

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (INFORMAL MEETING) AGENDA

4.30 pm

**Tuesday
14 December 2021**

**Remote meeting via
videoconference**

COUNCILLORS:

**LONDON BOROUGH OF BARKING &
DAGENHAM**

**Councillor Paul Robinson (Chairman)
Councillor Adegboyega Oluwole
Councillor Donna Lumsden**

**LONDON BOROUGH OF
WALTHAM FOREST**

**Councillor Umar Ali, London Borough of
Waltham Forest**

LONDON BOROUGH OF HAVERING

**Councillor Nic Dodin
Councillor Nisha Patel
Councillor Ciaran White**

ESSEX COUNTY COUNCIL

Councillor Marshall Vance

LONDON BOROUGH OF REDBRIDGE

**Councillor Beverley Brewer
Councillor Neil Zammett
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.

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. 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 - 6)

To agree as a correct record the minutes of the meeting held on 14 September 2021 and to authorise the Chairman to sign them.

5 BHRUT CLINICAL STRATEGY (Pages 7 - 16)

Report attached.

6 CHAIR OF BHRUT/BARTS HEALTH (Pages 17 - 18)

To receive a statement from Jacqui Smith, Chair in Common, BHRUT/BARTS Health (report attached).

7 BHRUT MATERNITY REPORT (Pages 19 - 26)

To receive a response from BHRUT on actions taken on the recent Care Quality Commission Report on the Trust's maternity services (presentation attached).

8 COVID-19, WINTER PRESSURES, ELECTIVE RECOVERY UPDATE (Pages 27 - 90)

Reports and information attached.

9 PLANS FOR ENGAGEMENT AND INFORMATION ON PROPOSED SERVICE CHANGES (Pages 91 - 116)

To scrutinise plans (information attached) for engagement and information on proposals for:

1. Community diagnostic centres
2. St George's Hospital, Hornchurch

Anthony Clements
Clerk to the Joint Committee

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall, Council Chamber
14 September 2021 (4.30 - 6.13 pm)**

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Paul Robinson
London Borough of Havering	Nisha Patel (Chairman) and Ciaran White
London Borough of Redbridge	Bert Jones and Neil Zammett
London Borough of Waltham Forest	Richard Sweden
Essex County Council	Marshall Vance

Co-opted Members

Emma Friddin,
Healthwatch Redbridge
Richard Vann,
Healthwatch Barking &
Dagenham

NHS officers present (selected):

Matthew Trainer, Chief Executive, Barking, Havering and Redbridge University Hospitals NHS Trust
Marie Gabriel, Accountable Officer, North East London Clinical Commissioning Groups (CCGs)
Martin Cunnington, Senior Vaccination Lead for North East London
Hannah Coffey, Director of Strategy and Partnerships, BHRUT
Henry Black, Clinical Commissioning Group
Melissa Hoskins, Clinical Commissioning Group
Magda Smith, Medical Director, BHRUT
Cathy Turland, Healthwatch Redbridge

All decisions were taken with no votes against.

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

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

Apologies were received from Councillors Umar Alli, Waltham Forest (Richard Sweden substituting) Beverley Brewer, Redbridge, Donna Lumsden, Barking and Dagenham and Adegboyega Oluwole, Barking and Dagenham. Apologies were also received from Ian Buckmaster, Healthwatch Havering.

Councillor Brewer was present via videoconference.

10 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

11 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 15 June 2021 were agreed as a correct record and signed by the Chairman.

12 COVID-19 UPDATE

The senior vaccination lead for North East London advised that almost 2 million vaccines had been given in North East London. More than 80% of people over 65 had been vaccinated as had in excess of 75% of people over 50. A campaign of booster injections would be starting shortly.

Work had been undertaken with the voluntary sector and faith groups to increase vaccine numbers and the outreach team had been put forward for a national award. Increasing numbers of vaccine sites were now available in community pharmacies and local primary care facilities. Vaccination centres and hospital hubs were also continuing.

A universal offer of vaccines for 12-15 year olds was being worked on and was due to start in the next week. Vaccines were already being given to 12-15 year olds who were considered vulnerable. Officers were aware of the communications sent by anti-vaccine groups to schools and this had been escalated to NHS England and the Department for Education. Guidance on this matter would be provided to schools. A third primary vaccine dose was also being considered for people with a compromised immune system.

Work was also in progress with Councils on completing the vaccination programme in care homes. The vaccination rate for care home and ancillary staff was improving and NHS clinicians were available to give additional assurance to staff.

Different approaches such as drop-in clinics were used with younger age groups. Whilst there were still some issues with younger people, the

vaccination for these age groups was improving. Barking & Dagenham vaccination rates were lower, partly due to the younger and more diverse population of the borough. Work had been undertaken with faith groups and a vaccine information bus was used to visit different parts of the borough. Other approaches included webinars with a local boxing club and local businesses in order to give reassurances on the safety of vaccines. Work in Barking & Dagenham was ongoing and it was noted that 90% of Covid patients in the Barts ITU were unvaccinated.

The Joint Committee noted the update.

13 **SYSTEM-WIDE SERVICE CHANGES**

The Accountable Officer for the North East London CCG stated that the pandemic period had meant a number of necessary changes to services. Some changes had now been reversed but others would remain in the long term as they had been found to give benefits to patients. Work had been undertaken recently to reduce waiting in areas such as gastric conditions and orthopaedics.

A Member felt that there were issues about the way in which both Trusts communicated changes. He felt that the Committee should see the proposals for the redesign of surgical services and that it was important to get the mechanics of communication with Members right. The Chief Executive of BHRUT confirmed that the list of wards and their usage that had been requested by the Committee would be available shortly.

It was accepted there was a lot of pressure on primary care at present. Officers agreed that the availability of face to face GP appointments remained important. There was high demand for primary care with for example Havering GPs doing 24% more appointments than previously. Phone triage was often used but patients were then given face to face appointments if appropriate. It was noted that many younger people did prefer remote consultations.

Additional practice staff such as paramedics or pharmacists could often give effective treatment without patients needing to see a GP. Primary care systems were working flat out and fatigue of the GP workforce was a major factor. The number of Covid vaccinations given by primary care was also a factor in excessive workloads etc.

It was accepted that some complaints were received about GP reception staff but this was a very pressured environment. Many GPs were working 7 am – 9.30 pm to clear backlogs. Officers were however happy to look at specific complaints.

There was also a shortage of GPs in the area and many GPs were not willing to work in Outer North East London. There were also significant vacancies across the whole health system. Many members of the public were also given GP appointments via NHS 111. It was felt that people may need to be re-educated about the role of the NHS 111 service.

A member of Healthwatch Redbridge asked for details of the patient engagement process around service changes. Officers responded that this depended on which provider ran the service. It was accepted that the NHS should be better at communicating such changes. The BHRUT Chief Executive added that the NHS should accept that it needed to get better at explaining the clinical rationale for changes to service. It was accepted that people wanted BHRUT to explain changes and involve patients. The Chief Executive was happy to have discussions with Members and Healthwatch re service changes.

Service changes were shown in the agenda papers and on Trust websites. Newsletters were produced for stakeholders and the public but it was accepted that communication could be more effective. Regular meetings were held with Healthwatch in order to discuss service improvements.

A representative of Healthwatch Barking & Dagenham stated that he appreciated the Covid pressures but a lack of communication re service changes had been taking place prior to the pandemic. It was felt that many NHS communications with the public were not clear enough. NHS officers agreed, feeling that the public were often confused about where to go for medical treatment. Any advice patients received from a pharmacy would not replace their relationship with a GP. Officers were happy to work with Healthwatch on guidance on this.

Other issues raised included the difficult patient access at Mile End Hospital and the lack of a plan for hospice services in North East London. Plans for renal services would be shared with stakeholders shortly.

14 BHRUT CLINICAL STRATEGY

The Director of Strategy and Partnerships at BHRUT explained that change was needed to services due to demographic change in Outer North East London and the need to eliminate health inequalities. An appropriate workforce and hospital estate was required to achieve this and the collaboration work with Barts Health would assist with this aim.

The clinical strategy would consider the wider determinants of health and where services are located. There would be a collaborative approach to the strategy with the justification for proposals being shown. Whilst discussions were at an early stage, interviews and surveys were being held with residents, patients and stakeholders. A clear plan would be developed for the oversight and accountability of the clinical strategy.

The Trust Medical Director agreed that BHRUT must engage with the community in the development of its services. There remained Covid-related constraints on services however which meant it was challenging to deliver the clinical strategy in the current period.

Members felt that the Trust should be flexible about processes and outcomes but it was important short term changes did not conflict with long term plans. Concern was raised however about the very low response rate to the residents' survey. It was suggested that, if available, the draft Clinical Strategy should be brought to the next meeting of the Trust.

Officers responded that there had now been in excess of 1,000 responses to the survey but they were happy to share the Trust's communication and engagement strategy. Work would take place with Healthwatch to respond to concerns and challenges raised around engagement on short term system changes. Officers were happy to hold further discussions with Healthwatch outside of the meeting.

It was agreed that, if the Clinical Strategy was available by the time of the Committee's December 2021 meeting, it should be brought to that meeting for scrutiny.

15 BHRUT/BARTS COLLABORATION

The Committee was advised that the collaboration between BHRUT and Barts Health was in line with recent legislation covering areas such as the role of Integrated Care Systems. This encouraged providers to work more in collaboration than competition. The primary motivation for the closer collaboration was to achieve better outcomes for residents. Officers added that Trusts often collaborated and this partnership presented an opportunity to see what could be done better together.

Closer working would help BHRUT to deal better with the challenges of population growth in the sector. Local hospitals were being made more resilient by for example the opening of a new ED at King George Hospital in November. Collaborative work was also undertaken with the London Ambulance Service and for example the Royal London Hospital on emergency care pathways at Queens Hospital.

A Member suggested the new Chair of the two Trusts be invited to the next meeting of the Joint Committee. Concerns were raised however over whether BHRUT would remain independent and whether the Trust Chief Executive would remain as the accountable officer for the Trust. The Trust Chief Executive confirmed there was no plan for a merger and that he would remain as the accountable officer. It would be for the Chair to decide on the make-up of the Trust boards. The joint arrangements were only scheduled

to April 2022 at present. Joint appointments could not be ruled out if they were felt to deliver better outcomes for all residents in North East London.

Members raised concerns that many services were being centralised to Inner North East London and officers responded that they wished to use their assets better to give better accessibility of services to all residents. Consideration was being given to what additional services could be introduced at Barking Community Hospital. It was hoped to reduce variation in services across the whole of North East London.

The Joint Committee noted the position.

16 COMMITTEE'S WORK PROGRAMME

As discussed, the Committee agreed to scrutinise the BHRUT clinical strategy at its December meeting, should this be available. It was also agreed to invite the new Chair in Common of BHRUT and Barts Health to the next meeting of the Joint Committee.

17 DATES OF FUTURE MEETINGS

The next meeting of the Joint Committee was scheduled for Tuesday 14 December, venue to be confirmed.

Chairman



JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 14 DECEMBER 2021

Subject Heading:

BHRUT Clinical Strategy Update

Report Author:

Anthony Clements, Principal Democratic Services Officer, London Borough of Havering

Policy context:

Information will be presented on the current position with the development of the BHRUT clinical strategy.

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

Information will be presented on 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

Following the presentation on the development of the BHRUT clinical strategy the last meeting (attached) officers will give an update on the latest position with this work.

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...**



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

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

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Input into strategy	Description
Lessons learned from the initial clinical strategy development	<p>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:</p> <ol style="list-style-type: none"> 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	<p>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.</p> <ol style="list-style-type: none"> 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	<p>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</p> <ol style="list-style-type: none"> 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



JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 14 DECEMBER 2021

Subject Heading:

Update from Chair in Common –
BHRUT/Barts Health

Report Author:

Anthony Clements, Principal Democratic
Services Officer, London Borough of
Havering

Policy context:

To receive an overall statement from the
Chair of the Local Acute 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
Places making Havering
Opportunities making Havering
Connections making Havering

[X]
[]
[]
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SUMMARY

A short statement will be given to the Committee by the Chair in Common of
BHRUT and Barts Health NHS Trust.

RECOMMENDATIONS

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

REPORT DETAIL

The Joint Committee the recent appointment of Jacqui Smith as the Chair in Common of the two local Acute Trusts responsible for managing the local hospitals. The Chair in Common will give a short statement address her role and her vision for the Trusts moving forward.

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.

MATERNITY SERVICES REPORT

ONEL JHOSC
December 2021

Sue Lovell
Director of Midwifery and Divisional Director
of Nursing for Women's Health



Agenda Item 7

OUR MATERNITY SERVICES

- Queen's Hospital (QH) has the largest single site maternity unit in north east London (NEL), with capacity to care for all women across Barking and Dagenham, Havering and Redbridge
- We provide a full range of antenatal and postnatal services to our residents. At QH, we can care for 8,000 women a year in total – 6,500 women on our labour ward and an additional 1,500 low risk births in our Birth Centre. Our level two Neonatal Intensive Care Unit (NICU) is also located at QH
- At King George Hospital (KGH) we run scanning and high-risk clinics, which include mental health, diabetes and birth options clinics
- We also provide a number of joint obstetric and medical clinics as part of maternity services, including cardiac, rheumatology, blood disorders, endocrinology, smoking and twins

CQC INSPECTION



- In 2018, the Care Quality Commission (CQC) inspected our maternity department and we received an overall rating of Good
- Returning earlier this year in June 2021, the CQC completed an unannounced inspection of our maternity services, focusing on two specific areas – Safe and Well-led
- We're pleased that during the inspection, several areas of good practice were highlighted
- Initial feedback received following the visit found that staff were welcoming and fully engaged, staff were able to escalate concerns and senior leadership had developed an action plan to address issues previously raised
- However, they also found there was a disjoint between senior staff and the divisional management team, and with key members of the midwifery team leaving, concerns were raised that improvements were not sustainable

- The CQC published its report on 1 October
- Our rating for Safe did not change, however, our rating for Well-led was downgraded from Good to Requires Improvement
- As a result, the overall rating for our maternity service was downgraded to Requires Improvement
- The CQC did not review other aspects of the service, so our ratings for Effective, Caring and Responsive remain Good

KEY FINDINGS

- Members of staff raised concerns about poor culture and bullying within the department, and not all staff felt respected, supported and valued
- Leaders were not always effective in implementing meaningful changes to improve safety
- The systems in place to manage performance were not always effective and did not always identify risks and issues
- Effective governance processes were not always followed
- The report also included details where we have not fully met regulations 12 (Safe Care and Treatment) and 17 (Good Governance) of the Health and Social Care Act 2008
- To meet these regulations, there are six 'Must do' requirements we must undertake, as well as a number 'Should do' actions

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'MUST DO' REQUIREMENTS AND 'SHOULD DO' ACTIONS

'Must Do' requirements:

- The Trust must ensure that staff accurately score women using the Maternity Early Obstetric Warning Scoring, designed to recognise women at risk of deterioration (*Regulations 12 (2)(a)(b)*)
- The Trust must ensure staff share all necessary information at handovers and that staff follow a situation, background, assessment, recommendation (SBAR) type handover (*Regulations 12 (2)(b)*)
- The Trust must ensure that the holistic needs of women are consistently considered during handover. (*Regulations 12(2)(b)*).
- The Trust must ensure all guidelines and policies are up to date (*Regulations 17(2)(f)*)
- The Trust must ensure effective systems are in place to ensure incidents are managed within the 20 days Trust target (*Regulations 17(2)(f)*)
- The Trust must ensure the risk register accurately reflects the risks to the service (Regulations 17 (2)(f))

'Should Do' actions:

- The Trust should ensure that data on the quality of care board is recorded and up to date
- The Trust should ensure fire evacuation plans specifically mention babies, and babies are referenced in drills and skills training performed by staff
- The Trust should review the latest guidance from the Royal College of Obstetricians and Gynaecologists issued in June 2021, Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology, to ensure postpartum haemorrhage guidance reflects latest updates
- The Trust should consider taking minutes to record triumvirate meetings, actions and outcomes
- The Trust should ensure minutes and guidelines are correctly dated
- The Trust should ensure that thromboprophylaxis (VTE) assessment are carried out at each stage of the maternity pathway to help keep women them safe

IMPROVING OUR SERVICE

- The safety of women and children is our ultimate priority and we are working hard to make sure women continue to be confident to give birth at QH
- Action is being taken to improve the cultural and operational issues that have been highlighted
- Safety is a priority – its discussed at every meeting and staff are encouraged to speak up about any risks they see, either with their manager or through an independent Guardian service
- Incidents are discussed weekly, to ensure learnings are implemented across the department immediately
- We've also reviewed our process for monitoring and updating maternity guidelines
- We're a member of NHSE/I's Maternity Safety Support Programme (MSSP)

IMPROVING OUR SERVICE – CONTINUED

- Our maternity department has engaged with staff to develop an action plan, to improve culture and address the report findings
- Our CQC action plan and all other plans will feed into one master Improvement Plan, which will report via the Maternity Governance Process, to our Trust Board, to ensure its delivered
- We're recruiting a new Divisional Director for Women and Child Health
- We've added to our clinical leadership team, which includes a new obstetric lead and a second Head of Midwifery to oversee good governance. We're also adding to the number of consultant obstetricians within the department
- We're working with our newly formed Maternity Voices Partnership (MVP) to ensure our service is reflective of women's requirements

NEL Health Update

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December 2021
ONEL JHOSC

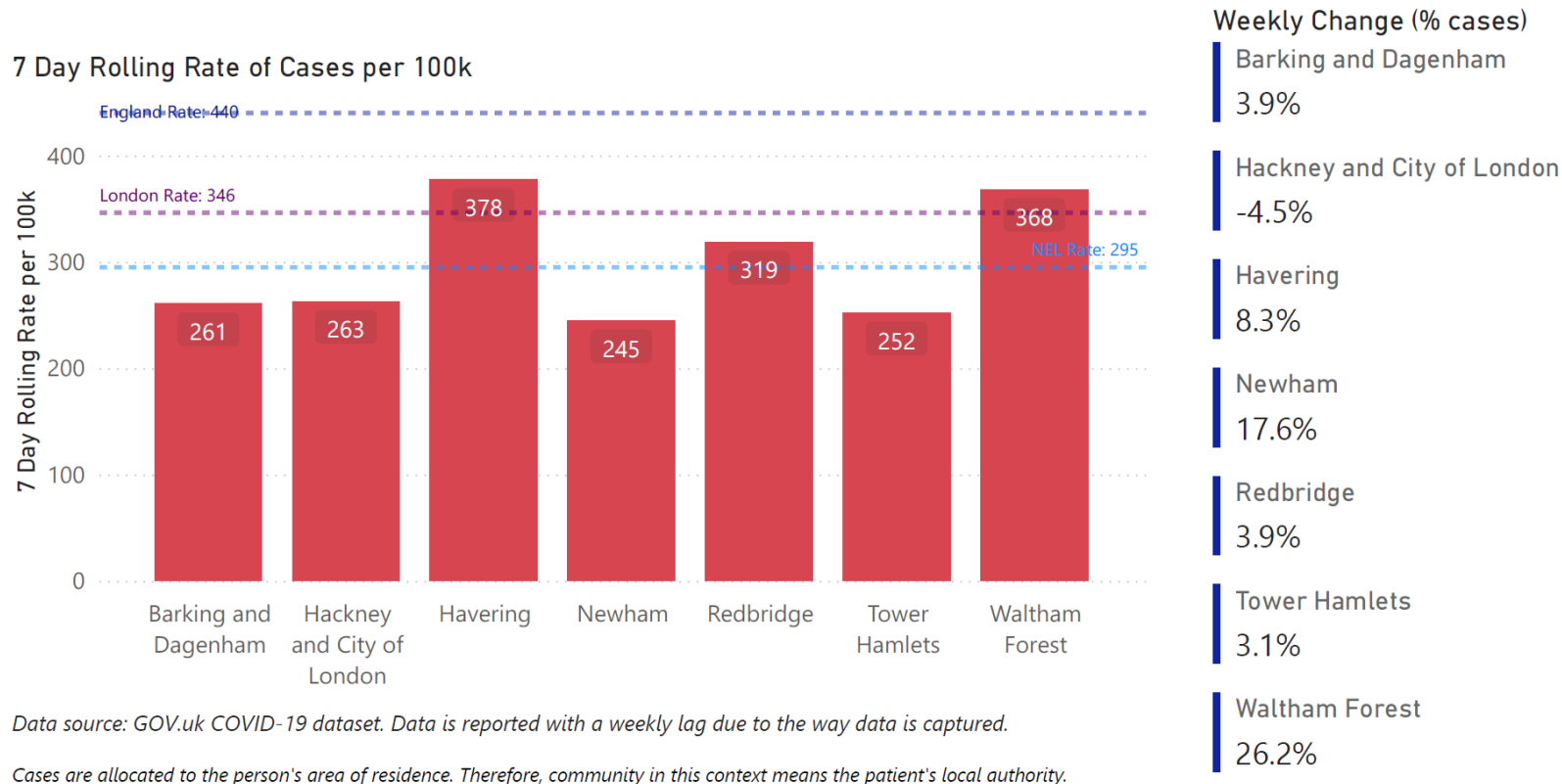
Agenda Item 8

Covid-19

- We continue to deliver the **vaccine programme** (see attachment for latest figures)
- Across hospitals in north east London, more than eight out of every ten Covid-19 patients are not fully vaccinated. We have now given more than 2.7 million Covid-19 vaccinations, but as we head towards Christmas we are ramping up efforts even further to vaccinate people with first, second and booster jabs.
- People who are not fully vaccinated account for 30% of our intensive care beds – meaning that we are delaying and cancelling urgent planned operations (heart operations, transplants etc)
- We continue to provide the vaccine in line with the latest government guidelines
- This includes offering boosters in line with the latest eligibility criteria, and making second doses available to 12-15 year olds
- Details of who is eligible and how to get the vaccine are here: [COVID-19-Vaccination-Programme | North East London Health & Care Partnership \(eastlondonhcp.nhs.uk\)](https://www.eastlondonhcp.nhs.uk/covid-19-vaccination-programme)
- We have launched a new targeted, advertising campaign in north east London to encourage people to get their winter vaccinations.
- The campaign webpage is here: www.northeastlondonhcp.nhs.uk/wintervaccinations and our digital campaign materials direct people to it. The site includes the key narrative, regularly updated FAQs and links to book vaccinations.

Covid-19

The latest data shows the number of Covid-19 cases in NEL has risen overall, although the rolling rate of cases per 100,000 people is well below the national average.



Latest Day Reported:
24 November 2021

Winter plan: urgent and emergency resilience

- The NEL structure allows for greater clarity and accountability for design, delivery & oversight of the plan
- This approach fully **supports the regional and national approaches** to Winter Plan assurance as laid out in the national urgent and emergency care recovery 10 point plan and the Regional winter planning asks

Approach:

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1. **Combine COVID and winter planning at provider, place and ICS level** to ensure winter plans are in line with system capacity and demand challenges
2. **London Region to assure ICS plans** and processes via submitted plans and regional assurance processes

Focus Area	Place/Borough	Provider	NEL system/ICS
Supporting 111/999 services	✓	✓	
Supporting Primary Care & community services to manage UEC demand	✓		✓
Supporting greater use of UTCs	✓	✓	
Increasing support for Children and young people	✓	✓	✓
Using communications to support the public to choose services wisely	✓	✓	✓
Improving in-hospital flow and discharge	✓	✓	
Supporting Adult and children's mental health	✓	✓	✓
Reviewing IPC measures		✓	
Reviewing covid isolation rules	✓	✓	
Ensuring a sustainable workforce	✓		✓

Winter plan: reducing pressure on emergency services

Through remote clinical consultations:

- Our remote emergency access coordination hub was relaunched in November. It is available for both NHS 111 and London Ambulance Service to refer patients from within the Barts Health footprint
- Patients are offered a remote consultation by an emergency department clinician. If further investigations or treatment are needed then a suitable appointment and/or investigations can be booked for the patient.
- A large proportion of referrals are managed remotely which reduces pressure on emergency departments and ambulance callouts where clinically appropriate and provides a better patient experience.

Winter plan: reducing pressure on emergency services

Through NHS 111 referrals to same day emergency care:

- A number of symptom-based pathways have been set up across NEL, allowing NHS 111 to refer patients directly into the appropriate same day emergency service
- These pathways include low-risk chest pain, palpitations, and abscesses
- This will enable patients to receive the right care first time, reduce pressure on emergency departments and help cut the number of admissions to hospital.

