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JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

4.30 pm	Tuesday 14 September 2021	Havering Town Hall, Council Chamber

COUNCILLORS:

LONDON BOROUGH OF BARKING & DAGENHAM

Councillor Donna Lumsden
Councillor Adegboyega Oluwole
Councillor Paul Robinson

LONDON BOROUGH OF WALTHAM FOREST

Councillor Umar Alli

LONDON BOROUGH OF HAVERING

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

ESSEX COUNTY COUNCIL

Councillor Marshall Vance

LONDON BOROUGH OF REDBRIDGE

Councillor Beverley Brewer
Councillor Bert Jones
Councillor Neil Zammett

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

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

Reporting means:-

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

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

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

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

Essex County Council

Waltham Forest

Havering LONDON BOROUGH

London Borough of Redbridge

London Borough of Barking & Dagenham lbbd.gov.uk

NOTES ABOUT THE MEETING

1. HEALTH AND SAFETY

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

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

2. CONDUCT AT THE MEETING

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

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

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

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

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

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

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

3 DISCLOSURE OF INTERESTS

Members are invited to 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 - 8)

To agree as a correct record the minutes of the meeting of the Joint Committee held on 15 June 2021 (attached) and to authorise the Chairman to sign them.

5 COVID-19 UPDATE (Pages 9 - 36)

Report attached.

6 SYSTEM-WIDE SERVICE CHANGES (Pages 37 - 50)

Report attached.

7 BHRUT CLINICAL STRATEGY (Pages 51 - 60)

Report attached.

8 BHRUT/BARTS COLLABORATION (Pages 61 - 64)

Report attachded.

9 COMMITTEE'S WORK PROGRAMME

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

10 DATES OF FUTURE MEETNGS

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

Tuesday 14 December 2021
Tuesday 8 March 2022

Anthony Clements
Clerk to the Joint Committee

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

15 June 2021 (5.00 - 7.05 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	
London Borough of Havering	Nic Dodin, Nisha Patel and Ciaran White
London Borough of Redbridge	Bert Jones and Neil Zammett (Chairman)
London Borough of Waltham Forest	Richard Sweden
Epping Forest District Councillor	Alan Lion (observer Member)
Co-opted Members	Ian Buckmaster (Healthwatch Havering)

Also present:

Item 5: North East London Recovery and Transformation

- Henry Black, Acting Accountable Officer, NHS North East London CCG and ICS SRO, NHS North East London Health & Care Partnership
- Marie Gabriel, Independent Chair, NHS North East London Health & Care Partnership
- Ceri Jacob, Managing Director, Managing Director – BHR ICP, NHS North East London CCG
- Dr Jagan John, Chair, NHS North East London CCG
- Steve Rubery, Director of Planning and Performance, BHR ICP, NHS North East London CCG
- Tony Chambers, Chief Executive, BHRUT
- Dr Magda Smith, Chief Medical Officer, BHRUT

- Hannah Coffey, Director of Strategy and Partnerships, BHRUT

Item 6: Whipps Cross Hospital Redevelopment

- **Barts Health**
  Alastair Finney, Redevelopment Director
  Tristan Kerr, Divisional Director, Emergency Care and Medicine, Whipps Cross Hospital
  Heather Noble, Medical Director, Whipps Cross Hospital

Item 7: Digital Transformation of Health Services

- Martin Wallis, Digital Programme Manager, NEL CCG and NEL HCP
- Dr Osman Bhatti, GP and Chief Clinical Information Officer, NEL CCG

All decisions were taken with no votes against.

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

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

Apologies were received from Councillors Umar Alli, Waltham Forest (Councillor Richard Sweden substituting) Beverley Brewer, Redbridge Peter Chand, Barking & Dagenham, Donna Lumsden, Barking & Dagenham and Chris Pond, Essex. Apologies were also received from Richard Vann, Healthwatch Barking & Dagenham.

Note: Councillors Brewer and Lumsden and Richard Vann were present via videoconference.

2 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 16 March 2021 were agreed as a correct record and would be signed at a later date.

3 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

4 NORTH EAST LONDON RECOVERY AND TRANSFORMATION

In accordance with the Committee's terms of reference, a member of the public addressed the Committee and raised issues around whether Clover ward or any in-patient ward for children would be reopened at King George Hospital and when emergency surgery would return to King George.

NHS officers advised that waiting areas had been modernised and other improvements made at the King George Emergency Department. Peadiatric A & E at King George was now back operating on a 24:7 basis.

The rise in waiting lists due to Covid-19 was being dealt with on a sector-wide basis with the most urgent operations such as those for cancer patients being carried out first. It was accepted that health inequalities had risen due to the pandemic. The waiting times for scans and other diagnostics had improved. Planning was also underway for a third wave of Covid-19 and the existing hospital configuration would therefore be retained. Officers emphasised the importance of people having the Covid vaccination.

It was wished to establish further community diagnostic hubs across North East London in addition to the one already established at Mile End Hospital. Whilst some patients preferred digital services, it was accepted that this was not the answer for all health services.

Only a very small number of children had been admitted to local hospitals with Covid-19. Children were however presenting with other illnesses and injuries at A & E. A rise in respiratory virus cases in children was expected.

The rise in numbers of people presenting at A & E with mental health issues had led to an investment in increased mental health capacity locally. An on line mental health assessment tool could now be used to access services and the CAMHS response for children with mental health issues had been extended.

It was agreed that NHS officers should provide a written report on the mental health impact of Covid-19.

It was accepted that the very recently announced move of dermatology services from Barking Community Hospital to Queen's had been regrettable. This was due to staffing issues and officers would provide a written response. There would also be clear engagement with stakeholders about

the move. A member felt that there had also been insufficient engagement around the recent relocation of gastroenterology services. The Committee therefore agreed that the local NHS should be asked to supply it with a list of changes to services that had already been made as well as those currently proposed.

NHS officers agreed that there should be an active process of consultation and dialogue and emphasised the difficulties encountered in recruiting cover for a dermatology specialist.

Members raised concerns at the further development of facilities at Mile End Hospital as this was not an easily accessible location for people in ONEL. Officers would consider a requested moratorium on these changes and repeated that it was planned to open further community diagnostic hubs. The Committee agreed to write to the relevant officer stating that improved consultation was required on current and future changes to health services.

The Committee noted the update.

5 WHIPPS CROSS HOSPITAL REDEVELOPMENT

Officers expressed confidence that the Whipps Cross redevelopment project would move into the delivery phase as the project had been accepted into the National Hospital Development Programme. It was expected that the new hospital would be completed by 2026.

The design incorporated a 500 space multi storey car park as well as new community health and care facilities alongside the new hospital. Some demolition work had now started on the site and significant communications and engagement had taken place over recent months. There were also proposals for the building of 1,500 new homes once the new hospital had been completed.

Bed modelling for the new hospital had been updated and rechecked following the pandemic. Many service users had been involved in the redesign of services and the hospital workforce was also represented on the redevelopment steering group.

A clinically led review of end of life care was currently being undertaken and would be completed by the end of June. Engagement with patients and Healthwatch would be undertaken on the proposed new pathways.

The determination of the planning application was expected in autumn 2021 with the construction of the car park planned to start in early 2022. Hospital construction would commence in spring 2023 with completion by the end of 2026.

There was a commitment for the new hospital to be zero carbon and a sustainability advisor was part of the design team and further details could be provided. It was accepted that there was a risk of not all assumptions being right re bed numbers and the business case included design flexibility re the number of beds. Further land adjacent to the hospital could also be accessed if further facilities were needed in the future. Some of the new homes on the site would be set aside for key workers although the demand for this was uncertain as yet.

Officers stated that most patients preferred to die at home and the model of hospice care was currently being considered. Clinicians did appreciate the value of hospices. It was emphasised that there was no proposal to close any palliative care beds at Whipps Cross but it was necessary to decide how these beds would be reconfigured.

It was felt that there should not be any conflicts of interest in the procurement process for the new hospital. The procurement strategy for the new hospital would be led by the national programme and the right procurement was needed for Whipps Cross.

Redbridge and Waltham Forest social care departments were represented on the hospital advisory group. It was accepted that projections recruitment and the workforce strategy could be proven to be too optimistic.

It was agreed that the Committee would seek an independent review of the bed modelling used at Whipps Cross and that officers should be more explicit about changes in areas such as renal services and specialist surgery. The Committee asked for details of the numbers of patients using these services across the whole system.

The Committee noted the update.

6 DIGITAL TRANSFORMATION OF HEALTH SERVICES

Whilst electronic patient records were available in hospitals, there had also been problems with the NHS IT infrastructure. The digital strategy covered four levels including infrastructure, clinician access to patient records, the combining of data from all health and care settings and patient access to records.

In North East London, repeat prescriptions could be accessed on line via the NHS app and on-line GP registrations were also available. On-line patient consultations were also available but it was emphasised that these were offered in addition to face to face appointments. The use of video consultations was also growing. Officers were also conscious of digital exclusion and traditional contact routes with a GP would not be disrupted by digital transformation.

The patient health portal in North East London would interact with the NHS app, allowing a two-way conversation between partners and clinicians. This was based on existing work with mental health service users who had used the app.

IT infrastructure had been upgraded for GP practices and Trust sites and this had facilitated the use of electronic prescribing. Laptops had also been rolled out to GPs as part of the Covid-19 response. The East London Patient Record had been successful across the sector and three local social services departments were also using this system.

Information from GPs could now be shared from GPs to hospital departments, pharmacies etc. The data could be used for example to prompt a GP to issue blood tests for their patient.

Officers agreed with a representative of Healthwatch Havering that traditional methods of contacting a GP should be retained as well as digital systems. It was also accepted that many GP websites were inadequate. Guidance on websites was being sent to surgeries and consultation would be carried out with Healthwatch on this area. A Healthwatch Barking & Dagenham representative shared the same concerns and NHS officers agreed that the risk of digital exclusion would be considered further. The best on-line tools would need to be found for each practice. As regards GP phone systems, local best practice would need to be looked at.

Whilst some conditions could not be assessed remotely, officers felt it was also important to reduce numbers of patients in waiting rooms in order to lower infection levels. It was emphasised that it was wished for there to be patient involvement in this process.

Data sharing was raised as a concern and patients were able to opt out of sharing their data on a national basis if they wished.

It was a agreed that a written report on the digital transformation process should be supplied to the Committee for information.

7 COMMITTEE'S WORK PROGRAMME

It was agreed that the recent reconfiguration of local ambulance stations should be brought to the next meeting of the Committee for scrutiny.

8 DATES OF FUTURE MEETINGS

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

Chairman

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Havering
LONDON BOROUGH

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 14 SEPTEMBER 2021

Subject Heading:	Covid-19 Update
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	The information presented gives an update on the position with the Covid-19 pandemic in Outer 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 information presented gives details of the current situation with the Covid-19 pandemic and vaccine roll-out in Outer North East London.

RECOMMENDATIONS

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

REPORT DETAIL

Attached is current information on progress with the Covid-19 vaccine roll-out in this region.

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.

NHS
North East London
Clinical Commissioning Group

Update for Outer North East London Joint Health Overview and Scrutiny Committee

3 September 2021

Vaccination progress
We have now given nearly 2.3million Covid-19 vaccinations in north east London (see the accompanying document for a breakdown of uptake by cohort). We continue to run a variety of events and campaigns to encourage people to take up their offer of a jab. You can see the latest sessions via the links below.

For centres, opening times, and booking information in Barking and Dagenham, Havering and Redbridge click here.

For centres, opening times and booking information in City and Hackney click here.

For centres, opening times and booking information in Tower Hamlets, Newham and Waltham Forest click here.

Visit our website, frequently asked questions and videos for all the facts and latest updates and see our vaccine information for young adults, as well as our regularly updated Q&As for young people.

Covid-19 cases in north east London
The number of Covid-19 cases per 100,000 people in north east London has fallen overall in the last week (with a slight rise in Havering) and there is minimal variation across the patch. The overall rate of cases in north east London is lower than the national and London average.

However everyone is reminded to follow the national guidance to stay safe and help prevent the spread of infection. This includes and wearing a face covering in health and care settings and in crowded areas such as public transport, as well as limiting social contact and regular hand washing.

Data source: GOV.uk COVID-19 dataset. Data is reported with a weekly lag due to the way data is captured.

Cases are allocated to the person's area of residence. Therefore, community in this context means the patient's local authority.

Vaccines for people aged 16 and over

Sixteen and 17-year-olds are being urged to come forward for their free Covid-19 jab as new vaccination sites open across north east London.

Another 25 community pharmacies started delivering vaccinations to this age group from Saturday (27 August) and with schools and colleges returning and case rates remaining high, those aged 16 and 17 are being reminded that Covid-19 does not only affect older people.

Getting vaccinated reduces the chances of getting Covid-19 at school or college and potentially spreading it to family members; and from having to isolate with the virus and missing out on going out with friends. It also reduces the chances of getting seriously ill – including long Covid.

Letters have been sent to 16 and 17-year-olds in all our boroughs, inviting them to come to their nearest walk-in vaccination centre. Text messages are also being issued, and a three-week paid social media campaign optimised for this cohort is live to generate higher levels of knowledge about this eligibility.

Anyone in this age group can easily find their nearest centre through the 'Grab a Jab' NHS online walk-in finder. There is no need to pre-book and no need to bring a parent or guardian; you can simply walk in and have your jab. More than 500,000 people aged 16 and 17 have already had their Covid-19 vaccination in the UK.

The National Booking Service (NBS) is currently open to anyone aged 18 or over, and to people within three months of their 18th birthday.

- You can find young people's Covid stories here
- FAQs for younger people are here
- Information on where 16 and 17-year-olds can get vaccinated is here

Guidance on vaccines for 12-15 year-olds

The Joint Committee on Vaccination and Immunisation (JCVI) has advised that children aged 12-15 should be offered a Covid-19 vaccination if they have specific underlying health

conditions that put them at risk of serious illness or if they are household contacts of adults or children who are immunosuppressed. More information can be found here.

Letters are being sent to eligible children, inviting them for their vaccine and giving details of how they can book an appointment.

Third jabs for people with severely weakened immune system
People who have a severely weakened immune system are to be offered a third Covid-19 jab. This extra dose will be offered to anyone over 12 who was severely immunosuppressed at the time of their first or second dose, including those with leukaemia, advanced HIV, and recent organ transplants.

This recommendation by the Joint Committee on Vaccination and Immunisation (JCVI) is separate from a potential booster programme. A booster is designed to extend the already strong protection someone has received from their first and second jabs, this third dose is for people whose compromised immune systems mean two are insufficient. People who it applies to will be contacted for their third dose.

Covid-19 booster
Plans are underway to deliver and promote the Covid-19 booster vaccination to eligible cohorts in north east London. Those eligible for the booster are adults aged 50+, adults aged 18-49 who are 'At Risk' (e.g. compromised immune systems) or living with long-term health conditions, carers, and health and social care frontline workers.

Vaccinations will start from mid-September following formal announcements.

