

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

4.00 pm

**Tuesday
18 October 2022**

**Barking Town Hall,
Council Chamber**

COUNCILLORS:

**LONDON BOROUGH OF BARKING &
DAGENHAM**

Councillor Paul Robinson (Chairman)
Councillor Donna Lumsden
Vacancy

**LONDON BOROUGH OF
WALTHAM FOREST**

Councillor Catherine Deakin

LONDON BOROUGH OF HAVERING

Councillor Patricia Brown
Councillor Christine Smith
Councillor Julie Wilkes

ESSEX COUNTY COUNCIL

Councillor Marshall Vance

LONDON BOROUGH OF REDBRIDGE

Councillor Beverley Brewer
Councillor Sunny Brar
Councillor Bert Jones

EPPING FOREST DISTRICT COUNCIL

Councillor Kaz Rizvi
(Observer Member)

CO-OPTED MEMBERS:

Ian Buckmaster, Healthwatch Havering
Emma Friddin, Healthwatch Redbridge
Manisha Modhvadia, Healthwatch Barking &
Dagenham

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

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

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

Reporting means:-

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

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

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

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



Essex County Council



NOTES ABOUT THE MEETING

1. HEALTH AND SAFETY

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

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

2. CONDUCT AT THE MEETING

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

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

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

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

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

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

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

Apologies have been received from Ian Buckmaster, Healthwatch Havering.

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 declare 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 28 July 2002 (attached).

5 NHS NORTH EAST LONDON HEALTH UPDATES (Pages 7 - 30)

Report and presentation attached.

6 DEVELOPMENT OF THE INTEGRATED CARE STRATEGY (Pages 31 - 40)

Report and presentation attached.

7 ACUTE PROVIDER COLLABORATIVES - DEVELOPING PLANS (Pages 41 - 42)

Report attached.

8 WORK PROGRAMME

Members are invited to suggest any items for the Joint Committee's future work programme. Suggestions may also be made via the Clerk of the Committee at any time.

Anthony Clements
Clerk to the Joint Committee

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall
28 July 2022 (4.00 - 5.20 pm)**

Present:

COUNCILLORS

**London Borough of
Barking & Dagenham**

Paul Robinson

**London Borough of
Havering**

Patricia Brown, Christine Smith and Julie Wilkes
(Chairman)

**London Borough of
Redbridge**

Sunny Brar, Bert Jones and Martin Sachs

**London Borough of
Waltham Forest**

Essex County Council

**Epping Forest District
Councillor**

Kaz Rizvi (observer Member)

Co-opted Members

Ian Buckmaster, Healthwatch Havering

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman announced details of the arrangements in the case of fire or other event that may require the evacuation of the meeting room.

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

Apologies were received from Councillors Donna Lumsden (Barking & Dagenham) Catherine Deakin (Waltham Forest) and Beverley Brewer (Redbridge – Martin Sachs substituting).

3 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

4 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 14 December 2021 were agreed by the Committee as a correct record and signed by the Chairman.

The Committee also received the notes of the informal meeting held on 14 March 2022.

It was noted that there was no date known at this stage for when the BHRUT clinical strategy would be available for scrutiny.

5 STATEMENT FROM MEMBER OF THE PUBLIC

A member of the public addressed the Committee regarding the overnight position at King George Hospital A & E where paediatric specialists, in some cases, had to travel from Queens Hospital to give treatment at King George. The member of the public also asked for clarification on the availability of resuscitation facilities at King George.

The Chief Executive of the Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) responded that the most seriously ill children were taken direct to Queen's Hospital. The Trust wished to ensure sufficient clinical expertise at King George Hospital. Whilst cases would be transferred to King George if necessary, the Trust had no concerns about treating children at King George.

6 UPDATE ON NORTH EAST LONDON HEALTH AND CARE PARTNERSHIP

It was emphasised by NHS officers that the new NHS structures represented by the partnership would not mean any changes from the patient's perspective and that this would not impact on GP access etc.

The overarching Integrated Care Board had only met on one occasion thus far. The Board included senior NHS officers such as the Chief Finance, Medical and Nursing Officers as well as two representatives from Local Authorities. ONEL representation on the Board included Councillor Maureen Worby from Barking & Dagenham and Dr Jagan John representing primary care in Barking & Dagenham.

This was a new structure that would allow transparency around NHS decisions. There were a number of committees operating under the Integrated Care Board covering areas such as audit & risk, quality and remuneration & people.

The first Board paper listed objectives for the year and this could be circulated to Members.

The Committee noted the position.

7 NHS NORTH EAST LONDON - HEALTH UPDATE

The Chief Executive of BHRUT explained that the Trust had been working hard to return elective care to pre-pandemic levels. The focus had been on long waits for treatment and the numbers of patients waiting in excess of two years for treatment was now in single figures. The focus was now on patients with 52 or 78 week waits for treatment.

The number of referrals for treatment continued to rise and there was also increased pressure on GPs. As regards unplanned care, there was a lot of pressure on A & E and efforts were made not to have long ambulance waits. The Trust had coped well with the impact of the recent wildfires.

Weekends were currently very busy at A & E and there had been a rise in the numbers of A & E patients exhibiting mental health problems which also impacted on waiting times at the department.

The Chair in Common for BHRUT and Barts Health explained that a new Chief Executive (Shane Dugarris) had been recruited for both Trusts. Matthew Trainer would remain Chief Operating Officer for BHRUT as well as Deputy Chief Executive for both Trusts. It was felt this would create a strong voice for acute care providers across North East London. It was clarified that the two Trusts would continue as separate organisations representing their local communities.