Recovery: secondary care and mental health

As at end September 2021:

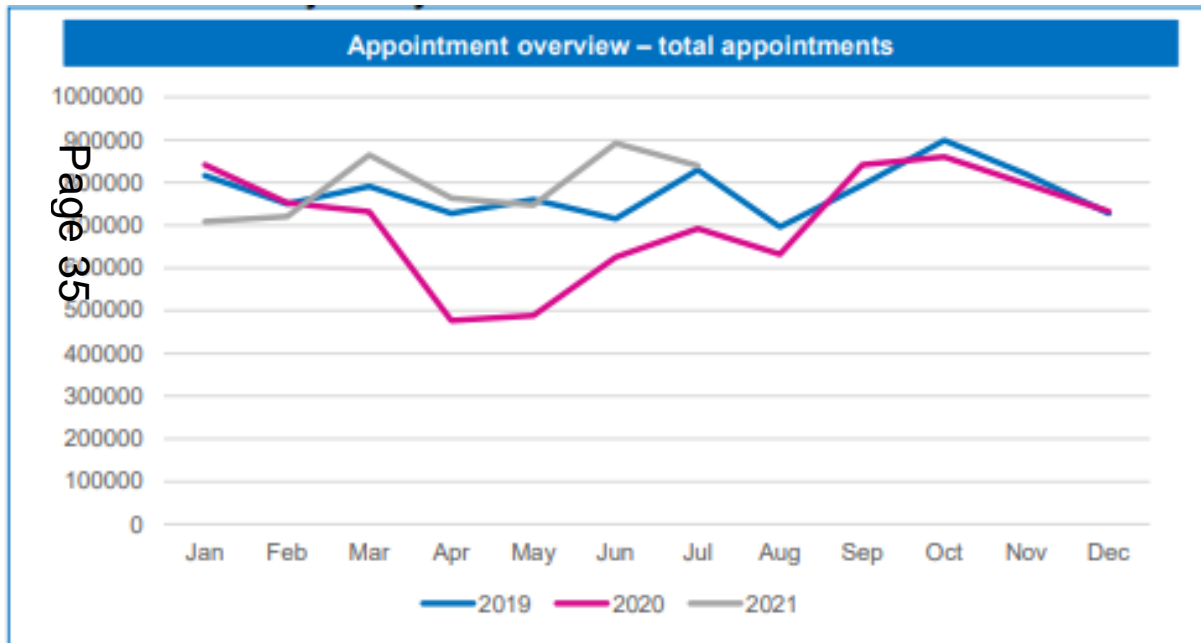
- Use of **urgent treatment centres** is now above 2019/20 levels
- In May there were 14,865 people waiting more than **52 weeks for treatment** in north east London. Now there are 10,415 but the rate of reduction is starting to slow down (consistent with the pattern across London)
- There are 595 patients waiting over **104 weeks for treatment** (ahead of trajectory of 704 patients)
- **Outpatient activity** is 90% of business as usual (behind trajectory of 104%)
- **Elective activity** (inpatient and day case) is 79% of business as usual (behind trajectory of 93%)
- We are planning to see **20% more cancer two week wait referrals** compared to pre-Covid levels. August performance was at 92% and second highest in London
- We delivered **12,400 Improving Access to Psychological Therapies (IAPT)** appointments in April-June 2021.

Recovery: planned care, cancer and diagnostics at BHRUT

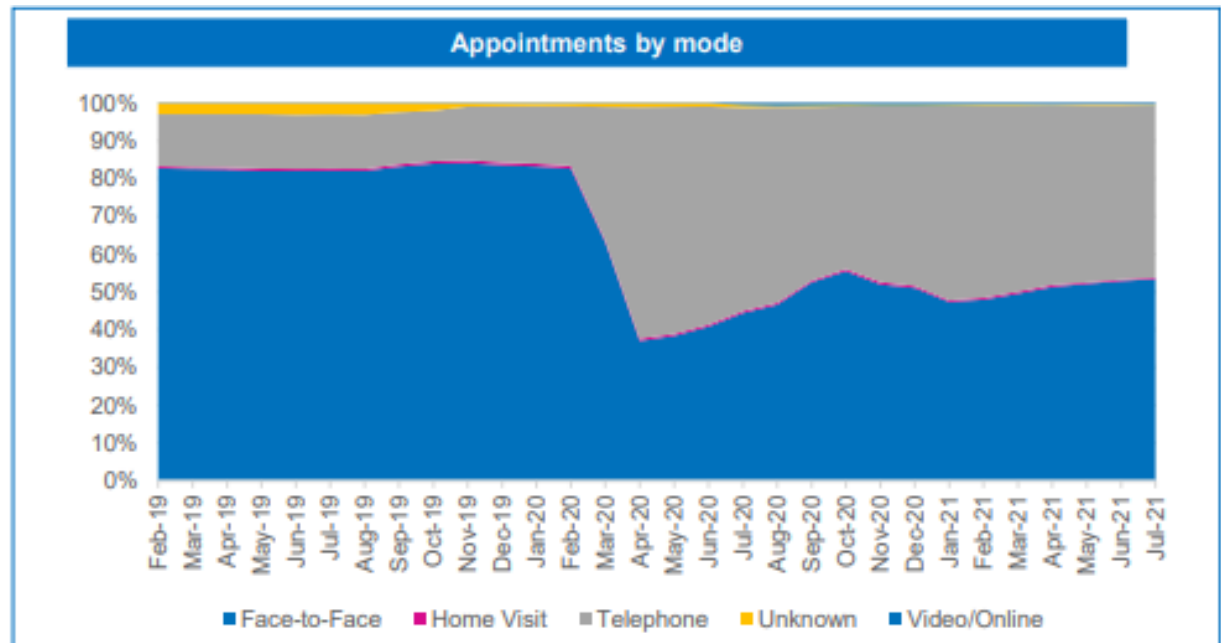
- We continue to see a positive impact and sustainable reduction in our waiting lists. The number of people waiting 52 weeks or more has reduced from 1,938 in April to below 1,000 in October and we remain on track to reduce to zero by the middle of next year.
- We are running several dedicated 'super clinics', many over the weekend, and we are maximising our resources to carry out a large number of appointments/procedures, over short periods of time.
- We're collaborating with our partners across NEL to tackle waiting lists across the system to see patients more quickly. As part of our collaboration with Barts Health, we are treating some of their patients. We're also sharing the learnings from our super clinics.
- Our rapid diagnostic centre ensures those with possible cancer symptoms are being investigated at an early stage and treated quickly and effectively.
- We've expanded our radiology department, including a new CT scanner, upgraded MRI machine and two new ultrasound rooms.
- For the foreseeable future, infection, prevention and control (IPC) guidance will continue to impact, in particular in our ED and clinical areas, creating additional pressure.

Recovery: primary care

- We have returned to (and increased) the number of **primary care appointments** to pre-pandemic levels. From April to September 2021 we planned to carry out 4.67 million appointments. We actually carried out 4.95 million appointments (approx 50,000 appointments a month extra).
- Advice and Guidance (A&G) levels continue to be the highest in London. A&G enables GPs to speak direct to hospital consultants for immediate referral advice.



Source: NHS Digital, NEL GP Practice Appointments: <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>.



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Looking ahead

- Whipps Cross: joint overview and scrutiny committee established
- Continuing Healthcare: working with councils to harmonise a number of policies. Plan to return to JHOSC in March 2022 with proposals and engage with the local community and patient groups
- Project to develop a single updated fertility policy for north east London: working with clinicians, patients, the public and national and local community groups to update our policy to ensure an equitable and consistent approach to access. Plan to return to JHOSC in March 2022 with proposals.
- Local Improvement Schemes (LIS): A number of schemes in development with partners to reduce inequalities across north east London. Key priorities include access to blood testing, respiratory services and wound care. Plan to return to JHOSC in 2022 with proposals.

Next steps

- NEL CCG and our partners across health and social care in north east London will keep joint health overview and scrutiny committee members informed and updated on any proposed changes to local services or policies. Further updates, including on progress and relevant patient and public engagement, will be given at the JHOSC meeting in March.
- The local NHS and our partners are committed to engaging on proposed service and policy changes for a minimum of eight weeks.
- As we come together as an ICS, health and care organisations in NEL continue to work together to support Covid-19 recovery, with a focus on population health, tackling inequalities and transforming care
- As part of a strategic approach to developing our clinical services, we are working with local authority public health leads to review population health needs and patient flows across NEL, arising from 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.

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Clinical Commissioning Group

NEL COVID-19 vaccination programme and flu immunisation programme data pack

Produced by the vaccination and immunisation data team

30th November 2021

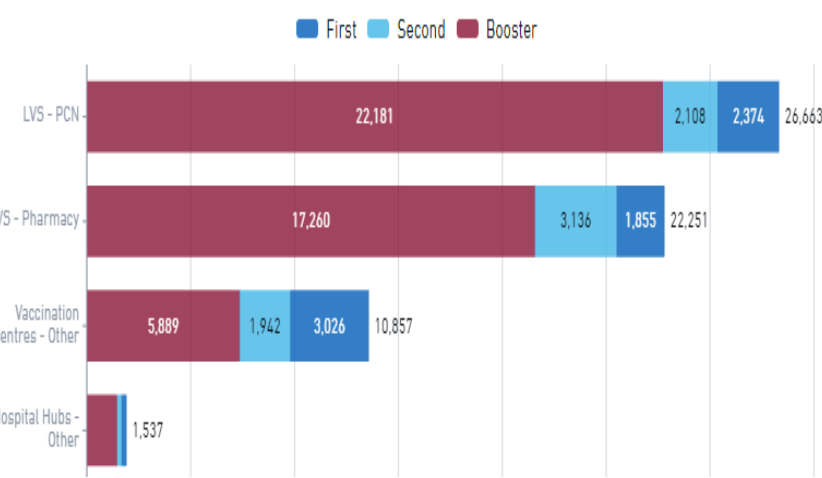
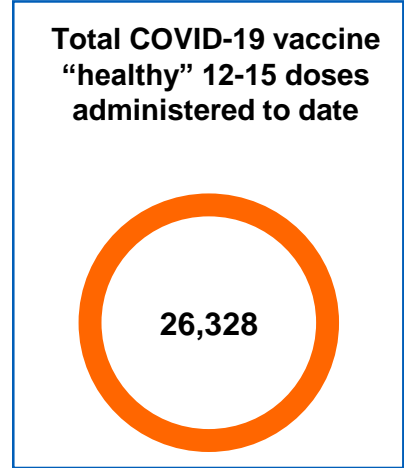
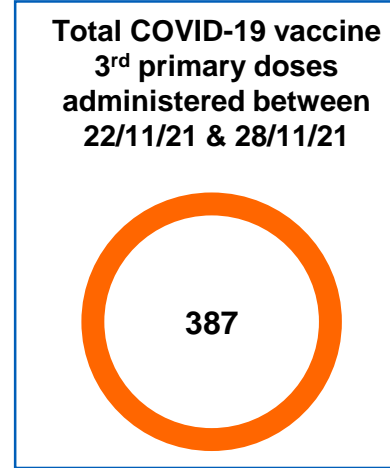
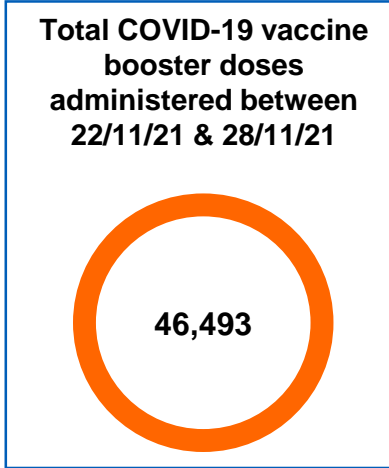
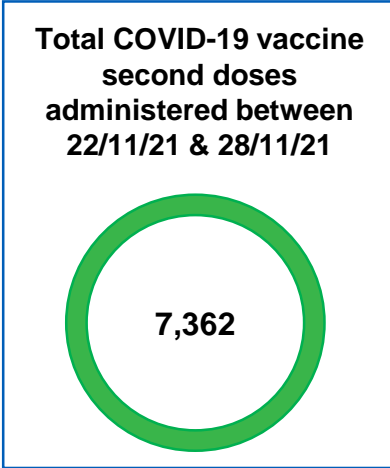
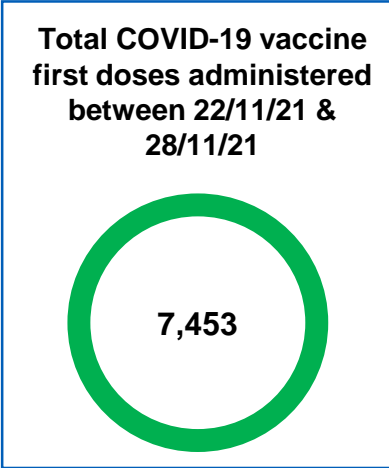
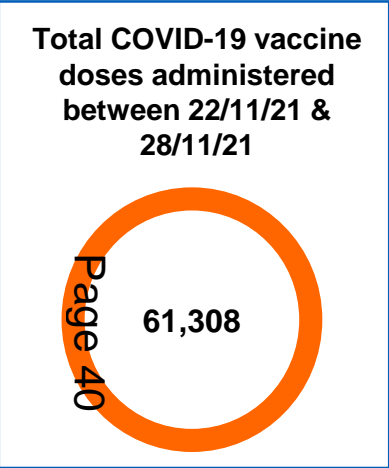


One page summary

Performance summary COVID-19 Vaccination Programme

Total number of COVID-19 vaccine doses administered to date: 2,806,262

65% of the population have received a first dose, 59% a second dose.
42% of the eligible population have received a booster.



Key successes

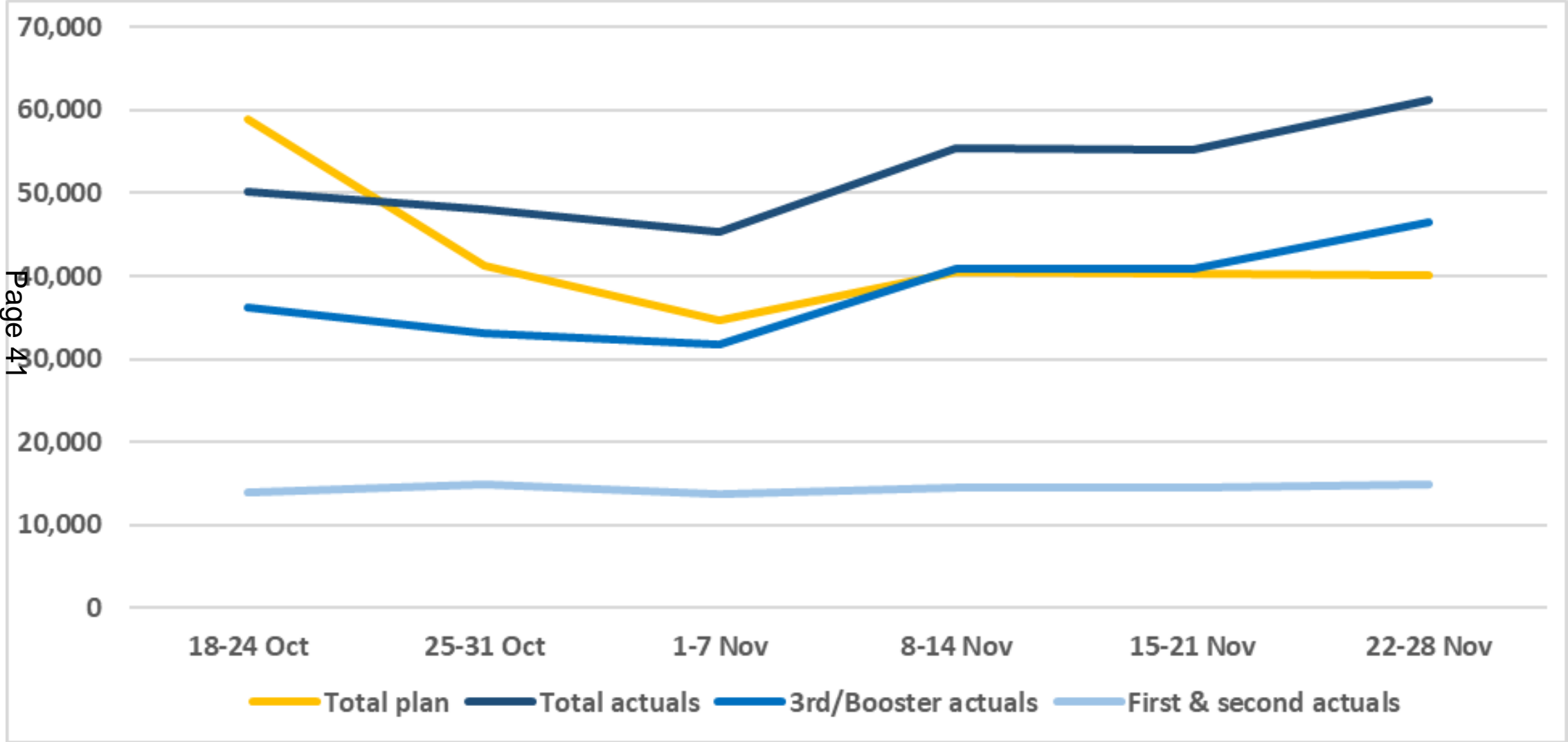
- 69% of care home residents have received boosters.
- 70% of care home residents have received flu immunisations
- 87% of housebound patients have received a second dose.
- 48% of eligible housebound patients have received boosters.
- 56% of pregnant women have received a first dose which is now in line with the general population aged 18-39
- Double-dosed care home staff increased by 0.7% to 95.4% and 0.9% are medically exempt.

Key challenges

- The delay in mobilising e-consent meant that the 12-15 programme started 2 weeks late.
- The requirement to establish an out-of-school vaccination offer for 12-15 year olds will create additional workforce pressures in the system.
- The re-establishment of Hospital Hubs has reduced the number of staff available for outreach clinics.
- 81% of COVID-19 positive patients admitted to critical care in NE London were not vaccinated.

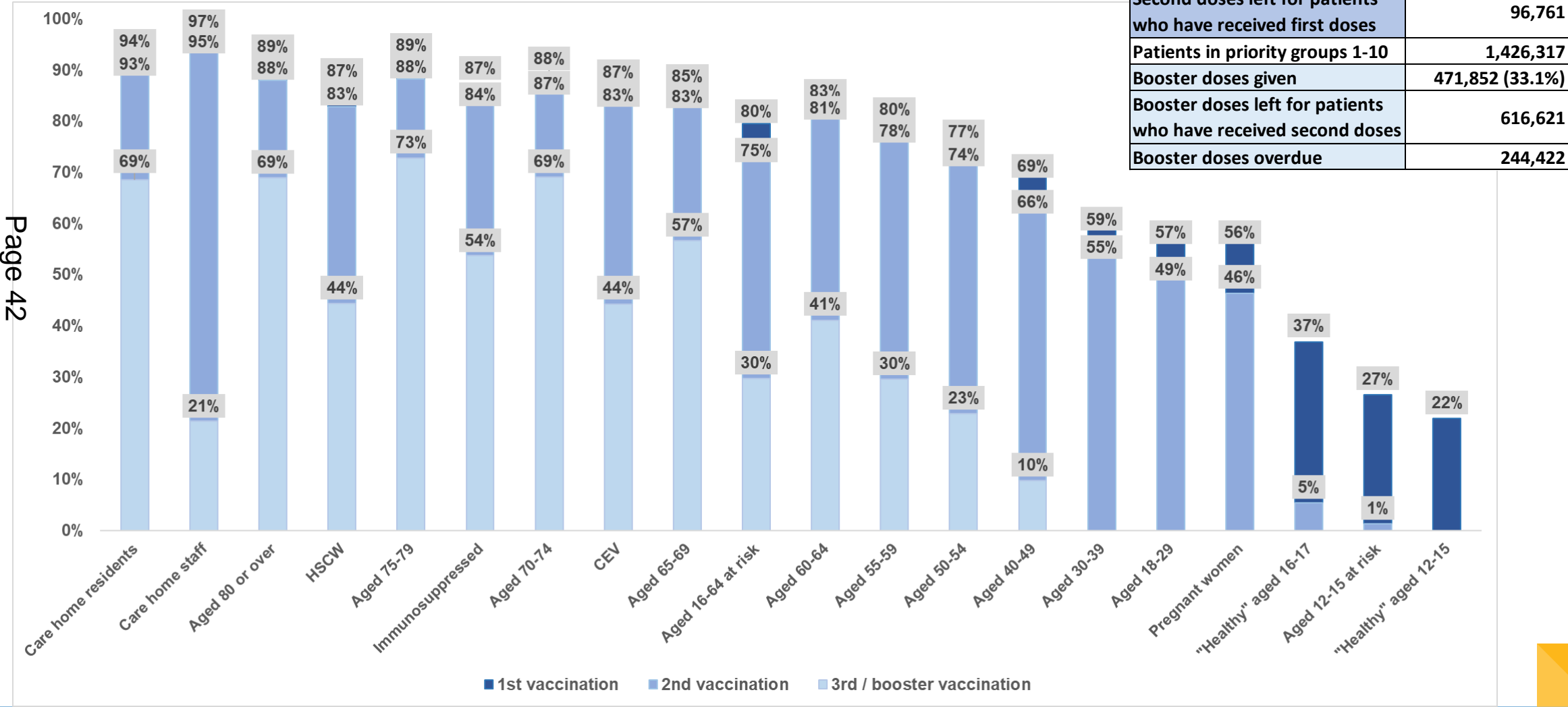
Executive summary

Summary of plan vs actuals



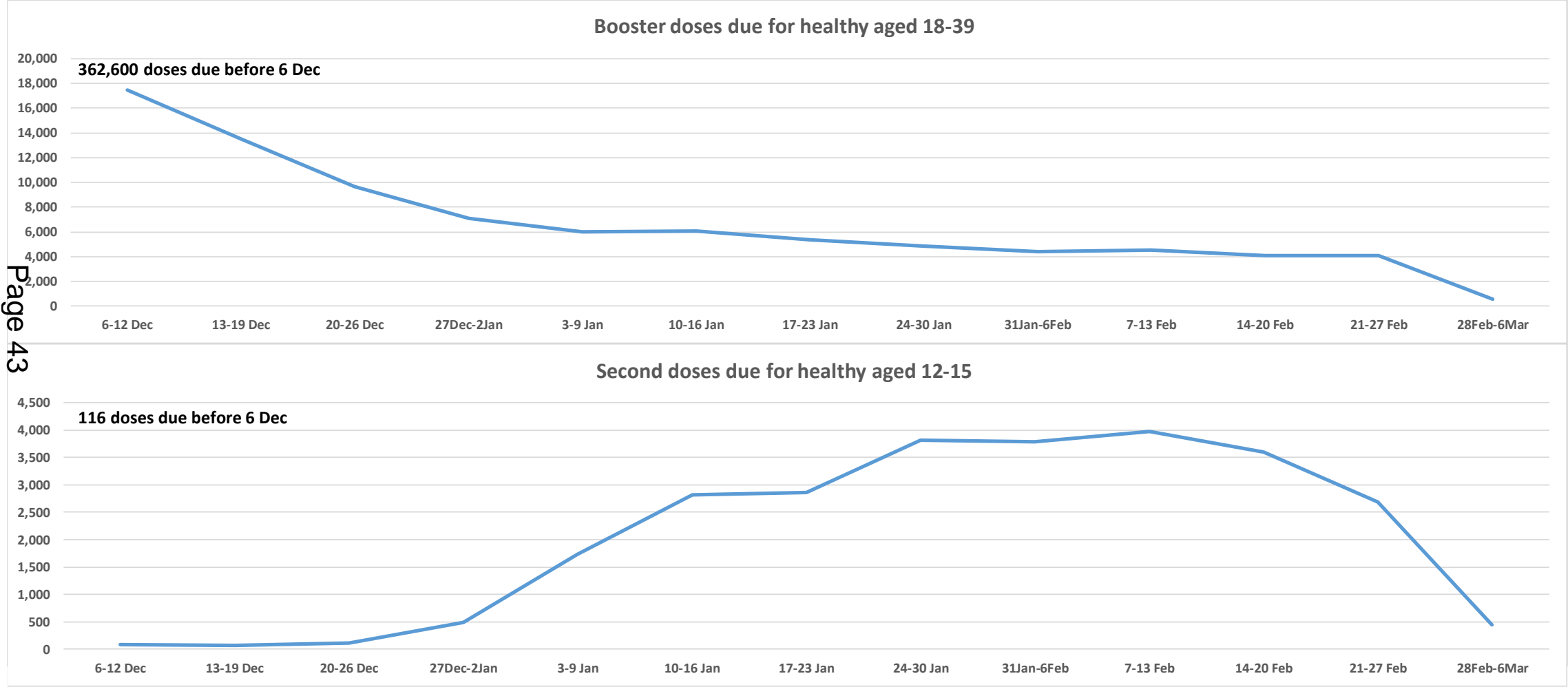
Executive summary

NEL COVID-19 vaccination uptake by priority group and dose



Executive summary

NEL COVID-19 vaccination new demand



Executive summary

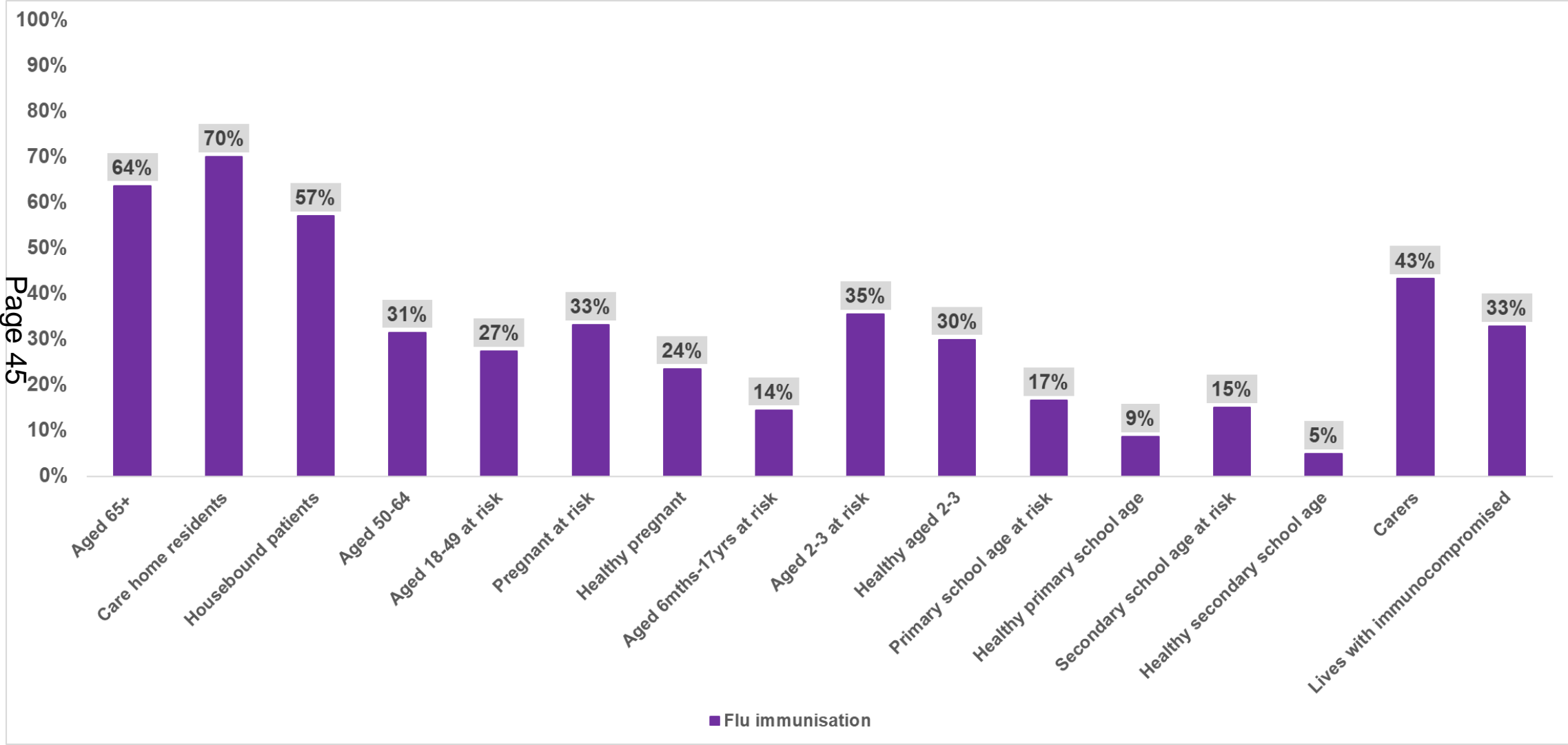
Gaps in COVID-19 vaccination first dose uptake using socio-demographic factors for all cohorts (21/11/21)



- With the exception of the Chinese community, there is a correlation between higher uptake of the COVID-19 vaccine amongst those from the least deprived areas of NE London across all ethnicity groups, compared to those living in the most deprived areas.
- White other, White/Black Caribbean, White/Black African, White/Asian, Mixed Other and Black Other remain the ethnicity groups with the lowest COVID-19 vaccine uptake in NE London.

