

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

4.00 pm

Tuesday
16 April 2024

Council Chamber -
Havering Town Hall

COUNCILLORS: Quorum: 4

London Borough of Barking & Dagenham

London Borough of Waltham Forest

Councillor Muhib Chowdhury
Councillor Donna Lumsden
Councillor Paul Robinson

Councillor Richard Sweden

London Borough of Havering

Essex County Council

Councillor Patricia Brown
Councillor Christine Smith
Councillor Julie Wilkes

Councillor Marshall Vance

London Borough of Redbridge

Epping Forest District Council

Councillor Beverley Brewer
Councillor Sunny Brar
Councillor Bert Jones

Councillor Kaz Rizvi
(Observer)

CO-OPTED MEMBERS:

Manisha Modhvadia
Ian Buckmaster
Emma Friddin

Healthwatch Barking & Dagenham
Healthwatch Havering
Healthwatch Redbridge

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

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

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

Reporting means: -

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

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

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

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



Essex County Council



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 7 - 10)

To agree as a correct record the minutes of the previous meeting held on 9th January 2024 and authorise the chairman to sign them.

5 NHS PROPOSAL - JOINT COMMITTEE MERGER (Pages 11 - 12)

Report attached.

6 HEALTH UPDATE (Pages 13 - 20)

Relevant documents attached

7 FINANCE OVERVIEW (Pages 21 - 28)

Relevant documents attached

8 PROVIDER UPDATE - BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITAL NHS TRUST (Pages 29 - 32)

Relevant documents attached.

9 PROVIDER UPDATE - EAST LONDON AND NORTH EAST LONDON NHS FOUNDATION TRUSTS (Pages 33 - 38)

Relevant documents attached.

10 A&E WAIT TIMES FOR MENTAL HEALTH PATIENTS (Pages 39 - 48)

Relevant documents attached

11 AMBULANCE RESPONSE TIMES (Pages 49 - 54)

Relevant documents attached

12 JHOSC UPDATE (Pages 55 - 58)

Relevant documents attached

13 DATES OF FUTURE MEETINGS

The Committee is invited to agree the following dates of its meetings for the 2024/25 municipal year:

Thursday 25 July 2024

Thursday 17 October 2024

Tuesday 14 January 2025

Tuesday 15 April 2025

The Committee is further invited to confirm the meeting start times (currently 4 pm) and the venues for the meetings (subject to suitable accommodation being available).

Anthony Clements
Clerk to the Joint Committee

This page is intentionally left blank

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall, Council Chamber
9 January 2024 (4.00 - 5.55 pm)**

Present:

COUNCILLORS

**London Borough of
Barking & Dagenham**

Paul Robinson

**London Borough of
Havering**

Patricia Brown, Christine Smith and Julie Wilkes

**London Borough of
Redbridge**

Beverley Brewer, Alex Holmes (substituting for Bert Jones)

**London Borough of
Waltham Forest**

Richard Sweden

Co-opted Members

Ian Buckmaster (Healthwatch Havering)

15 CHAIRMAN'S ANNOUNCEMENTS

The Chairman reminded members of what to do in case of an emergency.

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

Apologies were received for the absence of Councillors Muhib Chowdhury, Donna Lumsden, Sunny Brar and Marshall Vance.

17 DISCLOSURE OF INTERESTS

There were no disclosures of interests.

18 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting were agreed as a correct record and signed by the Chairman.

19 HEALTH UPDATES

The Committee received health updates from NHS, BARTS, NELFT and BHRUT colleagues.

Members noted the NHS would be converting patients' paper records to electronic records at Queen's and King George's hospitals. It was explained

that this change would allow for patients' records to be accessed at other hospitals and the records would be backed up in case of a glitch or if the system is hacked.

Members also noted the update of seasonal COVID-19 and flu vaccines were in line with the London average.

BHRUT colleagues updated members on the latest type 1 performance for urgent and emergency care had improved and Same Day Emergency care (SDEC) played a vital role in reducing admissions with the SDEC departments at both hospitals seeing 128 patients a day on average.

Members received positive news that the radiotherapy unit at Queen's had received the first upgrade to its machines in the UK which would allow for pictures to be taken in 6 seconds compared to 43 with the previous machines

NELFT colleagues updated members on the Right care Right Person collaboration with the Metropolitan Police that went live across London on 1st November 2023. Members noted the collaboration aimed to provide a single aligned response support for all mental health providers across London. It was noted that police deployments reduced by 14% in the first month while calls to 111 had increased for mental health.

Members made no recommendations and noted the report.

20 **JOINT FORWARD PLAN 2024-25**

The Committee were presented with the Joint Forward Plan (JFP) for 2024-25.

Members noted the JFP was a document that brought together the Integrated Care Board (ICB) and partner trusts to provide NHS services to meet the residents' needs. Members noted the partners asked to be consulted earlier in the process and noted the timeline which was presented.

Members noted the main additions to the 24/25 JFP was more information to ensure all strategic system improvement, Place plans, six-cross-cutting themes and enablers are covered with additional information on what is important to the residents and how that impacted the plan, the successes to date and how the strategic outcomes are developing.

Members raised questions on community waiting lists to which officers explained that waiting lists were still an issue due to the availability of the work force. It was also explained that the Community Health team oversees the work on waiting lists and children and adult waiting lists are treated as separate.

Members noted the report and made no recommendations.

21 **LONDON AMBULANCE SERVICE**

The Committee received an update on the London Ambulance Service (LAS).

The London Ambulance Service representatives explained that there had been 5700 calls to 999 and 6000 calls to 111 and the response times had greatly improved. The service had recruited more paramedics and had ordered 232 more ambulances to replace the old ambulances with lighter, more environmentally friendly ones and had ordered 2 fully electric ambulances with the aim to have 4 by the end of the financial year.

It was noted that there had been an improvement in 'Cat 2' responses with a reduction from 1hr40mins in the previous year to 39mins at the time of the meeting, with the improvement being greater than the rest of London, however, the service had been commissioned to reach a target of 30mins response time.

Officers explained a challenge faced by the service is 999 or 111 patients arriving at A&E assuming they have an appointment booked with their details ready and work is ongoing to ensure details are made available sooner.

The 5 year strategy of the service was noted to be ambitious as they aimed for London to have the best heart attack survival rate in the world. To deliver this, the LAS was training the public and children in schools to teach them the correct chest compression procedures. The target was a 40%+ survival rate and London was at 31% at the time of the meeting.

Members were pleased to hear the LAS was working with AI technology for phone calls and noted ambulances are dispatched within 45 seconds of the start of the phone call due to AI noticing keywords.

The Committee noted the report and made no recommendations.

22 **COLLABORATION UPDATE**

The Committee was updated on the collaboration between BARTS, BHRUT and Homerton Healthcare as the NEL London Acute Provider (APC) since July 2022.

It was explained to Members that the collaboration aimed to ensure the best healthcare for residents with priority areas being the digital programme for patient records. Members noted officers were considering ways to scale up the APC across NEL which would cause the collaboration to be more attractive creating better opportunities.

