

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

4.30 pm

**Thursday
10 March 2022**

**Council Chamber,
Havering Town Hall**

COUNCILLORS:

**LONDON BOROUGH OF BARKING &
DAGENHAM**

Councillor Paul Robinson
Councillor Adegboyega Oluwole
Councillor Donna Lumsden

**LONDON BOROUGH OF
WALTHAM FOREST**

Councillor Umar Ali

LONDON BOROUGH OF HAVERING

Councillor Nic Dodin
Councillor Nisha Patel
Councillor Ciaran White

ESSEX COUNTY COUNCIL

Councillor Adegboyega Oluwole

LONDON BOROUGH OF REDBRIDGE

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

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

Reporting means:-

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

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

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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 of the Joint Committee held on 14 December 2021 (attached) and to authorise the Chairman to sign them.

5 INTEGRATED CARE SYSTEM GOVERNANCE (Pages 7 - 18)

Report attached.

6 CONTINUING HEALTHCARE HARMONISATION (Pages 19 - 28)

Report attached.

7 PARTNERSHIPS UPDATE (Pages 29 - 98)

Report attached.

8 FERTILITY POLICY PROPOSALS (Pages 99 - 104)

Report attached.

Anthony Clements
Clerk to the Joint Committee

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**NOTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE**
Remote meeting via videoconference
14 December 2021 (4.30 - 6.52 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham Adegboyega Oluwole and Paul Robinson (Chairman)

London Borough of Havering Nic Dodin and Nisha Patel

London Borough of Redbridge Beverley Brewer, Bert Jones and Neil Zammett

London Borough of Waltham Forest Richard Sweden

Essex County Council Marshall Vance

Epping Forest District Councillor Alan Lion

Co-opted Members: Cathy Turland, Healthwatch Redbridge

Also present: Councillor Judith Garfield, Redbridge

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

Apologies were received from Councillors Donna Lumsden, Barking & Dagenham, Umar Ali, Waltham Forest (Councillor Richard Sweden substituting) and Ciaran White, Havering.

Apologies were also received from Ian Buckmaster, Healthwatch Havering and from Mike New, Healthwatch Redbridge (Cathy Turland substituting).

19 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

20 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 14 September 2021 were informally agreed as a correct record.

21 BHRUT CLINICAL STRATEGY

The Medical Director of Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) advised that, given the impact of the Covid-19 pandemic, no further work on the strategy would take place over the winter. It was hoped that an update on the strategy could be given in Spring 2022. The Joint Committee supported this decision.

A representative of the Clinical Commissioning Group (CCG) added that they wished to support colleagues to focus on Covid issues. The overall clinical strategy could be brought to a future meeting of the Joint Committee. The CCG strategy would be agreed across the whole health system with the priority being to improve access to services. Clarification could be provided on the links with other organisations in the case of hospital developments such as the Princess Alexandra Hospital in Harlow.

It was suggested that the BHRUT Clinical Strategy be brought to a future meeting of the Joint Committee, once timescales were clearer.

22 CHAIR OF BHRUT/BARTS HEALTH

The Chair in Common of BHRUT and Barts Health NHS Trust stated that she was looking forward to working with the Committee. There had been a number of leadership changes at the Trust and BHRUT was considering its response to safety issues.

The Chair was two months into her role and had been impressed by the enthusiasm of staff she had met. This was a four-year appointment and formed part of a move to longer term leadership of the Trust with the new Chief Executive.

The priority of the new Chair was to deliver better outcomes for patients and the benefits of closer working between BHRUT and Barts Health would assist with this. Some patients were going from Barts to BHRUT for treatment and senior Barts staff had been assisting with A & E at BHRUT. There were also opportunities for staff to work across both Trusts and a review of patient experience in A & E was currently under way.

Both Trust Boards had agreed on a programme of joint work with the priority being making a difference to staff and patients. It was emphasised that there was no plans to merge the two Trusts. A stronger executive team was needed at BHRUT in order to improve services.

It was accepted by the Trust Chair that Members wished to have the maximum amount of services in Outer North East London. The Chair was

hopeful that staff would be comfortable with the closer collaboration between the two Trusts. All-staff briefings had taken place re the collaboration and a diagnostics network had been established across the two Trusts. The collaboration was focussed on clinical outcomes which had been welcomed by staff.

Recruitment was an issue nationally but it was felt that the collaboration would allow a better offer to be made to attract people to work at BHRUT. Bank staff were used across both Trusts. It was accepted that more staff were needed across the health and care system. Workforce planning across the sector would also help to reduce health inequalities. Staff academies were being established at both Trusts.

The Joint Committee noted the statement from the Chair in Common.

23 **BHRUT MATERNITY REPORT**

The BHRUT Director of Midwifery explained that the Trust's midwifery services had been inspected by the Care Quality Commission in 2018 and again in June 2021. Some areas of good practice had been found such as staff being fully engaged. It was also felt that staff were able to express concerns. Concerns had however been raised by staff over poor culture and bullying.

'Must do' requirements of the review included that all patients should receive full 'scoring' under the Obstetrics Early Warning System in order to identify women at risk of deterioration, better information sharing at handovers and the keeping of a full risk register for the service. 'Should do' requirements include the following of the latest guidance re post-partum haemorrhage and more effective blood clot assessments.

Steps taken to improve the service included that safety was now discussed at every meeting and that guidelines and policies were being reviewed. Support was also received from the Maternity Safety Support Programme. An action plan had been developed by staff and was monitored by the Trust Board. A Divisional Director for Maternity was currently being recruited. A new Maternity Voices Partnership had also been established to reflect the views of service users.

Members were concerned at the reports of bullying in the service and asked for more details of culturally inappropriate behaviour by staff that was mentioned in the CQC report. Officers felt that a lot of work on the service culture had been undertaken in recent years and that this aspect had now improved. Officers were happy to share the Trust's Maternity Action Plan with the Committee.

BHRUT officers were happy to meet with Healthwatch Redbridge to discuss reports of poor treatment of BAME women in maternity. Members accepted that the CQC review of maternity had been difficult for BHRUT but felt the

relationship of senior staff with safety issues should be considered. Councillor Zammatt was unhappy that there was no maternity facility in Redbridge yet there were two such units in Tower Hamlets.

Officers responded that BHRUT was seeing more complex births which were not suitable to be delivered in a birthing unit. Information could also be provided on maternity services in Inner and Outer North East London.

It was also suggested that a progress report on the Maternity Action Plan be taken at a future meeting of the Joint Committee.

24 **COVID-19, WINTER PRESSURES, ELECTIVE RECOVERY UPDATE**

Officers advised that the vaccine programme continued to be delivered and that more than 80% of patients in hospital with Covid had not been fully vaccinated. 30% of intensive care beds were occupied by people who were not fully vaccinated and this prevented these beds from being used by other patients.

Work on the vaccine rollout continued in conjunction with winter planning. The use of more remote consultations with A & E clinicians had reduced some pressure on emergency services with patients treated in this way only attending A & E if it was felt necessary. This also meant an improved patient experience. The use of a symptom-based pathway by NHS 111 also reduced pressure on hospitals.

Work was in progress to reduce waiting lists. The collaboration with Barts Health was used for people who had been waiting for long periods. There was a lot of activity across sectors with for example an increase in breast cancer referrals following the recent death of the singer Sarah Harding. Staff would be lost to Covid work however which posed a risk to the recovery trajectory.

Initiatives at BHRUT such as superclinics and rapid diagnostic centres aimed to reduce waiting lists and there remained a great focus on infection control. Primary care appointments with GPs remained available.

Future plans included the redevelopment of Whipps Cross Hospital and officers remained committed to engagement on changes to services or policies. Work was in progress with the Integrated Care System to manage winter and Omicron pressures.

The number of vaccine pods had been increased to provide additional capacity. The scrapping of the 15 minute wait after administration of the vaccine would allow vaccinations to be delivered more quickly. Whilst support had been received from the Military, more volunteers were also needed. Some 1.8 million vaccines were required to be given in 2-3 weeks – a very ambitious target.

The Integrated Care System would look at consistency of services across the whole North East London area and further details could be brought to a future meeting of the Committee.

A Member was concerned that A & E performance at BHRUT had been found to be the worst in the country and still getting worse. He felt that empty beds at King George Hospital should therefore be reopened. Officers agreed that there had been a rise of 15-20% in walk-in majors patients. Officers did wish to open some additional wards but it was necessary to ensure that sufficient staffing was available. The Trust's surgical programme was still being maintained. There were also now more critical care beds at BHRUT and Barts Health.

In Barking and Dagenham, vaccine capacity had been increased at the Vicarage Field and Parsloes Health Centre sites. Additional practice staff would be used to deliver the vaccines rather than GPs themselves though it was accepted that there was a fine balance between delivering the vaccine programme and providing the regular GP services. It was wished to work with faith leaders to increase vaccine take-up.

The Joint Committee noted the update.

25 **PLANS FOR ENGAGEMENT AND INFORMATION ON PROPOSED SERVICE CHANGES**

It was planned to introduce a range of diagnostic centres across North East London. Larger centres would include an endoscopy suite whilst smaller facilities could be in High Street locations. Consultation on the plans had taken place with Healthwatch. An analysis of demographics, deprivation and travel times etc would be conducted before specific sites for diagnostic centres were confirmed.

Sites such as the redeveloped St George's Hospital could be accessed from e.g. Barking & Dagenham as well as by Havering residents.

The Joint Committee noted the position.

Chairman



JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 10 MARCH 2022

Subject Heading:	Integrated Care System Governance
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	Information will be presented on the governance processes of the new Integrated Care Systems.
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 (attached) on the processes by which governance of the Integrated Care Systems will be maintained.

RECOMMENDATIONS

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

REPORT DETAIL

Following the development of Integrated Care Systems for local Health Services, 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.

Environmental and Climate Change Implications and Risks: None of this covering report.

BACKGROUND PAPERS

None.

NEL Integrated Care System (ICS) update

March 2022

Latest updates

Revised timetable

- A new target date of 1 July has been set for the new statutory arrangements for ICSs to take effect and Integrated Care Boards (ICBs) to be legally and operationally established
- This is to give sufficient time for the Health and Care Bill, which formalises ICSs, to go through its remaining parliamentary stages.
- During the 'extended preparatory period' to the end of June:
 - NEL CCG will remain as a statutory organisation, retaining all duties and functions and conducting its business through its governing body;
 - the CCG's leaders will continue to work with the designate chair and chief executive of the ICB on key decisions that affect future working; and
 - NHSEI will retain all direct commissioning responsibilities not already delegated to the CCG.
- As an ICS we want to maintain the momentum already generated around the design and launch of the ICS so we are committed to completing as much work as possible by the end of March and using April-June as a 'test and learn' phase where we mobilise elements of the ICS in shadow form

Recruitment to the Integrated Care Board

- The statutory roles of Chief Medical Officer, Chief Nursing Officer, Chief Finance and Performance Officer are out to advert with interviews taking place in March.
- Three other executive but non-voting board level roles are also being appointed to: Chief Participation Officer, Chief People and Culture Officer and Chief Development Officer.
- Collectively these six roles will report in to the CEO (Zina Etheridge) and form the senior executive team of the ICB
- Three Non-Executive Director roles will also shortly be going out to advert and will be appointed through April in preparation for the anticipated established of the ICB from 1 July.
- Work is underway to establish the wider operating model of the Integrated Care Board ensuring that the right functions and teams are in place to deliver the priorities and requirements of the ICB

The following slides provide a recap and overview of our progress on ICB board and ICP governance along with the latest on the finance framework, including how financial flows and accountability will work.

Governance requirements for 1 July

- We need to establish governance fit for the new integrated care system (ICS), in line with our principles:
 - a unitary board for the new NHS body – the integrated care board (ICB);
 - an ICB and local authority convened partnership ‘committee’/ board of ICS members: the Integrated Care Partnership (ICP) or *NEL Health and Care Partnership*; and
 - a constitution for the ICB board.
- Within and alongside the constitution, we must agree the following in line with national guidance:
 - membership of the ICB board;
 - governance structure – committees and decision-making arrangements, including for place-based partnerships and provider collaboratives;
 - a scheme of reservation and delegation (SoRD) and standing financial instructions (SFIs); and
 - chair and membership of the ICP committee and broader partnership.
- Guidance – much received and considered in developing proposals (e.g. model constitution, key committee terms of reference), but there is more to come, such as appointment process for partner ICB board members and a further version of the constitution.
- Resident, patient, service user and carer participation is central the ICS’s way of working. Healthwatch is developing proposals re their participation in system governance.
- We will take an evolutionary approach – testing, reviewing, and building on where we start over year one and beyond.

ICB and ICP membership

- Proposals were developed collaboratively through a series of standing meetings and working groups including with: council leaders/mayors, HWBB chairs and cabinet members; NHS trust chairs and CCG lay members; Healthwatch leads; and the VCSE umbrella body group. They were confirmed at the system-wide workshop on 3 November 2021.

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Features:

- Unitary board of the new NHS body – the Integrated Care Board
- Accountable for statutory functions, allocation of funding, and system oversight
- Partner members are nominated by sector – national guidance coming
- Information flows via groups by sector – local authority leaders and members; trust chairs, VCSE leads, and Healthwatch leads
- Members are not representatives of place but we are aiming to cover the NEL patch through the membership

Integrated Care Board

Board Membership (15)

Chair: Independent Chair of ICB/ICS

Independent non executive members:

- NED – audit chair
- NED – remuneration chair
- NED – quality and performance

Partner members:

- Local authority* – outer NEL
- Local authority* – inner NEL
- NHS Trust** – acute
- NHS Trust** – mental health/community
- Primary care – inner NEL
- Primary care – outer NEL
- VCSE – umbrella body representative (tbc)

Executive members (ICB):

- Chief executive
- Chief finance officer
- Chief medical officer
- Chief nurse

Integrated Care Partnership

Membership (30-40)

Chair: Independent Chair of ICB/ICS

- Local authorities x8
- ICB members x TBC
- NHS Trusts x5
- CVS/Umbrella VCS orgs x8
- Healthwatch x8
- Clinical representation across: primary care, allied health professionals, mental health, acute, etc. (via the clinical advisory group (CAG))
- Others as agreed (potentially umbrella business groups)

NB: Further discussion re approach and membership with LAs continuing via working group of five LA elected leads

Agreed: broad overall membership as above, with four partnership-wide sessions each year, one on each of the ICS priorities and overall strategy, plus to establish a 'steering committee'

Features:

- Jointly convened by NEL's local authorities and the ICB
- It includes all key system partners
- It develops and agrees system-wide integrated health and care strategy

* NEL's preference is for elected members and updated guidance issued February 22 confirms this is now permissible (it was not previously)

** Trust roles are proposed as non-executive to secure more balance between executives and non-executives. Executives will be at the table to present reports and contribute to discussions.

Summary: ICB board, ICP, constitution

- **Partnership with local authorities:** regular meetings with elected members and executives and ICB/ICS Chair designate over past year, LA member working group on governance in place since last summer, LA reps in place based partnership development sessions/working groups, LAs within partner workshop sessions of 70+ where ICB board membership and ICP proposals agreed last year.
- **Constitution and ICB board membership engagement:**
 - Model constitution from NHS England (NHSE) must be used, limited discretion to amend. Further version and guidance – by mid Feb.
 - Membership: one LA member required but locally agreed with LA leads for two. NEL preference for elected members, guidance updated mid-February to now allow for this. Members not representatives – there to bring perspective
 - Each partner group – LAs, NHS Trusts, Primary Care – lead process to nominate their members. LAs working with NEL governance lead to agree this. All ICB Chairs required to approve each nominee but no issues anticipated given eligibility criteria will be clear.
 - Advice not to begin nomination process for partner members before end-March when regulations due.
 - Draft constitution shared with LA leaders/mayors, cabinet members, and chief executives in December and met to discuss January.
 - Minimal comments, but reflected in revised draft. General view to keep constitution light and further detail in governance handbook, for example nominations process for LA members which LAs lead.
- **Integrated care partnership:**
 - Proposals discussed at wider NEL LA meeting and being further developed through working group of LA elected members.
 - Wider discussion with LA leads at meeting in March – very much leading the process with support from CCG as required.
 - More guidance March, building on document produced by Dept. Health and Social Care, Local Government Association and NHSE.

Financial flows

- We are changing how we work as a system in a number of ways. The expected legislative changes will mean that from July 2022 we are also able to change the way we pass money around the system and fund care. With the temporary regime that has been put in place to respond to Covid, some of these changes have already occurred within NEL.
- We are changing how we operate within NEL, from commissioner-provider to collaboration. This includes moving to all partners having joint ownership of our system goals, with different partners taking the lead for different elements, on behalf of the system.
- There is a significant staffing and infrastructure associated with holding the very large budgets that exist across NEL and any future financial system needs to recognise this capacity and capability and where it sits.



— Image courtesy of NHS England



Diagram: Commissioning cycle to collaborative transformation cycle

Expected changes to the national framework

We are still awaiting some of the national guidance and final allocations, but we know that it will include:

- **Single system control total** with each constituent member responsible (jointly) for ensuring the system is in financial balance.
- Collective system ownership of financial allocations – **financial performance (including of member trusts) judged as a whole system/ICS**
- Consolidation of many previous funding streams into **a single payment to the ICB**. For 2022/23 some money will continue to flow directly from NHSE to providers (notably for specialised services). The financial performance of providers, and therefore the system, will include these additional budgets (and associated costs).
- A move away **from PbR to a blended payment** (effectively 'block contracts' plus an optional incentive payment) for most secondary care services
- **The ability to delegate responsibility** alongside a budget within a contract (to a trust or a committee of the ICS)

Our expectations and assumptions

- **New committees/collaborative arrangements will need to demonstrate:**
 - The benefits for the system that they expect to be able to deliver
 - A shared plan, spanning all relevant partners, for delivery and service change. For the provider collaboratives this includes sign-up by all seven PbPs. For the place-committees this includes sign-up from all relevant trusts.
 - The governance and processes that will ensure that decision-making (among partners) will be effective
 - How the approach will be part of, and enhance, a whole-system approach
- Every budget needs to be held by one part of the system. **Holding the budget (or notional budget in the case of committees) means that part of the system taking responsibility for leading the development of a shared plan (including all relevant partners).**
- **Any contracting continues to be the responsibility of the ICB.** The ICB contracting teams will be directed by decisions reached in a place or provider collaborative committee.
- **Timeframes.** We will need to agree the distribution of funding around the system for April, but the planning round for 2022/23 is predominantly being carried out as we have previously, and any significant changes will take effect during 2022/23, ready for the following year. Any new arrangements will therefore initially focus on plans for transformation funding and any in-year re-distribution of funds.

Next steps

- We are developing our **future ways of working**, including:
 - **The criteria/principles** that any committee(s) will use to determine **allocations** and for approval of **transformation funding**
 - **Indicative allocations for future years** (23/24 and 24/25) and **‘glidepath’ to needs-based allocations**
 - **A shared planning process**
 - **Improving the visibility of how money is spent across the system**, to ensure all partners understand what is spent on each member of our population and what we get for that spend.
 - Ensuring that financial support functions, including **estates** and **procurement**, are organised to make the most of system working.

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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 10 MARCH 2022

Subject Heading:	Continuing Healthcare Harmonisation
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	Information will be presented on the Continuing Healthcare Harmonisation Programme for local health services.
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 (attached) on the Continuing Healthcare Harmonisation in Outer North East London.

RECOMMENDATIONS

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

REPORT DETAIL

Officers will present the attached for scrutiny the attached Communications and Engagement Plan for the Continuing Healthcare Harmonisation Programme for Outer North East London.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

Environmental and Climate Change Implications and Risks: None of this covering report.

BACKGROUND PAPERS

None.

NEL Continuing Healthcare Harmonisation of Policies

Communications and stakeholder engagement plan

Jan – August 2022

Contents

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1. Overview

As part of the move to a single Integrated Care System (ICS) across North East London (NEL) we need to harmonise all policies and procedures for the Continuing Healthcare (CHC) service to add clarity for all concerned, to improve processes and procedures, and to ensure equity of our service. Four key policies have been identified as requiring harmonisation:

1. **Placements Policy.** This is in place across the Barking & Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership (ICP), all other areas across NEL do not have a comparable policy in place. We intend that the current BHR Placements Policy is reviewed and adopted across the rest of NEL.
2. **Joint Funding Policy.** Although there are various versions of this policy in a draft format across NEL, there is no finalised policy that has been implemented and is in use day to day. We are developing a single harmonised Joint Funding Policy in consultation with local authority colleagues.
3. **Dispute Resolution Policy.** There are different (and missing) policies in place across NEL with some differences in how disputes are managed and resolved. We are developing a single harmonised policy in consultation with local authority colleagues.
4. **Respite Policy.** There are no respite policies in place across NEL CHC services, respite is currently granted/approved on a case by case basis by commissioning leads. We are developing a single harmonised policy in consultation with local authority colleagues.

Engagement so far

Discussions have been undertaken with local councils (e.g. directors of adults social care), to discuss the details of the policies) and Healthwatch (to discuss the focus and potential form of any engagement).

2. Our communications and engagement strategy for the next phase

Background / What is Continuing Healthcare?

- NHS Continuing Healthcare (CHC) is a package of non-acute care for adults, including both health and social care need that is funded entirely by the CCG for either:
 - Patients with significant on-going health needs, known as a 'Primary Health Need'. These patients will have been assessed as meeting the criteria under the National Framework
 - Patients at the very end of their life; weeks to short months (Fast Track).
- Children and Young People's Continuing Care is a package of non-acute care, including both health and social care need that is funded jointly by the local authority and CCG for children or young people with needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone
- If a patient is found ineligible for CHC funding then they may qualify for funded nursing care where the CCG makes a contribution to fund the patient's care in a nursing home setting

- CHC accounts for approximately 4% of the CCG's total spend (2017 National Audit report)
- CHC is a service with significant variation in eligibility rates across CCGs nationally
- Future work is being planned align the service across NEL and implement a single Standard Operating Model
- A Transformation Board is in place across CHC Services in NEL, overseeing the improvement initiatives.

Key messages

- It is important we harmonise our Continuing Healthcare policies so that everyone is treated fairly and that decisions that affect patients are clear and transparent
- There is no plan or expectation that the implementation of these standard policies will reduce the budget available to patients or generate savings.
- We are conducting an equality impact assessment to consider the impact of any proposed changes, and will aim to mitigate any negative impacts and enhance any positive ones.
- The policies we are looking at are:

- **The Placements Policy.** This describes the CCG's approach and cost thresholds when placing and supporting patients in the community.

This is in place across the Barking & Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership (ICP), all other areas across NEL do not have a comparable policy in place. We intend that the current BHR Placements Policy is reviewed and adopted across the rest of NEL.

- **Joint Funding Policy.** Describes the CCG's and local authorities' approach to jointly funding a package of care for a patient in the community, when a patient is considered to be ineligible for Continuing Healthcare but still requiring funding for a health need that can't be met with existing services.

Although there are various versions of this policy in a draft format across NEL, there is no finalised policy that has been implemented and is in use day to day. We are developing a single harmonised Joint Funding Policy in consultation with local authority colleagues.

- **Dispute Resolution Policy.** Describes the approach taken to resolve a dispute when health and social care can't agree to a recommendation on a patient's eligibility for Continuing Healthcare funding.

There are different (and missing) policies in place across NEL with some differences in how disputes are managed and resolved. We are developing a single harmonised policy in consultation with local authority colleagues.

- **Respite Policy.** Describes the approach and amount of respite that the CCG will fund for a patient's carer to take a break.

There are no Continuing Healthcare respite policies in place. Respite is currently granted/approved on a case by case basis by commissioning leads. We are developing a single harmonised policy in consultation with local authority colleagues.

Our key engagement principles

- To develop our engagement approach with key stakeholders
- To provide local people and stakeholders with timely, accurate, clear and consistent information; and opportunities to hear about the proposals
- To listen and actively consider respondents' voices and views, particularly seeking understanding on how we can reduce inequalities
- To build trusted relationships with groups and individuals and build public confidence in the NHS; our services and staff.
- To ensure meaningful staff involvement
- To continuously review our work so we can build on the successes and address any challenges and feedback
- To encourage the public to have their say by making it as easy as possible for them to talk to us; making sure we hear the voices of groups and individuals who are often seldom heard by the NHS.

3. Our proposed approach

We plan to engage local people and stakeholders over a 10-week period, starting in June 2022 with completion in August 2022. We will provide people with a range of opportunities to have their say. We will use a mix of online/ digital and face-to-face methods, and ensure all materials and messages are accessible to our population, regardless of language, literacy and digital barriers.