Executive summary

NEL Flu immunisation uptake by priority group

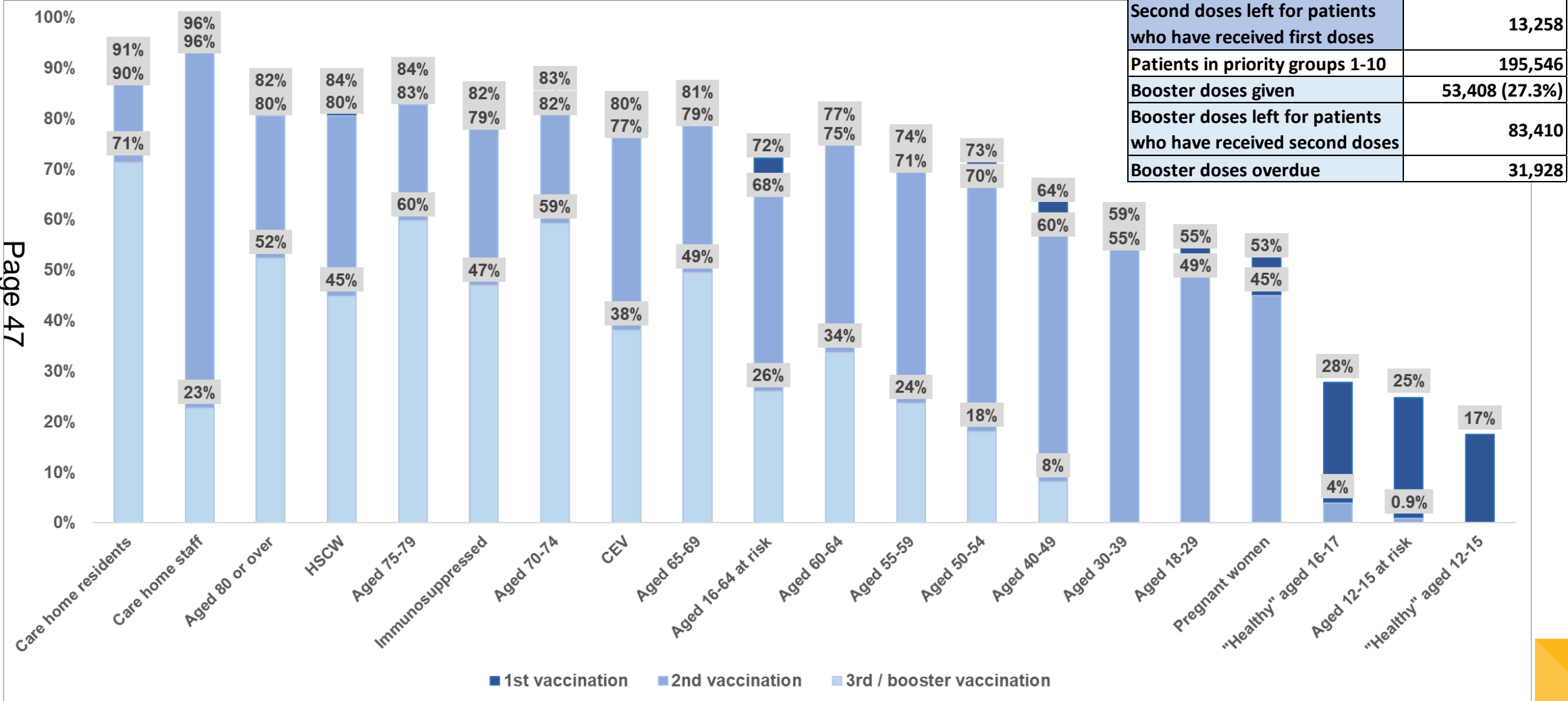




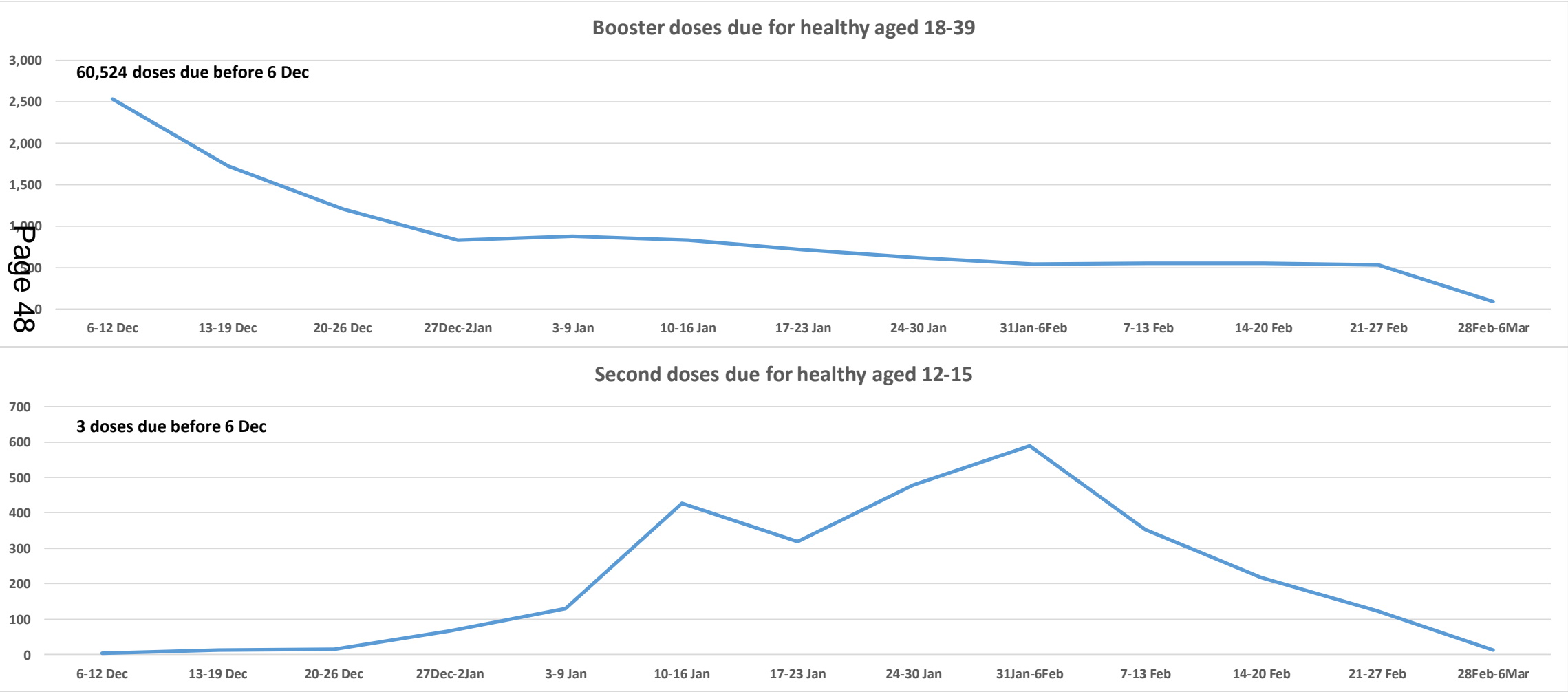
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Operational data analysis - City and Hackney

City & Hackney COVID-19 vaccination uptake by priority group and dose



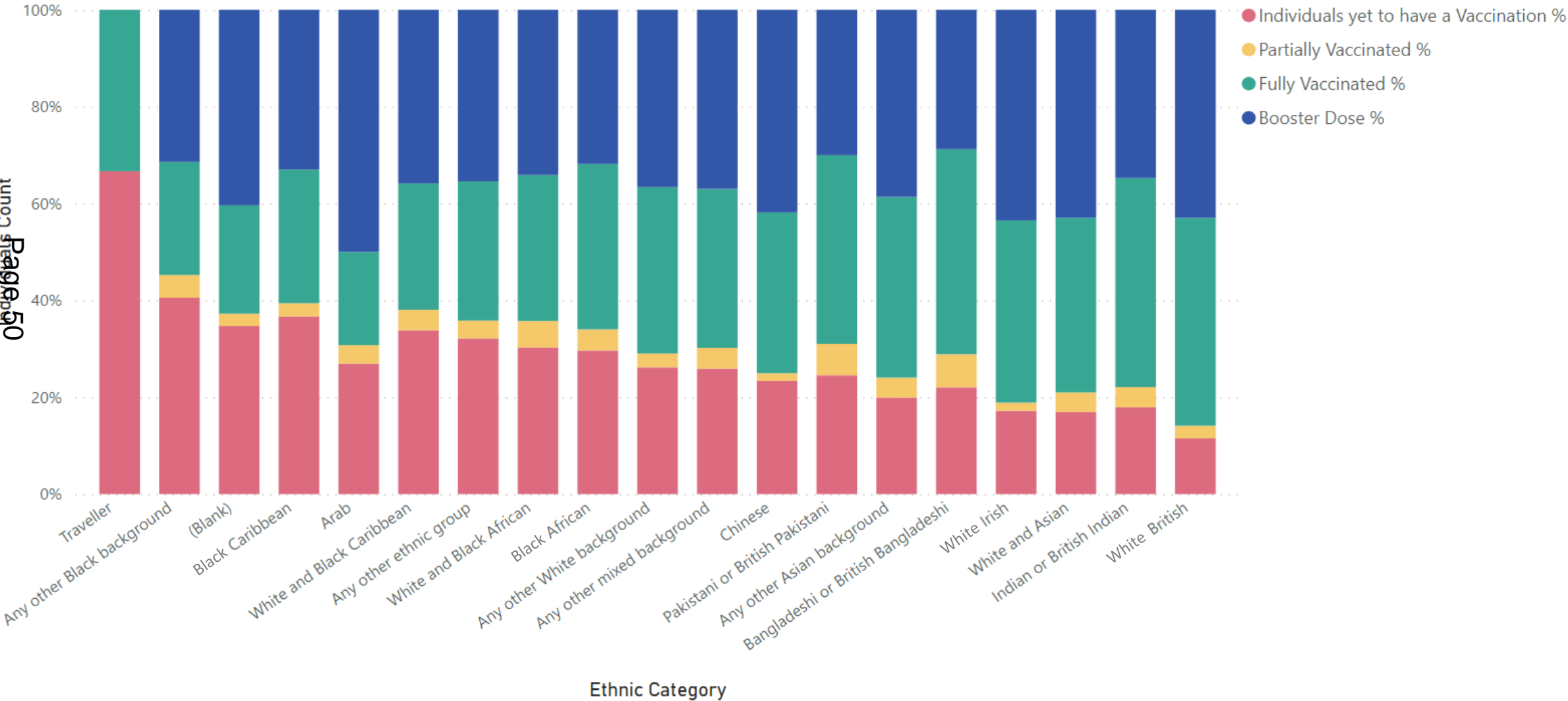
City & Hackney COVID-19 vaccination new demand



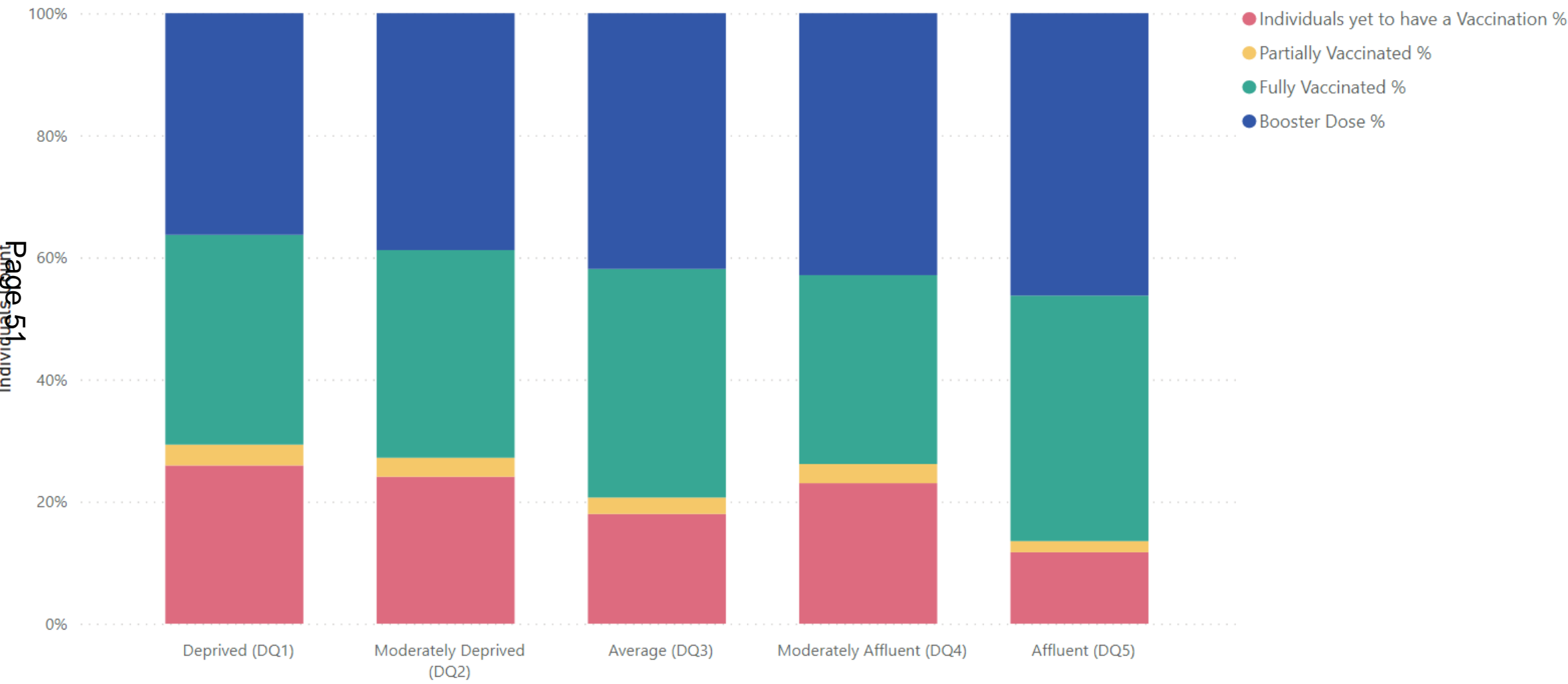
NEL COVID-19 vaccination – where did City & Hackney patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
Bocking Centre	132	Silverfields Chemist	127	John Scott Health Centre	1,297
John Scott Health Centre	106	John Scott Health Centre	120	Bocking Centre	1,042
Silverfields Chemist	56	Bocking Centre	109	Clockwork Pharmacy - Hackney	508
Clockwork Pharmacy - Hackney	30	Westfield 1	55	Silverfields Chemist	350
Westfield 1	28	Haggerston Pharmacy	40	Bees Pharmacy	232
Westfield 2	21	Spring Pharmacy	37	Spring Pharmacy	200
Murray's Chemist	16	Murray's Chemist	34	Haggerston Pharmacy	182
Spring Pharmacy	15	Westfield 2	20	Murray's Chemist	168
Benjamin Chemist - Stoke Newington	14	Bees Pharmacy	18	Benjamin Chemist - Stoke Newington	146
Haggerston Pharmacy	13	Clockwork Pharmacy - Hackney	15	Kings Square Community Centre (Clan Pharmacy)	143
The Royal London Hospital	8	Bidborough House	14	Day Lewis Pharmacy - Stoke Newington	126
Guy's Hospital	7	St Leonard's Hospital	12	Kingsland Pharmacy - Hackney	121
Bidborough House	7	Guy's Hospital	10	St Leonard's Hospital	105
Kings Square Community Centre (Clan Pharmacy)	7	Good Health Pharmacy	9	Guy's Hospital	102
Kingsland Pharmacy - Hackney	7	Kings Square Community Centre (Clan Pharmacy)	7	Westfield 1	98
Homerton University Hospital	7	Homerton University Hospital	7	Day Lewis Pharmacy - Clapton	91
St Leonard's Hospital	6	Eclipse Pharmacy	6	Boots - Fleet Street	62
Bees Pharmacy	6	New Cross Pharmacy	5	Westfield 2	59
Good Health Pharmacy	6	Evergreen Surgery	5	Good Health Pharmacy	55
Liberty Shopping Centre	6	Pyramid Pharmacy	5	Homerton University Hospital	34
Other sites	80	Other sites	154	Other sites	585
Total	578	Total	809	Total	5,706

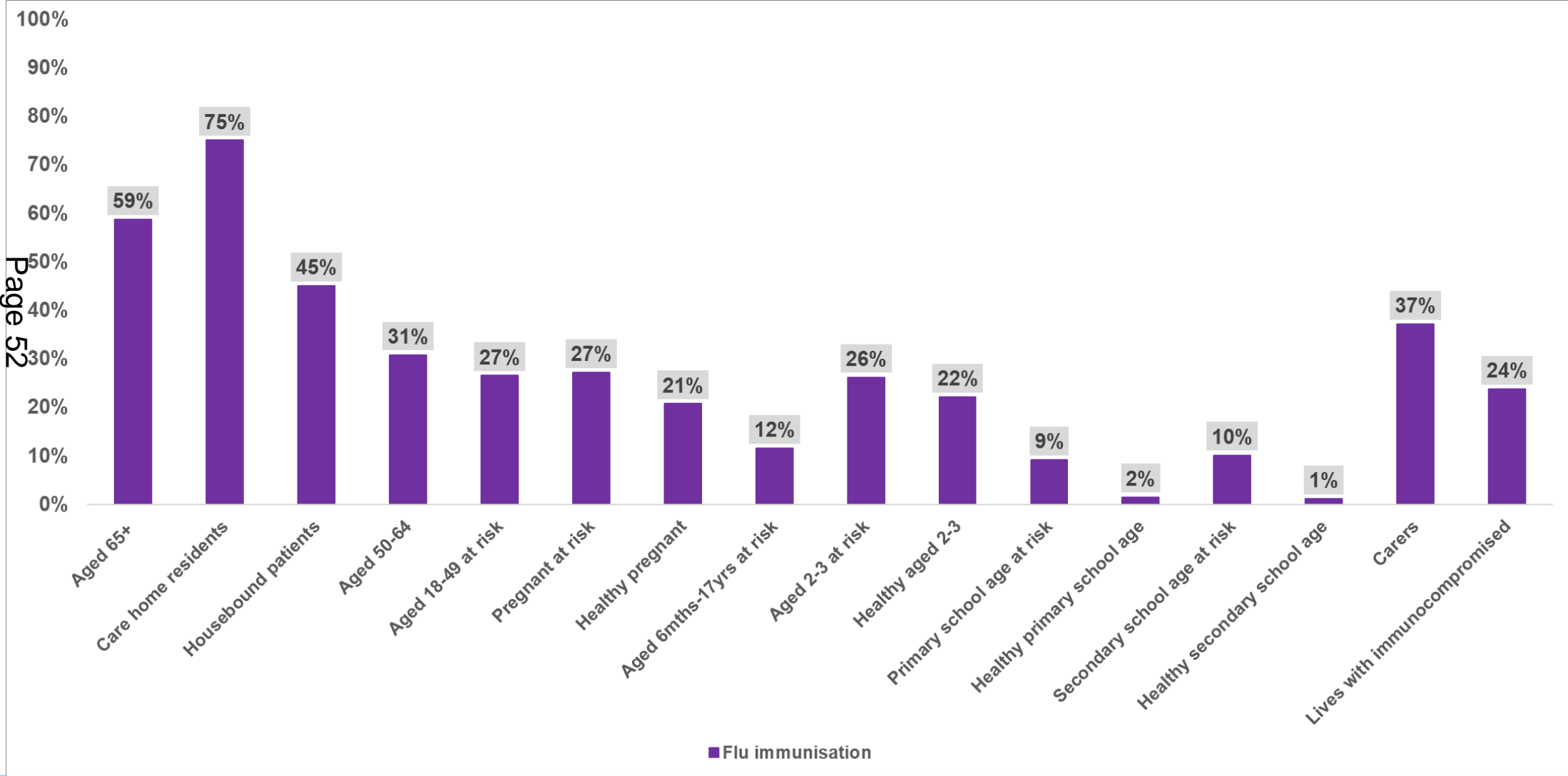
City & Hackney COVID-19 vaccination uptake by ethnic category