Qualifying patients will be contacted via their GP practice, in addition to their invitation for the annual flu jab. They will need to have had their second jab at least six months before having their booster. Co-administration with flu vaccinations encouraged if possible.

To support the programme and maximise intention of take-up for both the Covid-19 booster and flu vaccine among eligible groups, we will deliver a multi-channel targeted marketing campaign to address barriers and increase confidence and understanding of the benefits.

NE London vaccination programme

Key challenges for the programme

- The ethnicity groups with the lowest uptake in NE London are White/Asian, White/Black Caribbean, Mixed other, Black African, Black other and other.
- The population in NE London is very peripatetic with significant numbers moving in/out of the area.
- There is a general trend that there is a lower vaccination uptake in the more deprived areas of NE London.
- People from some groups, refugee and migrant groups, the homeless, have weaker links to established healthcare and access to the vaccine.

Vaccination programme outcomes

- I am confident that the vaccine will protect my own health and that of my family and friends.
- I am supported to make an informed choice about having the vaccine and I know where to get my questions answered.
- I am confident in being able to support and enable others to take up the vaccine (staff).
- Increased vaccination uptake among groups experiencing inequalities.
- I am able to receive the vaccination at a time/location that was convenient for me.
- I had a positive experience of being vaccinated.
- System partners work collaboratively to identify those who require additional information and support to access the vaccine.
- Systems are able to monitor and track progress in vaccinating all cohorts and underserved groups, and by protected characteristics and deprivation.

Our learning and insights from implementing phases 1 and 2 of the vaccination programme

70% Of our activity has come from PCN and Community Pharmacy LVS sites. This is a lot higher than was originally planned.

2,260,303 Vaccines have been administered across all sites so far.

65% Of the eligible population of 1,861,396 have so far received a first dose (1,206,366 individuals).

Key learning points

- Our partnerships with voluntary sector organisations, faith groups, community groups, vaccine ambassadors and community champions has been invaluable.
- Hyper-local approaches to outreach and community engagement has been key. Including pop-ups in community settings, churches, mosques and temples.
- Clinicians, working alongside Directors of Public Health and community champions to deliver webinars, online discussions or videos for social media has helped address particular concerns or worries amongst specific community groups.
- Every contact counts approaches in vaccination sites has helped to address wider health issues or access to support.
- Developing vaccine champions within each organisation and encouraging discussions with peer groups has been helpful to increase vaccination update amongst staff.
- Developing a local place-based integrated model of delivery is preferable, recognising that there is not a one size fits all approach to delivering the vaccination programme across NE London.

Legacy of the vaccination programme

- The use of volunteers in the NE London COVID-19 response has been invaluable.
- The ability to work in partnership with faith groups, community groups and voluntary sector organisations to enable people to have a discussion about the vaccine with people that they know and trust.
- Being able to deliver vaccination outreach clinics in places of worship, community settings and retail units. How could we build on this for other public health campaigns linked to obesity or diabetes for instance?
- People coming together across a broad range of organisations and teams to work on a common task/aim. People just got on with it. Through this we have established closer partnership working relationships with providers, public health teams and social care teams. Modelling an ICS in action.
- Innovations in recruiting and mobilising staff.

"While this has been one of the most challenging periods of my career, it has also been the most rewarding."

"We would find a solution to problems and the teams were at the top of their game."

"Seeing people aged over 80 queuing up for their vaccine, in tears, saying that is their life-line. Very proud to work for the NHS".

"It has been a chance to look across the system and address health inequalities in a new and different way"

"We could not have done it without the support of volunteers". Volunteers contributed greatly to the success of the vaccination programme".

Initiatives that we are proud of that we will take forward into phase 3

Barts Health vaccination outreach team

- **Over 250 outreach clinics (20 per week) working with 20 community partners.**
- **18,809 people vaccinated.**
- **New partnerships with faith groups and community groups established.**
- **A proven flexible outreach model for reducing health inequalities. Taking health services into places of worship, community settings, hostels, hotels and even on buses!**
- **High levels of satisfaction from those who were vaccinated and confidence in the health and care professionals.**
- **Shortlisted for an HSJ Award.**

Other initiatives include:

- Newham multi-generational pilot
- Borough call centres to support call and recall and uptake of second doses
- Use of social media and joint communications campaigns
- Specialist outreach clinics and teams supporting specific groups of people
- Roving teams for housebound and care homes
- Pop-ups in schools, colleges, universities and with employers
- Webinars and engagement events, working collaboratively with vaccine champions, faith group leaders, parent carer forums, youth forums and community leaders
- Making every contact count initiatives (including the use of social prescribing link workers in vaccination sites)
- Enabling a carer to be vaccinated at the same time as the person they are caring for
- Outreach vaccination clinics for pregnant women
- Alignment of the COVID-19 vaccination and testing programmes
- Enabling health and social care staff to access a vaccine.

North East London Health & Care Partnership

North East London

COVID-19 Vaccination Dashboard

NEL COVID-19 Vaccine Uptake

North East London Health & Care Partnership

Total Vaccinations	Eligible Population	Individuals Vaccinated	Percent Vaccinated
2,267,592	1,862,001	1,209,941	65%
(Across all sites)	Individuals	First Dose (all cohorts)	% Vaccinated (1st dose)

Total Vaccinations by Site (includes non-NEL residents)

Hospital Hubs
138,461

Local Vaccination Sites - PCN
1,121,916

Local Vaccination Sites - Pharmacy
409,154

Vaccination Centres
598,061

Care Home
11,513

Total First Vaccinations Delivered, Cohorts 1-2

1. Care home residents	4566	94%
1. Care home staff	6577	91%
2. Age 80+	37,006	89%
2. NHS and social care workers	16,387	83%

Total First Vaccinations Delivered, Cohorts 3-13

Priority Groups	First Doses	% Vaccinated
3. Age 75-79	28,990	89%
4. Age 70-74	43,122	88%
4. CEV	61,603	85%
5. Age 65 to 69	51,624	84%
6. Carers - DWP	8,798	73%
6. Carers - LA	1,596	81%
6. COVID19 at risk	70,705	76%
7. Age 60-64	55,745	81%
8. Age 55-59	71,492	78%
9. Age 50-54	83,141	75%
10. Age 40-49	198,533	67%
11. Age 30-39	252,266	56%
12. Age 18-29	214,007	53%
13. Age 16-17	13,787	28%

Data sources: Site data - Foundry, cohort data -NIMS dashboard, care home data - 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:
05 September 2021

COVID-19 Vaccinations: Totals by CCG

North East London Health & Care Partnership

Total Vaccinations by Clinical Commissioning Group

CCG Name	Individuals	First Dose	First Dose %	Remaining First Doses	Second Dose	Second Dose %
NHS BARKING AND DAGENHAM CCG	178,098	111,356	63%	66,742	95,906	54%
NHS CITY AND HACKNEY CCG	273,261	167,327	61%	105,934	147,299	54%
NHS HAVERING CCG	229,002	177,362	77%	51,640	162,083	71%
NHS NEWHAM CCG	350,507	208,744	60%	141,763	177,253	51%
NHS REDBRIDGE CCG	269,951	187,370	69%	82,581	166,421	62%
NHS TOWER HAMLETS CCG	302,381	193,597	64%	108,784	164,215	54%
NHS WALTHAM FOREST CCG	258,802	164,186	63%	94,616	145,260	56%
Total	**1,862,002**	**1,209,942**	**65%**	**652,060**	**1,058,436**	**57%**

Data sources: Cohort data from NIMS dashboard. Totals include all cohorts 1-12.

Latest Date Reported:
05 September 2021

Vaccinations by cohort:	Eligible Population	Total Vaccinations	Percent of Eligible Vaccinated
NEL	1,862,001 (All cohorts)	1,209,941 First Dose (all cohorts)	65% First Dose (All cohorts)

North East London Health & Care Partnership

Total Vaccinations by Cohort Group (cohorts 2-13)

Priority Groups	Individuals	First Dose	First Dose %	Remaining First Doses	Second Dose	Second Dose %
2. Age 80+	41,748	37,006	89%	4,742	36,353	87%
2. NHS and social care workers	19,677	16,387	83%	3,290	15,367	78%
3. Age 75-79	32,730	28,990	89%	3,741	28,509	87%
4. Age 70-74	49,198	43,122	88%	6,075	42,415	86%
4. CEV	72,348	61,603	85%	10,745	58,696	81%
5. Age 65 to 69	61,182	51,624	84%	9,557	50,324	82%
6. Carers - DWP	12,090	8,798	73%	3,292	7,983	66%
6. Carers - LA	1,960	1,596	81%	364	1,505	77%
6. COVID19 at risk	92,511	70,705	76%	21,806	65,651	71%
7. Age 60-64	69,243	55,745	81%	13,498	53,949	78%
8. Age 55-59	91,585	71,492	78%	20,094	68,567	75%
9. Age 50-54	110,934	83,141	75%	27,793	78,870	71%
10. Age 40-49	298,073	198,533	67%	99,541	181,782	61%
11. Age 30-39	452,319	252,266	56%	200,053	214,994	48%
12. Age 18-29	405,231	214,007	53%	191,223	151,990	38%
13. Age 16-17	50,032	13,787	28%	36,246	1,465	3%
13. Other 0-17	1,140	1,140	100%	0	16	1%

Data sources: Cohort data from NIMS dashboard. Individuals that appear in more than one cohort group will be divided across the groups evenly.

Latest Date Reported:
05 September 2021

Vaccinations by cohort:	Eligible Population	Total Vaccinations	Percent of Eligible Vaccinated
BHR	677,051 (All cohorts)	476,087 First Dose (All cohorts)	70% First Dose (All cohorts)

North East London Health & Care Partnership

Total Vaccinations by Cohort Group (cohorts 2-13)

CCG Name	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 %
2. Age 80+	3,867	3,314	86%	3,233	84%	11,941	11,288	95%	11,202	94%	8,399	7,605	91%	7,481	89%
2. NHS and social care workers	2,378	1,938	82%	1,792	75%	2,969	2,651	89%	2,543	86%	2,883	2,515	87%	2,384	83%
3. Age 75-79	2,917	2,484	85%	2,440	84%	8,715	8,213	94%	8,153	94%	6,288	5,672	90%	5,588	89%
4. Age 70-74	4,450	3,766	85%	3,689	83%	12,017	11,200	93%	11,115	92%	9,296	8,310	89%	8,182	88%
4. CEV	7,979	6,817	85%	6,488	81%	7,818	7,124	91%	6,944	89%	10,083	8,896	88%	8,534	85%
5. Age 65 to 69	5,853	4,752	81%	4,624	79%	11,849	10,806	91%	10,667	90%	10,932	9,541	87%	9,363	86%
6. Carers - DWP	1,466	1,080	74%	988	67%	1,369	1,081	79%	1,002	73%	1,342	1,016	76%	931	69%
6. Carers - LA	168	152	91%	145	86%	338	307	91%	299	88%	338	298	88%	285	84%
6. COVID19 at risk	9,615	7,397	77%	6,868	71%	12,259	10,571	86%	10,095	82%	13,817	11,202	81%	10,537	76%
7. Age 60-64	6,808	5,337	78%	5,183	76%	12,749	11,386	89%	11,218	88%	11,664	9,760	84%	9,496	81%
8. Age 55-59	9,663	7,428	77%	7,079	73%	15,202	13,353	88%	13,082	86%	14,384	11,809	82%	11,392	79%
9. Age 50-54	12,187	8,954	73%	8,491	70%	15,874	13,559	85%	13,147	83%	17,287	13,531	78%	12,918	75%
10. Age 40-49	30,923	20,407	66%	18,554	60%	32,576	24,993	77%	23,551	72%	45,457	31,899	70%	29,508	65%
11. Age 30-39	38,079	19,742	52%	15,972	42%	38,923	25,275	65%	21,656	56%	58,377	33,697	58%	28,961	50%
12. Age 18-29	35,218	16,354	46%	10,260	29%	37,960	23,093	61%	17,149	45%	50,993	28,422	56%	20,419	40%
13. Age 16-17	6,441	1,346	21%	100	2%	6,241	2,262	36%	256	4%	8,169	2,955	36%	439	5%
13. Other 0-17	86	86	100%	0	0%	201	201	100%	5	2%	242	242	100%	2	1%
Total	**178,098**	**111,356**	**63%**	**95,906**	**54%**	**229,002**	**177,362**	**77%**	**162,083**	**71%**	**269,951**	**187,370**	**69%**	**166,421**	**62%**

Vaccinations by cohort:	Eligible Population	Total Vaccinations	Percent of Eligible Vaccinated
TNW	911,690 (All cohorts)	566,527 First Dose (All cohorts)	62% First Dose (All cohorts)

North East London Health & Care Partnership

Total Vaccinations by Cohort Group (cohorts 2-13)

CCG Name	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 %
2. Age 80+	4,252	3,549	83%	3,445	81%	3,251	2,818	87%	2,742	84%	6,149	5,276	86%	5,172	84%
2. NHS and social care workers	3,347	2,685	80%	2,478	74%	2,804	2,290	82%	2,110	75%	2,793	2,276	82%	2,151	77%
3. Age 75-79	3,700	3,100	84%	3,030	82%	2,611	2,264	87%	2,186	84%	5,039	4,394	87%	4,314	86%
4. Age 70-74	6,252	5,199	83%	5,068	81%	4,218	3,637	86%	3,552	84%	7,308	6,295	86%	6,202	85%
4. CEV	15,848	13,323	84%	12,584	79%	12,071	10,549	87%	9,988	83%	8,672	7,153	82%	6,829	79%
5. Age 65 to 69	9,476	7,644	81%	7,364	78%	6,112	5,094	83%	4,907	80%	9,258	7,582	82%	7,372	80%
6. Carers - DWP	2,202	1,599	73%	1,439	65%	2,503	1,932	77%	1,742	70%	1,499	1,051	70%	938	63%
6. Carers - LA	39	28	73%	23	59%	177	154	87%	145	82%	436	319	73%	290	67%
6. COVID19 at risk	16,848	12,239	73%	11,192	66%	12,625	9,588	76%	8,724	69%	13,924	10,364	74%	9,635	69%
7. Age 60-64	11,178	8,388	75%	7,979	71%	7,041	5,631	80%	5,396	77%	10,536	8,287	79%	8,008	76%
8. Age 55-59	15,420	11,149	72%	10,506	68%	9,346	7,432	80%	7,074	76%	14,454	10,901	75%	10,485	73%
9. Age 50-54	19,907	13,844	70%	12,926	65%	12,735	9,874	78%	9,339	73%	17,769	12,646	71%	11,945	67%
10. Age 40-49	57,003	35,385	62%	31,832	56%	43,643	30,143	69%	27,402	63%	45,477	29,215	64%	26,727	59%
11. Age 30-39	91,821	46,158	50%	38,543	42%	88,039	50,206	57%	42,931	49%	61,089	34,136	56%	29,403	48%
12. Age 18-29	83,641	41,792	50%	28,664	34%	88,514	50,036	57%	35,821	40%	47,437	22,394	47%	15,595	33%
13. Age 16-17	9,400	2,492	27%	178	2%	6,540	1,800	28%	156	2%	6,773	1,705	25%	191	3%
13. Other 0-17	172	172	100%	3	2%	151	151	100%	2	1%	190	190	100%	2	1%
Total	**350,507**	**208,744**	**60%**	**177,253**	**51%**	**302,381**	**193,597**	**64%**	**164,215**	**54%**	**258,802**	**164,186**	**63%**	**145,260**	**56%**

orted: 2021

Vaccinations by cohort:	Eligible Population	Total Vaccinations	Percent of Eligible Vaccinated
CITY AND HACKNEY	273,261 (All cohorts)	167,327 First Dose (All cohorts)	61% First Dose (All cohorts)

North East London Health & Care Partnership

Total Vaccinations by Cohort Group (cohorts 2-13)

CCG Name	NHS CITY AND HACKNEY CCG				
Priority Groups	**Individuals**	**First Dose**	**First Dose %**	**Second Dose**	**Second Dose %**
2. Age 80+	3,888	3,157	81%	3,078	79%
2. NHS and social care workers	2,503	2,032	81%	1,908	76%
3. Age 75-79	3,459	2,864	83%	2,799	81%
4. Age 70-74	5,657	4,715	83%	4,609	81%
4. CEV	9,876	7,740	78%	7,329	74%
5. Age 65 to 69	7,702	6,205	81%	6,027	78%
6. Carers - DWP	1,709	1,040	61%	943	55%
6. Carers - LA	465	338	73%	318	68%
6. COVID19 at risk	13,423	9,344	70%	8,600	64%
7. Age 60-64	9,268	6,956	75%	6,669	72%
8. Age 55-59	13,118	9,420	72%	8,949	68%
9. Age 50-54	15,175	10,733	71%	10,105	67%
10. Age 40-49	42,994	26,490	62%	24,208	56%
11. Age 30-39	75,991	43,053	57%	37,529	49%
12. Age 18-29	61,468	31,916	52%	24,082	39%
13. Age 16-17	6,468	1,227	19%	145	2%
13. Other 0-17	98	98	100%	2	2%
Total	**273,261**	**167,327**	**61%**	**147,299**	**54%**

Data sources: Cohort data from NIMS dashboard. Individuals that appear in more than one cohort group will be divided across the groups evenly.

