Public Document Pack

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

4.00 pm	**Thursday 28 July 2022**	**Council Chamber, Havering Town Hall, Romford RM1 1BD**

COUNCILLORS:

LONDON BOROUGH OF BARKING & DAGENHAM

Councillor Paul Robinson
Councillor Donna Lumsden
Vacancy

LONDON BOROUGH OF WALTHAM FOREST

Councillor Catherine Deakin

LONDON BOROUGH OF HAVERING

TBC
TBC
TBC

ESSEX COUNTY COUNCIL

Councillor Marshall Vance

LONDON BOROUGH OF REDBRIDGE

Councillor Sunny Brar
Councillor Beverley Brewer
Councillor Bert Jones

EPPING FOREST DISTRICT COUNCIL

Councillor Kaz Rizvi
(Observer Member)

CO-OPTED MEMBERS:

Ian Buckmaster, Healthwatch Havering
Emma Friddin, Healthwatch Redbridge

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

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

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

Reporting means:-

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

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

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

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

Essex County Council

Waltham Forest

Havering LONDON BOROUGH

London Borough of Redbridge

London Borough of Barking & Dagenham lbbd.gov.uk

NOTES ABOUT THE MEETING

1. HEALTH AND SAFETY

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

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

2. CONDUCT AT THE MEETING

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

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

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

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

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

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

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

3 DISCLOSURE OF INTERESTS

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still disclose an interest in an item at any point prior to the consideration of the matter.

4 MINUTES OF PREVIOUS MEETING (Pages 1 - 12)

To agree as a correct record the minutes of the meeting held on 14 December 2021 (attached) and to authorise the Chairman to sign them. Notes of the informal meeting held on 14 March 2022 also attached.

5 UPDATE ON NORTH EAST LONDON HEALTH AND CARE PARTNERSHIP (Pages 13 - 36)

Report attached.

6 NHS NORTH EAST LONDON - HEALTH UPDATE (Pages 37 - 56)

Report attached.

7 NHS FERTILITY POLICY - PROPOSED CHANGES FOR NORTH EAST LONDON (Pages 57 - 70)

Report attached.

8 APPOINTMENT OF OBSERVER MEMBER - INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Pages 71 - 72)

Report attached.

9 WORK PROGRAMME

The Committee is asked to suggest items for its future work prgramme.

10 DATES OF FUTURE MEETINGS

The dates of future meetings of the Joint Committee are as follows:

18 October 2022
10 January 2023
18 April 2023

All meetings are currently scheduled to start at 4 pm.

Anthony Clements
Clerk to the Joint Committee

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 Zammett 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

NOTES OF AN INFORMAL MEETING OF THE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

10 March 2022 (4.30 - 6.18 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Paul Robinson
London Borough of Havering	
London Borough of Redbridge	Beverley Brewer and Bert Jones

Apologies were received for the absence of Councillors Agedboyega Oluwole and Donna Lumsden (Barking and Dagenham) Nisha Patel (Havering) Neil Zammett (Redbridge) Umar Alli (Waltham Forest) and Marshall Vance (Essex).

Apologies were also received from Ian Buckmaster, Healthwatch Havering and Richard Vann, Healthwatch Barking and Dagenham.

The following Members were present via videoconferencing:

Councillor Adegboyega Oluwole, Barking & Dagenham
Councillor Marshall Vance, Essex
Councillor Richard Sweden, Waltham Forest
Richard Vann, Healthwatch Barking & Dagenham (co-opted Member)

26 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman gave details of the arrangements in case of fire or other event that may require the evacuation of the building.
It was noted that, for legal reasons, the meeting would be classified as an informal meeting but would otherwise be run in the normal way.

27 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

28 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 14 December 2021 would be agreed at the next meeting.

29 INTEGRATED CARE SYSTEM GOVERNANCE

Officers advised that the Integrated Care Partnership (ICP) for North East London would now be established on 1 July 2022. The Board would have two Council representatives – one for Inner and one for Outer North East London. Governance would also take place at local partnership level and a lot of engagement was taking place on the process.

The accountable officer for the partnership would be Zina Etheridge who had a Local Authority background having been the Chief Executive of London Borough of Haringey. Members expressed concern about the proposed removal of the power to refer matters to the Secretary of State although officers responded that this had not been finalised as yet and it was possible this could be amended in the House of Lords.

Primary and secondary care would have their funding streams consolidated and specialist commissioning would be devolved to the ICP from NHS England in due course. A financial framework would be developed. The ICP would continue to support scrutiny and how Councils operated. Officers were happy to discuss the future shape and geographical coverage of the JHOSC.

The draft constitution of the Integrated Care Board could be shared when available and it was confirmed the Board would also include 2 Local Authority Members.

The Joint Committee noted the position.

30 CONTINUING HEALTHCARE HARMONISATION

The Chief Officer of the North East London Clinical Commissioning Group (CCG) explained that a review was being undertaken of people who may require ongoing care after hospitalisation. The CCG was keen to engage with stakeholders around what the new policies should be for this and an equalities health impact assessment would be undertaken.

A dispute resolution process would be used if different organisations involved disagreed. Families could ask for an independent review of their case, managed by NHS England. Figures could be provided on how many cases went to this appeal stage although local resolution was always preferred.

The type of respite care available depended on the individual and respite was also available for family members. Referrals for continuing healthcare could be made by GPs or social workers. It was aimed to provide support to people in their home in the first instance. The continuing healthcare service was not a one-off and assessments would be undertaken to see what additional support was needed under a multi-disciplinary approach.

The 2020 Ombudsman report on the Continuing Healthcare Service would be taken into account by the review and officers confirmed that engagement would not take place during the forthcoming pre-election period. Facilities rated as 'inadequate' by the Care Quality Commission would not be used unless the person's family wanted this and quality assurances would also be asked for. Clarity would be given on the position if more than 8 hours care per day was required.

The Joint Committee noted the position.

31 **PARTNERSHIPS UPDATE**

The Chair in Common of BHRUT and Barts Health advised that a clinical performance director had been seconded to BHRUT. Joint work was also taking place on areas such as the thoracoscopy service. Pay rates of temporary staff were being harmonised and closer working on backroom functions was also being put in place across the Trusts. Capacity would be shared in order to reduce waiting lists.

The new Intensive Treatment Unit at Queen's was due to open that week which it was felt would improve staff recruitment and retention. Digital support was improving and a new electronic patient records system was being developed at BHRUT. There was now improved financial stability at BHRUT and a new Chief Executive Officer would be appointed at Barts Health. The two Trusts would however remain separate organisations.

Patient flows from Essex were monitored by BHRUT and the Trust Chief Executive confirmed that he wished to improve treatment pathways with Essex. Other developments included the Trusts collaborating on respiratory work to make more use of local anaesthetic and the trauma centre at the Royal London Hospital helping to improve survival rates. Similarly, the Hyper Acute Stroke Unit at Queens was producing better outcomes for stroke patients.

Officers emphasised that it was not necessary for services to move towards Inner North East London. It was important that teams for e.g. complex heart surgery had as much experience as possible.

A Member raised the poor recent figures for waits in the Queens Emergency Department where only 25% of patients were being seen within 4 hours. The BHRUT Chief Executive responded that the Trust as a whole was achieving around 65% for the 4 hour target compared to a London average of 72%. The Queen's Emergency Department had recently been praised in a Care Quality Commission inspection. The separate Covid Emergency Department at Queens had now been closed with all patients now treated again in the one department. A pilot scheme to reopen capacity was in progress but it was accepted that waiting times were likely to increase in the next year.

