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JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
AGENDA

4.00 pm	Thursday 19 October 2023	London Borough of Barking & Dagenham

COUNCILLORS:

Councillor Muhib Chowdhury	London Borough of Barking & Dagenham
Councillor Donna Lumsden	London Borough of Barking & Dagenham
Councillor Paul Robinson	London Borough of Barking & Dagenham
Councillor Patricia Brown	London Borough of Havering
Councillor Christine Smith	London Borough of Havering
Councillor Julie Wilkes	London Borough of Havering
Councillor Sunny Brar	London Borough of Redbridge
Councillor Beverley Brewer	London Borough of Redbridge
Councillor Bert Jones	London Borough of Redbridge
Councillor Catherine Deakin	London Borough of Waltham Forest
Councillor Richard Sweden	London Borough of Waltham Forest
Councillor Marshall Vance	Essex County Council
Councillor Kaz Rizvi	Epping Forest District Council

CO-OPTED MEMBERS:

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

For information about the meeting please contact:
Luke Phimister
luke.phimister@oneSource.co.uk 01708 434619

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 declare 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 5 - 10)

To approve the minuets of the previous meeting.

5 TACKLING CANCER AT BHRUT (Pages 11 - 26)

6 HEALTH UPDATE (Pages 27 - 50)

7 SYSTEM RECOVERY AND RESILIENCE (Pages 51 - 62)

8 DELIVERY PLAN FOR RECOVERING ACCESS TO PRIMARY CARE (Pages 63 - 70)

Luke Phimister
Clerk to the Joint Committee

MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall
27 July 2023 (4.00 - 5.48 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Muhib Chowdhury, Michael Pongo and Paul Robinson
London Borough of Havering	Patricia Brown, Julie Wilkes and Christine Smith
London Borough of Redbridge	Sunny Brar, Beverley Brewer (Chairman) and Bert Jones
London Borough of Waltham Forest	
Essex County Council	Marshall Vance
Epping Forest District Councillor	Kaz Rizvi
Co-opted Members	Ian Buckmaster (Healthwatch Havering)

All decisions were taken with no votes against.

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

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

Apologies were received from Councillor Richard Sweden who was present via videoconference.

2 **DISCLOSURE OF INTERESTS**

Agenda item 7. CHC POLICIES.
Councillor Beverley Brewer, Personal, Family members have autism and severe learning disabilities.

3 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee hed on 18 April 2023 were agreed as a correct record.

4 COMMUNITY COLLABORATIVE HIGHLIGHT OVERVIEW

Members questioned whether there would be sufficient capacity to deliver the community collaborative programme, given the current budget cuts etc and also wondered if there should be more focus in the programme priorities on service improvement. Officers responded that governance was being kept under review but that the programme was service driven rather than process driven. The success of service delivery would be monitored via the use of qualitative data produced via feedback from service users. Care planning was being discussed with mental health service users who had indicated a wish to have more focus on daily living.

A Member pointed out that recent research from the King's Fund had suggested that collaborative programmes such as this did not in fact save money. Officers responded that different outcomes could be looked at but it depended what measurements had been used in the research.

Officers agreed that the loss of staff from the NHS was challenging. Task and finish groups had been established covering areas such as job roles, pay, caseloads and staff wellbeing which it was hoped would address this. Recruitment was also being undertaken internationally and work was being undertaken with the voluntary sector and Council partners to seek to meet skills needs in a different way.

The Joint Committee noted the position.

5 ONEL HEALTH UPDATES

It was confirmed that strike action by nurses had now been settled and that no local sites were involved in the strike action by radiographers. A four day strike had been called by junior doctors in mid-August. It was clarified that junior doctors were not in fact junior members of staff. A two day strike by consultants had also been called for later in August. This meant urgent and emergency care was being prioritised whilst also allowing for as much planned care to be completed as possible.

A balanced budget had been submitted for NHS North East London although officers confirmed that the financial position was very challenging and the sector was currently around £25m off its financial plan targets. This was partly due to the impact of industrial action which had meant more

agency staff were required. Productivity targets were also harder to achieve and less money was earnt from elective care during period of industrial action. Dialogue on financial performance was continuing with NHS England and adjustments had been made to the Elective Recovery Fund to support systems. A Member suggested that updates on progress in achieving savings should be brought to the Joint Committee on a regular basis.

Improvements had been made to the urgent and emergency care pathway with the new same day emergency care units at King George and Queen's Hospital having a positive impact. An improved discharge facility at Queen's had also been introduced which included beds for people to wait on. Approval had been received for a community diagnostic centre at the Health and Wellbeing Hub which would allow earlier diagnosis of diseases. Officers agreed however that strike periods were challenging.

The redevelopment of Whipps Cross had now been approved and a new Chief Executive of the hospital was being recruited. BHRUT had held celebrations for staff to mark the recent 75th anniversary of the NHS.

NELFT officers were considering whether borough community capacity was sufficient to meet demand. The recent decision by the Metropolitan Police to reduce the number of mental health call-outs attended had proved effective in a pilot scheme. Work would continue with the Police around welfare checks, people going absent from wards etc. Meetings had been held with Borough Commanders to agree work going forward. An electronic patient flow system had also been introduced at NELFT.

The first forward plan for the healthcare system in North East London had recently been established and this would be reviewed on an annual basis. It was hoped this would allow high quality care to be delivered to the people of North East London. The forward plan incorporated the strategic priorities of NELFT.

It was clarified that, as part of the Big Conversation process, work had been undertaken with Healthwatch to collect data from the public. Focus groups were also held to ensure feedback from under-represented groups. During the strike action, around 9k patients appointments and 666 non-urgent operations were postponed and would be rescheduled as soon as possible. There had not been any loss of service in the Emergency Department during the strike periods and no serious incidents had been declared.

The restructuring of local services was in response to instructions from NHS England to reduce core running budgets by 30%. Teams would be placed around the Start Well, Live Well, Age Well themes.

BHRUT had undertaken a number of actions at BHRUT in response to the recent negative Care Quality Commission report. Leadership had been strengthened across the Trust, including in the Emergency Departments.

It was accepted that clarification was needed on when and how police should re people exhibiting mental health issues. The NELFT 0300 number should be used in the first instance. There were other options available other than detaining under s. 136 of the Mental Health Act.

A lot of work had gone into improving staff retention and managers were being encouraged to offer more use of flexible working. The main reasons for staff leaving were retirement, moving location and lack of promotion opportunities. Work was in progress with partners such as NELFT to offer staff a wider career structure. It was agreed that more detailed information on workforce figures, particularly vacancy and retention rates, should be brought to a future meeting of the Committee.

Officers accepted that waits of 20 hours or more in A & E for patients with mental health issues needed addressing. A system-wide plan had been developed for this issue which would be monitored by the mental health collaborative. It was wished to avoid people with mental health issues attending A & E but this would require greater partnership working, an increased capacity of community teams and a change to the role of the current mental health wellness teams. NELFT staff were now present in the Emergency Departments of King George and Queen's Hospitals in order to divert patients to Goodmayes Hospital if appropriate. Mental health staff were also now present in ambulance cars and this was beginning to have an impact in diverting patients with mental health issues from A & E. A new s. 136 suite would be open by the end of October and 12 more mental health beds were available locally.

The required £278m cuts would be in efficiency and productivity savings which would for example allow more patients to be seen in the same amount of time. It was hoped that the number of permanent staff could be increased with a corresponding decrease in the numbers of agency staff employed as this would contribute significantly to the savings required.

Other than the specific action points listed above, the Joint Committee noted the updates.

The Committee Chairman made a formal request that more NHS presenters and colleagues attend meetings in person in future.

6 **CHC POLICIES**

Officers advised that policies for people with ongoing health needs remained under review. This covered areas such as placement policy, funding, dispute resolution and respite arrangements and had been under discussion with Council colleagues. The policies had previously been brought in draft to the Joint Committee and officers were now seeking the Joint Committee's views on whether they felt public consultation was required. Officers did not feel that any changes to services were being proposed.

The Chairman, whilst declaring a personal interest that family members had autism and severe learning disabilities, felt that the policies would have a profound impact on vulnerable people. The Chairman felt that there should be public consultation on the proposals and also asked for clarity over the use of providers rated inadequate by the Care Quality Commission. It was also felt that there was a danger of people being placed in a care home against their will and that the policy should be clearer on this.

Officers responded that there were circumstances in which inadequate-rated organisations could still be used, for example if a family wished to continue the use of current carers for their relative. The best location for end of life care would be agreed with the individual or their family. The NHS funded this type of care but the patient's Local Authority could undertake an assessment for benefits eligibility. Officers confirmed that the views expressed by the Chairman and Councillor Wilkes that consultation should be undertaken had been noted. It was also confirmed that the policies presented were in draft at this stage. The dispute resolution policy had though now been agreed.

It was agreed that the details of the disputes resolution policy would be shared with the Committee and comments on this were also welcome. Members were concerned that comments on the disputes resolution policy made by the Inner North East London Joint Committee has not been shown in the papers provided to the Outer North East London Committee. It was agreed that a final version of the disputes resolution policy should be brought to the next meeting of the Joint Committee.

Chairman

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Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 19 OCTOBER 2023

Subject Heading:	Tackling Cancer at BHRUT and NEL
Report Author:	Luke Phimister, Committee Officer, London Borough of Havering
Policy context:	Officers will give details.
Financial summary:	No financial implications of the covering report itself.

SUMMARY

Officers will give details on a number of areas of relevance to 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

Information will be presented on how BHRUT is tackling cancer across North East London (NEL). Further details are given on the attached presentation.

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.