As regards primary care in the sector, 14% more appointments had been provided than in the previous winter. Evening and Saturday appointments were provided by GP practice networks. A recent survey of the views of North East London residents on primary care had received a large response.

A Covid booster and Flu vaccine programme would be launched in the autumn. This would include vaccines being available from primary care settings, community pharmacies and shopping centres.

The impact of the changes to Continuing Healthcare on each borough was currently being considered. The level of service would be the same across all boroughs.

The programme director for Community Diagnostic Centres explained that these facilities were designed to increase patient access to diagnostics. Consultation was currently ongoing on the first two centres at Barking and Mile End Hospitals. It was clarified that neither site was fully operational as yet. Funding had been approved for the building work at both sites. Total funding of £39m plus revenue costs had been secured over the next three years. The two centres would be fully open in late 2023.

It was hoped to improve people's access to planned care as soon as possible and an update could be brought to the JHOSC in late autumn. An

additional investment fund was available which had received bids for e.g. the expansion of theatres at King George Hospital.

It was accepted that London Ambulance Service had a very challenging position. BHRUT aimed to complete patient handovers from ambulances as quickly as possible. Assessment of patients was also sometimes carried out in ambulances.

Data on the number of Monkeypox vaccines administered so far could be supplied. The cohort most likely to be affected has been offered the vaccine at acute sites in North East London, avoiding the need to travel elsewhere.

A sustainability plan was in place across the partnership. The recent heatwave had seen a rise in A & E of cases of older people falling after becoming dehydrated. Some areas of the hospital were air conditioned but it was accepted that the wards in King George Hospital were very hot. The Trust was seeking to mitigate the impact of extreme weather in the longer term.

On workforce issues, there had been successful recent recruitment in radiology. A radiology academy would open at King George Hospital shortly which it was felt would assist with the retention of radiographers. The establishment of new roles for support staff would maximise skills and allow more flexibility of the workforce.

The Committee noted the position and the additional information that was to be provided.

8 NHS FERTILITY POLICY - PROPOSED CHANGES FOR NORTH EAST LONDON

The changes proposed were aimed to give greater consistency of fertility services across North East London. The proposals were not related to cost savings but sought to improve the offer to North East London residents. The upper age limit to access fertility services had been increased to 43 – in excess of the NICE guidance. The number of cycles available and access to IV insemination had also been increased.

Data on current waiting lists for fertility treatment could be supplied. Any delays experienced were more relating to IVF treatments than assessments etc. Whilst the proposals would allow more people to be seen, it was felt that this would not increase waiting lists. The number of sites at which fertility treatment was available would not increase as fertility was a specialist area.

It was clarified that psychological support was already available to fertility patients and that this could be increased if necessary.

The Committee noted the position.

9 APPOINTMENT OF OBSERVER MEMBER - INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

It was agreed, without division, that Councillor Beverley Brewer should be the Joint Committee's representative on the equivalent committee covering Inner North East London.

10 WORK PROGRAMME

It was agreed that a response from the Integrated Care Partnership to the recent LEDER report on learning disabilities should be added to the work programme.

11 DATES OF FUTURE MEETINGS

It was agreed that the remaining meetings of the Joint Committee should be on the following dates, starting at 4 pm:

18 October 2022
10 January 2023
18 April 2023

Chairman

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OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 18 OCTOBER 2022

Subject Heading:	NHS North East London – Health Update
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	Officers will give details of a number NHS initiatives affecting Outer North East London
Financial summary:	No financial implications of the covering report itself.

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

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

SUMMARY

NHS officers will give updates on a number of areas requested by the Joint Committee.

RECOMMENDATIONS

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

REPORT DETAIL

The Joint Committee has asked for further information on a number of issues regarding local NHS services. Further details are attached and this item will also include a short discussion with the CEO for the BHRUT and Barts Health Acute Trusts.

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

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NHS North East London – Health Update

October 2022

Presentation to North East London Joint Health Scrutiny and Overview
Committees

Contents

- Performance
 - BHRUT update
 - Barts Health Update
 - NELFT and ELFT
- Winter planning, resilience and vaccinations
 - Winter planning - overview
 - Winter resilience in primary care
 - Vaccinations update
- Community Diagnostic Centres update – for information

BHRUT

Reducing our waiting lists

- The total number of people on our waiting lists at the end of August was 64,989; the majority need to be seen in Outpatients. 4,646 people are waiting for procedures; more than 2,100 have been waiting over a year and 73 patients have waited for more than 78 weeks
- Our innovative work to reduce the backlog continues to be recognised nationally. This summer, teams worked overtime and ran extra clinics and diagnostic sessions and as a result, [those waiting for more than two years](#) reduced from 218 in May to zero in July
- Patients are also benefitting from faster diagnosis thanks to more diagnostic equipment, with an additional [30,000 tests and scans](#) taking place at Barking Community Hospital this financial year, including MRI and CT

Urgent and emergency care (UEC)

- Our UEC performance continues to damage our reputation; there are external constraints and we must improve. Our initial focus is on Queen's Hospital (QH), before implementing our learnings at King George Hospital
- We've worked with PELC to reduce the Urgent Treatment Centre queue at QH to streamline the arrival process and improve safety
- The next phase of our improvement work is Project Snowball; designed to ensure patients are being treated in the most suitable location. Initial focus is on the over 75s and we will proactively, and without delay, begin to move them from ED to our frailty unit where they will be looked after by specialist medical staff
- To strengthen our relationship with primary care, we've appointed [three new Associate Medical Directors](#). Senior GPs Dr Jagan John, Dr Anil Mehta and Dr Atul Aggarwal will work closely with clinicians to improve the experience of our patients both inside the hospital and when discharged back into the community