The Chair in Common wished to support the new and permanent Chief Executive of BHRUT in making improvements and would remain accountable to the Joint Committee re the improvements. The intention of the collaboration across the Trusts was not to move services but to make them more accessible to local people. Any move of services would be consulted upon.

A representative of the North East London NHS Foundation Trust (NELFT) explained that collaborative working was also being developed on mental health pathways. This had included female psychiatric intensive care and it was confirmed all in-patients could be placed locally. High intensity mental health care for children was delivered at home where possible. A Joint Chair would be appointed for NELFT and the East London NHS Foundation Trust.

Age, gender and ethnicity data was collected for mental health in-patients and this could be provided for admissions data. Any safeguarding issues would also be raised. Post discharge support was available from the Home Treatment Team.

As regards primary care, the Outline Business Care for the St George's health hub had been passed in October 2021 and public consultation had finished on 14 February. There had been a good response to the consultation which had expressed support for the development. It was hoped the facility would be open in 2024. The centre would be open 8 am – 8 pm, seven days per week and would include two GP practices and diagnostic facilities. Further literature on the plans for the St George's site could be provided.

A workforce strategy was being compiled that would allow the hub to develop its own staff. Funding for the redevelopment would be mainly from the National Hospitals Programme with the remainder from internal NHS resources.

The Joint Committee noted the position.

32 **FERTILITY POLICY PROPOSALS**

The Joint Committee was advised that it was aimed to harmonise fertility policy across the North East London CCGs. This covered a wider area than just IVF issues and all stakeholders would be given the opportunity to contribute to the engagement process. The numbers of IVF cycles funded by the NHS would be included in the engagement process and the consultation document would be shared with the Joint Committee. The consultation outcome would also be shared.

All stakeholders would be engaged with across all age ranges, ethnicities, sexual orientation etc. Community groups and Healthwatch would also be engaged with.

The Committee agreed to receive an update on the outcome of the consultation, once this was available.

Chairman

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Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 28 JULY 2022

Subject Heading:	Update on North East London Health and Care Partnership
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	Information will be presented on the new Integrated Care Partnership 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	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

Information will be presented on the development of the Integrated Care Partnership for health services in Outer North East London.

RECOMMENDATIONS

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

REPORT DETAIL

NHS officers will present details (attached) of the development of the North East London Health and Care Partnership – a new structure affecting many health services provided in the Outer North East London area.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

North East London Health & Care Partnership

Update on North East London Health and Care Partnership

Joint Health and Scrutiny committees

July 2022

North East London Health & Care Partnership

Introduction and overview

- The following slides provide an update on the latest developments across the North East London Health and Care Partnership including:
  - A reminder of the North East London Health and Care Partnership, its formal governance as of 1 July and its purpose, priorities and principles
  - An overview of the establishment of NHS North East London on 1 July including board membership, executive leadership and governance
  - An overview of the approach to a financial strategy for North East London
  - An overview of the NEL HCP people and communities strategy

North East London Health and Care Partnership (NEL HCP)

North East London Health & Care Partnership

NEL HCP - the Integrated Care System

- The North East London Integrated Care System is known as North East London Health and Care Partnership and is chaired by Marie Gabriel and with Zina Etheridge, ICB CEO, the system convenor.
- NEL HCP is a formal alliance of partners with a role in improving the health and wellbeing of our residents. Together we set the overall strategy that will guide our collective work and hold the wider health and care system to account for how services are delivered in a more joined up way.
- As of 1 July the governance of the NEL HCP will be via the Integrated Care Partnership, a core statutory component of the system. In north east London partners have agreed that we will establish an inclusive ICP, including all local authorities, and with wide membership across our partnership. It was agreed that a smaller 'steering committee' would be established to plan and coordinate the business of the ICP. The proposed membership of the ICP 'steering committee' includes the ICB Chair, two elected members – inner and outer, two NHS trust chairs – acute and mental/health, the ICB chief executive, a VCSE collaborative nominee, a Healthwatch group nominee and a primary care collaborative leader

North East London Health and Care Partnership purpose, priorities and principles

Our purpose:

"We will work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity."

We will design and operate the NEL ICS in a way that:

- improves quality and outcomes
- secures greater equity
- creates value
- deepens collaboration

NEL's flagship priorities

- Children and young people – *to make NEL the best place to grow up*
- Mental health – *to improve the mental health and well being of the people of NEL*
- Employment and workforce – *to create meaningful work opportunities for people in NEL*
- Long-term conditions – *to support everyone living with a long-term condition in NEL to live a longer, healthier life*

The establishment of NHS North East London

- In April 2022 the Health and Care Act achieved Royal Assent. As a result on 1 July CCGs were disestablished and replaced by Integrated Care Boards (ICB). Our ICB is known as NHS North East London (NHS NEL).
- NHS NEL is led by Marie Gabriel CBE, Chair and Zina Etheridge Chief Executive as well as a newly appointed board and team of senior executives.
- We have moved from the governing body of the CCG, made up of primary care leaders and lay members, to an integrated Board that retains an important role for primary care but includes a broader range of other members from our Trusts, local authorities and the voluntary, community and social enterprise sector.
- We have an agreed constitution which can be accessed online: https://www.england.nhs.uk/wp-content/uploads/2022/06/8-nhs-north-east-london-icb-constitution-010722.pdf

NHS North East London Integrated Care Board members

NHS North East London

2x NHS Trust partner members

2x primary care partner members

Marie Gabriel
Chair

Zina Etheridge
NHS NEL CEO

Shane DeGaris
Barts/BHRUT Group CEO

Paul Calaminus
ELFT CEO

Dr Jagan John
GP

Dr Mark Rickets
GP

1x VCSE* partner member (TBC)

3x non-executive members

Henry Black
Chief Finance & Performance Officer

Diane Jones
Chief Nursing Officer

Paul Gilluley
Chief Medical Officer

Rajiv Jaitly
Audit

Imelda Redmond
Quality

Diane Herbert
Remuneration & workforce

2x local authority partner members (TBC)