Tackling cancer at BHRUT and across north east London

Sas Banerjee
Cancer Clinical Lead
London Endoscopy Clinical Director
(NHSE/I - London)

Femi Odewale
Managing Director
North East London Cancer Alliance

NHS North East London Cancer Alliance

NHS Barking, Havering and Redbridge University Hospitals NHS Trust

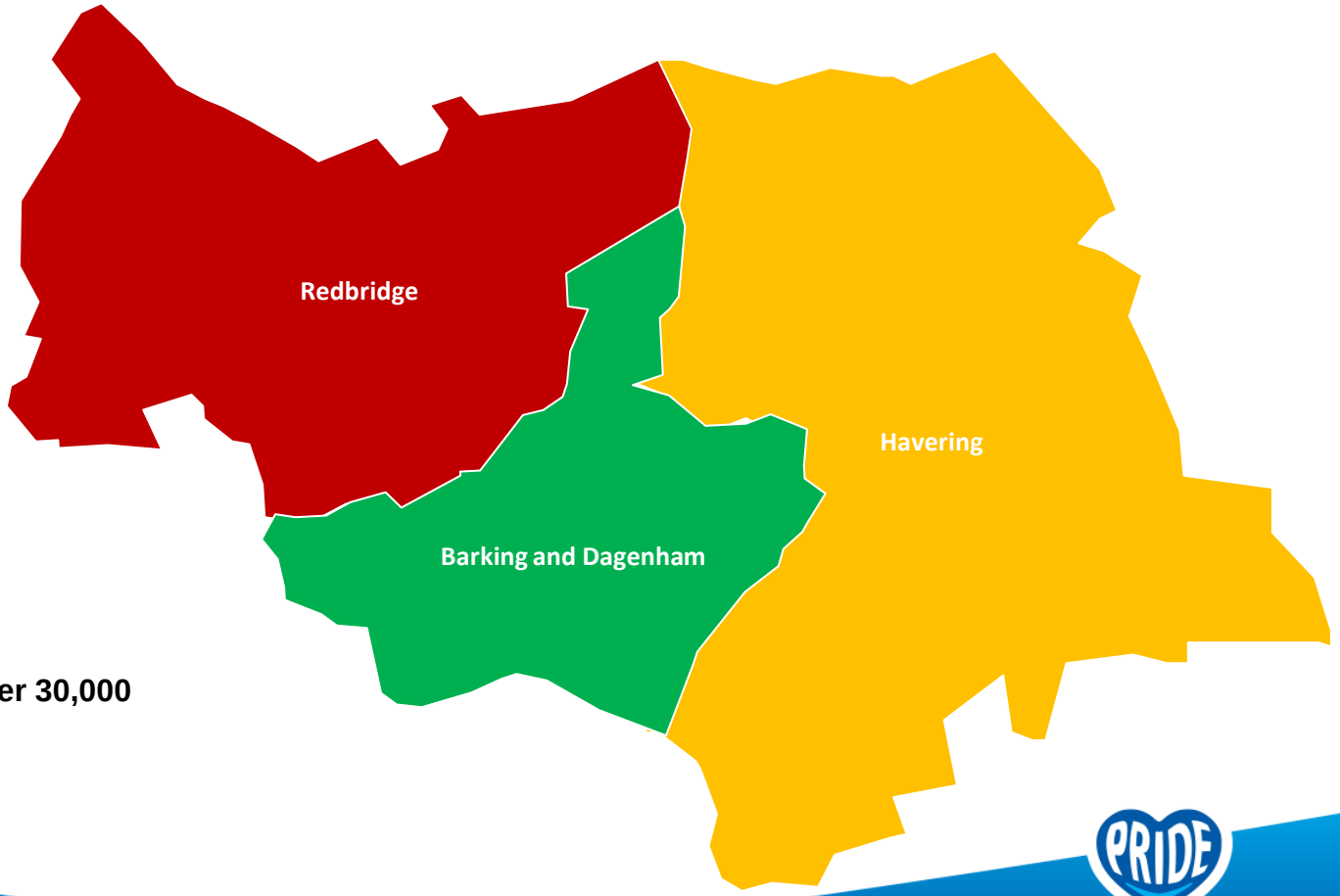
CONTENTS

BHRUT overview

Barking, Havering and Redbridge University Hospitals NHS Trust

Our estate and the population we serve

- Two main hospital sites – King George Hospital and Queen's Hospital
- Clinics across outer north east London; some services out of Barking Community Hospital



Population c.815,000
Under 5 c.53,000
75+ c.51,000

Population set to rise by over 30,000 over next 5 years

OVERVIEW

NHS North East London Cancer Alliance

- Our teams are continuing to work hard to improve care and outcomes for our cancer patients
- The total number of people on our cancer 2 week-wait lists at the end of July 2023 was 4,675
- While the junior and senior doctor strikes continue to affect our waiting lists, we're prioritising cancer patients to minimise the impact on this group
- We've made significant progress in the provision of diagnostic tests and procedures, and we delivered 96.3% against the 2 week-wait target of 93% in July, seeing 2,723 patients. Diagnosis within 28 days has also seen progress - in July, we delivered 72.9% against the standard of 75%, seeing 2,447 patients
- However, we have work to do to improve our position against the 62-day performance standard of 85%, achieving 62.8% in July
- Innovative diagnostic tools, support apps and state-of-the-art equipment is supporting patients to be diagnosed, seen, cared for and supported better across north east London (NEL)
- Work is underway on our Community Diagnostics Centre build at Barking Community Hospital both on-site and off-site
- We're particularly proud to be part of the North East London Cancer Alliance, one of the most successful in the country

PRIDE

NORTH EAST LONDON CANCER ALLIANCE

NHS North East London Cancer Alliance

- Formed on 1 April 2020, the North East London Cancer Alliance (NELCA) is part of the North East London Integrated Care System
- It is committed to improving cancer outcomes and reducing inequalities for local people
- For residents, our aim is that everyone has equal access to better cancer services so that we can help to:
    - Prevent cancer
    - Spot cancer sooner
    - Provide the right treatment at the right time
    - Support people and families affected by cancer
- NELCA is one of the most successful of the 21 cancer alliances in the country and we are proud of the cooperative work we are doing
- Between April 2022 and March 2023, NELCA was either top or second in 9 out of the 10 cancer waiting standards

PRIDE

A LOOK AT THE DATA FOR BHRUT

Key Metrics	May	June	July	National Target
2ww Cancer Performance (The proportion of patients urgently referred by their GP for suspected cancer and first seen within 14 days from referral)	95.4%	96.3%	96.3%	93%
28-day Cancer Performance (Faster Diagnosis Standard) (The percentage of patients receiving a definitive diagnosis or ruling out cancer within 28 days of a referral	72.74%	72.9%	72.9%	75%
62-day Cancer Performance (The proportion of patients on a Referral To Treatment (RTT) pathway that are currently waiting for treatment less than 18 weeks)	60.8%	64.3%	62.8%	85%

TACKLING THE CHALLENGES

- We continue to hold dedicated ‘super’ clinics, many over the weekend, carrying out many appointments and procedures, to improve waiting times

- Colorectal pathway – a clinically led Faster Diagnosis Standard Transformation Group has been established, to triage referrals more efficiently when received from GPs. This is to minimise delays for patients in being seen and subsequently diagnosed and treated, or cancer ruled out, more quickly

- On average, we receive more than 700 referrals a month. We’re working with our primary care colleagues on improving the quality of these, and to ensure patients have had their blood tests before their appointments

- Our learning disability team are supporting patients, so they are prepared for their appointments and have the right care and support in place when they are seen

- Our prehab cancer team are working with our vulnerable cancer patients to improve their health and wellbeing ahead of cancer surgery or treatment

NELCA PROGRAMMES OF WORK

NHS North East London Cancer Alliance

Operational performance

- Aims to improve operational performance, increase treatment volumes compared to pre-covid numbers and reduce the backlog (ie, those patients waiting more than 62 days)

Diagnosis and Treatment

- Improvements to the cancer pathway as part of diagnosing cancers, including the 28-day Faster Diagnosis Standard, timed pathway compliance, and treatment variation

Early Diagnosis

- Raising awareness of signs and symptoms; increasing uptake of national screening programmes; working with and supporting local doctors; using the latest innovation in cancer diagnosis - all with the aim of early detection of cancer when it is easier to treat

Personalised Care

- Aims to ensure every person in NEL receives personalised care and cancer support from diagnosis onwards: personalised care and support interventions; personalised stratified follow-up; access to psychological support

PRIDE

INNOVATION ACROSS NEL

NHS North East London Cancer Alliance

Medical Photography team's award win
The BHRUT team helped tackle the growing backlog of patients with urgent skin cancer referrals by arranging 480 photography sessions during a two-month period. More than 900 people were waiting for an urgent, two week wait appointment – this was reduced to zero in three months

Cytosponge – a 'sponge in a pill' tool to test for signs of cancer

Transnasal esophagoscopy - a safe and inexpensive way to examine the esophagus for patients at risk of esophageal cancer and other disorders, without the need for sedation

Introduction of **FIT bowel cancer test** in primary care to improve the lower gastrointestinal pathway

BHRUT is **the first Trust in the country** to introduce the 'Noona' app for cancer patients, allowing them to instantly message our team with questions or concerns. Our implementation of a virtual clinic on Noona was shortlisted for a 2023 Nursing Times Award

Robotic diagnostic services
King George Hospital is the first in the country to offer robotic colonoscopy – unlike a traditional colonoscopy, sedation isn't required, meaning faster recovery