Before commencing the engagement, we will:

- Finalise this engagement plan
- Develop key messages, an engagement/involvement document (including a questionnaire) and FAQs and present the evidence for all service proposals. Translations will be available on the website in 100 languages; and will be available on request
- Agree methods of responding (eg. online and traditional (written/meetings))
- Commission an Easy Read version
- Commission an EQIA
- Publish the draft policies
- Agree dates for listening events and recruit patient engagement panellists/speakers and Q&As for speakers
- Present our plans to JOSCs (INEL on 1 March; ONEL on 10 March)
- Write to key stakeholders (Healthwatch, Health Overview Scrutiny Committees (HOSCs) and HWBs) to ensure they have the opportunity to comment on both the involvement plan and the collateral to be used.

During the 10-week engagement period, we will:

- Share and promote key information and present the evidence for all service proposals through printed and social/online material
- Conduct a range of public involvement events across NEL (for instance geographical-based events; events aimed a particular groups of people – potentially one for people with learning disabilities and their carers; and events in different languages – we are identifying if there are particularly affected communities that might need this support)
- Aim to hold a patient representative group event

- Arrange appropriate staff events for service providers
- Conduct stakeholder events on request (with HOSCs, Healthwatch, Health and Wellbeing Boards)

All engagement events will be promoted through social media and sent to local press. We will seek support from our Council, Healthwatch and other voluntary and community sector colleagues in sharing information.

Printed copies of the engagement document with questionnaire will be sent out to GP practices, Citizen's Advice centres, council buildings e.g. libraries, pharmacies, hospitals, community and voluntary sector organisations and other community locations.

Following the 10-week engagement period, we will:

- Analyse the feedback and identify key themes through an engagement report
- Share the findings and themes widely – with those who participated in the engagement process including key stakeholders.
- Publish the engagement report online and publicise this through our communications and engagement channels
- Present the findings to the NEL CCG Quality, Safety and Improvement Committee for approval.

The engagement will involve a range of qualitative and quantitative methods to ensure we gather all comments so we can maximise the opportunities and minimise any risks this development proposal presents, and to make sure this development deliver a significant benefit to our community.

We will respond to questions during the process to help people provide informed responses.

Working with local stakeholders to co-design the engagement approach

The CCG team has established an approach to public engagement that ensures stakeholders feel involved and listened to.

Previous engagement work (such as a medicines consultation; changes to stroke rehabilitation services etc) has been co-designed with our partners and we intend to follow a similar approach for diagnostics.

Addressing health inequalities and engaging the seldom-heard community

We will work with community groups and patient representatives to reach out to people who are known to be less engaged with health services and those communities who are underrepresented and often invisible to health and social care organisations.

This is an essential element of our partnership work to reduce health inequalities as positive engagement with hard-to-reach groups is recognised as key to improving health and social outcomes. This has been underlined by learning from the Covid-19 pandemic, as evidenced by Public Health England.

Timeline

Prior to engagement

Activity	Date	Dependency	Who
Engagement plan to be presented to JOSCs	<ul style="list-style-type: none"> • INEL 1 March • ONEL 10 March 	Documents approved internally	Comms to develop with programme team Programme/ clinical leads to present
Letter to HOSC Chairs, HWBB and Healthwatch to confirm engagement plan	Letter to be sent 10 March	Content signed off by project	Comms to draft
Co-design of engagement survey and questions with Healthwatch	First draft shared with HOSCs, HWBBs and Healthwatch mid April Finalised and approved by beginning of May	Policies agreed by early April Documents approved internally	Programme team to provide content and obtain sign off Comms to lead co-design work
Engagement survey and questions to be sent to Council CEs and leaders with a view to sharing with developing HOSCs and JOSCs or chairs.	Mid May	Documents approved internally	Programme/ clinical leads to present
Web pages developed and engagement document sent to print and Easy Read creation	End May	Content approved internally	Comms to draft
Launch comms sent to all key stakeholders, public, community venues, media etc	Start of engagement early June	Content approved internally	Comms to draft

During engagement

Activity	Date	Dependency	Who
Launch of 10-week engagement period	Early June	All materials and engagement activity agreed by SRO, clinical leads/ programme board	Comms
Attend HOSCs and JOSCs	June		Programme and clinical leads
Engagement events	TBC		SRO to lead engagement activities Support provided by Programme Team and Clinical Leads
Closing of engagement	August		Comms

e.g. webpages and email inbox			
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After engagement

Activity	Date	Dependency	Who
Analysis of engagement	August	Decision on who will undertake the analysis (independent organisation or internally)	Comms
Update EQIA and write decision-making paper	August		Programme team
Decision meeting/s (should be in public)	September	Programme team to ensure governance is built into project plan	Programme team
Letter to key stakeholders and respondents to share outcomes and decision and offer to present to committees	September		Comms

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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 10 MARCH 2022

Subject Heading:	Local Health Partnerships update
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	Information will be presented on the latest issues on local health systems.
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 (attached) on the current issues facing Local Health Partnerships.

RECOMMENDATIONS

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

REPORT DETAIL

Officers will present for scrutiny latest information on issues, including Covid-19, affecting the local health systems for Outer North East London.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

Environmental and Climate Change Implications and Risks: None of this covering report.

BACKGROUND PAPERS

None.

NEL Health Update

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March 2022

JHOSC

Contents

- Performance
- Provider trusts
- Covid-19 and Long Covid
- Cancer
- Primary care
- St George's Health and Wellbeing Hub
- Diagnostics
- Looking ahead

Performance (as at Jan 2022)

- [The Government's NHS recovery plan](#) indicates that elective waiting lists will get worse before they get better and the NHSE target for eliminating two-year elective waiters has been pushed back from March to July 2022. 52-week wait breaches are targeted to be cleared by 2025.
- Mutual aid between providers addressing **elective care** waiting lists. Recruitment focusing on anaesthetic workforce. Activity levels c80%-c93% of non admitted pathway 2019/20 levels
- Overall over **cancer** 62 day wait backlog has started to reduce. Two week referrals are above pre-pandemic levels and the NEL performance against the new Faster Diagnosis Standard is 76.1% (compared to London average of 72.8%)
- The **diagnostics** waiting list has grown, but the backlog for waiting over 6 weeks has reduced
- The system is working to work to reduce delayed discharges which are due to e.g. patients:
 - awaiting medical intervention/decision
 - awaiting availability of rehabilitation bed in the community
 - awaiting availability of a nursing/residential home care bed
 - awaiting availability of resource for assessment and start of care at home
- The number of primary care appointments (Aug) 933k are above trajectory level of 826k
- Mental health performance is challenged as a result of increased pandemic demand

Provider trusts

- Although Covid pressures have eased a little, our hospitals remain extremely busy throughout the winter months.
 - Patients are safe in our hospitals because of robust infection control standards, but these continue to impact operational effectiveness and visiting arrangements
 - High numbers of intensive care patients have incidental Covid patients (i.e. they may be admitted with another primary health problem, but Covid has added to the strain on their body)
- Over the last three months, more than 3,000 patients on the Barts Health books received quicker diagnosis by having endoscopies or ultrasound scans at BHRUT hospitals with spare capacity
- All the trusts have devoted a significant amount of time to encouraging staff to have the Covid-19 vaccine and we've seen rates of uptake increase. Despite the fact it will no longer be a legal requirement for healthcare workers to be vaccinated, we will continue to encourage colleagues to be jabbed. The vaccine is safe and effective; it saves lives; and it protects staff, patients and the communities in which we live.
- With system partners we are reviewing the proposals we published before the pandemic for creating centres of surgical excellence in our hospitals, and in due course will bring forward any revised plans for further public engagement and consultation.

- Covid pressures eased during February and Barts Health currently averages about 25 new positive inpatient admissions a day, around half the most recent pandemic peak on January 12
- Winter pressures mean our hospitals remain extremely busy, particularly through high demand for emergency care. Covid-positive patients account for about 15% of general beds and about 75% of critical care beds
- Nine out of ten Barts Health staff had a first dose by the point the Government paused its vaccination mandate
- Sickness absence is normal and we are actively recruiting, but continue to work around some temporary staff shortages
- Our contractors, Serco, managed a two-week pay strike by some porters and cleaners with minimal operational impact
- As Covid pressures ease, we are reducing the backlog of patients waiting too long for routine elective treatment
- We are working up our operational plan for 2022/3 in line with national guidance to further drive elective recovery

Our most recent published performance data is here: [Board meetings and papers - Barts Health NHS Trust](#)

NELFT and ELFT

- ELFT and NELFT are developing their approach to collaborative working with a particular focus on mental health.
- Work has taken place to improve the adult mental health pathway across north east London, resulting in no out of area placements for mental health inpatient beds. There is work underway to review the pathway and provision for those patients requiring female psychiatric intensive care.
- Both Trusts are part of the North Central and East London CAMHS Collaborative, focused on making improvements for the young people who need mental health support. This includes a reduction of inpatient admissions and length of stay for inpatients, as well as a reduction in out of area placements.
- To further develop collaborative working ELFT and NELFT are proposing to appoint a joint chair. This will provide greater assurance of closer working between the two trusts. The opportunity has arisen because both trusts currently have a chair vacancy.

Winter

- We've experienced increased pressure on our services, as we deal with the pandemic, respond to the high demand on our Emergency Departments (EDs) and continue with our elective
- To strengthen our response, we developed a winter plan and appointed experienced geriatrician Ayo Ahonkhai as Winter Director; and introduced operational site leadership teams, to manage flow and patient safety on emergency pathways.

Four hour performance

- We continue to treat an incredibly high number of patients and our services are under increased pressure. Last year, more than 280,000 people attended our EDs and in October we saw an 18% increase in the number of Type 1 walk ins when compared with the same month in 2019 (pre-pandemic)
- A number of initiatives introduced to help improve performance, e.g. the opening of our Ambulance Receiving Unit and Jubilee Intensive Therapy Unit at Queen's Hospital and the reopening of our upgraded children's ED at King George Hospital. Construction works on our revamped CCU at KGH scheduled to be completed by the end of March 2022.

Reducing our waiting lists

- Despite operational challenges, we continue to tackle our waiting lists through creative surgical initiatives. As a result, the number of patients waiting for more than a year for treatment reduced from 2,430 at the end of March 2021 to 959 by the end of December. We hope to get close to zero by the summer
- The work we're doing is being recognised nationally. Our Covid secure 'green zone' at KGH was showcased on BBC News and our BONES project was positively highlighted in NHS England's delivery plan to reduce waiting lists
- BHRUT's CEO Board report can be found at: <https://www.bhrhospitals.nhs.uk/chief-executive-board-report/chief-executives-board-report-january-2022-3368>

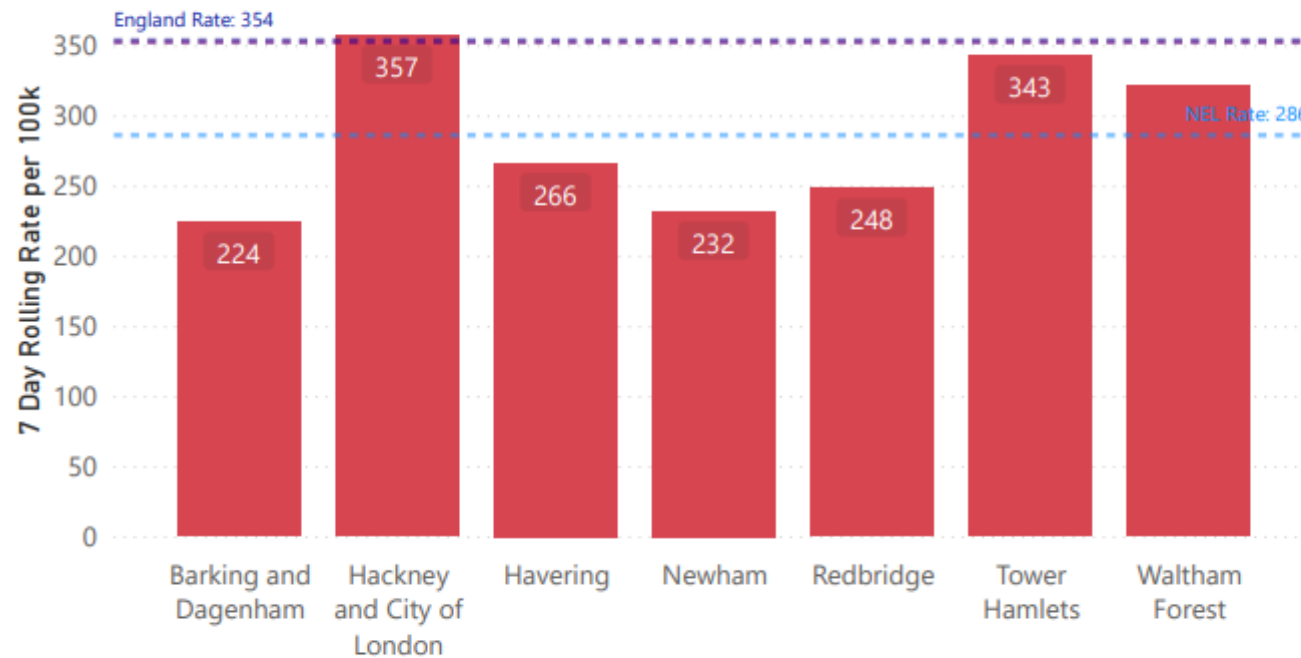
Covid-19

- We continue to deliver the **vaccine programme** (see attachment for latest figures)
- Falling demand across London. Current perceptions are challenging e.g: Omicron is milder than other variants; family members are fully vaccinated so less personal responsibility; restrictions easing/removed so no longer a threat
- Outreach with partners to lower uptake areas and events for Orthodox Jewish community, Homeless and rough-sleepers (potentially with St John Ambulance)
- 5-11 year olds at risk and Clinically Extremely Vulnerable. Eight sites have received NHS approval. Vaccinations started 5 February. We are arranging webinars for parents
- 12-15 vaccines: Promoting walk-ins, half-term sessions, FAQs, school networks. High rates of infection affecting eligibility for second dose
- Vaccine Hesitancy Advice Service, launched to health and care workers, now rolling out to the public
- Social media promoting sites with availability and the Evergreen offer (it's never too late)
- Latest details are here: <https://www.eastlondonhcp.nhs.uk/ourplans/covid-19.htm>
- Covid-19 Booster and Flu digital marketing campaign has targeted parents with children; people who are pregnant; 18-49 with long term health conditions; 65+ (flu and booster); with additional targeting by ethnicity, geography, religion. Impressions: 15.4million with 190,922 interactions

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.

7 Day Rolling Rate of Cases per 100k



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

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

Weekly Change (% cases)

Barking and Dagenham	-7.2%
Hackney and City of London	-14.1%
Havering	-18.3%
Newham	-24.9%
Redbridge	-13.3%
Tower Hamlets	-15.4%
Waltham Forest	-19.1%

24 Feb 2022

Long Covid

Support for patients

As we learn more about the best way to treat Long Covid, we continue to develop our local services to support our residents. The latest information on our services is available on the following web pages:

- Waltham Forest; Barking and Dagenham, Havering and Redbridge: www.nelft.nhs.uk/information-and-advice-on-long-covid
- City and Hackney www.homerton.nhs.uk/covid-recovery-and-rehabilitation
- Newham and Tower Hamlets www.eastlondonhcp.nhs.uk/ourplans/long-covid-in-newham-and-tower-hamlets.htm

We are also reaching out to local communities to raise awareness of the signs and symptoms, through activities such as:

- a long COVID patient video with translations in different languages, patient case studies and a series of webinars
- patient leaflets, including an easy-read version, and support for homeless people
- working with local community and faith groups, including schools, to understand their needs, raise awareness and provide local information on support, including non-medical services (things like housing, finance and employment support)
- working with Healthwatch on a survey of local residents, which will help shape future activities

Support for health and care professionals

- We have launched a Long Covid Community of Practice www.newhamtraininghub.org/programmes/nel-long-covid-community-of-practice/ for all health and care professionals. This aims to provide training and guidance, and to create a network of support to help improve knowledge and skills of those managing Long Covid in any care setting, and reduce variation in care.
- It includes a training schedule www.newhamtraininghub.org/programmes/nel-long-covid-community-of-practice/long-covid-training/ as well as links to national and local long COVID resources, with information on how to make referrals. www.newhamtraininghub.org/programmes/nel-long-covid-community-of-practice/long-covid-referrals-from-primary-care/

Cancer

Working on innovation to spot cancer sooner for local residents:

- Mile End Early Diagnosis Centre – 16,500 additional procedures a year for cancer diagnosis; phase 2 will include an additional MRI scanner for north east London
- Cytosponge – a ‘sponge in a pill’ tool to test for signs of cancer
- Colon Flag – blood analysis to help spot bowel cancer sooner
- Transnasal esophagoscopy (TNE) - a safe and inexpensive way to examine the esophagus for patients at risk of esophageal cancer and other disorders, without the need for sedation
- Piloting a free lung health check for those at most risk of lung cancer
- Improving patient communications to reduce the number of people who don’t attend their appointment

Raising awareness of signs and symptoms to encourage more people to come forward for treatment:

- Working with local mosques to raise awareness of bowel cancer
- Delivering a campaign aimed at the LGBTQI+ community around breast cancer
- Promoting awareness of lung, prostate and bowel cancer to older males in deprived areas
- Developing a creative cervical screening campaign aimed at young Muslim women
- Producing a range of materials in different languages, including animated videos translated into 15 different languages

Primary Care Winter Access Fund

- Practices need to enrol in the Community Pharmacy Consultation Service to access Winter Access Fund (WAF)
- Practices can claim funding of £1.16 per weighted patient for practice specific interventions to improve access through the following means:
 - Funding additional sessions from existing and new clinical staff
 - Funding of additional clinical sessions such as locums secured through banks and agencies including the NEL digital staff bank
 - Expanding the number of appointments both in-hours and extended hours
 - Additional appointments via increased capacity to include other clinical practice and PCN staff
- Enhanced support can be provided e.g. to discuss interventions, review workload and work plans and, with the use of coaches, unpick pressure points of access or service delivery.
- As part of the WAF, the Access Improvement Programme provides practice-based staff who are experienced in Quality Improvement; a coach who will work onsite and virtually; and other support over an eight week process to improve systems and processes to be embedded into the daily routine of the practice.

Community Pharmacist Consultation Service

- The GP CPCS referral pathway is being implemented nationally across the NHS. The pathway aims to redirect minor illness from General Practice to Community Pharmacy to increase access and free-up capacity in General Practice.
- Implementing the GP CPCS is nationally mandated to access the Winter Access Fund (WAF) monies for primary care.
- Key aims include:
 - Help to alleviate pressure on general practice
 - Improve timely access for patients
 - Enable better patient care
 - Promotes self-care
 - Strengthen relationships between general practice and pharmacy
- A patient contacts their GP either on the phone, online or in person > they are triaged by the practice > a local pharmacy is alerted > a consultation with a pharmacist is arranged ASAP.

St George's Health and Wellbeing Hub



- Engagement with the public and stakeholders ran from 22 November 2021 to 13 February 2022
- 451 people responded to the online survey, with individual residents and representatives of local community organisations attending online engagement sessions.
- Feedback was overwhelmingly positive including:
 - **87.28%** (391) of respondents **strongly supported** proposals for GP services at the Hub
 - **82.41%** **strongly supported** Frailty services being at the hub
 - **90.20%** **strongly supported** Outpatients services being at the hub
 - **91.54%** **strongly supported** Early Diagnostics being at the hub
 - **75.06%** **strongly supported** kidney dialysis services, 12.92% mildly supported. Eight people (1.78%) opposed

Participants were also able to share feedback and comments on the overall proposals. These have been themed in a number of core areas

A report outlining how feedback is addressed goes to the March meeting of the St George's Redevelopment Project Board and then will be published on the NEL CCG website

Procurement of the construction contractor has started and the project remains on track for opening the new hub by March 2024.

Diagnostics programme and Community Diagnostic Centres (CDCs)

Aims of the CDC national programme:

- Improve population health outcomes
- Increase capacity
- Improve productivity and efficiency
- Contribute to reducing health inequalities
- Deliver better and more personalised experience
- Support integration of care

Seeking to reprocur **community diagnostics** across BHR and TNW (C&H services are not yet due for contract renewal) – patients and Healthwatch will be involved in the process

- We are progressing our thinking and looking at a preferred CDC delivery model that is a mix of all three potential models (hub and spoke, large and standard size centres) with a spread across boroughs. They will contain centres located both on existing NHS sites and new sites in highly accessible high footfall areas such as town centres and shopping centres. This will be a medium to long-term programme, with CDCs coming online over the next 5+ years.
- CDC sites will be in addition to existing acute sites and community diagnostics provision, both of which are also being potentially enhanced over coming years to meet growing demand.
- Our first priority is the completion of the service offering at our existing early adopter sites in Mile End Hospital and Barking Community Hospital, bringing as many services online in these sites as possible in 22/23 to meet current demand. These sites have already been offering CDC services since summer 21 and have been operating successfully, so adding the remaining types of tests and capacity to make them full CDCs will give us the quickest and most certain route to ensuring patients can begin seeing the benefits of the programme.
- We will be finalising the system strategy and the remaining proposed planned sites in April and May, once our analysis of demand growth and impact on inequalities of access is complete.
- We propose writing to councils and emerging JOSC/OSCs in late May with engagement material and an engagement plan. We are looking to engage publicly for 10 weeks from mid June – end of August with a report available in September.

Looking ahead

- Developing a single updated **fertility policy** for north east London (see agenda) to ensure an equitable and consistent approach to access.
- Updating north east London policies for **Continuing Healthcare** (CHC) (see agenda) to ensure clarity, improve processes and procedures, and to ensure equity
- **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, anti-coagulation services and respiratory services.
 - Simple wound care pilot testing different locations, offering online booking and monitoring satisfaction/ experience.



North East London
Clinical Commissioning Group

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

Produced by the vaccination and immunisation data team

22nd February 2022

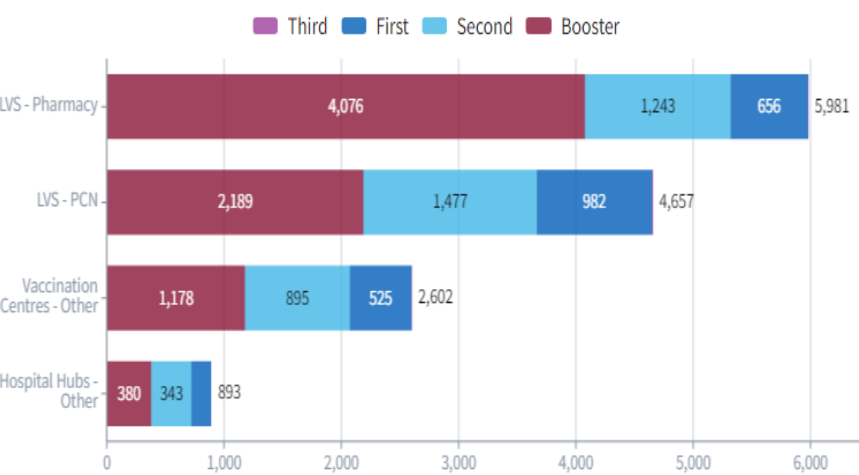
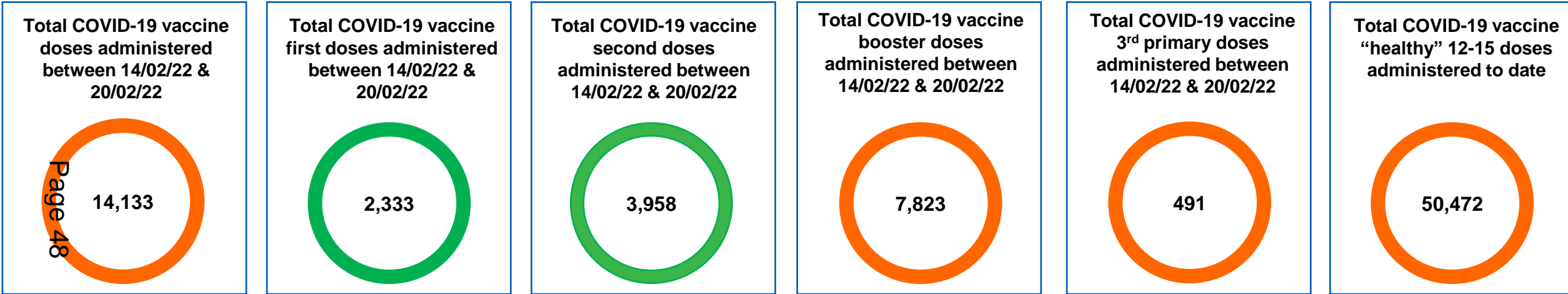


One page summary

Performance summary COVID-19 Vaccination and Flu Immunisation Programmes

Total number of COVID-19 vaccine doses administered to date: 3,484,569

67% of the population aged 12+ have received a first dose and 62% have received a second dose.
66% of the population aged 16+ who have received a second dose have also received a booster dose.



