confirmed that work was under way to improve the digital support to GPs and could send further information on this.

The Committee congratulated NHS officers on the successful operation of the vaccination programme and noted the position.

55 **INTEGRATED CARE SYSTEM**

The Committee was advised that the recent health White Paper encouraged a wider partnership approach to address health inequalities. There was an emphasis on borough-level working with local government.

A single CCG for North East London had been agreed in November 2020 and would commence in April 2021. This was seen as a good platform to establish an Integrated Care System which was expected to commence operation in April 2022. Whilst there would be a single management structure, work could still be undertaken at borough level and links would be kept with Local Authorities. Members felt it was essential that social care and local government were involved in the decision making process for the Integrated Care System.

It was noted that the White Paper removed the power of health scrutiny to refer matters to the Secretary of State. It was suggested that it would be useful for a presentation on the Health White Paper to be given to a future meeting of the Joint Committee.

56 **WHIPPS CROSS HOSPITAL DEVELOPMENT**

Members felt it was unrealistic that the Whipps Cross site could operate with 50 fewer beds than currently. It was suggested that the JHOSC formally withheld its support for the redevelopment until assurances were received on bed numbers. Other Members also raised concerns that a downsized hospital would not be able to cope with service pressures and that more detail was needed on the proposals. It was also felt that the enabling development on the hospital site would lead to lower air quality unless no vehicles were allowed as parts of Epping Forest were within 100 yards of the site.

A Member welcomed the decision to review end of life care at the hospital. It was suggested that a presentation on the role of the Margaret Centre for end of life care being given as part of a future presentation to the Committee on the Whipps Cross proposals, if possible with an end of life care consultant being present.

57 COMMITTEE'S WORK PROGRAMME

Members suggested further details be given on the impact of the pandemic on areas such as waiting lists and rates of non-attendance for appointments. The role and purpose of the Medefor healthcare company in local health services was also suggested as an item for the Committee's work programme.

58 DATES OF FUTURE MEETINGS

It was agreed that future meetings of the Joint Committee would be held on the following dates:

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

Meetings would commence at 5 pm.

Chairman

This page is intentionally left blank



JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 15 JUNE 2021

Subject Heading:	NEL Recovery and Transformation
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	The information presented will give details of the local health system plans to recover services impacted by the pandemic, including elective care.
Financial summary:	No financial implications of the covering report itself.

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

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

SUMMARY

The information to follow gives details of the local health system plans to recover services impacted by the pandemic, including elective care procedures.

RECOMMENDATIONS

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

REPORT DETAIL

The information provided by NHS officers (to follow) gives details of the impact of the pandemic on the provision of local health services and recovery plans in this area. The Joint Committee is invited to scrutinise these proposals and make any recommendations it considers appropriate.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.



JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 15 JUNE 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 proposed development of Whipps Cross Hospital.
Financial summary:	No financial implications of the covering report itself.

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

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

SUMMARY

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

RECOMMENDATIONS

1. That the Joint Committee scrutinises the information presented 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 a previous meeting to scrutinise these issues. The Joint Committee is therefore asked to scrutinise the proposals and make any recommendations etc it considers appropriate.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

PAPER FOR ONEL JHOSC MEETING – 15 JUNE 2021

WHIPPS CROSS REDEVELOPMENT PROGRAMME

INTRODUCTION

1. This report provides a summary of the proposed redevelopment of Whipps Cross Hospital, specifically an update on the overall programme and the Health and Care Services Strategy (HCSS) for the new hospital, including the provision of end-of-life and palliative care. This report is supported by the slide pack attached, which should be read alongside this report.

PROGRAMME UPDATE

2. Overall, the programme continues to make significant progress across all workstreams as we finalise our Outline Business Case (OBC), with two major milestones reached in recent weeks with the commencement of the demolition of disused buildings on the site of the former nurses' accommodation and submission of planning applications to the Local Planning Authority.
3. As one of 40 hospital development schemes in the Government's New Hospitals Programme (NHP), we are working closely with national colleagues as we finalise our OBC. The NHP team is providing support and constructive challenge to our thinking across a range of key themes such as Digitisation, Net Zero Carbon, Modern Methods of Construction and healthcare planning. We are, in turn, as one of the more advanced schemes within the programme, supporting and informing the approach of the NHP to delivering the ambition of building 40 new hospitals by 2030.
4. Subject to the outcome of these discussions in the coming weeks, we expect to complete the OBC ahead of submission to NHS England / NHS Improvement and the Government for approval. In the meantime the NHP is exploring opportunities, through a commercial approach, to maximise the benefits of a national programme, both in terms of value for money and market readiness for a 'pipeline' of major schemes. For this reason, our procurement of a main works contractor for the construction of the new hospital – which we could have launched earlier this year following pre-market engagement we undertook in 2020 - remains on hold, which will mean a delay in the appointment of a contractor.
5. Subject to further discussions with the NHP team, we anticipate that the benefits of being in a national programme and of utilising Modern Methods of Construction to accelerate construction timescales, means it will remain feasible to maintain our expected new hospital completion date of Autumn 2026.