City & Hackney COVID-19 vaccination uptake by deprivation



City & Hackney Flu immunisation uptake by priority group



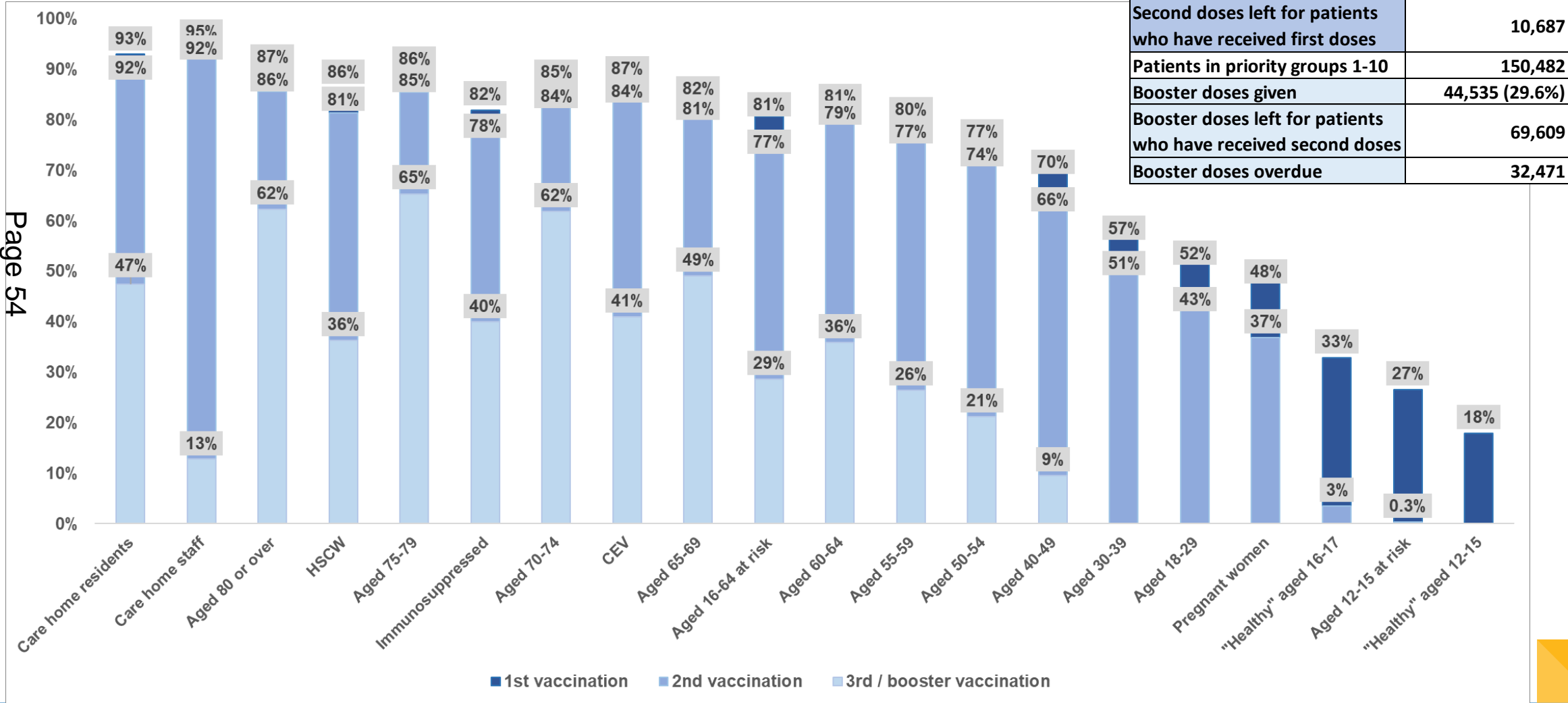


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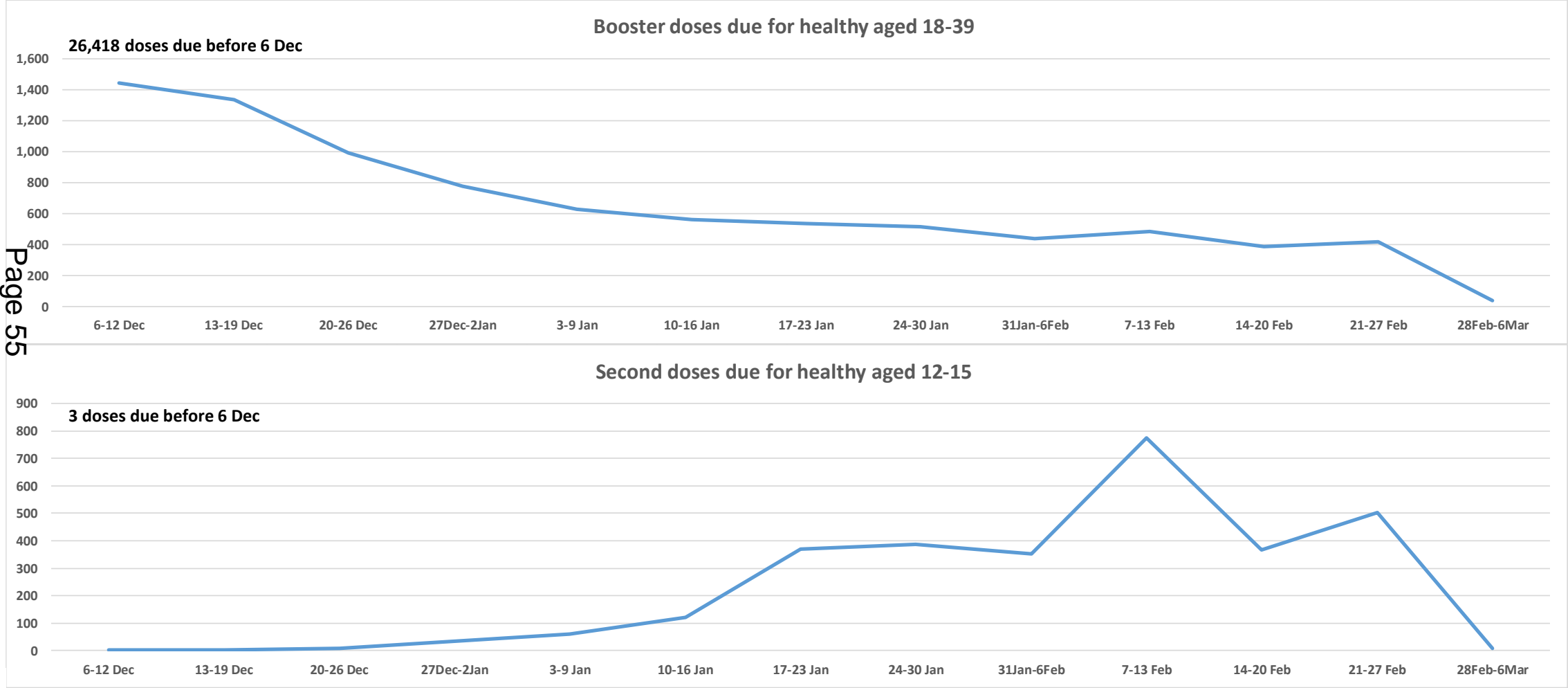
Operational data analysis - Barking & Dagenham, Havering and Redbridge

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Barking & Dagenham COVID-19 vaccination uptake by priority group and dose



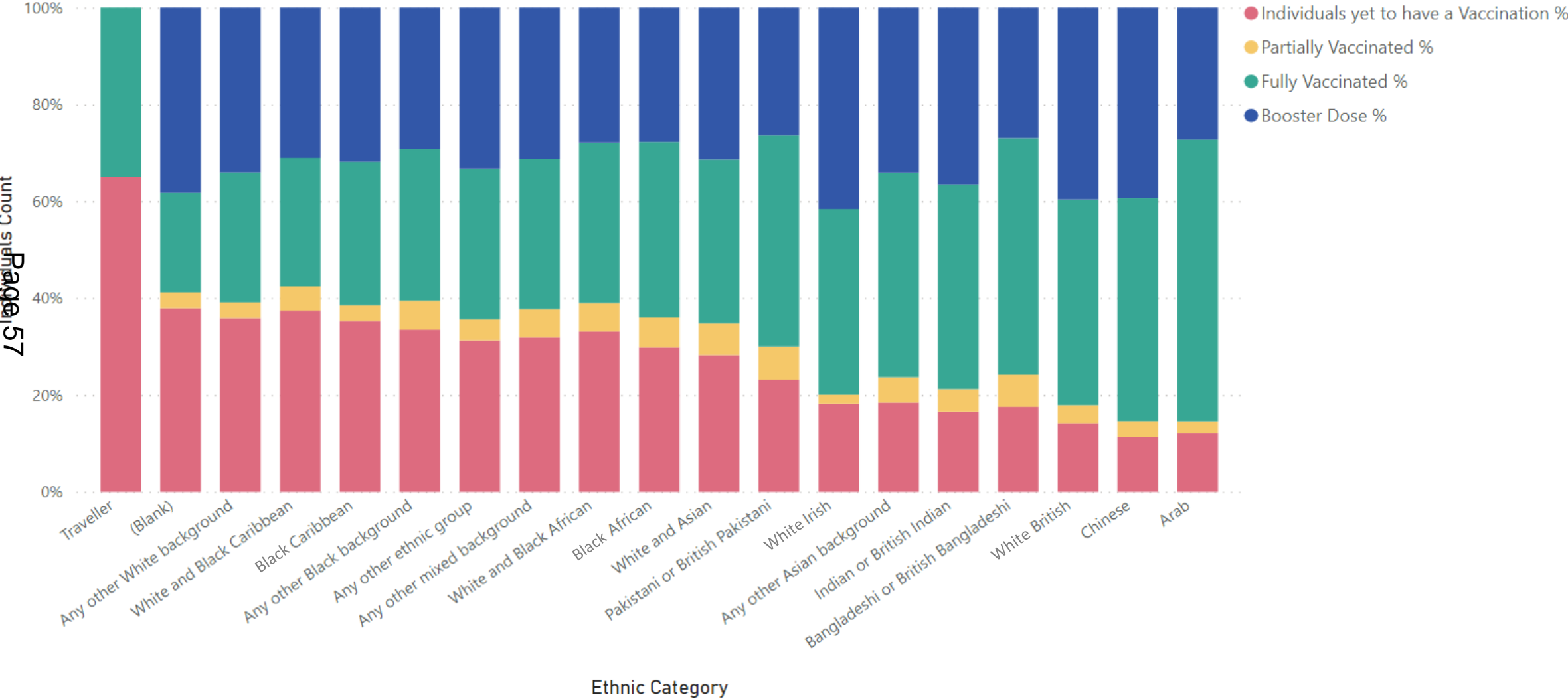
Barking & Dagenham COVID-19 vaccination new demand



NEL COVID-19 vaccination – where did Barking & Dagenham patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
Liberty Shopping Centre	330	Vicarage Field Barking	137	Vicarage Field Barking	832
Vicarage Field Barking	249	Sandbern Pharmacy	97	Parsloes Surgery	536
King George Hospital VC	92	St Martin Church Hall (Kry-Ba Pharmacy)	93	St Martin Church Hall (Kry-Ba Pharmacy)	521
Britannia Pharmacy - Barking	38	Liberty Shopping Centre	86	Oxlow Pharmacy	445
Sandbern Pharmacy	33	King George Hospital VC	56	Sandbern Pharmacy	276
Oxlow Pharmacy	33	Britannia Pharmacy - Barking	43	Liberty Shopping Centre	251
St Martin Church Hall (Kry-Ba Pharmacy)	32	Parsloes Surgery	41	King George Hospital VC	218
Parsloes Surgery	32	Oxlow Pharmacy	20	Britannia Pharmacy - Barking	150
Westfield 1	11	Westfield 1	18	Boots UK	109
Redbridge Town Hall	8	Boots UK	6	Talati Chemist - Dagenham	96
Talati Chemist - Dagenham	4	Alastair Farqhhason Centre	6	Day Lewis Chemist - Dagenham	82
Essex Partnership University NHS FT	3	Redbridge Town Hall	5	Alvin Rose Chemist - Dagenham	71
Boots UK	3	Fullwell Cross Medical Centre	4	Hornchurch Library	63
Alastair Farqhhason Centre	3	Eclipse Pharmacy	4	Redbridge Town Hall	35
Day Lewis Chemist - Dagenham	3	Guy's Hospital	4	Day Lewis Pharmacy - Barking	25
Evergreen Surgery	2	Royal Docks Pharmacy	4	Westfield 1	21
Guy's Hospital	2	Beckton Pharmacy	4	Queen's Hospital	17
Hornchurch Library	2	Woodgrange Medical Practice	4	Bencrest Chemist	16
Westbury Road Medical Practice	2	The Royal London Hospital	3	Guy's Hospital	14
Eclipse Pharmacy	2	Queen Elizabeth Hospital - Woolwich	3	Alastair Farqhhason Centre	14
Other sites	46	Other sites	55	Other sites	258
Total	930	Total	693	Total	4,050

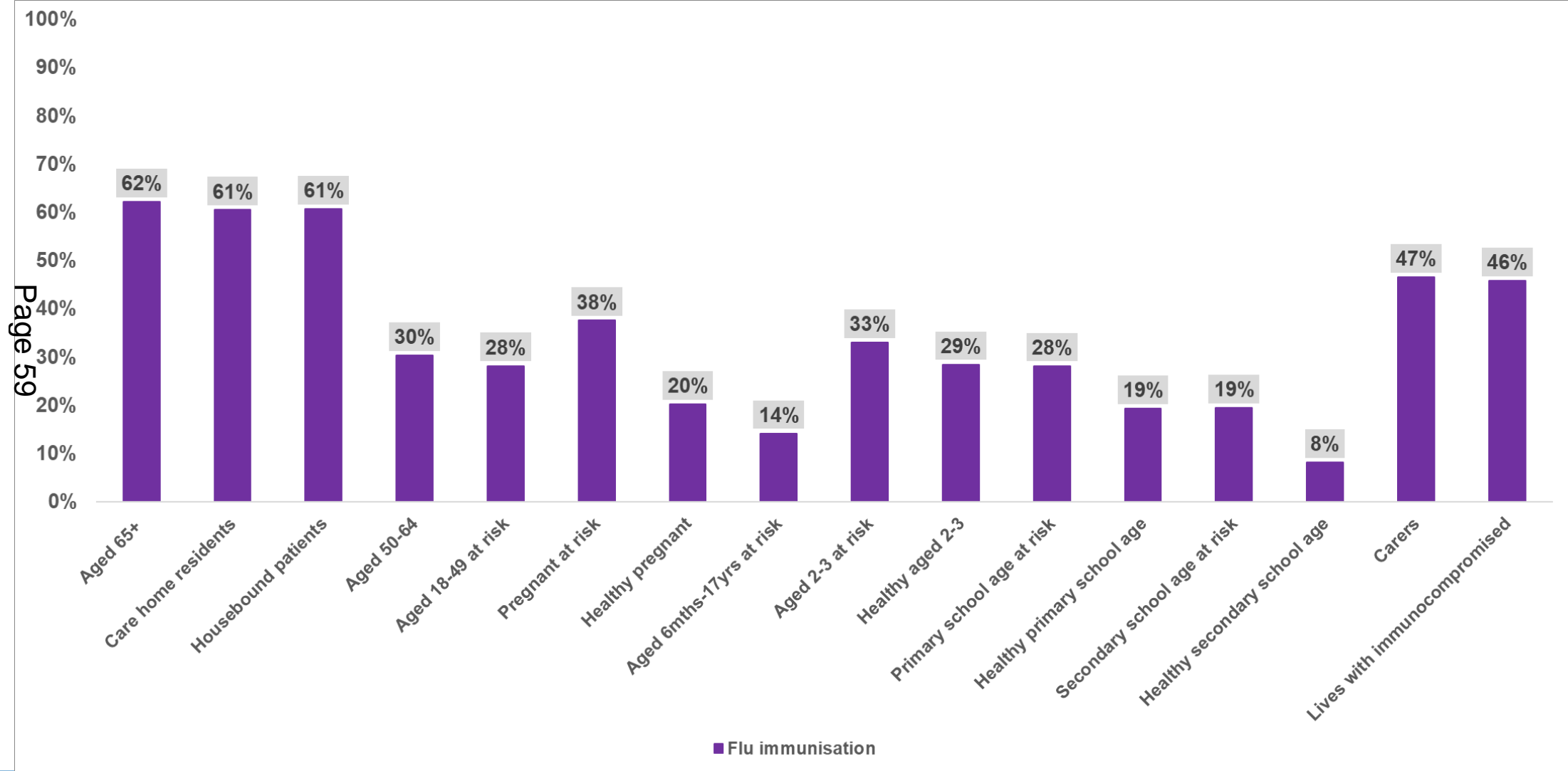
Barking & Dagenham COVID-19 vaccination uptake by ethnic category



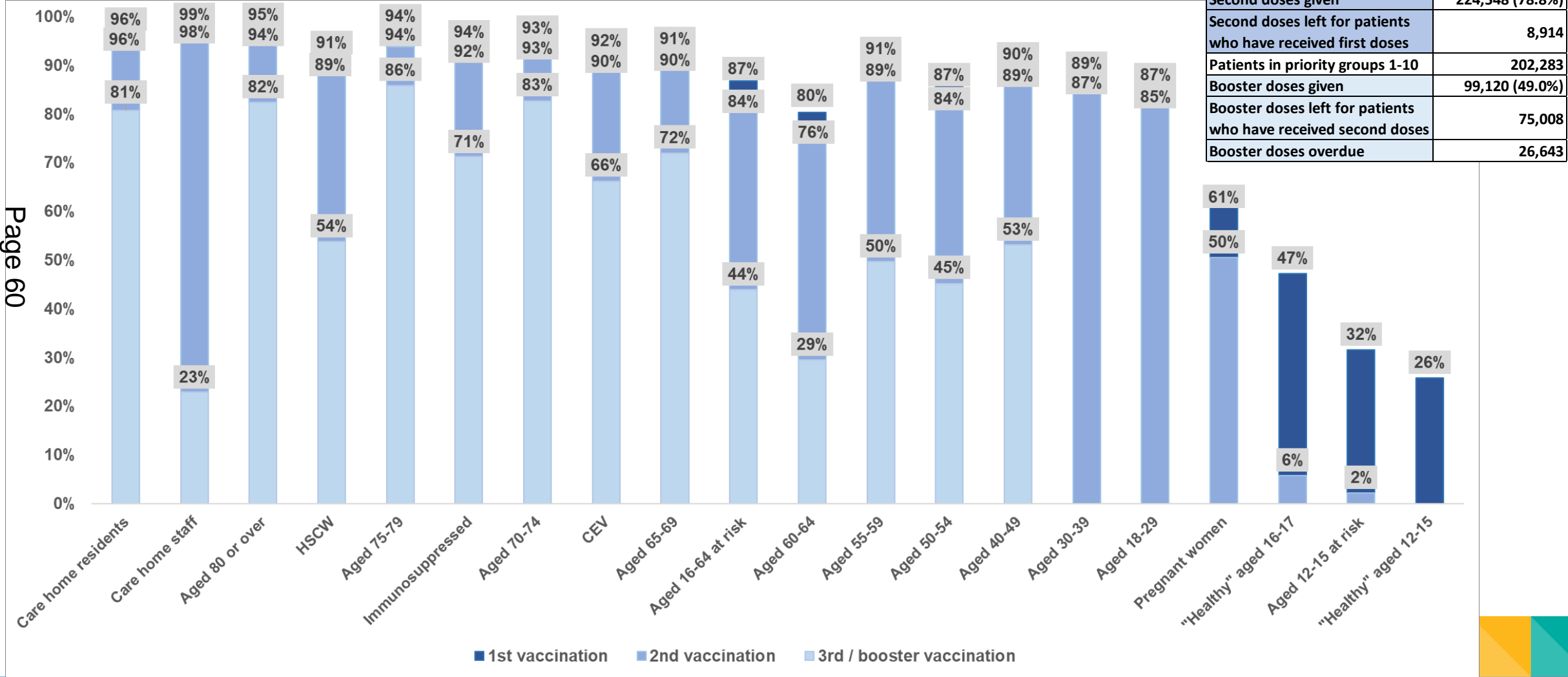
Barking & Dagenham COVID-19 vaccination uptake by deprivation



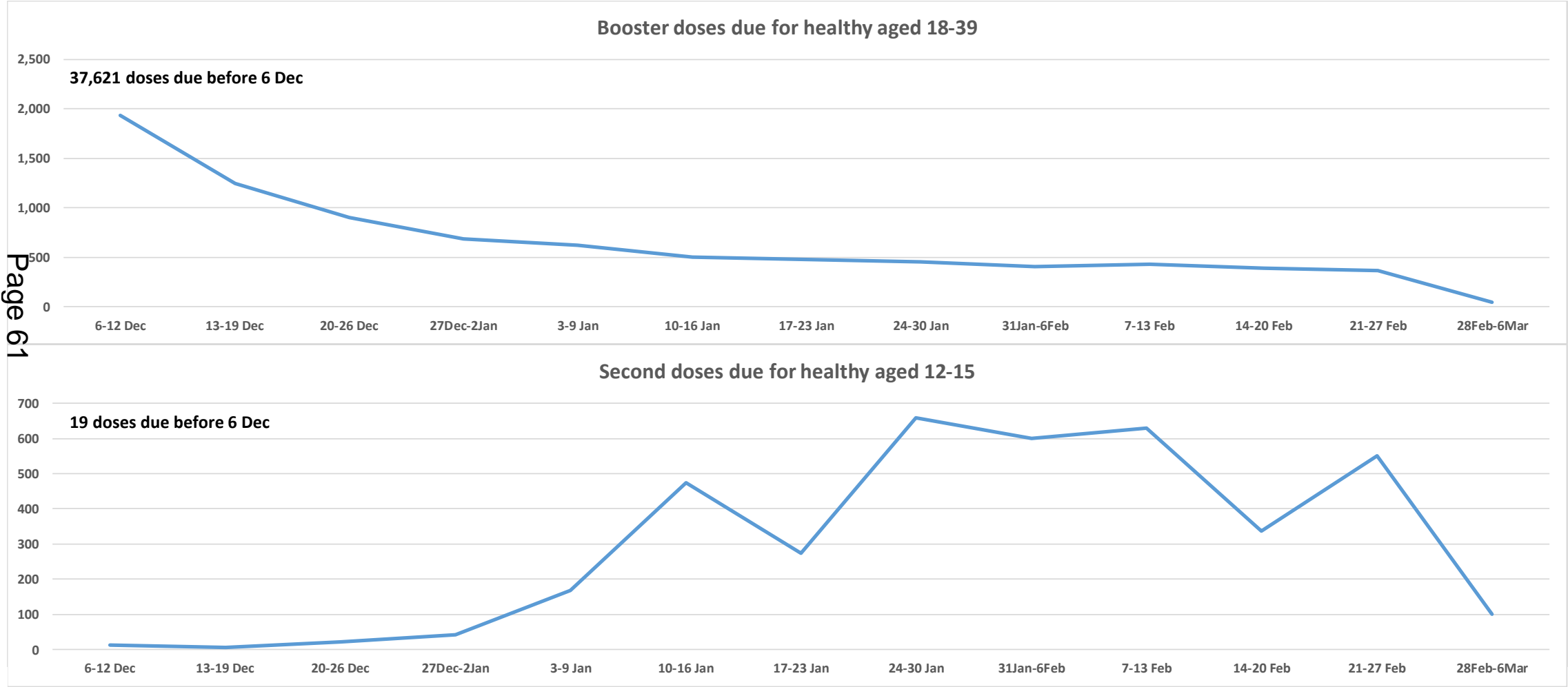
Barking & Dagenham Flu immunisation uptake by priority group



Havering COVID-19 vaccination uptake by priority group and dose



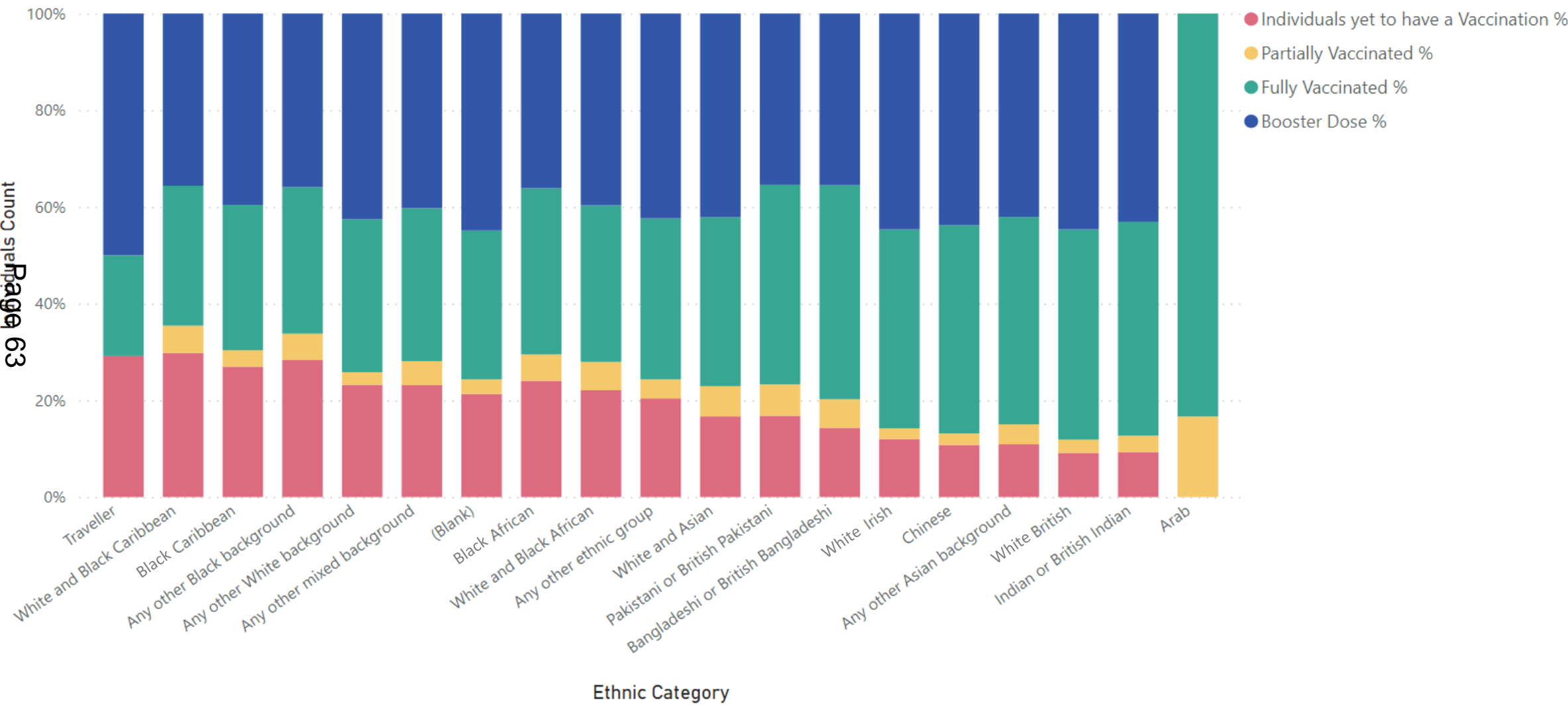
Havering COVID-19 vaccination new demand