Key successes

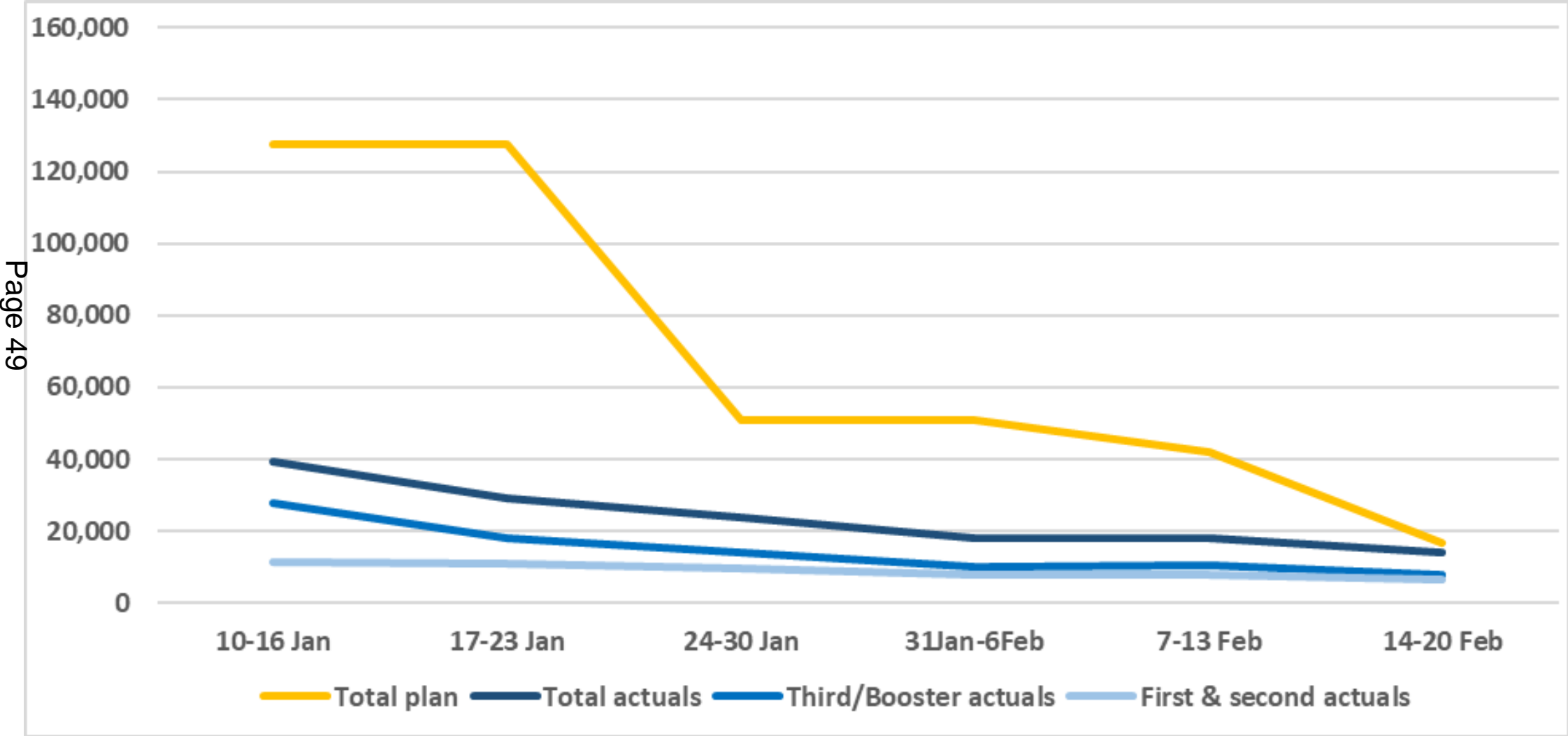
- 85% of care home residents have received boosters.
- 81% of care home residents have received flu immunisations
- 86% of housebound patients have received second doses.
- 87% of eligible housebound patients have received boosters.
- 62% of pregnant women have received first doses which is higher than the general population aged 18-39
- 97% of care home workers have received second doses and 39% have received boosters.

Key challenges

- Demand for first, second and booster vaccines continues to be low. This is in line with regional and national trends.
- We are continuing to make every effort to promote the COVID-19 vaccine for 12-15 year olds. A key challenge remains the high number of children who have tested positive for COVID-19 and the 3 month gap between a positive test and having a vaccine for this cohort.
- To date NEL sites have given 93,429 more vaccinations to non-NEL patients than the vaccinations given to NEL patients in England.

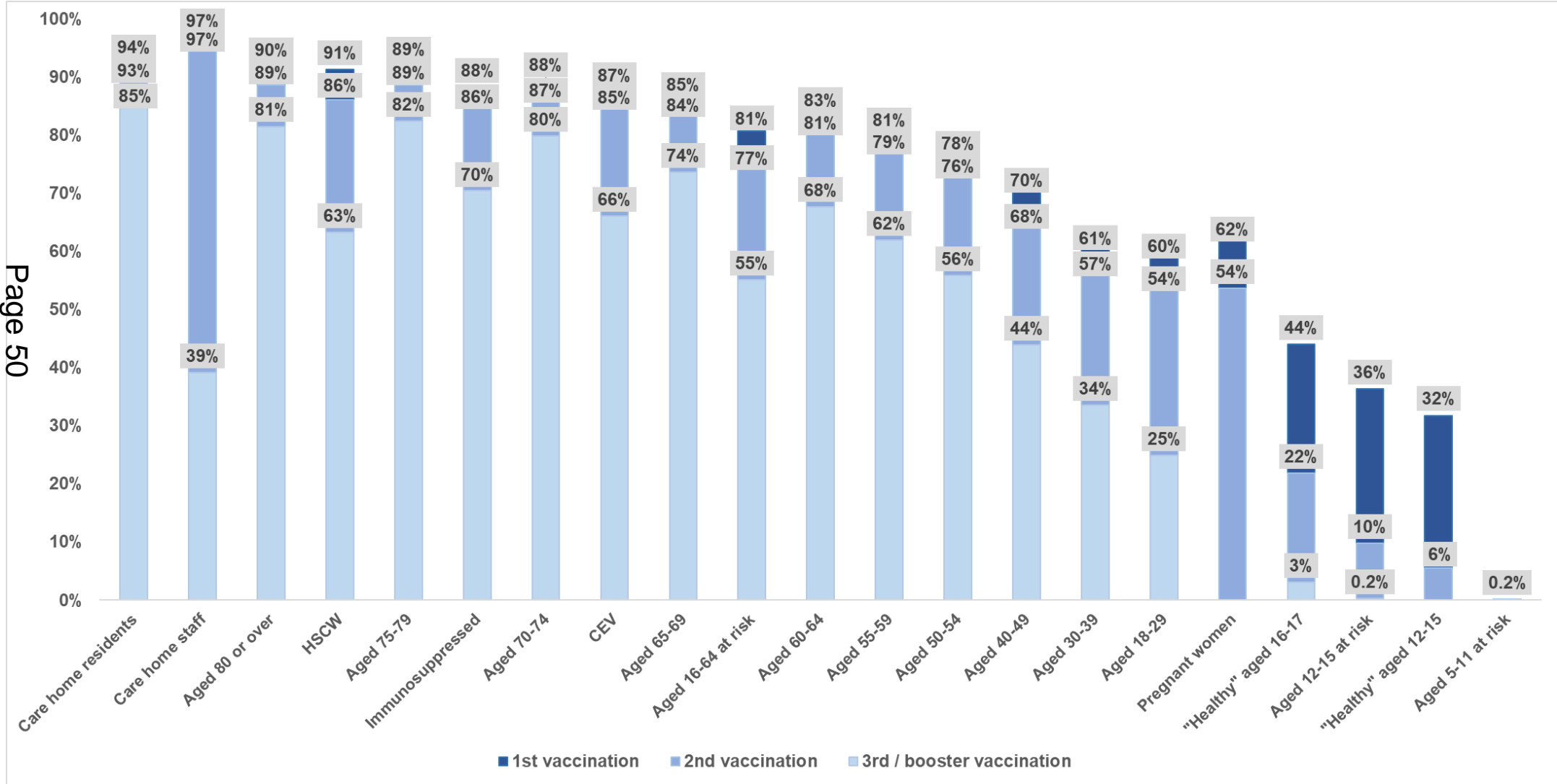
Executive summary

NEL plan vs actuals



Executive summary

NEL COVID-19 vaccinations by priority group and dose



Executive summary

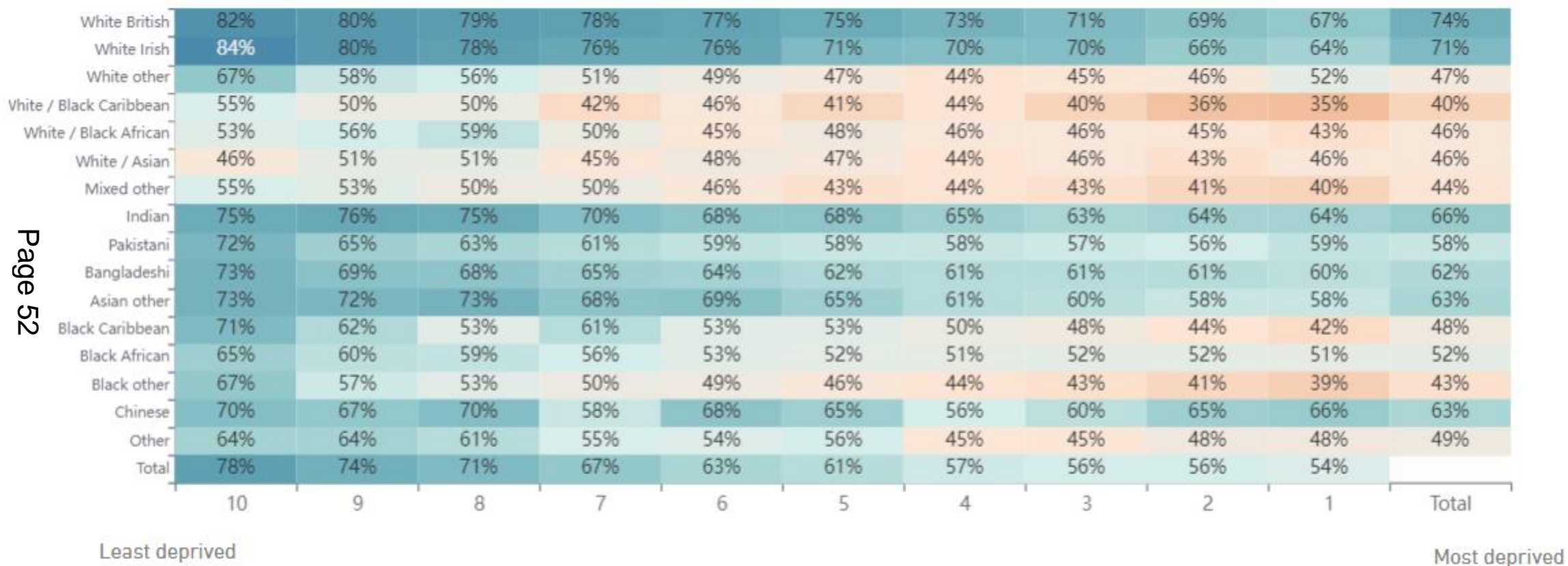
NEL COVID-19 booster vaccinations by priority group

Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 21 Feb
Age 80+	52,908	46,551	43,185	92.8%	3,366
Age 75-79	38,399	33,805	31,682	93.7%	2,123
Age 70-74	53,407	46,190	42,674	92.4%	3,516
Age 65-69	68,936	57,225	50,837	88.8%	6,388
Age 60-64	93,574	75,182	63,572	84.6%	11,610
Age 55-59	118,512	91,879	73,695	80.2%	18,184
Age 50-54	136,227	100,950	76,414	75.7%	24,536
Age 40-49	346,776	227,047	153,524	67.6%	73,523
Age 30-39	492,936	267,025	167,743	62.8%	99,282
Age 18-29	440,176	211,235	112,069	53.1%	99,166
Age 16-17	52,466	4,633	1,768	38.2%	2,865
NEL totals	1,841,851	1,157,089	815,395	70.5%	341,694

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Executive summary

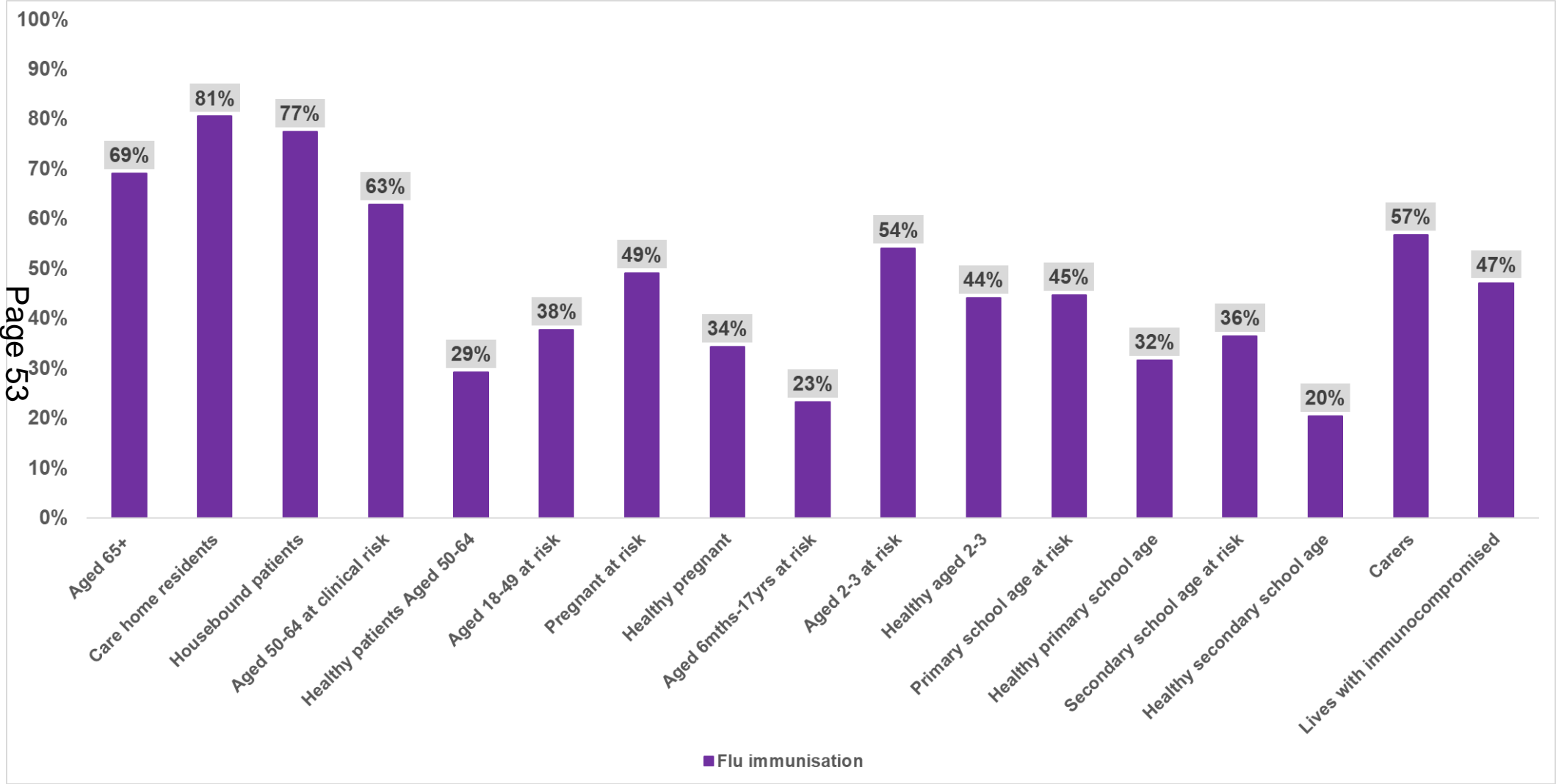
Gaps in COVID-19 vaccination first dose uptake using socio-demographic factors for all priority groups



- The correlation between highest uptake and least deprived is strongest in Black Caribbean and Black other groups. The correlation between highest uptake and least deprived is weakest in Chinese and White/Asian groups.
- White/Black Caribbean, Black other, Mixed other, White/Black African, White/Asian, White other, Other and Black African are the ethnicity groups with the lowest COVID-19 vaccine uptake in NE London where uptake for all groups is 58.4%

Executive summary

NEL Flu immunisation uptake by priority group





North East London
Clinical Commissioning Group

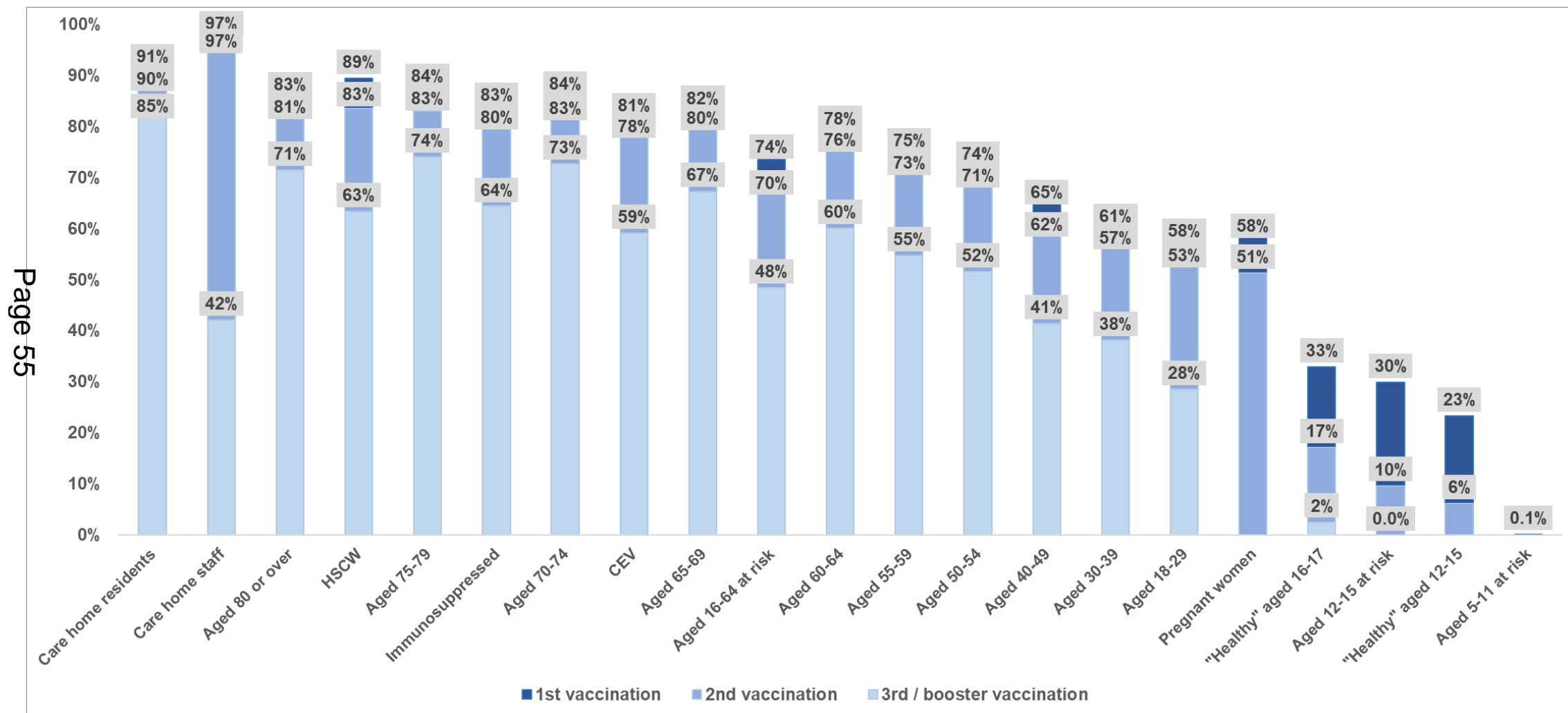
Operational data analysis - City and Hackney

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For COVID-19 vaccination uptake in each Primary Care Network and GP practice, please request access to data from the Clinical Effectiveness Group at cegcovid@qmul.ac.uk



City & Hackney COVID-19 vaccinations by priority group and dose



City & Hackney COVID-19 booster vaccinations by priority group

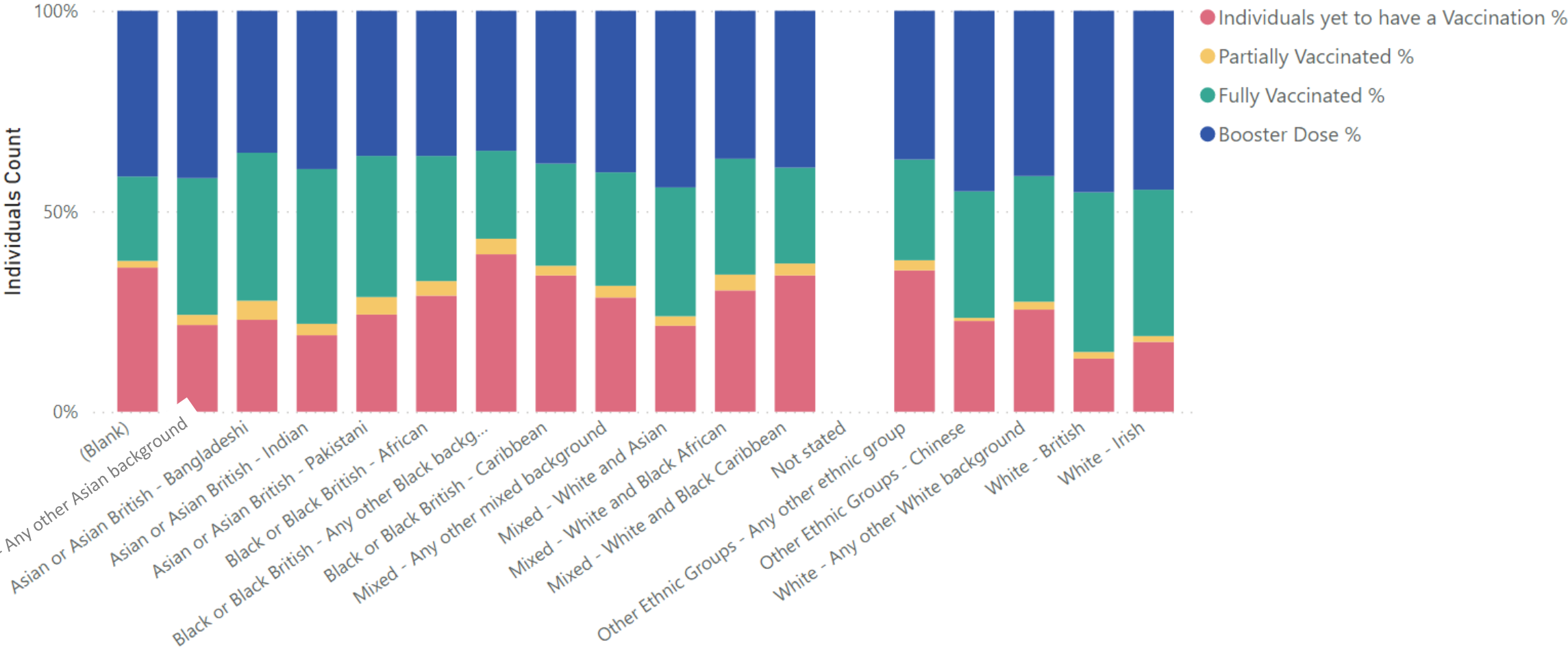
Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 21 Feb
Age 80+	5,326	4,284	3,808	88.9%	476
Age 75-79	4,183	3,451	3,107	90.0%	344
Age 70-74	6,264	5,145	4,557	88.6%	588
Age 65-69	8,881	7,012	5,984	85.3%	1,028
Age 60-64	12,730	9,528	7,678	80.6%	1,850
Age 55-59	16,825	11,985	9,238	77.1%	2,747
Age 50-54	18,496	12,826	9,589	74.8%	3,237
Age 40-49	49,188	29,558	20,550	69.5%	9,008
Age 30-39	81,839	45,047	31,711	70.4%	13,336
Age 18-29	65,693	31,804	19,214	60.4%	12,590
Age 16-17	6,838	493	190	38.5%	303
City & Hackney totals	276,263	161,133	115,626	71.8%	45,507