OUTLINE PLANNING APPLICATION

6. In order to gain OBC approval nationally, we should expect to be required to have received outline planning approval for the new hospital. Following extensive engagement and consultation on our emerging designs for the hospital and the proposals for development of the wider site after the new hospital is completed, we have submitted our planning applications to the Local Planning Authority. This is a significant milestone for the programme. It is the culmination of extensive engagement with Waltham Forest Council, Redbridge Council, the Greater London Authority (GLA) and the City of London Corporation, as well as with the public and staff through two phases of pre-planning application consultation.
7. We have submitted two 'hybrid' planning applications:
 - one hybrid planning application for the hospital development (outline) and the first of the two multi-storey car parks (full); and
 - one hybrid planning application for the residential development including up to 1,500 homes with 50% affordable (outline) and change of use for the retained 'heritage' buildings and details of access only approved in full, with all other matters reserved.
8. The overarching design vision 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 principles of the 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; and
 - an exemplar sustainable building that is designed to achieve the target of net zero carbon.
9. The proposals aim to transform the wider Whipps Cross site with improved transport and access links with new walking and cycling routes, new green and public spaces, new homes and community facilities. We also propose to retain key elements of the 'heritage' buildings including the chapel, along with the 'bookend pavilions' to the original ward blocks, celebrating the character of the original building at the heart of the development.

10. The planning applications, including a set of detailed accompanying documentation, have been validated and published online, with the Local Planning Authority¹ undertaking a formal statutory consultation. We anticipate a decision on the planning applications in the autumn of this year.
11. Subject to planning and business case approvals, we expect construction of a new 500-space multi-storey car park to begin in early 2022 with the construction of the new hospital beginning in spring 2023 and completed in autumn 2026. The car park – which will be the first of two for the new hospital - will provide for a mix of staff and visitor parking and will include bays for ‘blue badge’ disabled parking.
12. Our ambition is to reduce the need for car usage (for staff in particular) through delivering an active travel plan, targeting a reduction of between 25% and 40% in the number of car parking spaces for the new hospital compared to current provision.
13. It has also been a long-established aim of the redevelopment programme to provide the opportunity for the co-location of community services on the Whipps Cross site and we have identified space very near to the new hospital, for a building to support community health and care facilities.
14. Commissioners, clinicians and local providers are working together to agree the range of services to be provided from this building, but we might expect this to include, for example, an Urgent Treatment Centre providing improved urgent care by primary and community clinicians with a range of diagnostics aimed at reducing A&E attendances and avoidable admissions to hospital. Current thinking also includes the exciting potential to develop a ‘centre of excellence’ for the planning and delivery of frailty services to our population, providing a genuine interface between hospital and community services and including training and research facilities.

DEMOLITION WORKS

15. In March we appointed Squibb Group Limited to carry out the demolition of disused buildings on the site of the former nurses’ accommodation and the work is well under way. This the first phase of the ‘enabling works’ that 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. The second phase will include the construction of the first of the two car parks.

¹ You can view the planning applications by searching for the application reference numbers 211245 and 211244 on the Waltham Forest Council website (<https://builtenvironment.walthamforest.gov.uk/planning/index.html?fa=search>)

16. The demolition, funded by the Government as part of its endorsement of the Strategic Outline Case last year, is being undertaken in five phases in order to limit disruption and mitigate the impact of noise and dust. As each old building is removed, new temporary surface parking will take its place, thereby maintaining car parking provision on the site. The hospital will remain fully operational during the demolition process. We anticipate the demolition will take a number of months and be completed by the end of 2021. Demolition vehicles enter and leave the site via James Lane, via a dedicated entrance adjacent to the energy centre, keeping demolition traffic away from the main hospital entrances and exits.

COMMUNICATIONS AND ENGAGEMENT

17. Extensive communications and engagement activity has continued to take place as we have developed our OBC.
18. Earlier this year we completed the second phase of our pre-planning applications consultation in which we had excellent engagement from the public and staff. This included three public meetings, attended by 135 people, and three staff meetings attended by 140 people. The meetings were an opportunity for the team to present the latest designs and to take questions, thoughts and ideas. A brief summary of the meetings, including key feedback themes, has been published on our website alongside a video of the presentations and a Frequently Asked Questions document. Alongside this, we have received emails through our dedicated inbox and had well over 1,000 responses to an online survey.
19. Over the course of the consultation, the responses fell into a number of clear themes:
 - **Hospital design and development** – including, for example, the proposed location and height of the hospital buildings and car park, the importance of retaining land adjacent to the new hospital for potential expansion and the importance of improving public transport access to the hospital;
 - **Development of the residual site** – including, for example, the proposed development of new residential units and community facilities once the new hospital is completed, the proposed scale of the housing development, the importance of affordable housing, the retention of the ‘heritage’ buildings and proposed access and exit routes; and
 - **Wider redevelopment proposals** - people also took the opportunity to feed back ideas or express concerns on other aspects of the redevelopment proposals, including the future of clinical services currently provided by the hospital - including specialist palliative and end-of-life care in the Margaret Centre - and the justification for the modelled capacity of the new hospital - including the number of overnight inpatient beds - and its dependency on improvements in primary care and community services locally.