*VCSE refers to the voluntary, community and social enterprise sector

NHS
North East London

NHS North East London executive leadership team

Zina Etheridge
Chief Executive Officer

Paul Gilluley
Chief Medical Officer

Diane Jones
Chief Nursing Officer

Henry Black
Chief Finance and Performance Officer

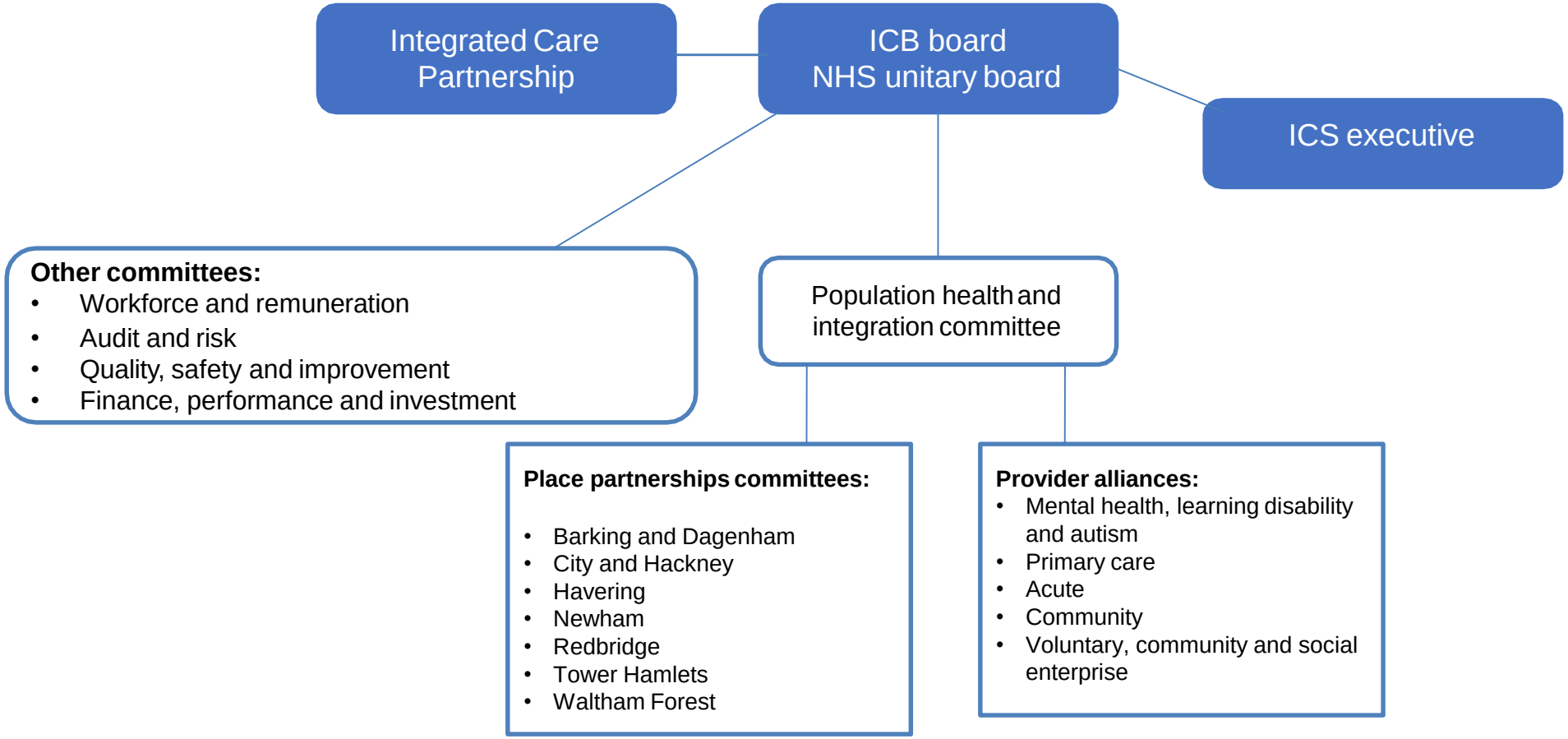
Charlotte Pomery
Chief Participation and Place Officer

Francesca Okosi
Chief People and Culture Officer

Johanna Moss
Chief Strategy and Transformation Officer

Shared decision-making within NEL

North East London Health & Care Partnership

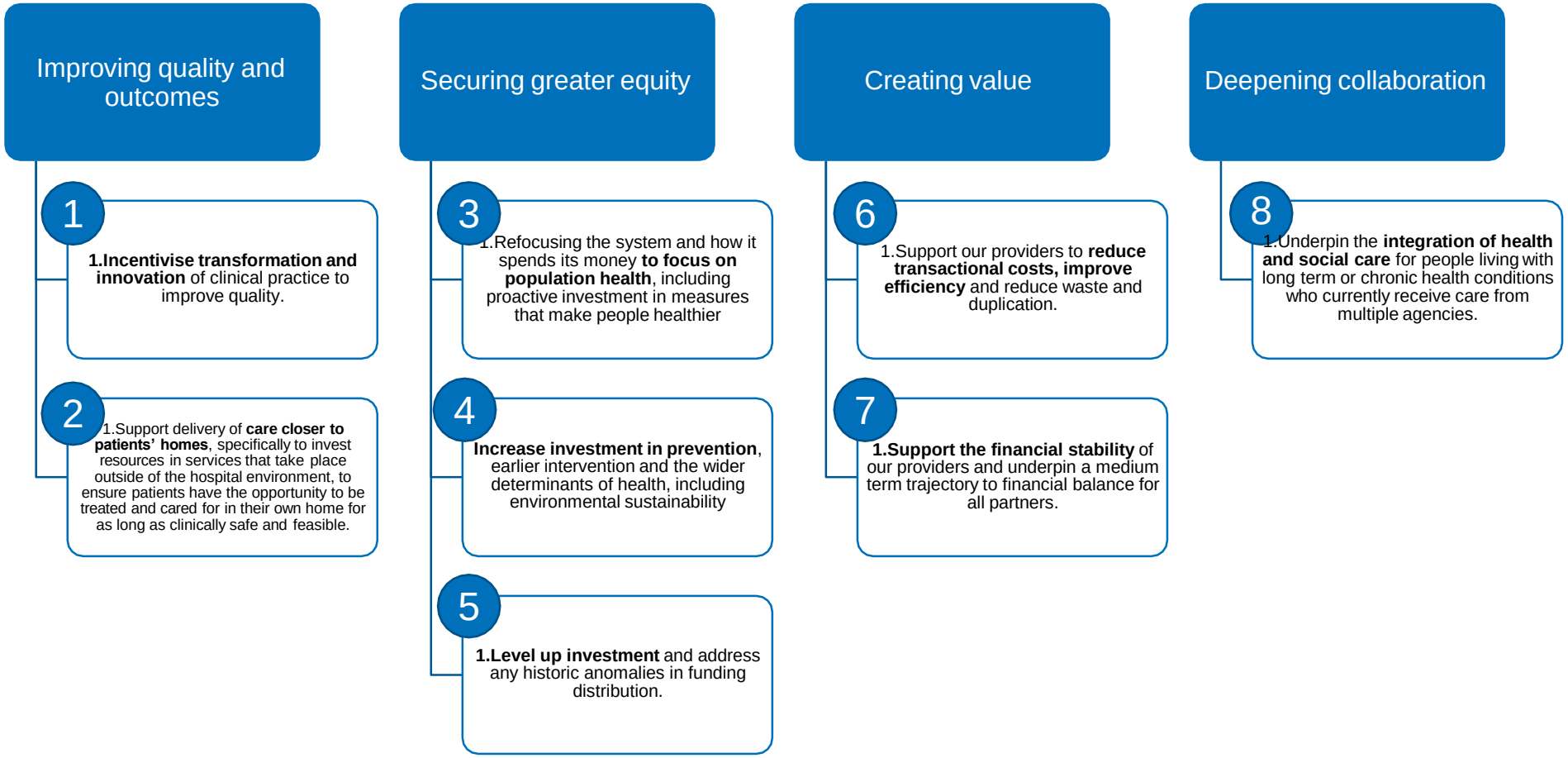


North East London Health & Care Partnership

NEL Financial strategy

We have developed a set of eight objectives for the future financial regime within north east London, aligned to our overall system design principles

North East London Health & Care Partnership



We expect our financial regime will iterate over time as we 'learn by doing', but we will use these objectives to set our direction and to help us course correct

Background and context

A new legislative environment

NHSE requires ICBs to spend within their allocations and that ICBs with their partner trusts ensure that they are delivering a balanced financial system.

This will need to be set out in financial plans for the system that describe how we intend to manage resources within our allocationfor the financial year, including plans to manage any risks identified.

There is also a duty on all NHS organisations to consider the wider impact of their decisions and in reference to the NHS triple aim.