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

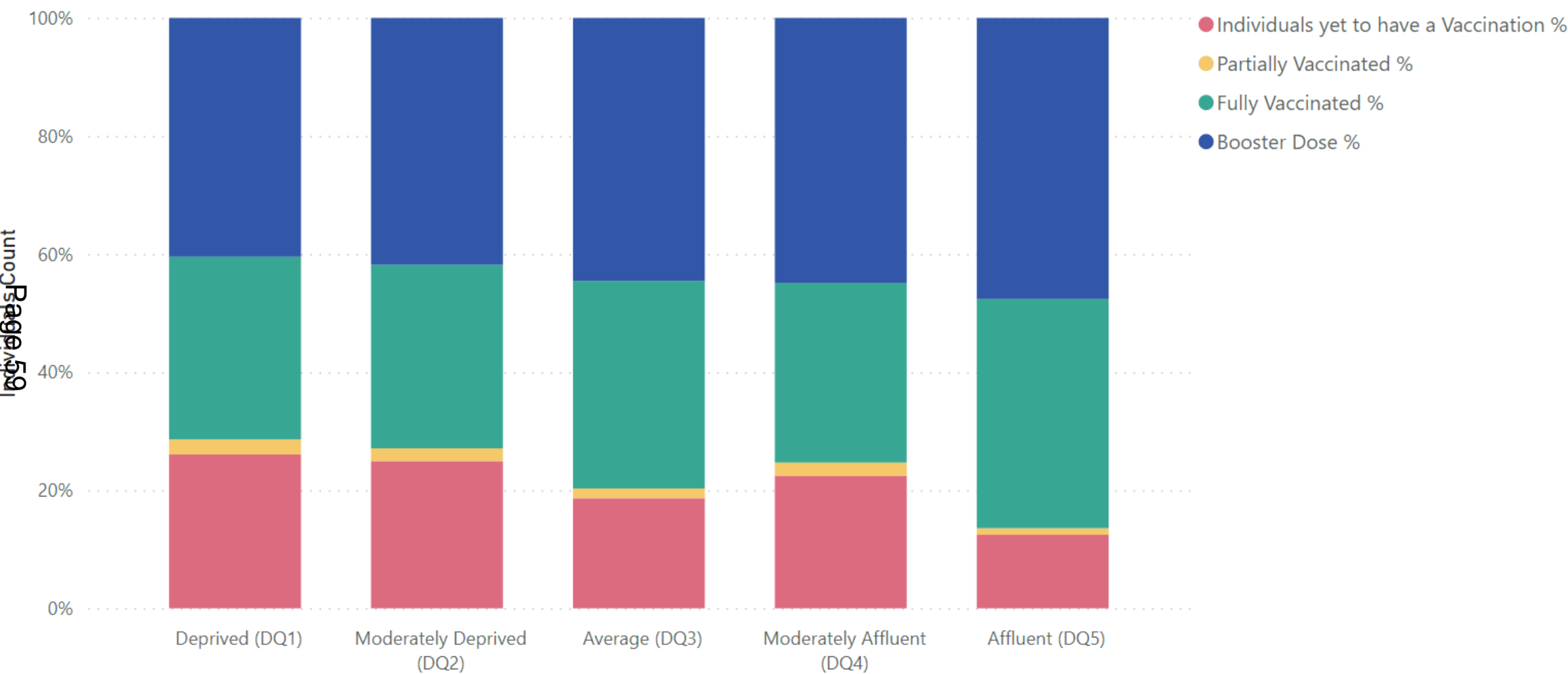
Site	1st doses	Site	2nd doses	Site	3rd/booster doses
JOHN SCOTT HEALTH CENTRE	74	BOCKING CENTRE	91	JOHN SCOTT HEALTH CENTRE	157
BOCKING CENTRE	60	JOHN SCOTT HEALTH CENTRE	66	BOCKING CENTRE	152
SILVERFIELDS CHEMIST	17	ST LEONARD'S	20	SILVERFIELDS CHEMIST	123
BENJAMIN CHEMIST - STOKE NEWINGTON	10	WESTFIELD STRATFORD	19	HAGGERSTON PHARMACY	103
WESTFIELD STRATFORD	8	KINGSLAND PHARMACY	18	BENJAMIN CHEMIST - STOKE NEWINGTON	77
ST LEONARD'S	6	HAGGERSTON PHARMACY	15	KINGSLAND PHARMACY	63
SPRING PHARMACY	5	WESTFIELD STRATFORD CITY 2	14	SPRING PHARMACY	51
KINGSLAND PHARMACY	5	SILVERFIELDS CHEMIST	9	MURRAY'S CHEMIST	48
HAGGERSTON PHARMACY	3	GOOD HEALTH PHARMACY	9	ST LEONARD'S	44
BIDBOROUGH HOUSE	3	BENJAMIN CHEMIST - STOKE NEWINGTON	8	WESTFIELD STRATFORD	33
ST THOMAS HOSPITAL	3	BIDBOROUGH HOUSE	7	KINGS SQUARE COMMUNITY CENTRE (CLAN PHARMACY)	25
ECLIPSE PHARMACY	2	GUYS HOSPITAL	6	GOOD HEALTH PHARMACY	24
ANJI'S PHARMACY	2	MURRAY'S CHEMIST	6	BOOTS - FLEET STREET	21
WESTFIELD STRATFORD CITY 2	2	PYRAMID PHARMACY - BEACONSFIELD	5	COLUMBIA PHARMACY - LONDON	19
PYRAMID PHARMACY - BEACONSFIELD	2	SPRING PHARMACY	5	HORNSEY HEALTH CENTRE	18
MURRAY'S CHEMIST	2	ST THOMAS HOSPITAL	5	BIDBOROUGH HOUSE	16
HOMERTON UNIVERSITY HOSPITAL	2	EVERGREEN SURGERY	4	BEES PHARMACY	15
AMAL PHARMACY	2	WALTHAMSTOW LIBRARY	4	GREEN LIGHT PHARMACY	14
HILLS PHARMACY	1	ANJI'S PHARMACY	4	ST THOMAS HOSPITAL	11
ROYAL FREE HOSPITAL	1	BEES PHARMACY	3	GUYS HOSPITAL	11
Other sites	26	Other sites	72	Other sites	253
Total	236	Total	390	Total	1,278

City & Hackney COVID-19 vaccination uptake by ethnic category

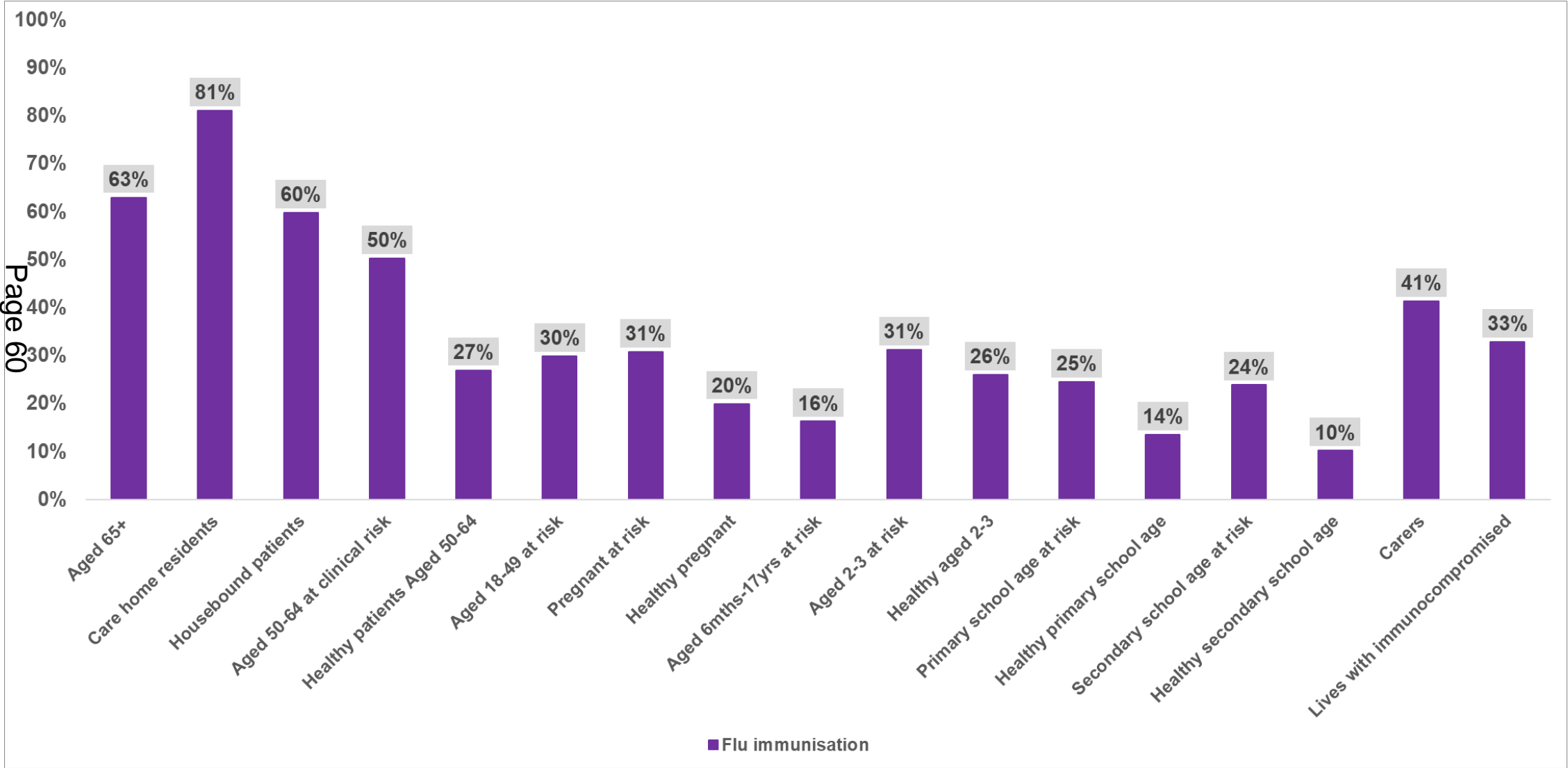
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City & Hackney COVID-19 vaccination uptake by deprivation



City & Hackney Flu immunisation uptake by priority group





North East London
Clinical Commissioning Group

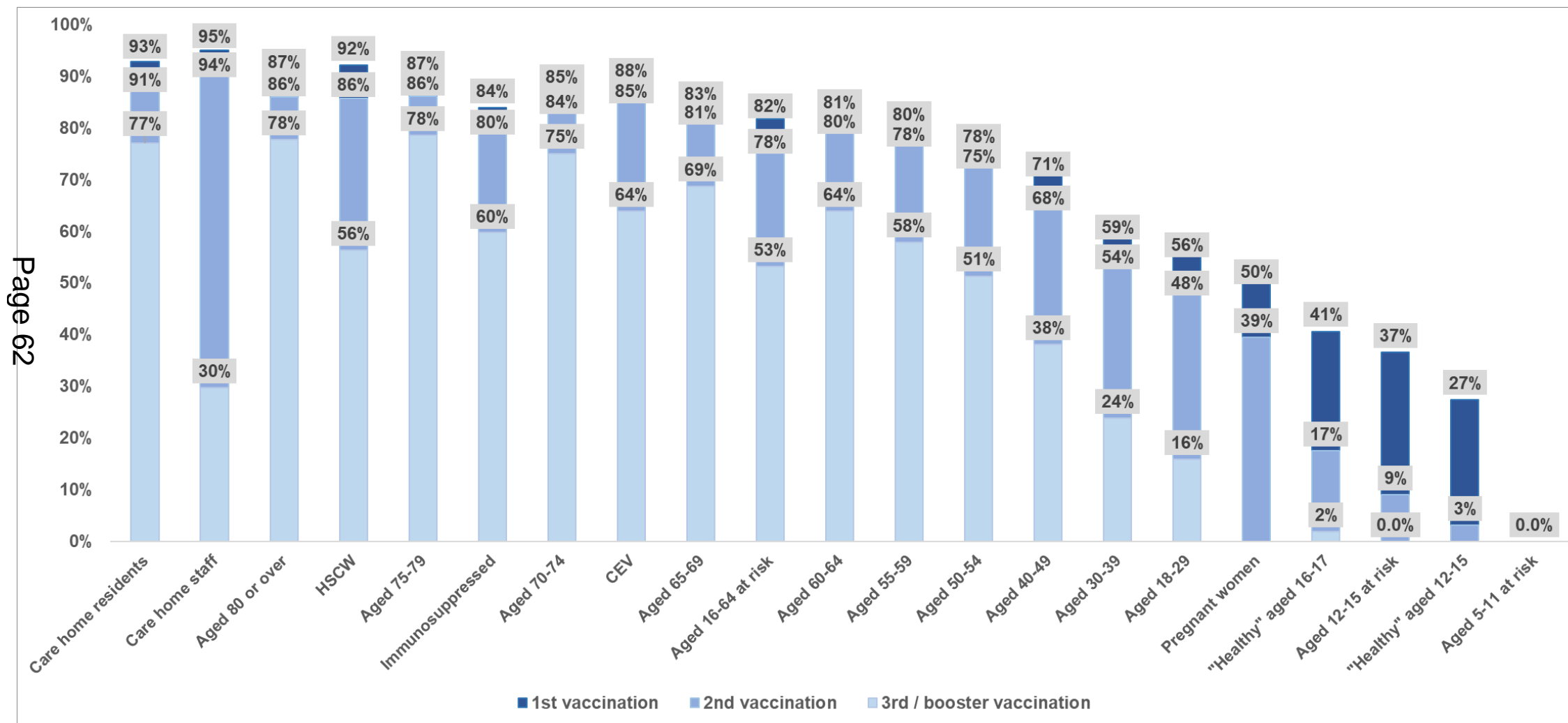
Operational data analysis - Barking and Dagenham, Havering and Redbridge

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For COVID-19 vaccination uptake in each Primary Care Network and GP practice, please request access to data from the Clinical Effectiveness Group at cegcovid@qmul.ac.uk



Barking & Dagenham COVID-19 vaccinations by priority group and dose



Barking & Dagenham COVID-19 booster vaccinations by priority group

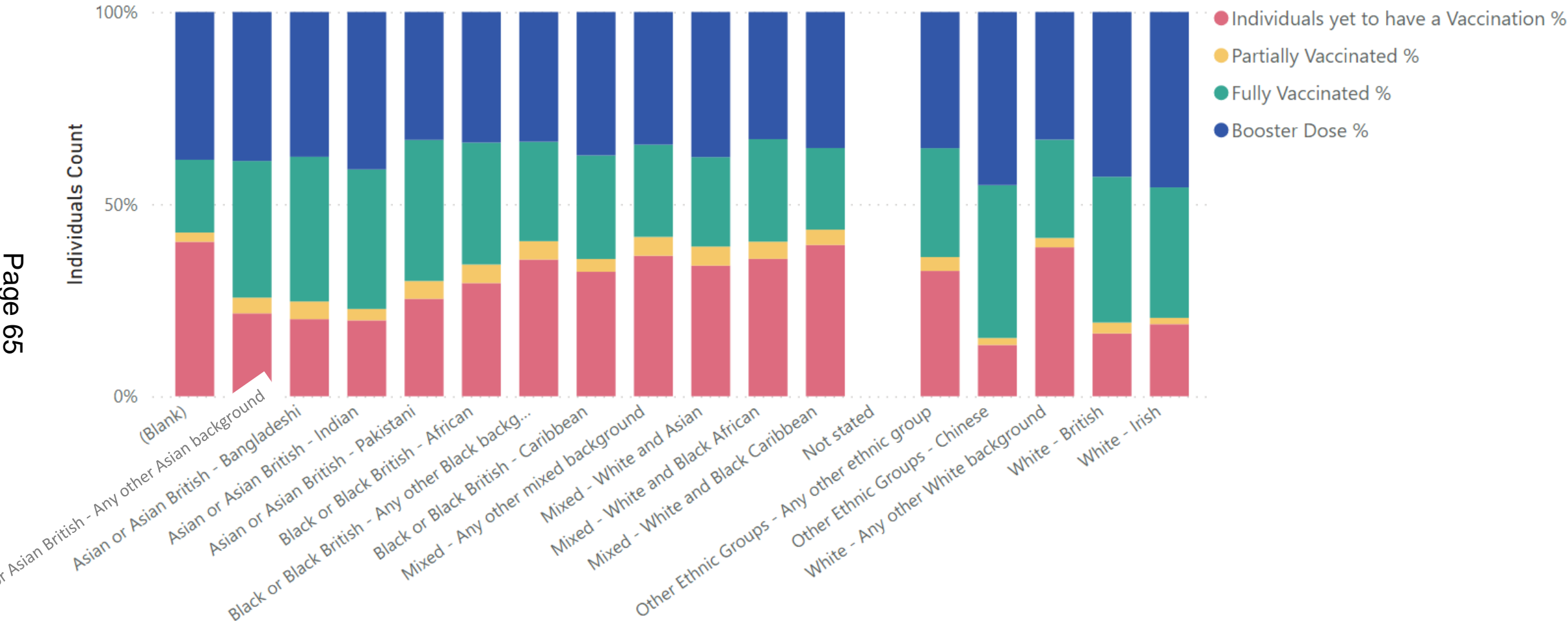
Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 21 Feb
Age 80+	4,835	4,134	3,767	91.1%	367
Age 75-79	3,447	2,940	2,710	92.2%	230
Age 70-74	4,886	4,099	3,671	89.6%	428
Age 65-69	6,636	5,344	4,575	85.6%	769
Age 60-64	9,342	7,377	5,984	81.1%	1,393
Age 55-59	12,625	9,725	7,345	75.5%	2,380
Age 50-54	15,156	11,167	7,822	70.0%	3,345
Age 40-49	36,484	23,829	14,019	58.8%	9,810
Age 30-39	41,992	21,052	10,161	48.3%	10,891
Age 18-29	37,841	15,718	6,128	39.0%	9,590
Age 16-17	6,699	401	131	32.7%	270
Barking & Dagenham totals	179,943	105,786	66,313	62.7%	39,473

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

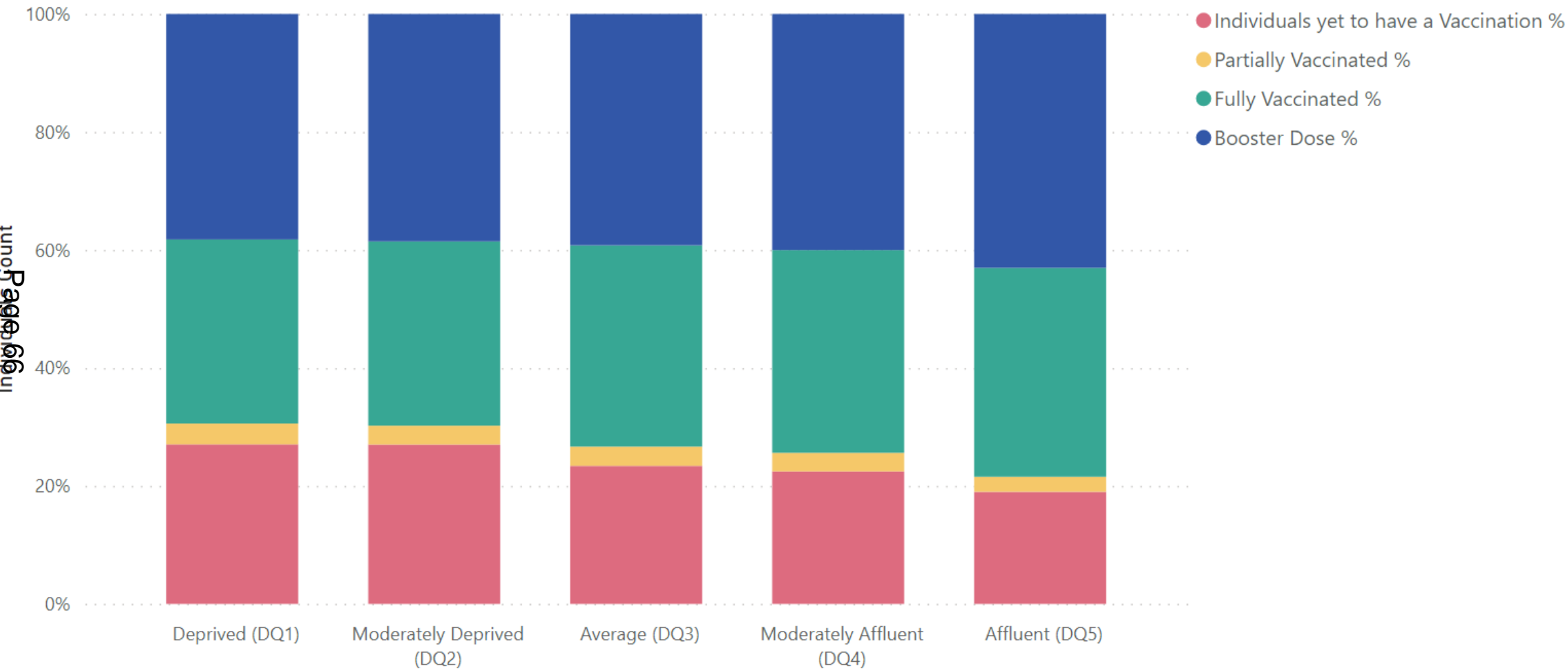
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Site	1st doses	Site	2nd doses	Site	3rd/booster doses
VICARAGE FIELD BARKING	41	VICARAGE FIELD BARKING	116	VICARAGE FIELD BARKING	109
LIBERTY SHOPPING CENTRE	32	LIBERTY SHOPPING CENTRE	66	LIBERTY SHOPPING CENTRE	80
KING GEORGE'S HOSPITAL	21	ST MARTIN'S CHURCH (KRY-BA PHARMACY)	60	ST MARTIN'S CHURCH (KRY-BA PHARMACY)	75
ST MARTIN'S CHURCH (KRY-BA PHARMACY)	18	KING GEORGE'S HOSPITAL	28	OXLOW PHARMACY	66
OXLOW PHARMACY	6	BRITANNIA PHARMACY	11	SANDBERN PHARMACY	46
SANDBERN PHARMACY	5	SANDBERN PHARMACY	10	BRITANNIA PHARMACY	30
BRITANNIA PHARMACY	5	OXLOW PHARMACY	9	ALVIN ROSE CHEMIST - DAGENHAM	26
ALVIN ROSE CHEMIST - DAGENHAM	4	WESTFIELD STRATFORD	7	KING GEORGE'S HOSPITAL	26
BLAKEBERRY PHARMACY	3	REDBRIDGE TOWN HALL	5	VICTORIA HOSPITAL (RAPHAEL HOUSE)	7
VICTORIA HOSPITAL (RAPHAEL HOUSE)	2	ALVIN ROSE CHEMIST - DAGENHAM	5	BOOTS UK	7
WELL PHARMACY - CHADWELL HEATH	2	FORWARD PHARMACY	4	CHANSONS PHARMACY	6
ST THOMAS HOSPITAL	2	WANSTEAD PHARMACY	4	WANSTEAD PHARMACY	6
SIR JAMES HAWKEY HALL	2	LRM PHARMACY	4	WELL PHARMACY - CHADWELL HEATH	4
LRM PHARMACY	2	LIBERTY BRIDGE (SIR LUDWIG GUTTMAN)	3	REDBRIDGE TOWN HALL	4
THE HYTHE PHARMACY - COLCHESTER	1	ROYAL DOCKS PHARMACY	2	CARLTON HOUSE	3
BOOTS UK	1	HMP PENTONVILLE	2	WESTFIELD STRATFORD	3
JP PHARMACY	1	BOOTS UK	2	AQUA PHARMACY - WEST HAMPSTEAD	3
COVENTRY COMMUNITY RESOURCE CENTRE	1	THE ROYAL LONDON HOSPITAL	2	LRM PHARMACY	3
ASPIRE PHARMACY	1	PARMAY PHARMACY	2	ACORN PHARMACY - LUTON	3
HAMMERSMITH PHARMACY	1	WOODGRANGE PHARMACY	2	ST THOMAS HOSPITAL	2
Other sites	9	Other sites	40	Other sites	62
Total	160	Total	384	Total	571