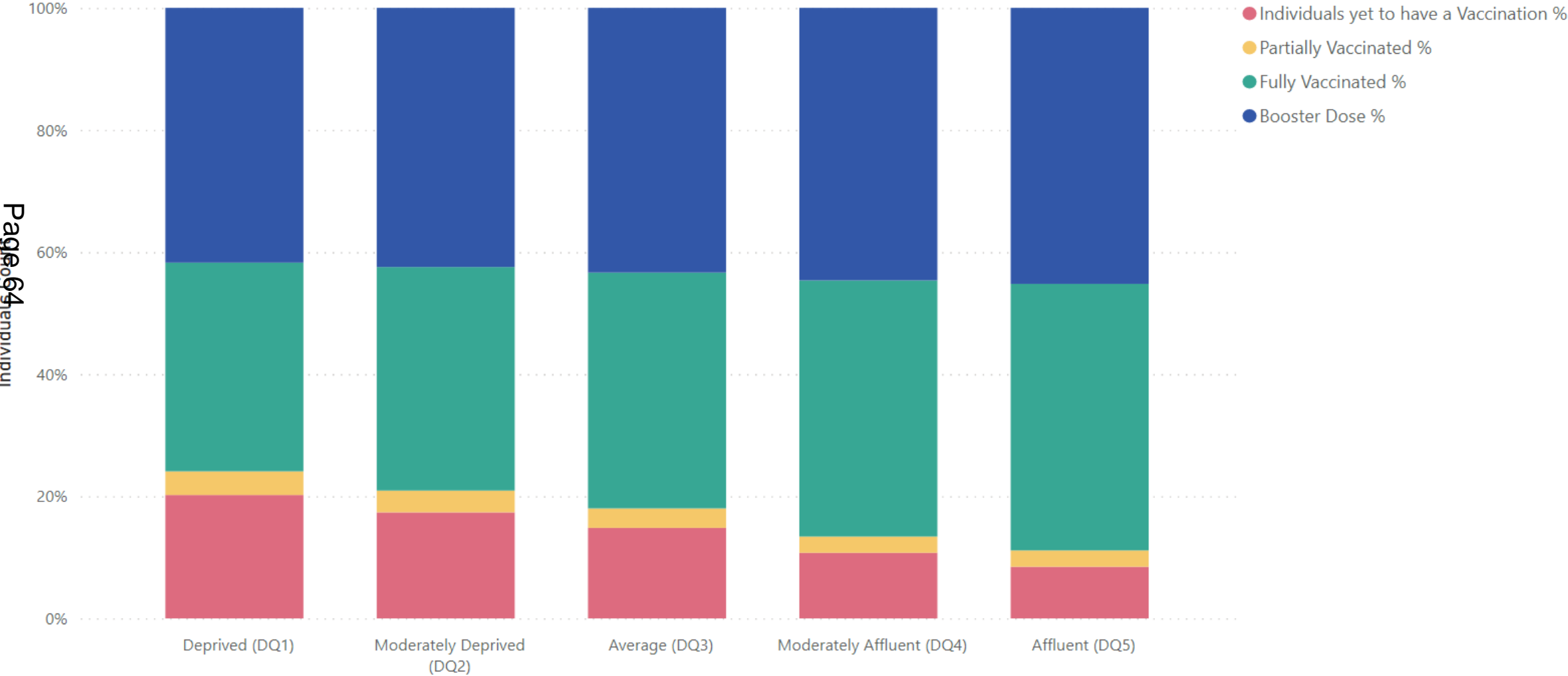
NEL COVID-19 vaccination – where did Havering patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
Liberty Shopping Centre	728	Liberty Shopping Centre	431	Victoria Hospital (Raphael House)	3,170
Hornchurch Library	60	Hornchurch Library	100	Hornchurch Library	2,264
Victoria Hospital (Raphael House)	24	St Martin Church Hall (Kry-Ba Pharmacy)	52	Liberty Shopping Centre	2,050
King George Hospital VC	16	Bencrest Chemist	35	Bencrest Chemist	614
St Martin Church Hall (Kry-Ba Pharmacy)	13	Victoria Hospital (Raphael House)	28	Alastair Farqhhason Centre	119
LRM Pharmacy	8	King George Hospital VC	15	St Martin Church Hall (Kry-Ba Pharmacy)	106
Sandbern Pharmacy	7	Sandbern Pharmacy	11	King George Hospital VC	96
Alastair Farqhhason Centre	6	Westfield 1	10	Oxlow Pharmacy	76
Vicarage Field Barking	5	Oxlow Pharmacy	6	Queen's Hospital	43
Westfield 1	5	Alastair Farqhhason Centre	5	The Lodge - Wickford	22
Oxlow Pharmacy	4	Vicarage Field Barking	5	Sandbern Pharmacy	21
Walthamstow Library	3	Britannia Pharmacy - Barking	4	Guy's Hospital	16
Bencrest Chemist	2	Parsloes Surgery	4	Vicarage Field Barking	14
The Royal London Hospital	2	AMP Pharmacy	4	Boots UK	14
Woodgrange Medical Practice	2	Bidborough House	4	St Thomas' Hospital	13
AMP Pharmacy	2	Pyramid Pharmacy	3	Parsloes Surgery	13
KCHFT - Trinity House - SAIS	2	Walthamstow Library	3	AMP Pharmacy	13
Britannia Pharmacy - Barking	2	Tylers Ride Practice	3	Westfield 1	12
St Nicholas Shopping Centre	1	Woodgrange Pharmacy	3	Britannia Pharmacy - Barking	10
Belvedere Pharmacy	1	Silverfields Chemist	2	The Royal London Hospital	8
Other sites	28	Other sites	48	Other sites	214
Total	921	Total	776	Total	8,908

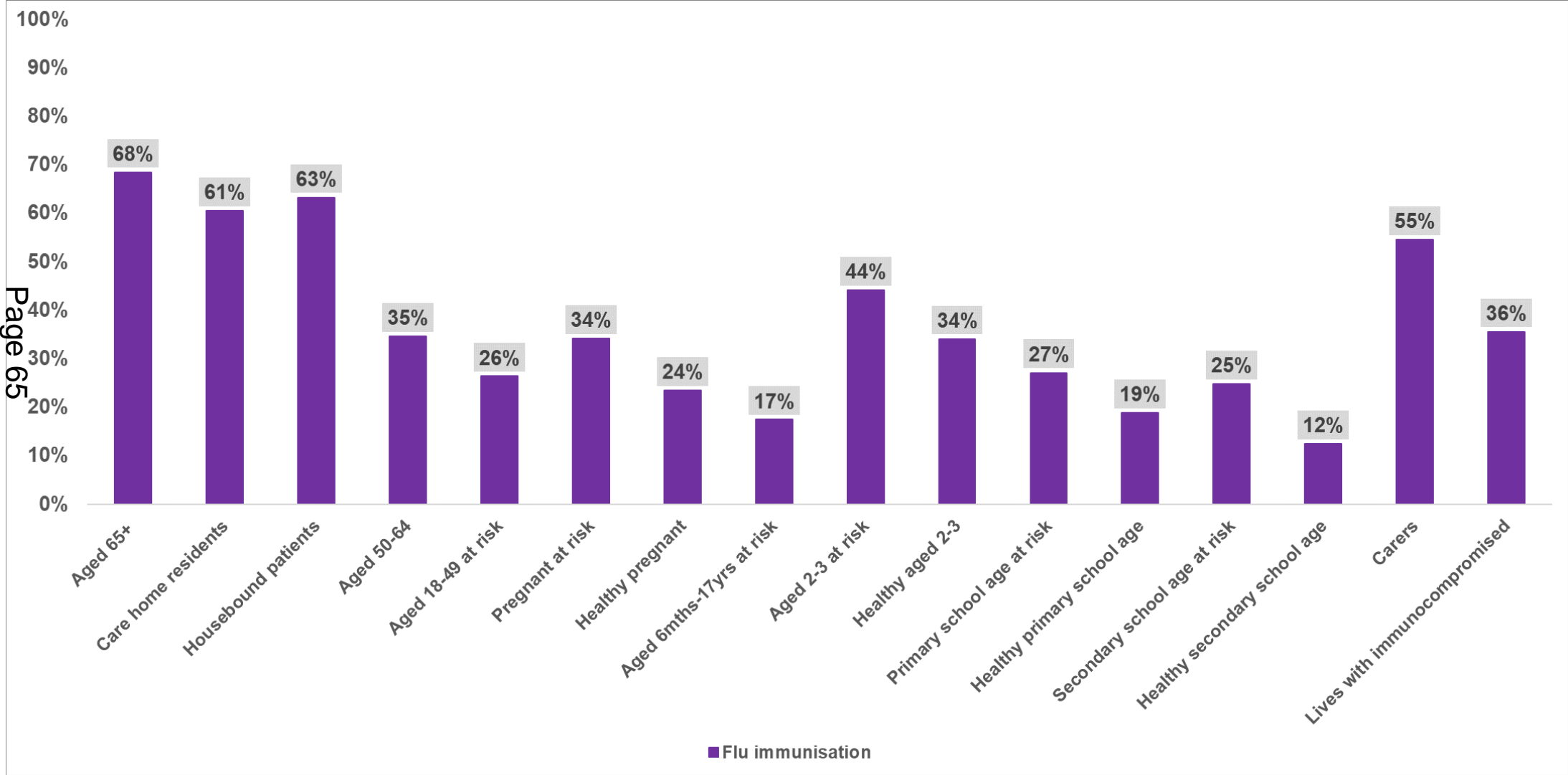
Havering COVID-19 vaccination uptake by ethnic category



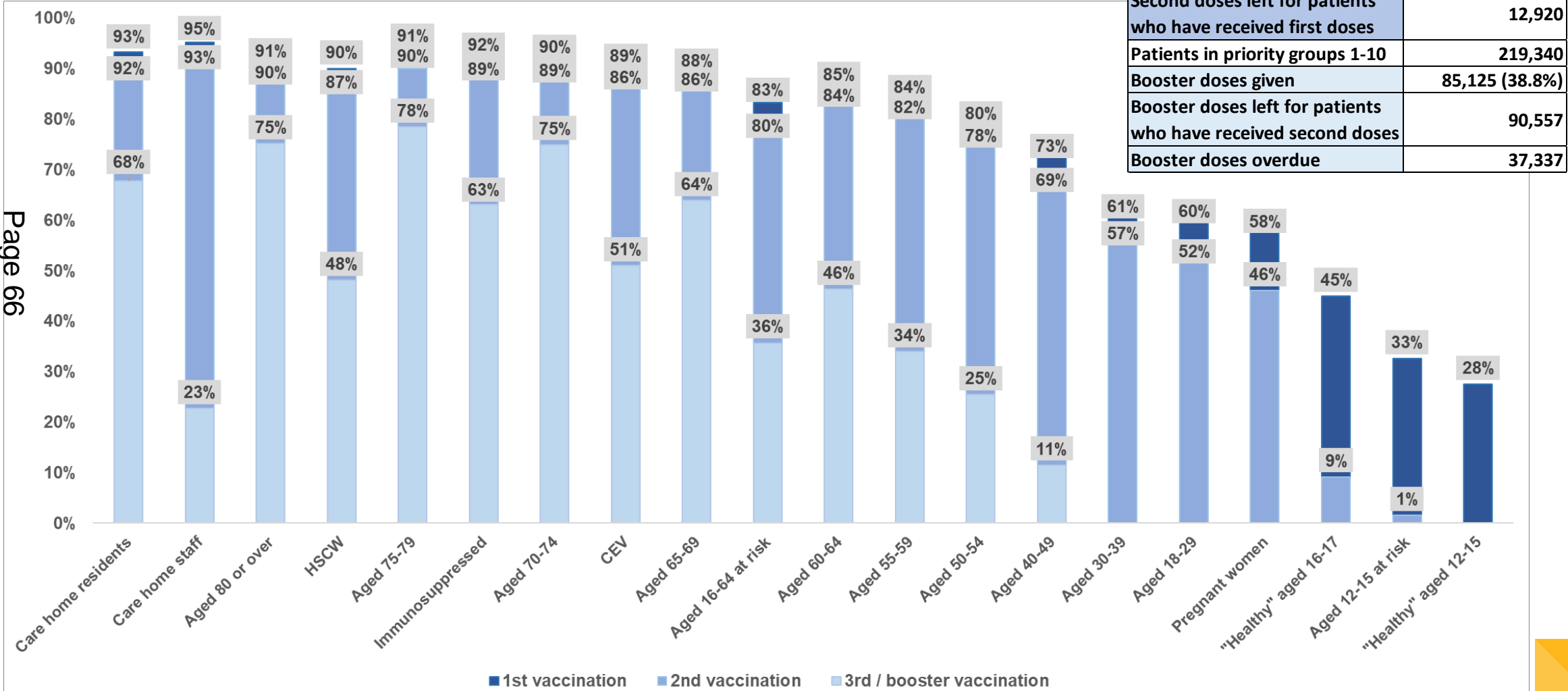
Havering COVID-19 vaccination uptake by deprivation



Havering Flu immunisation uptake by priority group

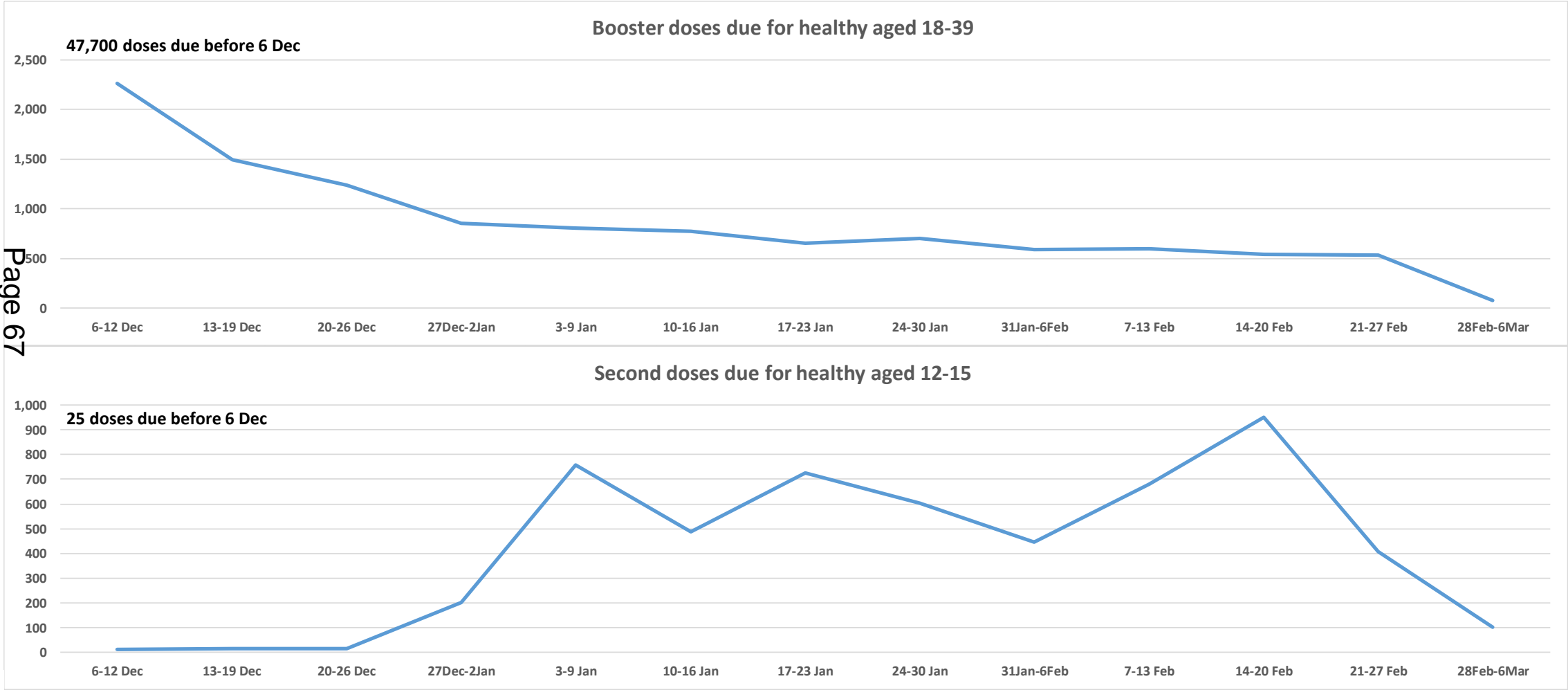


Redbridge COVID-19 vaccination uptake by priority group and dose



Patients in priority groups 1-12	336,128
First doses given	252,319 (75.1%)
First doses left	83,809
Second doses given	239,399 (71.2%)
Second doses left for patients who have received first doses	12,920
Patients in priority groups 1-10	219,340
Booster doses given	85,125 (38.8%)
Booster doses left for patients who have received second doses	90,557
Booster doses overdue	37,337

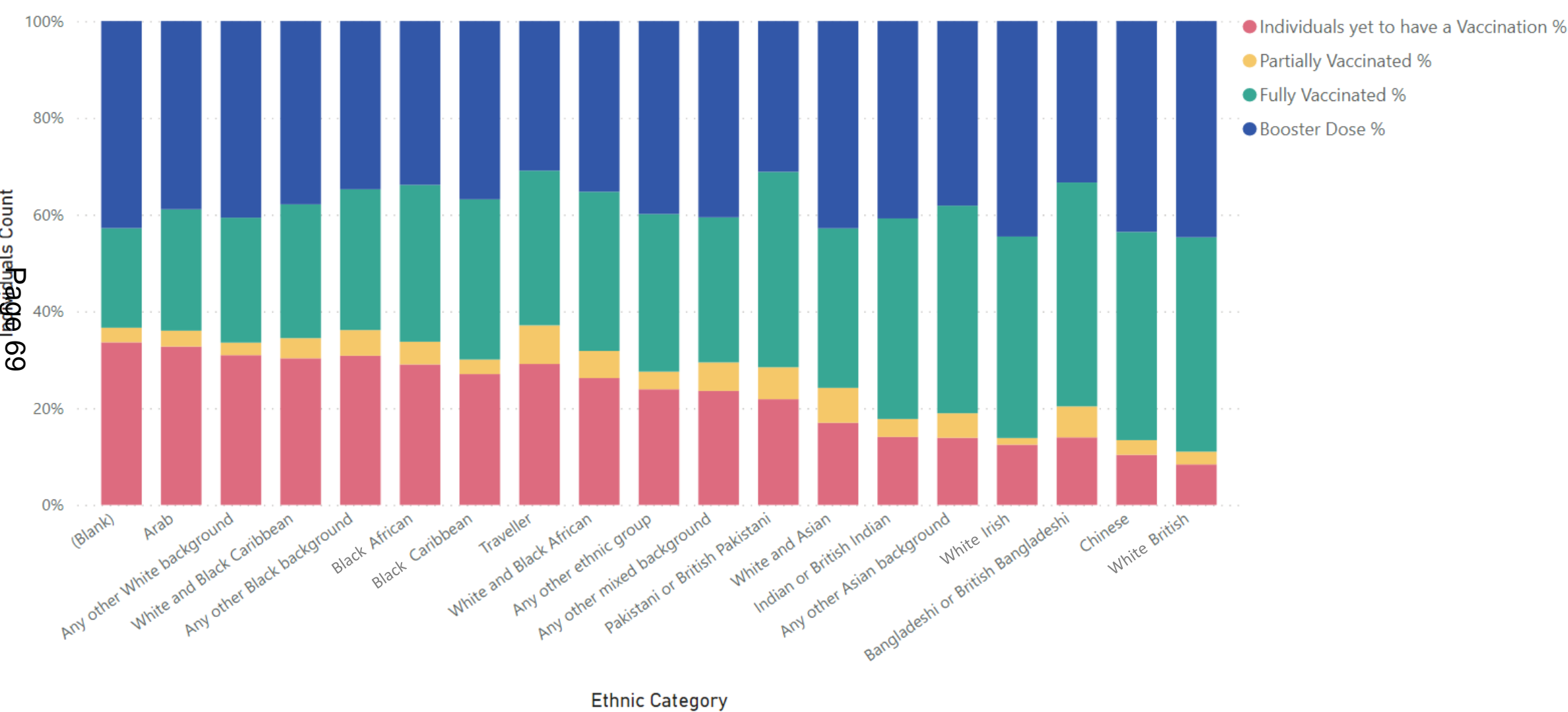
Redbridge COVID-19 vaccination new demand



NEL COVID-19 vaccination – where did Redbridge patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
Liberty Shopping Centre	144	Britannia Pharmacy - Barking	165	Redbridge Town Hall	1,491
King George Hospital VC	141	Redbridge Town Hall	163	Sir James Hawkey Hall	1,107
Redbridge Town Hall	139	King George Hospital VC	98	Britannia Pharmacy - Barking	930
Britannia Pharmacy - Barking	82	Westfield 1	67	Fullwell Cross Medical Centre	544
Sir James Hawkey Hall	69	Sandbern Pharmacy	55	King George Hospital VC	402
Vicarage Field Barking	63	Mayors Pharmacy	52	Mayors Pharmacy	399
Fullwell Cross Medical Centre	32	Sir James Hawkey Hall	48	Wanstead Pharmacy	288
Westfield 1	30	Wanstead Pharmacy	46	Sandbern Pharmacy	199
Wanstead Pharmacy	19	Vicarage Field Barking	36	Westfield 1	187
Sandbern Pharmacy	16	Liberty Shopping Centre	36	Liberty Shopping Centre	154
Mayors Pharmacy	15	Fullwell Cross Medical Centre	34	Vicarage Field Barking	117
Woodgrange Medical Practice	10	St Martin Church Hall (Kry-Ba Pharmacy)	10	Woodgrange Pharmacy	108
St Edmund's Church	9	LRM Pharmacy	9	Boots UK	41
Jubilee Centre	5	Evergreen Surgery	7	Guy's Hospital	26
Westbury Road Medical Practice	5	Liberty Bridge (SLG)	5	Easter Pharmacy - Buckhurst Hill	20
LRM Pharmacy	4	Walthamstow Library	5	St Thomas' Hospital	18
Alastair Farqhhason Centre	3	Silverfields Chemist	4	Leyton Orient Pharmacy	18
Berg Pharmacy	3	Hornchurch Library	4	Eclipse Pharmacy	18
Parsloes Surgery	3	Good Health Pharmacy	4	Hornchurch Library	16
Whipps Cross Hospital	3	Beckton Pharmacy	3	Alvin Rose Chemist - Dagenham	16
Other sites	67	Other sites	91	Other sites	375
Total	862	Total	942	Total	6,474

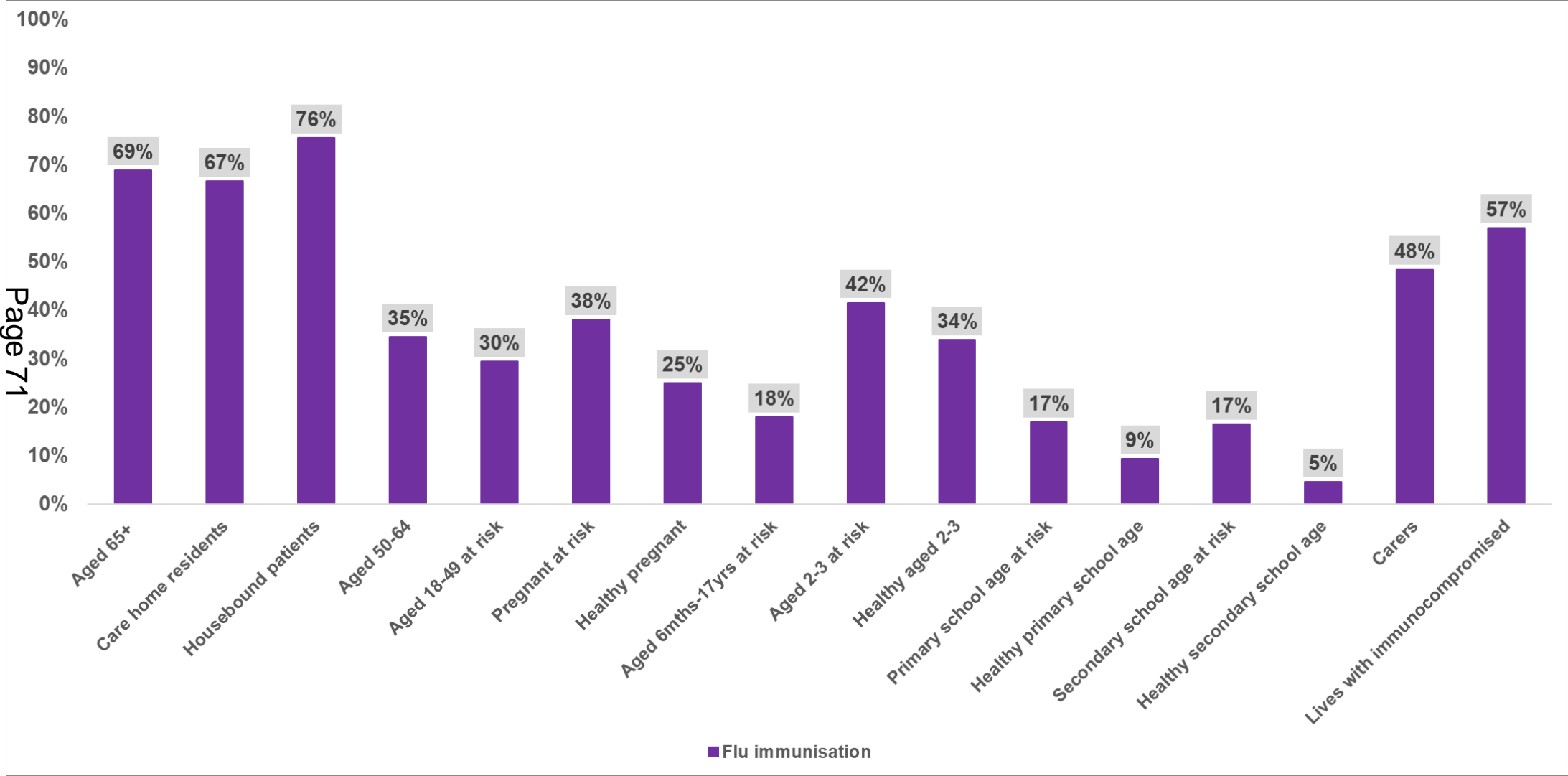
Redbridge COVID-19 vaccination uptake by ethnic category