20. In relation to four specific areas where we have heard concerns from local people:

- i. **Proposed capacity of the new hospital** - overall, plans across the local health and care system – both in the hospital and the community - will lead to improvements in the delivery of health and care services to our local population. The proposed new hospital will have more clinical space than the current hospital, with brand new clinical departments, increased diagnostic and day case capacity and significantly more single inpatient rooms, improving patient experience, privacy and dignity.

These changes in services – which are aligned with system-wide activity and capacity modelling at northeast London level - will help more people avoid the need to attend hospital in the first place, reduce the need for admissions for those that do attend and, for many of those that are admitted, will reduce the time needed to be spent in a hospital bed. We have also identified space next to the new hospital for it to expand in the future if needed. This means the new hospital will make us more resilient in being able to deal with events such as another pandemic

- ii. **End of life and palliative care** – see paragraphs 21 to 24 of this report.
- iii. **Construction Logistics** – alongside our pre-planning application consultation, we undertook a four-week informal consultation on a long list of options for vehicles accessing the construction site access, to identify a shortlist of viable options to include in the planning application. As part of this, we engaged with various stakeholders, including a local resident group – PACT² - and the Whipps Cross Patients' Panel.
- iv. **Car Parking** – we have an ambition to develop an exemplary sustainable Whipps Cross, with a hospital able to deliver net zero carbon emissions and by introducing new green spaces and reducing the need for car use to the site, whilst continuing to provide appropriate hospital parking for staff, patients and visitors within significantly improved car parking facilities.

We aim to deliver between a 25% and 40% reduction in car parking spaces at the hospital over several years. To do this, we have begun to work with Transport for London and Waltham Forest and Redbridge Councils to develop further our active travel plan to improve access to sustainable transport modes - including walking, cycling and public transport - to support a gradual reduction in car use and a consequent reduction in the overall demand for car parking spaces.

² The Panhandle Action Community Team (PACT) involves residents living on streets adjacent to the area of the site colloquially known as the 'panhandle' (ie. the disused strip of land between the hospital and Lea Bridge Road).

END OF LIFE AND PALLIATIVE CARE

21. The new hospital will continue to deliver high quality specialist palliative and end-of-life care. We recognise that the Margaret Centre's role in the delivery of care and its future generates considerable interest among all local people. That is why we are undertaking a clinically-led review of the model of care, including how we organise the provision of specialist palliative care and end-of-life care in the new Whipps Cross Hospital, all informed by the engagement and support of patients and local interest groups. Clinicians are reviewing the model of care so that the right decision is taken to inform the next phase of detailed planning and design for the new hospital.
22. To date we have made progress in mapping the provision of the current palliative and end-of-life care services available to patients from across the Whipps Cross catchment area. This includes the hospital's specialist palliative care team that cares for inpatients at Whipps Cross Hospital, including in the Margaret Centre inpatient unit, as well as the Waltham Forest community palliative care nursing team co-located in the Margaret Centre. In addition to this we have also mapped services that are provided by our partners in primary care, community services, social care and the voluntary sector. This includes the work of an Enhanced Palliative Integrated Care (EPIC) team for patients in the Whipps Cross Hospital catchment area, consisting of a palliative care clinical nurse specialist, district nurse end-of-life lead and social worker, each working closely with groups of GP practices via Primary Care Networks.
23. We have also taken stock of the transformation work that has taken place across the Whipps Cross catchment area over the last few years. One example of this work is the implementation of Coordinate My Care (CMC). CMC is a nationally endorsed information system that coordinates urgent care for patients and is particularly helpful for those with palliative and end-of-life care needs. An advanced care plan is completed that records key clinical information and recommendations for urgent care services to follow in an emergency. Once completed, the plan is visible to all those involved in the delivery of urgent care including NHS 111, out-of-hours GPs, the London Ambulance Service (including in their vehicles) and the emergency departments of Barts Health. This enables all healthcare professionals to offer more personalised medical care, with full respect to each patient's preferences.
24. We anticipate that the first phase of the review, focusing on the future model of care, will be completed by the end of this month. Once the outcomes are agreed, we will set out how – with partners – palliative and end-of-life care will continue to be transformed across the Whipps Cross Hospital catchment area. The second phase of the work, following on from that, will be to assess the options for the configuration of specialist services in the new hospital, as the redevelopment plans are taken forward in greater detail. We will continue to engage with patients and local interest groups in supporting this work.

CONCLUSION

25. In conclusion, the development of the OBC is continuing to progress well, with significant milestones passed in recent weeks, underpinned by comprehensive communications and engagement activity. Looking ahead, we continue to work in close collaboration with the NHP team with the aim of finalising the OBC over the coming weeks and agreeing next steps.