Finance

- The need to spend money wisely is a priority and we must reduce the use of high-cost agencies. To help, we will welcome more than 500 new, substantive staff and we'll soon be in a position where nine out of every ten colleagues will be employed directly by the Trust, with bank shifts meeting seasonal demands

Supporting our staff

- Our focus continues to be the wellbeing of our staff. The cost of living is having an impact and we're looking at different ways we can offer sustainable support
- We've held a special Marketplace offering donated school uniforms and office wear and provided school uniform vouchers, which helped more than 450 families. Other support includes enhanced petrol reimbursements, free period products, financial wellbeing days and we're also a foodbank referrer
- Our [Platinum Jubilee Thank You weekend for staff](#) was also an opportunity to recognise their hard work. More than 3,500 staff and families attended a variety of events at our hospitals, including an afternoon tea, evening party and a family and friends' picnic and fun day

Barts Health update October 2022

- **Leadership team:** we have appointed substantively to all of our hospital CEO roles, and our new Chief Operating Officer will start with us in January
- **Elective recovery:** we have cleared most patients waiting over 2 years for treatment, except where patients have chosen to delay their treatment or complex surgery is required. 78 week waiters is the next priority area, with the national target to clear these by March 2023
- **UEC** – our Emergency Departments continue to be far busier than normal. We are deep into our annual Winter Planning process and will be working across the system reduce pressure in ED and getting hospitals back on the road as soon as possible. Our innovative REACH approach will be key to supporting that.
- **Covid pressures** - have fluctuated over the summer but are on the rise again. A key part of our winter plan will be how we would deal with another covid wave as well as increases in other respiratory conditions
- **Vaccinations:** Our 22/23 Winter Flu and Covid-19 booster campaign for staff has begun with wellbeing fairs and drop-in clinics at all our hospital sites.
- **Monkeypox:** Positive case numbers are dropping across all our hospitals.
 - Vaccines are in limited supply nationally, but there are still vaccines in stock at our sexual health clinic
 - The Trust has also been part of the [largest monkeypox international study](#) which will lead to more patients being diagnosed faster
- **Closer collaboration:** Our collaboration with Barking, Havering and Redbridge University Hospitals (BHRUT) has been strengthened recently through the appointments of three joint NEDs, and an exchange of senior leaders. Matthew Trainer has been designated as Deputy Group CEO and we have agreed a set of priority workstreams to take forward.
- This aligns with the wider Acute Provider Collaboration, and will allow Barts Health and BHRUT to deliver the system wide strategic priorities together

NELFT and ELFT

- **A new East London Vaccination Centre**
- The Newham-based Westfield Vaccination Centre & interim blood testing (phlebotomy) clinic at Stratford closed on Monday 26 September.
- The new East London Vaccination Centre opened on Monday 3 October, located within Beaumont House within Mile End Hospital in Tower Hamlets.
- The Centre administers COVID-19 and Polio vaccinations for children as well as flu vaccines for health & care staff within ELFT and Barts Health NHS Trust.
- Newham's four phlebotomy clinics provide ease of access for borough residents and have expanded to cope with any increased demand.
- **Appointment of Joint Chair for ELFT & NELFT**
- The deadline for applications for the role of Joint Chair for NELFT and ELFT closed on Monday 3 October. Our organisations are looking to recruit a proven leader keen to continue develop the strong partnership work going on between and across both trusts.

Winter planning – overview

Our objective is to ensure that the residents of north east London are able to access the care and support they need to keep them well this winter. This means:

- Helping people stay well, independent and healthy, preventing them needing acute levels of care as far as possible;
- Ensuring that we are planning for and delivering the capacity we need for those who do need it;
- Ensuring that people can access the right care at the right time, and which prevents them from becoming more unwell whilst they are waiting;
- When a resident has been admitted to hospital, ensuring that we have the right plans and support in place that they can move to a less acute setting and regain their independence as quickly as possible.

Bearing all this in mind, partners through the ICS Executive Committee and in Place Partnerships are focusing on our planning for winter. This will build on the usual winter planning we undertake bringing together place-based, acute, community, mental health, primary and social care and wider provider level planning and preparation, ensuring that all partners across the system are working together to support people to stay well and at home where possible.

It will also ensure we meet the eight core objectives set in NHSE Winter Requirements Letter.

Winter planning – Supporting people to stay well

The core ingredients of our work in this area are:

- Demand management – making sure our residents get the best care in the right place first time via urgent community response services, an integrated falls service, homeless pathways and proactive support to high impact users across all Boroughs. We will ensure consistency of services so that all our residents can expect to be supported to a common, core level, and single system providers (such as London Ambulance Service) can most effectively work with us.
- Additional support to Nursing and Residential care homes to keep residents in their home setting as far as possible – wrapping system support around those homes that need it the most and reducing urgent care interventions where possible
- Virtual wards – these allow patients to get the care they need at home safely and conveniently, rather than being in hospital. Across North East London these support discharge and community set up (initially for frail patients and acute respiratory infections).
- Anticipatory care – ensuring this model connects effectively across the system to target those most at risk over the winter and provide early, targeted health or care interventions to prevent deterioration in their health, thereby supporting their independence, keeping them well in their usual home setting (whether this is their own home or a care home) and preventing the need for admission. Where necessary linking in with their families, usual care staff, GPs or other services.
- Exploring enhanced domiciliary offers which build on the expertise of care workers to provide for residents with greater complexity in their own homes
- An effective under 5 respiratory service which sees children in the community, but ensures capacity in acute settings for those in greatest need
- Place based planning led by place partnerships with the active engagement of local systems. These plans should focus on addressing the impact of the cost of living emergency on the determinants of the health and wellbeing of residents, supporting early intervention and community-based models to keep people well.
- Our vaccine programmes – and in particular our work on flu and covid vaccinations.