Redbridge COVID-19 vaccination uptake by deprivation



Redbridge Flu immunisation uptake by priority group

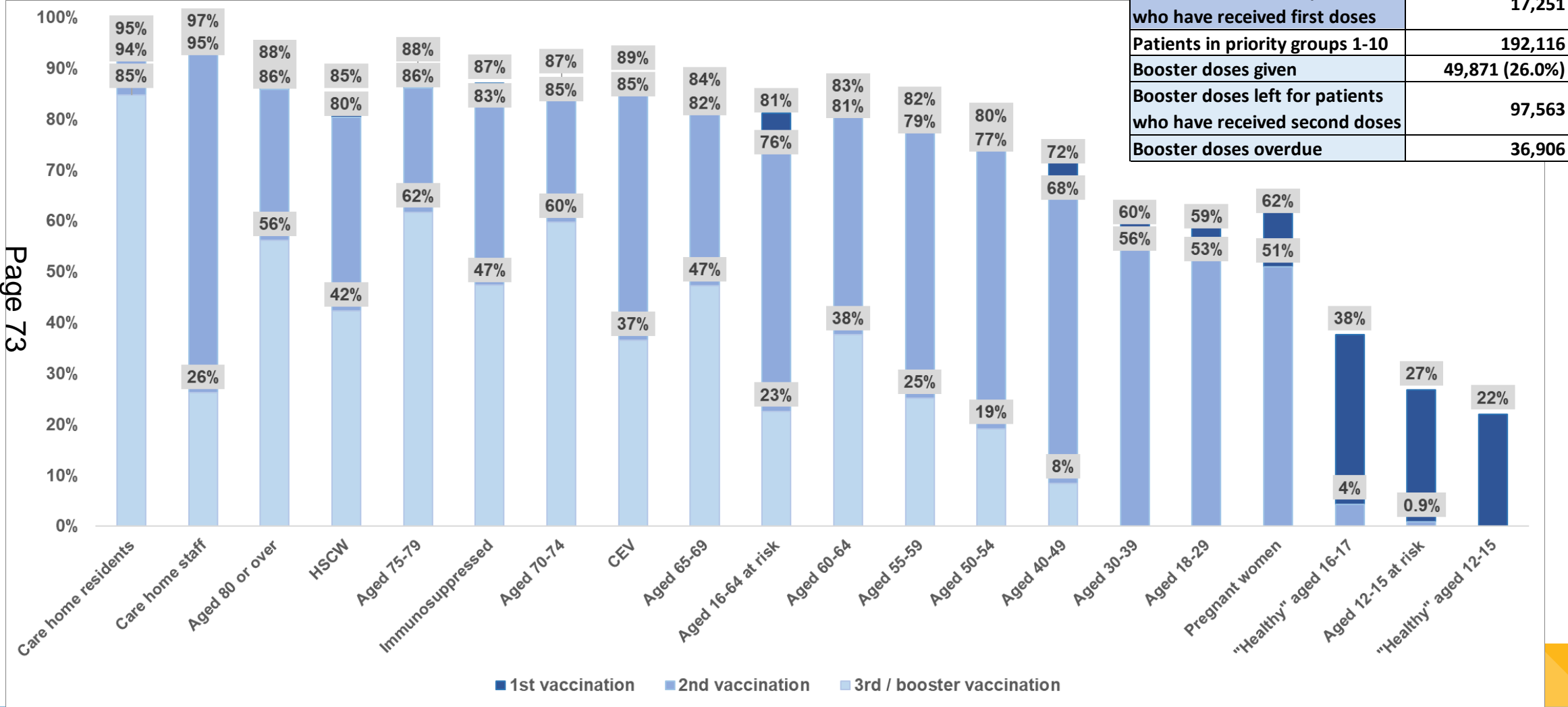




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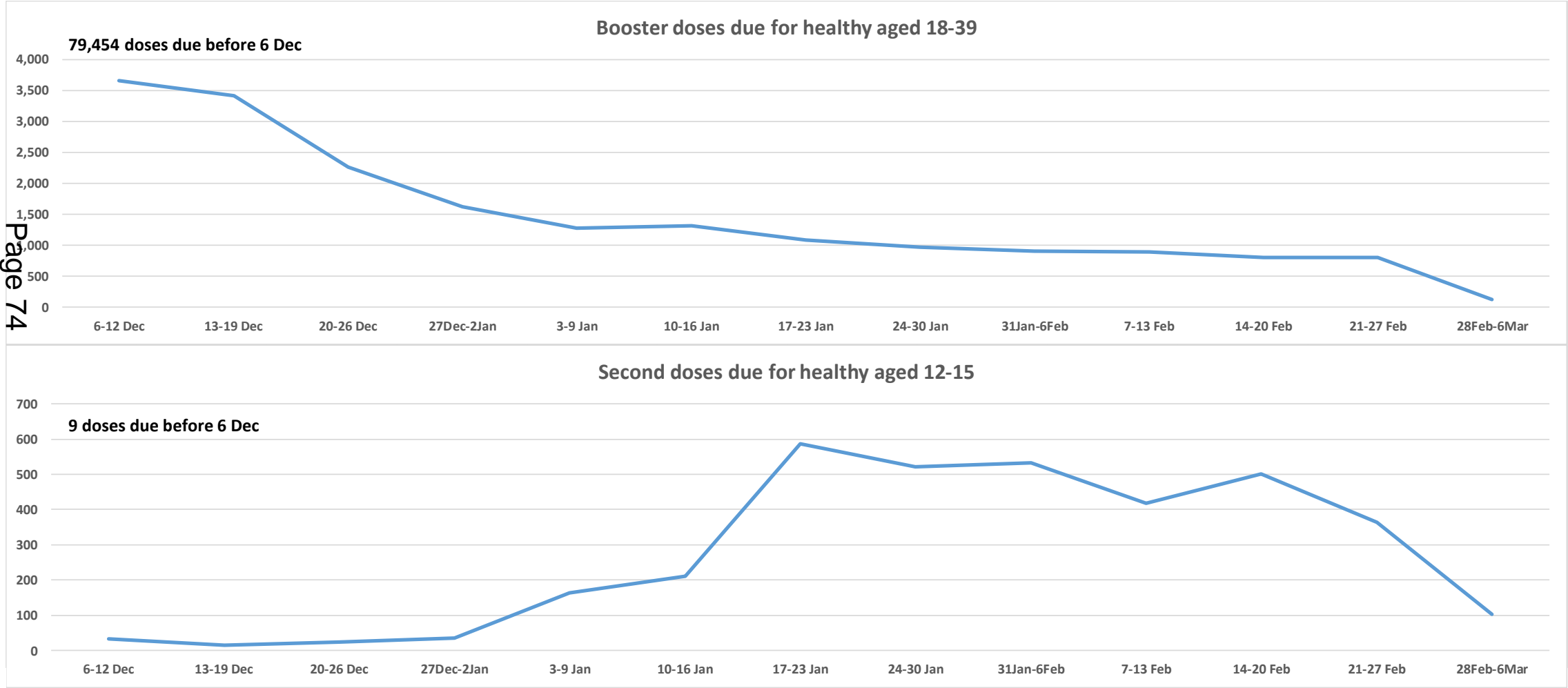
Operational data analysis - Tower Hamlets, Newham and Waltham Forest

Tower Hamlets COVID-19 vaccination uptake by priority group and dose



Patients in priority groups 1-12	383,903
First doses given	268,897 (70.0%)
First doses left	115,006
Second doses given	251,646 (65.5%)
Second doses left for patients who have received first doses	17,251
Patients in priority groups 1-10	192,116
Booster doses given	49,871 (26.0%)
Booster doses left for patients who have received second doses	97,563
Booster doses overdue	36,906

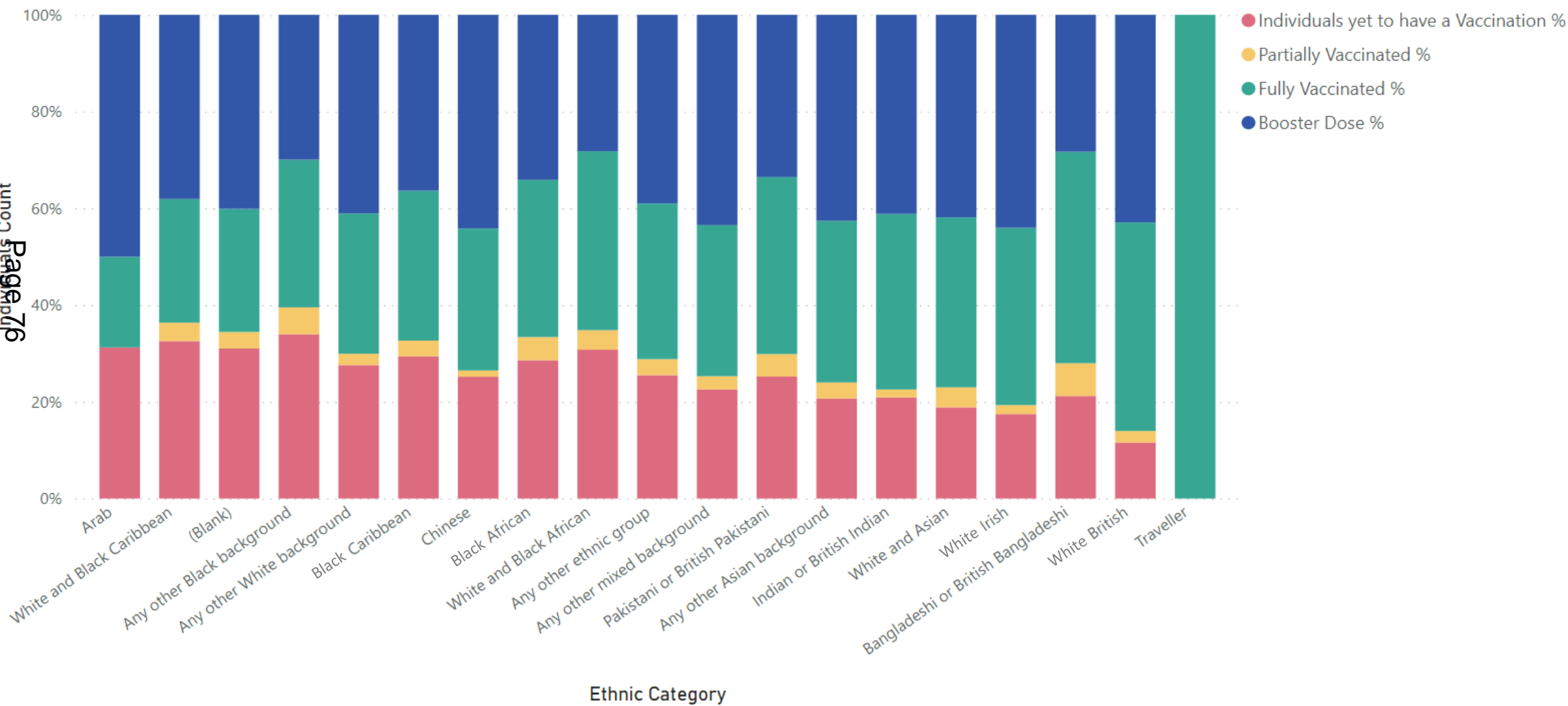
Tower Hamlets COVID-19 vaccination new demand



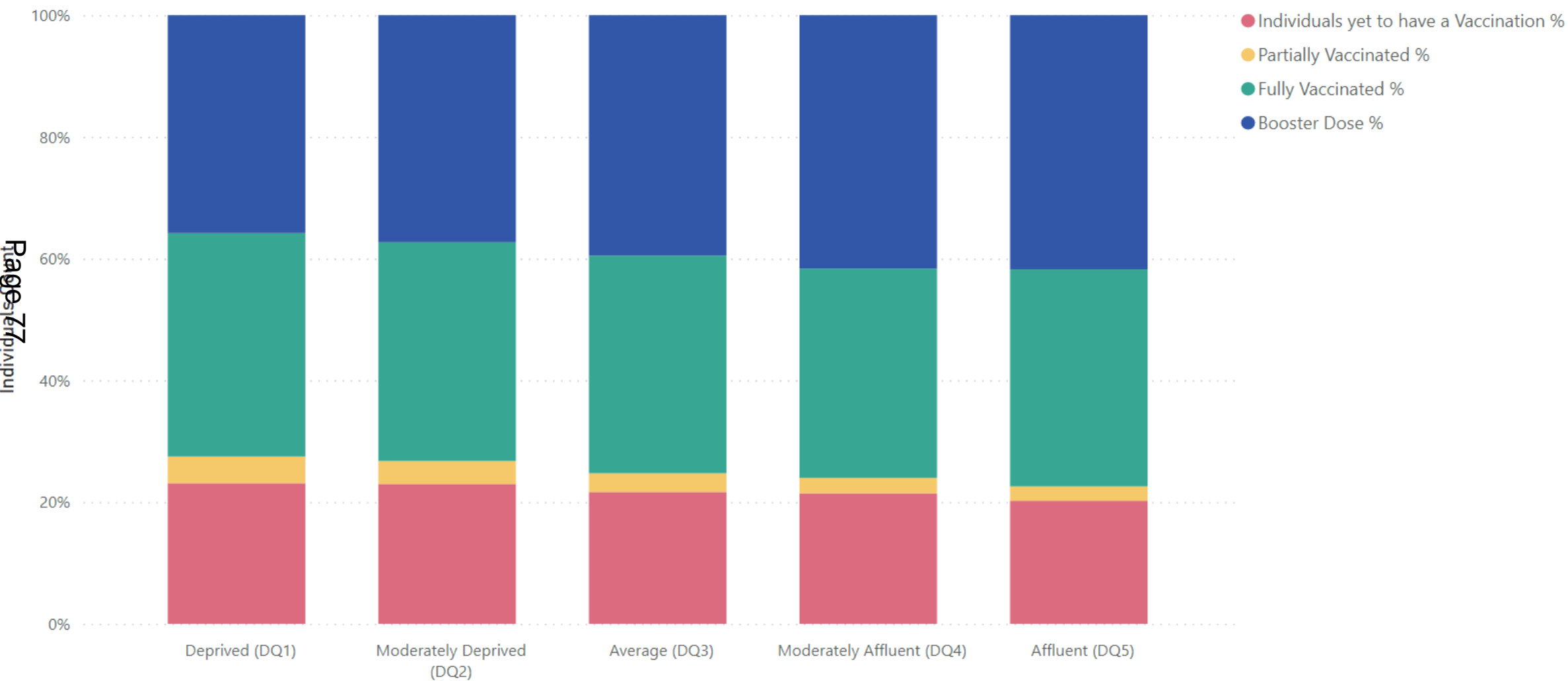
NEL COVID-19 vaccination – where did Tower Hamlets patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
Westfield 1	325	Westfield 1	172	Lincoln Pharmacy	552
Albert Jacobs House	112	Jaypharm Chemists	134	Albert Jacobs House	503
The Royal London Hospital	42	Westfield 2	78	Boots UK	374
Lincoln Pharmacy	40	Albert Jacobs House	68	Westfield 1	310
Westfield 2	39	Guy's Hospital	66	Guy's Hospital	282
Jaypharm Chemists	23	The Royal London Hospital	48	The Royal London Hospital	248
Bocking Centre	21	Berg Pharmacy	44	Barkantine Practice	246
Lansbury Pharmacy	20	Spring Pharmacy	28	Jaypharm Chemists	243
Berg Pharmacy	18	Silverfields Chemist	28	Newby Place	241
Tower Pharmacy - Wapping	17	Boots UK	25	Tower Pharmacy - Wapping	210
Shanty's - Tower Hamlets	17	St Thomas' Hospital	17	Shanty's - Tower Hamlets	203
Cable Street	16	Royal Docks Pharmacy	17	Lansbury Pharmacy	199
St Thomas' Hospital	14	Bocking Centre	16	Columbia Pharmacy - London	158
Guy's Hospital	14	Haggerston Pharmacy	15	Westfield 2	156
Boots UK	12	Lansbury Pharmacy	15	St Andrews Health Centre (Green Light Pharmacy)	80
Columbia Pharmacy - London	11	Bidborough House	12	Kamsons Pharmacy - Bow	72
Greenlight Pharmacy - Bromley By Bow	10	Lincoln Pharmacy	11	Forward Pharmacy	64
Silverfields Chemist	6	St Martin Church Hall (Kry-Ba Pharmacy)	9	Bocking Centre	52
Spring Pharmacy	5	Columbia Pharmacy - London	8	St Thomas' Hospital	50
Murray's Chemist	5	New Cross Pharmacy	8	Greenlight Pharmacy - Bromley By Bow	48
Other sites	126	Other sites	207	Other sites	670
Total	893	Total	1,026	Total	4,961

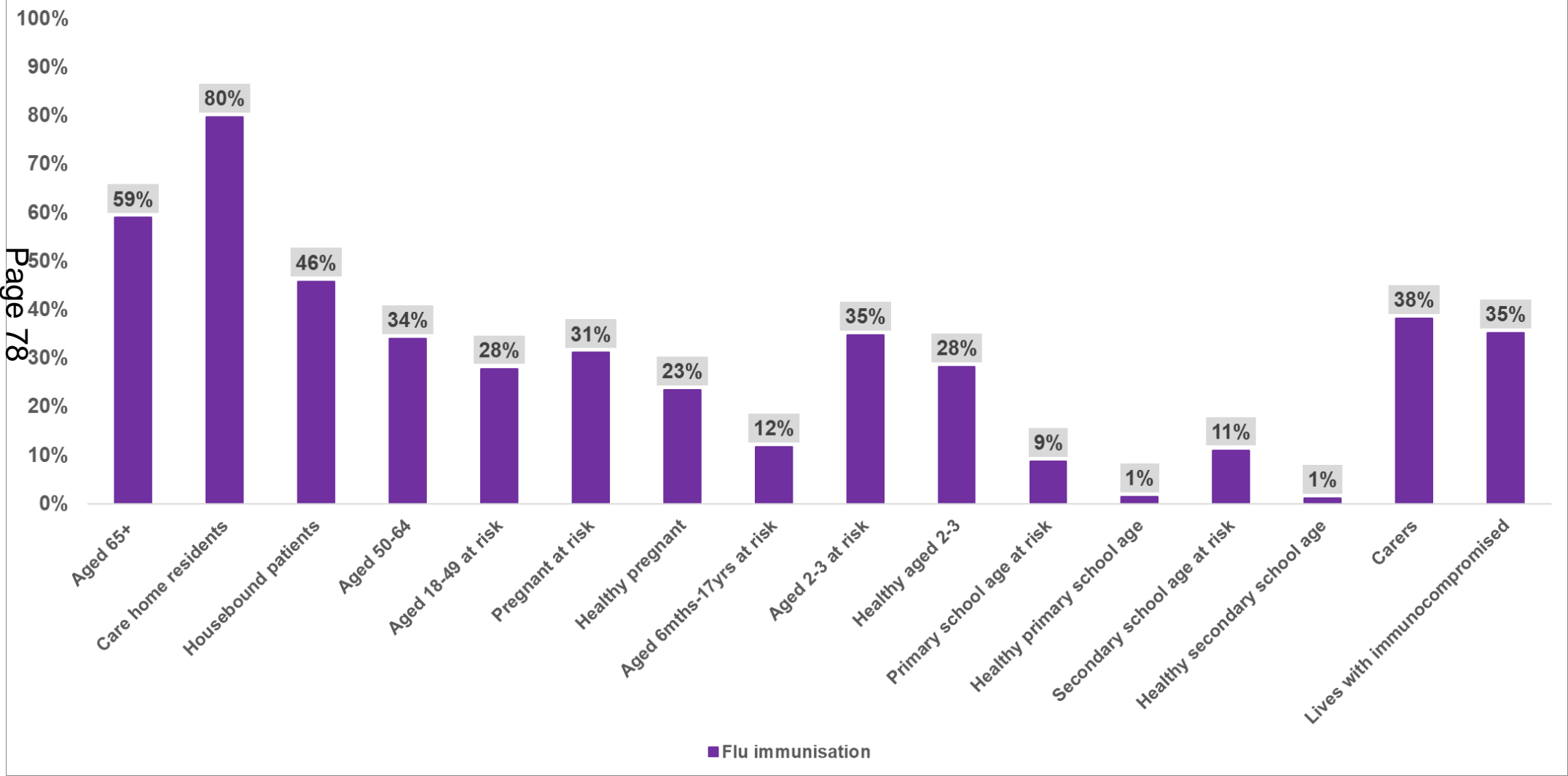
Tower Hamlets COVID-19 vaccination uptake by ethnic category



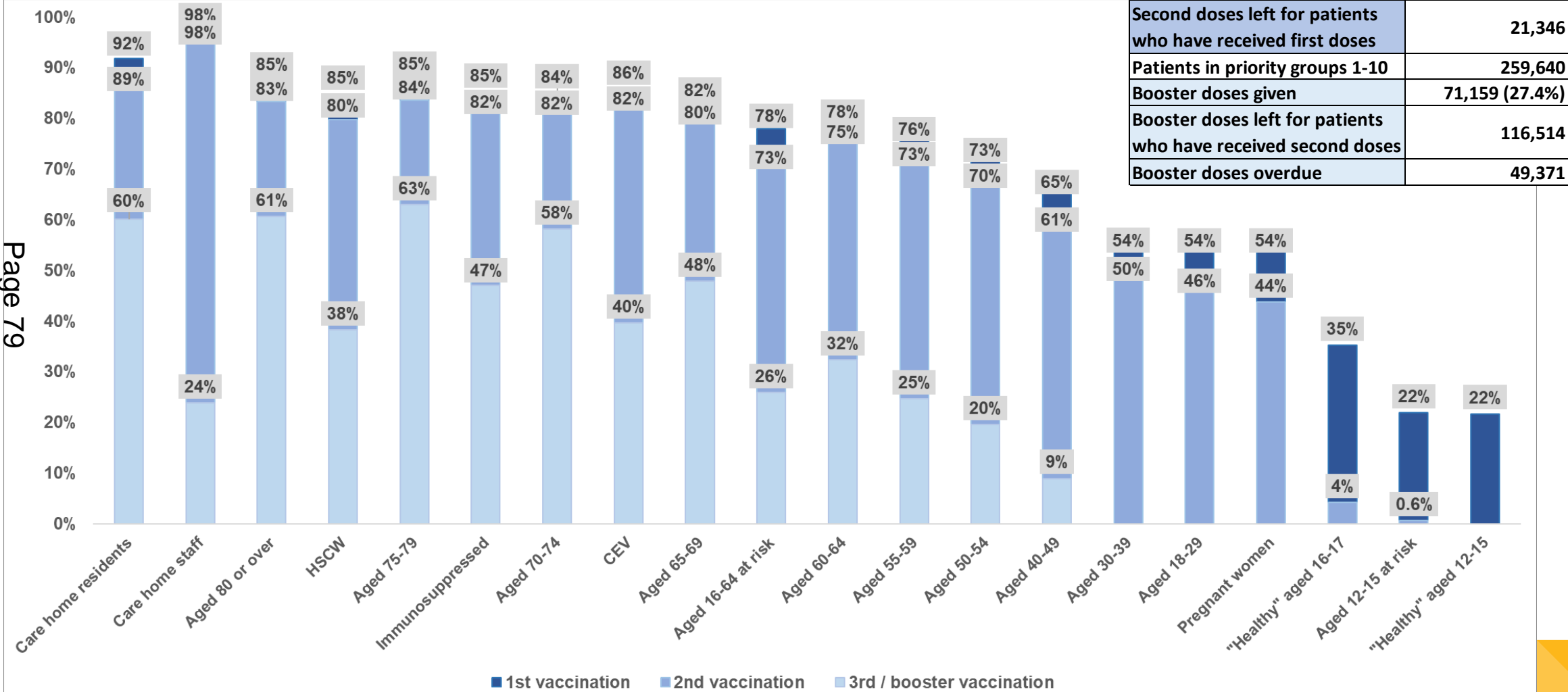
Tower Hamlets COVID-19 vaccination uptake by deprivation