PRIDE

INNOVATION ACROSS NEL

NHS North East London Cancer Alliance

Early diagnosis is vital in ensuring patients have the best possible outcomes. Diagnostic centres, innovative screening techniques, and campaigns to promote awareness all play a role in patients getting diagnosed and treated as early and as quickly as possible

- **Mile End Early Diagnosis Centre (EDC)** – 16,500 additional procedures a year for cancer diagnosis; phase 2 will include an additional MRI scanner for NEL.
- **Barking Community Hospital Community Diagnostics Centre (BCH CDC)** – see later slide
- **Community Diagnostics Centre at St George's** – expected to be completed summer 2024
- **Colofit** – blood analysis to help spot bowel cancer sooner
- Piloting a **free lung health check** for those at most risk of lung cancer
- **Improving communications** so less people miss their appointment

We're delighted our BHRUT Elective Surgical Hub and our partnership with Medefer for virtual outpatient gastoenterology services have been shortlisted for HSJ awards; Mile End EDC has also been shortlisted for an award. The winners will be announced in November

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

- Campaign aimed at the LGBTQI+ community around breast cancer
- Promoting awareness of lung, prostate and bowel cancer to older males in deprived areas
- Social media campaigns for stomach, lung, womb cancer and more in a range of materials in different languages, including animated videos in 15 different languages

PRIDE

COMMUNITY DIAGNOSTICS CENTRE AT BCH

- Foundation work is progressing well to prepare the site itself…and off-site, the building itself is taking shape before it's delivery to the site in October
    - We're using the Modern Method of Construction process to minimise disruption and increase the speed of the build – the modular building is being prepared in a factory in Gloucester
- We plan to see our first patients in early 2024 and our teams are continuing to engage with patients, stakeholders and colleagues throughout the construction process
- We're also delighted that NHS Providers have published a case study on the work we've been doing around the project
- BCH was chosen following national recommendations to establish CDCs to make sure residents have quick access to checks, scans and tests

Diagnostic services

- Imaging (MRI, CT, ultrasound)
- Cardiac and respiratory
- Phlebotomy
- POCT
- Ophthalmology

2023/24 planned activities

- 51,696 diagnostic tests
- So far, we've delivered 8,952 tests as an early adopter site

ST GEORGE'S HEALTH AND WELLBEING HUB

FUTURE VISION

Barking, Havering and Redbridge University Hospitals NHS Trust

Robotic Centre

Health and Wellbeing

Elective Hub

BHR ELECTIVE VILLAGE

Cancer Centre

CDC

Training Academy

Pre-Assessment

OPD

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Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 19 OCTOBER 2023

Subject Heading:	Health Update
Report Author:	Luke Phimister, Committee Officer, London Borough of Havering
Policy context:	Officers will give details.
Financial summary:	No financial implications of the covering report itself.

SUMMARY

Officers will give details on a number of areas of relevance to 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

Information will be presented on the health update across various areas affecting North East London (NEL). Further details are given on the attached presentation.

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

NHS North East London

Health Update

JHOSCs

Oct/Nov 2023

NHS North East London: Update

- Analysis by QMUL's Clinical Effectiveness Group has found that as a system, NEL ranks first in England in key cardiovascular disease outcomes including management of hypertension, chronic kidney disease, heart disease and stroke, and people at high CVD risk..
- This year 12 projects across North East London have been shortlisted for the 2023 HSJ Awards. Our Barking & Dagenham, Havering and Redbridge team were finalists in the Primary Care Initiative of the Year category for Quality Assured Diagnostics in Primary Care; and our communications and engagement team, in partnership with councils and voluntary sector partners has been shortlisted for a national PR Week award for our campaign work that encouraged more than 80,000 children vaccinated against polio
- The frame for the new St George's Health and Wellbeing Hub is now finished, marking the completion of a major phase of the project. The multi-million-pound new facility will provide easy access to a range of health, social care and community services all under one roof including GP services, outpatient clinics, mental health services, and diagnostic facilities for earlier cancer diagnosis. There will also be an integrated café and education facilities, community meeting spaces, as well as a sensory, dementia-friendly communal garden. The centre is scheduled to complete in spring 2024 and will help provide high quality, joined up health and care services in the community for people now and in the future.
- Our organisation restructure is nearing completion. We look forward to driving meaningful improvements in health, wellbeing, and equity; enabling all parts of the health and care system to work collaboratively; improving patient and public participation (both in developing health and care solutions and in taking control of their own health); and for our staff to have fulfilling and enriching careers in the ICB. A description of the organisational structure is attached as a separate document for information only.

Freedom for staff to Speak Up (FTSU)

Our thoughts are with the families who've been devastated by Lucy Letby's murders and attempted murders and with the many staff at the Countess of Chester Hospital who did their best for the infants and their relatives. Letby's deplorable crimes go against everything the NHS stands for. The trial established Letby's guilt. The independent inquiry will look at the lessons the NHS can learn from her crimes.

Amanda Pritchard, CEO of NHS England, has issued a letter in response to the verdict outlining the actions we have been asked to take (in particularly around Fit and Proper Persons) and to remind staff of all the ways they can speak up when they have concerns about safety.

All NHS organisations in north east London have:

- reflected on the outcomes of the trial and looked at how the NHS responds when people raise concerns about safety
- reminded staff about their duty to speak up when they have concerns
- reiterated the various ways which staff can use to raise concerns (and the independent routes available if they have any concerns), and restated our commitment that staff will be listened to.

For example: All trusts have stepped up activity during FTSU month (October). BHRUT and Barts Health are re-promoting the service across digital channels and staff engagement events reminding them of hour to speak up and raise concens, with the FTSU guardian attending corporate induction and visiting staff across hospitals. ELFT and NELFT have drop-ins, specific advisor roles, presence at staff networks etc.

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it. We hold to these principles that say: "Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported."

Operose / Centene

Operose Health has made London ICBs aware that its ownership, currently with Centene, is under review.

Operose Health has given us reassurances that this will not impact on its day-to-day operations, or its ability and commitment to delivering high quality patient care, and that it will continue to meet all contractual obligations.

We have made clear to Operose Health our expectations and the requirements of their contracts during this process, and they will continue to keep us informed.

These practices in NEL are run by AT Medics (which is owned by Operose – a UK subsidiary of Centene)

- Loxford – Redbridge
- Lucas Avenue – Newham
- Carpenters Practice – Newham
- E16 - Albert Road – Newham
- Trowbridge – City & Hackney
- Goodmans Fields – Tower Hamlets
- Victoria Medical – Barking and Dagenham (short-term caretaking contract)

Month 5 System Financial Position

Organisations	Year to date			Reported Forecast			Finance Recovry Plan			
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	FRP Expected YTD £m	Variance from FRP £m	M1-5 Adjusted Actuals (IA) £m	Adjusted Variance from FRP £m
BHRUT	(2.9)	(19.5)	(16.6)	(0.2)	(0.2)	0.0	(15.5)	(4.0)	(16.0)	(0.5)
Barts Health	(11.6)	(42.5)	(30.9)	(27.8)	(27.8)	0.0	(36.8)	(5.6)	(36.3)	0.5
East London NHSFT	0.6	(2.4)	(3.0)	5.4	5.4	0.0	(1.8)	(0.7)	(2.3)	(0.6)
Homerton	(0.1)	(7.5)	(7.4)	0.2	0.2	0.0	(5.4)	(2.1)	(6.7)	(1.3)
NELFT	2.4	2.2	(0.2)	7.0	7.0	0.0	2.4	(0.2)	2.5	0.1
Total NEL Providers	**(11.6)**	**(69.7)**	**(58.0)**	**(15.3)**	**(15.3)**	**0.0**	**(57.1)**	**(12.6)**	**(58.8)**	**(1.8)**
NEL ICB	6.4	(9.6)	(16.0)	15.4	15.4	0.0	(9.4)	(0.1)	(9.6)	(0.1)
NEL System Total	**(5.2)**	**(79.2)**	**(74.0)**	**0.0**	**0.0**	**0.0**	**(66.5)**	**(12.7)**	**(68.4)**	**(1.9)**

- The month 5 year-to-date ICS position against the plan is a deficit of £74m. This is made up of a provider deficit of £58m and a ICB deficit of £16m. The drivers of the year-to-date position are inflation, the cost of industrial action (IA), slower than planned delivery of cost improvement plans, payroll pressures (including agency) and run rate pressures such as prescribing.
- In line with the operating plan and national reporting protocol the forecast position remains as breakeven. There is a substantial risk to delivery of this and as a result a formal finance recovery plan (FRP) has been developed. The FRP has identified potential mitigations to the year-to-date run rate position but there is still a risk to delivery of £55m. Work is continuing to identify further cost improvement measures.
- The FRP trajectory assumed that the deficit at month 5 would be £66.5m. The ICS is therefore almost £13m behind trajectory, although almost £11m of this relates to the cost of industrial action. Once the impact of industrial action is factored in to the position the ICS approximately £2m off the FRP trajectory.

Finance Recovery Plan

The Finance Recovery plan has been agreed by partners organisations across the ICS, and a financial recovery director has been appointed to support delivery of the 2023/24 plan, including identification of further stretch plans.

Measures put in place include:

- Enhanced grip and control, including the appointment of a system financial improvement director and system wide financial governance.
- Enhanced governance reporting into the ICS Executive Committee which brings together key system partners.
- Double lock approval process for expenditure over £50k.
- Ban on non-clinical agency and vacancy freeze (with exceptions). Restrictions of some non-pay expenditure.
- Identifying best practice and implementing more widely.
- Development of further stretch efficiency schemes, review of investments and other funding.