Winter planning – Access to Urgent and Emergency Care

In order to ensure that residents are able to access the urgent or emergency care they need we are:

- Provider organisations have all developed winter plans in conjunction with all system partner plans, particularly place based plans. These should ensure mitigation of any capacity and demand gaps and outline how they will work together to manage pressures.
- Supporting 111/999 services - by focusing on a shared understanding of risk, a shared focus on supporting people to stay at home with primary, community and social care support and enabling access to alternatives to urgent care
- Urgent Treatment Centre models of delivery and integration with A+E services, GP extended hubs and out of hours services (as appropriate) – ensuring we have a joined up approach to keeping people at home with the support they need, facilitating access to primary care and building in effective social care packages at pace
- Supporting emergency departments to run smoothly – removing blocks that prevent people moving into appropriate settings within the hospital or back home and reducing 12 hour delays, improving access to mental health services for children and adults
- Infection Prevention Control – maintaining safety, especially in light of increased risks from flu and Covid resurgence

Supporting the system

- The ICB is working through how the current incident response function can work more effectively with system surge and capacity teams to support partners across the system and the broader approach to winter planning and system resilience 24/7.

Winter planning – Further support

Supporting people to leave hospital as soon as they are ready

- There will be a partnership approach to discharge planning, ensuring a joined-up approach and clear link to reablement and rehabilitation, in order to minimise the risk of people being readmitted to hospital and the need for long term health and or care input. Creating and maintaining additional care provision capacity is important but in itself will not solve the challenges that stop people being able to leave hospital as soon as they are medically fit into an environment that supports their continued recovery. We know we need to concentrate on our collective effectiveness in the way we work together to discharge patients, particularly those with more complex or ongoing care needs. Health and social care working in partnership with patients and their families at each point of the process throughout the hospital stay, from preparatory actions within hospital, to rapid and robust assessments, placements and transfer. Working in a way that brings together the shared contributions of the NHS and local government, predominantly through social care, with residents and their families and the wider community sector. Particular focus will be put on maintaining discharge 7 days a week.

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Supporting access to primary care

- Primary care is a critical part of the system. Further details are later in this briefing pack.

Supporting the workforce

- Our workforce is the most critical element of our response and we recognise the need to work together to support our workforce as a system. All areas of the workforce are facing some level of challenge due to competing pressures, wage inflation in other sectors and the longer term impacts of Brexit, requiring a system wide approach to how we can support the workforce across winter. We recognise the specific challenges in some disciplines and sectors in both recruitment and retention, for example in social care and nursing.

Winter planning – Messaging and next steps

Winter Messaging Campaign

Our winter campaign will have three broad themes aimed at prevention, care navigation and supporting the impact of the cost of living crisis where we can.

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- 1) Preventing respiratory illness by encouraging maximum uptake of flu and covid vaccinations for residents and staff – offering individual and patients protection and supporting services through maintaining staff health and wellbeing and lower incidence of ill health
- 2) “Your route to health” guiding people to access the best option for their need and making them aware of what each service can offer e.g. using 111, community pharmacy, self-care. mental health crisis services and encouraging registration with GPs rather than reactive or crisis attendance at A+E
- 3) Cost of living – financial help and advice on NHS care costs and prescriptions.

Next steps

- The winter plan will be a live document led across the system and will be adapted and refined in line with the changing position over the coming months, ensuring it is responsive and dynamic.
- Overall it will be underpinned by strong governance, relationships, leadership and place- based delivery. The North East London Programme executive, chaired by the ICB CEO, will provide system oversight. In addition, strong clinical and professional leadership and subject matter expertise will ensure the plan is working in the right way, managing risk and effectively managing quality across services.

Supporting winter resilience in primary care 2022/23

- **Utilising pharmacy:** The Community pharmacy consultation service will be key in helping practices to manage workload by streaming patients to community pharmacy where appropriate. 24,000 referrals made so far by 96% of practices.
- **Recruitment:** We are working to maximise recruitment of new staff in primary care across the winter, including the introduction of two new posts: GP Assistants and Digital Transformation Leads.
- **Locum banks:** Local locum bank has been extended to facilitate access to locums familiar with the local area and services and to enable cover for workforce absences through peaks of demand.
- **Collaboration:** Supporting practices to work with each other and other providers to develop collaborative models to manage seasonal preparedness such as oximetry monitoring for COVID-19 patients alongside the digital development of primary care.
- **Building resilience:** To continue to support practices in leadership development, technology and quality improvement and develop a framework of support for practices at risk of closure to build sustainability and resilience into the system.
- **Increasing capacity:** Initiatives to help release GP capacity such as speech recognition software and piloting new roles and additional funding over winter to increase the workforce and support additional appointments. New funding is expected to become available to support practices with telephony, business intelligence tools and premises
- **Training:** Training programmes are taking place aimed at optimising current working practices and releasing further clinical capacity
- **Enhanced access:** Continuation of urgent same day access services on Sundays, Bank Holidays and late evenings alongside the new GP enhanced access service

Enhanced access to primary care – what's changed?