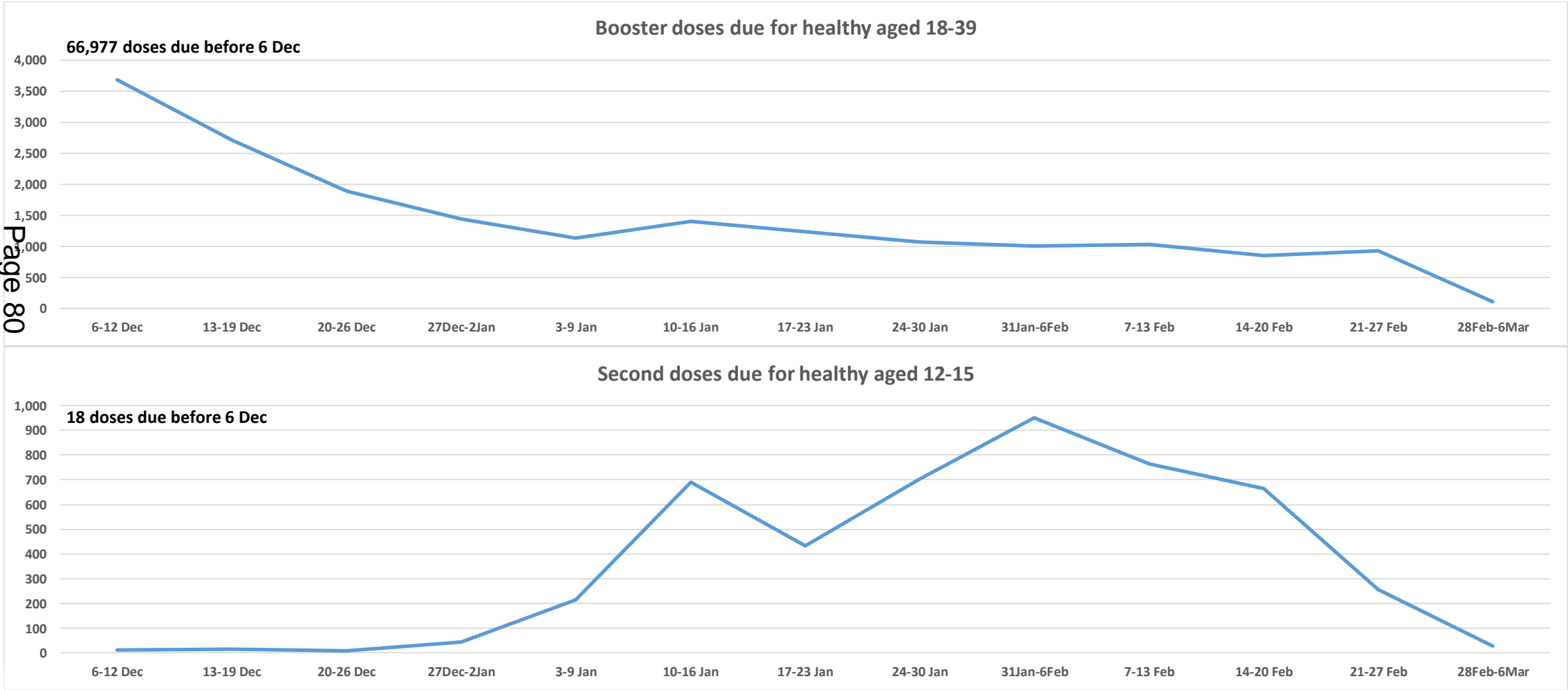
Tower Hamlets Flu immunisation uptake by priority group



Newham COVID-19 vaccination uptake by priority group and dose



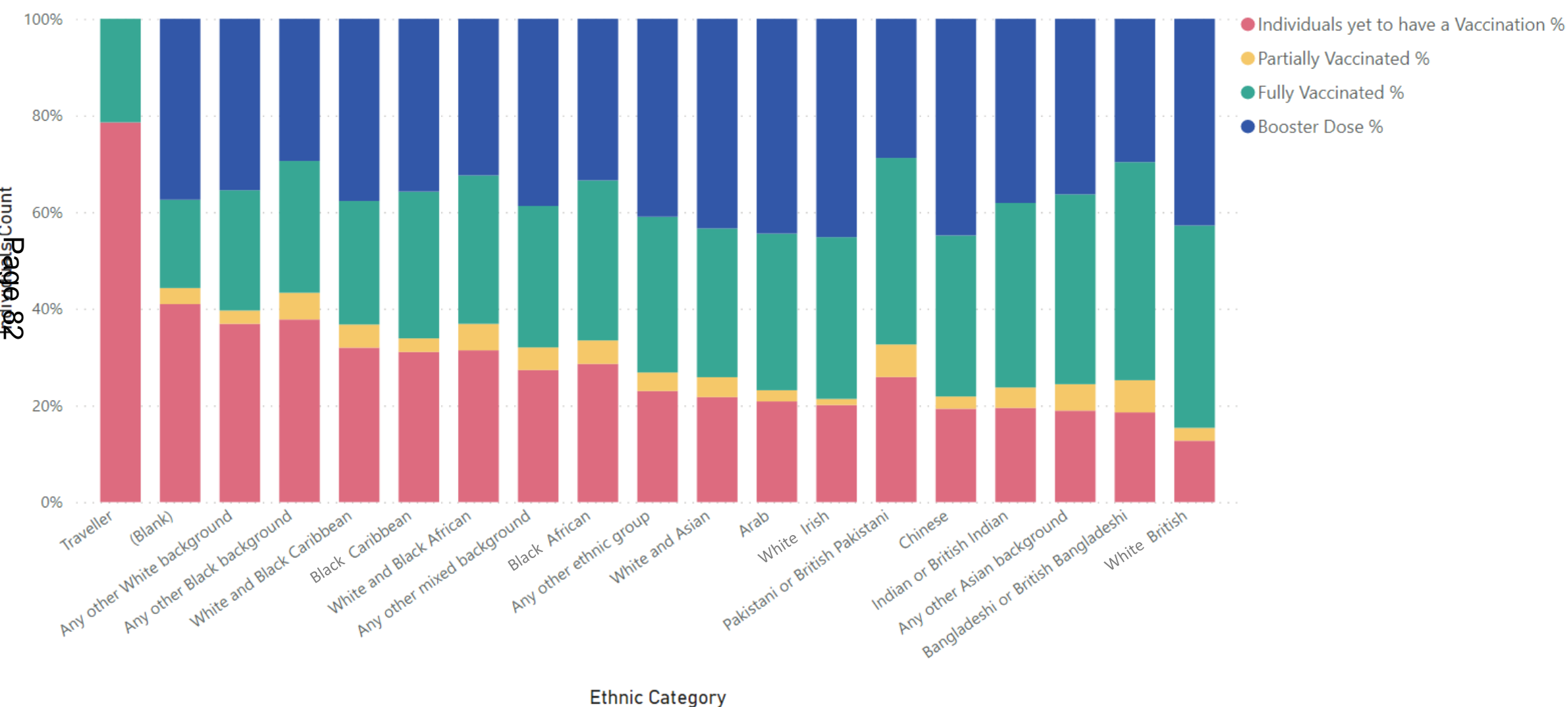
Newham COVID-19 vaccination new demand



NEL COVID-19 vaccination – where did Newham patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
Westfield 1	174	Westfield 1	290	Liberty Bridge (SLG)	1,320
Liberty Bridge (SLG)	130	Liberty Bridge (SLG)	215	Westfield 1	551
Woodgrange Medical Practice	112	LRM Pharmacy	89	Essex Lodge	476
Essex Lodge	62	Woodgrange Pharmacy	76	Woodgrange Medical Practice	463
Westbury Road Medical Practice	44	Woodgrange Medical Practice	69	Westbury Road Medical Practice	446
Berg Pharmacy	39	Royal Docks Pharmacy	65	Beckton Pharmacy	429
Woodgrange Pharmacy	38	Berg Pharmacy	60	Woodgrange Pharmacy	353
Royal Docks Pharmacy	35	Weston Pharmacy - Barking Road	39	Weston Pharmacy - Barking Road	295
LRM Pharmacy	34	Essex Lodge	37	Boots UK	295
Liberty Shopping Centre	29	Beckton Pharmacy	34	Star Lane Medical Centre	286
Vicarage Field Barking	24	Westbury Road Medical Practice	29	Wordsworth Health Centre	284
Redbridge Town Hall	21	Vicarage Pharmacy - Stratford	27	Vicarage Pharmacy - Stratford	269
King George Hospital VC	18	Vicarage Field Barking	22	LRM Pharmacy	240
Weston Pharmacy - Barking Road	18	Boots UK	22	Pharmacy Republic - East Ham	180
Star Lane Medical Centre	17	Sai Pharmacy - East Ham	16	Berg Pharmacy	169
Bidborough House	13	Britannia Pharmacy - Barking	16	Duncans Pharmacy - Manor Park	165
Sai Pharmacy - East Ham	13	Munro Pharmacy - Munro Green Street	14	Blakeberry Pharmacy	136
Munro Pharmacy - Munro Green Street	13	King George Hospital VC	13	Weston - Forest Gate	128
Britannia Pharmacy - Barking	12	Newham General Hospital	13	Royal Docks Pharmacy	124
Vicarage Pharmacy - Stratford	12	Silverfields Chemist	13	Kalhan Pharmacy	119
Other sites	177	Other sites	220	Other sites	1,192
Total	1,035	Total	1,379	Total	7,920

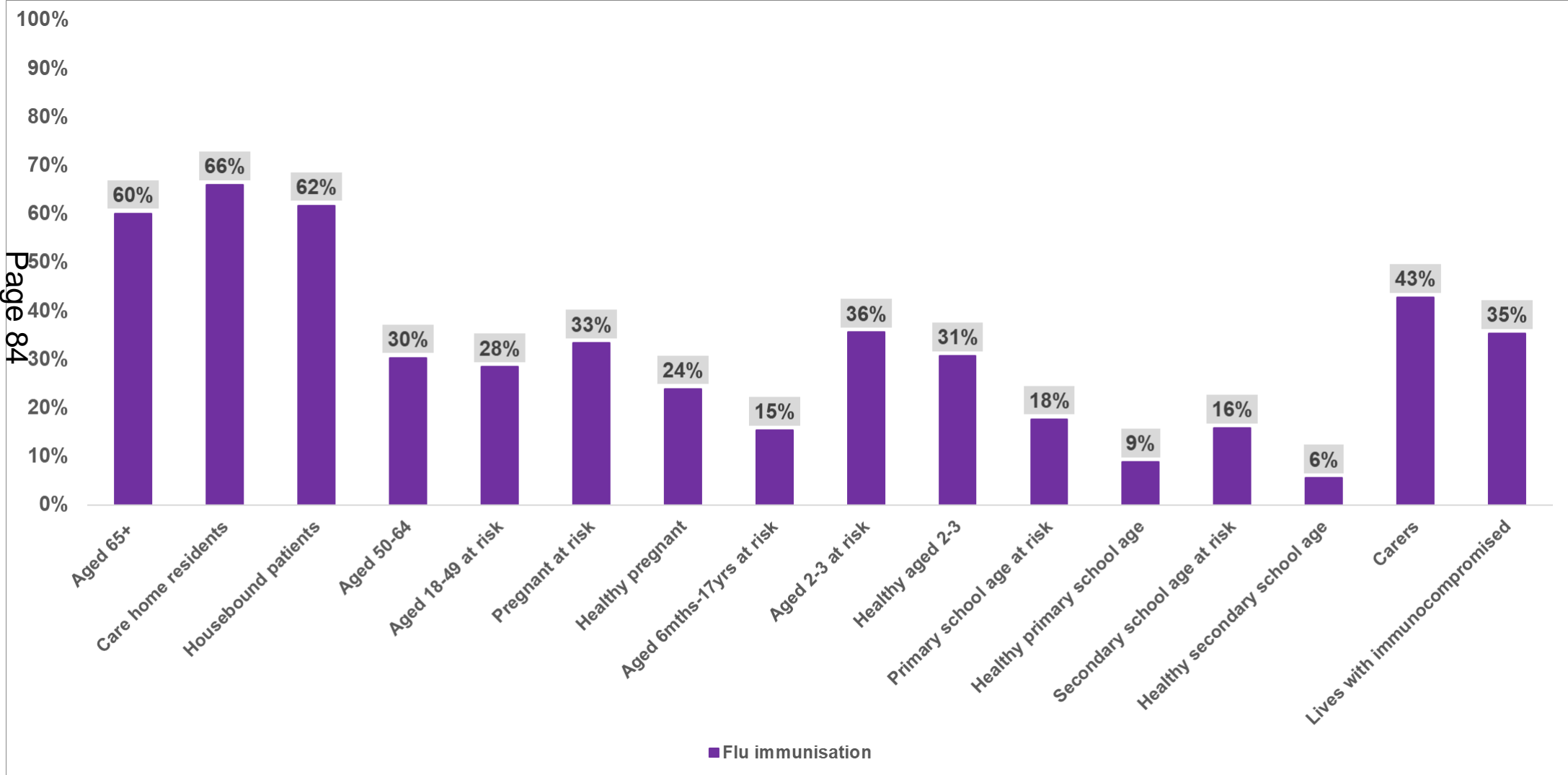
Newham COVID-19 vaccination uptake by ethnic category



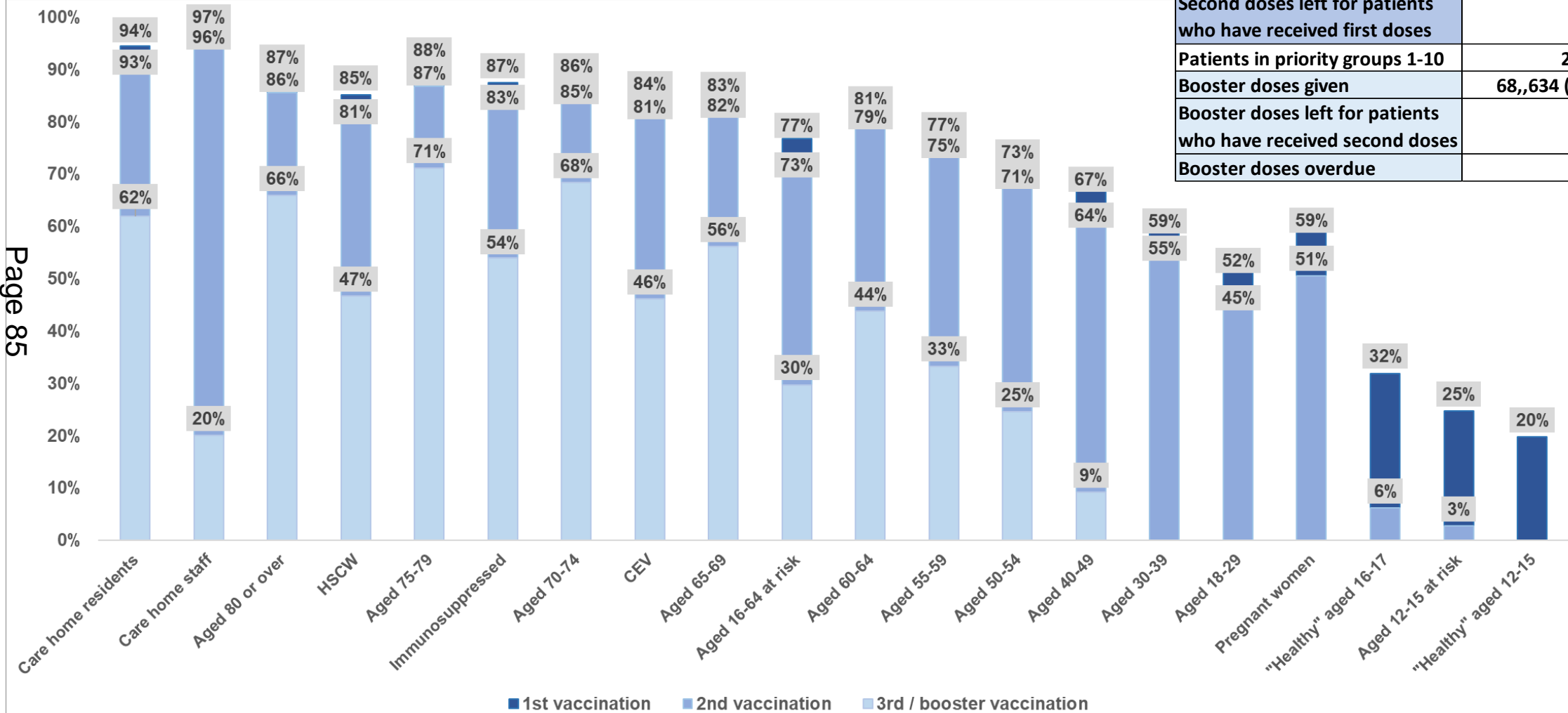
Newham COVID-19 vaccination uptake by deprivation



Newham Flu immunisation uptake by priority group

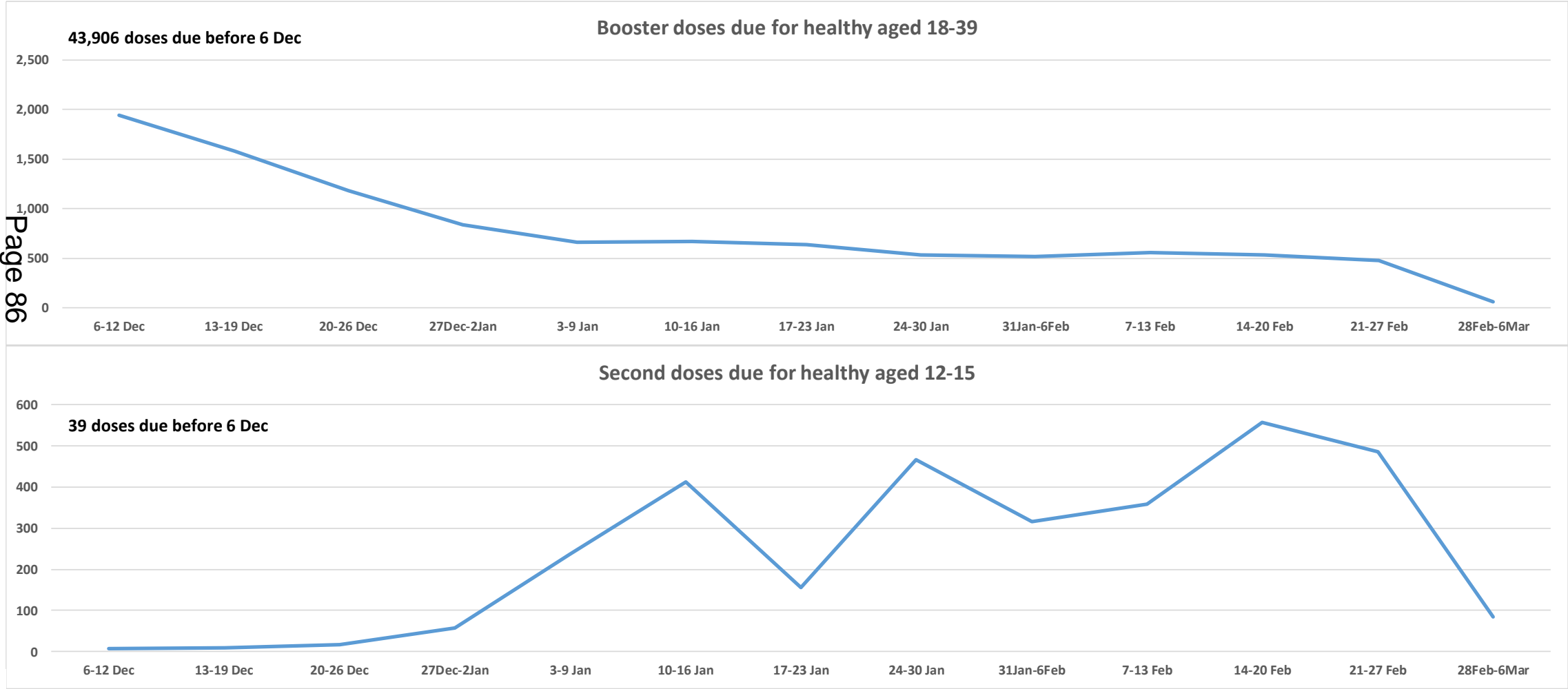


Waltham Forest COVID-19 vaccination uptake by priority group and dose



Patients in priority groups 1-12	321,836
First doses given	223,132 (69.3%)
First doses left	98,704
Second doses given	210,747 (65.5%)
Second doses left for patients who have received first doses	12,385
Patients in priority groups 1-10	206,910
Booster doses given	68,,634 (33.2%)
Booster doses left for patients who have received second doses	83,960
Booster doses overdue	29,766

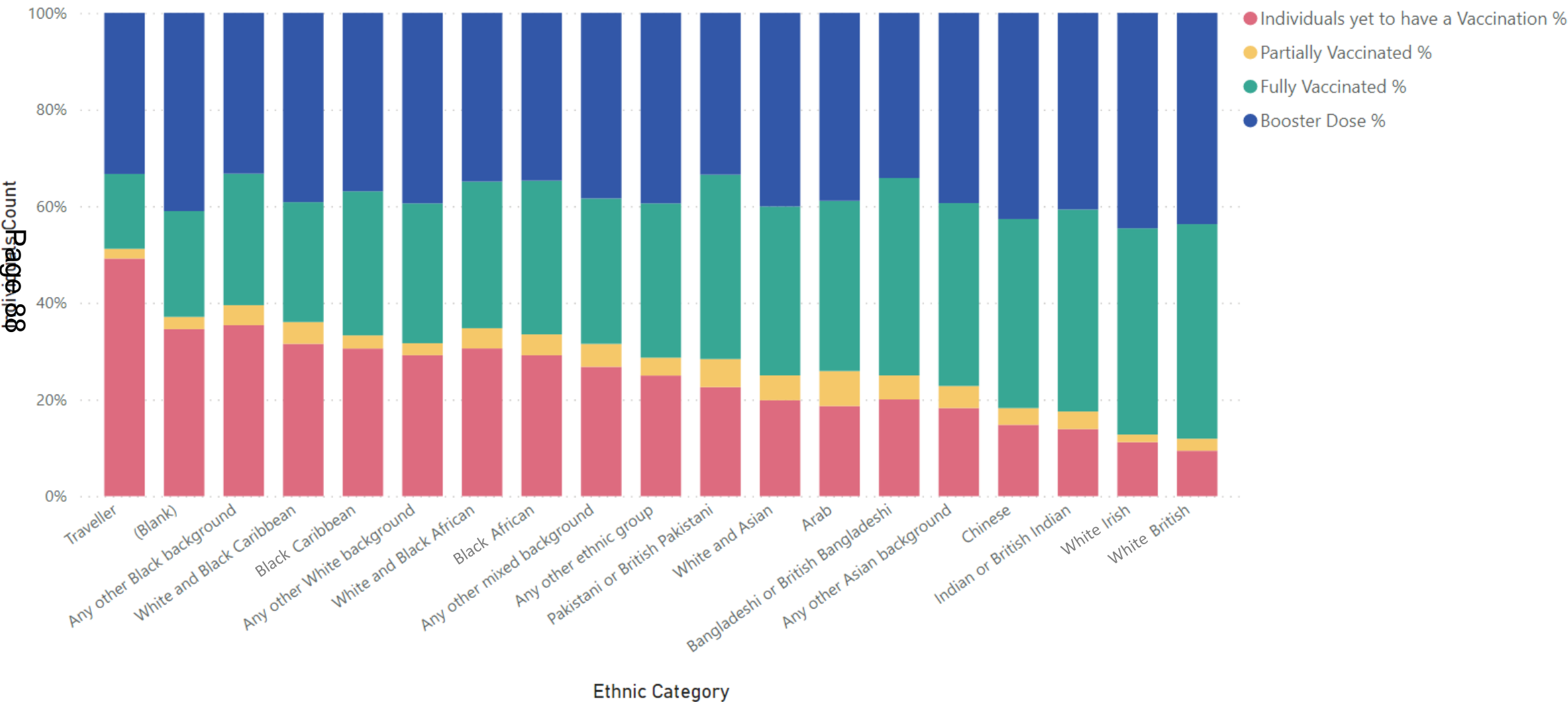
Waltham Forest COVID-19 vaccination new demand



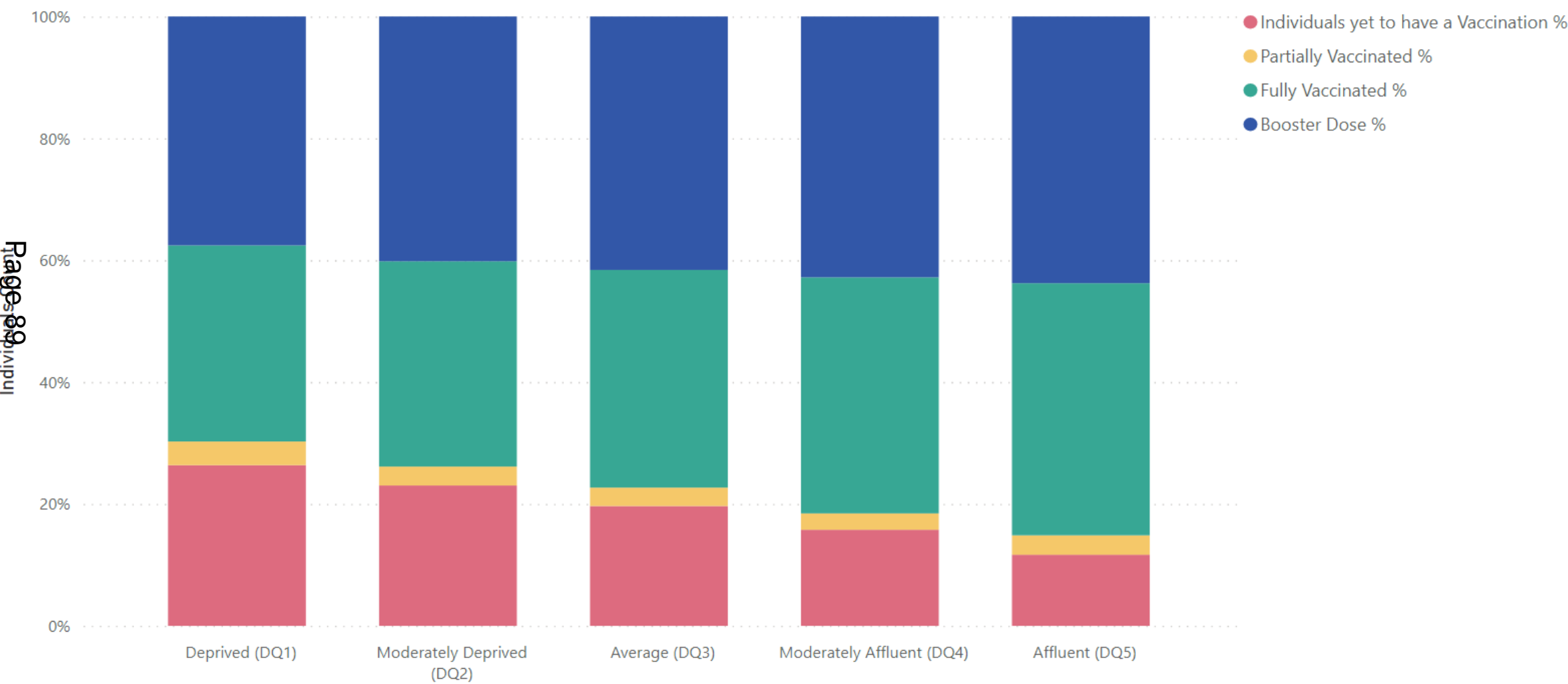
NEL COVID-19 vaccination – where did Waltham Forest patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
Liberty Shopping Centre	379	Walthamstow Library	151	St Edmund's Church	1,460
Walthamstow Library	96	Westfield 1	99	Walthamstow Library	1,057
St Edmund's Church	68	Leyton Orient Pharmacy	81	Jubilee Centre	602
Leyton Orient Pharmacy	54	Anji's Pharmacy	76	Michael Franklin Chemists	472
Jubilee Centre	47	Jubilee Centre	43	Eclipse Pharmacy	343
Westfield 1	47	Eclipse Pharmacy	38	Wood Street Health Centre	297
Anji's Pharmacy	27	St Edmund's Church	38	Leyton Orient Pharmacy	296
Eclipse Pharmacy	19	Mayors Pharmacy	32	Mayors Pharmacy	199
Michael Franklin Chemists	15	Wood Street Health Centre	31	Westfield 1	177
Wood Street Health Centre	13	Woodgrange Pharmacy	15	Sir James Hawkey Hall	161
Sir James Hawkey Hall	12	Evergreen Surgery	13	Anji's Pharmacy	140
Mayors Pharmacy	12	Sir James Hawkey Hall	13	Woodgrange Pharmacy	80
Evergreen Surgery	11	Liberty Bridge (SLG)	11	Well Pharmacy - Highams Park	55
Liberty Bridge (SLG)	10	LRM Pharmacy	10	Wanstead Pharmacy	50
Wanstead Pharmacy	7	Silverfields Chemist	9	Guy's Hospital	36
Well Pharmacy - Highams Park	7	Wanstead Pharmacy	7	Liberty Bridge (SLG)	29
Vicarage Field Barking	5	Well Pharmacy - Highams Park	7	Well Pharmacy - Chingford	27
Woodgrange Pharmacy	5	Guy's Hospital	7	St Thomas' Hospital	26
Westfield 2	5	Carlton House	6	Homerton University Hospital	26
Guy's Hospital	5	Liberty Shopping Centre	6	Whipps Cross Hospital	25
Other sites	86	Other sites	113	Other sites	459
Total	930	Total	806	Total	6,017