Moving from…

Separate, opposing roles for providers and commissioners

Competition between providers

Moving to…

Collective stewardship of resources as a partnership

Mutual accountability for maximising value for money

Pressures and challenges

North East London Health & Care Partnership

Pressure on budgets increasing:

- Covid allocation (the money we were given to manage through the pandemic) – is being reduced from £184m to £79m (**reduction of £105m,** c.57%)
- Allocation growth for 22/23 is £112m c.3.5%; Mental Health Investment Standard uplift 4.77%, £16m –to be funded from core allocation

•Growth allows for 2.8% inflation –**current forecasts circa 7-10%**

What are we doing to manage this?

Driving efficiencies across a range of areas in parallel by:

improving the profile of investment

- Increasing resources for prevention and doing fundamentally different things

•Redistributing funding to reduce inequalities

Reorganising care pathways and improving outcomes

- Increasing early intervention
- Integrating services (in particular for those with multiple LTCs)

•Reducing the need for health and care through work with community partners

Technical efficiency (doing the same things at a lower unit cost)

- Cost improvement programmes (CIO)
- Productivity programmes (theatres, OP, etc)
- Procurement
- Bank and agency rates
- Back office consolidation

Overview of proposed approach to financial allocations and shared planning

North East London Health & Care Partnership

Allocations

- Funding received from NHSE is allocated out across the system.
- Allocations – alongside associated savings targets – are made once through a central process to Place Committees, trusts, or to be held centrally by the ICB.
- Funding supports system priorities, recognising the joint goals of improving health; reducing health inequalities and maintaining financial sustainability.
- Allocations made by NHS North East London Board take into account: Historical spend (as a proxy for the cost of current care provision); expected population growth and demographic changes; any equalisation of resource required between different populations/boroughs or services; savings targets; system-wide priorities; and the expected impact of shared transformation & savings plans.

Partnership working and developing shared transformation & savings plans

- Partners take collective stewardship of resources, operating virtual budgets that are based on the aggregate spend/totality of budgets from relevant partners
- Decisions to do something different with collective resources are made through agreement and based on demonstrable evidence (rather than a unitary commissioning decision)
- All partners have equal status in determining priorities, agreeing actions and collectively living with the consequences

The Transformation Cycle workstream is expected to support system agreement on the **coordinating partner**, responsible for bringing together partners to create shared transformation & savings plans for different care types

North East London Health & Care Partnership

Further work required

We still need to consider how best to:

- **Manage our (limited) capital** as a system.
- **Support the formal ICB governance** to ensure that decision-making is based on the best available data and analysis and informed by the experience and views of system partners.
- **Attach conditions/requirements to budgets.** We need to be clear what budgetary responsibility means and that each of our budget holders are in a position to take that on.
- **Develop shared plans**, focused on our populations, describing how we will transform services and pathways, that we can use as the basis for future revenue (re-)allocations.
- **Support effective (financial) decision-making at place**. Agree what information we want to report at place, to support effective discussions between partners.

North East London Health & Care Partnership

Agreeing our approach – the financial principles

- **Principle one: Trust partners (NELFT, ELFT, Barts Health, BHRUT, Homerton and LAS) should hold and manage budgets for the care they provide and should receive "block payments" directly from the ICB to cover this.**
- **Principle two: For non-trust budgets the default assumption is that Place Committees (on behalf of PbPs) hold budgets, unless coordination/planning for the services concerned is best done over a larger footprint.**
- **Principle three: All partners will take collective stewardship of resources, ensuring that we plan, transform and operate services to maximise the impact of the NEL £.**

North East London Health & Care Partnership

North East London Integrated Care System

Working with People and Communities Strategy

2022-2025

About the strategy

- Sets out our vision to ensure participation is at the heart of everything we do
- Describes our commitment as a partnership to work with local people to develop health and care services which meet our communities defined needs and aspirations
- We want everyone to feel part of this strategy and recognise we have more to do to make this happen
- By working in partnership, we will build on existing great practice locally and work up new solutions together, to ensure that people in north east London can participate in all that we do
- The strategy was developed through the NEL participation and engagement working group which brings together engagement and participation leaders from health and care organisations across NEL.
- Through the development of the strategy there were 40 local patient and public meetings, a range of focus groups, a NEL residents panel survey, a survey across colleagues and discussions with local Healthwatch.
- The working group have agree a set of standards for participation. These are a proposed shared way of how we will work together in a meaningful way, in partnership with our local communities:
    - Commitment
    - Collaboration
    - Insight and evidence
    - Accessibility
    - Responsiveness

How the strategy embeds the participation standards:

North East London Health & Care Partnership

Commitment: we are **committed to putting people participation at the heart of our work** from the earliest opportunity.

- Developing an infrastructure of participation and co-production within our governance and leadership
- Truly listening to people and providing opportunities for local people to be involved in planning and decision-making in a wide variety of ways
- Ensuring we give something back to people who are involved in our work. This could include training, acknowledgement, new skills, credit vouchers or payment
- Developing a culture of honesty and transparency, committing to evaluation and learning from our mistakes
- Providing our staff with the skills and knowledge to listen and act upon feedback from local people to ensure that participation and co-production is part of the culture and individual staff development of the ICS
- Developing mechanisms for our people and communities to hold the ICS to account for its commitment to participation

Collaboration: We will talk to each other and **identify where we can work together** to achieve a high standard of participation with the communities we serve.

- Building on the collaborative work we have already undertaken to integrate care, manage population health, tackle health inequalities and ensure productivity
- Ensuring that all partners are brought together to plan at the earliest possible opportunity, including Healthwatch and the community and voluntary sector
- Developing joint priorities and messaging, and avoiding duplication
- Sharing best practice and championing innovation
- Finding common solutions to collective challenges
- Developing how our joint standards will be delivered, resourced and evaluated

Insight and evidence: We will **share insight and produce plans based on evidence and feedback** from our local people.

- Using a range of insight gathering tools including the NEL Community Insight System, commissioned from our local Healthwatch and using a wide range of existing and bespoke insight from local people and the NEL Citizens Panel
- Identifying where we have common priorities and coordinating the sharing of relevant insight for example around our agreed flagship priorities
- Having structures in place which ensure we build and develop our work based on existing feedback and insight
- Making sure we are asking the right questions when we seek insight and experience from local people
- Using insight and evidence to identify communities most impacted by health inequalities and those seldom heard to target, encourage and enable participation

How the strategy embeds the participation standards:

North East London Health & Care Partnership

Accessibility: We will **ensure participation is accessible to all local people.**

- Exploring together how as organisations from across north east London we collectively remove barriers to participating in engagement activities
- Providing transparent access to all the relevant information and giving people the tools they need to participate, the support and training available and how they will be rewarded
- Proactively seeking to remove barriers to participation, utilising community development approaches and reducing inequity in our participation activities
- Purposefully seeking to hear from and involve a diversity of local people and communities
- Ensuring that we are actively using the Accessible Information Standards and providing information in community languages and plain English
- Ensuring our spaces and venues are easy to access for all
- Ensuring people are supported to use online platforms and technology and provide training where required
- Ensuring children and young people are involved and catered for where appropriate

Responsiveness: We will be **responsive to the local voice.**

- Asking local people how they would like to be involved to ensure we are hearing their voice in a meaningful way
- Being clear about the way in which our communities can influence design and decisions, then following through and implementing change based on their influence
- Keeping local people informed about the way we have implemented change as a result of listening to what they told us
- Sharing responses in a timely manner and ensuring that where people have fed in their thoughts and experiences they are kept informed about outcomes
- Understanding that the diverse communities we serve will experience services differently, and tailoring our approach to be responsive to their respective needs
- Providing clear evidence of the impact of individual and collective participation, providing ongoing feedback
- Supporting people and communities to evaluate participation and developing mechanisms for their oversight of implementation

People participation and quality improvement

North East London Health & Care Partnership

- People participation is integral to improving the quality of care of our services and the health outcomes of our population
- We intend to co-create a common approach to quality across our ICS in partnership with local people and will build on successful participation approaches to ensure our residents are helping us improve services
- We will also work with service users of all ages, and use personal stories to improve our services and reduce inequalities and inequity
- To support these priorities, we have established a System Quality Group with an inclusive membership including people with lived experience and Healthwatch colleagues

Quality improvement in action: local residents shape Mile End Early Diagnosis Centre

Participation was at the heart of the development of Mile End Early Diagnosis Centre, which provides capacity for an extra 16,500 vital procedures annually for local residents across north east London.