- Primary care networks (PCNs), groups of practices working together, are now required to offer patients a new 'enhanced access' model of care which will see GP practices open from 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. This change has happened across England and means patients may be offered an appointment at their GP practice, another local GP practice or another local NHS premise.
 - 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.
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- PCNs have prepared for this transition, having undertaken good engagement with existing providers to enable the service to run from October 2022.
- In preparation for the new Enhanced Access service, PCNs and commissioners have produced and agreed a plan outlining how they will develop and implement the enhanced access services in line with the local population need.
 - The plan included how the PCN has engaged with its patient population, considered patient preferences, and levels of capacity and demand.
 - To support PCNs with engaging their patient populations we also ran a north east London wide survey on people's views on services. We received over 38,000 responses from patients and findings were shared with all PCNs and used to help shape plans.

Autumn Covid-19 booster & flu vaccine programme

Autumn COVID-19 booster & flu vaccine programme update

- Data and feedback from countries in the southern hemisphere led to the JCVI making a final recommendation on the cohorts eligible for the Autumn Booster programme and to extend those eligible for a seasonal flu immunisation to healthy 50 – 64 year olds and secondary school aged children in years 7, 8 and 9. Additional flu stock has been ordered to support this.
- There is an increased emphasis this year to co-promote and co-administer the COVID-19 and seasonal flu vaccine. Co-administration is in part linked to when flu stocks arrive.
- NHS England (national team) rated the NEL ICS autumn COVID-19 booster plan as the second best in the country, with particular praise for its approach to reducing health inequalities and the use of outreach teams.
- The NEL ICS autumn booster plan is committed to continuing to enable those who have yet to come forward for their first, or second COVID-19 vaccination to do so.
- NHS England has requested that vaccination sites operating in high cost commercial premises are moved to alternative NHS or local authority owned premises. This has led to an increase in the number of GP practices being able to come forward to act as either a Local Vaccination Site or Satellite Clinic and additional community pharmacies to be approved. It will also lead to an extensive search for a new base for the Westfield Vaccination Centre. As mentioned earlier, Westfield Vaccination Centre will close on 26 September, with the new East London Vaccination Centre, based on the Mile End Hospital site opening on 3 October.
- The seasonal flu campaign started on 1 September and The autumn booster programme officially started on 12 September. Demand for the autumn booster across NE London has been high. With Community Pharmacy LVS sites being the most popular location to have a COVID-19 vaccine in NEL.

Total number of COVID-19 vaccination doses administered in NEL to date:
3,747,292.

Total number of COVID-19 vaccination doses administered in NEL between 12/09/22 & 18/09/22:
23,203. Of those **21,991** were the autumn booster.

Monkeypox

Vaccine rollout to eligible people

- We are continuing to deliver pre-exposure vaccination programme in line with guidance from UK Health Security Agency (UKHSA) to [eligible](#) gay, bisexual and other men who have sex with men (GBMSM) and frontline staff at greatest risk of exposure via our 3 Acute Trusts. We are also offering post-exposure vaccination those who have been in close contact with a confirmed case of monkeypox, via 2 Hospital Hubs covering London.
- JCVI recently endorsed a proposal by UKHSA to offer second doses to highest risk eligible cohorts whilst continuing efforts to maximise uptake of first doses to eligible individuals. The NHS will call forward those who are eligible for the second dose vaccination.

Vaccine supply

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- Additional stock now available. To optimise vaccine stock, and as advised by UKHSA, we are implementing a programme of fractionated dosing using intradermal administration. This approach is estimated to increase the total number of doses for use by up to five fold.

Stakeholder and community engagement

- We are working with the local healthcare community to rollout the vaccine as efficiently as possible, whilst also working to understand and reach people who may be at risk but are not known to NEL sexual health clinics or would not necessarily come forward for vaccination.
- [Barts Health](#) has been part of the largest monkeypox international study which will lead to more patients being diagnosed faster.
- We trialled a stealth pop-up vaccination event to try and reach people who may not access to vaccination in other settings, specifically targeting in this pilot gay and bisexual men in south Asian communities. They have shared their learnings with others across the area to help improve our understanding of how to reach more people who may be at risk.
- We have provided training for intradermal administration across north east London, working together to increase efficiency.

MMR vaccination programme

- NHSE national campaign started 26 September 2022 as one in ten children are not currently up to date with their MMR vaccinations in the UK.
- Letters and texts were sent parents/ guardians of registered children 1-6yrs old, due, becoming due or overdue MMR vaccine between the end of September to December.
- Delivery will be via general practice as per the usual contract.
- Supporting materials are available including FAQs and translations into different languages.
- We are building on plans to make every contact count by checking a child's complete vaccination status when offering a vaccination for MMR or polio.

Polio vaccination programme

- Children aged 1 to 9 in London are being offered a dose of polio vaccine as some poliovirus has been detected in sewage systems. In north east London (NEL) it has been detected in Waltham Forest and Hackney.
- Although the risk of getting polio remains extremely low, the chance of getting ill from polio is higher if a child is not fully vaccinated.
- The vast majority of children in NEL are eligible – the only exception is children aged over 3 years 4 months and less than 10 years who have had their pre-school booster less than 12 months ago (and have had their 3 primary doses).

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Vaccination rollout will take place at GP practices, community pharmacies, hospitals and vaccination centres supported. See link below for sites in additional sites in NEL offering the polio vaccine to children 5/6 to 9 years old.

[Polio booster vaccination - NHS North East London \(icb.nhs.uk\)](https://icb.nhs.uk)

- GP practices are directly contacting eligible parents via letters/text message.
- Priority boroughs are Waltham Forest and Hackney where polio has been detected.



Borough	Eligible children (approx.)	Poliovirus detected
Newham	43k	
Tower Hamlets	32k	
Waltham Forest	33k	X
City & Hackney	32k	X
Barking & Dagenham	30k	
Havering	29k	
Redbridge	38k	

Working together to promote the polio campaign

So far we have....