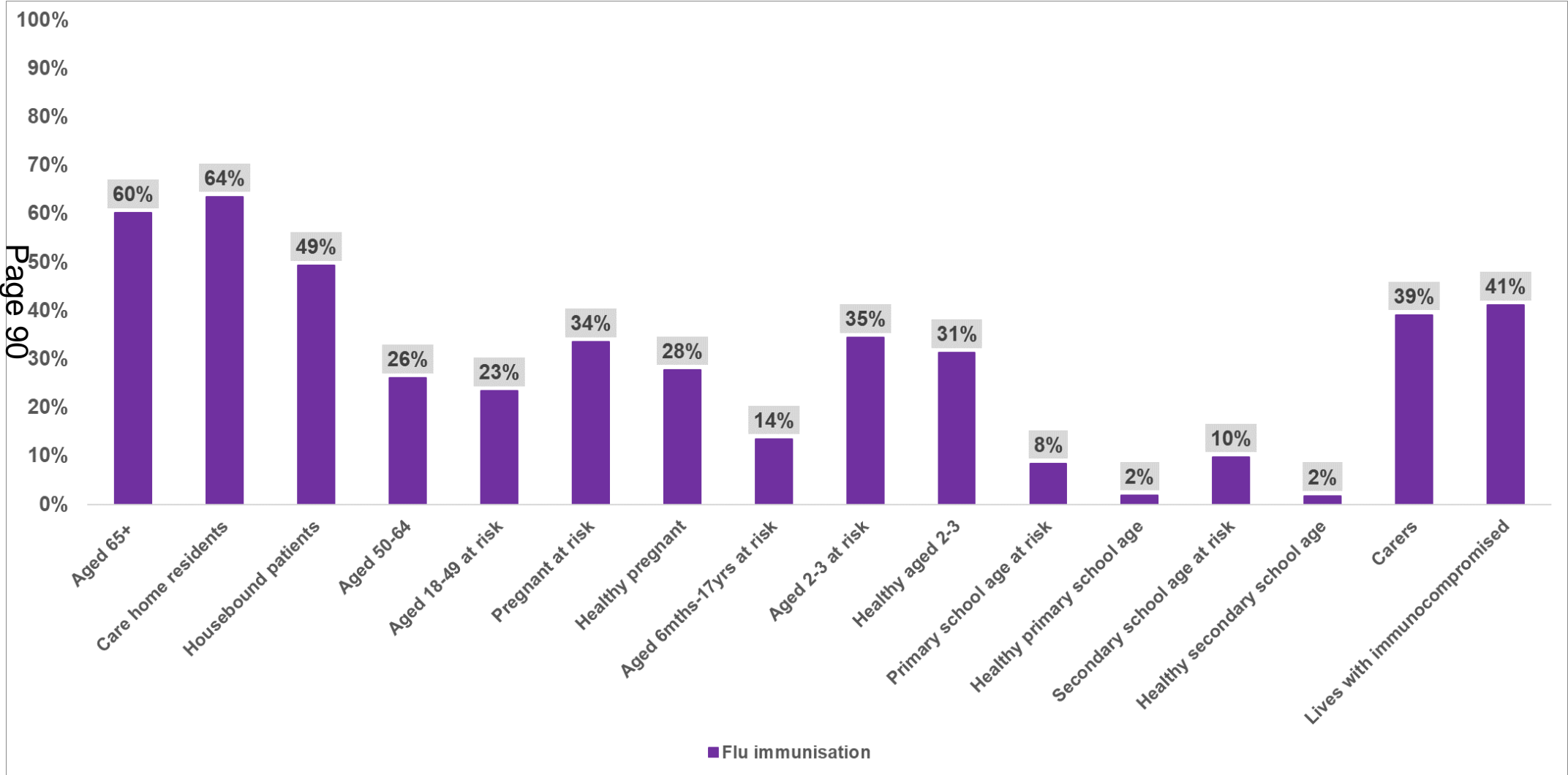
Waltham Forest COVID-19 vaccination uptake by ethnic category



Waltham Forest COVID-19 vaccination uptake by deprivation



Waltham Forest Flu immunisation uptake by priority group



NEL Community Diagnostic Centres

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JOSC Update

December 2021

Agenda Item 9

What is a Community Diagnostic Centre (CDC)?

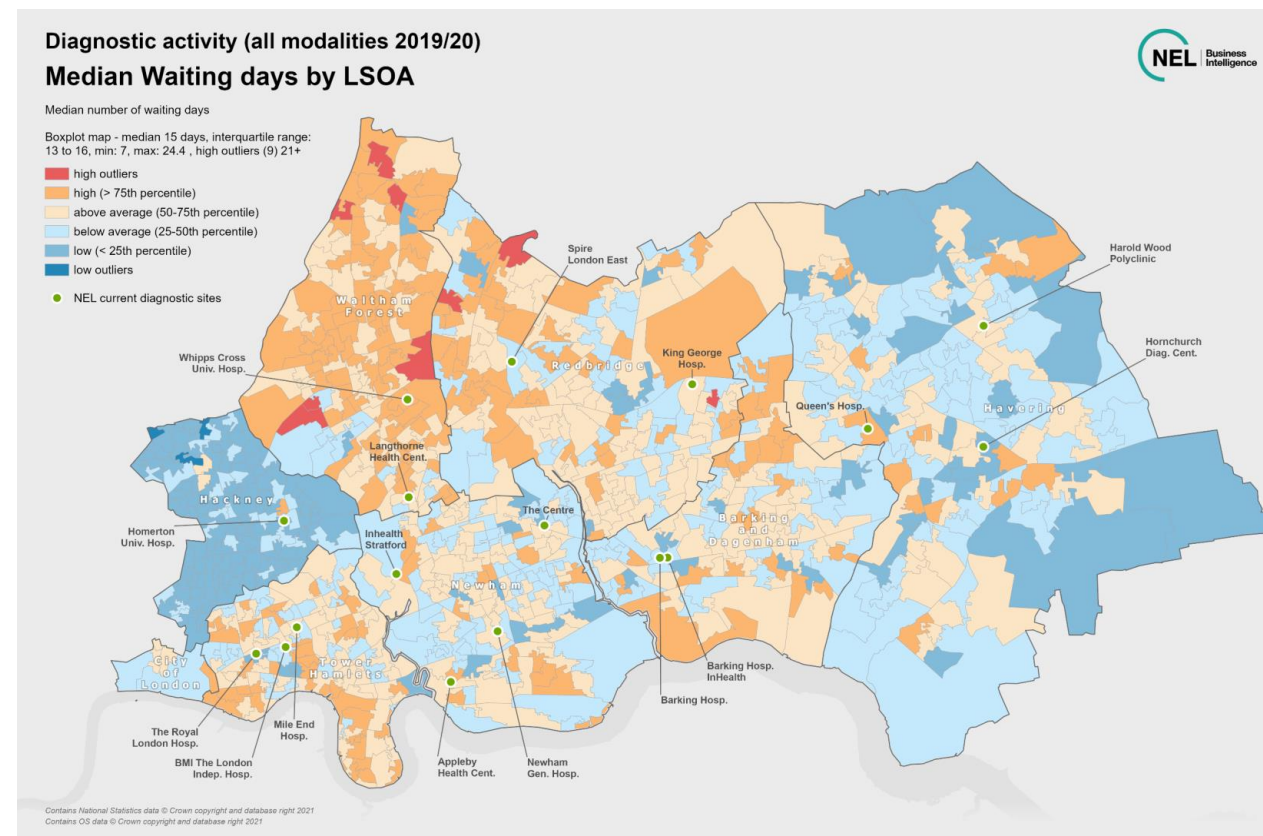
- CDCs will be freestanding, digitally connected, multi-diagnostic facilities and can be combined with mobile / temporary units. CDCs should be located separately from main acute hospital facilities, receive referrals from a range of healthcare professionals, book and prepare patients, deliver timely and coordinated testing and:
 - Improve population health
 - Increase diagnostic capacity
 - Improve productivity and efficiency (e.g. by reducing pressure on acute sites) and support integration of primary, secondary and community care
 - Reduce inequalities
 - Improve patient experience (e.g. provide easier and quicker access to tests and greater patient convenience)
- CDCs are designed to contain a range of different modalities of testing. These are likely to include all of the following in at least one location:
 - **Imaging:** CT, MRI, Ultrasound, Plain X-Ray.
 - **Physiological measurement:** Echocardiography (ECHO), Electrocardiogram (ECG), blood pressure monitoring, oximetry spirometry , Fractional exhaled nitric oxide (FeNO), full lung function tests, blood gas analysis via point of care testing and simple field tests (e.g. six min walk test).
 - **Pathology:** phlebotomy, point of care testing, simple biopsies, NT-Pro BNP, urine testing and D-dimer testing
 - **Endoscopy** services including gastroscopy, colonoscopy and flexi sigmoidoscopy

How do we need to adapt to meet future needs?

- The CDC programme will form part of the overall landscape of diagnostics provision across NEL and is designed to complement existing provision of diagnostics in GP surgeries, acute hospitals and from community diagnostics contracts. It is not intended to replace any of these services.
- Based on demographic forecasts we anticipate that future demand growth for diagnostics is likely to come from:
 - adults over 35, especially those in their 40s and 60s
 - CT and MRI growing at a faster rate than for ultrasound, as well as high growth for a number of lower volume modalities
- We are also expecting more care to be available out of major acute hospitals, being closer to home in more community-based surroundings.
- The CDC programme is designed to meet future NEL-wide growth in demand from demographic and non-demographic factors. Opening around one standard design CDC a year should allow us to expand capacity to meet demand

Analysis to date

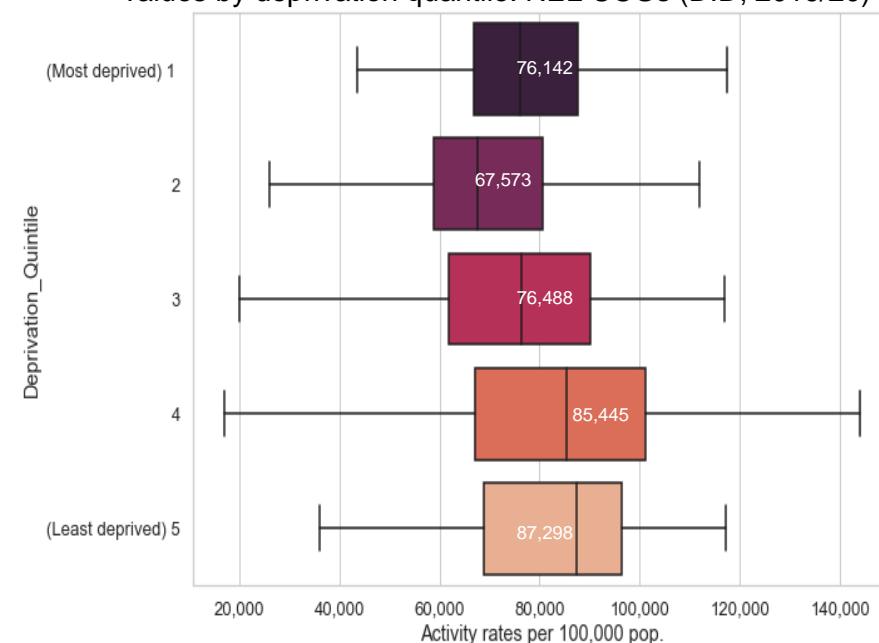
- A significant volume of analysis has been undertaken by various teams across NEL, including the financial strategy team, to help us understand the needs and provision across NEL.
- We have done analysis on the levels of wait and the projected growth across different modalities over the coming years which has helped inform.
- As we proceed with firming up an overall strategic business case, we will be ensuring that individual Equality Impact assessments are done for the individual sites, to support the overall system capacity and need analysis.



What inequalities do we need to address?

- Men have significantly lower rates of diagnostic activity than women but similar waiting times
- Living in an area of high deprivation is associated with lower rates of diagnostics activity and longer waiting times. Average wait of around 24 days for most deprived vs around 19 days for least deprived.
- Black and white ethnicities are associated with higher rates of diagnostic activity and white ethnicity is associated with shorter average waiting times.
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 59 Asian/Asian British – 28 days average wait vs Black/African/Caribbean/Black British – 26 day average wait; and White – 23 days
- Site is a major determinant of waiting times i.e. all else being equal, a person seen at Newham General Hospital will wait eight days longer than a person seen at Queen's or King George Hospital.
- Highest average diagnostic waits (all tests) are in Waltham Forest and Redbridge
- Travel times are longest in the east of Havering, between Queen's and Royal London and in the north of Waltham Forest

Medical imaging activity rates by 100,000 pop with median values by deprivation quintile. NEL CCGs (DID, 2019/20)



Year one and Early Adopters

- We have two sites in which we are building 'Year one' capital schemes, Mile End and Barking. Both of these will not be fully online until the end of this financial year, and are expected to grow significantly in scale and offering as they reach their full CDC potential in the coming year.
- These two sites are also running so-called 'early adopter' activity. This is additional activity using existing scanners/ systems and is designed to reduce the existing backlog of diagnostic tests across NEL.
- The early adopter activity will likely continue into next year, but we as a programme have a task to ensure that referral routes into the Year one and Year two 'core' capacity are opened to primary care.

Future site types

We are currently starting to plan what our future sites will look like. This is being driven by clinical guidance on the best pathways and by an analysis of the needs across NEL. There are three broad types of potential CDC location, which we will be considering as part of our overall design for CDC provision across NEL, to try and get the best balance between range of services and provision close to people's homes.

Acute Adjacent Sites

- Based on or very close to an acute hospital site, to provide access to all emergency support facilities, thus allowing us to offer the widest possible range of diagnostic tests, including endoscopy.
- Will be independent of the acute hospital, with its own front door.

Community NHS Sites

- Based on an existing NHS community site, offering a wide range of services, in locations across NEL.
- Will be independent of other community NHS services on the site, with its own front door.

Commercial and High Street

- Based out 'in the community', in high footfall locations such as high streets and shopping centres.
- Likely to offer the least invasive/ high risk services only, concentrating on modalities such as ECHO, phlebotomy etc.

CDC enablers

Workforce

Workforce is a key enabler and challenge for the diagnostics landscape at the moment. We are aware that we will need to hire significant numbers of staff, across all bands, without compromising the existing workforce within acute or community settings. We are working with NHS England London to explore how the modality training academies can be enhanced and embedded within the CDCs, to allow us to 'grow' a larger workforce over the coming years, but we are aware that further initiatives will still be needed to allow us to resource these centres.

Digital

In order for the CDCs to operate as a seamless system resource, we know we need to improve connectivity and interoperability across secondary care, with primary care to enhance opportunities for direct referrals and eventually potentially with patients. We are working with the NEL chief information officer and team to build a roadmap for digital capability enhancement across the 5 years of the programme that will provide us with these capabilities.

Clinical Pathways

The patient pathways around the system and between primary and secondary care are crucial for the CDCs to be a success. We are working with clinicians across the system to develop a new model of referrals to allow patients and primary care clinicians to easily access diagnostics in one place, before any full referral into secondary care.

Engagement to date

- The programme has engaged broadly with a range of stakeholders to date. Our clinical model is driving the overall plan for provision and is being compiled from submissions and engagement with clinicians across all of our top priority clinical specialities, including clinical networks, where these exist. The CDC Programme Group that leads the programme has representation from primary and secondary care, as well as the NEL team and each of our potential host acute Trusts.
- We also have existing or planned engagement with the following groups, to enhance the quality of our planning:
 - Healthwatch
 - NEL CAG
 - INEL/ ONEL JOSC
 - Patient Advisory Groups
 - NEL Primary Care Steering Group
 - NEL Planned Care Steering Group

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North East London
Clinical Commissioning Group

Engagement on proposals for a Health and Wellbeing Hub at St George's Hospital





St George's Health and Wellbeing Hub

Listening event 27/11/21



Agenda

- **Welcome**
- **Background**
- **Our proposals**
- **Why the hub makes sense**
- **Overview of services**
- **Frailty - closer look**
- **Outpatients - closer look**
- **GP services - closer look**
- **Overall benefits**
- **Questions**

We have a clear clinical vision – to make the very best quality care available to people living in Havering and neighbouring areas. At the heart of our vision is keeping local people well and providing as much care as possible close to people's homes.

Background

- In autumn 2019, the Government announced it would allocate £17.4 million towards funding the project. Local GPs have been working with NHS partners from our local Clinical Commissioning Group, North East London NHS Foundation Trust (NELFT) and Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) to develop the plans
- Planning permission for the development was granted by Havering Council earlier this month (November 2021)
- This new community base aims to provide integrated primary, community, mental health and local authority care services on a single, local community site located at the former St George's Hospital site in Suttons Lane, Hornchurch

We are seeking views from patients, carers, representatives from community and voluntary sector organisations, parents and guardians, children and young people, elderly people, health and social care professionals, regulators and the public in Havering and the neighbouring areas.

Under our proposals:

- We would bring together a range of services under one roof, in a brand-new fit-for-purpose Integrated Health and Wellbeing Hub in the community
- Renal dialysis would move from Queen's to the new Hub
- Some local GP practices within a 2-mile radius of the Hub would relocate there
- Some frailty, outpatient, wellbeing, mental health and early diagnostic services for cancer would be provided and the local authority would provide some adult and children services. Some space would be made available for wellbeing services and for local voluntary sector services.

Why the health and wellbeing hub makes sense

Better patient care...

- The hub would enable a range of services to operate from one building, supporting the provision more patient-centred integrated care. Patients would be able to access more services at the same time, in a purpose-built, convenient location. Resulting in increased independence for patients; and better patient outcomes

... in a high quality, flexible space...

- The hub space would be flexible, so different health and care services will be able to be provided from the same space, and used by different organisations. Some weeks we might need more of one outpatient clinic, another week we might need an extra mental health session.
- The hub would have the space to train new clinical staff
- The extensive landscaping would provide a relaxing environment for our patients and visitors and support people with memory loss.

... using taxpayers money wisely.

- A new, economical-to-run building, built to net zero carbon standards (ensuring it does minimum harm to the environment) with no backlog maintenance costs is good for taxpayers.
- Better management of patients' conditions in the community would result in fewer emergency unplanned visits and admissions – which reduces pressure on A&E, is better for patients and reduces costs

Overview of services

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Outpatient services could include...

- Vascular; Diabetes; Podiatry; Orthopaedics; Urology (prostate cancer); Maternity; Gastroenterology (physiology and bowel clinics); Phlebotomy; Psychology

Diagnostic services

- New mobile CT and MRI scanners planned; and a space for a Community Diagnostic Hub so we can detect cancers sooner. We listened to concerns during the planning consultation about the noise of scanners and will make sure they are installed in sound proof pods so they make less noise.

Frailty, mental health and community services

- Mental health and community services are in a variety of locations across, and sometimes out of the borough. Patients have to travel longer than necessary and teams are scattered across different sites. We plan to bring these services back to the hub location where they are best placed.

GP Services

- We want to relocate some local GP practices to the hub, especially those that are in buildings that are too small for the growing local population. This would make for a more pleasant experience; and the GP practices would be able to offer a wider range of services; more clinics; better access and better training facilities.

Renal services

- Renal dialysis does not need to be delivered from a major hospital. The hub would provide an improved healing setting for patients who spend up to 12 hours each week for months or years receiving treatment and would provide the space for training for self-dialysis which means patients can dialyse at their convenience without nursing supervision.

Frailty - closer look

Benefits for people:

- Early assessments for frail older people to prevent hospital admission
- An anticipated reduction of almost one third of frail elderly admission to Queens hospital as a result of attending the hub frailty service
- Delayed discharges can be reduced as the Frailty service will provide capacity for follow-up assessments and referral once person is discharged from hospital
- Direct access to diagnostics such as X-rays, which can also be used by the wider community if needed
- The Hub will also provide an escalation of care facility. This is a point of referral for deteriorating patients who need urgent assessment. People can then be provided with an appropriate care package and able to return home, referred to social services, or referred to hospital for specialist support where this is necessary
- Having diagnostics and clinical space under one roof, in a setting away from an acute hospital

Outpatients - Closer look

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Benefits for people:

- Triage and virtual clinics so that the patient is seen by the right person at the right time in the right place with the correct information available to make decisions at their first clinic
- Care closer to home
- Improved co-ordination and integration of care

GP services - closer look

Benefits for people:

- GP services based at the Hub will increase capacity for the growing population as well as provide better accommodation for patients and staff
- The Hub will provide career opportunities and attract a younger and more varied workforce into primary care
- GP services located in the same facility as diagnostics can help align and reduce delays in pathways of care

Overall benefits

- Be flexible and adaptable in the face of unprecedented change due to Covid-19
- Go to the patient, and not the patient to us
- Enable patients to see more than one professional in a single visit
- Stop the patient telling their story to more than one health professional. This will be assisted by shared technology between the different teams
- Co-locate different health and care teams to enable improved communication through building informal relationships and shared development opportunities
- Build a shared knowledge of patients, helping us to communicate better with our patients
- Reduce handover of care to reduce the risk of patients 'falling through the gap'



Questions





Stakeholders, the public and patients are sharing their views on the new Hub from 22 November 2021 to 13 Feb 2022

For more information please go to our webpage:

<https://northeastlondonccg.nhs.uk/get-involved/engagement-begins-on-the-new-integrated-health-and-wellbeing-hub-in-hornchurch/>



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Dear colleagues,

Have your say on proposals for a Health and Wellbeing Hub in Hornchurch

The CCG is seeking feedback from local people and stakeholders on our plans for a new integrated health and wellbeing hub on the former St George's Hospital site in Havering.

Health and care partners across north east London have been working together for a number of years to design the hub, which proposes to bring together a range of health, social care and community services under one roof, in a brand-new fit-for-purpose facility.

In autumn 2019, the Government announced it would allocate £17.4million towards the funding of the project. Since then, local GPs have been working with NHS partners including NELFT and BHRUT to develop the plans. Local people and their representatives will be able to share their feedback on our proposals from today (22 November 2021) until midnight on Sunday 13 February 2022.

The new hub aims to provide integrated primary, community, mental health and local authority care services on one site. People from across Havering and its neighbouring boroughs of Redbridge and Barking and Dagenham will be able to receive help with keeping well, assessment, treatment, diagnostics and a wide range of support. It will also be a valuable community resource with space for local organisations

To find out more and share your views, you can read NEL CCG's engagement document which explains the proposals in more detail, and take part in an online questionnaire on the NEL CCG website at <https://northeastlondonccg.nhs.uk/SGHhub>.

There will also be a number of online listening events, with the first scheduled for Saturday 27 November, between 10am and 12noon. Details are also available on the [North East London CCG website](#). We are keen to speak to as many people as possible about our proposals. Please share this widely across your networks – we want to hear from as many people as possible.

With thanks for your support,

Dr Atul Aggarwal

Havering GP and Clinical lead for
the St George's Redevelopment
Programme
North East London Clinical
Commissioning Group

Steve Rubery

Director of Planning and Performance
and CCG Senior Responsible Officer
for the St George's Redevelopment
Programme
North East London Clinical
Commissioning Group

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