Officers described the concern that resources could be taken out of NEL and moved into Central London but BARTS had committed expertise and services to support BHRUT.

Members noted the report and made no recommendations.

Chairman



**OUTER NORTH EAST LONDON JOINT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE, 16 APRIL
2024**

Subject Heading:

NHS Proposal – Joint Committee Merger

Report Author:

Anthony Clements, Committee Services
Manager, London Borough of Havering

Policy context:

To discuss a NHS proposal re forming a
single Joint Health Overview and Scrutiny
Committee (JHOSC) for North East
London

Financial summary:

No financial implications of the report
itself.

SUMMARY

The Committee will be invited to discuss a response to a reported NHS proposal to form a single JHOSC covering the whole of North East London.

RECOMMENDATIONS

That the Joint Committee discusses the proposed creation of a single JHOSC to cover the whole of North East London and agrees any action in response that it considers appropriate.

REPORT DETAIL

Reports have reached certain Members and officers of a proposal by the Integrated Care Board that the JHOSC should merge with its equivalent Committee for Inner North East London, thus forming a single JHOSC to cover the entire North East London area. Whilst no formal approach on this matter has been received from the NHS, Members may find it useful to discuss the position and consider any response that they wish to give at this stage.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report though it should be noted that the Constitutions of many of the Member Councils of the Outer North East London JHOSC may need to be adjusted if a merger to a single Committee is agreed.

Human Resources implications and risks: None of this covering report although it should be noted that clerking arrangements for any merged Committee would need to be agreed.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.



**OUTER NORTH EAST LONDON JOINT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE, 16 APRIL
2024**

Subject Heading:	Health Updates
Report Author:	Luke Phimister, Committee Services Officer, London Borough of Havering
Policy context:	Officers will give details on a variety of health issues impacting on residents of Outer North East London
Financial summary:	No financial implications of the covering report itself.

SUMMARY

NHS officers will give details and update on a number of areas of relevance to NHS services in Outer North East London.

RECOMMENDATIONS

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

REPORT DETAIL

This item, part of a regular series of health updates to the Joint Committee, will give details on a number of health issues including system resilience over the winter, vaccination issues, celebrating success, ending sexual violence against women and an update on the local NHS financial position.

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

Page 15

Health Update – April 2024

NHS North East London: Update

Driving equality for north east London

We have developed an outline of the challenges we face in driving equality for people of north east London. The population of north east London is very fast growing and has many existing health inequalities. This results in very high levels of demand for health services. Alongside this high demand, north east London has the lowest capital allocation in London (money allocated from NHS England to invest in the local NHS) making it difficult to invest in the improvements needed to really challenge the health inequalities we see locally. That's why we are working to challenge the systemic barriers that are currently impeding our progress and secure additional investment and have set out our position to NHS England. We will provide a detailed briefing in the near future.

Specialised services commissioning

NHS England currently commission all specialised services; however, in December 2023 the NHS England Board approved plans to fully delegate commissioning of appropriate specialised services to Integrated Care Boards (ICBs) by April 2025. Specialised services are a diverse portfolio of around 150 services generally accessed by people living with rare or complex conditions. These include services for people with physical health needs, such as cancer, neurological, and genetic conditions and some mental health services too.

Joint commissioning will take place from April 2024 to support a smooth transition of commissioning responsibility (Delegation) by April 2025. Moving to ICB-led commissioning supports a focus on population health management across whole pathways of care, improving the quality of services, tackling health inequalities and ensuring best value. These plans, which were first set out in the [Roadmap for Integrating Specialised Services within Integrated Care Systems](#), have been developed in close collaboration with NHS England's regional teams, ICBs and specialised service providers. They represent the outcome of a thorough assessment of ICB system readiness, and a comprehensive analysis of services to determine their suitability and readiness for more integrated commissioning.

NHS North East London: Update

People and Culture Strategy

We have developed a People and Culture Strategy following extensive engagement with system stakeholders and with consideration of our Interim Integrated Care Strategy, Joint Forward Plan, and national directives and plans.

We need a radical new approach to how we work as an integrated care system to tackle what we are facing today and secure our sustainability for the future. The strategy outlines our challenges and how we plan to overcome them, recognising our role as an 'Anchor Institution' in tackling issues relating to employment, health and wellbeing and diversity. It also acknowledges that we must be flexible to respond to emerging demands and population health needs.

It identifies four core people and culture pillars, focusing on how we attract, retain, innovate and lead.

Our focus also aligns to wider national people directives and plans, such as the NHS People Plan. Our strategy will be underpinned by a detailed delivery plan (to be developed as part of the next steps with partners) whereby the priorities for the next five years will be considered and agreed upon.

An overview of our focus for the five years, and in particular, the first twelve-month priorities and actions are detailed in the strategy. The details of the full five years will be scoped and captured within the detailed delivery plan.

NHS North East London: Update

People and Culture Strategy - Priorities



Attract (the offer)

Helping our local populations to choose to work in Health and Social Care, (H&SC) supporting their entry into tailored roles and apprenticeships, giving them the best start in employment to enable them to become valued members of our workforce and to thrive in successful careers that are meaningful to them.

First year priorities

1. **Attraction** - We will work with partners to understand the barriers to employment in health and social care for our local residents, exploring existing support programmes, further potential and developing innovative attraction mechanisms to support key areas of workforce shortage across the system.
2. **Recruitment** - We will identify differences and barriers in our recruitment processes and simplify the application process across NEL.
3. **Plans** - We will collaboratively create attraction, recruitment and induction plans across NEL.



Retain (best place to work)

Helping our NEL partners to become 'employers of first choice' for our diverse NEL Health and Social Care workforce by creating work environments with safe, inclusive, and empowering cultures which enable all staff to progress and maximise their potential.

First year priorities

1. **Career pathways** - We will focus on developing open and transparent career pathways (from temporary to permanent employment) for all NEL Health and Social Care (H&SC) employees, supported by clear, agreed performance objectives and individual training and development plans that promote life-long learning.
2. **First choice** - We will focus on developing an employment offer that supports our current and future staff to balance their working and personal lives.



Innovate (new ways of working)

Working in a collaboration across the NEL system to develop joined up solutions and to establish the right cultures, protocols and systems to enable the pro-active planning, development, management and deployment of a productive 'One Workforce for NEL' that will deliver excellent services to our residents.

First year priorities

1. **System OD and Culture Programme** - we will build a programme for all NEL Health, Social Care and Voluntary Sector leaders to build bridges and develop a system-wide culture of shared values, including trust, relationship building, collaborative and seamless working, open and transparent information sharing, and to agree how leaders will come together to address their common challenges.
2. **Pathways** - in collaboration with Employers and Higher Education Institutions, we will develop education and career progression pathways to support the needs and advancement of young people, women, carers and other targeted under-represented groups who will join the Health, Social Care and Voluntary Sector across NEL.