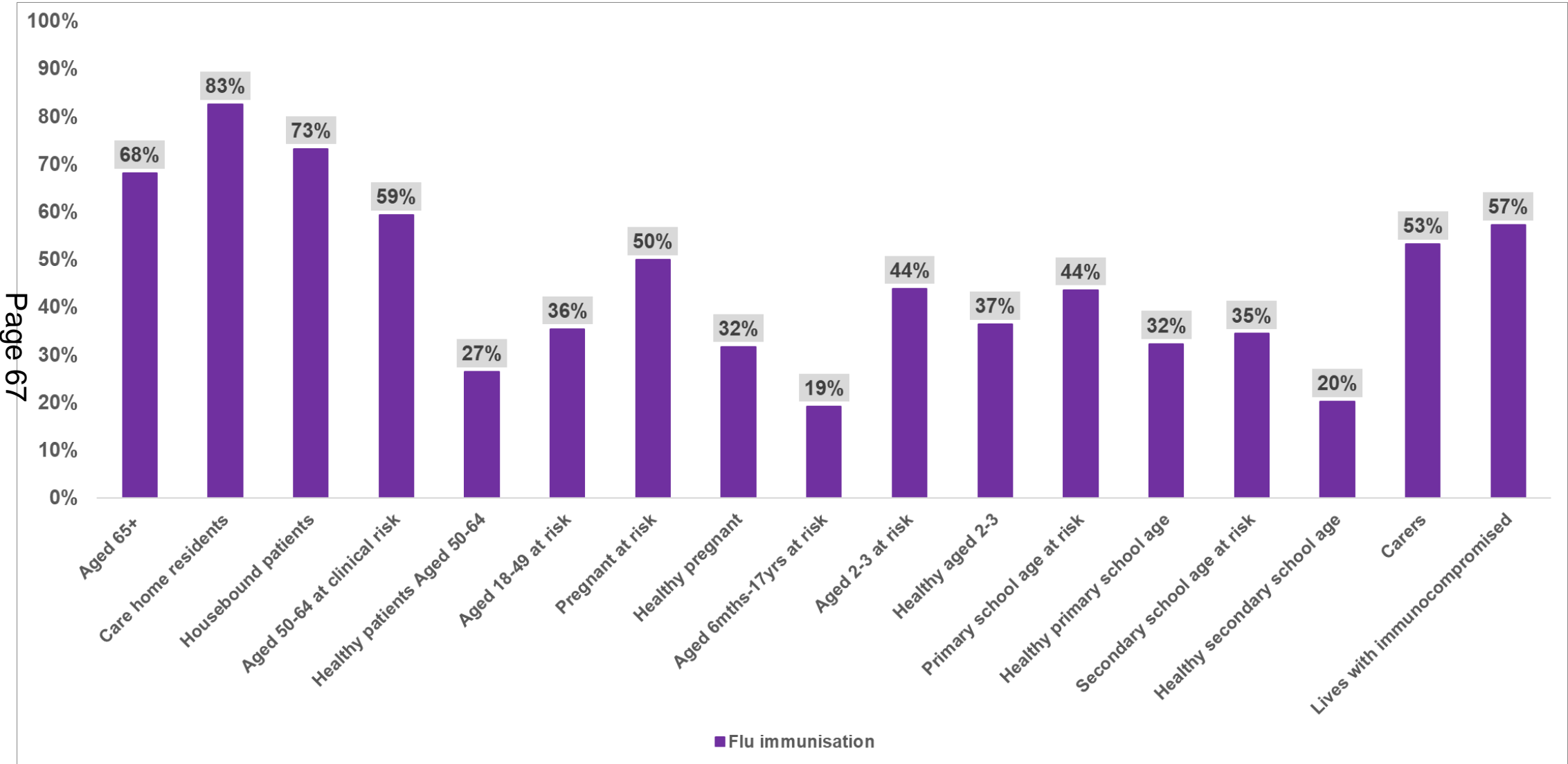
Barking & Dagenham COVID-19 vaccination uptake by ethnic category



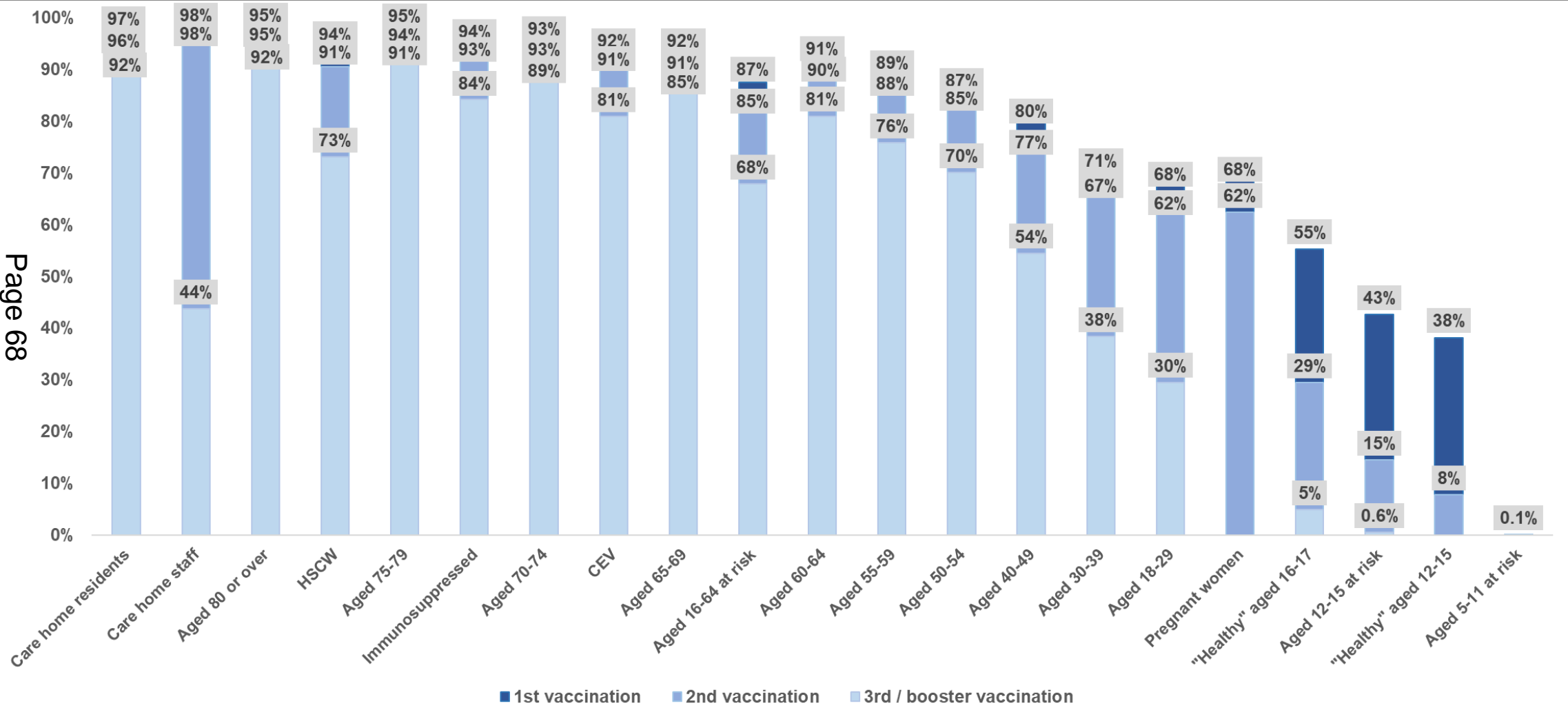
Barking & Dagenham COVID-19 vaccination uptake by deprivation



Barking & Dagenham Flu immunisation uptake by priority group



Havering COVID-19 vaccinations by priority group and dose



Havering COVID-19 booster vaccinations by priority group

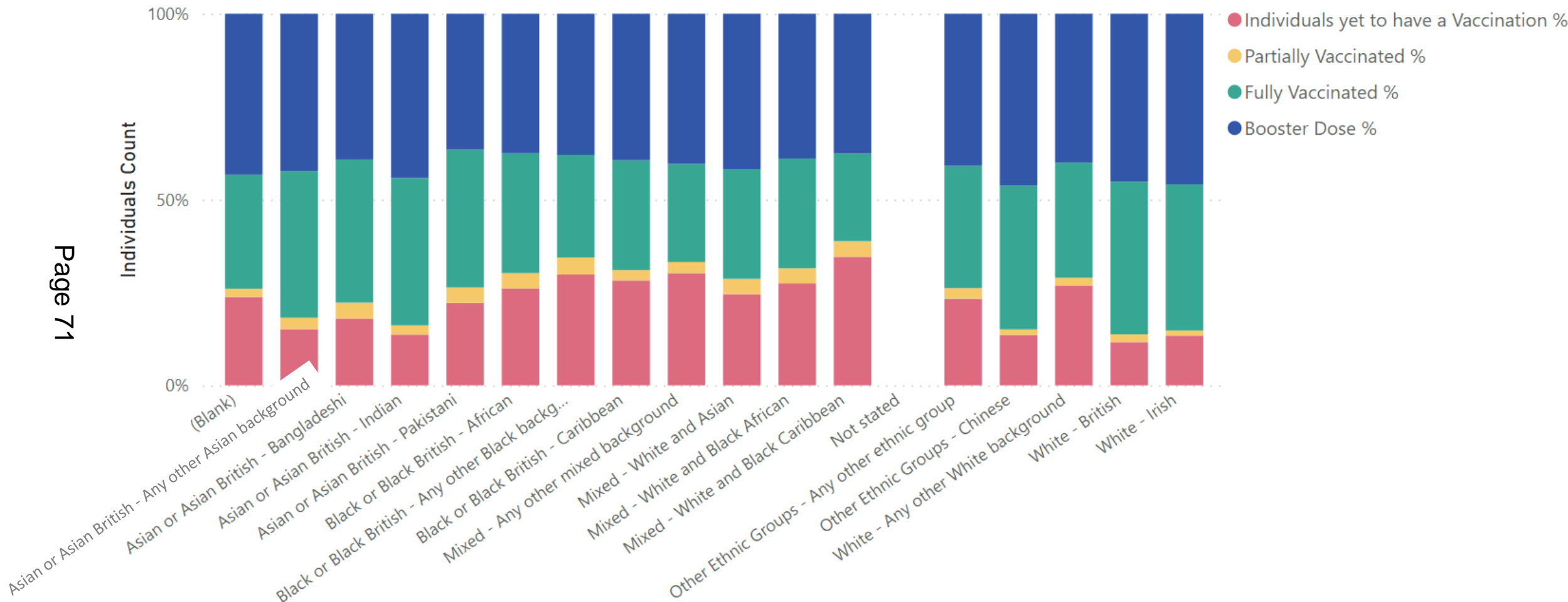
Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 21 Feb
Age 80+	13,899	13,116	12,749	97.2%	367
Age 75-79	9,919	9,311	9,034	97.0%	277
Age 70-74	12,352	11,459	11,046	96.4%	413
Age 65-69	12,761	11,526	10,910	94.7%	616
Age 60-64	16,311	14,561	13,238	90.9%	1,323
Age 55-59	18,791	16,388	14,293	87.2%	2,095
Age 50-54	18,642	15,742	13,122	83.4%	2,620
Age 40-49	37,573	28,392	20,626	72.6%	7,766
Age 30-39	43,141	27,302	16,789	61.5%	10,513
Age 18-29	40,141	22,963	12,150	52.9%	10,813
Age 16-17	6,486	649	348	53.6%	301
Havering totals	230,016	171,409	134,305	78.4%	37,104

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

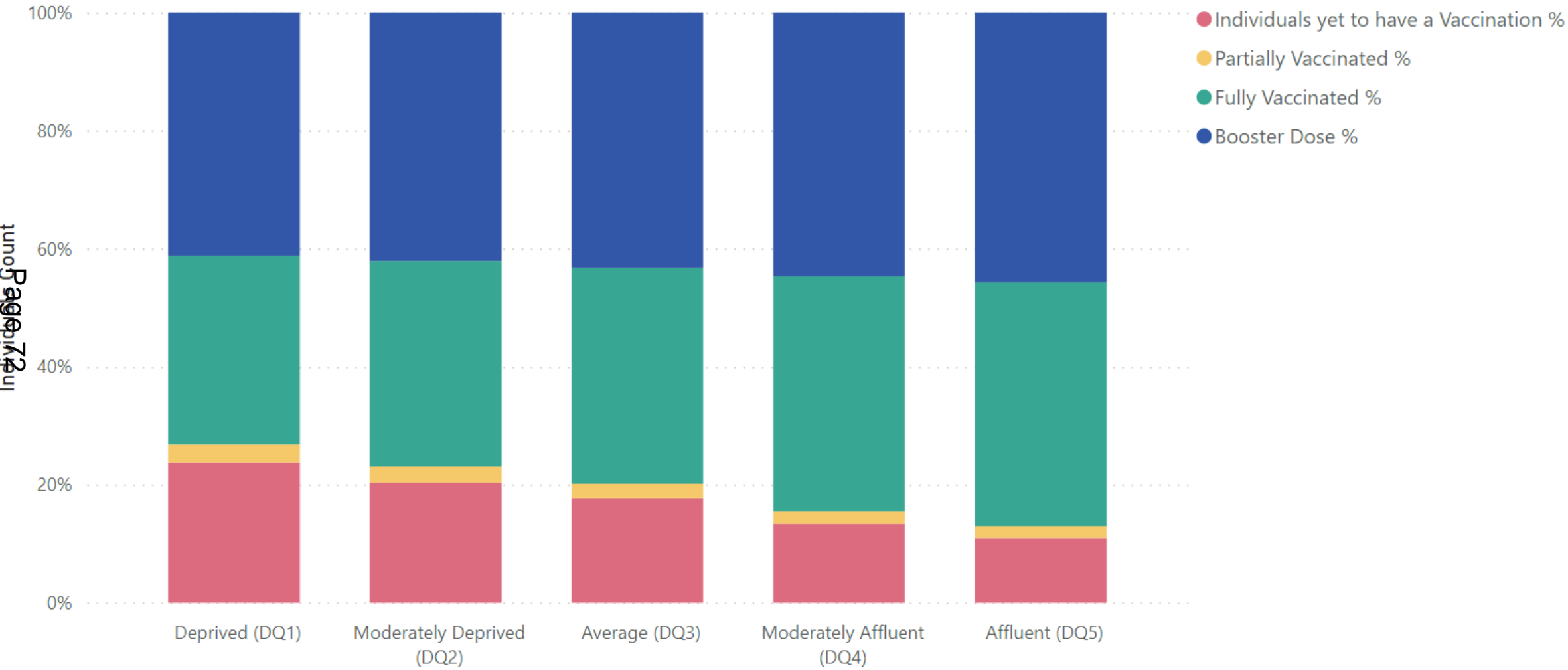
Site	1st doses	Site	2nd doses	Site	3rd/booster doses
LIBERTY SHOPPING CENTRE	123	LIBERTY SHOPPING CENTRE	281	LIBERTY SHOPPING CENTRE	357
VICTORIA HOSPITAL (RAPHAEL HOUSE)	58	VICTORIA HOSPITAL (RAPHAEL HOUSE)	34	VICTORIA HOSPITAL (RAPHAEL HOUSE)	208
HORNCHURCH LIBRARY	16	HORNCHURCH LIBRARY	29	HORNCHURCH LIBRARY	181
KING GEORGE'S HOSPITAL	5	KING GEORGE'S HOSPITAL	14	CHANSONS PHARMACY	43
ALASTAIR FARQUHASON CENTRE	5	BENCREST CHEMIST	13	BENCREST CHEMIST	36
ST MARTIN'S CHURCH (KRY-BA PHARMACY)	4	ST MARTIN'S CHURCH (KRY-BA PHARMACY)	8	KING GEORGE'S HOSPITAL	24
BENCREST CHEMIST	4	VICARAGE FIELD BARKING	4	ALASTAIR FARQUHASON CENTRE	13
CENTRALE SHOPPING CENTRE	2	THE PADDOCKS COMMUNITY CENTRE	2	ST MARTIN'S CHURCH (KRY-BA PHARMACY)	12
SANDBERN PHARMACY	2	BRITANNIA PHARMACY	2	BOOTS UK	10
OXLOW PHARMACY	2	WESTFIELD STRATFORD	2	WESTFIELD STRATFORD	6
BOOTS UK	2	CARLTON HOUSE	2	OXLOW PHARMACY	6
ST MARY'S HOSPITAL (HQ)	1	MIDHURST PHARMACY	2	WELL PHARMACY - CHADWELL HEATH	4
WESTFIELD STRATFORD CITY 2	1	ALASTAIR FARQUHASON CENTRE	2	THE LODGE WICKFORD	4
THE ROYAL LONDON HOSPITAL	1	GUYS HOSPITAL	1	BOOTS - FLEET STREET	4
MURRAYS CHEMIST - HARROW	1	SANDBERN PHARMACY	1	VICARAGE FIELD BARKING	3
BIRMINGHAM MILLENNIUM POINT	1	JADE PHARMACY HESTON ROAD	1	BIDBOROUGH HOUSE	3
WESTFIELD STRATFORD	1	LIBERTY BRIDGE (SIR LUDWIG GUTTMAN)	1	SANDBERN PHARMACY	3
ST THOMAS HOSPITAL	1	ESSEX PARTNERSHIP UNIVERSITY NHS FT	1	ROYAL DOCKS PHARMACY	2
HARLOW SPORTS CENTRE	1	COLLINS CHEMIST - LONDON	1	GUYS HOSPITAL	2
BOOTS - FLEET STREET	1	TYLER RIDE	1	THE ROYAL LONDON HOSPITAL	2
Other sites	4	Other sites	16	Other sites	56
Total	236	Total	418	Total	979

Havering COVID-19 vaccination uptake by ethnic category

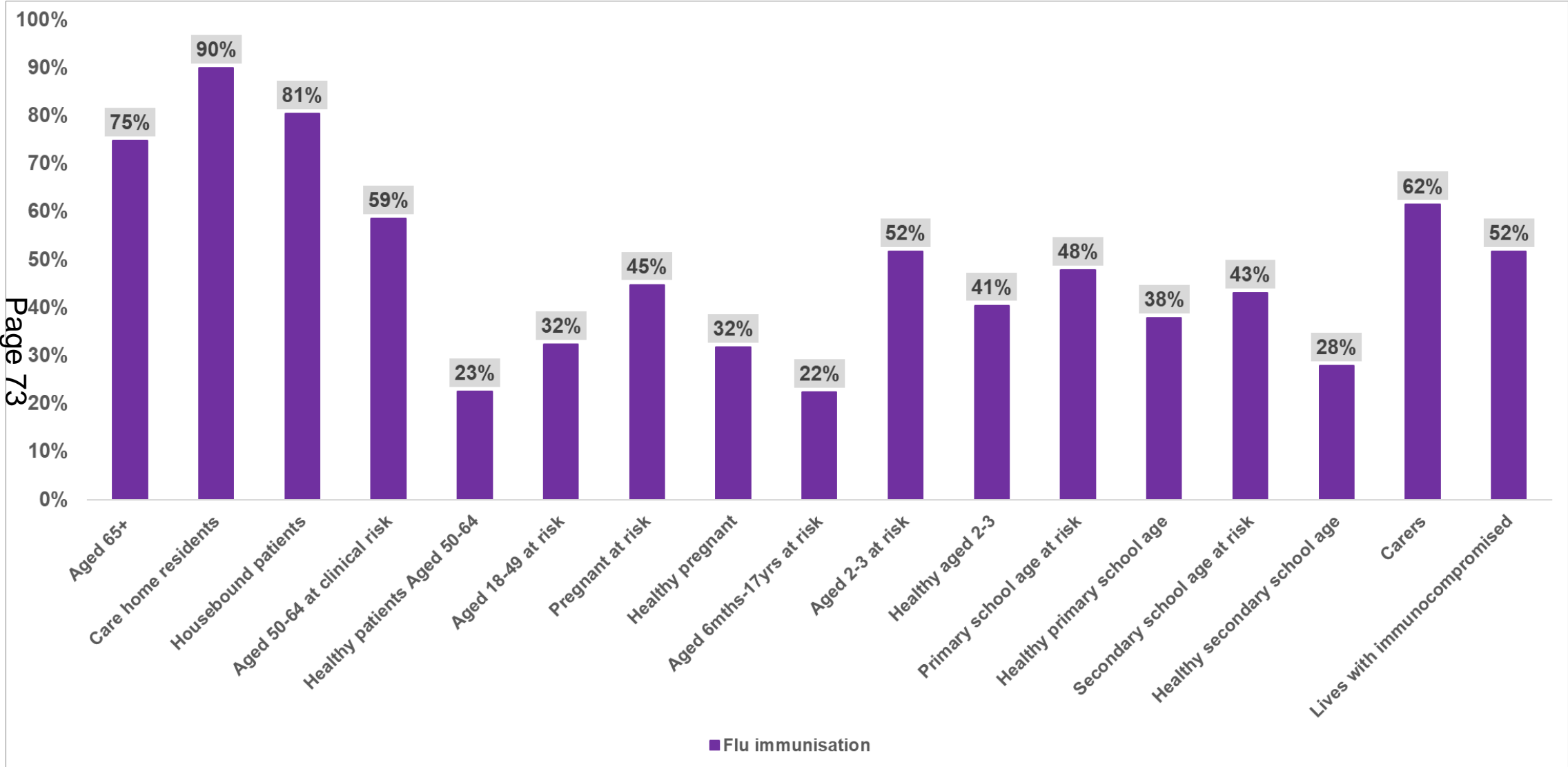
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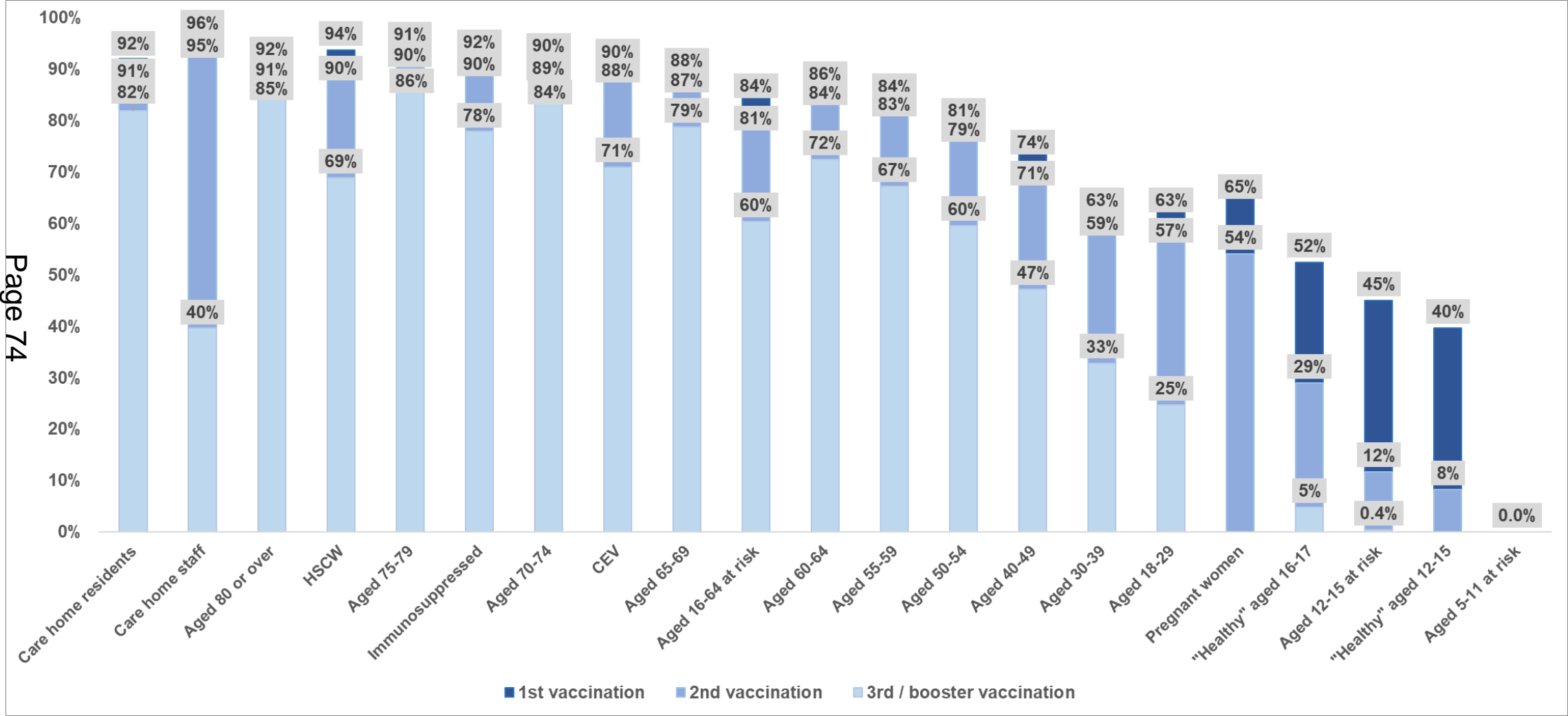
Havering COVID-19 vaccination uptake by deprivation