This page is intentionally left blank



Whipps Cross Redevelopment

Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JHOSC)

Page 16
15 June 2021



Introductions

Alastair Finney

Whipps Cross Redevelopment Director

Heather Noble

Medical Director, Whipps Cross Hospital

Tristan Kerr

Divisional Director, Emergency Care and
Medicine, Whipps Cross Hospital



Programme summary

- Programme Overview
- Planning Application
- Outline Business Case

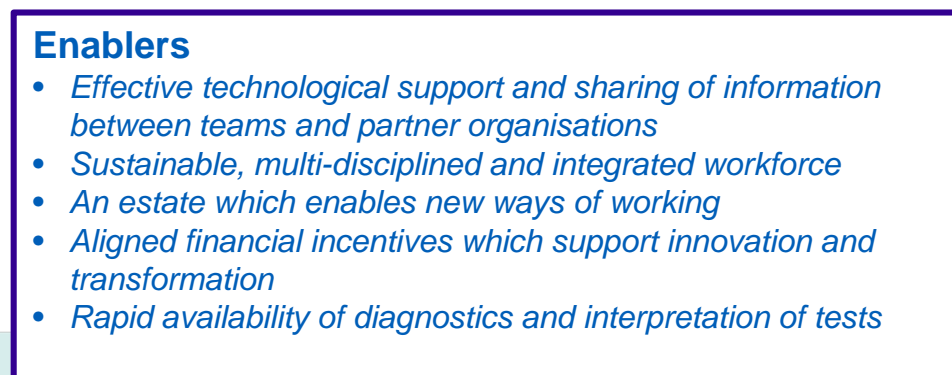
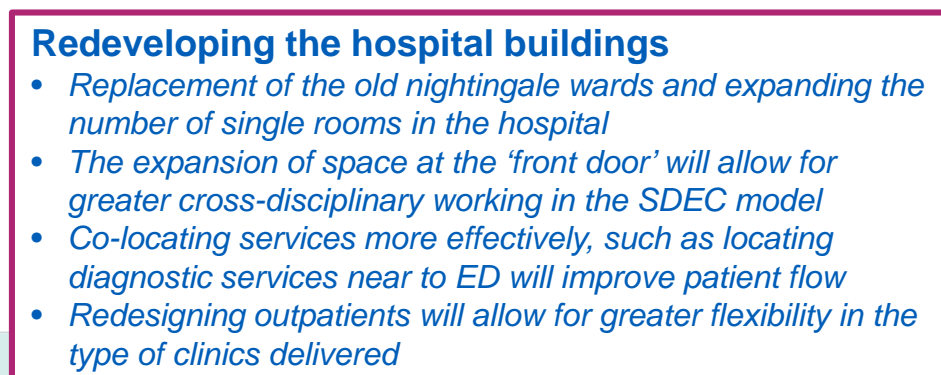
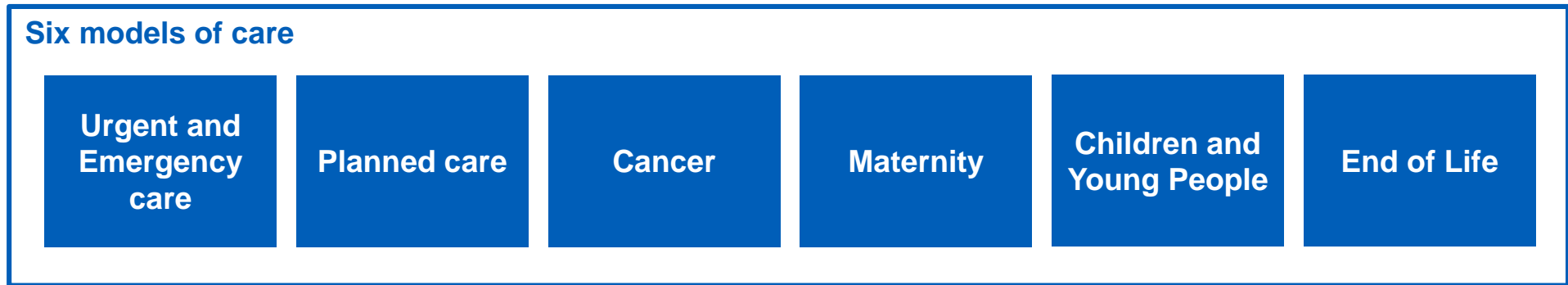


Health and Care Services Strategy, Whipps Cross Hospital

Page 22



The Health and Care Services Strategy set out new models of care for the hospital as well as new ways of working with system partners



The redevelopment provides an opportunity to implement new clinical models of care, but will continue to deliver the same core services as today.