Lead (leadership orientation)

Building a compassionate, equitable and inclusive leadership collectively across NEL Health and Social Care that reflects the diverse communities it serves, leads by example supported by developed talent pipelines to maximise our staff's potential and develop the next cohort of leaders.

First year priorities

1. **Leadership behaviours and framework** - We will promote system-wide implementation of the upcoming National Leadership Competency Framework.
2. **Training and development** - We will implement an essential system-wide package of EDI, Cultural Sensitivity, Anti-Racist, Compassionate and Inclusive Leadership and Unconscious Bias training for all in leadership positions including aspiring leaders.

NHS North East London: Update

People and Culture Strategy – Next Steps



NHS North East London: Update

Homerton Healthcare Fertility Unit

- The Human Fertilisation and Embryology Authority (HFEA) has suspended the license until May 2024 as a result of their concerns about three incidents
- Homerton is continuing to work alongside the HFEA and is investigating the incidents. Each person affected by the incidents has been contacted by the unit's clinical team
- People who are currently undergoing treatment will continue to be treated there to complete it, however, the unit is unable to accept new patients.
- We have provided local GPs with guidance on what this means for people currently undergoing treatment at Homerton and for those who have not yet been referred for treatment
- We are working with the HFEA and NHS England to support the Homerton and to ensure that we implement any recommendations that come out of the external investigations.
- We are working with other fertility treatment providers to manage capacity across north east London and will endeavour to ensure all eligible people receive treatment in a timely manner.



**OUTER NORTH EAST LONDON JOINT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE, 16 APRIL 2024**

Subject Heading:	Finance Overview
Report Author:	Luke Phimister, Committee Services Officer, London Borough of Havering
Policy context:	Officers will give details on finance overview
Financial summary:	No financial implications of the covering report itself.

SUMMARY

NHS officers will give details and update on Finance Overview

RECOMMENDATIONS

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

REPORT DETAIL

This item will give details on the finance overview

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.

Finance Overview

Meeting name: ONEL JHOSC

Presenter: Henry Black, Chief Finance Officer

Date: 16 April 2024

Finance summary

Surplus / (Deficit) - Adjusted Financial Position

	YTD Surplus / (Deficit)			Full Year Forecast Surplus / (Deficit)		
	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
North East London ICB	14.1	5.8	(8.3)	15.4	14.4	(1.0)
Providers	(17.3)	(61.7)	(44.4)	(15.3)	(51.3)	(35.9)
ICS Total	(3.2)	(55.9)	(52.7)	0.0	(36.9)	(36.9)

- As has previously been reported, we are facing very significant financial challenges as an ICB and as a system.
- The ICS submitted an updated forecast position to NHSE moving the system forecast from a break-even position to a deficit of £36.9m
- This includes a small surplus in the ICB to offset deficits within other partners.
- The £36.9m comprises a £25m agreed deficit and a further £11.9m unfunded costs of industrial action for the period December 23 to February 24.

ICS Month 11 Year-to-Date and Forecast Position

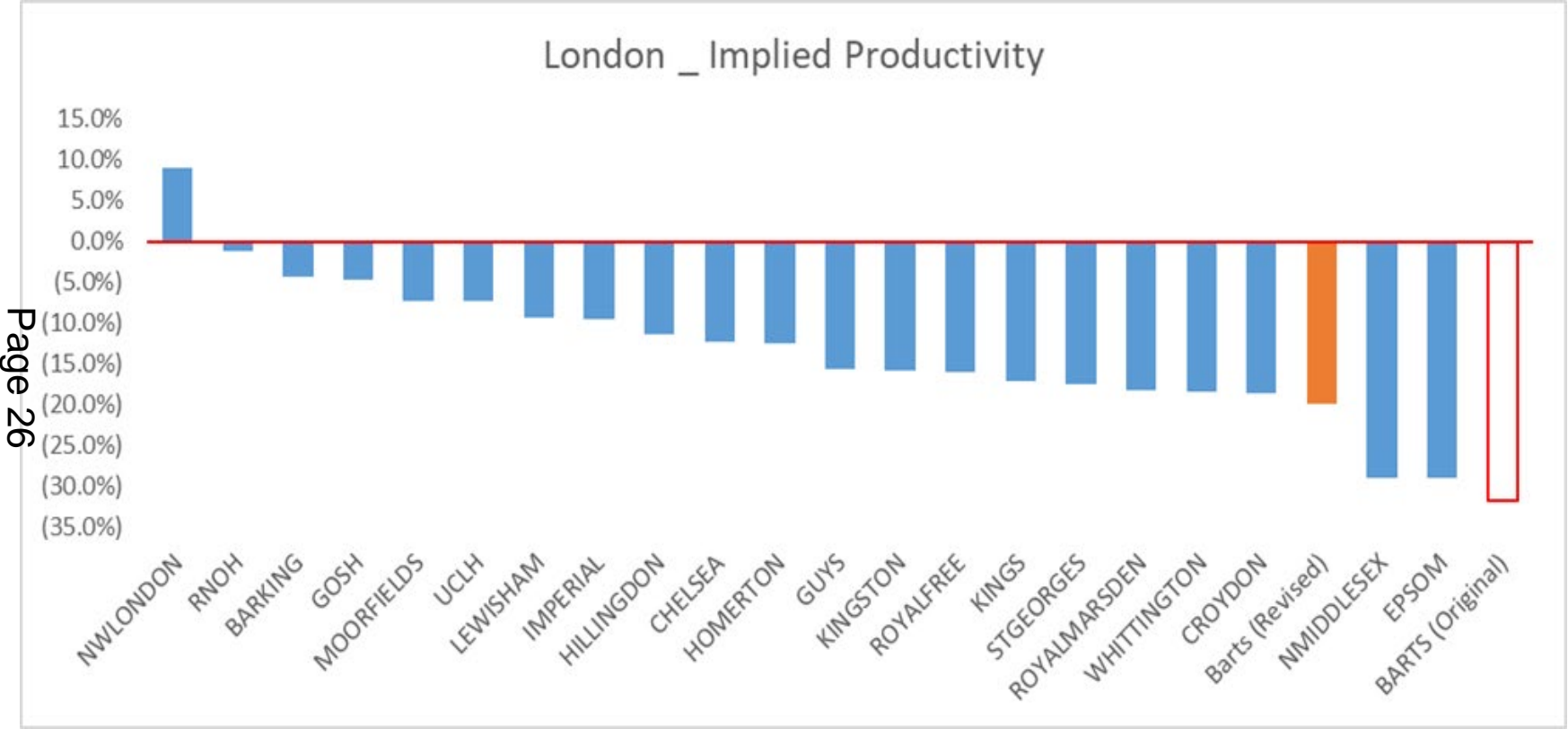
The ICB financial position is driven by the following:

- 1) **Continuing Healthcare** – there is pressure relating to undelivered efficiencies, volume growth and prices increases.
- 2) **Prescribing** – a combination of efficiency, price and activity pressures means prescribing is overspent by £31m at month 11 with a forecast overspend of circa £34m. There is a risk that the prescribing position could deteriorate further once data is available for the final quarter of 23/24.
- 3) **Mental Health** – there is a pressure on mental health and learning difficulties in relation to activity driven, high cost adult placements, section 117 and female PICU placements.