- Updated our [polio vaccination landing page](#) with updated info on vaccination site availability and linked from the North East London Health and care Partnership website.
- Distributed London level, and tailored local place-based communications toolkits to local authority and provider partners which include full array of assets, translated materials, FAQs and social media messages
- Shared messaging with engagement and primary care leads as well as community organisations, forums and platforms such as: Faith Forum Call covering all Bart's Trust, National Burial Council, 350 community leaders who have also forwarded to various forums, Baby Buddy app, local community Facebook groups, local Guides and Brownies groups and the Hackney Playbus.
- Developed a case study for use with NHS England (NHSE) media.
- Drafted multiple text messages for GP practices to send out directly to parents of eligible children.
- Shared content via all internal and external newsletter channels in particular GP communications.
- Drafted letters for parents and head teachers to be distributed by local councils.

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Upcoming plans....

- Digital screens in Hackney, Waltham Forest and Newham to go live (managed by NHSE).
- Circulate stakeholder update
- £30K (NHSE funded) digital marketing across NEL boroughs specifically targeting residents of Newham, Waltham Forest and Hackney.
- Stall at the Halal food fest in Olympic park 24 and 25 September, staffed and with polio (and winter vax) messaging

Community Diagnostic Centres (CDCs) Consultation

NHS North East London (NHS NEL) developed proposals to create Community Diagnostic Centres (CDCs) based on an NHSE&I mandate to create sufficient diagnostic capacity for residents and to tackle the current backlog.

- After developing proposals with partners and stakeholders, NHS NEL discussed the plans with JHOSCs and shared the proposed documentation in August, incorporating any comments made.
- The public consultation ran from 19 July 2022 to 13 September 2022. 397 responses were received.
- Key proposals included:
 - ❖ an increase in the size of the two most developed sites at Mile End Hospital and Barking Community Hospital.
 - ❖ to investigate the possibilities of developing other NHS sites in the next few years; looking in particular at King George Hospital in Ilford and/or St George's Health and Wellbeing Hub in Havering, a suitable site in the west of the area and the Whipps Cross Hospital site.
 - ❖ to investigate the development of smaller centres in shopping centres – for example Canary Wharf, Westfield Stratford and Liberty Romford that would do a smaller range of tests.
 - ❖ to change the system so that hospital consultants spend their time on patients with the most complex conditions, and GPs and their patients have greater ability to book test and look at test results.

Community Diagnostics Centres provide extra tests. Patients would still be able to get tests in hospital and at GP surgeries.

NHS NEL posted the consultation document, a summary, an Easy Read version, a print version, a background document, a strategy and an equality and health inequality impact assessment on the [North East London Health and Care Partnership public involvement page](#) (NEL HCP). The NEL HCP website has the ability to translate all the literature into 100 different languages, into large print, text to talk and various other formats to enable easy access.

The documentation was sent to libraries and hospital trusts; promoted on NEL NHS Twitter accounts (c18,000 followers), in NHS NEL's staff newsletter, and in the external newsletter sent to c 1,000 stakeholders and in local media (900,000 readership).

Three online events were held and BHRUT also promoted the consultation whilst they were promoting a separate, but aligned engagement on the development of Barking Hospital.

CDCs: Responses to the questionnaire

Question	% Agreed or strongly agreed	% Disagreed or strongly disagreed
Q1. What do you think about our reasons for developing Community Diagnostic Centres?	95%	2%
Q2. What do you think about how we decided on our proposals?	86%	5%
Q3. What do you think about the idea to further develop the two Community Diagnostics Centres – at Mile End Hospital and Barking Community Hospital – with the finances currently available?	66%	11%
Q4. What do you think about our proposal to look at the feasibility, costs and benefits of developing between one and three other sites, in particular: <ul style="list-style-type: none"> - King George Hospital in Ilford - St George's Health and Wellbeing Hub in Havering - In the West of the region - The Whipps Cross Hospital site? 	72%	12%
Q5. What do you think about our proposal to develop services at shopping centres e.g. Canary Wharf, Westfield Stratford and Liberty Romford?	73%	14%
Q6. What do you think about our proposal to enable consultants to focus more on patients needing the most urgent or complex tests?	82%	7%

CDCs: Consultation themes

A quantitative analysis shows that all the proposals were supported by a majority of respondents (see previous slide).

Key supporting themes were around:

- The need for more diagnostic capacity
- The development of CDCs separate to main hospital sites to reduce congestion at A&Es; and to make the units less intimidating (particularly for those with conditions such as autism or visual impairment)
- The possibility of more flexible access e.g. longer opening times
- The need to reduce inequalities
- Shopping centres are convenient and well connected
- Mile End and Barking Hospitals are convenient and/or relatively accessible in key areas of need; and it makes sense to expand existing facilities quickly
- The benefit of joined up thinking and reduction of waiting times by using GPs
- Community Diagnostic Centres

Key areas of concern were around:

- If there are sufficient staff and services, including to provide treatment if that was needed; and if CDCs would draw staff from A&Es
- If the proposals divided resources and was therefore less economic
- Are CDCs would sufficiently linked to clinical pathways to ensure that all tests required for a clinical presentation are carried out at the same time and how will the plan fit into a broader strategy for diagnostics?
- Whether there would be sufficient medical resource available in case of emergencies if CDCs were not at an acute hospital
- If the placement of the proposed centres best met the needs of the community – there was support for all the possible sites, and many others
- If the money could be better spent improving existing major hospitals
- Are public transport links and car parking at Mile End and Barking Hospital good enough?
- Whether there is sufficient privacy in shopping centres; whether the high footfall in these areas is suitable for everyone e.g. people with weakened immune systems; whether car parking would be too expensive; and if the NHS had the ability to staff and fund this service.
- Do GPs have the knowledge and time to take more control of the process?