New models of care described within the Whipps Cross Health and Care Services Strategy

New models of care

Page 24

Faster access to specialist assessment

Rapid diagnostics and prompt results

Closer links with primary and community care

Better coordination of care

Centres of sub-specialist expertise for surgical services

Centre of excellence for the care of older people

Outpatient transformation

Better integration of technology

Greater use of research and academia to drive innovation

Improved links with primary and community care - more people will access the hospital by referral from services in the community (e.g. GPs, NHS 111, primary care 'hot hubs'), meaning fewer people arriving on site as 'walk-ins'.

- **Faster access to specialist treatment:** Referred patients will see senior clinicians faster by being streamed to the right pathway, Same Day Emergency Care (SDEC), specialty hot clinics and only the most urgent cases directed via ED. Urgent Treatment Centre (UTC) will remain on site.
- **Planned Care** - the strategy's proposed shift towards more virtual outpatient appointment, clinical triage of referrals and better use of advice and guidance
- **Rapid diagnostics:** increased number of MRI and CT capacity to improve access to early and same day diagnostics



Health and Care Services Strategy - process overview

- The Health and Care Services Strategy (HCSS) underpins the proposed redevelopment of Whipps Cross Hospital. It was developed in 2019, and approved by the Barts Health Trust Board in the same year
- Modelling was undertaken, focusing on demand, activity, and capacity, to provide assurance that the new hospital will provide sufficient space for our changing population under the new models of care
- Work to implement the strategy began in February 2020, and was interrupted by the first wave of the COVID pandemic. Guidance for health and care systems had been published in the wake of COVID, describing future ways of working. In light of this, we reviewed the modelling to provide further assurance that the new hospital is the correct size, concluding that this is still the case. We also reviewed our strategy and concluded that a few revisions were to be made.
 - Reducing the number of ‘walk-in’ referrals even further
 - An update to the scope of surgical services, dependent on the NEL strategy
 - Updates to the hospital design brief to enhance infection control measures
 - An acceleration of the delivery of non face to face outpatient appointments
- A subsequent piece of work, commissioned by the East London Health and Care Partnership, confirmed alignment with North East London system plans for planned surgery, and the ambitions for a more optimised urgent and emergency care pathway.
- It also reviewed birth rate projections, resulting in a slight reduction for Whipps Cross compared to projections that were made in the Strategic Outline Case

We have undertaken a series of cross discipline stakeholder engagement sessions across the local health sector

At Strategic Outline Case stage the programme team delivered 34 workshops with service teams from across the hospital and engaged with more than 190 unique stakeholders

In collaboration with hospital divisional teams and other departments the Clinical and Functional Brief and Schedule of Accommodation finalised

A series of detailed design sessions are undertaken, with over 35 focus group meetings held with staff, patients and local residents

Page 26

Summer
2019

2020

A total of 35 Service User Groups with over 200 active participants were held

January
2021

February
2021

Work begins with clinical and operational colleagues to begin design plans for the Outline Business Case

March
2021

2021 and
beyond

Outline Business Case due to be completed by summer 2021. The FBC will be developed in 2022, with construction due to commence in spring 2023

Extensive meaningful clinical and patient involvement has been undertaken throughout the course of the programme

Key Enabling Workstreams



Out-of-hospital transformation is a key element to our business case for the new hospital being successful

What transformation is happening outside of Whipps Cross Hospital?

Delivering modern healthcare is not just about the bricks and mortar of hospital buildings - it's about ensuring the right services are in place across primary, community and secondary care, with organisations working seamlessly together to deliver for patients. That is why we have developed our thinking working closely with our local health and social care partners.

Why does this need to happen?

As patients' needs become more complex, we need to treat them through integrated multi-disciplinary teams that work seamlessly both within the hospital and in the community. That means facilitating access to mental health and physical therapy on the wards and in outpatients, while also strengthening the support and management for patients at home or visiting GP surgeries so they don't need hospital treatment.

What is happening at the moment to build on this?

We have developed a Clinical and Professional Advisory Group (CPAG) to support health and care organisations in:

- identifying and working towards **shared system priorities**
- delivering care jointly in **close collaboration** to achieve **shared outcomes**

CPAG has representation from across the system, including Barts Health, North East London NHS FT (NELFT), North East London CCG (NEL CCG) – including Waltham Forest and Redbridge – and West Essex CCG

Together we have three simple aspirations.



First, to help people stay healthy.



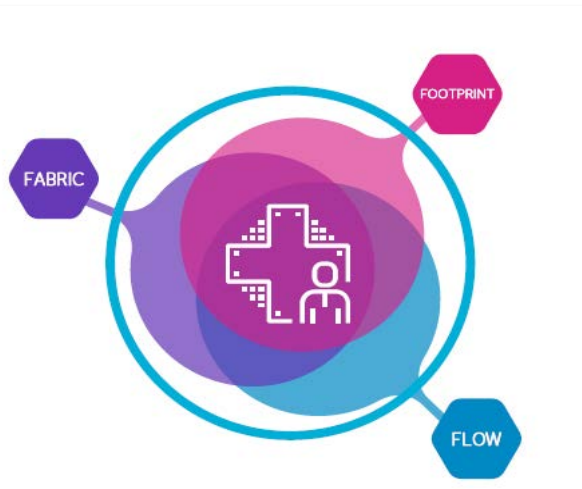
Second, if people are unwell, to provide care and support as close to their home as possible so they do not need to attend hospital.