Providers are reporting a year-to date deficit of £61.7m which is a variance to plan of £44.4m. The key drivers for overspends at a provider level are as follows:

- 1) **Industrial action** – December to February strike days
- 2) **Efficiency and cost improvement plans** – providers reported slippage against the year-to-date and forecast position.
- 3) **Inflation** – excess costs of inflation higher than planned levels, particularly in relation to unfunded pressures from 2021 – 2023 which were funded non-recurrently
- 4) **Payroll costs** – providers have reported pressures in relation to pay, including agency staffing.

Productivity Update



Finance planning for 2024/25

- Despite delivering efficiencies, one-off benefits and using reserves, there is still a significant underlying financial deficit as we head into this financial year.
- Our Financial Recovery Plan continues to develop and as we move into the new financial year.
- Our operational arrangements will be supported by a detailed programme of work setting out how we will work with our partners to ensure we manage our financial resources within limits agreed with NHSE and for the best value.
- All ICBs are mandated to deliver break even at the end of this financial year (March 2025). There is national recognition that this is enormously challenging.

This page is intentionally left blank



North East London

Barking, Havering and Redbridge University Hospital NHS Trust

Page 29

Meeting name: ONEL JHOSC

Presenter: Fiona Wheeler, Chief Operating Officer

Date: 16 April 2024

Agenda Item 8

Urgent and emergency care

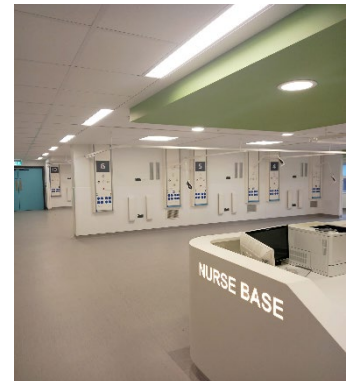
- 75.08% of patients seen and treated within four hours in A&E in February 2024 - our best performance in four years for all types
- Compared to February 2023, nearly 7,000 more patients seen and treated in our A&Es and Urgent Treatment Centres within four hours despite a more than 9% increase in attendances during this time
- Queen's saw the biggest increase in ambulances across London with 600 more, compared to February 2023.
- Type 1 performance improved by over 20% since January 2023; ended 2023 the most improved Trust in the country
- Initiatives that have helped: Same Day Emergency Care departments, virtual wards
- Despite the improvements, we know too many people are still waiting too long and we apologise for this
- We've begun preliminary discussions with NHSE about securing the estimated £35m we will need to redesign and improve the A&E department at Queen's – in the same way as we've done at King George Hospital.



Page 30

Reducing our waiting lists

- End of February, 65,677 patients on our waiting list. 1,276 patients waiting more than a year – reduced by more than 500 since December 2022.
- 272 moved to us from Barts Health to help tackle their delays. Overall, 750 of their patients have transferred to us.
- Two new theatres at King George Hospital (KGH) will see us carry out 100 extra operations each week for patients across north east London. Last year, 7,613 operations took place at the KGH Elective Surgical Hub



Impact of industrial action

- 39 days of strikes
- 17,283 outpatient appointments and nearly 1,250 non-urgent surgeries rearranged
- Total cost was £2.4m this financial year after being significantly reduced by national funding support

Cancer targets in January

- 28-day Faster Diagnosis Standard met - patient should not wait more than 28 days from referral to diagnosis;
- Missed 96% target for 31 days (94.5%) - first treatment within 31 days of decision to treat for all cancer patients;
And missed the 85% target for 62 day (67.6%) - first treatment within 62 days of referral or consultant upgrade
- Strikes, reporting delays, workforce issues and diagnostic capacity affected our performance
- New Community Diagnostic Centre in Barking will increase capacity - more than 60,000 tests and scans
- We're using advanced technology to speed diagnosis and treatment for certain cancers
- Introducing blitz sessions to treat more patients faster.



Patients with mental health needs

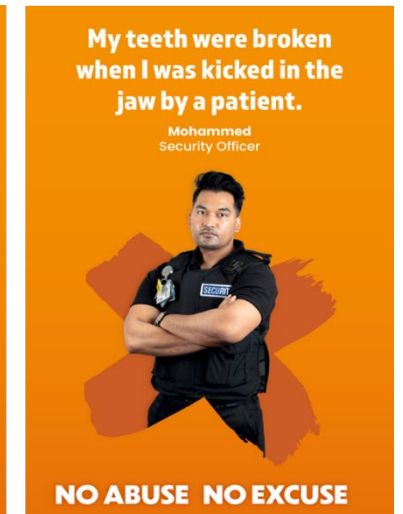
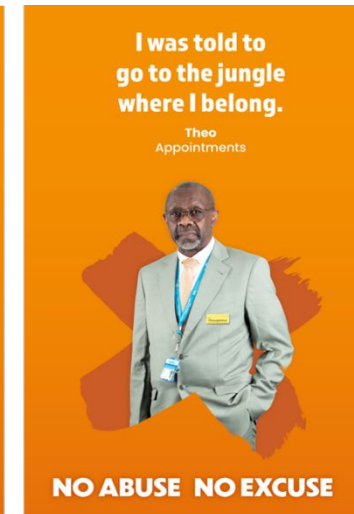
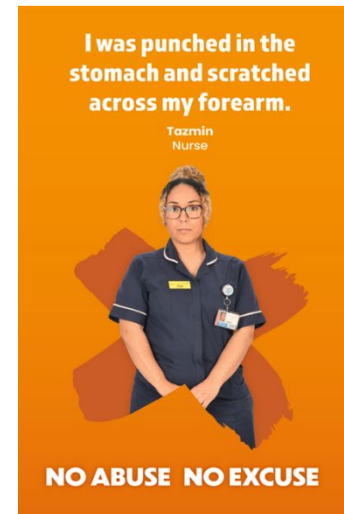
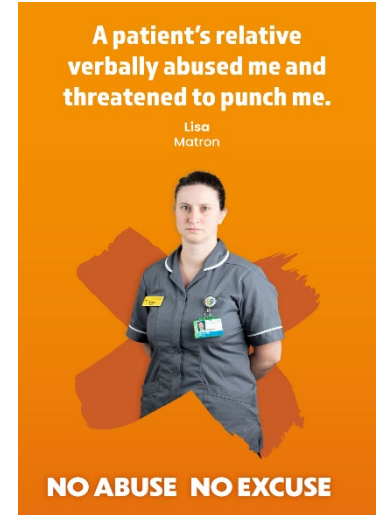
- 336 patients were referred to mental health services from our A&E in February. Average length of stay in A&E was 22.1 hours; 156 patients spent more than 12 hours there
- Under the Mental Health Act, a police constable has the power to detain in a place of safety in the interests of that person or for the protection of others, any person who appears to be suffering from mental disorder and to be in immediate need of care or control. KGH had the third highest of these (22 patients) in London in February
- We're continuing to work with our partners at NELFT, our local mental health and community trust, to address the problems so patients can access services more appropriate to their needs more quickly.