Patients were involved from the very start of the project, and they have provided invaluable input into both the design of the building and the patient pathway itself, to ensure the patient journey was right from day one.

Since opening in March 2021, the centre has received 100 % positive feedback from service users.

Read more about one service user's experience here and watch another service user introducing the centre in this video here. Our ambition is for all new developments to begin with participation at the outset.

Examples of how we are embedding participation in our four flagship priorities

North East London Health & Care Partnership

Babies, children and young people

By working with young people on projects such as the 'All About Me for the Benefit for Everyone' conference, developing a 'Youth Heath Champions' programme and with the programme board co-chaired by a young person, we ensure that our work is always considering the needs of children and young people, helping develop and improve services with those who use them.

Long Term Health Conditions

A health equity audit for cardiac rehabilitation will begin in May 2022 to enable the system to understand how health inequalities impact on the quality of life for patients eligible for cardiac rehabilitation in NEL. Understanding what living with an LTC means for our local people, how it impacts on their ability to live a happy life and how best we can make support accessible, is absolutely central to this programme of work.

We are developing an LTC participation and engagement plan which includes:

- Embedding co-production in the development of resources and the planning of services
- Using feedback and lived experience to inform future programme planning
- Developing effective public facing communications of health messages and support available such as structured education and annual reviews

Mental health

- The programme benefits from the incredible coproduction work that takes place within our two main providers of mental health services – East London Foundation Trust and North East London Foundation Trust – and the way they empower service users to act as full partners in the delivery of care, and in the improvement of services.
- Since 2018, we have held **three Mental Health Summits**, which have brought service users, carers, and community and faith organisations together with providers of health and care services
- **Our next Summit, planned for Summer 2022,** aims to take this one step further. This time, service users will shape and lead the event from beginning to end, signalling our programme's shift from co-production to patient leadership in all aspects of its design and delivery.

Employment and workforce

Through our positive partnership working we secured £250k from the Mayor's Academies Programme (MAP) to establish a Health Hub in NEL, working with employers to remove barriers and blockers to recruitment for local residents. Through the hub, we will support 750 individuals from underrepresented groups to find work.
In addition to this, we have grown a network of over **150 Health and Social Care Ambassadors**. In partnership with Care City, a locally based community interest company we have established a **young persons' panel** to check and challenge our plans and strategies.

Next steps

North East London Health & Care Partnership

Embedding a culture: ensuring participation is everybody's right and everybody's responsibility

Equipping and enabling staff through training, lunch and learns and establishing a community of practice as well as ensuring colleagues are supported to undertake meaningful equality and quality impact assessments.

Participation in our formal governance

Participation is embedded through our formal governance via membership of the VCSE and Healthwatch at key decision making fora, patient stories, participation embedded within all reports, ensuring the patient/resident/carer voice is at the heart of everything

Monitoring and evaluation

This will take the form of:

- An annual review
- Abig conversation with patients, service users, residents and carers to evaluate our first year and identify priorities
- Through the ICB partners will hold ourselves mutually to account and be advised on progress
- Scrutiny committees

Continuing the development of this strategy

We will be proactively seeking ongoing feedback on the content of the strategy over the next year
We will be running a series of workshops with local people to design a mechanism for involving people at a NEL-wide level
We will be developing delivery plans to sit alongside the strategy and an easyread version
For more information: Amy Burgess, Senior Engagement Manager amy.burgess7@nhs.net

Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 28 JULY 2022

Subject Heading:	NHS North East London – Health Update
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	Information will be presented on various health initiatives in the Outer North East London area.
Financial summary:	No financial implications of the covering report itself.

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

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

SUMMARY

Information will be presented on the position with a number of projects and initiatives relating to local health services.

RECOMMENDATIONS

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

REPORT DETAIL

Officers from NHS North East London will present information and updates (attached) on local health services. This will include the position with Covid-19, cancer services and community diagnostic centres.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

NHS
North East London

NHS North East London – Health Update

July 2022

Presentation to North East London Joint Health Scrutiny and Overview Committees

Contents

- Acute Provider Trusts
- Covid-19
- Cancer
- Continuing healthcare policy
- Highlights from the Winter Access Fund
- Enhanced access to primary care
- Community diagnostic centres
- Development of acute specialities and clinical services across North East London
- Targeted Investment Fund Bids

Acute Provider Trusts (as at June 2022 unless otherwise stated)

- Our trusts continue to work towards restoring elective care services back to pre-pandemic levels. By the end of March this was close to 90% with plans to increase this further.
- Innovative ‘blitz’ weeks and ‘super clinics’ to target certain specialties with long waiting list have taken place to support restoring routine planned services
- There has been a focus on treating patients waiting over one and two years for treatment. We have reduced the 52 week wait for treatment month on month.
- Performance against the 18 week referral to treatment standard was 61.2% (February).
- The diagnostic waiting list has grown. Growth is being seen in the overall patient tracking list (PTL) mainly in the non-admitted pathway.
- We are providing patient care in the most appropriate setting and avoid unnecessary outpatient appointments through our Advice and Guidance services which are currently used for approximately 21% of patients compared to the national requirement of 12%.
- GP practices are delivering above 60% of all appointments face-to-face whilst maintaining progress with digital access for those who prefer it. Work is underway to level up investment and achievement of quality and patient outcomes across general practice.
- Mental Health performance remains challenged as a result of increased demand due to the pandemic.

Barts Health

- Covid pressures have eased at our hospitals since March and there is an encouraging decline in Covid-19 case rates. Our focus is now on reducing waiting lists.

- **Elective recovery:** In line with national commitments, we remain on track to clear 104-week waiters by July 22, and 78-week waiters by April 23, with a cancer 62-day backlog reduction to pre-pandemic levels by March 23.

- Recent projects to tackle the backlog include a new AI tool to help detect heart disease faster, which was commended by Nickie Aiken MP during her visit to St Bartholomew's, and ENT and Urology 'booster weeks' at Whipps Cross to generate extra surgery theatre sessions by seeking out unused surgery slots in other specialities.

- **A&E 4 and 12 Hour Performance:** In April, the Trust recorded the highest volume of A&E attendances of any trust in England. In terms of performance against the 4-hour standard, the Trust was ranked 8th best performing out of 16 trusts reporting data in London and was the best performing of the top 10 English trusts (by volume of attendances)

- **Vaccinations**: the programme for flu vaccination had now closed with 43% of staff having received their flu vaccination (as compared with an average of 46% across London trusts). In terms of Covid-19 vaccination, discussions are underway to transfer the outreach service currently provided on behalf of NEL to East London Foundation Trust over the summer months, at which point the vaccination service within Barts will close.