Third, if hospital care is necessary, to ensure people are seen and treated quickly and safely discharged back home as soon as they are able to, with the support in place to help them stay there.



The NHS *Blueprint for Digitally Advanced Hospitals* is guiding our plans for the new Whipps Cross



- In September 2020 the Department of Health and Social Care released the '*Health Infrastructure Plan - A Blueprint for Digitally Advanced Hospitals*'
- The blueprint guide was released to help support organisations to make wise and future-proofed choices on technology and to guide their digital design aspirations.
- It offers advice and guidance and lessons learned offered to all HIP sites embarking on their digitally advanced hospital projects
- It gives a structured approach to developing principles down to individual implementation considerations for each technology, which will ensure all new hospitals work to similar standards.
- The components of this digital Blueprint have been broken down into three fundamental categories:
 - the **fabric** of the building
 - the **footprint** of the establishment
 - the **flow** of the operating model

We have worked with our hospital divisions to develop a workforce strategy, delivery plan and model



End-of-Life and Palliative Care

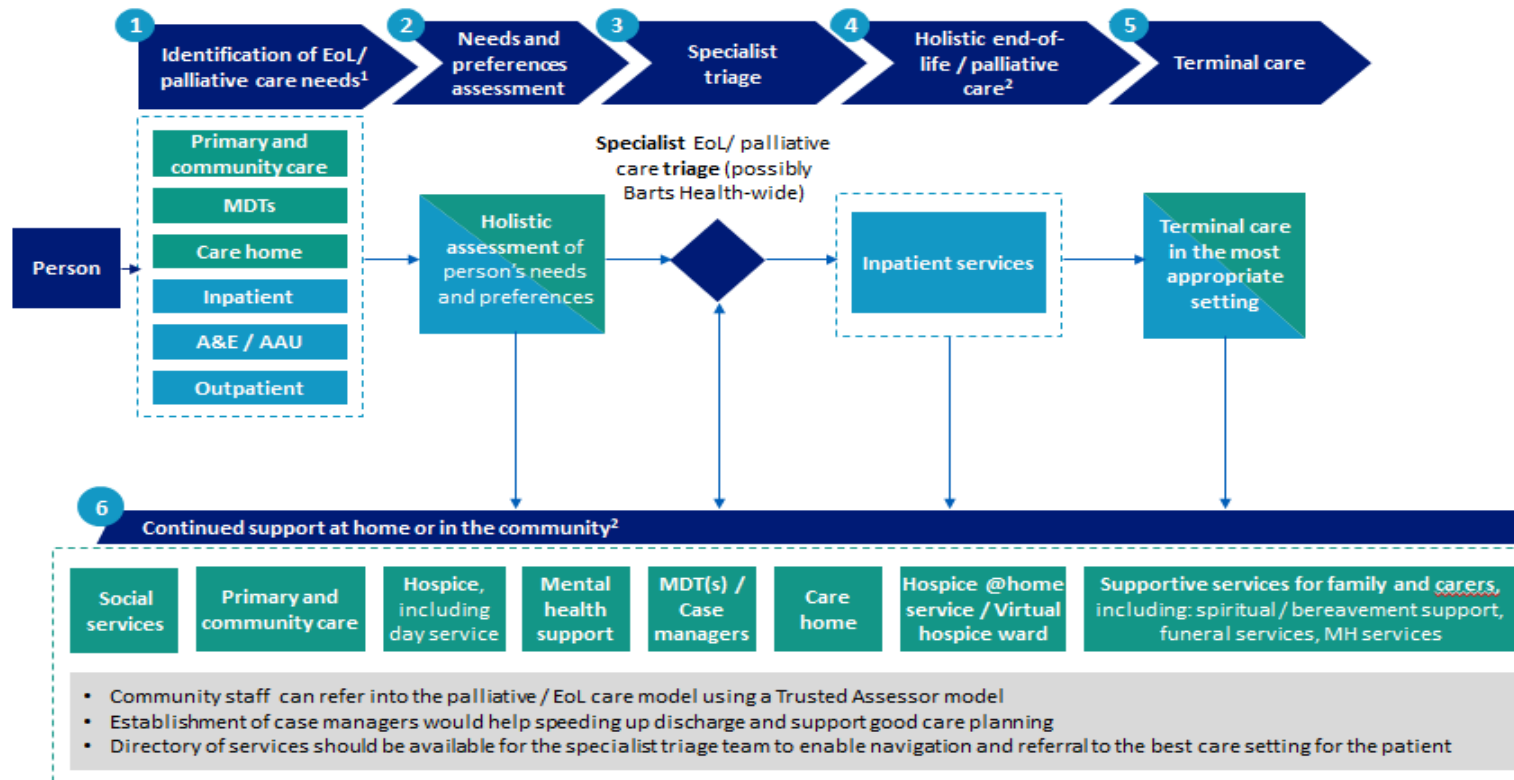


Model for End-of-Life and Palliative Care services

The Whipps Cross Health and Care Services Strategy, developed in 2019, describes the future model of care for End of life and Palliative care:

- More closely integrated palliative and end-of-life care services
- The strategy set out the following steps in the model of care:

End-of-life (EoL) and palliative care model



1. End of life defined as at least the last year of life
 2. Holistic assessment and care and support planning can take place in different locations

The model of care is now being reviewed ahead of the detailed design of the new hospital...