Page 32

No Abuse No Excuse

Incidents of violence and aggression towards our staff have more than doubled in three years – 36 in January 2021, rising to 75 two months ago

- We launched our No Abuse No Excuse campaign last month. We've also increased the use of body-worn cameras, made it easier to ban individuals and introduced de-escalation training so staff are better equipped to handle these incidents.





North East London

East London and North East London NHS Foundation Trusts

Page 33

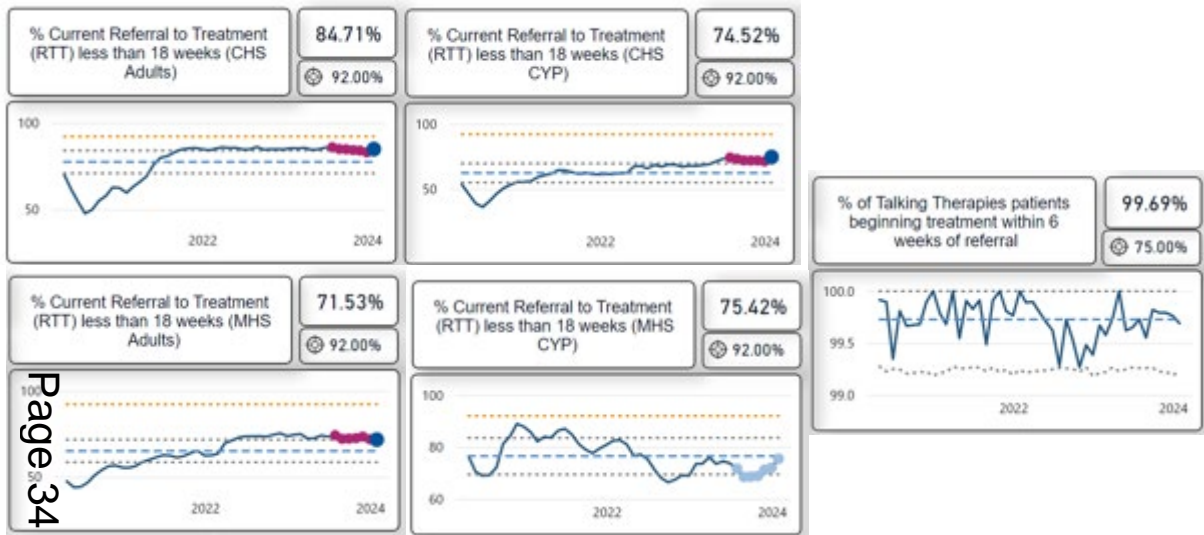
Meeting name: ONEL JHOSC

Presenter: Paul Calaminus, Chief Executive, NELFT

Date: 16 April 2024

Agenda Item 9

Headline service updates

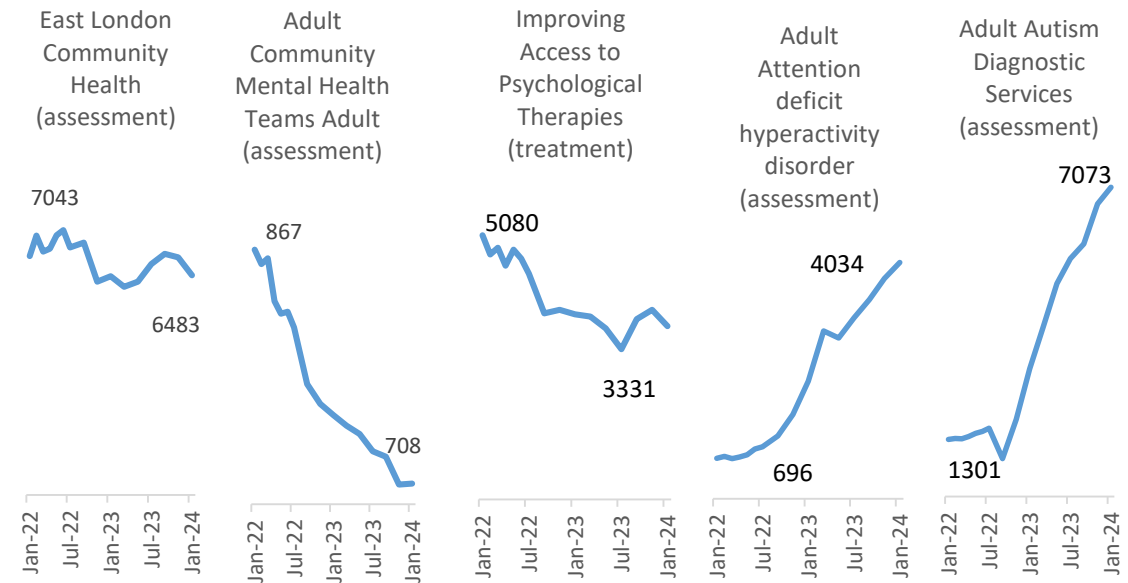


North East London NHS Foundation Trust (NELFT)

- In community health services, 85% of adults and 75% of CYP are starting treatment within 18 weeks of referral.
- In mental health services, 72% of adult and 75% of CYP MH referrals are meeting the 18 week RTT standard with all borough directorates showing a positive improvement.
- 99% of people referred to NELFT Talking Therapy services are starting treatment within 6 weeks.

East London NHS Foundation Trust (ELFT)

- Overall, the Trust has seen a decrease in waiting lists over the last two months, with the largest reductions observed in community health services, specialist children and young people services (SCYPS), and community mental health services.
- ADHD and Autism services continue to see growing waiting lists and work is ongoing to try to streamline the assessment pathway and develop support for people to ‘wait well’, including work by the Recovery Colleges to develop a series of pre-diagnostic courses for adults.



Urgent & Emergency Care: Community Health (1/2)

Rapid response services in ELFT and NELFT continue to exceed the target of 70% of patients being seen within 2 hours.

In ONEL:

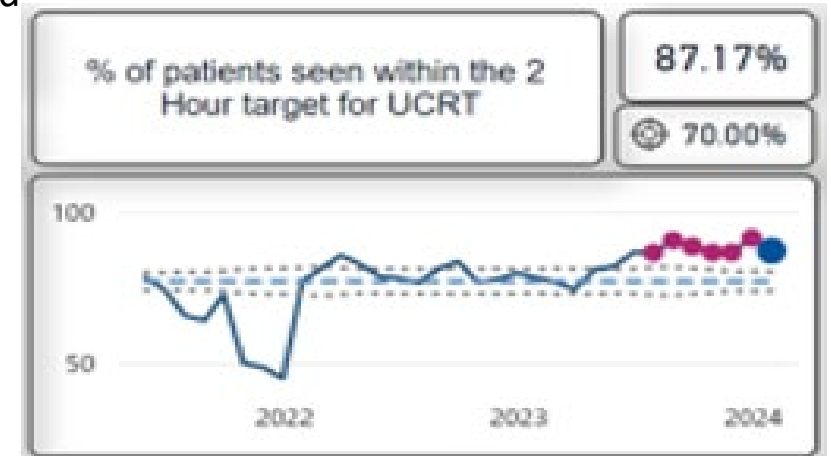
- Patients / carers can self-refer
- Multidisciplinary 2-hour crisis response teams support individuals for up to 72h in their own homes
- 3 Community Treatment Team urgent response cars are jointly provided with LAS and manage an urgent response to fallers

Page 35

c350 patients / week are seen to support ED avoidance

Respiratory virtual ward provided by NELFT is now in place supporting early supported discharge and step up.