BHRUT

Urgent and emergency care

- In July, we improved Type 1 performance against the national target by over 20%, compared with February 2023.
- At Queen's Hospital, this was the first time our Type 1 performance has been above 50% since October 2019 (excluding Covid-19 lockdowns). At King George Hospital, September is on track to be the third consecutive month where Type 1 performance has been over 50 per cent, up from 25 per cent in February.
- For these most seriously ill patients, we have moved from being the worst performing trust in the country to being above 19 others and we are no longer bottom of the table in London.
- In July we saw the highest ever number of patients referred to mental health services via A&E – 413, of whom 244 were at KGH. The average length of stay in the departments was 22 hours. Seventy of these patients (up from 59 in June) waited more than 36 hours to leave our Trust to a service better equipped to look after them.

Our finances

- We're continuing work to cut the deficit - £15.9m year to date - in ways that aren't detrimental to quality and safety.
- We're still spending too much on agency workers rather than using our Bank staff and total headcount remains too high. One factor outside of our control is the £1.7m adverse impact of inflation.
- The cost of the industrial action by junior and senior doctors to the end of August, including lost income due to reduced clinical activity, has cost our Trust £5.9m.

Introducing an electronic patient record

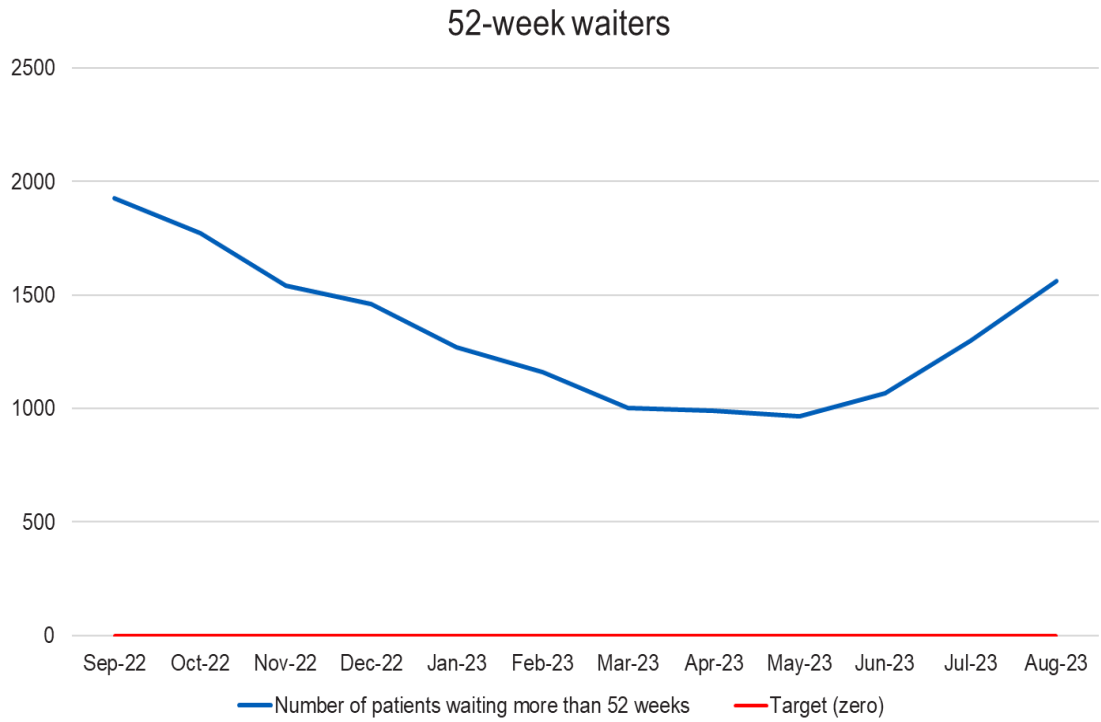
- We're investing £44m in an electronic patient record (EPR) across our Trust that will be fully operational in two years' time and will improve patient safety and reduce errors
- It is being provided by Oracle Cerner and the version we're using is the same as Barts Health so we can benefit from their expertise
- Our closer collaboration means that all the relevant information – including blood tests, current medication and medical history – will be easily available to those treating patients across the integrated group's seven hospitals.

Joint Non-Emergency Patient Transport Service (NEPT)

- From October, our NEPT service (currently provided by G4S) will be provided by the Barts Health in-house service. The fleet is newer, more comfortable, and reduces carbon emissions. Approximately 77,000 patients will benefit as a result.

Cutting our waiting lists

- In September, 1,794 outpatient appointments, and 144 non-urgent surgeries were rearranged due to strikes by junior and senior doctors. This is in addition to previous strikes which saw us rearrange 9,332 outpatient appointments and 664 non-urgent surgeries.
- This means we cannot fulfil our pledge to reduce the number of people waiting more than a year for their treatment to zero by the end of December. At the end of July, we had 1,429 patients waiting this long
- In total, we have 65,493 people seeking treatment, the majority of whom need an outpatient appointment. We have seen a five per cent increase in referrals this year
- Our clinical teams are continuing their drive to reduce their waiting lists. Through our two TonKIDZ weeks, we've reduced our ENT waiting list from more than 400 children to around 250. Tonsillectomies (removal of tonsils) make up the bulk of our paediatric waiting list



2022 CQC adult inpatient survey

- We've improved in 9 out of 10 sections in the survey, which focused on patients who stayed in our hospitals for at least one night in November 2022
- Patients praised and highlighted an improvement in:
    - How we involved their families and carers and reduced noise on the ward at night, allowing them to sleep better
    - Confidence in our nurses and doctors and patients feeling included in conversations about their care
    - Respecting the care and dignity of our patients.
- Our results have seen us move from the bottom 20 per cent of all trusts, into the middle 60 per cent of trusts performing around the same. We'll now be focusing on areas where patients have told us we need to improve

North East London Health & Care Partnership

NELFT and ELFT

NELFT / ELFT Updates

North East London Health & Care Partnership

Leadership changes

- Paul Calaminus has joined NELFT as the CEO. Lorraine Sunduza has started as Interim CEO of ELFT along with Claire McKenna, Acting Chief Nurse and Kevin Curnow, Chief Finance Officer.

NELFT Corporate manslaughter charge

- As a result of a case dating back to 2015, on Thursday 7th September 2023 NELFT was charged with Corporate Manslaughter and Health and Safety breaches. The Trust are now engaging with the legal process.

Industrial Action

- Junior Doctors strikes occurred on 13th – 18th July, 11th – 14th August, 21st – 22nd September, 2-4th October.
- Consultants strikes occurred on 20th – 21st July, 24th – 25th August, 21st September, 2-4th October.
- *Unite the Union* strike amongst ELFT/NELFT employees occurred on 13th September.
- The two trusts have been liaising with one another to minimise disruption and continue providing quality care.

Right Care, Right Person – partnership work

- The Right Care, Right Person programme has been announced as a national initiative and work has been taking place across London since July with the NHS, social care and Metropolitan Police to develop the London wide RCRP programme. This is focused on welfare checks, Absence without official leave (AWOLs), health based places of safety, walkouts from healthcare facilities and transportation. Regular communications are planned to start in October.
- A harmonised AWOL policy across all mental health Trusts in London is being developed to ensure a consistent approach.
- On 1 November, Met Police call handlers will respond differently to mental health welfare checks and work is underway to ensure the workforce is supported to help implement this. Please be reassured that the Met Police will still respond to calls where there is a threat to life.
- NELFT and ELFT have continued to engage with police colleagues across NEL to consider implications of changes to local services.

NELFT/ELFT Updates

North East London Health & Care Partnership

NELFT service updates

- 10 additional mental health treatment beds and two LD specialist beds will open at Sunflowers Court, Goodmayes, w/c 4 December 2023. The beds will enable us to improve our patient flow and reduce the length of stay of patients in A&E departments.
- The improved female Psychiatric Intensive Support Unit (PICU) pathway for North East London is already in place and working well.

Events

- NELFT AGM – Thursday 21 September
- NEL LeDeR Conference 2023 – 21 September
  - An event with shared findings from LeDeR reviews, and what is happening locally (local initiatives) aimed to improve quality of care for people with learning disabilities and autism across North East London.
- ELFT Staff Awards – Thursday, 19th October.
  - Annual awards ceremony to celebrate outstanding achievements amongst staff across the Trust.
- ELFT Research & Innovation Conference – Wednesday, 1st November.
  - Annual conference to showcase all aspects of healthcare research, including conducting studies and establishing academic partnerships.