Community Diagnostic Centres: Next steps

- We shared the outcome of the consultation with the NEL ICS Planned Care Board on 29 September – the board thanked the respondents to the consultation and accepted the report on feedback.
- We will be presenting the feedback and a full formal response to the points raised by this consultation (which will detail our plans, including any changes or responses to the consultation feedback) to both the Planned Care Board and ICS Board (a meeting held in public). These boards will then agree the approach to be taken.
- With the positive results received in the consultation and the further work and discussions held in the last 12 weeks, it is expected that the formal response will recommend continuing with the development of the proposed CDCs at Mile End Hospital and Barking Community Hospital and we will continue investigating the options for further CDCs.
- With the availability of workforce being a key public concern, we will also be continuing to advance our plans to support and generate a greater workforce within North East London, without causing any further operational pressure on our existing acute sites.
- Upon the completion of our proposal to build any further CDC centres across North East London, we will also look to see what further public engagement and consultation would be useful to help us develop the details of those plans.

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OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 18 OCTOBER 2022

Subject Heading:	Development of the Integrated Care Strategy
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	Officers will detail the development of the Integrated Care Strategy for 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	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

SUMMARY

NHS officers will detail the latest position with the development of the Integrated Care Strategy for 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

Following the establishment of the Integrated Care Partnership for this sector in July 2022, details are attached of the development of the Integrated Care Strategy – the final draft of which is due to be published in December 2022.

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.

Development of the integrated care strategy

Update on development of the North East London Integrated Care Strategy

Sep 2022

Hilary Ross, Director of Strategic Development

hilary.ross1@nhs.net

Background

- In July our Integrated Care Partnership was formally established. This is a statutory committee that brings together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop an integrated care strategy for the area.
- System partners across the North East London Health and Care Partnership have already reached collective agreement on our ICS purpose and four priorities to focus on together as a system (see next slide). These priorities will be at the heart of our integrated care strategy in NEL.

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The first draft of the Integrated Care Strategy is due to be submitted in December 2022 and national guidance was published in August.

The guidance states that the strategy should set the direction of the system across the area of the integrated care board and integrated care partnership, setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life. It also highlights the opportunity to do things differently, including reaching beyond 'traditional' health and social care services to consider the wider determinants of health or joining-up health, social care and wider services.

- The integrated care strategy will form the backdrop to service developments led by the provider collaboratives, and a joined up approach on engagement will be key.
- The following slides outline our emerging principles for strategy work in NEL, national requirements and the strategy landscape more broadly as well as next steps for developing the strategy over the coming months.

Our partnership purpose and priorities

Our
purpose

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

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Our
approach

Improve
quality and
outcomes

Secure
greater
equity

Create
value

Deepen
collaboration

Our
system
priorities

Employment
and workforce

Long term
conditions

Children and
young people

Mental health

Principles to underpin our system strategy development in NEL

A new NEL Strategy Task & Finish Group has discussed some initial principles for the integrated care strategy and other strategic work for the partnership -

Supports alignment -

- To our ICS purpose and priorities (see Annex 1)
- To our strategic context in NEL –
 - Richly *diverse* communities
 - Unprecedented population *growth*
 - Widespread and severe *deprivation*
 - Historic *underinvestment*

As well as supporting alignment across different parts of our system

Delivers the building blocks of our system -

- *Financial sustainability* and *value for money*
- *Equity of access, experience* and *outcomes* in all of our services
- Alleviating pressure on key services through a *population health approach*

Improves outcomes for our residents through a step change in ambition for –

- Tackling *inequalities*
- Focusing on *prevention*
- Accelerating *innovation*
- Securing greater *integration* and *collaboration*

Built through co-production and engagement –

- Grounded in *data, evidence* and *insights* from our communities
- Shaped by empowered *clinical* and *care professional leadership*
- Rebuilding *trust* with our *communities*