We are undertaking a clinically-led review of the model of care, including how we organise the provision of specialist palliative care and end-of-life care in the new Whipps Cross Hospital, all informed by the engagement and support of patients and local interest groups.



To date we have made progress in mapping the provision of the current palliative and end-of-life care services available to patients from across the Whipps Cross catchment area. This includes the hospital's specialist palliative care team that cares for inpatients at Whipps Cross Hospital, including in the Margaret Centre inpatient unit, as well as the Waltham Forest community palliative care nursing team co-located in the Margaret Centre. In addition to this we have also mapped services that are provided by our partners in primary care, community services, social care and the voluntary sector



We anticipate that the first phase of the review, focusing on the future model of care, will be completed by the end of June. Once the outcomes are agreed, we will set out how – with partners – palliative and end-of-life care will continue to be transformed across the Whipps Cross Hospital catchment area. The second phase of the work, following on from that, will be to assess the options for the configuration of specialist services in the new hospital, as the redevelopment plans are taken forward in greater detail. We will continue to engage with patients and local interest groups in supporting this work.

Conclusion



The **indicative timescales**, subject to business case and planning approvals, would see a **new hospital completed in 2026**



Questions





JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 15 JUNE 2021

Subject Heading:	Digital Transformation of Health Services
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	The information presented gives details of work to increase the provision of digital health services locally.
Financial summary:	No financial implications of the covering report itself.

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

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

SUMMARY

The attached information gives details of the how local health services are being reprovided digitally in the local area.

RECOMMENDATIONS

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

REPORT DETAIL

The attached documents give details of the impact of work to provide health services in Outer North East London on a digital basis. The Joint Committee is invited to scrutinise these plans and make any recommendations it considers appropriate.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

Digital transformation in north east London

Page 39

15 June 2021

Ceri Jacob, Managing Director BHR ICP and SRO for Primary Care NHS North East London CCG

Martin Wallis, Digital Programme Manager NHS North East London CCG and NEL HCP

Dr Osman Bhatti, GP and Chief Clinical Information Officer North East London CCG

Digital transformation in the NHS

- We're using technology to help health and care professionals communicate better and enable people to access the care they need quickly and easily, when it suits them.
- From websites and apps that make care and advice easy to access wherever you are, to connected computer systems that give staff the test results, history and evidence they need to make the best decisions for patients, we're working smarter to provide better care than ever before.
- The 2019 NHS Long Term Plan set out the national priorities for digital transformation and NHSX is the national body that drives it.
- In north east London (NEL) we take a 'one London' approach to digital transformation - working closely with colleagues across the city.

Priority areas

NEL is part of the **NHS One London** digital transformation programme. This programme has four main priority areas (known as levels):

- Level 0 – Infrastructure: making sure our IT networks, hardware and systems are compatible and up to the job.
- Level 1 – Providing clinicians with access to comprehensive individual patient records, at the point of care.
- Level 2 – Combining data from all health and care settings across NEL to become a ‘learning health system’.
- **Level 3 – Providing patients with access to their records and the ability to interact with their clinicians electronically.**

Today we will focus on Level 3 with a short overview of Levels 0, 1 and 2

Digital transformation and the pandemic - examples

- The pandemic led to a big rise in the use of online consultation (OC) forms on GP practice websites and remote consultations – usually over the phone (only 1% of consultations have been done by video).
- Phone contact has remained available to all and face to face appointments have continued throughout.
- Digital information sharing technologies have been fundamental to the delivery of the vaccination programme by cohort and the generation of shielded patient lists.
- People have been updated directly (particularly on vaccinations) through digital communications like text messages rather than just letters.
- The NHS app is enabling people to easily access their vaccination status.

Level 3 - Online and video consultation

- Patients can contact their GP practice via electronic online consultation (OC) forms on the practice website, the NHS App or another app.
- The use of the tools by practices varies across NEL, similar to, but slightly ahead of, the rest of London.
- Around 60 (out of 281) practices are making significant use of the tools but all must provide them as an option as part of the GP contract.
- They have been popular - an average of 3000 OCs were submitted per day in NEL in the last week of April 2021.
- The vast majority of non-admin contacts result in a phone call with a clinician. Only around 1% of consultations use video and in general telephone is simpler for both parties.
- Re-procurement of OC tools is underway and there are plans to do an audit of local practice websites for better consistency across NEL.