- **Monkeypox:** guidance for staff, visitors and patients was published across our website, intranet and social media channels

- The Trust published our operational plan for 2022/23 which you can find here

Barking, Havering and Redbridge, University Hospital Trust (BHRUT)

Investment at King George Hospital (KGH)

- Key facilities at KGH have been revamped. £5m investment has transformed our state-of-the-art Emergency Department (ED), and £5m spend has reconfigured and modernised our Intensive Therapy Unit in 10 months, increasing from eight to 12 beds.

Reducing our waiting lists

- We're continuing to tackle our backlog and as a result of 'Super Clinics', additional diagnostic sessions and teams working overtime, the number of people waiting for more than two years for treatment has reduced from 218 since the start of May to three, all of which are patient choice.
- Our innovative surgical work was recognised nationally, shared with national media, and featured in the NHS recovery plan.

Four hour performance

- Working closely with partners across NEL to help improve waiting times for patients. A special area has been created at Queen's Hospital (QH) ED to provide care on the day and reduce the number of people needing to be admitted.
  Focussing efforts on improving hospital 'flow', which includes the opening of a stroke rehabilitation unit at Goodmayes and the success of a short stay medical ward at QH that is treating and discharging patients quickly.
- Significantly reduced the length of the queue at QH. Our staff now work alongside GPs to streamline the process and improve safety. Once embedded, we will do the same at KGH.
- Collaborating with London Ambulance Service our Ambulance Receiving Centre at QH has reduced the time patients are waiting in ambulances. Since opening in November 2021, it has seen 1,747 patients and returned 12,799 hours to paramedics.

Collaboration with Barts Health

- Shane DeGaris has been appointed Group Chief Executive Officer (CEO) of Barts Health and BHRUT. He will take over in August when Alwen Williams steps down as CEO of Barts. Matthew Trainer will be Deputy Group CEO and will continue to lead BHRUT
- Two separate Vice-Chairs have also been appointed to both trusts: Mehboob Khan at BHRUT and Adam Sharples at Barts.

North East London Foundation Trust (NELFT) and East London Foundation Trust (ELFT)

- ELFT and NELFT are continuing their approach to collaborative working across both mental and community health.
- Improvements to children and adolescent mental health services at ELFT and NELFT are in development following the successful bid of 2 additional non-recurrent funding schemes

  1) which will create an intensive pathway for young people who have an eating disorder as an alternative to admission

  2) the early partial implementation of the Child & Adolescent Mental Health Services (CAMHS) Crisis Home Treatment team – initially focused in Newham which again will offer young people in crisis intensively for a short period of time an alternative to admission.

- The recruitment process for a joint chair for ELFT and our neighbouring trust, North East London NHS Foundation Trust (NELFT) has been delayed and will recommence later this year. In the meantime, Eileen Taylor will continue in her role as Acting Chair for ELFT.
- Innovation continues to drive improvements to our services. ELFT is working with local partners to deliver a digital recovery platform for severe mental illness in City & Hackney. This helps people with severe mental illness to plan and manage their own care, supported by a digital platform that brings all the tools together in one place.
- The North Central East London (NCEL) CAMHS Collaborative have 60 children and young people (CYP) currently in inpatient units, compared to 100 in August 2020. Currently have 6 CYP in ‘Out of Area’ units, with 1 in Out Of Area(OOA) General Adolescent Unit (GAU) compared to 26 in August 2020. The current average length of stay for GAU and Psychiatric Intensive Care Unit (PICU) is 87 days, compared to 189 days in August 2020.

Covid-19

- We continue to deliver the vaccine programme, and demand continues to fall across London.
- Current perceptions are impacting uptake of the vaccine. This includes public views that Omicron is milder than other variants; family members are fully vaccinated so less personal responsibility; restrictions removed so no longer a threat.
- Outreach vaccinations and health and wellbeing events are taking place in lower uptake areas for homeless and rough-sleepers, asylum seekers, sex workers and traveller communities.
- For 5-11 year olds at risk and clinically extremely vulnerable we are working in partnership with Starlight to facilitate a playful approach to vaccinations with colourful centre branding, boost bags for children, information for parents, distraction toys and training for vaccination staff.
- A key challenge for 5-11 and 12-15 year olds remains the high number of children who have tested positive for Covid-19 and the three month gap required between a positive test and having a vaccine.
- Some vaccination sites are pausing over the summer and will reopen in the autumn.
- We continue to target specific activities through our borough teams focused on broader health and wellbeing and targeted in areas of greater deprivation and higher likelihood of comorbidities.

Cancer

- Recent national data on cancer standards from NHS England and NHS Improvement shows that North East London is the top performing alliance in the country in six out of 10 cancer waits standards.
- This builds on positive results from earlier this year, which showed North East London as the top performing cancer alliance out of 21 across England when it comes to achieving the Faster Diagnosis Standard.
- Innovations underway to improve early diagnosis include:
  - **The Mile End Early Diagnosis Centre**: providing an additional 16,500 diagnostic procedures a year. Phase 2 will include a new MRI suite.
  - **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
  - **Targeted Lung Health Check**: a free lung health check for those at most risk of lung cancer aged 55-74 (a new pilot started in Barking and Dagenham and Tower Hamlets in July 2022)
  - **AI Tech project:** pan trust collaboration with UCL Partners, to pilot Artificial Intelligence chest X-ray reporting products – aimed at prioritising abnormal chest x-ray workload

Cancer (continued)

A number of projects are taking place to reduce inequalities in north east London, raise awareness of the signs and symptoms of cancer and increase uptake of cancer screening programmes:

Project	Summary
It's Not a Game – bowel, lung and prostate cancer awareness	An awareness project aimed at men over 45 in the more socio-economically deprived areas, working mainly in partnership with Leyton Orient Football Club.
No Time for Cancer – breast screening	An out of home and social media campaign to encourage women of screening age to make an appointment for breast screening when they receive their invitation.
Best for my Chest – breast screening	A campaign to increase uptake of breast screening by LGBTQI+, working with Live Through This and Opening Doors charities.
Muslim Sisterhood – cervical screening	A cervical screening awareness campaign to increase coverage of cervical screening in young Muslim people with a cervix, working with the Muslim Sisterhood
Jo's Trust training – cervical screening	Training for non-clinical practice staff by Jo's Cervical Trust charity to increase their confidence to discuss cervical screening with women.
Faith placed awareness – bowel cancer and screening	Delivery of a bowel cancer awareness intervention in mosques by people who are known and respected in the local community.
Womb cancer awareness (with the Eve Appeal)	An outreach project to increase awareness of signs and symptoms of womb cancer, focussing on Afro-Caribbean women.

Cancer (continued)

- We also continue to support patients living with cancer to make improvements to their quality of life. For example:
  - **Quality of Life Survey**: increasing the uptake of responses to a national patient survey which can help us make service improvements locally.
  - **Personalised stratified follow-up pathways (PSFU):** The implementation of PSFU improves patient experience and quality of life for people following treatment for cancer, as well as making services more efficient and cost-effective.
  - **Psychosocial support**: working on a programme of comprehensive mental health support for cancer patients.
  - **Prehabilitation** (the the process of improving an individual's functional capacity to enable them to withstand a forthcoming stressor, eg; major surgery, radiotherapy or chemotherapy): project underway to provide support and funding to enhance prehabilitation in north east London.