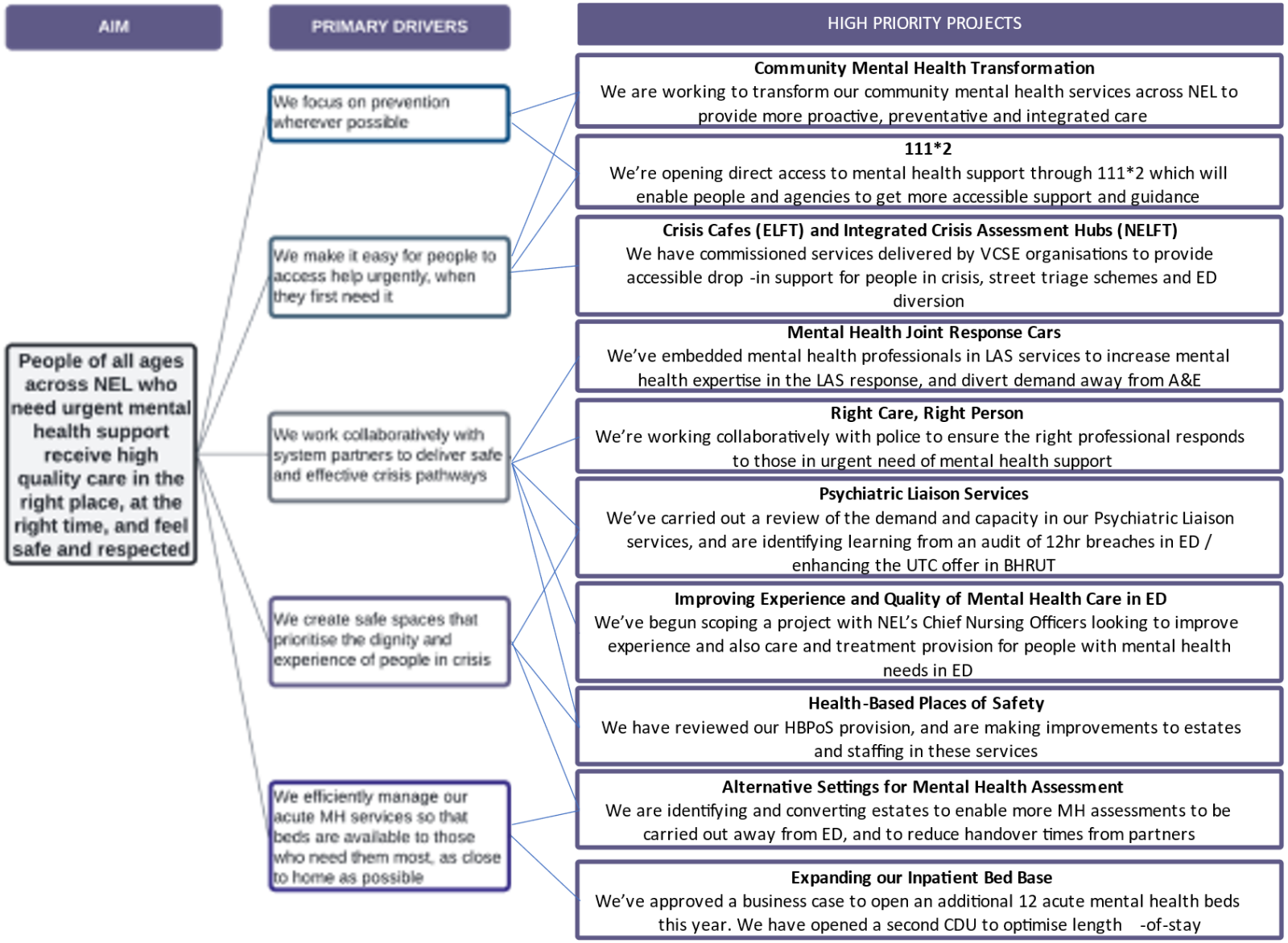
NEL Mental Health Crisis / UEC Improvement Network - Strategy

North East London Health & Care Partnership

Mental Health Crisis Improvement Network

We have established a NEL Mental Health Crisis Improvement Network within our provider collaborative.

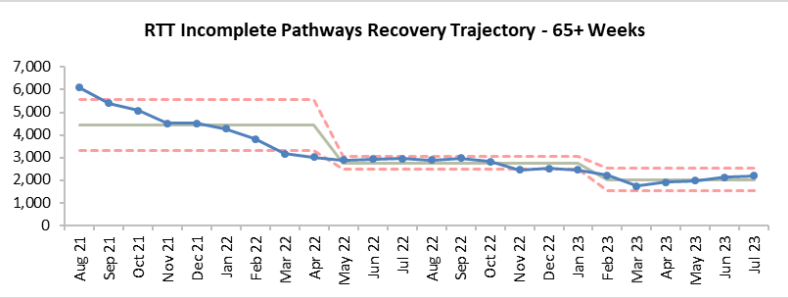
This group, which combines clinical, operational and service user leadership from a variety of providers are driving forward a programme of improvement work across the whole pathway, and building opportunities to share learning and good practise.

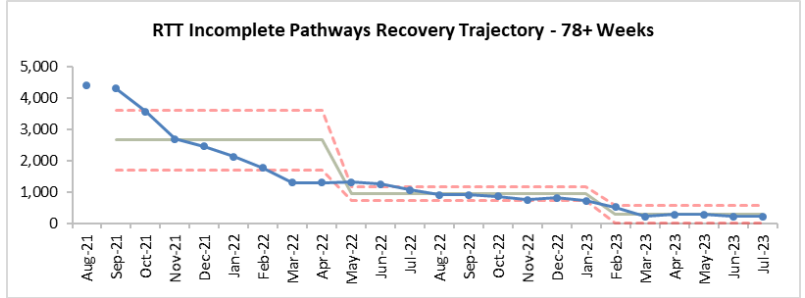


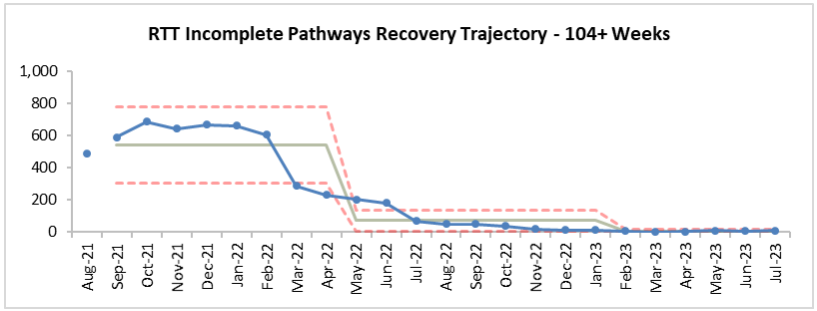
Barts Health

Elective recovery

Across the Barts Health group of hospitals, by the end of July 2023 there were 8 patients who have been waiting 104+ weeks for their treatment, and 234 patients waiting for more than 78 weeks.







In relation to 78+ week waiters, these have reduced over the course of the last six months with 728 patients reported at the end of January 2023 reducing to 234 at the end of July 2023, a decrease of 494 (-68%).

Impact of industrial action

- The continued disruption to services impacts our ability to establish longer term performance trajectories with confidence.
- We have also sought to continue as much elective work as possible, whilst also undertaking extensive work re-booking patients due to sequential industrial action. In July the disruption resulted in the cancellation and rebooking of 2,251 outpatient appointments, 290 day case operations, 86 elective procedures and 31 cancer patients. For the August industrial action, this led to the cancellation and rebooking of 1,658 outpatient appointments, 220 day case operations, 71 elective procedures and 37 cancer patients. We will continue to work with clinical leaders, establishing plans to mitigate disruption to services and patients.
- The industrial action is putting additional strain on the financial challenge which is already under significant pressure. We continue to work with partners across the system to help deliver a Financial Recovery Plan.

Strategic updates:

- **New joint service for non-emergency patient transport (NEPT)**: From October, Barts Health will be extending our in-house service to provide transport for BHRUT patients, who previously contracted the work out to G4S. This single service will increase vehicle efficiency, achieve quicker turnaround times for patient collections, and ensure equality of experience. Both Trusts will benefit from a new fleet of 37 ULEZ compliant vehicles.
- **Redevelopment update in August:** The government has approved the outline business case for phase two of the enabling works for the redevelopment of Whipps Cross Hospital. These works include the construction of a new 500-space multi-storey car park, which must be completed before building of the new hospital itself can begin.
- **Extra funding to support urgent and emergency care**: the government announced an allocation of £2,674,000 to our hospitals as we make contingency plans for the prospect of another very busy winter. With this money, Whipps Cross plans to create a dedicated space for a round-the-clock Same Day Emergency Care (SDEC) service that will free up 28 overnight beds. The Royal London plans to expand its overnight emergency surgery by 12 beds. Newham plans to stream patients onto speedier pathways to avoid unnecessary hospital stays.

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NHS
North East London

North East London Integrated Care System (ICS) and the Integrated Care Board (ICB)

For information only

Health and care in North East London

- The formal alliance of partners with a role to improve the health and wellbeing of residents in North east London is the North East London Integrated Care System (NEL ICS). This is known as the North East London Health and Care Partnership (NEL HCP).
- Our ambition is to work with and for everyone in north east London, a richly diverse and growing population, to create meaningful improvements in health, wellbeing and equity.
- In July 2022 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; NHS organisations; and wider partners) to work together with local people to plan and deliver joined up health and care services.
- Our partnership brings huge potential to work together as a system towards a much greater focus on population health outcomes and tackling inequalities, recognising the assets held by local people and communities improving their health and wellbeing outcomes
- We do this by bringing together health partners, local authorities and the voluntary, community and social enterprise sector, with residents, patients and service users to improve how we plan and deliver care and support services.
- To help guide our work, we have agreed four priorities where we want to create measurable change:
  - ✓ **Employment and workforce** – to work together to create meaningful work opportunities and employment for people in North east London now and in the future.
  - ✓ **Long term conditions** – to support everyone living with a long-term condition in North east London to live a longer, healthier life and to work to prevent conditions occurring for other members of our community
  - ✓ **Children and young people** – to make North east London the best place to grow up, through early support when it is needed and the delivery of accessible and responsive services.
  - ✓ **Mental health** – to transform accessibility to, experience of and outcomes from mental health services and well-being support for the people of NEL.
- You can find out more about the North east London health and care system, such as our strategy and our joint forward plan on the North East London Health and Care Partnership website (northeastlondonhcp.nhs.uk)