Latest Date Reported:
05 September 2021

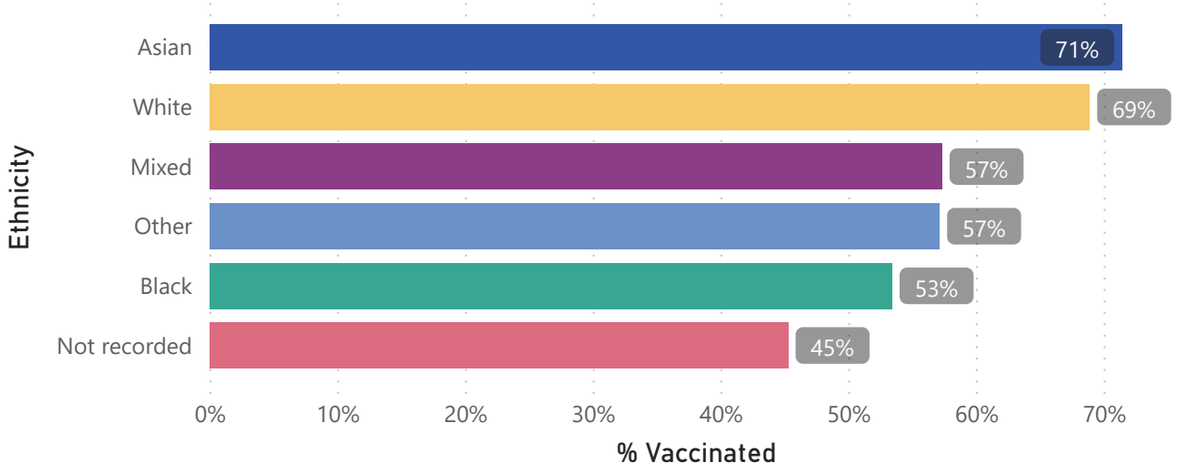
COVID-19 Vaccinations: Ethnicity

North East London Health & Care Partnership

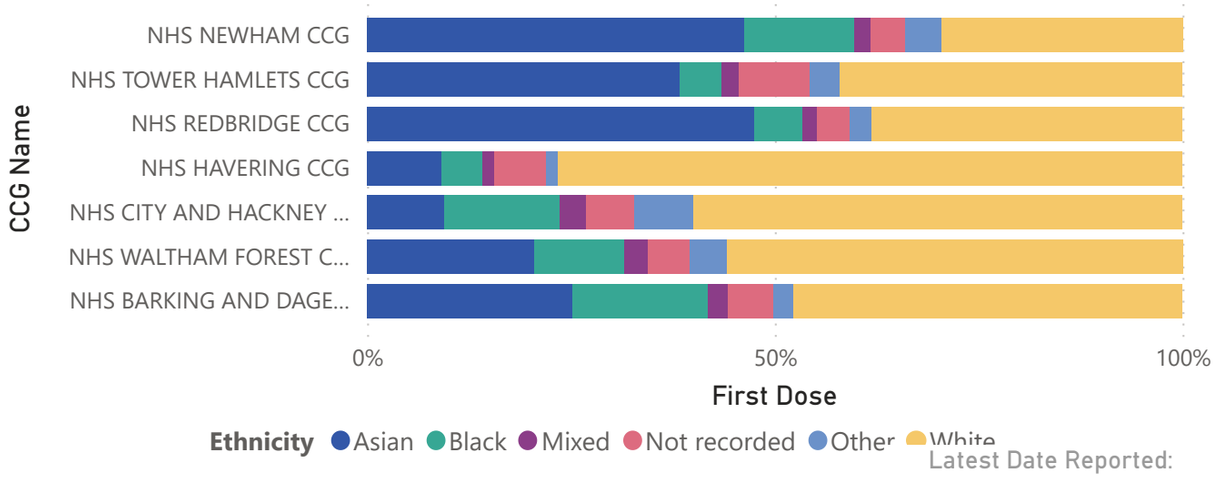
Total Vaccinations by CCG and Ethnicity (all cohorts)

CCGName	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	28,072	74%	15,803	68%	16,183	81%	96,456	69%	88,971	76%	74,311	68%	33,575	69%	**353,371**	**71%**
Black	18,504	57%	23,612	49%	8,971	60%	28,336	53%	10,972	56%	9,765	54%	18,238	52%	**118,398**	**53%**
Mixed	2,680	55%	5,584	55%	2,518	64%	4,111	55%	3,480	61%	4,216	59%	4,756	56%	**27,345**	**57%**
Not recorded	6,270	39%	9,896	43%	11,202	62%	9,004	35%	7,389	43%	16,739	51%	8,466	43%	**68,966**	**45%**
Other	2,753	53%	12,076	52%	2,677	66%	9,078	61%	5,183	62%	7,209	58%	7,373	59%	**46,349**	**57%**
White	53,077	65%	100,356	69%	135,811	81%	61,759	56%	71,375	70%	81,357	66%	91,778	68%	**595,513**	**69%**
Total	**111,356**	**63%**	**167,327**	**61%**	**177,362**	**77%**	**208,744**	**60%**	**187,370**	**69%**	**193,597**	**64%**	**164,186**	**63%**	**1,209,942**	**65%**

Percent of Eligible Population Vaccinated (all cohorts)



Total Vaccinations by CCG and Ethnicity (all cohorts)



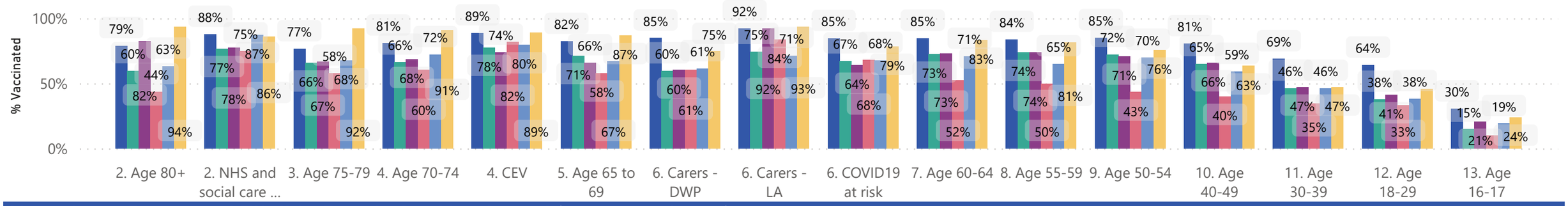
Data sources: Cohort data from NIMS dashboard. Individuals that appear in more than one cohort group will be divided across the groups evenly.

Latest Date Reported:
05 September 2021

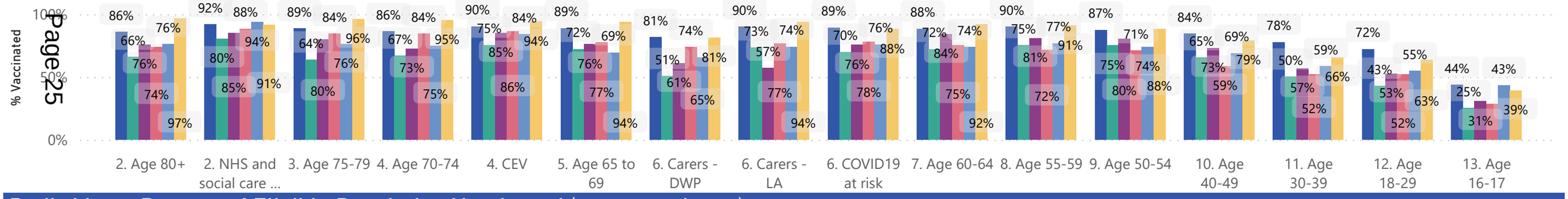
COVID-19 Vaccinations: Cohort by CCG & Ethnicity

North East London Health & Care Partnership

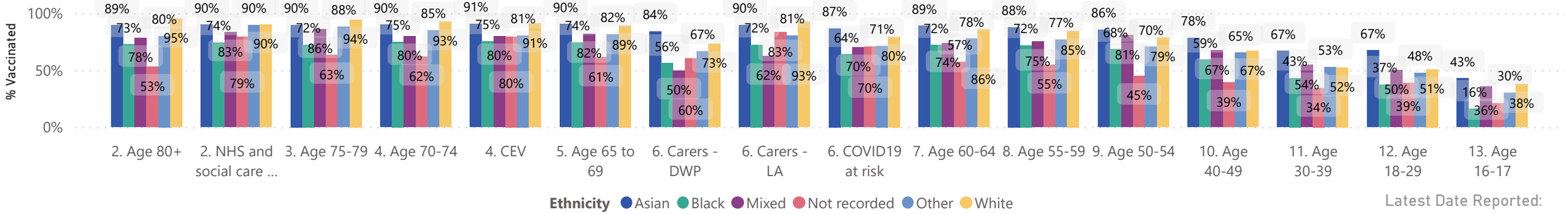
Barking & Dagenham - Percent of Eligible Population Vaccinated (current cohorts)



Havering - Percent of Eligible Population Vaccinated (current cohorts)



Redbridge - Percent of Eligible Population Vaccinated (current cohorts)



Ethnicity Asian Black Mixed Not recorded Other White

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

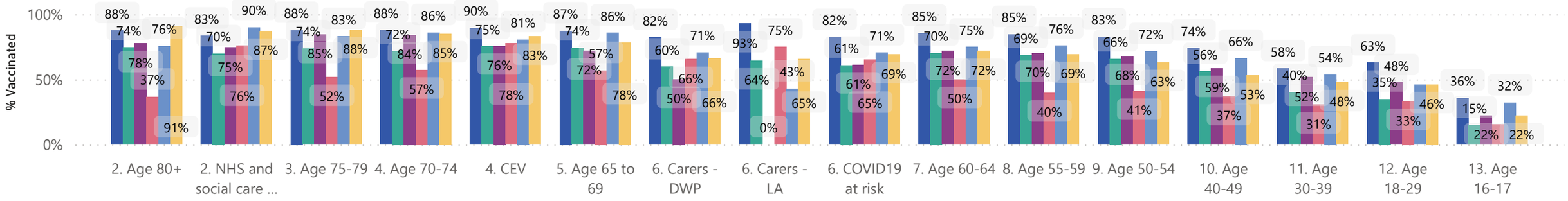
Latest Date Reported:

05 September 2021

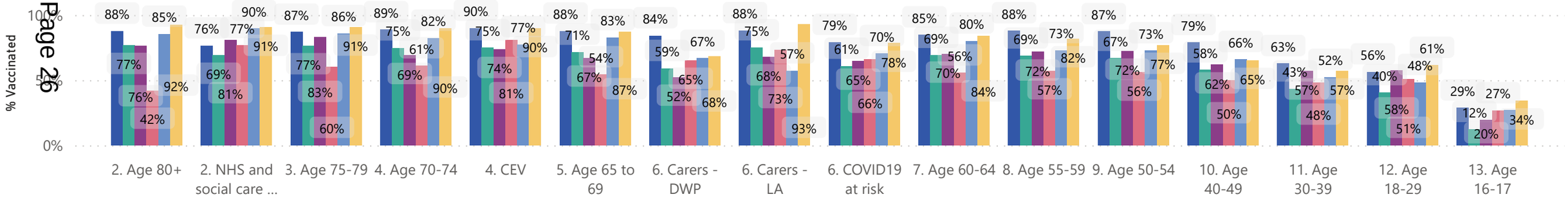
COVID-19 Vaccinations: Cohort by CCG & Ethnicity

North East London Health & Care Partnership

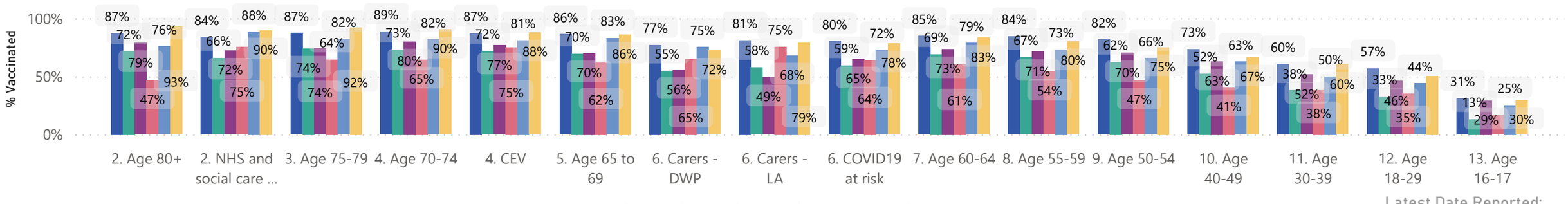
Newham - Percent of Eligible Population Vaccinated (current cohorts)