Frailty virtual ward delivered with BHRUT is in place.



Urgent & Emergency Care: Community Health (2/2)

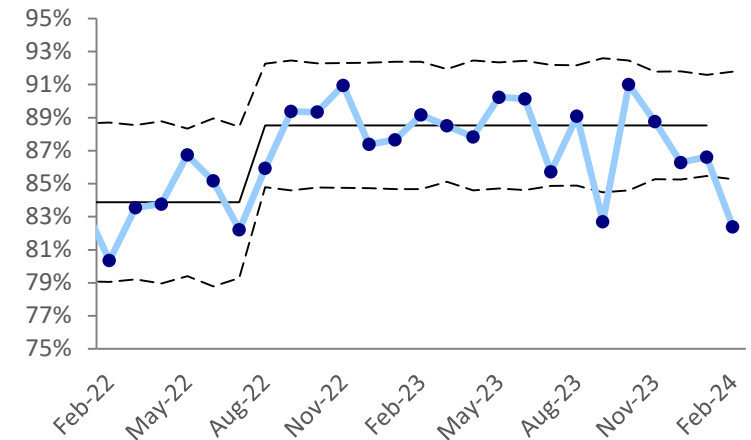
In INEL:

- 2 Urgent Care Response (UCR) Teams in Newham and Tower Hamlets provide rapid and falls response
- In-reach UCR embedded in Royal London Hospital. This is not commissioned in Newham, however key operational priority 24/25 is to increase presence at ED as part of admission avoidance
- Integrated Discharge Hub in reach to wards to increase discharge-to-assess (D2A) pathway and stepdown to P1, P2, P3.
- UCR activity variable during industrial action and during surge. Establishing 7 day working for therapies from Q1 24/25 to support D2A at weekends.
- Defining Unplanned Intermediate Care Team (ICT) models in Newham and Tower Hamlets to reflect population demand
- ELFT presence at provider Medically Optimised and Length Of Stay meetings to support virtual ward and D2A pathways

NEL collaboration

- A NEL-wide Rapid Response Improvement Network has been established as part of the NEL Community Health Services Collaborative and services will be working together over the coming month to focus on what more can be done to prevent acute hospital admission.

Rapid Response seen within 2 hour guideline (Trust wide) (P Chart)



Organisational updates

East London NHS Foundation Trust

- The City & Hackney health-based place of safety (HBPOS) has been closed for an 8-week period from 16 February so that essential maintenance can be carried out. Various mitigations are in place to enable this temporary closure, including extra capacity being created at Sunflowers Court in Goodmayes Hospital.
- Dr Mohit Venkataram, Executive Director of Commercial Development, will be leaving ELFT at the end of April to begin full time as the Deputy CEO at NELFT, having started on a part time basis in March.
- Dr Amar Shah, Chief Quality Officer, has been appointed (alongside his role at ELFT) as the first National Clinical Director for Improvement at NHS England. He will be leading on the adoption and application of quality improvement across England's health and care system.

North East London NHS Foundation Trust

- Three new Executive Directors have been appointed to the NELFT Board.
 - Brid Johnson was appointed as our Chief Operating Officer and started in her new role on 1 March.
 - Dr Mohit Venkataram has been appointed Deputy Chief Executive (as above)
 - Navin Kalia has been appointed as our Chief Finance Officer and will be starting at the Trust at the end of April from the Welsh Ambulance Services NHS Trust.

NELFT has been selected to partner with the NHS England Digital Medicine Programme to support the development of a new Electronic Prescription Service (EPS) that will enable prescriptions to be sent electronically to community pharmacy and homecare dispensers. We will be rolling this out across our NEL services and facilitating learning across London.

- The Trust has been awarded the NHS Pastoral Care Quality Award by NHS England in recognition of our commitment to providing high-quality pastoral care to the internationally educated nurses (IENs) we have been so fortunate to welcome.

This page is intentionally left blank



**OUTER NORTH EAST LONDON JOINT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE, 16 APRIL
2024**

Subject Heading:	A&E wait times for mental health patients
Report Author:	Luke Phimister, Committee Services Officer, London Borough of Havering
Policy context:	Officers will give details on wait times in A&E for mental health patients
Financial summary:	No financial implications of the covering report itself.

SUMMARY

NHS officers will give details and update on the wait times in A&E for patients with mental health emergencies.

RECOMMENDATIONS

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

REPORT DETAIL

This item will give details on the wait times in A&E for patients with mental health emergencies.

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

Mental Health Urgent and Emergency Care

Page 41

Meeting name: ONEL JHOSC

Presenter: Paul Calaminus, Chief Executive, NELFT

Date: 16 April 2024

Urgent & Emergency Care: Mental Health

- Since Summer 2023, we have seen reported bed-days for people who are clinically ready for discharge (CRFD) on our acute inpatient wards across ELFT and NELFT increase substantially. Throughout March, there have been c70 people CRFD. This group includes very often people with complex social circumstances, in particular people who are homeless or who have no recourse to public funds, or who have care needs that require enhanced levels of accommodation-based support at the point of discharge.
- The high levels of CRFD are resulting in high bed occupancy (routinely >95%), longer lengths of stay and therefore reduced flow through our acute mental health beds. This is consequently resulting in longer waits for admission (linked to long ED waits where admission is required) and high numbers of admissions 'out of area' to private sector beds (c80 at any one time during the first part of March). This situation, common across London, is desirable neither in terms of care quality and patient experience nor use of financial resources. The cost of a private sector bed is c£750/night.
- In January, 15.3% of the people attending A&E for a mental health-related reason waited for more than 12 hours (195/1,277 mental health attendances). This represented 3% of >12h ED waits overall (195/6,500).