Proposed changes to healthcare – continuing healthcare policies

- We are asking anyone who lives, works or visits north east London or the surrounding area to comment on our proposals to ensure our Continuing Healthcare (CHC) and Children's Continuing Care policies are clear and fair. The overriding aim is to improve patient and carer experience, access and outcomes.
- NHS Continuing Healthcare and Children's Continuing Care is a package of care including both health and social care for:
  - Adults with significant on-going health needs or who are at the very end of their life.
  - Children and Young People's needing health and social care support for needs arising from disability, accident or illness that cannot be met by existing services alone.
- The policies have been reviewed as we know that individuals and families and carers are confused about the way in which the system work and perceived inequalities in the way people are treated. These policies are designed to positively impact on existing and new claimants, helping them navigate the system and get the right support they need, understand their rights (and responsibilities). There is no plan (and we don't expect) to make any budgetary savings, nor do we believe any individuals will be negatively affected.
- Four policies have been looked at and revised:
  - **Continuing Healthcare Placements Policy**. Describes NHS NEL's approach when placing and supporting patients in the community.
  - **Joint Funding Policy for Adults.** Describes NHS NEL's and local authorities' approach to jointly funding a package of care for a patient in the community, when a patient doesn't meet the criteria for other elements of NHS Continuing Healthcare but still requires funding for a health need that can't be met with existing services.
  - **Dispute Resolution Policy and Protocol for Adults**. This describes the approach taken to resolve a dispute when health and social care staff can't agree to a recommendation on a patient's eligibility for Continuing Healthcare funding.
  - **Respite Policy for Continuing Healthcare Eligible Adults Receiving Care at Home.** Describes the approach and amount of respite that NHS NEL' will fund for a patient's carer to take a break.

The public consultation on these proposals is anticipated to close in mid-September.

Primary Care winter access fund

In November 2021 North East London committed their winter access fund (WAF) made available by the Government to improve access for patients and support general practice during the increased pressures brought by winter. Our project focused on:

- Making funding for the recruitment of additional workforce and expansion of existing clinical capacity over the winter months of 2021/22.
- By investing and funding several schemes targeting the recurring issues that negatively impact access to general practice.

Highlights:

- Enabled practice to have additional capacity to have sufficient resilience to cope with the significant demands of diminished capacity endured through the Omicron wave during the winter of 2021/22.
- We reviewed demand and capacity across primary care, NHS 111 and our emergency departments. It showed all three experienced peak levels of capacity, so our investments into increasing primary care capacity are expected to positively impact the capacity of all providers.
- Enabled us to accelerate both local quality improvement and digital first projects ensuring that new software was not introduced in isolation, but integrated into the ongoing data strategy.
- Working together with partners such as Healthwatch to understand and compare data from local surveys and The General Practice Patient Survey (GPPS) to inform the development of patient communication and engagement programmes.
- Building on learnings from the WAF, as part of north east London's Digital First programme there are plans to create a project that will investigate the options, both in terms of how new cloud-based phone systems will be procured, what the specification will be and at what scale they should be implemented.

Enhanced access to primary care

- Primary care networks (PCNs) will take on responsibility to offer patients a new 'enhanced access' model of care, which will see GP practices open from 9am-5pm on Saturdays from October 2022.
- This replaces the current Extended Hours and Extended Access services and marks a shift in the way out-of-hours non-urgent services are provided across north east London
- There is a need for commissioners to ensure that PCNs are preparing for this transition, and that they have undertaken good engagement with existing providers to enable the service from October 2022.
- In preparation for introducing the new Enhanced Access service, PCNs and commissioners have been asked to produce and agree a plan outlining how they will develop and implement the enhanced access services in line with the local population need.
- The plan should include how the PCN will engage or has engaged with its patient population and will or has considered patient preferences, including consideration of levels of capacity and demand.
- PCNs are required to submit their plans by 31st July 2022.

Enhanced access – patient engagement

- As per NHS England recommendations, NHS North East London ran a north east London-wide patient survey from 27 June to 18 July to assist with the first requirement.
- PCNs will be provided with local breakdowns of the survey results which they can use to help inform their plans. The survey does not replace any other engagement or known local insight.
- NHS North East London will also providing PCNs with a toolkit to help organise patient engagement meetings and slides to use at the meetings.
- The level of engagement necessary to comply with legal requirements very much depends on the extent of changes to the services in the local area. Discussions on patient engagement are ongoing and will help to provide assurance that the PCNs have complied with both the requirements on patient engagement on Enhanced Access and also the core GP contract requirements on patient participation.

Proposed changes to healthcare – community diagnostic hubs

- Over the next three years the NHS in North East London expects to receive £39 million from central NHS funds to build and run Community Diagnostic Centres (CDCs).
- CDCs would be able to carry out imaging (such as x-rays and MRI scans), pathology (e.g. taking blood samples to check for diseases) and physiological measurements (such as heart rates). Our proposal is that medium-sized CDCs don't include endoscopy (using a camera on a flexible tube) at the moment as we have sufficient capacity.
- It is possible that North East London may receive further funding, however this is not guaranteed.

This year we propose to:

- Expand the two existing diagnostic sites at Mile End Hospital and Barking Community Hospital to become medium-sized CDCs.
- Look at the feasibility, costs and benefits of developing other sites in the next few years. We are looking in particular at King George Hospital in Ilford and/or St George's Health and Wellbeing Hub in Havering, St Leonard's Hospital in Hackney and on the Whipps Cross Hospital site.
- We may also look at developing smaller centres in shopping centres – for example Canary Wharf, Westfield Stratford and Liberty Romford.
- CDCs are extra facilities that would provide patients with quicker, simpler, easier, more integrated and more personal service; improve health outcomes; reduce inequalities; and improve efficiency. Patients would still be able to get tests in hospital and at GP surgeries.

The public consultation on these proposals is anticipated to close in mid-September.

Development of acute specialities and clinical services across North East London

Context

- The three Acute Trusts in North East London are developing changes and improvements to acute services, which cover a wide range of specialities. These range from how patients interact with the hospitals to how and where services are provided. They also involve clinical support services.
- These proposals vary in scope and scale with a number of them long-standing (for example, development of the East Wing at Homerton; establishment of Centres of Excellence; and alignment of day-case activity to King George's). Some of these are trust specific; others involve all or two of the hospital groups.
- Additionally, various initiatives have also arisen directly as a result of the public health emergency of the last two years and the resulting focus on recovery, including how to optimize and expedite patient access so that this is equitable for all patients across North East London (rather than at any one hospital or Trust). Some of these initiatives are the result of national policy; developed for local circumstances and needs of our population.

Developing proposals

- Formally, in terms of clinical strategies, and the various proposals referenced above, the three Trust positions are all at different stages of development. Additionally, the Acute Trusts across NEL plan to do further work together on an aligned system wide strategy, the development of which was impacted as a result of the pandemic.
- In response to the current reorganisation of NHS services and establishment of Integrated Care Systems an Acute Provider Collaborative has been created, involving Barts Health, BHRUT and Homerton. Through this, the three organisations will work to agree a single approach to service development proposals. This is to ensure that these improve outcomes in healthcare, respond to population health needs and improve inequalities in patient experience and access across the system.

Communicating developments

- The North East London Acute Provider Collaborative is meeting in July at which point this work will be commissioned formally. It is expected that a first overview of the above proposals that all three Trusts can support, including plans for engagement and consultation on these proposals, will be developed for late autumn.

Targeted Investment Fund (TIF) bids

The TIF is a £700m national fund to enable elective recovery. We have made the following bids for funding for north east London:

- **King George Hospital**
  - Extend current theatre suite from five to seven theatres.
- **Moorfields Eye Hospital**
  - Develop an ophthalmology centre in Stratford including outpatient, diagnostic and day stay theatre facilities.
- **Newham University Hospital (two schemes)**
  - Refurbish two mothballed theatres to increase elective theatre capacity
  - Construct a two-storey modular build to provide additional critical care and general adult beds.
- **St Bartholomew's Hospital**
  - Add 14 intensive care beds and 22 cardiac elective surgical beds.