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



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



Ethnicity Asian Black Mixed Not recorded Other White

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

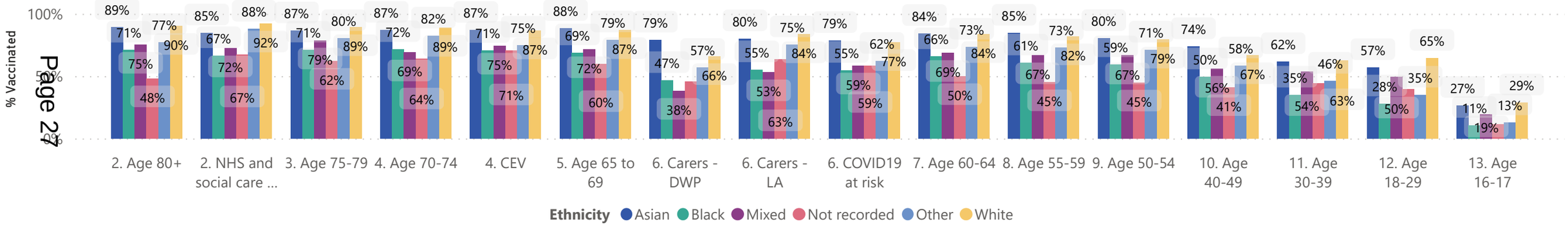
Latest Date Reported:

05 September 2021

COVID-19 Vaccinations: Cohort by CCG & Ethnicity

North East London Health & Care Partnership

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



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

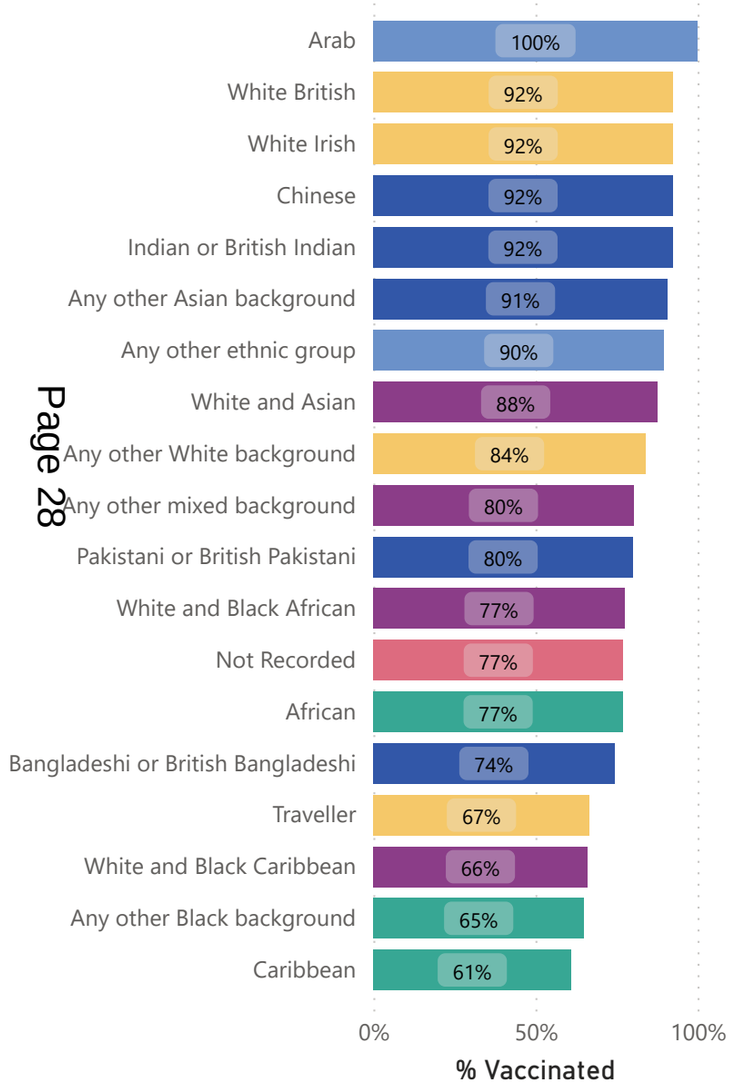
Latest Date Reported:

05 September 2021

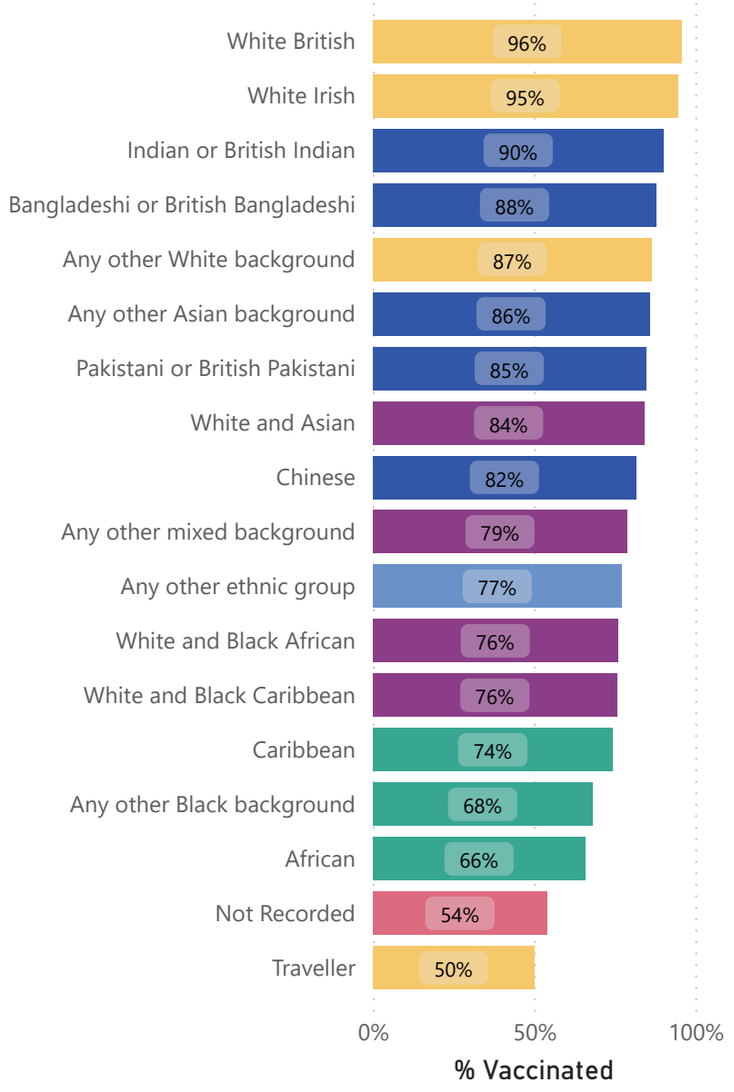
COVID-19 Vaccinations: % Vaccinated by Ethnicity (NEL level)

North East London Health & Care Partnership

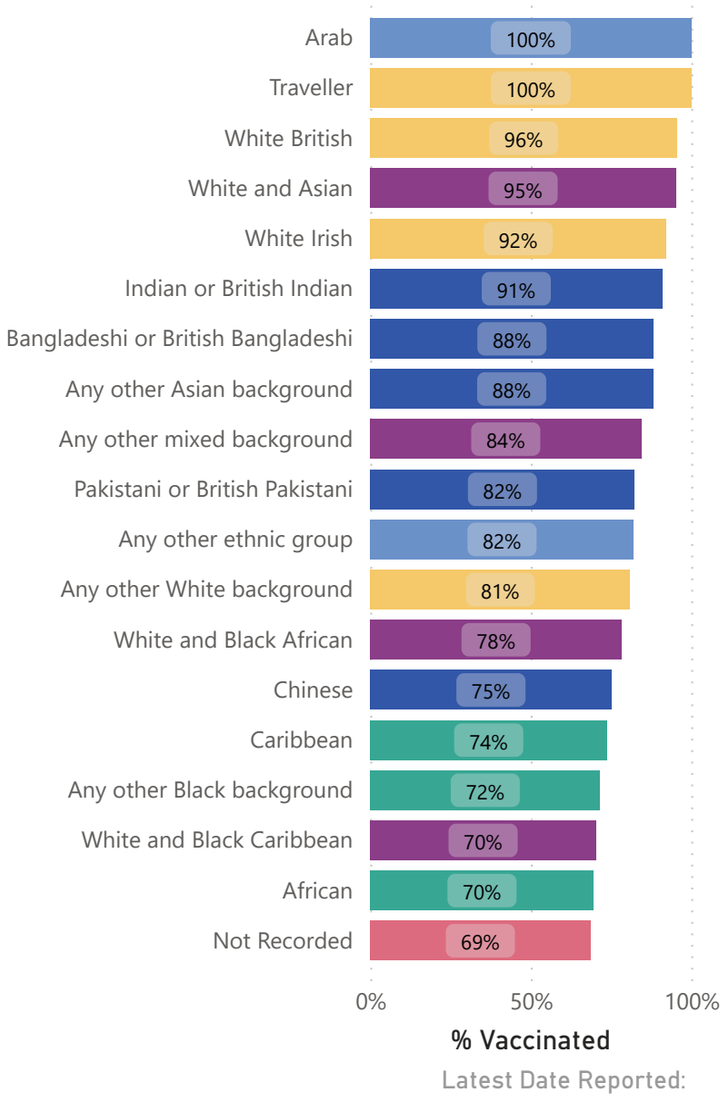
Cohort 2: Health and Social Care Workers



Cohort 2: Age 80+



Cohort 3: Age 75-79



Latest Date Reported:

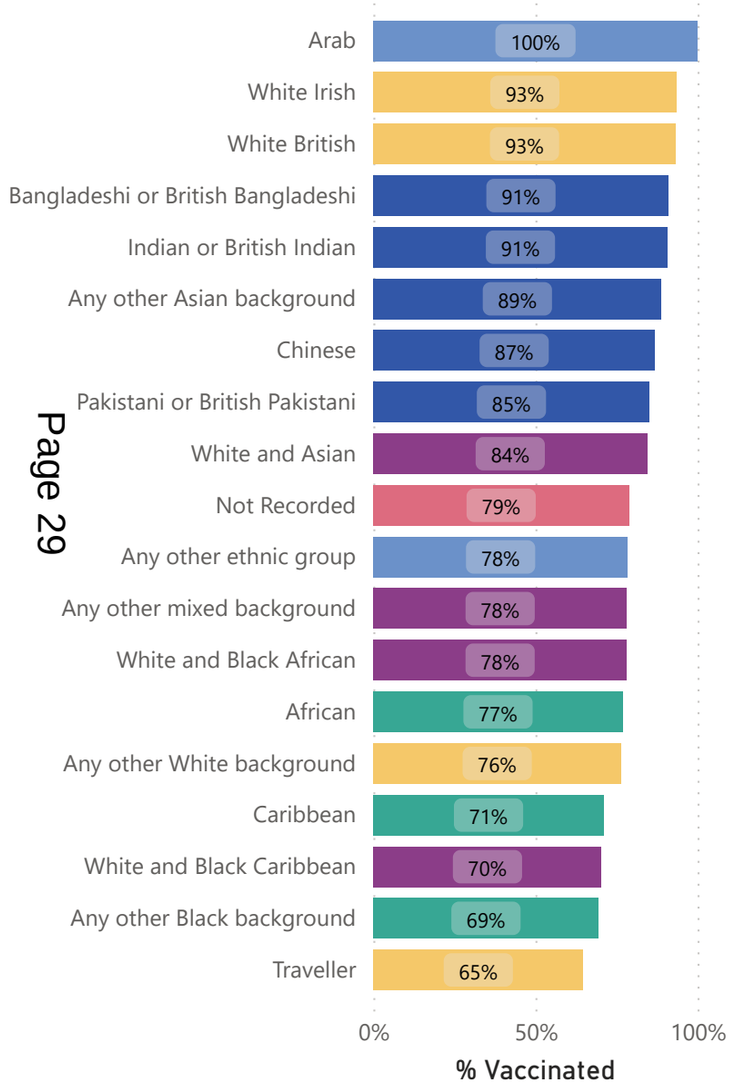
05 September 2021

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

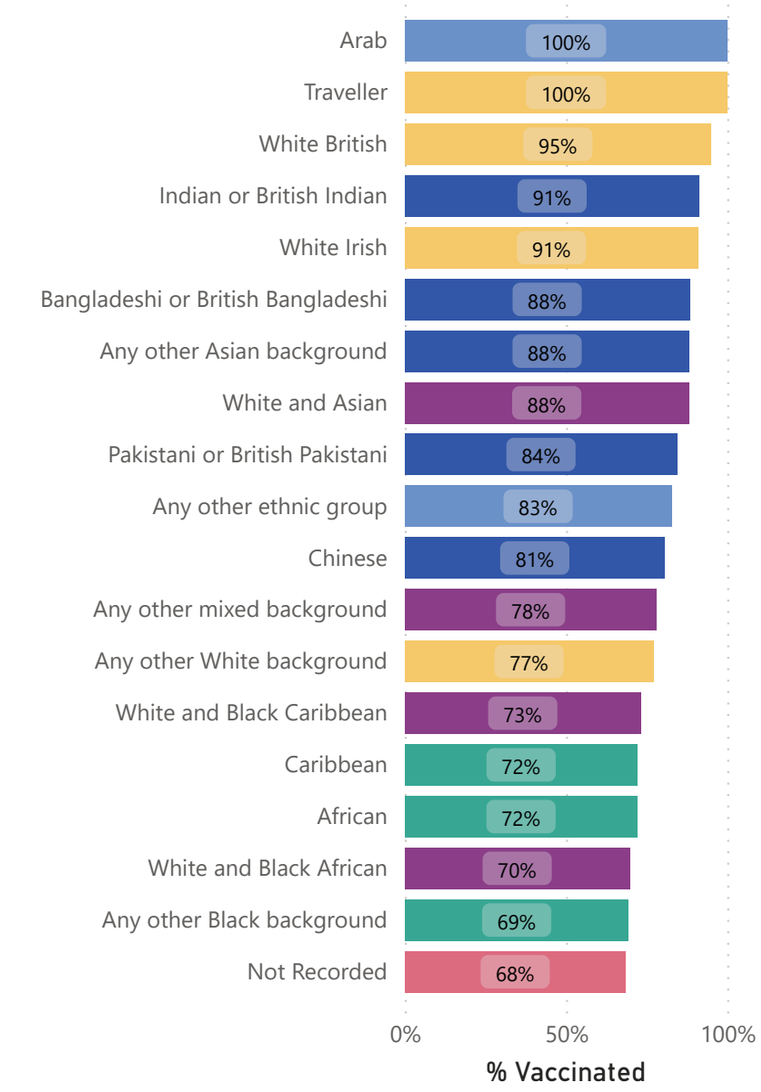
COVID-19 Vaccinations: % Vaccinated by Ethnicity (NEL level)