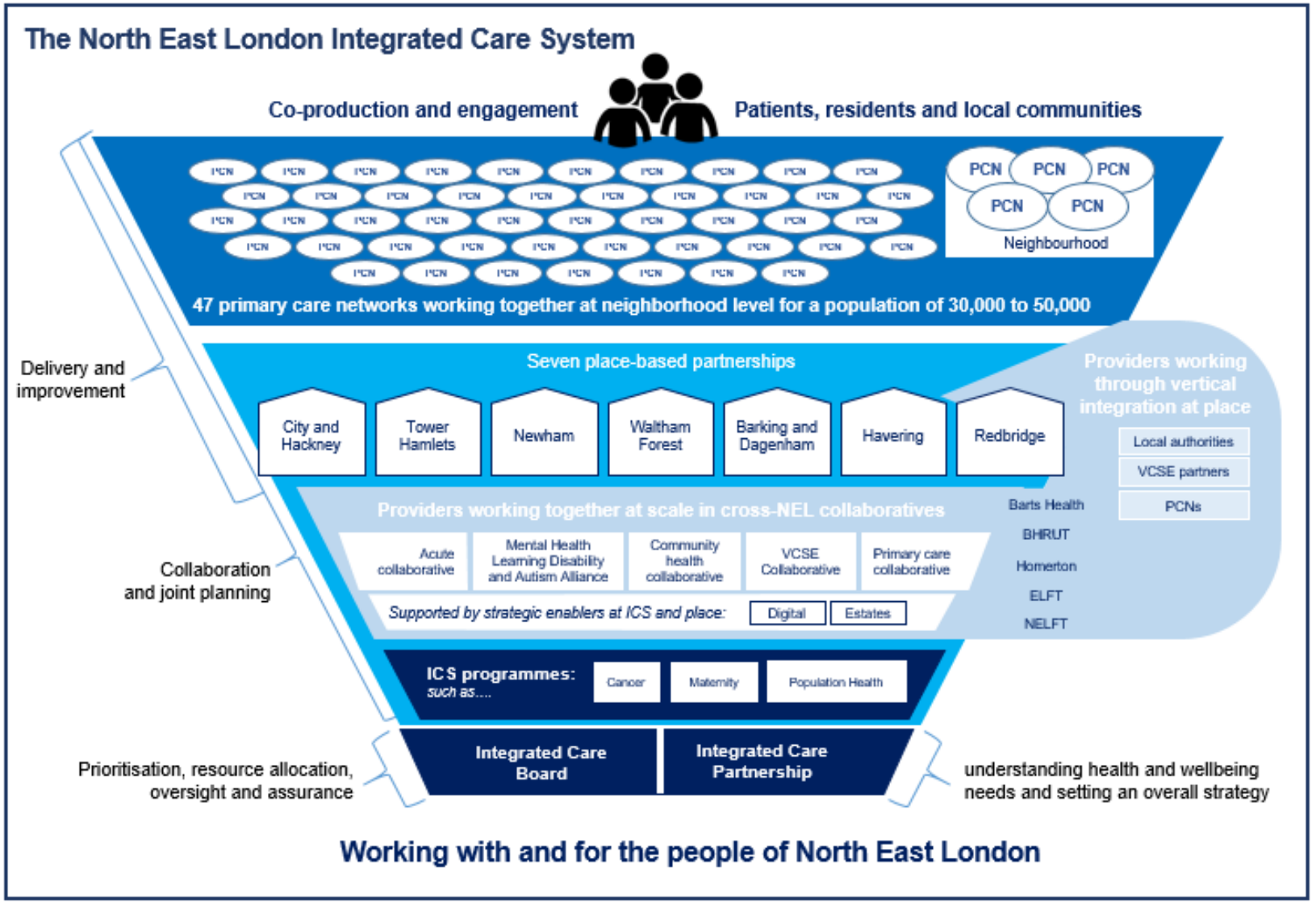
Our partnership

We each as partners and as a partnership have an impact on the people of NEL – some providing care, others involved in planning services, and others impacting on wider determinants of health and care, such as housing and education.

Our partnership between local people and communities, the NHS, local authorities and the community and voluntary sector, is uniquely positioned to improve all aspects of health and care as well as addressing the wider determinants of health such as employment, housing or poverty.

With hundreds of health and care organisations serving more than two million local people, we have to make sure that we are utilising each to the fullest and ensure that work is done and decisions are made at the most appropriate level.

Groups of partners coming together within partnerships are crucial building blocks for how we will deliver. Together they play critical roles in driving the improvement of health, wellbeing, and equity for all people living in north east London.



Developing a local system

- Five collaboratives – all evolving and shaping their areas of focus and ways of working
  1. Acute Provider Collaborative - 6 transformation programmes focused on Urgent and Emergency Care, Planned Care, Cancer, Critical Care, Maternity and LMNS, Babies, Children and Young People
  2. Primary Care Collaborative – oversight of NEL primary care system transformation, addressing inequalities, driving up quality, involving local people
  3. Community Care Collaborative – initial deep dives into Speech and Language Therapy and Virtual Wards, building engagement with all community health service providers
  4. Mental Health, Learning Disability and Autism Collaborative – service use and carer leadership, developing improvement networks, governance
  5. Voluntary, Community and Social Enterprise Collaborative – development model to work through areas of greatest impact and ways of working

- Five NHS Provider Trusts – across our geography, offering a range of services to our diverse communities
  - Represented in the collaboratives and the Place Partnerships
- Seven Place Partnerships – take a population approach reflecting local and system priorities, engaging with Trusts and Collaboratives across a range of issues with partnerships involving Provider Trusts, Collaboratives, Primary Care and the ICB as well as local authorities, the voluntary, community and social enterprise sector and local people
  - Key links into Safeguarding Partnerships, Community Safety Partnerships and wider regeneration and development
  - Opportunity to engage strategically in issues such as population growth, Climate Emergency and sustainability, inequalities and inequity

North East London Integrated Care Board (NEL ICB) or NHS North East London

- The Integrated Care Board (NHS North East London) is the statutory organisation responsible for developing a plan for meeting the health needs of the local population.
- We do this through planning and commissioning health services across north east London to meet our population's needs, making sure all parts of the local health system work effectively together. We bring together health partners, local authorities and the voluntary, community and social enterprise sector, alongside residents, patients and service users to improve how we plan and deliver care and support services.
- We set strategies, policies and plans where these are best done at the scale of the whole of north east London. We also set the overall financial strategy for the local health system and make sure that everyone can get core services in an appropriate setting.
- We serve the population of north east London across our eight local authority areas: Barking and Dagenham; City of London; Hackney; Havering; Newham; Redbridge; Tower Hamlets; and Waltham Forest.
- We are structured in six departments under the leadership of the Chief Executive: Zina Etheridge
  - Medical department
  - Nursing department
  - Participation and place department
  - People and culture department
  - Finance and performance department
  - Strategy and transformation department
- You can find out more about **our organisation** such as our board and our governance and **our vision and priorities** on our **website**

Place Directorates

North east London's seven place partnerships are uniquely placed to drive the integration between health and care that will improve local people's wellbeing, through co-produced approaches that build on community assets. As partnerships, they understand their communities and the inequalities that local people face. Reshaping North east London's health and care system so that it is equitable, delivers improved wellbeing for everyone, and is financially sustainable, will happen only if we work together to deliver at neighbourhood, place, collaborative, and system. Each element of the system needs to be accountable for its part of our improvement journey and to work together alongside local people and communities to effect change sustainably.

The place directorates in the Participation and Place Department work in Barking and Dagenham; City and Hackney; Havering; Newham; Redbridge; Tower Hamlets and Waltham Forest.

- To address the unique challenges and opportunities the teams focus on working locally with partners to support improved outcomes across a full range of areas including prevention and early intervention, community resilience, mental health and learning disabilities, special educational needs, maternity, long term conditions, wider health and wellbeing, carers and unplanned care
- The composition of each directorate varies depending on local culture, history, communities, and agreements with local authorities and partners; however each is structured around the key life stages of Start Well, Live Well and Age Well, with teams for strategic planning, infrastructure and delivery supported from across the ICB.

Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 19 OCTOBER 2023

Subject Heading:	System Recovery and Resilience
Report Author:	Luke Phimister, Committee Officer, London Borough of Havering
Policy context:	Officers will give details.
Financial summary:	No financial implications of the covering report itself.

SUMMARY

Officers will give details on a number of areas of relevance to 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

Information will be presented on system recovery and resilience. Further details are given on the attached presentation.

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

System recovery and resilience

ONEL JHOSC

Key national recovery plans

1. Elective recovery plan: National Plan developed in 2022, focus on reducing the waiting lists for people waiting for elective care

2. Urgent and emergency care recovery plan: National Plan developed in 2023 a blueprint to help recover urgent and emergency care services, reduce waiting times, and improve patient experience

3. Primary care access recovery plan: National Plan developed to support primary care to address access and make it easier and quicker for patients to get the help they need from primary care

Focus today is on urgent and emergency care (including winter) and primary care

NHS
North East London

North East London
Urgent and Emergency Care (UEC)

Our system ambition for UEC

North East London Health & Care Partnership

Improved access to urgent and emergency care for local people that meets their needs and is aligned with the UEC national plan.

We have defined what resilience looks like for the short and long–term:

Winter 23/24: Stabilisation of the provision of safe, accessible care.

Long-Term: Sustaining a UEC System that is focused on keeping people well, meeting the health needs of the population, ensuring easy access to care where required in the community, with efficient flow through acute care when required, supported by a workforce that operates without being overwhelmed.

Prevention of conditions and support needs

Prevention will be addressed in the future of the UEC SRR

Goal: engaging in proactive population health management to keep people well in the community.

Management of existing conditions and needs

Timely intervention for escalation of needs or new needs and conditions

Goal: strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance.

Goal: optimising flow through Acute trust sites.