Havering Flu immunisation uptake by priority group



Redbridge COVID-19 vaccinations by priority group and dose



Redbridge COVID-19 booster vaccinations by priority group

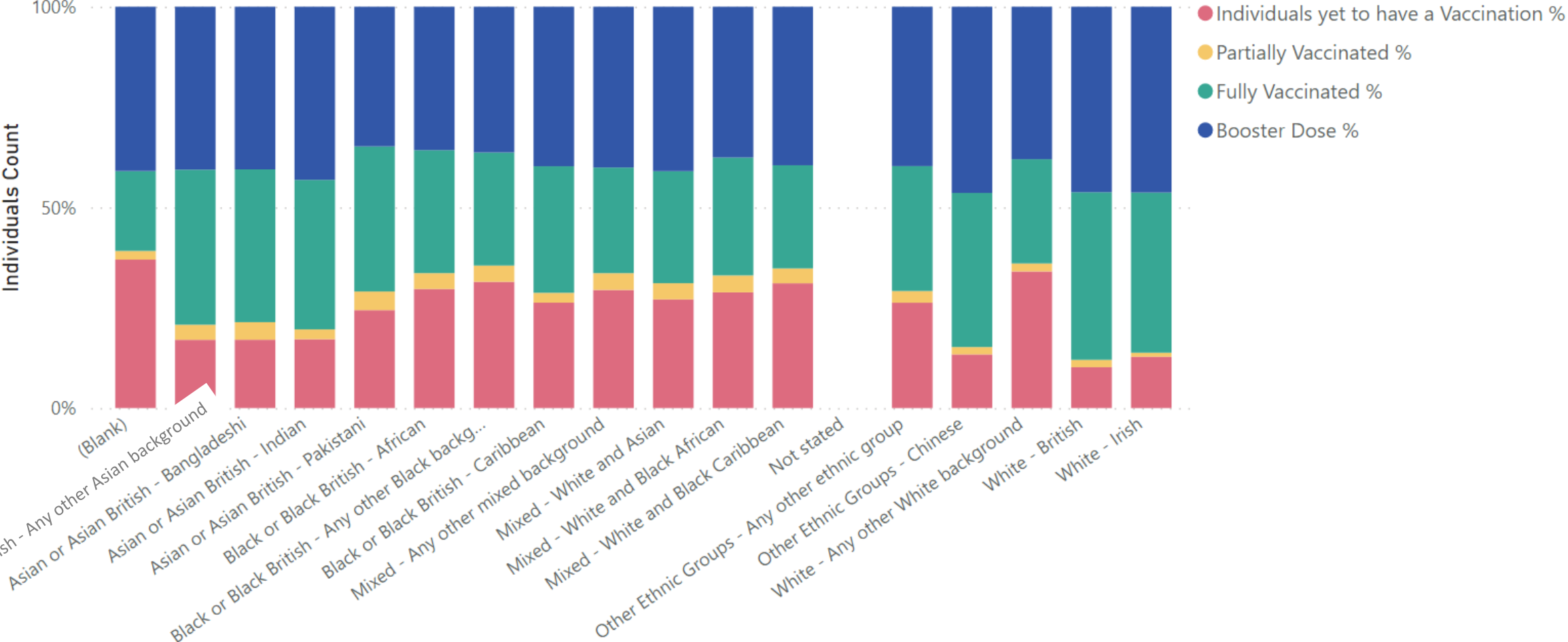
Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 21 Feb
Age 80+	10,346	9,327	8,800	94.3%	527
Age 75-79	7,204	6,481	6,195	95.6%	286
Age 70-74	9,935	8,809	8,344	94.7%	465
Age 65-69	12,195	10,492	9,607	91.6%	885
Age 60-64	15,336	12,797	11,129	87.0%	1,668
Age 55-59	18,399	15,034	12,428	82.7%	2,606
Age 50-54	21,020	16,260	12,573	77.3%	3,687
Age 40-49	52,578	36,295	24,999	68.9%	11,296
Age 30-39	63,278	35,356	21,014	59.4%	14,342
Age 18-29	55,178	27,820	13,825	49.7%	13,995
Age 16-17	8,563	1,088	440	40.4%	648
Redbridge totals	274,032	179,759	129,354	72.0%	50,405

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

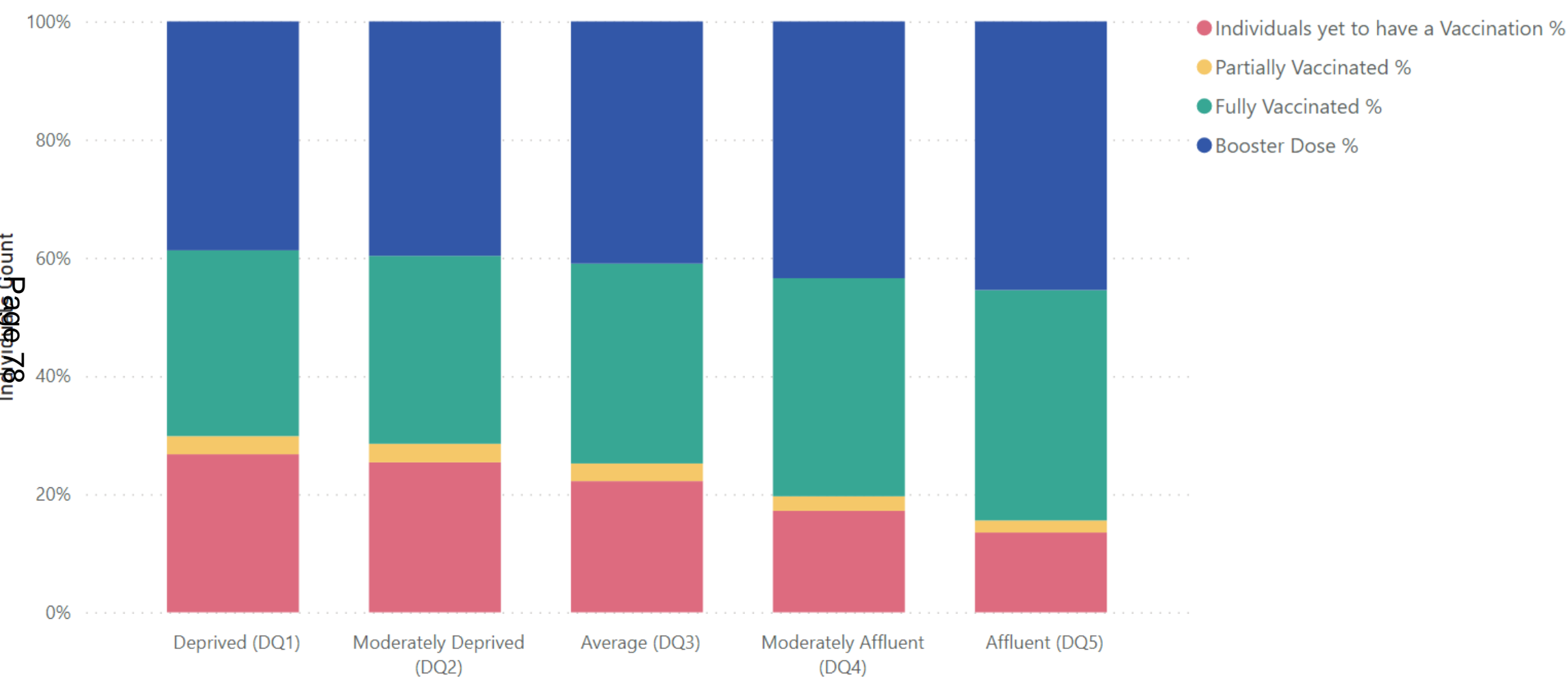
Site	1st doses	Site	2nd doses	Site	3rd/booster doses
KING GEORGE'S HOSPITAL	51	KING GEORGE'S HOSPITAL	136	BRITANNIA PHARMACY	152
SIR JAMES HAWKEY HALL	47	REDBRIDGE TOWN HALL	78	REDBRIDGE TOWN HALL	125
REDBRIDGE TOWN HALL	37	BRITANNIA PHARMACY	58	KING GEORGE'S HOSPITAL	96
VICARAGE FIELD BARKING	14	SIR JAMES HAWKEY HALL	35	WANSTEAD PHARMACY	75
LIBERTY SHOPPING CENTRE	14	VICARAGE FIELD BARKING	26	SIR JAMES HAWKEY HALL	50
BRITANNIA PHARMACY	13	WANSTEAD PHARMACY	21	MAYORS PHARMACY	49
WESTFIELD STRATFORD	11	LIBERTY SHOPPING CENTRE	20	FULLWELL CROSS MEDICAL CENTRE	47
MAYORS PHARMACY	9	MAYORS PHARMACY	20	LIBERTY SHOPPING CENTRE	43
SANDBERN PHARMACY	8	WESTFIELD STRATFORD	19	VICARAGE FIELD BARKING	35
WANSTEAD PHARMACY	7	FULLWELL CROSS MEDICAL CENTRE	10	WESTFIELD STRATFORD	31
FULLWELL CROSS MEDICAL CENTRE	6	WOODGRANGE MEDICAL PRACTICE	9	SANDBERN PHARMACY	28
WOODGRANGE PHARMACY	6	GOOD HEALTH PHARMACY	9	EASTER PHARMACY - BUCKHURST HILL	18
ST THOMAS HOSPITAL	4	EASTER PHARMACY - BUCKHURST HILL	6	BOOTS UK	10
WOODGRANGE MEDICAL PRACTICE	4	WOODGRANGE PHARMACY	6	WOODGRANGE PHARMACY	7
GUYS HOSPITAL	3	SANDBERN PHARMACY	5	WHIPPS CROSS UNIVERSITY HOSPITAL	5
ALASTAIR FARQUHASON CENTRE	2	WHIPPS CROSS UNIVERSITY HOSPITAL	4	WELL PHARMACY - HIGHAMS PARK	5
HMP PENTONVILLE	2	LRM PHARMACY	4	DUNCANS PHARMACY - MANOR PARK	5
WOOD STREET HEALTH CENTRE	1	ST MARTIN'S CHURCH (KRY-BA PHARMACY)	3	LIBERTY BRIDGE (SIR LUDWIG GUTTMAN)	5
ROYAL DOCKS PHARMACY	1	NEWBY PLACE HEALTH & WELLBEING CENTRE	3	ALVIN ROSE CHEMIST - DAGENHAM	4
ALVIN ROSE CHEMIST - DAGENHAM	1	SAI PHARMACY	2	WELL PHARMACY - CHADWELL HEATH	4
Other sites	21	Other sites	56	Other sites	127
Total	262	Total	530	Total	921

Redbridge COVID-19 vaccination uptake by ethnic category

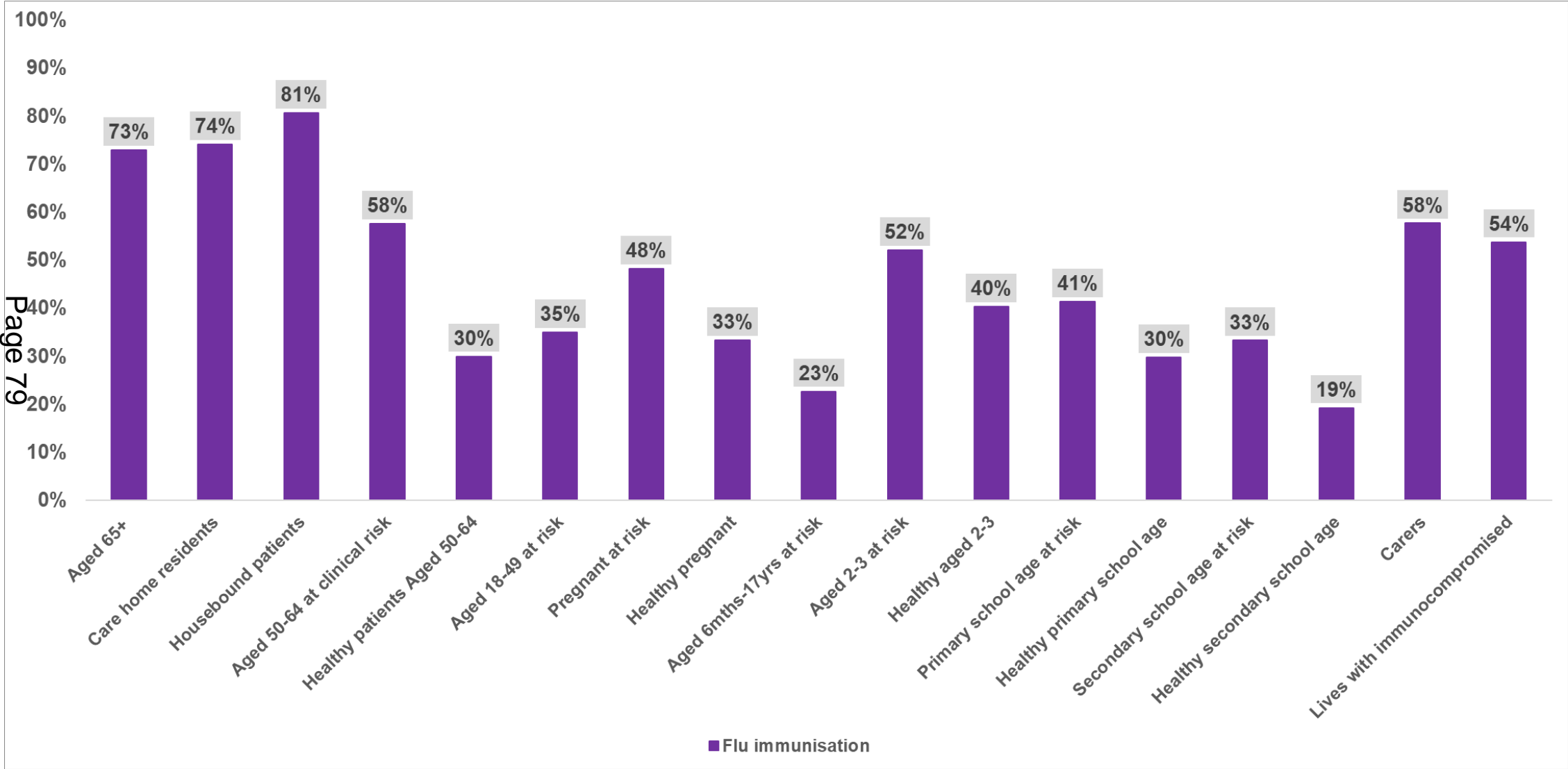
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Redbridge COVID-19 vaccination uptake by deprivation



Redbridge Flu immunisation uptake by priority group





North East London
Clinical Commissioning Group

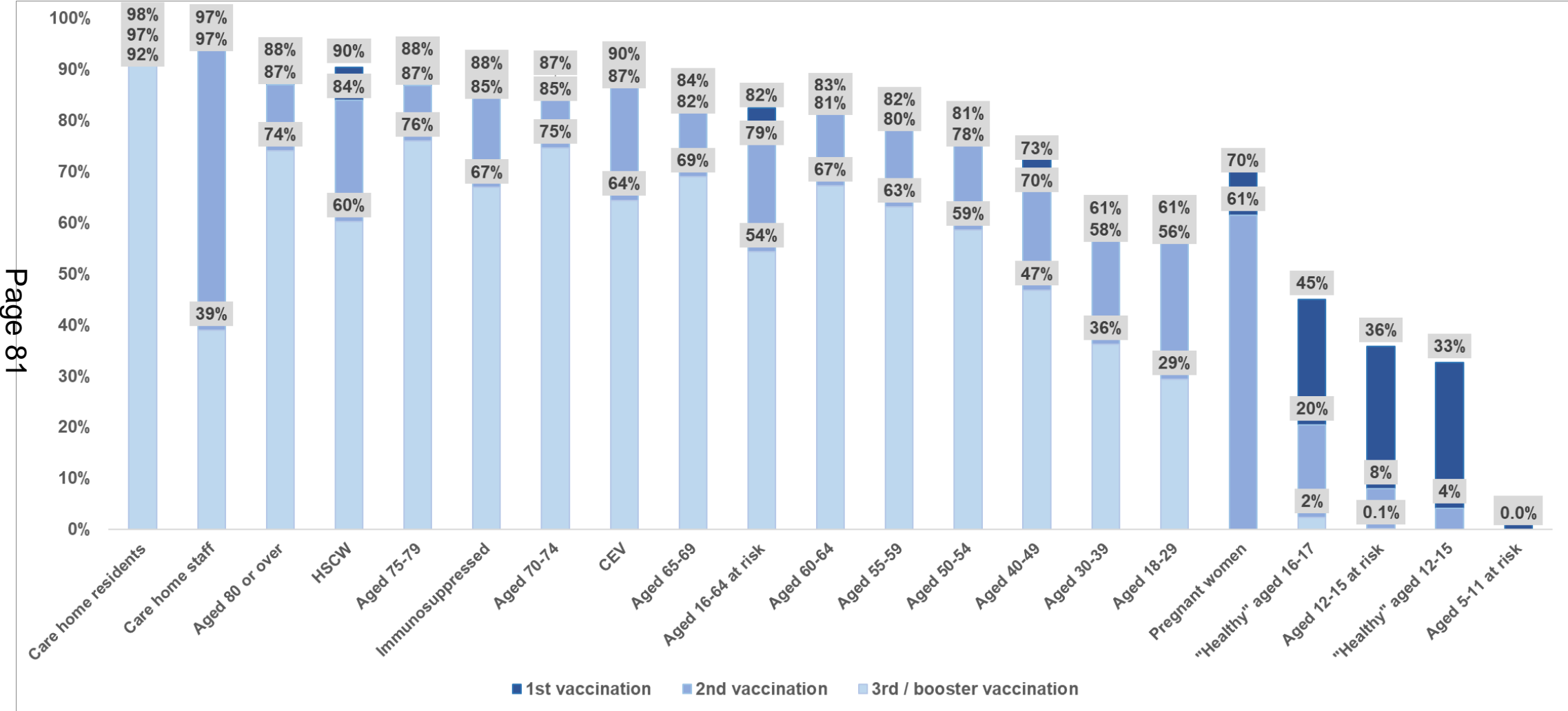
Operational data analysis - Tower Hamlets, Newham and Waltham Forest

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For COVID-19 vaccination uptake in each Primary Care Network and GP practice, please request access to data from the Clinical Effectiveness Group at cegcovid@qmul.ac.uk



Tower Hamlets COVID-19 vaccinations by priority group and dose



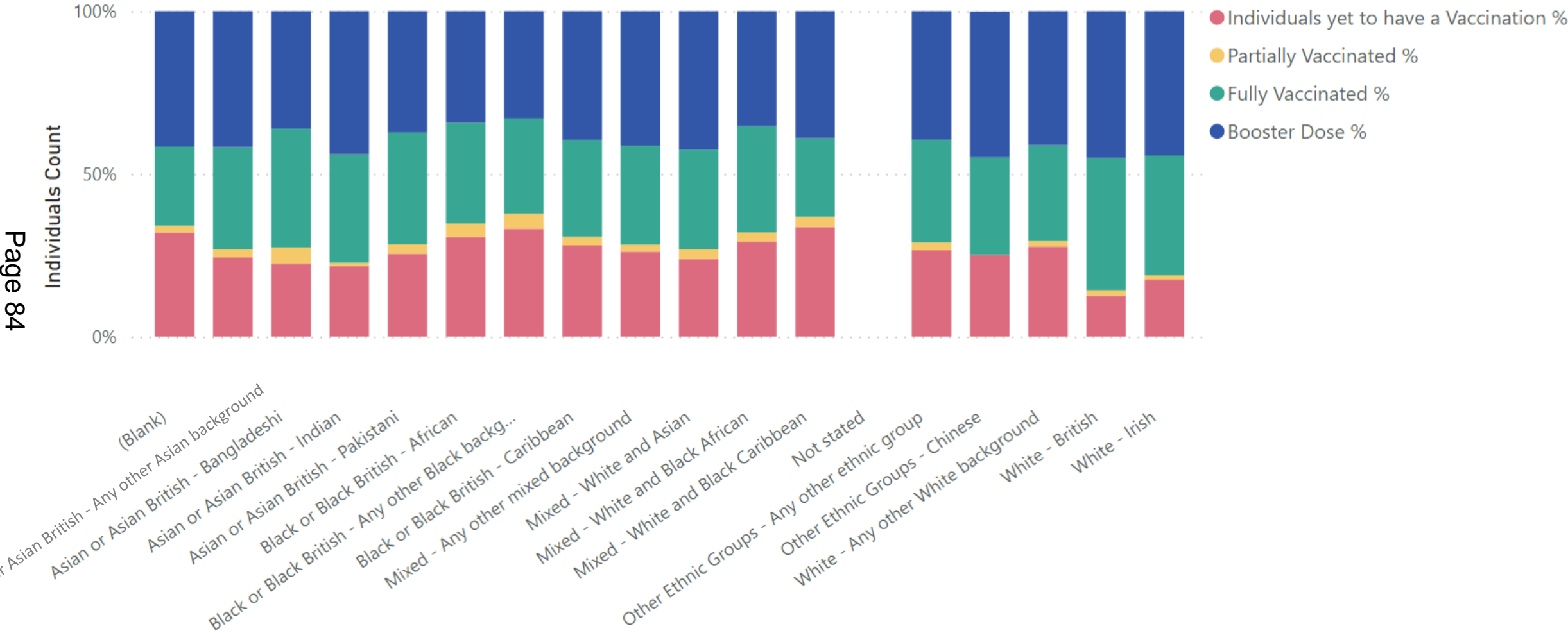
Tower Hamlets COVID-19 booster vaccinations by priority group

Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 21 Feb
Age 80+	4,563	3,916	3,390	86.6%	526
Age 75-79	3,237	2,775	2,472	89.1%	303
Age 70-74	4,842	4,080	3,622	88.8%	458
Age 65-69	7,208	5,827	4,989	85.6%	838
Age 60-64	10,107	8,100	6,821	84.2%	1,279
Age 55-59	12,862	10,098	8,155	80.8%	1,943
Age 50-54	16,441	12,594	9,703	77.0%	2,891
Age 40-49	52,134	35,263	24,652	69.9%	10,611
Age 30-39	96,437	53,152	35,499	66.8%	17,653
Age 18-29	98,641	49,900	29,718	59.6%	20,182
Age 16-17	7,015	604	181	30.0%	423
Tower Hamlets totals	313,487	186,309	129,202	69.3%	57,107