North East London Health & Care Partnership

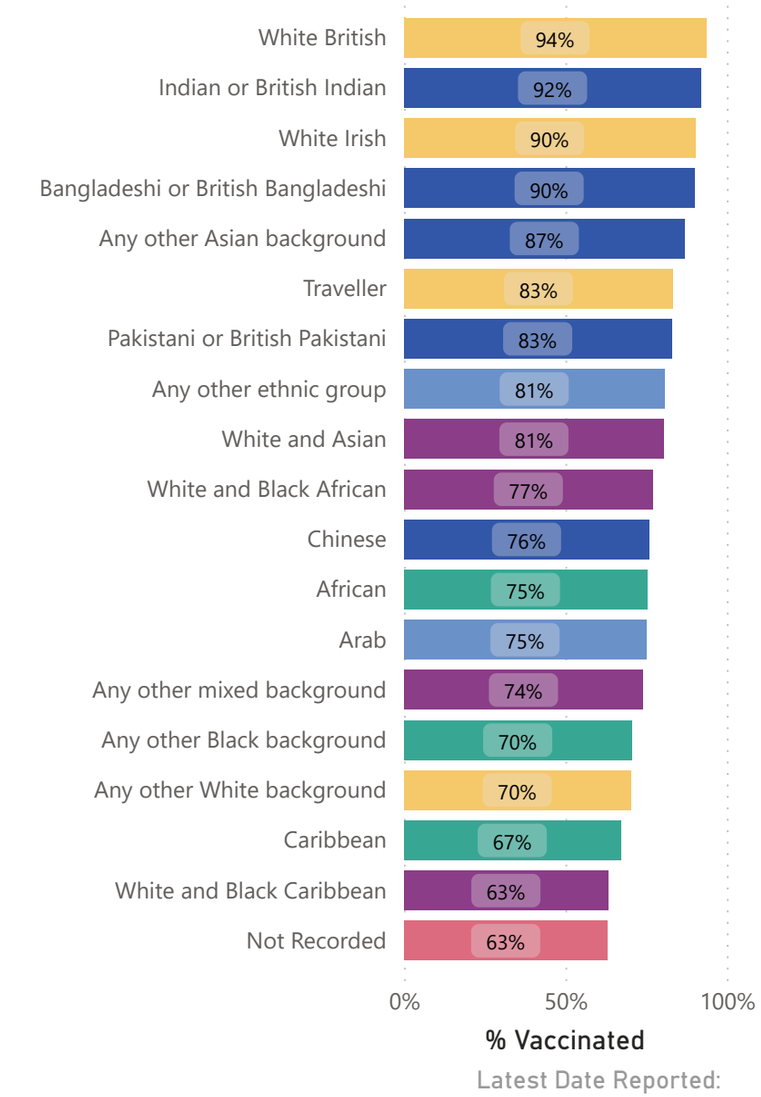
Cohort 4: Clinically Extremely Vulnerable



Cohort 4: Age 70-74



Cohort 5: Age 65-69



Latest Date Reported:

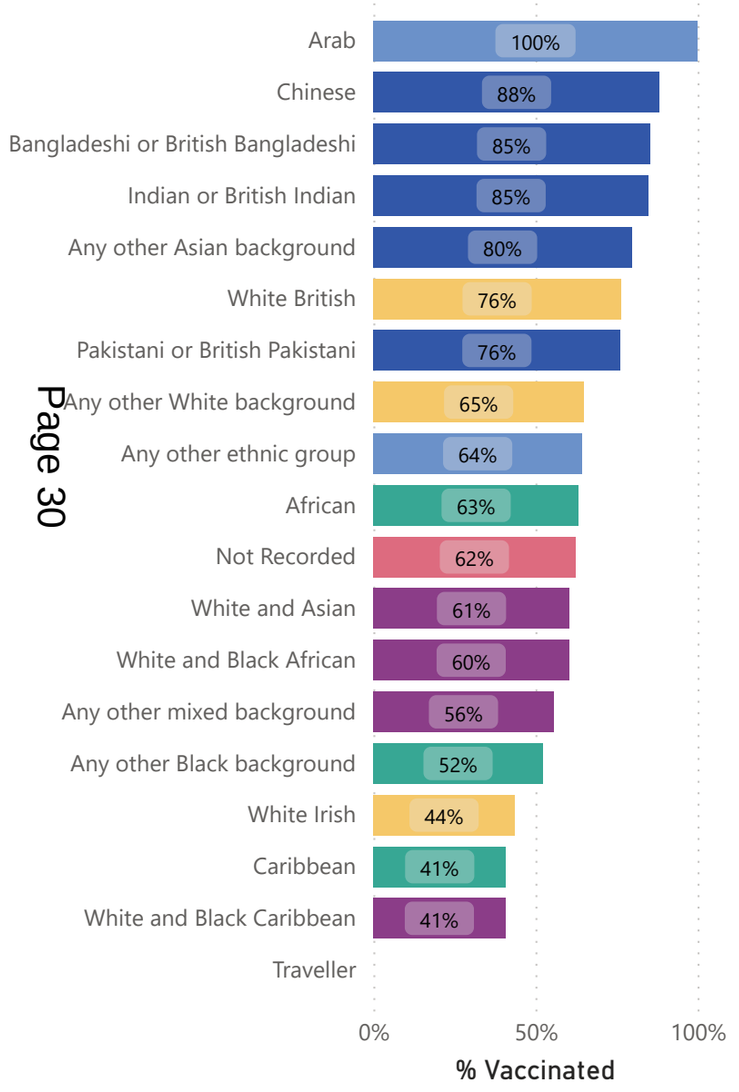
05 September 2021

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

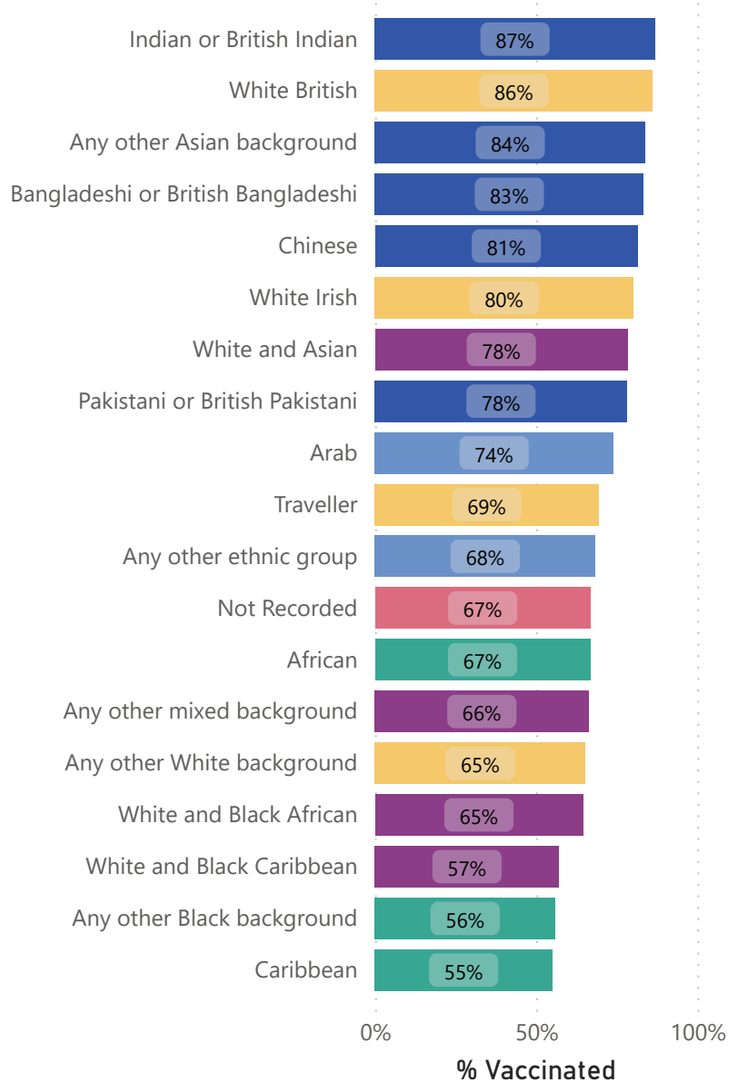
COVID-19 Vaccinations: % Vaccinated by Ethnicity (NEL level)

North East London Health & Care Partnership

Cohort 6: Carers (DWP)



Cohort 6: At risk of COVID-19



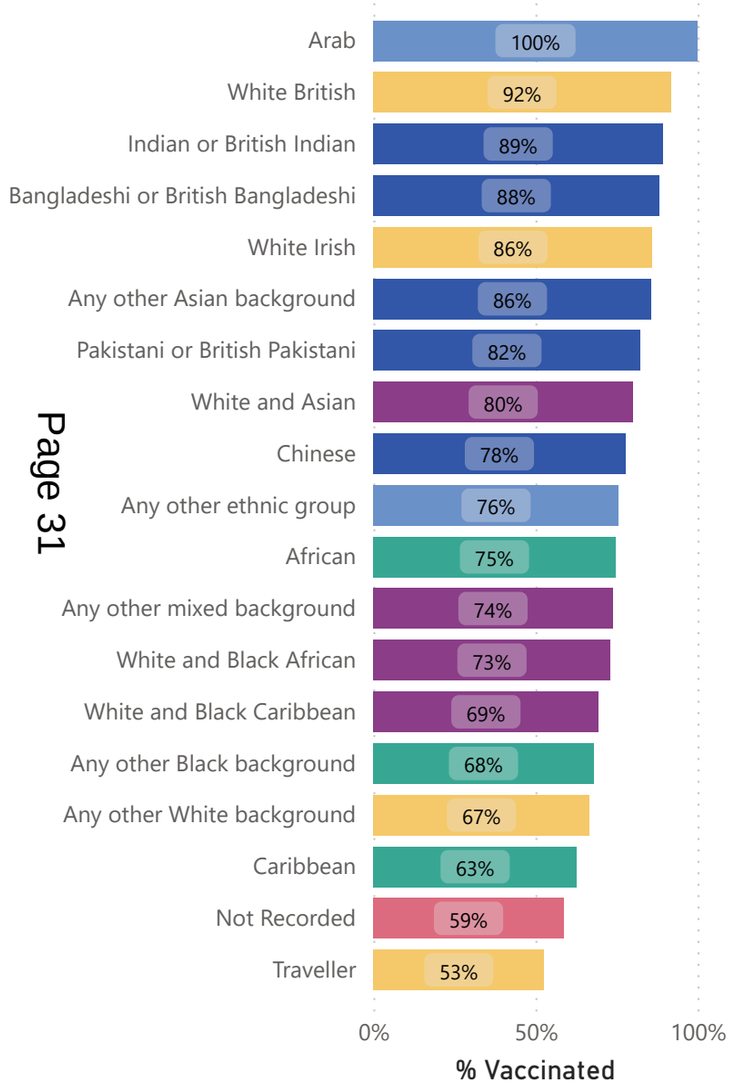
Data sources: Cohort data from NIMS dashboard. Cohort ethnicity breakdowns are updated weekly.

Latest Date Reported:
05 September 2021

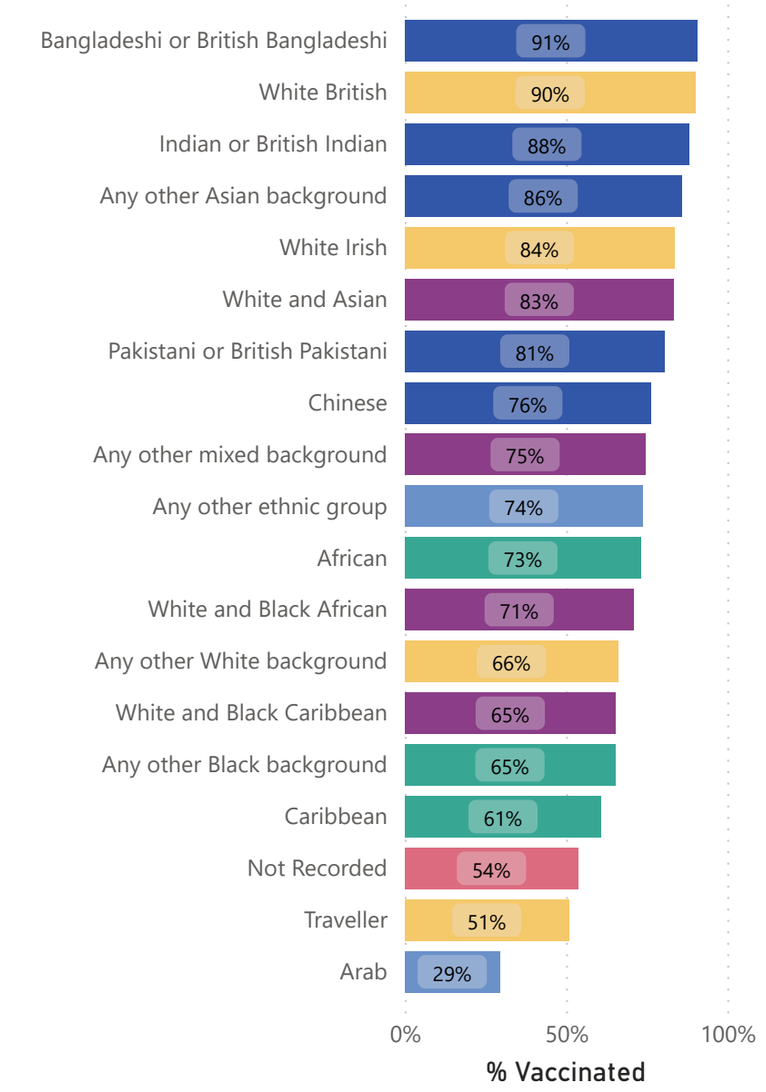
COVID-19 Vaccinations: % Vaccinated by Ethnicity (NEL level)