Timely and effective return to community setting following escalation

Underpinned by **data, governance, workforce and effective pathways**

Goal: setting up the systems, governance, workforce and pathways necessary to form a sustainable plan and work as a system.

Summary of BHR Locality Improvement Plan

North East London Health & Care Partnership

Keeping people well
Enhanced offer to Care home residents
Implementation of Falls and Catheter care services
Urgent Community Response – 2 hr response, cars, trusted assessor, therapy in Emergency Department
Alternative pathways – Physician Response Unit, Remote Emergency Access Coordination Hub (REACH)

Improving Hospital Flow
Discharge Hub
Delivery of BHRUT CQC Action Plan
Same Day Emergency Care

Avoidable admissions – same day
GP access hubs
Delivery of PELC CQC action plan
Virtual wards – Frailty & Acute Respiratory Infection
Management and Support of High Intensity Users

Discharge
Improve Pathways - Integrated Discharge Hub, Rehabilitation, Discharge to Assess, Homelessness
Welfare checks and reducing readmission
Capacity of Community Rehabilitation beds
Demand for reablement

- The impact that extended ambulance handover times has on the ability of the ambulance services (London Ambulance Service and East of England) to respond in a timely manner to emergency calls within the community is recognised within NEL. Acute Trusts are participating in a workstream as part of the Acute Provider Collaborative (APC) UEC Programme.

Mental health flow and length of stay

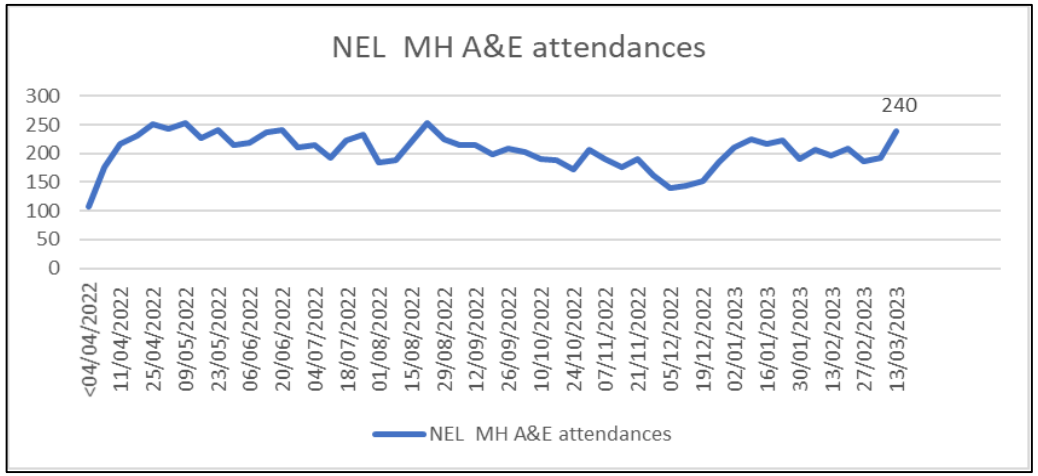
We have a programme of improvement work being delivered through our Mental Health (MH) Crisis / Urgent and Emergency Care (UEC) Improvement Network. Some high-impact schemes aiming to improve flow are:

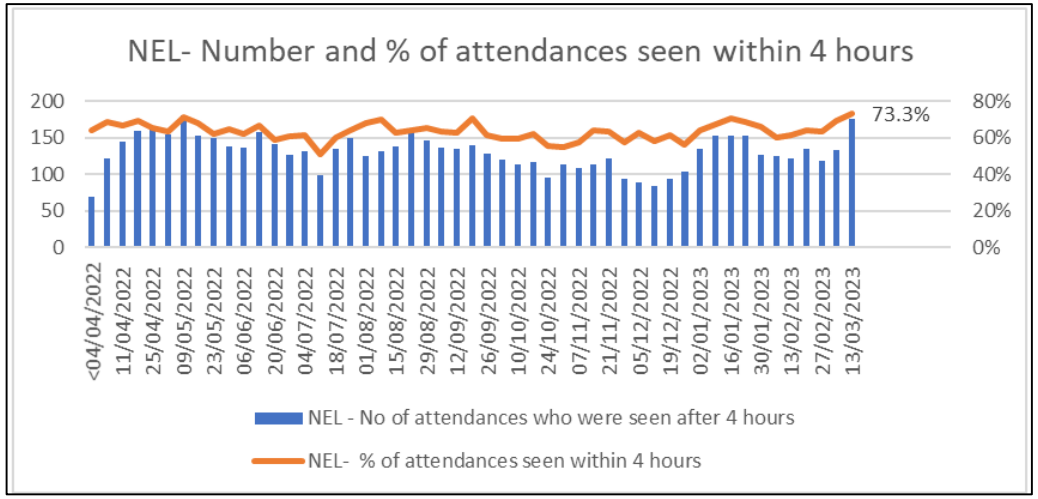
An expansion of our acute MH bed base by opening an additional 12-bedded acute MH inpatient ward	A demand and capacity review of our Psychiatric Liaison Services, and an audit to explore underlying themes in cases of 12hr breaches
Improvement work to our Health-Based Place of Safety estate, with additional staffing to ensure timely handover	An additional Clinical Decision Unit opened demonstrating a much reduced length of stay

We know that for both ELFT and NELFT, the average **Length of Stay has increased over recent years**, and staff are reporting **higher acuity and complexity of needs** in those admitted.

With regards to MH in ED, there are a multitude of reports describing admissions and length of stay in A&E, but there **does not appear to be a 'single version of the truth'**. We are establishing a NEL MH in ED Data Working Group to build some shared and validated reporting, and to share the learning from BHRUT and NELFT where they have made real progress in this area.

North East London will be Tier 1 status of the UEC Recovery programme. We know this will bring additional focus on MH waits in ED, so it's more important than ever that we have a shared perspective on this.





NHS
North East London

North East London Winter Planning 2023/24

Charlotte Pomery & Fiona Ashworth

Overview: winter planning

The ICB started planning for winter early this year in recognition of the challenges of winter 2022/2023 and the continuing high demand throughout the year, particularly for urgent and emergency care services. The ICB engaged a third party to support the development of a System Resilience Plan in Spring of 2023, reporting to our system UEC Executive. The process to develop the plan was hugely collaborative, reaching out across our system including the NHS (community, mental health, ambulance, primary and secondary care), local authorities (children's and adult services, public health, community provision), the VCSE (across our geography from small to larger organisations) and local people through a process of information capture and ideas development to build on best practice and to share awareness of existing and emerging interventions.

We have been finetuning our UEC Improvement Plans at Place and Hospital Footprint in response to national improvement requirements, working with system partners to ensure we support interventions from keeping people well at home to enabling sustained discharge.

We have also developed individual Place-based winter plans through our seven Place based Partnerships working with hospital sites, which have focused on delivery of those interventions requiring more attention in specific places, again working with system partners at a local place level (primarily NHS, local authority and VCSE).

The winter plan for the NEL system is focused on the following approach:

- The ICB will lead on the following high impact interventions encompassing intermediate care demand and capacity, virtual ward occupancy, urgent community response, single point of access and the delivery of a system wide strategic coordination centre (SCC)
- Acute and specialist trusts will lead on same day emergency care, frailty, inpatient flow and length of stay, community bed productivity and flow
- There are a number of defined responsibilities and roles for partners in developing collaboratively the winter operating plan. These include: Primary care, children and young people, community trust and integrated care providers, ambulance trusts, mental health providers and local authorities/social care

Summary of NEL system Flow impact initiatives

Keeping people well
Enhanced offer to Care home residents
Implementation of Falls and Catheter care services
UCR – 2 hr response, cars, trusted assessor, therapy in ED
Specific placed-based interventions e.g. engagement with families
Vaccination & immunisation esp. COVID , flu
Alternative pathways – Physician Response Unit, REACH
Winter campaign & marketing plan

Avoidable admissions – same day
GP access hubs
Development of clinical navigator role
Virtual wards – Frailty & ARI
LAS – conveyance assessment in CAS (pilot)
Management and Support of High Intensity Users