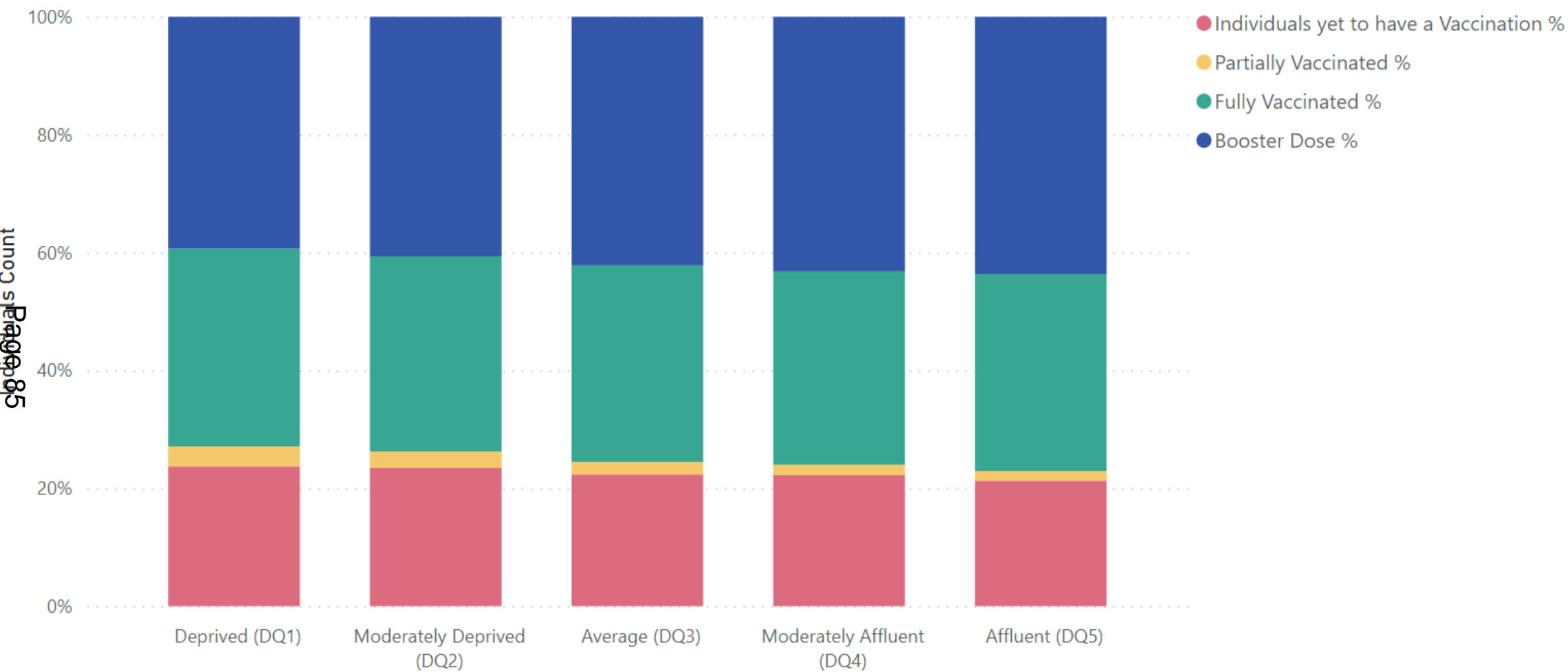
NEL COVID-19 vaccination – where did Tower Hamlets patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
ALBERT JACOBS HOUSE	149	ALBERT JACOBS HOUSE	118	BOOTS UK	186
WESTFIELD STRATFORD	40	WESTFIELD STRATFORD	91	ALBERT JACOBS HOUSE	146
LINCOLN PHARMACY	22	LINCOLN PHARMACY	49	SHANTY'S - TOWER HAMLETS	107
NEWBY PLACE HEALTH & WELLBEING CENTRE	19	NEWBY PLACE HEALTH & WELLBEING CENTRE	40	NEWBY PLACE HEALTH & WELLBEING CENTRE	97
JAYPHARM CHEMISTS	16	COLUMBIA PHARMACY - LONDON	39	WESTFIELD STRATFORD	90
WESTFIELD STRATFORD CITY 2	13	JAYPHARM CHEMISTS	21	LINCOLN PHARMACY	90
COLUMBIA PHARMACY - LONDON	9	BOCKING CENTRE	17	COLUMBIA PHARMACY - LONDON	89
BOOTS UK	6	BOOTS UK	17	JAYPHARM CHEMISTS	84
SHANTY'S - TOWER HAMLETS	6	FORWARD PHARMACY	15	FORWARD PHARMACY	69
ST LEONARD'S	4	ST THOMAS HOSPITAL	11	LANSBURY PHARMACY	61
BARKANTINE PRACTICE	4	GUYS HOSPITAL	11	BARKANTINE PRACTICE	54
THE ROYAL LONDON HOSPITAL	4	SHANTY'S - TOWER HAMLETS	10	GREEN LIGHT PHARMACY - STEPNEY	47
KAMSONS PHARMACY - BOW	4	WESTFIELD STRATFORD CITY 2	9	GUYS HOSPITAL	46
ESSENTIALS PHARMACY	3	BARKANTINE PRACTICE	9	ST ANDREWS (GREEN LIGHT PHARMACY)	44
LEWIS GROVE PHARMACY	3	GREEN LIGHT PHARMACY - STEPNEY	9	KAMSONS PHARMACY - BOW	36
ST ANDREWS (GREEN LIGHT PHARMACY)	2	LEWIS GROVE PHARMACY	8	BIDBOROUGH HOUSE	35
EVERGREEN SURGERY	2	RAINE HOUSE (TOWER PHARMACY)	7	WESTFIELD STRATFORD CITY 2	33
WOODGRANGE PHARMACY	2	LRM PHARMACY	7	BOCKING CENTRE	24
LANSBURY PHARMACY	2	ST ANDREWS (GREEN LIGHT PHARMACY)	7	GUY'S HOSPITAL	22
LIBERTY SHOPPING CENTRE	2	LANSBURY PHARMACY	7	RAINE HOUSE (TOWER PHARMACY)	21
Other sites	39	Other sites	128	Other sites	342
Total	351	Total	630	Total	1,723

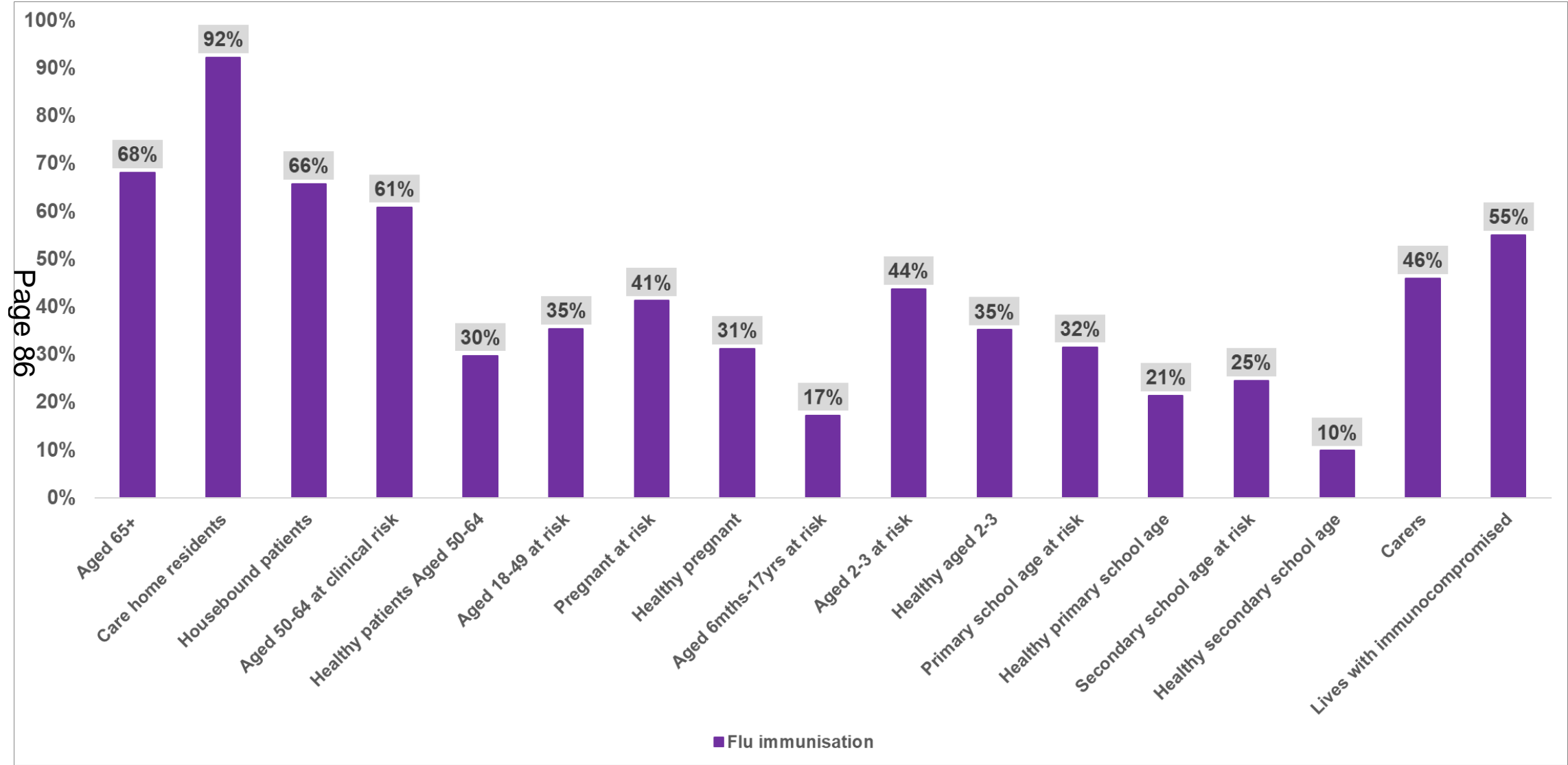
Tower Hamlets COVID-19 vaccination uptake by ethnic category



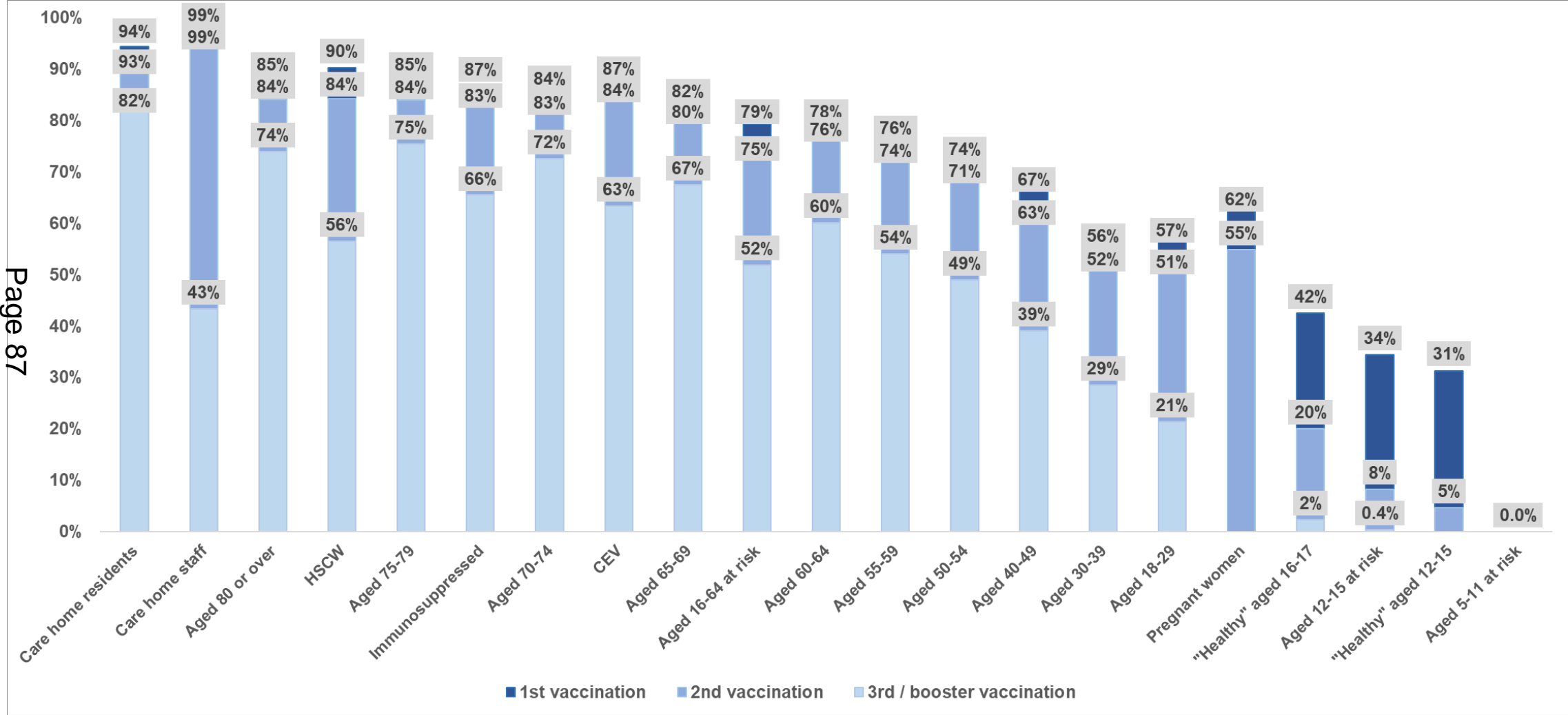
Tower Hamlets COVID-19 vaccination uptake by deprivation



Tower Hamlets Flu immunisation uptake by priority group



Newham COVID-19 vaccinations by priority group and dose



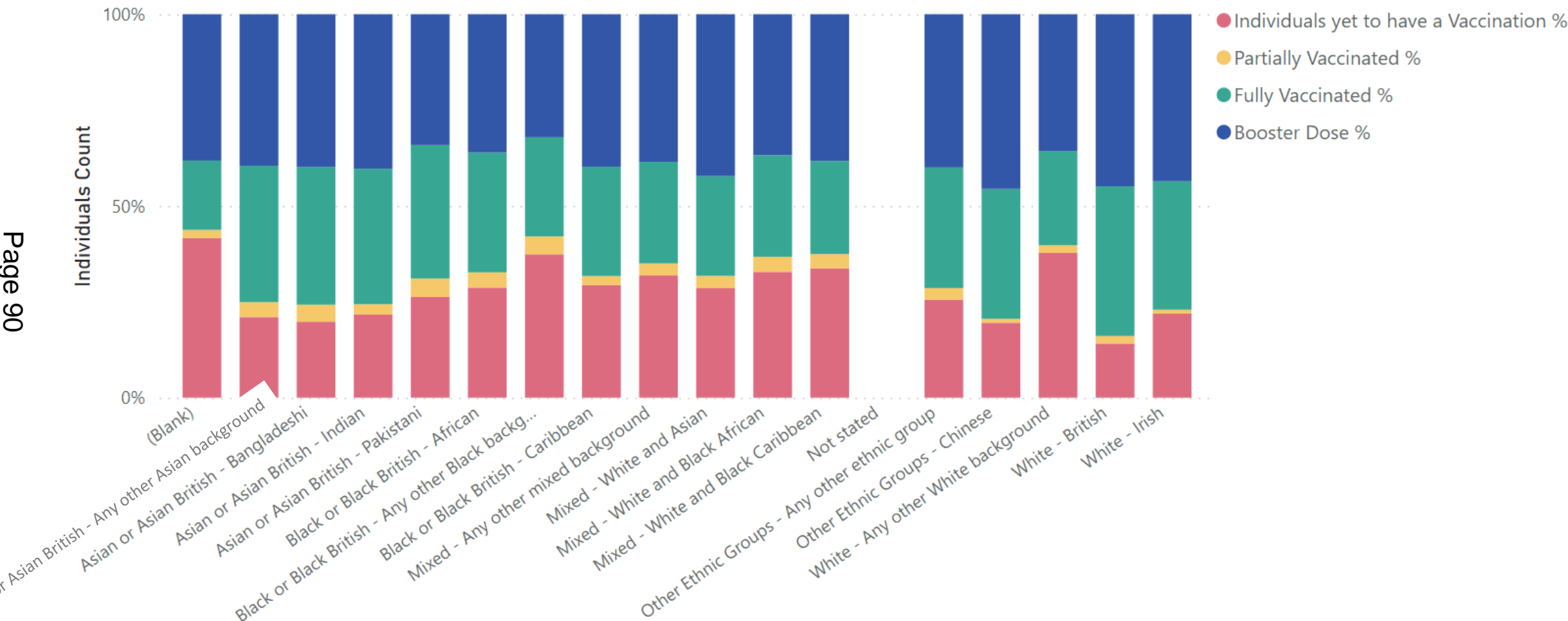
Newham COVID-19 booster vaccinations by priority group

Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 21 Feb
Age 80+	6,059	5,031	4,488	89.2%	543
Age 75-79	4,557	3,783	3,440	90.9%	343
Age 70-74	7,257	5,917	5,269	89.0%	648
Age 65-69	11,006	8,686	7,447	85.7%	1,239
Age 60-64	15,667	11,708	9,458	80.8%	2,250
Age 55-59	20,616	14,862	11,201	75.4%	3,661
Age 50-54	25,061	17,279	12,326	71.3%	4,953
Age 40-49	67,050	40,884	26,421	64.6%	14,463
Age 30-39	100,624	49,072	29,105	59.3%	19,967
Age 18-29	92,868	41,127	20,264	49.3%	20,863
Age 16-17	9,802	717	253	35.3%	464
Newham totals	360,567	199,066	129,672	65.1%	69,394

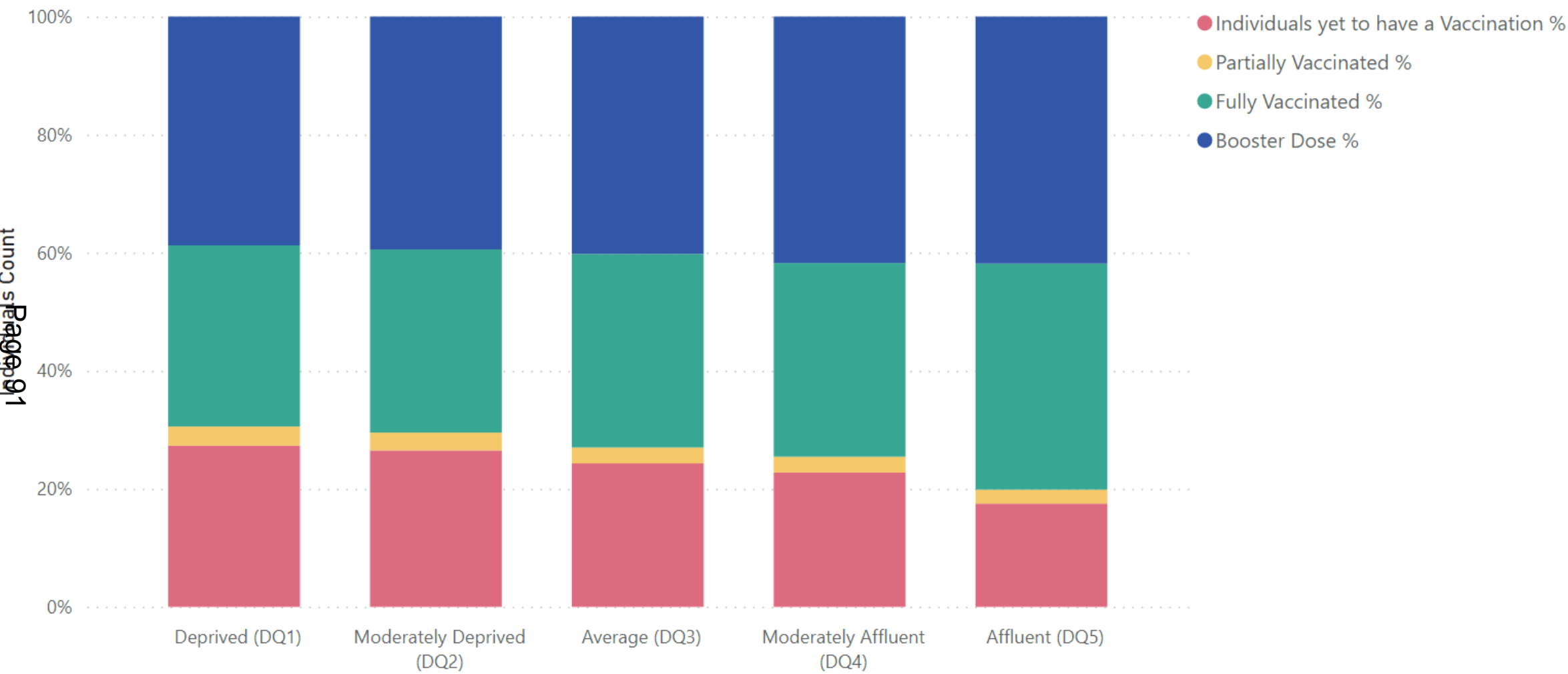
NEL COVID-19 vaccination – where did Newham patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
WOODGRANGE MEDICAL PRACTICE	68	WOODGRANGE MEDICAL PRACTICE	187	WESTFIELD STRATFORD	238
WESTFIELD STRATFORD	53	WESTFIELD STRATFORD	147	LIBERTY BRIDGE (SIR LUDWIG GUTTMAN)	121
LIBERTY BRIDGE (SIR LUDWIG GUTTMAN)	41	ESSEX LODGE	74	DUNCANS PHARMACY - MANOR PARK	80
ESSEX LODGE	20	LIBERTY BRIDGE (SIR LUDWIG GUTTMAN)	67	ESSEX LODGE	77
LRM PHARMACY	17	LRM PHARMACY	46	WOODGRANGE MEDICAL PRACTICE	71
DUNCANS PHARMACY - MANOR PARK	13	WOODGRANGE PHARMACY	40	BERG PHARMACY	55
VICARAGE FIELD BARKING	13	DUNCANS PHARMACY - MANOR PARK	21	NEWHAM GENERAL HOSPITAL	51
WOODGRANGE PHARMACY	12	BERG PHARMACY	19	ROYAL DOCKS PHARMACY	48
NEWHAM GENERAL HOSPITAL	11	VICARAGE FIELD BARKING	19	WORDSWORTH HEALTH CENTRE	47
VICARAGE PHARMACY	10	NEWHAM GENERAL HOSPITAL	19	LRM PHARMACY	45
WESTBURY ROAD MEDICAL PRACTICE	10	SAI PHARMACY	16	BOOTS UK	45
SAI PHARMACY	8	WESTBURY ROAD MEDICAL PRACTICE	16	VICARAGE PHARMACY	39
REDBRIDGE TOWN HALL	7	STAR LANE MEDICAL CENTRE	14	BLAKEBERRY PHARMACY	35
BERG PHARMACY	5	KING GEORGE'S HOSPITAL	13	BECKTON PHARMACY	34
ROYAL DOCKS PHARMACY	5	ROYAL DOCKS PHARMACY	13	WOODGRANGE PHARMACY	33
BLAKEBERRY PHARMACY	5	WORDSWORTH HEALTH CENTRE	12	SAI PHARMACY	30
ECLIPSE PHARMACY	4	MUNRO PHARMACY	9	WESTON - FOREST GATE	23
BOOTS UK	4	VICARAGE PHARMACY	8	STAR LANE MEDICAL CENTRE	22
STAR LANE MEDICAL CENTRE	4	REDBRIDGE TOWN HALL	8	WESTON PHARMACY	21
WESTON PHARMACY	3	BECKTON PHARMACY	7	BIDBOROUGH HOUSE	12
Other sites	42	Other sites	128	Other sites	265
Total	355	Total	883	Total	1,392

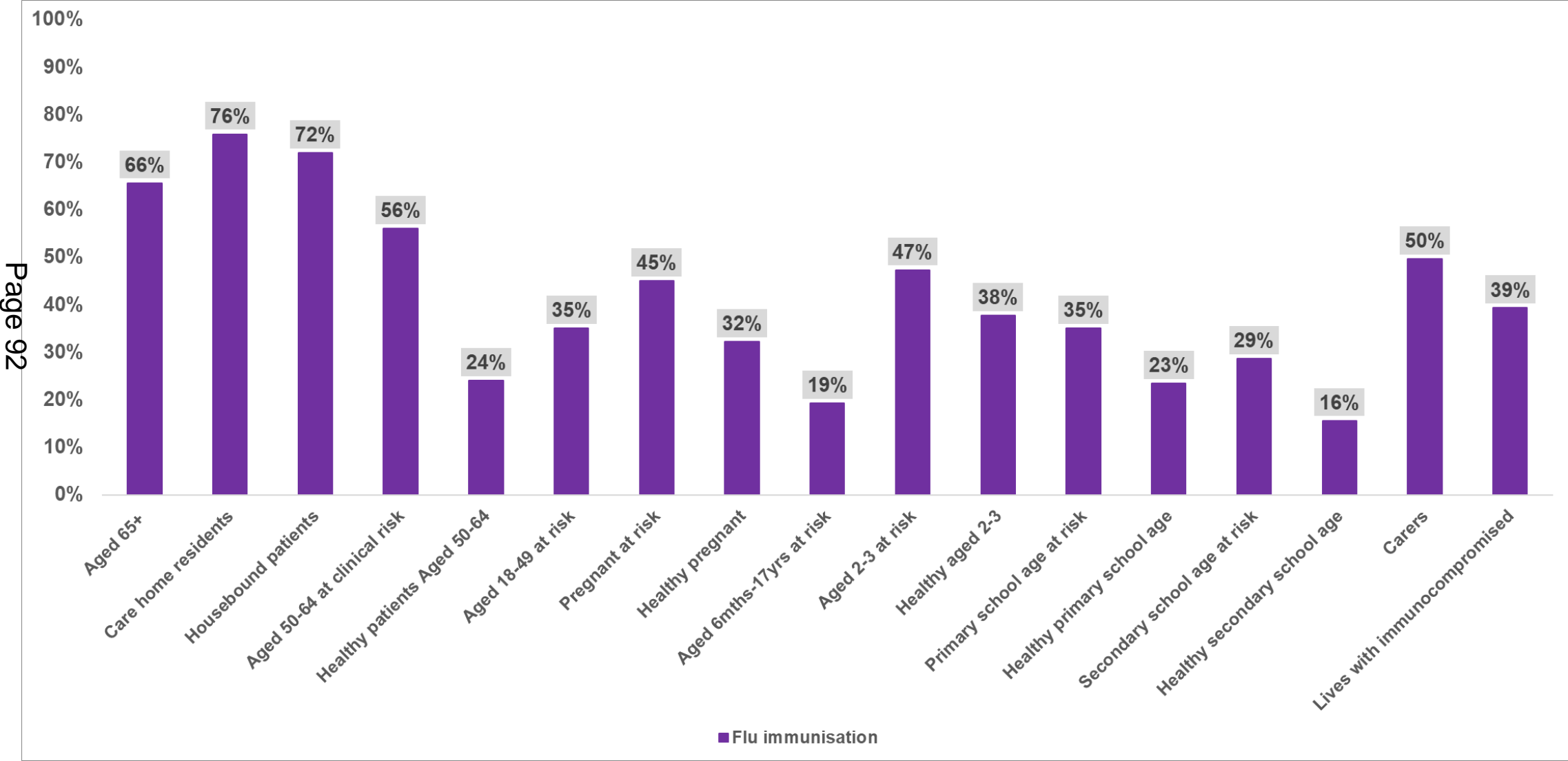
Newham COVID-19 vaccination uptake by ethnic category