North East London Health & Care Partnership

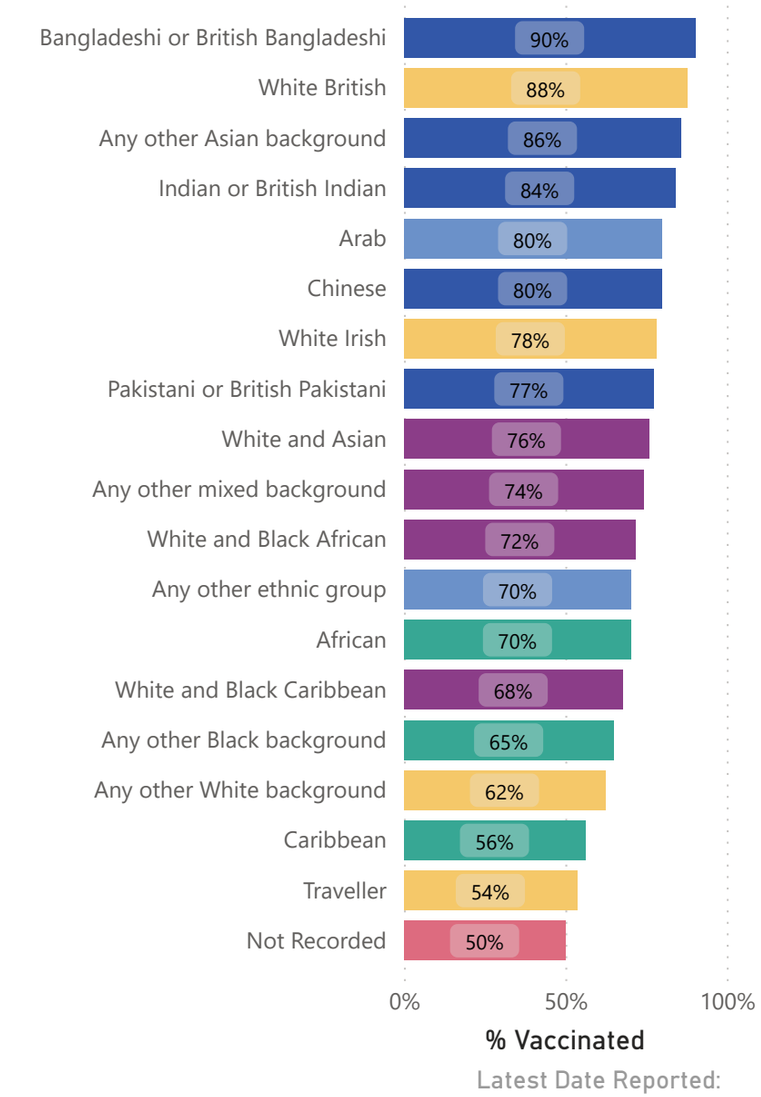
Cohort 7: Age 60-64



Cohort 7: Age 55-59



Cohort 9: Age 50-54



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

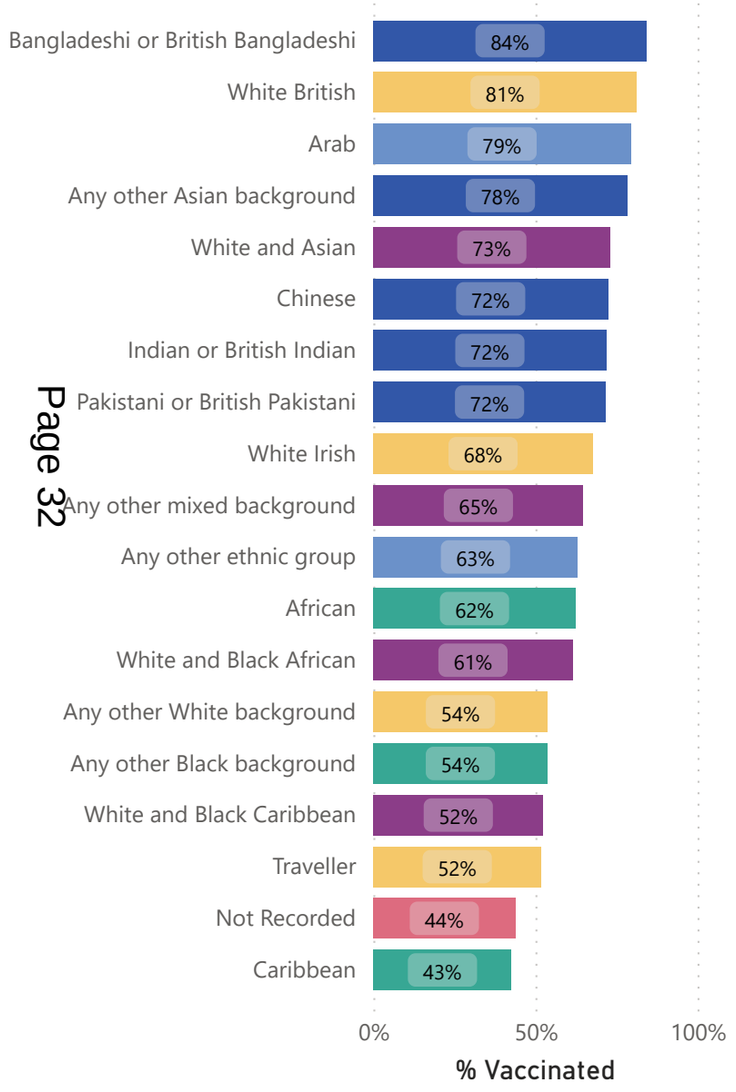
Latest Date Reported:

05 September 2021

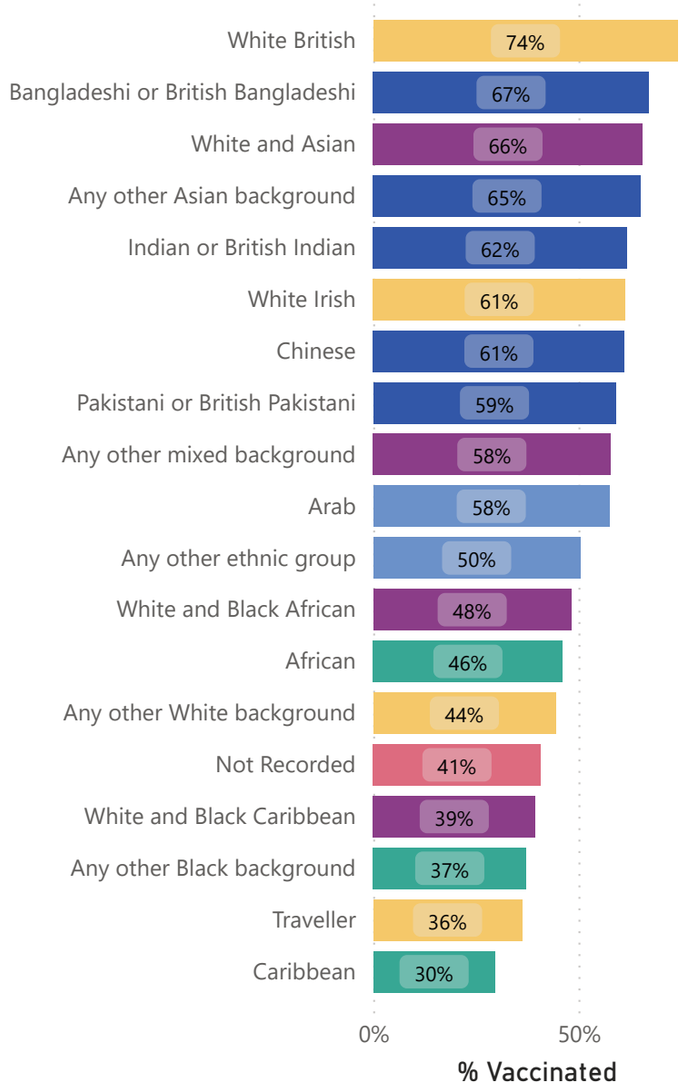
COVID-19 Vaccinations: % Vaccinated by Ethnicity (NEL level)

North East London Health & Care Partnership

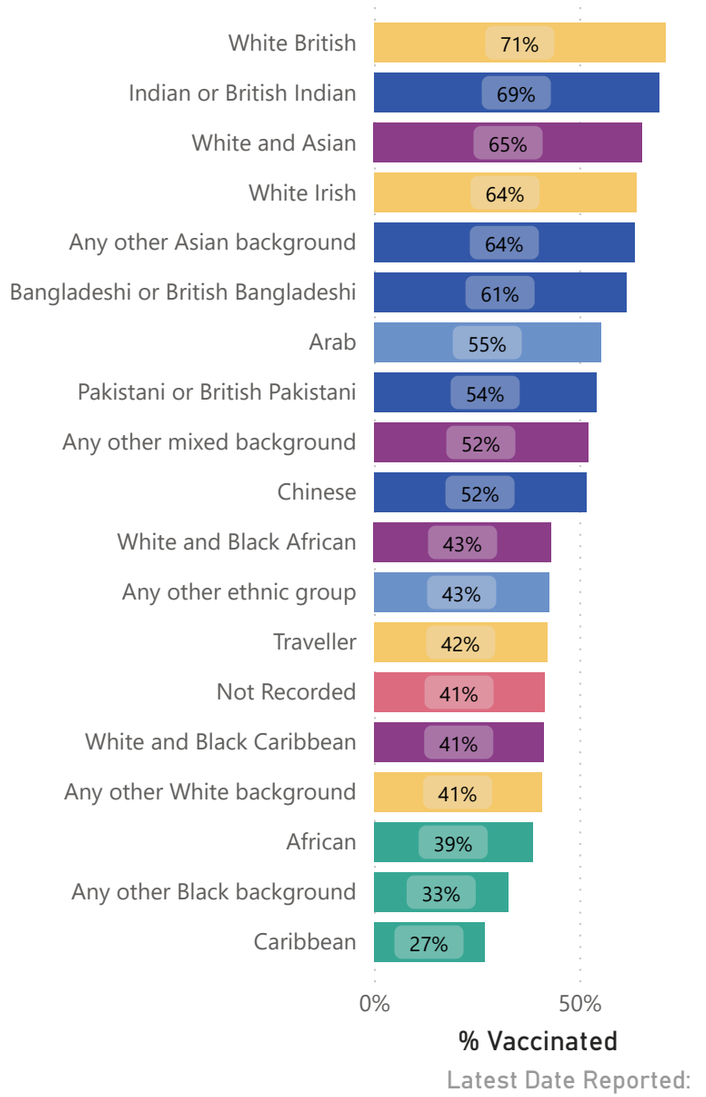
Cohort 10: Age 40-49



Cohort 11: Age 30-39



Cohort 12: Age 18-29



Latest Date Reported:

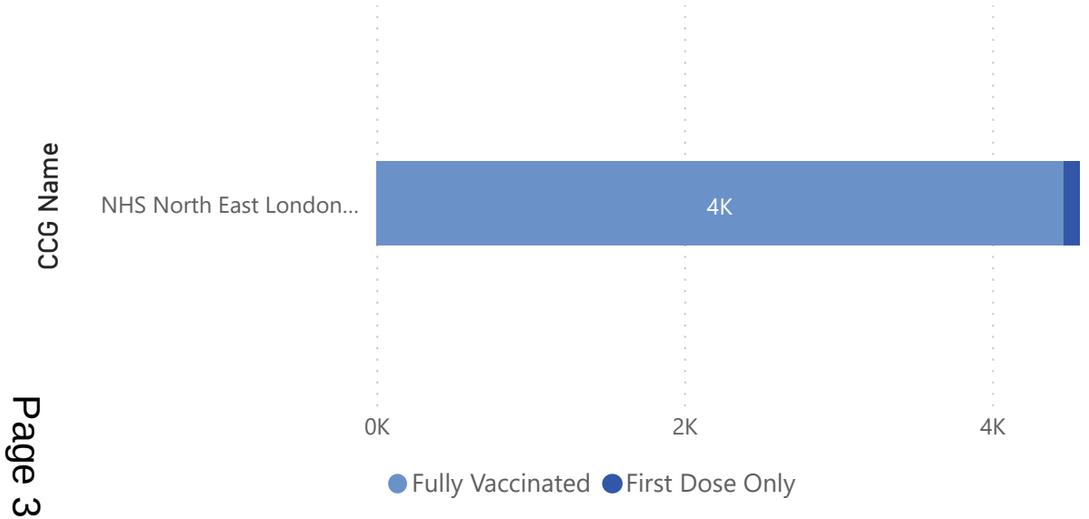
05 September 2021

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

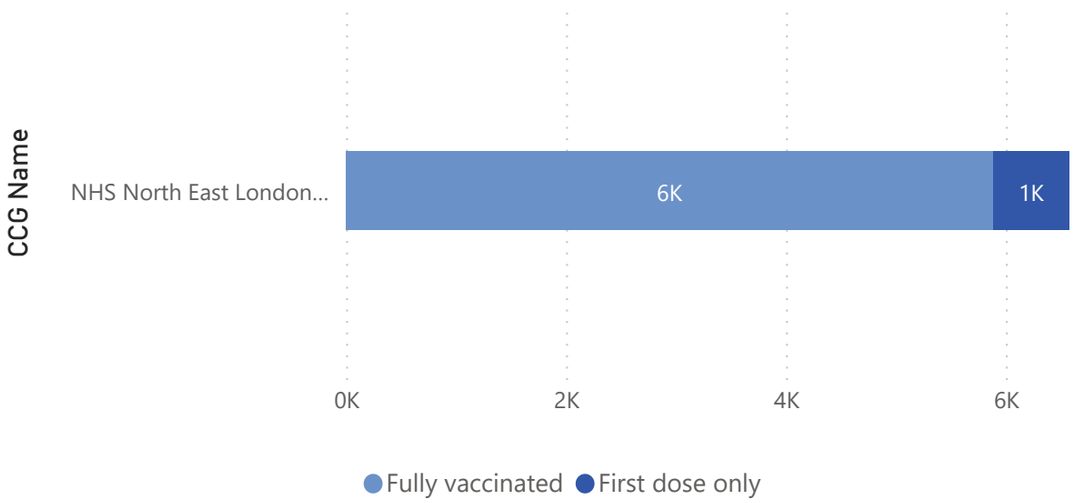
COVID-19 Vaccinations: Older Adult Care Homes

North East London Health & Care Partnership

Residents vaccinated by CCG



Staff (including agency) vaccinated by CCG



Remaining Residents by Home

CCG Name	% First Dose	% Second Dose
⊞ NHS North East London CCG	94%	92%
Total	**94%**	**92%**

Remaining Staff by Home

CCG Name	% First Dose	% Second Dose
⊞ NHS North East London CCG	91%	81%
Total	**91%**	**81%**

Data sources: Care home 1st dose vaccination 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:
06/09/2021 08:47:...