Urgent & Emergency Care: Mental Health (2)

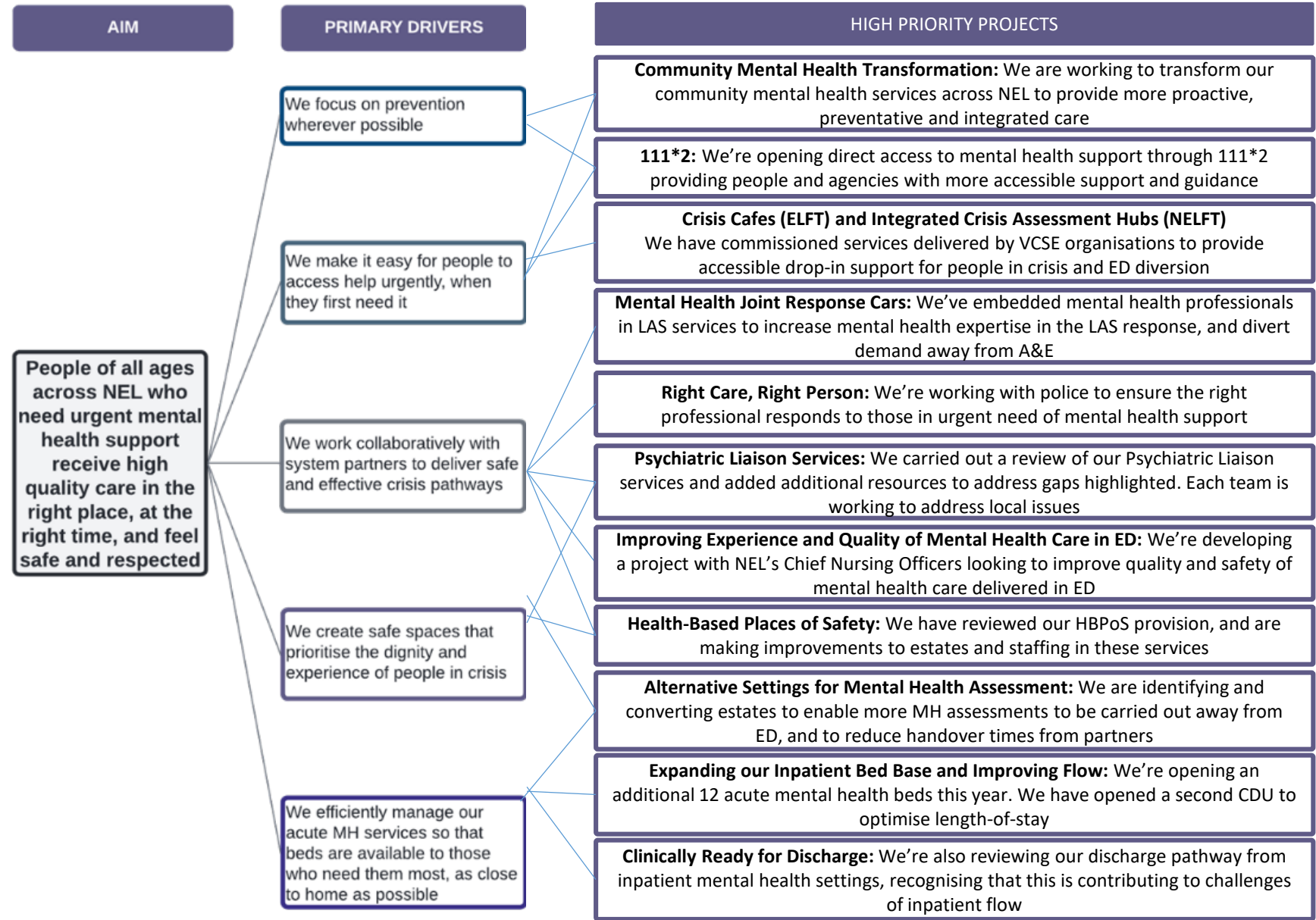
- On 19 March, due to sustained high levels of bed occupancy and other system-wide operational and service level pressures, ELFT declared internal critical incident status. Between 20 and 28 March, routine work was stood down to enable intense focus on creating capacity ahead of the Easter Bank Holiday weekend. The focus was on maximising the use of available resources to support people away from inpatient beds – both internal and private capacity – including enhanced focus on supporting service users clinically ready for discharge to progress to their next stage of care.
- ELFT and NELFT are working collaboratively on plans to ensure that we have safe, effective and more responsive discharge arrangements for people who are clinically ready for discharge, including with local authority and place-based partners, which we intend to finalise as part of our 2024/25 operating plans.
- This work forms part of our NEL-wide Mental Health Crisis/UEC and Inpatient Improvement Network programmes which are focused on improving quality and flow through the UEC pathway at multiple points. The high level of CRFD patients currently constitutes our biggest flow challenge and this will be our key area of focus going forward.

NEL Mental Health Crisis / UEC Improvement Network - Strategy

Mental Health Crisis Improvement Network

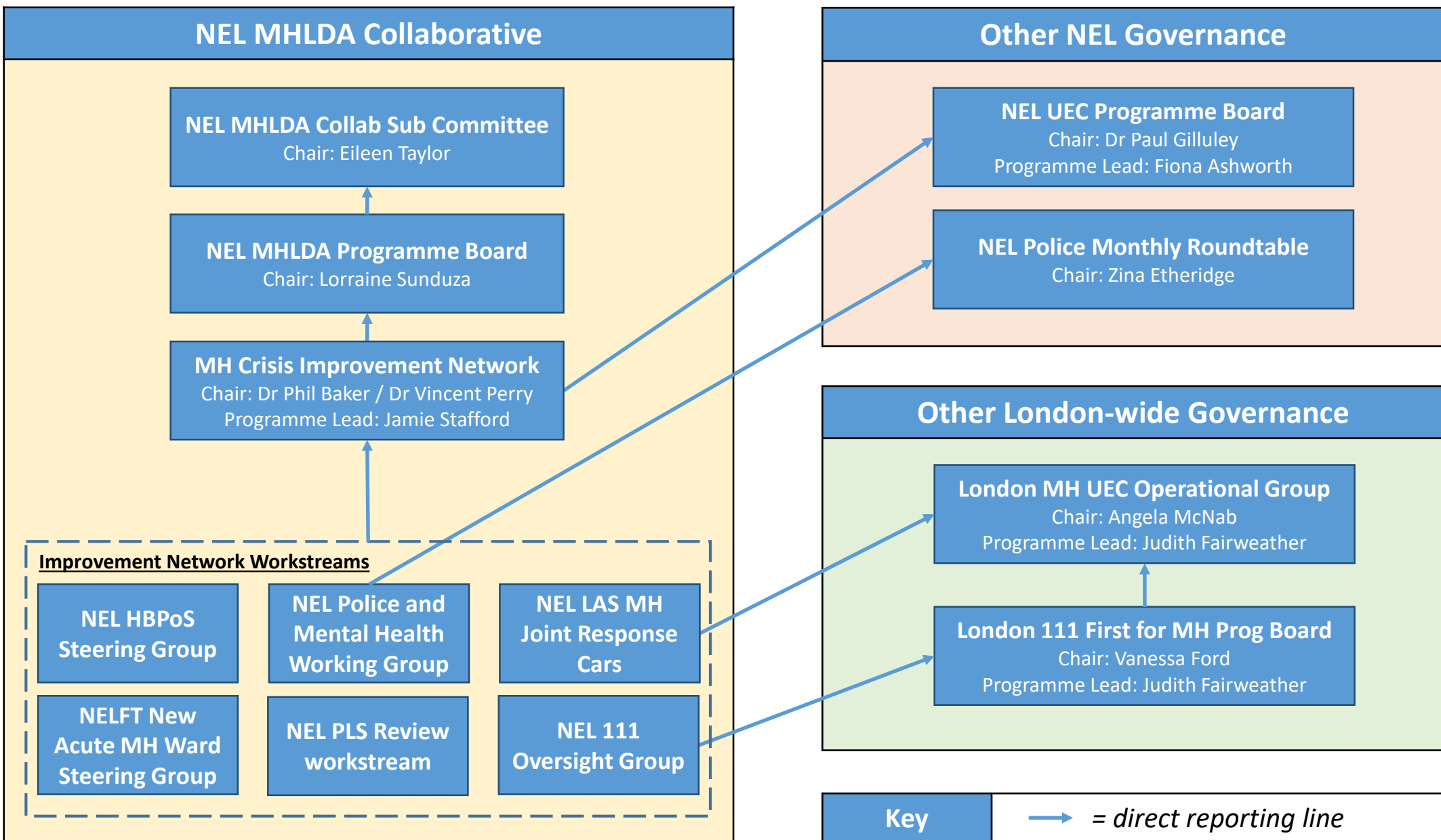
We have established a NEL Mental Health Crisis Improvement Network within our provider collaborative.