System Co-ordination Centre

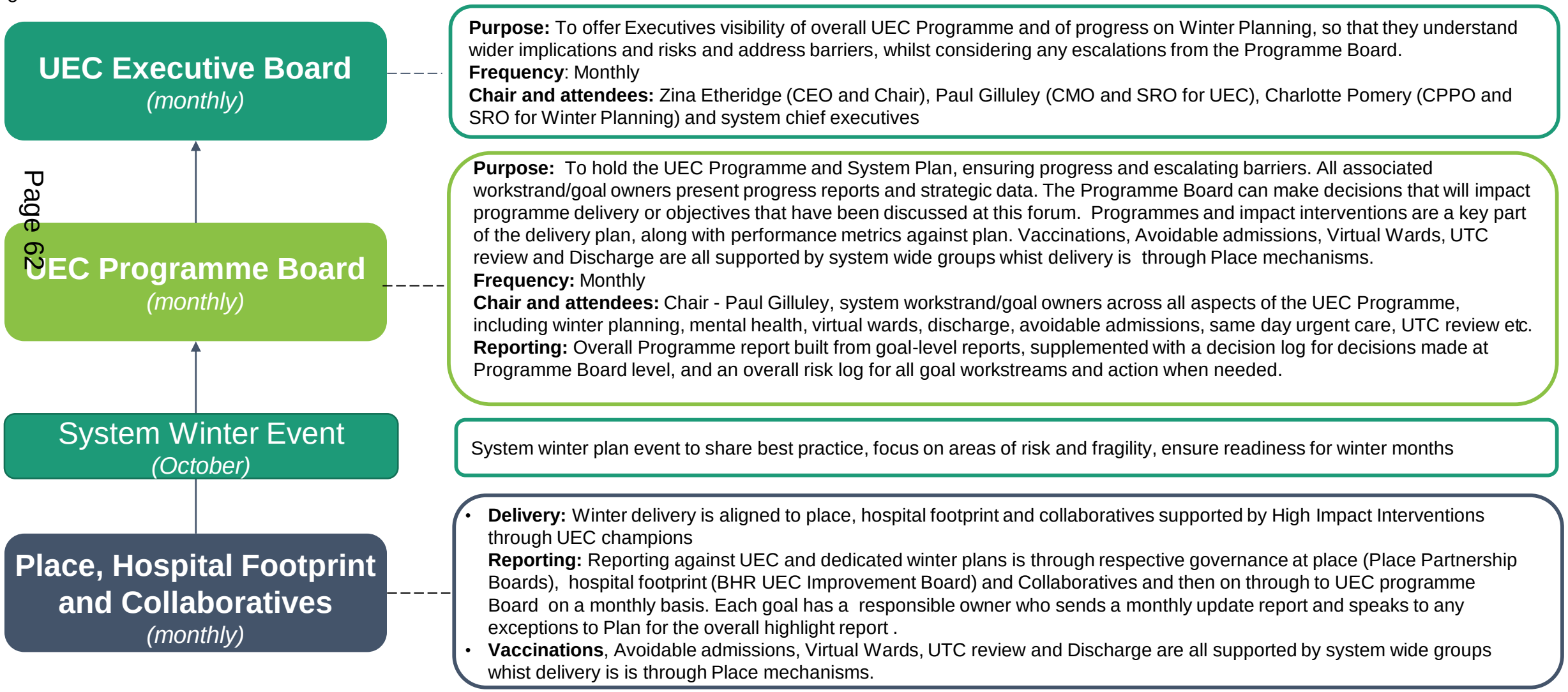
Improving Hospital Flow
Discharge Hub
MH improvement plan
Review of 0-1 day LOS patients at BHRUT / ward management processes
Same Day Emergency Care
Ambulance handover – 45 min maximum wait

Discharge
Improve Pathways - Integrated Discharge Hub, Rehabilitation, Discharge to Assess, Homelessness
Welfare checks and reducing readmission
Review of longer LOS patients with implications for pathways
Capacity of Community Rehabilitation beds
Demand for reablement

- 25 UEC champions
- Maturity Indices/High Impact Initiatives as part of our Improvement and Transformation

Governance and monitoring approach

Winter planning sits as part of our comprehensive UEC system programme and utilises our well established Urgent and Emergency Care governance, complemented by new supporting groups at a system and local level to ensure our system leaders are informed on progress and risks, support opportunities as required and make key and timely decisions to drive the direction of the programme. The UEC programme governance reflects the importance of Place, Collaborative, Hospital Footprint and System working seamlessly together to ensure both oversight and delivery, with a problem solving approach being adopted at all levels. Tier 1 reporting is aligned through this governance structure



Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 19 OCTOBER 2023

Subject Heading:	Delivery Plan for Recovering Access to Primary Care
Report Author:	Luke Phimister, Committee Officer, London Borough of Havering
Policy context:	Officers will give details.
Financial summary:	No financial implications of the covering report itself.

SUMMARY

Officers will give details on a number of areas of relevance to 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

Information will be presented on the delivery plan for recovering access to primary care. Further details are given on the attached presentation.

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
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Delivery Plan for Recovering Access to Primary Care

Joint Health Overview and Scrutiny Committee

22 September 2023

Background

The Delivery Plan for Recovering Access to Primary Care was launched in May 2023 and sets out an ambitious package of measures to help improve access to primary care. The two-year programme covers four keys areas: implementing modern general practice access, empowering patients to manage their own health, building capacity and cutting bureaucracy.

The plan has two central ambitions:

1. **To tackle the 8am rush and reduce the number of people struggling to contact their practice.** Patients should no longer be asked to call back another day to book an appointment

2. **For patients to know on the day they contact their practice how their request will be managed.**

Despite the number of GP appointments increasing over the past year in North East London, the 2023 GP Patient survey indicated that patients' overall experience of primary care and making an appointment has decreased.

Through implementation of this plan, we will be supporting practices to make it easier for our local residents to contact them when they are open and get a timely response.

Delivery Plan for Recovering Access To Primary Care: Four Commitments

- **Empowering patients** - *Tools for patients to manage own health using NHS App and community pharmacy expansion*
- **Implementing 'modern general practice access** – *Tackling the 8am rush so patients know on the day how request will be handled, respecting appointment type preferences*
- **Building Capacity** - *Practices can offer more appointments & add flexibility to the types of staff recruited and how they are deployed*
- **Cutting bureaucracy** - *Reducing workload across interface between primary and secondary care & medical evidence requests, so there is more time to focus on patients' clinical needs*

1	**Empower patients**	• Improving NHS App functionality	• Increasing self-referral pathways	• Expanding community pharmacy	
2	**Implement new Modern General Practice Access approach**	• Roll-out of digital telephony	• Easier digital access to help tackle 8am rush	• Care navigation and continuity	• Rapid assessment and response
3	**Build capacity**	• Growing multi-disciplinary teams	• More new doctors	• Retention and return of experienced GPs	• Priority of primary care in new housing developments
4	**Cut bureaucracy**	• Improving the primary-secondary care interface	• Building on the 'Bureaucracy Busting Concordat'	• Reducing IIF indicators and freeing up resources	

Improving Access to Primary Care: Now and in the Future

Access by telephone - The majority of appointments are currently made by telephone. All NEL practices will be moved to modern digital phone systems by March 2024 with better queuing systems and call management

Modes of appointment - Between January and July 2023, 61% of encounters were conducted face-to-face compared to 33% telephone appointments

Online consultations - Patients complete an online form and get a response such as advice on what to do next through an electronic message or phone call – PCNs have put plans in place to increase online consultations to ensure patients at all practices have access to this – On average, 700,000 online forms are submitted in NEL per month

Community Pharmacist Consultation Service (CPCS) - Patients contacting their practice for a minor illness can be referred to get a same day appointment with their community pharmacist. The roll out of this service has been a big success with the highest number of referrals in the country with 82,000 referrals since March 2022 with 96% of practices referring

Tackling the 8am rush – New contractual changes being phased in across practices mean that local residents will not be asked to phone the practice back but will know on the day how their request will be handled, based on clinical need – NEL practices are being supported to move to this model through training, digital tools and cloud based telephony

Improving access - The plan will make it easier for patients to contact their practice on the phone; speed up assessment and navigation and make on-line requests simpler through the NHS App for example.

Access Recovery Plan: Key Highlights

Empowering Patients

Prospective Records Access: People aged 16 and over with an online account, such as through the NHSE app, NHS website or another online primary care service, will now be able to see all future notes and health records from their GP practice. We are working to ensure this is in place across NEL from 31 October 23

Self-referral pathways Patients will be able to self refer for seven nationally specified community services e.g. audiology, weight management, podiatry. Work is underway to implement this with the multiple providers who are responsible for supplying these services across NEL.

Community pharmacies will be able to supply prescription only medicines for seven common conditions by end of 2023. This is currently being worked through nationally and is pending appropriate governance and IT solutions being in place.

Cutting Bureaucracy

Plans are being put in place for improving the primary-secondary care interface to give practice teams more time to focus on patients' clinical needs. This will involve establishing an overarching Interface Steering Group, linking to the Clinical Advisory Group and acute and provider collaboratives. Local interface groups will feed into it.

Implementation of Modern General Practice Access

Primary Care Networks are working to deliver action plans outlining how they will improve patient experience through feedback from the GP Patient Survey and other sources, taking into account equity of patient experience of access for all patient groups in order to address health inequalities

Through development of a local toolkit, all practices are considering:

- how they will offer an outcome to patients at first point of contact with a practice
- how patients requiring non-urgent appointments can be offered them within two weeks
- Feedback on their website and ways in which they can make it as user-friendly for patients as possible

Building Capacity

A number of recruitment and retention initiatives are in place. A **Fellowship scheme** offers a two-year programme of support, available to all newly qualified GPs and nurses, and new to practice nurses working substantively in general practice. A **mentoring scheme** creates a portfolio working opportunity for experienced GPs to support GP colleagues.

Primary Care Networks are continuing to work to recruit to their multidisciplinary teams working across practices including pharmacists, physiotherapists, mental health practitioners and social prescribers

Engagement and communication

Implementation of the access recovery plan will only be successful through appropriate levels of engagement and partnership with practices and communities.

For example last year our **enhanced access engagement** exercise provided feedback that is still being used by PCNs and individual practices to inform and shape improvements or new initiatives at practice, locality, Places and NEL level. The focus is on improving access, but also on what other support can be provided through a practice e.g. additional roles, opening hours, special clinics.

Over 1,500 residents from north east London shared feedback in a London-wide engagement exercise over the summer on **digital tools**. The feedback will be used to inform work across the capital on how we improve local people's understanding and take-up of digital tools to access primary care. This includes the e-consult service and the NHS App, as well as building greater awareness of how you can access your own health record. NHSE is due to publish its report by the end of October which contains feedback from our residents with some follow up online workshop with local residents planned.

Resident insight gathered from a range of local engagement work by the ICB, Healthwatch and other local partners has informed our **Right Care campaign**, aimed at supporting local people to access care when they need urgent same-day care. This will build on our previous winter and urgent care campaigns, and is a NEL ICBs campaign supported by all local partners including Councils and Healthwatch.

Looking ahead, there will be more ongoing patient engagement, focusing on access to appointments and understanding of digital tools.