Decisions on TIF bids are not likely to be made until August 2022. We will keep the committee updated about the outcome and next steps, including engagement where appropriate.

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OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 28 JULY 2022

Subject Heading:	NHS Fertility Policy – Proposed Changes for North East London
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	An update will be given on changes to the NHS fertility services policy for this area.
Financial summary:	No financial implications of the covering report itself.

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

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

SUMMARY

Information will be presented on the latest position regarding NHS fertility services in Outer North East London.

RECOMMENDATIONS

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

REPORT DETAIL

An update will be presented by NHS officers (attached) on proposals for the availability of 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.

BACKGROUND PAPERS

None.

NHS
North East London

NHS help to try to have a baby - proposed changes for people living in north east London

July 2022

Presentation to North East London Joint Health Scrutiny and Overview Committees

Introduction

- We are proposing a new single, updated policy on what NHS treatment we fund for those with fertility problems in north east London.
- The aim of the new policy is not to reduce the treatments that we fund or who is eligible to have them.
- Depending on where you live, what we are proposing is likely to increase the amount of treatment you can have, and improve access to some treatments. We want to make it so that wherever you live in north east London, you are able to have the same fertility treatment if you need help getting pregnant
- We need to make best use of NHS money given the increasing needs of our population and competing demands for resources. The proposals will require increased investment, but we believe the policy addresses inequities across north east London and is fairer.

Introduction continued

- Given we do not have an unlimited budget, our priority for NHS treatment is for those who have a medical problem.
- We have used the latest national clinical guidelines from National Institute for Health and Care Excellence (NICE), research and best practice to develop the proposed policy.
- Clinicians including GPs and fertility experts have also helped to shape it.
- We used feedback from stakeholders and residents to shape the engagement communications and approach. Including ensuring the information was inclusive and accessible, that the changes between the current policies and the proposed policy were clear, and that information about mental health support was included.

Areas covered in the proposed policy:

1. **Eligibility criteria for assisted conception –** this is who can get NHS funded help to get pregnant
2. **Number of IVF cycles and embryo transfers - ** How many IVF cycles you can have at what ag**e**
3. **Age limit for fertility treatment**
4. **Funding of intrauterine insemination (IUI)** – a type of artificial insemination for certain patient groups
5. **Funding of donor eggs/sperm based on certain criteria**
6. **Fertility preservation** – how long eggs/sperm/embryos are stored and age criteria
7. **Ovarian reserve criteria** – the number and quality of eggs remaining in the ovaries which is measured by tests to predict how many eggs might be produced during IVF.

1. Who can get NHS funded help to get pregnant

- For assisted conception treatments, unless otherwise stated, you need to meet eligibility criteria.
- This includes how long you have been trying to get pregnant, and things like not being too over or under weight, if you or your partner have a child already, your age, and if you smoke.
- Most of these criteria in our proposed policy are the same as the existing fertility policies, however **we want to increase the upper age limit for treatment** to 43 years old – this means more people will be eligibile for NHS help.
- In the existing policies this was aged 39 or 41 depending on where you lived in north east London.

2. How many IVF cycles you can have at what age

Proposed policy:

- **Increase to three ‘full’ IVF cycles** for eligible people trying to get pregnant aged 39 and under.
- **Increase to one ‘full’ cycle** for eligible people trying to get pregnant who are aged 40, 41 and 42.

Reduce the number of unsuccessful cycles of IUI needed for people are trying to get pregnant through artificial insemination (IUI) before IVF will be offered to six cycles if the woman or person trying to get pregnant is aged 36 or over. Twelve cycles of IUI are required if aged under 36. Six of these could be funded by the local NHS if you are eligible.

The proposed policy **increases** the amount of treatment available to give people more chances to get pregnant, as well as making treatment the same across all areas of north east London.

The proposed policy is the same as NICE guidelines.

3. Funding of intrauterine insemination (IUI)

Proposed policy:

Increase to fund up to six cycles of IUI for the following, where eligible:
a. individuals and couples trying to get pregnant using donor insemination who have fertility problems.

b. some people with social, cultural or religious objections to IVF.
c. people with physical disability or psychosexual problems who have fertility problems.
d. people with a condition that means you need IUI as part of your fertility treatment.

The proposed policy **increases** who is eligible for NHS funded IUI in north east London.

The proposed policy is consistent with NICE guidelines.

4. Funding of assisted conception treatments using donor eggs/sperm

Proposed policy:

- **Increase** funding to cover the costs of the donor eggs and IVF for eligible people with conditions recommended by NICE.
- **Increase** funding to cover the costs of the donor sperm and IUI/IVF for the following, where eligible:
  a. people with conditions recommended by NICE.
  b. individuals and couples trying to get pregnant using donor insemination who have fertility problems.

This means we would pay for the donor eggs or sperm that are used in some NHS funded assisted conception treatments for people with fertility problems or certain conditions. The existing policies do not provide this funding.

Our proposed policy is the same as the NICE guidelines.

We are asking for views, suggestions and feedback on how we could approach funding of donor eggs and sperm. We will then use this as a basis for local NHS guidelines on this.

5. Fertility preservation

Proposed policy:

- **Increase** storage of eggs, sperm and embryos for people with conditions or who need a treatment that can cause infertility to:
  - Up to 10 years storage for people aged 32 and over. For people aged under 32 years, storage is funded up until their 43rd birthday.

The storage time in our proposed policy is longer than NICE recommends in some cases.

Those eligible for fertility preservation in our proposed policy is the same as NICE guidance.

6. Ovarian reserve criteria

Proposed policy:

To be eligible for assisted conception treatment, regardless of your age, there should not be evidence of low ovarian reserve measured by two or more of the three NICE recommended tests.

Our proposed policy is not the same as NICE guidelines which recommend that for women or people trying to get pregnant aged 40-42 only, there should be no evidence of a low ovarian reserve. Our proposed policy, and current policies, include ovarian reserve criteria for people of all ages.

With limited NHS budgets we have to make sure we're funding treatment where it is also likely to result in a person becoming pregnant, which is why we are using ovarian reserve criteria but increasing funding for IVF cycles in our proposed policy.

How to have your say - survey closes on 22 August

- We have sent the engagement information directly to around 230 stakeholders and community groups, and had articles in local media.
- We are hosting public events in July and August for people to ask questions and have their say. We will publish a recording of this on our website.
- Please encourage residents in your areas to read the information about the policy or join an event – and submit their views via our survey.
- The feedback will then be analysed and reviewed by the clinical review group, alongside other information, to create the final policy.
- The policy will be taken to NHS North East London's board for decision in the autumn.
- We will ensure the new policy is promoted to stakeholders, GP and clinicians, and the public.

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OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 28 JULY 2022

Subject Heading:	Appointment of Observer Member – Inner North East London Joint Health Overview and Scrutiny Committee
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	The Committee is asked to select an observer Member on the INEL JHOSC.
Financial summary:	No financial implications of the covering report itself.

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

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

SUMMARY

The Joint Committee is asked to select an observer Member to sit on the equivalent committee covering Inner North East London.

RECOMMENDATIONS

1. That the Joint Committee selects one Member to act as an observer Member on the Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC).

REPORT DETAIL

The Joint Committee is entitled to nominate one observer member to attend the INEL JHOSC. As it is likely that London Borough of Redbridge would have the most interest in the work of the Committee, given the amount of Redbridge residents using for example Whipps Cross Hospital, it is suggested that a Redbridge member be nominated to the position. This is however of course a matter for the Joint Committee to decide.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.