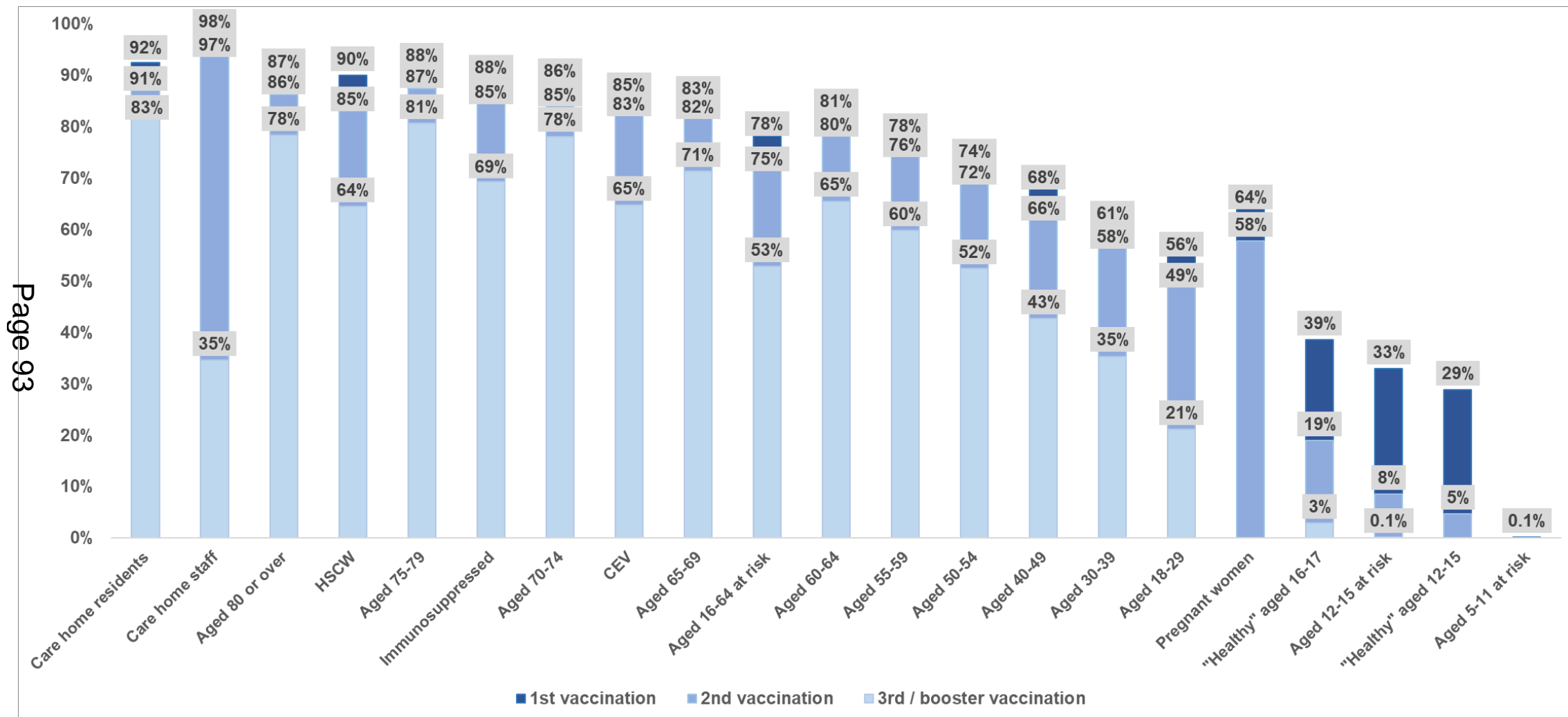
Newham COVID-19 vaccination uptake by deprivation



Newham Flu immunisation uptake by priority group



Waltham Forest COVID-19 vaccinations by priority group and dose



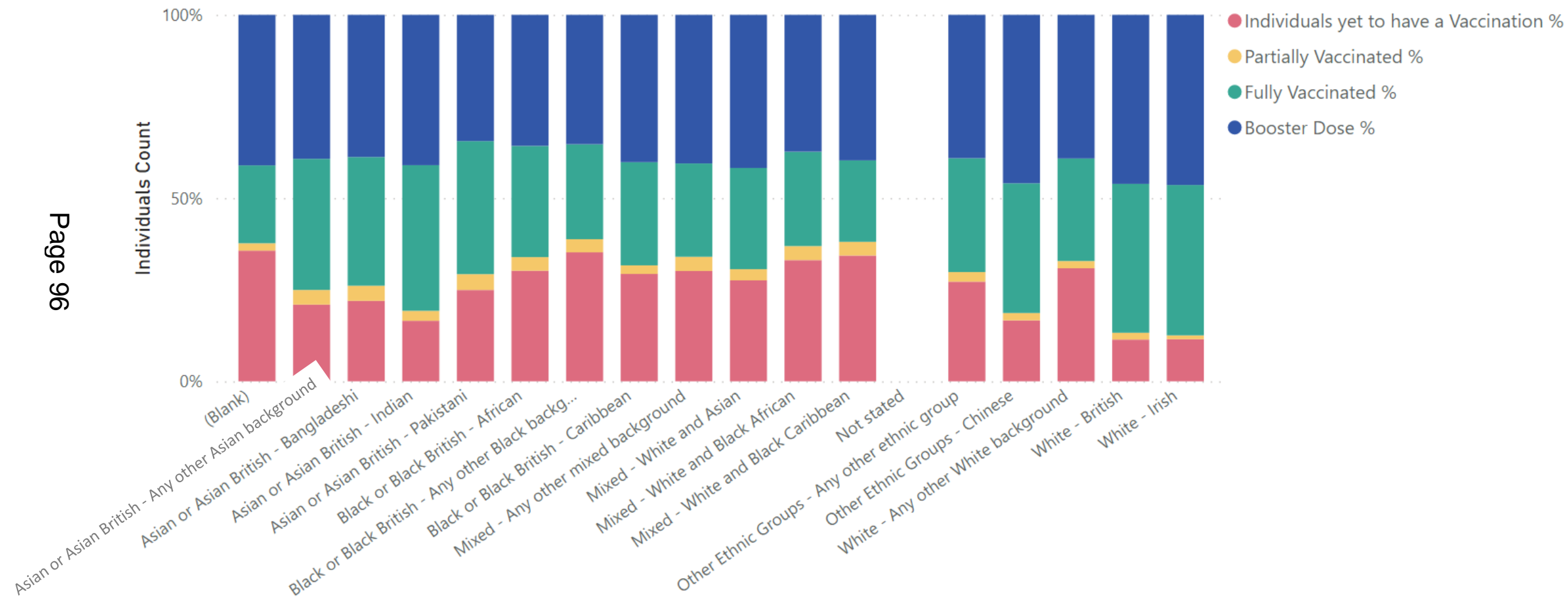
Waltham Forest COVID-19 booster vaccinations by priority group

Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 21 Feb
Age 80+	7,880	6,743	6,183	91.7%	560
Age 75-79	5,852	5,064	4,724	93.3%	340
Age 70-74	7,871	6,681	6,165	92.3%	516
Age 65-69	10,249	8,338	7,325	87.9%	1,013
Age 60-64	14,081	11,111	9,264	83.4%	1,847
Age 55-59	18,394	13,787	11,035	80.0%	2,752
Age 50-54	21,411	15,082	11,279	74.8%	3,803
Age 40-49	51,769	32,826	22,257	67.8%	10,569
Age 30-39	65,625	36,044	23,464	65.1%	12,580
Age 18-29	49,814	21,903	10,770	49.2%	11,133
Age 16-17	7,063	681	225	33.0%	456
Waltham Forest totals	260,009	158,260	112,691	71.2%	45,569

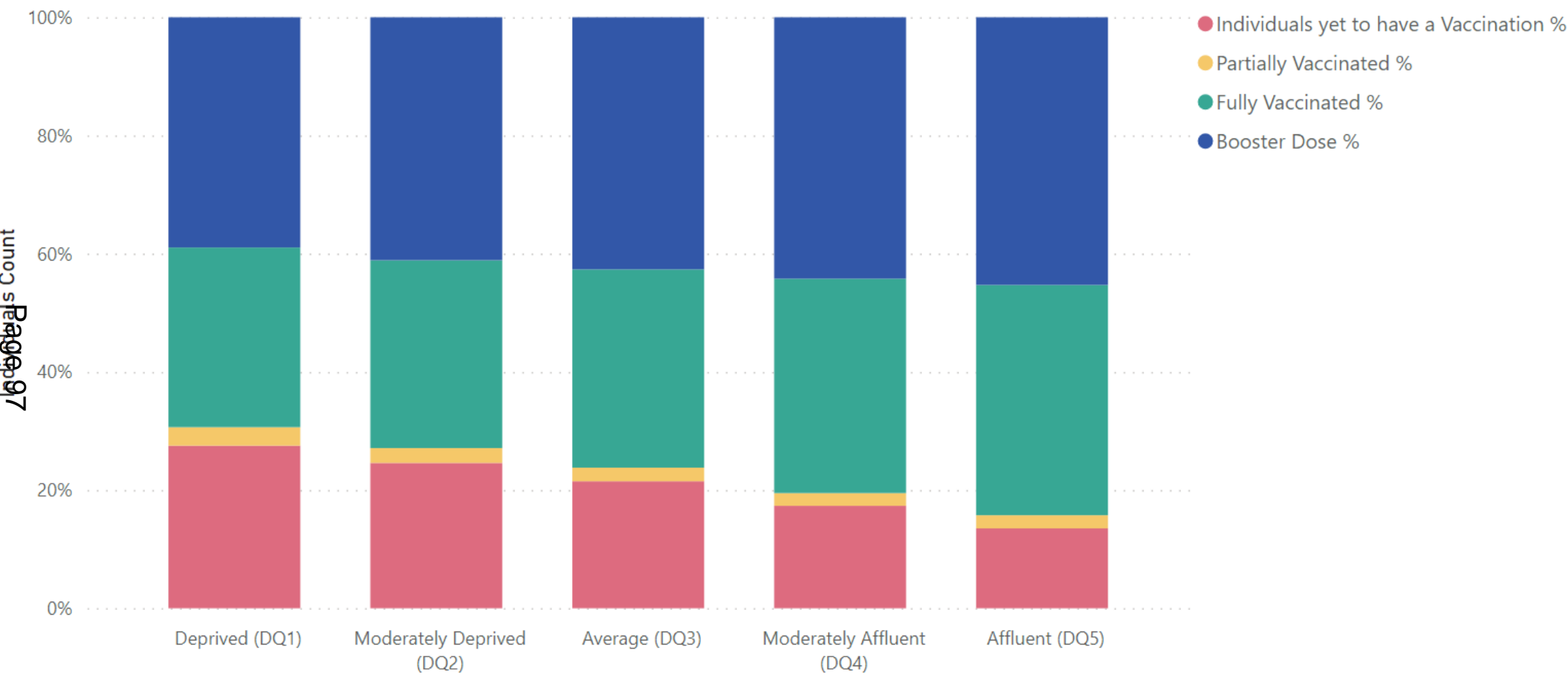
NEL COVID-19 vaccination – where did Waltham Forest patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
WALTHAMSTOW LIBRARY	23	WALTHAMSTOW LIBRARY	77	WALTHAMSTOW LIBRARY	157
WESTFIELD STRATFORD	18	WESTFIELD STRATFORD	49	WELL PHARMACY - HIGHAMS PARK	91
ANJI'S PHARMACY	10	ANJI'S PHARMACY	35	WESTFIELD STRATFORD	66
WHIPPS CROSS UNIVERSITY HOSPITAL	10	JUBILEE CENTRE 2	22	ANJI'S PHARMACY	46
WESTFIELD STRATFORD CITY 2	9	SIR JAMES HAWKEY HALL	21	LEYTON ORIENT PHARMACY	45
SIR JAMES HAWKEY HALL	7	EVERGREEN SURGERY	20	WHIPPS CROSS UNIVERSITY HOSPITAL	44
JUBILEE CENTRE 2	7	MAYORS PHARMACY	20	JUBILEE CENTRE 2	38
MAYORS PHARMACY	7	WHIPPS CROSS UNIVERSITY HOSPITAL	16	ECLIPSE PHARMACY	34
WOODGRANGE MEDICAL PRACTICE	7	WOODGRANGE MEDICAL PRACTICE	13	MICHAEL FRANKLIN CHEMISTS	30
ST THOMAS HOSPITAL	6	WESTFIELD STRATFORD CITY 2	11	WESTFIELD STRATFORD CITY 2	27
EVERGREEN SURGERY	6	WOODGRANGE PHARMACY	11	WOOD STREET HEALTH CENTRE	25
ECLIPSE PHARMACY	6	EASTER PHARMACY - BUCKHURST HILL	10	MAYORS PHARMACY	20
WOOD STREET HEALTH CENTRE	5	WANSTEAD PHARMACY	9	WANSTEAD PHARMACY	15
LORDSHIP LANE HEALTH CENTRE	3	LRM PHARMACY	8	WOODGRANGE PHARMACY	14
EASTER PHARMACY - BUCKHURST HILL	3	GOOD HEALTH PHARMACY	8	WELL PHARMACY - CHINGFORD	11
WANSTEAD PHARMACY	3	WOOD STREET HEALTH CENTRE	8	EASTER PHARMACY - BUCKHURST HILL	10
LRM PHARMACY	3	CARLTON HOUSE	7	LIBERTY SHOPPING CENTRE	9
CP HOUSE, 97-107	2	LIBERTY BRIDGE (SIR LUDWIG GUTTMAN)	7	LIBERTY BRIDGE (SIR LUDWIG GUTTMAN)	8
LIBERTY BRIDGE (SIR LUDWIG GUTTMAN)	2	ST MARK'S (PHARMACY WAREHOUSE)	4	EVERGREEN SURGERY	6
LIBERTY SHOPPING CENTRE	2	ELGON CHEMIST	4	BRITANNIA PHARMACY	6
Other sites	21	Other sites	89	Other sites	149
Total	160	Total	449	Total	851

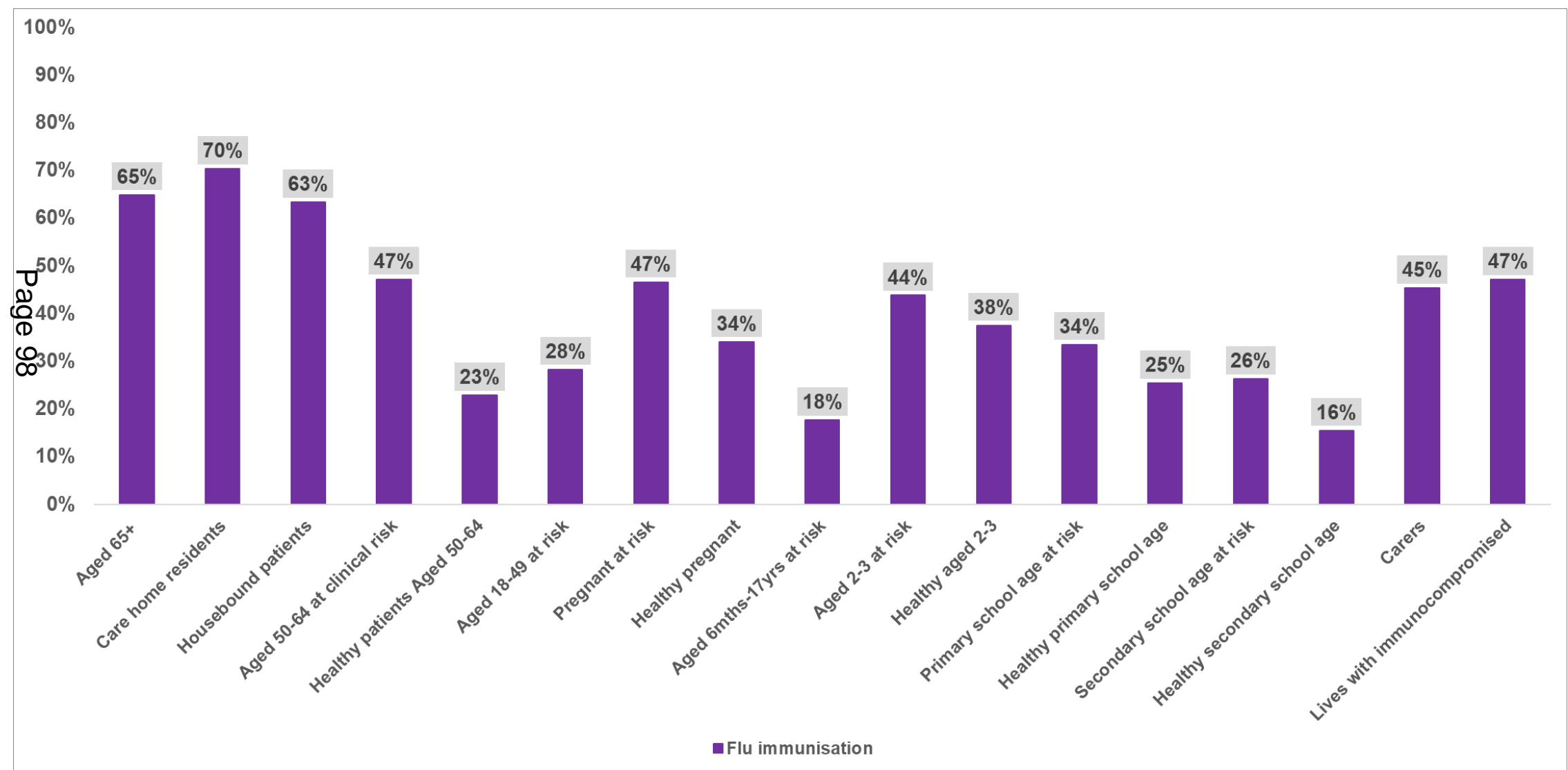
Waltham Forest COVID-19 vaccination uptake by ethnic category



Waltham Forest COVID-19 vaccination uptake by deprivation



Waltham Forest Flu immunisation uptake by priority group





JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 10 MARCH 2022

Subject Heading:

Fertility Policy Proposals

Report Author:

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

Policy context:

Information will be presented on proposals
for fertility services in Outer North East
London.

Financial summary:

No financial implications of the covering
report itself.

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

Communities making Havering
Places making Havering
Opportunities making Havering
Connections making Havering

[X]
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SUMMARY

Information will be presented (attached) on the current proposals for local NHS
fertility services.

RECOMMENDATIONS

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

REPORT DETAIL

Officers will present for scrutiny the attached update on proposals affecting NHS fertility services in Outer North East London.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

Environmental and Climate Change Implications and Risks: None of this covering report.

BACKGROUND PAPERS

None.

NEL CCG development of a single fertility policy

Proposed plans to involve stakeholders, clinicians, public and patients in creating a NEL-wide policy for NHS funded fertility treatment.

February 2022

Author: Diane Jones, Chief Nurse, NEL CCG

1. Overview

North East London CCG is undertaking a clinical review of the existing five individual fertility policies that were held by the individual CCGs before we came together as a single organisation in April 2021, with the intention of creating a single policy for NEL CCG.

As we are now a single CCG we believe it is important to have equitable access for north east London patients seeking fertility treatment. In addition to ensuring we have an equitable and consistent approach to access, clinical practice and research in this field has continued to evolve, along with changing views and attitudes in society. Reviewing our existing policies against this and latest national guidance will enable us to propose a single, more inclusive policy that reflects the most up to date views on eligibility recognising the variety of fertility situations and needs.

We will be involving clinicians, stakeholders, patients and the public in shaping the proposed policy. We plan to undertake a 10 week engagement period in Summer 2022 where we will promote our draft policy and invite feedback and views through events, focused meetings and a written survey. This feedback will be considered by our clinical review panel and inform the final policy for decision in Autumn.

2. Current policies

North East London CCG has inherited five fertility policies from its predecessor CCGs. There are a number of differences between the policies including variation in the age thresholds and numbers of cycles funded, and they have not been reviewed or updated recently. This is resulting in inequality in health provision and outcomes.

City and Hackney, Tower Hamlets, Newham and Waltham Forest each has a policy last reviewed in 2014/2015. Barking and Dagenham, Havering and Redbridge have one single policy which was reviewed in 2017 as part of the CCG's Spending Money Wisely Review, which followed a 12 week public engagement period, and clinical review; this saw the number of IVF cycles for eligible patients reduce from three to one.

In September 2020, due to the Covid-19 pandemic and resulting impact on NHS services, all north east London CCGs agreed to temporarily uplift the fertility treatment eligibility age

threshold by one year to ensure women were not disadvantaged by the suspension of services and the delays in accessing treatment.

3. Policy review and decision making

We have reviewed our five existing policies to identify where they are consistent with current National Institute for Health and Care Excellence (NICE) clinical guidance on fertility issues, other relevant national guidance, and other London, Kent and Medway CCG policies, and where they differ. Equality and equity of the policies was also reviewed.

Areas being considered in the review:

- Number of IVF cycles and embryo transfers
- Age limit for fertility treatment
- Funding of intrauterine insemination (IUI) also known as artificial insemination for certain patient groups
- Funding of donor eggs/sperm based on certain criteria
- Fertility preservation – how long eggs/sperm/embryos are stored and age criteria
- Funding of surrogates for those with certain medical conditions
- Ovarian reserve criteria.

We have used this review to identify suggested options for an updated and consistent single policy for NEL. These options will be reviewed by our fertility clinical review panel. This panel consists of GPs, clinical specialists, public health specialists, providers and commissioners, who are considering the options' impact on outcome, cost and service capacity.

The clinical review panel will make recommendations to a separate Commissioning Steering Group which will put forward a draft policy based on the panel's recommendations, feedback from a pre-engagement exercise (detailed in section 4 below) and the affordability of the recommendations in the context of all the demands on NEL CCG's budgets.

A full Equality and Quality Impact Assessment will be completed on the proposals prior to engagement and this will be updated following any changes made as a result of the engagement exercise.

The final policy will be agreed at the NEL Integrated Care Board in Autumn 2022.

4. Engagement plans

Between January and March 2022 we will be meeting with key groups to share our plans on creating a single fertility policy, to gain insight and views on our existing policies and areas of the policy under consideration. This includes sharing our plans here with the JOSCs, with Healthwatch and NEL CCG staff network and other local groups that represent protected characteristic groups.

Feedback from our pre-engagement so far has included; consideration to be given to the language of the policy to ensure it is simple and easy for people to understand; to consider national charity views on access to treatment for LGBTQ+ communities; and offers of support to put us in touch with local community groups to share the draft policy with as part of our planned wider engagement.

In the summer we will undertake 10 weeks of engagement with the public, patients, clinicians and stakeholders to share our draft single policy and seek feedback. We will provide people with a range of opportunities to have their say. This will include a mix of online/ digital and face-to-face methods, and ensure all materials and messages are

accessible to our population, regardless of language, literacy and digital barriers. We intend to host engagement events (at least one in each borough), as well as going out to key patient and interest groups to gain their input.

We will also present our policy to the JOSCs in June for your insight and feedback.

5. Next steps

We will continue with the development of the draft proposed policy as described in the previous sections.

We will write to the NEL local authorities in late May to share our detailed engagement plans and share our draft engagement materials, along with our intended engagement launch date which we expect to be towards the end of May 2022.

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