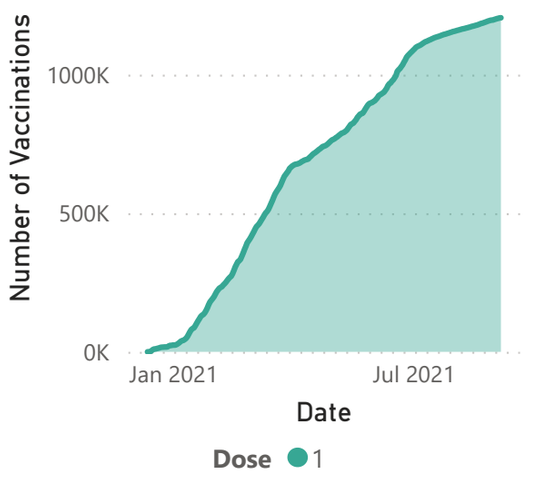
COVID-19 Vaccinations: All Sites

North East London Health & Care Partnership

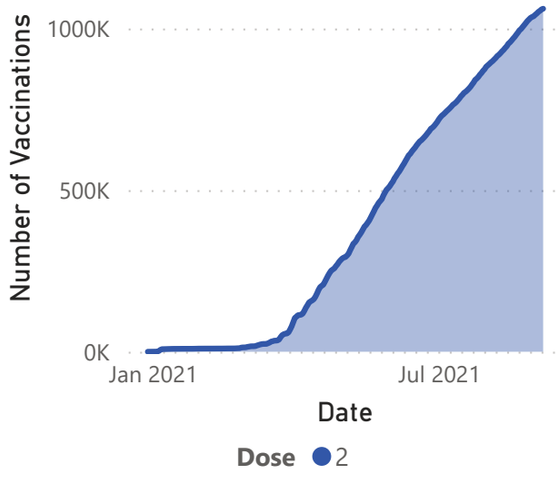
Total Vaccinations by Site

Delivery Model	AZ	Moderna	Pfizer	Total
⊟ **Hospital Hubs**	**44,211**		**94,911**	**139,122**
BARLEY COURT	13,099		32	**13,131**
HOMERTON UNIVERSITY	15,890		4,418	**20,308**
KING GEORGE HOSPITAL	7,401		208	**7,609**
MILE END HOSPITAL	6,691		110	**6,801**
NEWHAM GENERAL HOSPITAL	2		9,468	**9,470**
QUEEN'S HOSPITAL	1,128		38,231	**39,359**
ST BARTHOLOMEW'S HOSPITAL			11,775	**11,775**
THE ROYAL LONDON HOSPITAL			14,169	**14,169**
WHIPPS CROSS HOSPITAL			16,500	**16,500**
⊞ **Local Vaccination Sites**	**749,087**	**47,112**	**734,871**	**1,531,070**
⊟ **Vaccination Centres**	**388,221**	**11**	**209,829**	**598,061**
Chingford Leisure Centre	35,878		18,143	**54,021**
ExCEL Centre (Barts Health)	129,650	8	267	**129,925**
King George Hospital VC	18,261		42,635	**60,896**
Liberty Shopping Centre	75,225		62,066	**137,291**
Sanofi	41,070		4,134	**45,204**
The Street Westfield 2 (Old Range Rover Unit)	3,430	3	26,426	**29,859**
Westfield Stratford City (ELFT)	84,707		56,158	**140,865**
Total	**1,181,519**	**47,123**	**1,039,611**	**2,268,253**

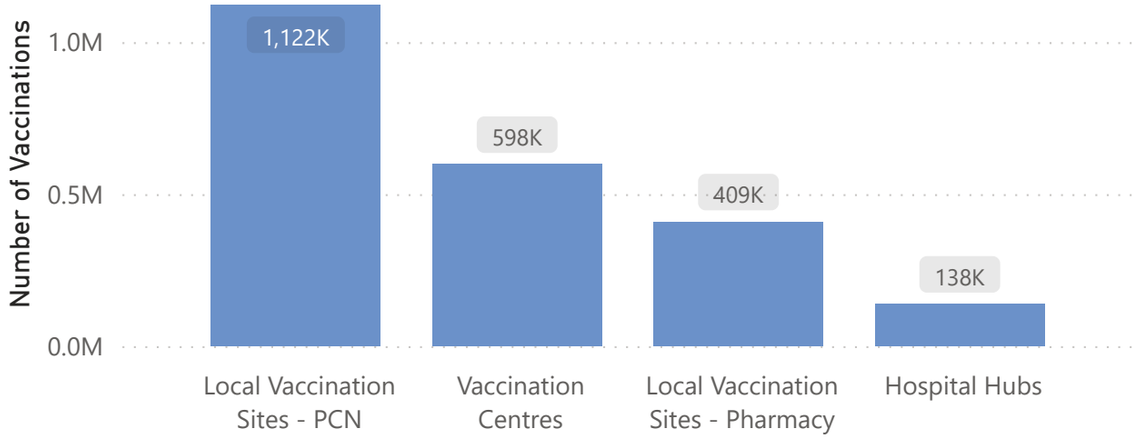
Total 1st Doses by Date



Total 2nd Doses by Date



Total Vaccinations by Delivery Model



Latest Date Reported:
05 September 2021

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

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 may lead to Cohort 6 progress being underestimated.

UPDATE 22/04/2021: Where an individual appears in more than one cohort group NIMS database divides that individual evenly across the cohort groups. e.g. a healthcare workder aged 45, high COVID-19 risk will appear 0.33 in Cohorts 2, 6 and 10. This leads to a decrease in the denominator figures by cohort group, but allows cohort totals to be added together to reach the overall totals by CCG or STP.

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.

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Havering
LONDON BOROUGH

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 14 SEPTEMBER 2021

Subject Heading:	System-wide service changes
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	The information presented summarises recent changes to local health services in Outer 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 information presented gives details of the service changes that have been implemented following the Covid-19 pandemic.

RECOMMENDATIONS

1. That the Joint Committee scrutinises the information presented on changes to health services and takes any action it considers appropriate.

REPORT DETAIL

Attached is a summary of changes made to health services locally, often as a result of the Covid-19 pandemic. The Joint Committee is asked to scrutinise whether these changes have proved beneficial and if they are likely to remain permanent.

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.

North East London Health & Care Partnership

NEL services developments

ONEL JHOSC

14 September 2021

Background: Our response to Covid

North East London Health & Care Partnership

- Hospitals, urgent care, primary care and other services have been (and continue to be) under huge pressure due to the pandemic.
- Across NEL we have continued to work in partnership, and across organisational boundaries to rapidly respond to the impact of Covid-19.
- Across all of our services, we will need to remain flexible to any changing circumstances. We are also planning for our longer-term services, reviewing our Long Term Plan from Autumn 2019 and what has changed since.
- Our review of temporary Covid changes includes consideration of those which may be beneficial to keep, those which could be returned to pre-pandemic arrangements, and any new services or developments that need to be made to support clinical priorities and population health need across NEL.

Operational priorities

North East London Health & Care Partnership

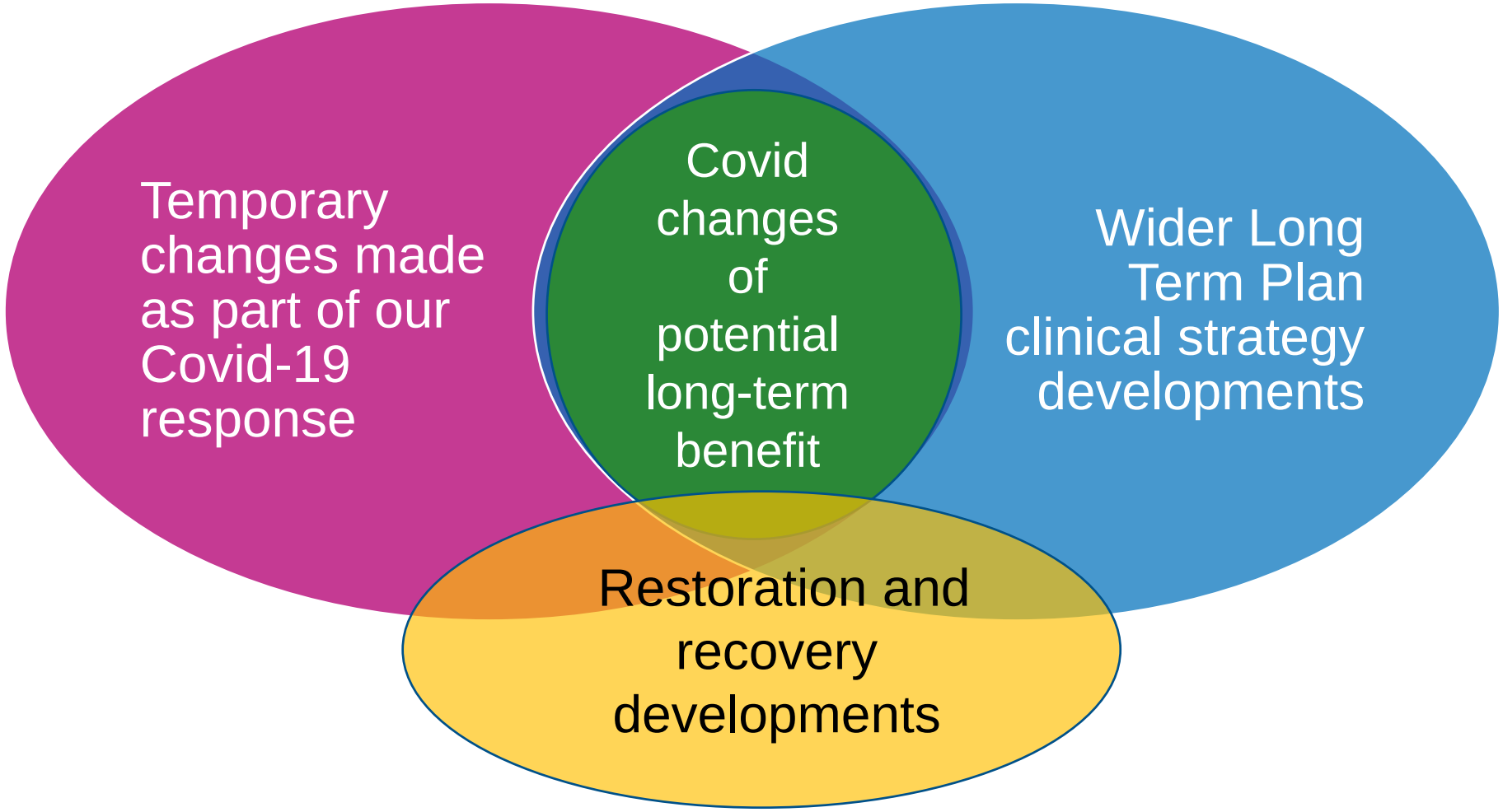
Temporary service changes and potential improvements are centred around our top operational priorities as described in our Operational Planning Report 2021/22 which can be found in our Governing Body papers

In all that we do we will focus on reducing inequalities e.g. by restoring services inclusively; mitigating against digital exclusion; ensuring datasets are complete and timely; and accelerating preventative programmes which proactively engage those at greatest risk of poor health outcomes

1. Supporting the health and wellbeing of staff, and improving recruitment and retention
2. Continuing to meet the needs of patients with Covid-19
3. Maximising elective activity and transforming delivery
4. Restoring full operation of all cancer services
5. Expand and improve services for people with a learning disability and/or autism
6. Deliver improvements in maternity care
7. Restoring and increasing access to primary care services
8. Implementing population health management and personalised care approaches
9. Transforming community services and improving discharge
10. NHS111 as the primary route to urgent care and timely admission to hospital from emergency departments.

Service developments

North East London Health & Care Partnership



Temporary changes made as part of our Covid-19 response

North East London Health & Care Partnership

A list of temporary service changes made in response to the pandemic is updated periodically through our local operational planning groups, reviewed by our Clinical Advisory Group and published on our website. E.g.:

- Vaccination hubs – some hubs continue; changes expected Sept as part of booster
- Temporary closure of overnight paediatric Emergency Department at KGH in order to reallocate Clover ward to critical care – now reopened. All inpatient paediatric care was (and continues to be) carried out at Queen's; an inpatient ward at KGH is planned to reopen later in the year. Paediatric inpatient units and Whipps Cross and Newham closed – reopened
- Some cancer surgery transferred to independent sector – continues, but also now restarted in trusts
- Community nursing curtailed – restarted
- Medium and low priority services curtailed e.g. some rehabilitation and therapies – generally restarted
- At BHRUT:
  - Closed midwifery-led birthing centre at Queen's – reopened (closed 3-13 Sept to enable critical care building works)
  - Undertaking all routine, cancer and urgent diagnostic endoscopies (operating at both KGH and QH)
  - Orthopaedic trauma back from the North-East London Treatment Centre – now at Queen's Hospital
  - Infusions that were located in the Independent Sector during the first two Covid peaks have returned to Trust sites.
  - All BHRUT patients can have blood tests in our hospitals. Pilot of model of community phlebotomy with primary care and NELFT now underway across BHR

Recovery

North East London Health & Care Partnership

Recovery was the focus of the system-wide presentation to JHOSCs in June. As well as restarting previous services we are adding additional capacity and services (these are also generally highlighted in the list of temporary changes on our website:

- Planning for local public campaign to support identification of **cancers**
- We are increasing **outpatient** capacity by e.g.:
  - Maximising existing community provision including single points of access for multiple specialties such as cardiology, dermatology, colorectal, MSK, gastroenterology etc
  - Using Patient Initiated Follow Up (PIFU) – where patients choose to have a follow up when it is convenient and useful for them, rather than at a set pathway time chosen by clinicians.
- Working on the backlog of **elective activity**. We continue to use independent sector capacity to address elective backlogs. BHRUT has met the planning guidance elective recovery activity in Apr, May and June and achieved 85% activity in July (compared to pre-pandemic levels). People waiting 52 weeks or more have reduced from 1,938 in April to 1,188 in July. To help reduce waiting lists we are:
  - Creating four speciality high volume, low complexity (HVLC) surgical hubs at Homerton, King George, Newham and Whipps Cross focused on the six priority specialties
  - Creating ‘hub’ capacity for pain at Mile End hospital and for paediatric dentistry at the Royal London
  - Using mutual aid to transfer patients.

Covid-19 changes of potential longer term development examples

North East London Health & Care Partnership

- **New models of community and primary care.** Examples: home pulse oximetry – review practices and looking at improved models
  - **Changes to accessing GP services –** we are returning primary care appointments to pre-pandemic levels but maintaining choice of access.
  - Working with local authorities to review **discharge to access** pathway which has freed up acute beds and enabled medically fit patients back into the community.
  - **Transforming community services and improving hospital discharge**. Delivering improvements in the average length of stay, focusing on stays of over 21 days.
- Additional **nursing and care home beds** – potential for continuation
- Extended **intensive rehabilitation service** – potential for extension
- **Stroke rehabilitation** now at Meadow Court (Goodmayes). Potential to move Queen's rehab onto the same site and redesign pathway to implement national stroke pathway
- Planned **surgery pre-assessment** at Goodmayes – potential to remain.

Covid-19 changes of potential longer term development examples

North East London Health & Care Partnership

- **Rapid Diagnosis Centre** – For faster diagnosis of patients with vague symptoms/signs of cancer. Operating at Queen's and KGH (addition to the Royal London centre – opened in 2019)
- Developing plans which would also allow **elective care** to be protected at around 80% of business as usual and recruiting additional **critical care** staffing/ increasing critical care capacity to provide greater resilience for the system
- Implementation of national review of **diagnostic services** which requires an increase in diagnostic capacity and a new model of provision - Community Diagnostic Hubs (CDHs) which will be freestanding, digitally connected, multi-diagnostic facilities and can be combined with mobile / temporary units.
  - To aid recovery we plan to increase diagnostic capacity at Barking Community Hospital, including MRI and CT scanning and an extra ultrasound room and extra phlebotomy chair; Extended hour for echocardiograms and a mobile ophthalmology unit . Weekend endoscopy sessions are now running at King George Hospital
  - Each Integrated Care System will now work up more detailed proposals for a longer term plan and these will then be shared for patient and stakeholder involvement
- **Sexual Health services** continue to run from Barking Community Hospital (BCH) – looking to expand delivery of services moving forward, with the 'hub' remaining at BCH and re-establishing some 'spokes' at Loxford Polyclinic, Hainault Health Centre and Queen's Hospital.