The new system strategy landscape

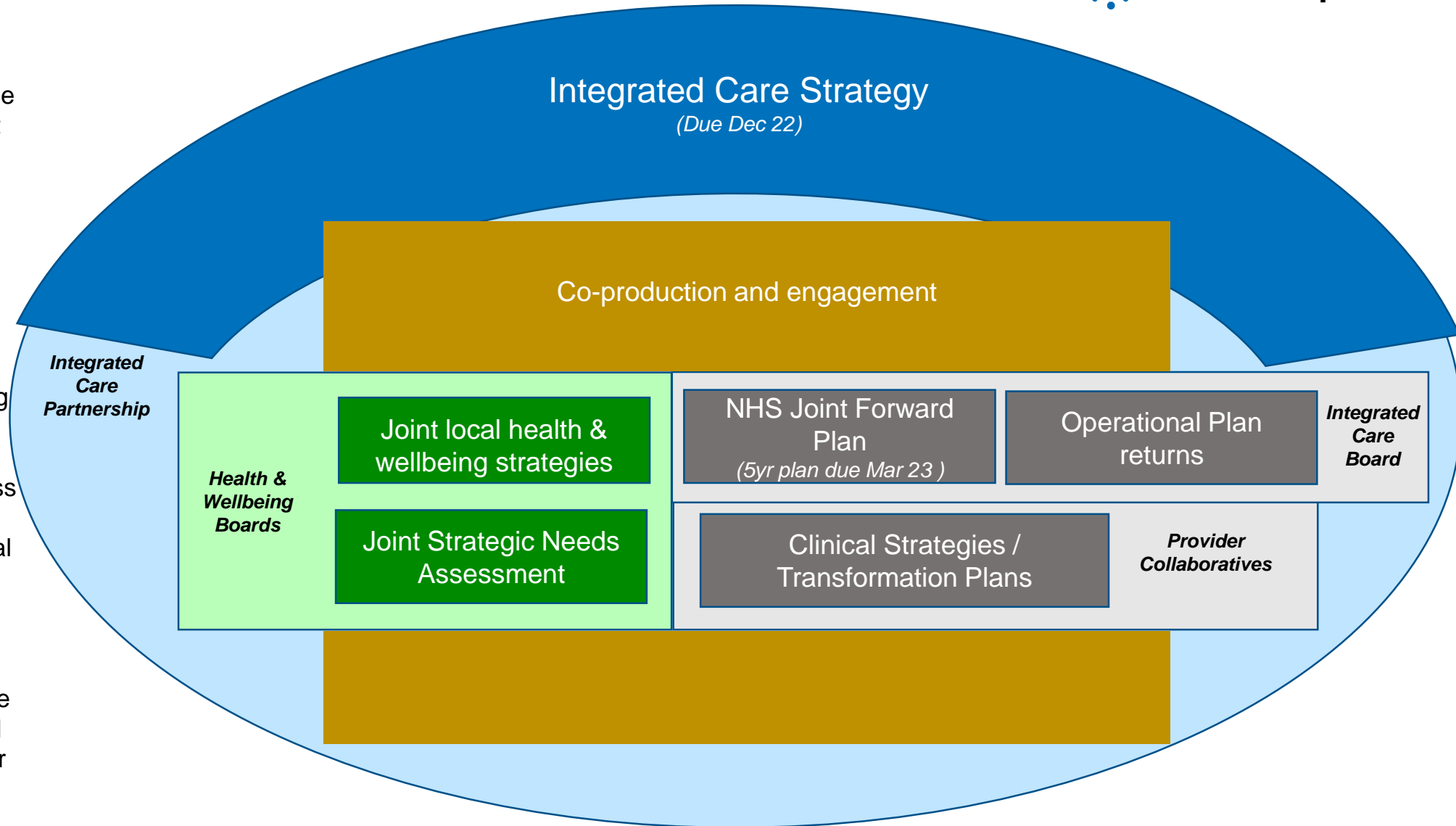
Assumptions

The ICP Integrated Care Strategy (due Dec 22) will be the overarching strategy for the system; and development of it is the initial focus for a new NEL Strategy Task & Finish Group.

The ICP Strategy will set the local framework for the (new) NHS Joint Forward Plan required by Mar 23 and our operational plan (now covering two years).

The ICP Strategy must address local JSNAs and there will need to be alignment with local health and wellbeing strategies.

Co-production and engagement with the full range of stakeholders including local people will be core to all of our system strategy work.



National requirements for integrated care strategies

ICP strategies should..

- Be based on JSNAs and other data and insights
- Reinforce subsidiarity and focus on system level actions
- Describe progress in relation to integration

Plus there is an expectation that agreeing shared outcomes within the ICS, quality improvement, and joint working under section 75 of the NHS Act 2006, to be important aspects of all strategies.

In the preparation of the integrated care strategy, guidance indicates that integrated care partnerships must involve the people who live and work in the area covered by the integrated care partnership including: Healthwatch; people and communities; providers of health and care services; voluntary, community, and social enterprise sector; and Health and Wellbeing Boards.

ICPs should also consider covering..

- Personalised care
- Health inequalities including meeting the needs of underserved groups
- Population health and prevention
- Health protection
- Babies, children, young people and their families
- Healthy ageing
- Workforce
- Research and innovation
- Data and information sharing

Next steps

- A new system Strategy Task & Finish Group met for the first time in August 22 to support the development of the Integrated Care Strategy in NEL and is now meeting regularly to ensure there is wide participation in the development of the strategy. The group will ensure that this and other related system strategies and plans address the key challenges for our population including tackling health inequalities.
- The Group includes representatives of provider collaboratives, place based partnerships and Healthwatch and is reporting to the ICS Exec Leadership Team via the chair, Zina Etheridge.
- We are also setting up a new Data and Analytics Working Group to support our system strategy work.
- An engagement plan is in development to ensure we have a process to support involvement of local people, key stakeholders and groups including local Health and Wellbeing Boards.
- We will also be drawing on HealthWatch and other local resources to utilise / gain community insights in support of our strategy work.
- A series of workshops are taking place across the Autumn, bringing key partners together to develop our four system priorities for the ICS feeding into the integrated care strategy. There will also be a further workshop on the cost of living.

Stakeholder workshops to develop our ICS priorities



ICS priority	Date for stakeholder workshop
Long Term Conditions	Thursday 18 October
Employment, skills and training	Tuesday 1 November
Babies, Children and Young People	Thursday 3 November
Mental Health	Wednesday 9 November

Also:

Responding to the cost of living increase	Thursday 6 October
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OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 18 OCTOBER 2022

Subject Heading:

Acute Provider Collaboratives –
Developing Plans

Report Author:

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

Policy context:

An update will be given on the new NHS
Acute Provider Collaboratives

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]
[]
[]
[]

SUMMARY

An update will be given at the meeting on the new Acute Provider Collaboratives in the NHS as well as the Clinical Strategy at the Barking, Havering and Redbridge University Hospital NHS Trust.

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 have asked to verbally update the Joint Committee on the new collaborative arrangements for providers. This will also encompass the Joint Committee's previous request for more detail of the clinical strategy now in operation at BHRUT.

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.