Level 3 - Online and video consultation

- Where available, the tools have proved popular and take up has been significant to the point where we are considering how we manage the post-lockdown demand.
- There has been lots of patient feedback about the convenience and flexibility of it. For example working parents can submit a consultation, talk to a doctor and have a prescription sent straight to their local pharmacy. No waiting on hold on the phone or weeks to be seen.
- Online, flexible access can reduce inequalities e.g. disabled access, language barriers.
- We have anecdotal positive patient feedback and the NHS patient survey is due in summer. Staff satisfaction and morale has improved in many cases as it significantly reduces admin and the time spent on it.

Level 3 - Digital exclusion

- Access to primary and secondary care services is not ‘digital by default’. Currently only around a quarter of NEL GP practices are significant providers of online consultation.
- Through the pandemic 50% of GP consultations (national figure) were face to face, with the rest almost all on the phone, and the NHS GP contract requires telephone access and face to face appointments if the patient needs one.
- Online access for those that want it helps free up phone lines and reception staff time to triage phone calls and allocate all appointments quicker.
- Referrals and appointment booking into secondary care are done digitally by the practice in the main. Where choice is offered, patients can call the hospital; digital is an additional route in, not an exclusive replacement.
- We are undertaking a mapping and planning exercise on digital exclusion across NEL to understand the scale of the issue and its impacts on health more broadly, particularly in relation to any benefits delivered by things like Patient Held Records (see next section).

Level 3 - Giving patients access to their record

In line with London plans, the NHS in NEL is developing a secure online tool called a **Patient Held Record (PHR)** that will allow patients to access their health and care record, but also manage their care online by enabling information sharing between patients and clinicians on things like:

- Clinic letters and discharge summaries
- Appointments
- Test results
- Care planning
- Medication
- Symptom tracking

Level 3 - Giving patients access to their record

The approach in NEL is to have:

- A single PHR for all NEL patients, independent of, but in sync with provider trust systems.
- A PHR accessed through the NHS App / NHS Login so all health and care records can be accessed in one place.
- A platform able to connect with systems across primary, acute, community, mental health and social care, complementing this with citizen generated data through integrated apps/devices/wearables, as well as manual input, providing one consolidated citizen-owned record.
- Strategically building on existing provider and shared information systems.
- We have procured one system for all of London to enable this.

Level 3 - Giving patients access to their record

PHRs have the potential to transform care by:

- Using the PHR to deliver care plans and remote outpatient clinics, track symptoms and improve medications compliance for people with long term conditions.
- Data can be collected in near real-time from wearable and other devices (e.g. oxygen levels, BP, blood sugar) and alert professionals of potentially serious deterioration in a patient's condition.
- Patients can record their own measures around physical and mental health.
- Letters can largely be eliminated by communicating via the PHR.
- Patients won't constantly have to give the same information to different parts of NHS.
- Patients can take a more active role in the management of their own health and easily see everything on their record.

Level 0 – Infrastructure

Making sure our IT networks, hardware and systems are compatible and up to the job. This has seen investment in and improvements to the following:

- Electronic prescribing and medicines administration
- Trust electronic patient record systems
- Health and social care network
- PC replacement
- Laptops for Covid-19 response in primary care and supporting trusts
- Imaging systems

Level 1 - East London Patient Record

We have provided clinicians with access to comprehensive individual patient records at the point of care with a digital patient record system called the **East London Patient Record**.

- This shared clinical record viewer started in Barts Health and Homerton in 2014 to allow GPs and hospital clinicians to see information from each others systems.
- It is now expanded to cover all GPs in NEL, BHRUT, NELFT, ELFT, LB Newham, LB Hackney, LB Waltham Forest, St Joseph and St Frances hospices, 111 CAS, Community Pharmacists in C&H, Out of Hours services.
- It is extremely well used by clinicians with over 242,000 views in March 2021 alone.
- It is now being expanded to cover all of London by installing similar systems in each ICS and linking them up.

Level 2 - Using data to become a 'learning health system'

Combining data from all health and care settings across NEL to become a 'learning health system' – a strategic digital project to improve data quality and use it to intelligently improve care.

This will involve:

- Bring systems together to form 'one version of the truth'.
- Improve data flows and classifications, including systematic collection of patient and public inputs.
- Ensure world class data analytic tools and skills to translate data and information into insight and intelligence.

Thank You

Page 52



North East London Health and Care Partnership is our integrated care system, which brings together NHS organisations, local authorities, community organisations and local people to ensure our residents can live healthier, happier lives.

www.northeastlondonhcp.nhs.uk | Follow us on Twitter [@nelhcp](https://twitter.com/nelhcp)

North East London Health and Care Partnership Citizen's Panel

Join our Citizen's Panel and help us shape health services in north east London.
Help create services that work for you and others in your area and get your voice heard.
enquiries@northeastlondonhcp.nhs.uk