Wider Long Term Plan clinical strategy developments

North East London Health & Care Partnership

- **Barts Health NHS Trust Clinical Strategy**. Prior to the pandemic Barts Health NHS Trust developed a proposed surgical strategy for the development of centres of excellence for surgery across Whipps Cross, Newham, St Bartholomew's, Royal London and Mile End Hospitals. BH was keen for patients and residents to have their say and had started an extensive engagement exercise which has been paused during the pandemic and recovery.

  To support the recovery the Trust has worked more closely with BHRUT to align with system partners plans and timelines and we are working closely together on the development of High Volume and Low Complexity hubs to support the recovery of elective services
- Deliver neurosurgery for NEL from two sites (Barts Health and BHRUT joint work)
- NHSE requirement to consolidate vascular surgery
- Delivery of Ockenden Report essential and immediate actions, including:
  - Board oversight from the ICS/CCG Chief Nurse Diane Jones.
  - Perinatal quality surveillance model fully implemented.
  - Local Maternity System demand and capacity review through Birthrate plus tool (electronic acuity dashboard commissioned by Trusts).
- Develop inpatient psychiatric services
- Consider future location of NEL children's cancer services.

Current developments – Hospitals

North East London Health & Care Partnership

- **Barking, Havering and Redbridge University Hospitals NHS Trust Clinical Strategy**
  Before the pandemic, BHRUT developed a draft clinical strategy – this plan sets out how high-quality services are delivered to meet the needs of local communities now and in the future. The Trust is now in the process of refreshing the strategy which was paused when the pandemic struck.

  BHRUT is keen for patients and residents to have their say and developed a public survey as one way of receiving feedback. Also working closely with Borough Partnerships to help shape the input to the clinical strategy. A draft will be ready towards the end of this year.

  In the meantime, a new paediatric assessment unit has opened at Queen's.
- **Whipps Cross Hospital redevelopment**
  Barts Health NHS Trust has been discussing plans for the hospital and the wider site with public, patients and staff in a series of public meetings and an online survey with 1,152 responses. Planning applications have been submitted and Waltham Forest Council, as the local planning authority, will undertake a statutory consultation on the proposals. See here for more information: www.bartshealth.nhs.uk/future-whipps or contact futurewhipps.bartshealth@nhs.net

Current developments – Community

North East London Health & Care Partnership

- **St George's, Hornchurch.** Redevelopment. To create a health and wellbeing centre including outpatient-based services, GP services and space for local voluntary and community groups, with a focus on care for older people. Will be a base for a joint team of health and social care professionals. An outline business case (including clinical case for change) is expected shortly. Engagement is taking place, with more expected after the OBC sets out more detail of the proposals. Work to start in 2022.

  More services in the community will also enable nearby Queen's Hospital to dedicate more clinical space to urgent and emergency care.

- **Renal services.** Provision in NEL is managed by Barts at Queen's, King George Hospital, Royal London, Whipps Cross and Newham. Plan to reprovide some services away from acute hospitals (benefitting from increased infection control) into more community-based locations (meaning services would be closer to homes). Eg. Whipps Cross stations could be at two community locations. Queen's stations could be located at St George's. Mile End could be developed for training home dialysis.

  - Ideas discussed with Renal Patient Forum and being discussed with staff. Looking to get Renal Patient Forum input to co-design letter and survey to go to all Whipps Cross and Queen's patients. Patient champions at each unit to promote engagement with the survey. Survey results to be drawn together with existing data (such as from National Patient Reported Environment Measures) to articulate key factors for assessing options and proposals.

Next steps

- As we come together as an ICS, the organisations in NEL will continue to work together to support Covid recovery with a focus on population health, tackling inequalities and transforming care
- As part of a new strategic approach to developing our clinical services, we will be working with local authority public health leads to review population health needs and patient flows across NEL flowing from the significant developments in housing and the transport infrastructure
- We will capitalise on the innovations we have seen thrive during our pandemic response, and work closer as a system to meet the needs of our local population now and in the future.

Havering
LONDON BOROUGH

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 14 SEPTEMBER 2021

Subject Heading:	BHRUT Clinical Strategy Update
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	The information presented gives details of work on the clinical strategy at BHRUT.
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 development of the Clinical Strategy at Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT).

RECOMMENDATIONS

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

REPORT DETAIL

The attached presentation gives details of work to develop the Clinical Strategy at BHRUT which will impact on hospital services provided across 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.

BHRUT CLINICAL STRATEGY UPDATE

ONEL JHOSC

September 2021

Hannah Coffey
Director of Strategy and Partnerships

Magda Smith
Chief Medical Officer

We're reviewing what your hospitals should look like in the future...

HAVE YOUR SAY

...and it's vital we hear from our local communities.

TAKING PRIDE IN OUR CARE

Barking, Havering and Redbridge University Hospitals NHS Trust

BACKGROUND

- In 2019/20, we started on the development of a ten-year clinical strategy to determine how we deliver services across our hospitals to provide the very best care for our communities
- We undertook a huge amount of work in the year before Covid-19, including a number of engagement events with staff, stakeholders, partners and members of our community across BHR
- The pandemic hit when we were working on the final phase of the strategy, so plans were paused abruptly while we turned our focus and efforts to managing the virus
- The world has since moved on and we want to take stock and refresh our strategy, as we consider the impact of Covid-19 and legislative developments, as well as incorporating what we have collectively learned over the last year
- As before, we must ensure the strategy is informed by the needs of our population and the views of our patients and partners, as well as recognising our wider role as an anchor organisation

WHERE WE GOT TO IN THE DEVELOPMENT OF THE STRATEGY

Case for change

Identified the **major opportunities for improvement and transformation** across BHRUT including:

Managing demand

- Demand for acute services is growing
- Some demand could be better served in alternative settings of care

Access, quality and safety

- Access across many services is poor
- Better use of capacity
- The quality and safety of services have been improving over time

Enablers

- Workforce constraints
- More efficient use of current estate assets
- Improved use of technology and digital innovations
- Challenges have impacted the financial position

The three pillars of the clinical strategy

The clinical strategy rested on three pillars, which were underpinned by recommendations to transform care models and organise services more effectively as well as deliver more care in community settings and virtually:

Running highly reliable hospitals

Accelerating integrated Borough-based partnerships

Collaborating with NEL partners

Central to the clinical strategy are **five transformative care models**: (1) Urgent and emergency care; (2) Planned care; (3) Maternity; (4) Cancer; and (5) Anticipatory care for people with complex needs

A review of the evidence base and benchmarking analysis informed the assessment of impact of the strategy for each model

Two site identities

A core objective of the clinical strategy was to **develop a clinical identity for each of our two main sites,** setting out the services where there would be benefit in delivering them from one site along with the benefits and supporting evidence for this approach

OUR CLINICAL STRATEGY REFRESH

- We now feel it is the right time to revisit and refresh our clinical strategy to best meet the needs of our local population

- This means greater emphasis on equality, diversity and inclusion, as well as more detailed clinical pathway design with our partners to ensure we improve health and deliver integrated care for our communities

- The Clinical Strategy has three distinct and refreshed pillars:
  1. Running reliable hospitals
  2. Collaborating with health partners across NEL
  3. Our role in 'place', as we root ourselves in our local community and work with our partners in the Borough Partnerships

- The strategy refresh will run in parallel with the work around our proposed collaboration with Barts Health and the wider development of the NEL integrated care system

OUR APPROACH

- The development of the strategy will again be clinically led
- Clinical leaders will engage with partners, patients, stakeholders and our communities to get their views to shape our plans
- Our ambition is to have a draft plan ready by the end of 2021, and will engage on this draft with patients, residents, partners, stakeholders and staff before it is finalised
- We will continue to work with, and listen to, our partners, particularly in advising how and who we engage with throughout this process
- Due to the ongoing demands of the pandemic and anticipated surges, we are taking a digital first approach to engagement, including virtual public listening events, and are engaging with partners to help access our harder to reach communities

CORE ELEMENTS

Input into strategy	Description
Lessons learned from the initial clinical strategy development	Although there were a lot of positives to the initial development of the clinical strategy, there were some clear lessons learned about how to approach a similar process in the future: 1. While the Carnell Farrar (CF) team worked in an integrated manner with BHRUT, there is a need to foster broader ownership of the work within the Trust, throughout the process 2. Engagement with patients and the public should be central to the process, not peripheral or subsequent to it 3. More can be done to involve other system partners in the development of care models, in particular involving public health directors and NELFT 4. A greater focus on inequalities and some proposed solutions is required. This is a very central feature of the population and needs to have greater consideration
Impact of Covid-19 and associated ways of working	The impact of the pandemic has meant that some of the above elements have been thrown into sharp relief. In addition the developments during the pandemic require consideration. 1. The pandemic has highlighted the importance of inequalities and population health 2. Some of the service changes that occurred during the pandemic need to be evaluated eg the changes to emergency general surgery and the 'elective hub' 3. The last 15 months have also shown the need to balance a flexible workforce with one that has a sufficient mix of specialism
Policy developments	Partly driven by the pandemic and the need for recovery, there have been a number of policy developments that should also feed into the clinical strategy refresh 1. The DHSC white paper has emphasised the need to develop ICSs and borough partnerships ('place') 2. The collaboration work between BHRUT and Barts Health has initiated and will have implications about the shape and nature of services delivered within both trusts

ENGAGING TO UNDERSTAND OUR CURRENT STATE

- Engaging with patients, stakeholders, communities and staff to garner information to refresh the care models; these will be engaged on through a series of virtual public listening events in October
- Patient partners involved throughout to ensure the patient voice is always present
- Working closely with the borough partnerships

Engaging externally

- **Residents' survey**
  - Seeks to understand access to a range of healthcare services both in and out of hospital, and before and during the pandemic.
  - At the mid-way point, more than 370 respondents which exceeds the previous survey work. Thank you to our patient partners for helping develop the survey and partners for promoting
  - Continue to liaise with local authorities and Healthwatch to understand how they can help us to access hard to reach groups, for both the survey and for those unable to attend the listening events, to ensure their views inform the strategy development
  - Continue to liaise with faith leaders, chaplains and system colleagues to help support promote our survey and public listening events
  - Targeted social media posts to ensure residents across our three boroughs are aware of the survey
- **Stakeholder survey and interviews:** Undertaken by a range of executives, divisional directors and Carnell Farrar
- **Borough partnership workshops:** Further workshops will take place before the draft strategy is finalised

Engaging internally

- Staff survey
- Attendance at Patient Partnership Council
- Internal stakeholders interviews
- Current state and inequalities workshop

NEXT STEPS

- Over the coming months, we will continue to engage internally and externally to ensure different views shape the plans for the refresh, before updating our clinical strategy. These include:

September 2021
• Borough Partnership workshops • Working with partners to maximise survey response rates and ensure responses are reflective of local communities • Ongoing promotion, engagement and subsequent analysis of residents' and staff surveys, alongside external stakeholder survey and interviews • Residents' and staff surveys to close • Current state and inequalities Internal workshops • Continue to work with local authorities, Healthwatch and faith leaders to help access hard to reach residents and garner feedback on the care models • Strategy update to be shared with Health and Wellbeing Boards
October 2021
• Refreshed draft care models developed and engaged through virtual public listening events. Events to be held per borough • Series of public listening events to review care models • BHRUT and Barts Health collaboration workshop and care model design workshops will also take place
November 2021
• Borough Partnership and care model impact workshops • Care model impact to be confirmed • Draft clinical strategy to be finalised by the end of the month and taken to Trust Board
December 2021
• Engagement to start on the draft strategy with internal and external stakeholders • Seek views of stakeholders, residents and staff through a wide range of mechanisms and platforms

Havering
LONDON BOROUGH

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 14 SEPTEMBER 2021

Subject Heading:	BHRUT/Barts Health Collaboration
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	The information to be presented gives details of collaborative work between two local Hospital Trusts.
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 information to be presented will give details of the collaborative work in progress between BHRUT and Barts Health NHS Trust.

RECOMMENDATIONS

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

REPORT DETAIL

Officers will give further details of moves to towards closer collaborative working between BHRUT and Barts Health. This includes the planned recruitment of a common Chair for the two organisations. Details of this appointment are given in the attached BHRUT press release dated 20 July 2021.

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.

New chair in common appointed

Posted Tuesday, 20 July 2021 by Communications and Engagement

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) and Barts Health group are delighted to announce the appointment of the Right Honourable Jacqui Smith as our new chair in common.

Jacqui is joining us at an important and exciting time in the development of our two organisations as, together, we strive to recover from Covid-19, tackle our waiting lists, improve our urgent and emergency care and respond to the stark health inequalities in north-east London that were exacerbated by the global pandemic.

Our two trusts have been working closely together throughout Covid-19. We have coordinated care for our critically ill patients and worked closely together to deliver our elective recovery programme.

In recent months, working under the umbrella of our integrated care system (ICS), we have been examining, with staff and stakeholders, the benefits of deeper collaboration and what more we can learn from each other. We have also been focusing on our place-based health and care partnerships with our respective boroughs. The appointment of Jacqui Smith is the next, significant step in building a closer partnership.

For the past eight years Jacqui has been chair of University Hospitals Birmingham NHS Foundation Trust. In 1997, Jacqui was elected as the MP for Redditch and served for 13 years. She was one of the longest serving ministers in the Labour government and the first female Home Secretary.

Reacting to her appointment, Jacqui Smith said: “It is an honour, a privilege and a responsibility to become the first chair in common of Barts Health and BHRUT.

“I’m excited about getting to know BHRUT and Barts and helping them to build on their strengths and identify ways they can work more effectively together. I’m looking forward to joining the diverse and vibrant communities of north-east London and getting out to listen and to learn how the two trusts can play their full part as NHS partners.

“As we develop our closer collaboration, my guiding principles will be to ensure we bring people with us and that it delivers tangible benefits for our staff and for all the residents we serve.”

Jacqui Smith will take up her new position on 1 October 2021. The two trusts will remain separate bodies with their own boards.

Welcoming Jacqui’s appointment, Dame Alwen Williams DBE, group chief executive of Barts Health said: “I am delighted to welcome Jacqui and I look forward to working alongside her. Jacqui’s appointment means we can increase the pace of our collaborative working and deliver further improvements that will benefit our patients, staff and communities."

Echoing these sentiments, Matthew Trainer, BHRUT’s incoming substantive chief executive, said: “With the help of Jacqui’s extensive experience, we are embarking on the next important stage in the history of our two organisations.

“At BHRUT we want to share our learnings in the areas where we excel and also learn from Barts Health in a way that can only benefit our patients.”

There are already a number of co-chair appointments between NHS trusts in London that are endorsed by national policy. Our closer working relationship is also endorsed by national policy and driven by the lessons learnt across the two trusts during the pandemic.

“I would like to welcome Jacqui to north-east London. I would also like to take this opportunity to thank Ian Peters for his leadership of Barts Health and for guiding us through one of the most challenging times faced by the NHS, and to Mike Bell for his leadership of BHRUT in recent months," said Marie Gabriel CBE, chair of the North East London Integrated Care System.

Ian Peters is standing down to chair the new Health Security Agency. Mike Bell, BHRUT’s chair, will continue in his role as chair of Croydon Health Services NHS Trust to build a truly integrated system in south-west London.