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.



NEL Mental Health Crisis / UEC Improvement Network - Governance

Page 45



NEL Mental Health Crisis / UEC Improvement Network – Status report

	Projects	Update	Impact	Projects	Update	Impact
<p>Developing Crisis Improvement Network</p> <ul style="list-style-type: none"> NEL Crisis Improvement Network bringing together clinical and ops leadership across partners Programme of work aligned with NEL UEC Programme plan and reporting to UEC Board <p>Planning for 2023/24 & 2024/25</p> <ul style="list-style-type: none"> UEC Capital bids for 2023/24 approved, MONs in place, projects underway Bids submitted for 24/25 UEC capital <p>Other updates</p> <ul style="list-style-type: none"> NEL moving to Tier 2 in UEC Recovery Programme – more comms coming soon A separate MH Inpatient Improvement Network has been launched to coordinate work across NEL Launch event held on 11th March, with 63 attendees good engagement across 	<p>NHS 111*2</p>	<ul style="list-style-type: none"> ‘Go-live’ of NEL Integrated hub scheduled for 2 April 2024, delivered by ELFT 22/27 posts recruited Configuring clinical systems and telephony Reporting agreement not yet finalised 	<ul style="list-style-type: none"> Modelling forecasts this will receive 85k calls/year in NEL 	<p>Health Based Places of Safety</p>	<ul style="list-style-type: none"> Plan for 23/24: <ol style="list-style-type: none"> Open third suite at Goodmayes – now live Safety alterations to C&H suite – work underway Public engagement of Newham suite – In design phase, likely to run summer 2024 NEL HBPOS Steering Group overseeing and coordinating changes, inc. implications for CAMHS 	<ul style="list-style-type: none"> Main focus is improved safety and experience of care – but additional staffing aiming to improve flow too
	<p>MH Joint Response Cars</p>	<ul style="list-style-type: none"> 3WTE Band 7 Mental Health Practitioners in place for working in NEL Mental Health Joint Response Cars, with contract in place for 23/24 Options paper reviewed by Programme board, now going to MHLDA Committee 	<ul style="list-style-type: none"> Fluctuating activity in 23/24, review ongoing 	<p>S12 Solutions App</p>	<ul style="list-style-type: none"> Reviewed by ELFT Digital Solutions Board in Dec 2023, now approved for use. Working with operational leads to plan go-live 	<ul style="list-style-type: none"> Reduced inefficiency in booking S12 Drs
	<p>Right Care, Right Person</p>	<ul style="list-style-type: none"> Met call handler protocols changed 1st Nov S136 Support Hubs also opened across London to provide advice to officers via 0300 number 	<ul style="list-style-type: none"> Across London a 34% reduction in S136 detentions 	<p>Expanding Acute MH Bed Base</p>	<ul style="list-style-type: none"> Additional beds at Rodney Ward (previously Moore Ward) opened 11 March 2024. Initially 7 extra beds, increasing to 12. Increasing use of private sector provision, work underway to develop an exit plan for current private sector contract 	<ul style="list-style-type: none"> Additional 12 male acute beds forecast to reduce occupancy by 5%
	<p>Improving Quality and Safety of MH Care in ED</p>	<ul style="list-style-type: none"> Driver diagram developed with change ideas relating to workforce, care processes and environmental factors Improvement projects underway at each site too, taking forward learning from: <ol style="list-style-type: none"> PLS review Case note audit Flow event held 12th October PLS Report led to additional investment for HUH and KGH teams 	<ul style="list-style-type: none"> Audit highlighted process delays from ED assessment to referral to PLS (9hrs average at Queens), others from DTA to bed availability (17hrs at Newham) 	<p>Clinically Ready for Discharge</p>	<ul style="list-style-type: none"> Improved reporting across ELFT & NELFT, though data for NELFT not yet flowing externally Statutory guidance on ‘Discharge from mental health inpatient settings’ published Jan 2024 Planning for 24/25 Hospital Discharge Fund to be agreed with Local Authority partners Work underway to improve place-based CRFD processes and mitigations 	<ul style="list-style-type: none"> Currently 21 people CRFD in NELFT and 53 in ELFT London beds This is 13 fewer than last month in total
	<p>Crisis Resolution and Home Treatment Team review</p>	<ul style="list-style-type: none"> Scoping underway to carry out a review of CRHTTs across NEL to explore demand and capacity, performance, adherence to standards, and to better understand ‘experience of access’ as defined in service user priorities 	<ul style="list-style-type: none"> TBC 	<p>Crisis Assessment Centres</p>	<ul style="list-style-type: none"> ‘Crisis Assessment Centre - Principles and Standards’ document published by NHSE in Nov 2023 Work underway to review ICAH Similar review to be scoped for INEL 	<ul style="list-style-type: none"> Enabling more MH assessments to happen away from A&E

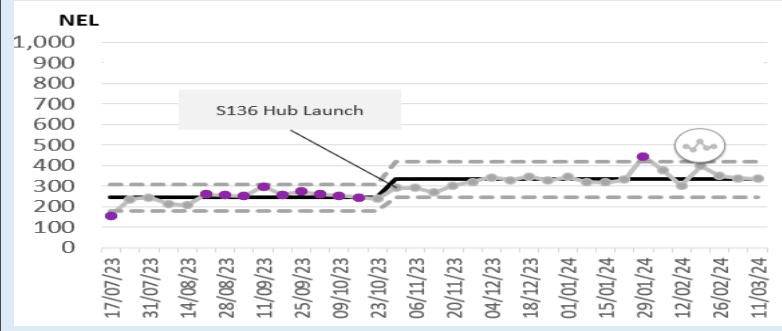
NEL Mental Health Crisis / UEC Improvement Network – Timelines

Area	Detail	Lead	Timeline							
			Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	
111 for MH	Implementation of business case	ELFT Ops / BDU			Trust sign-off of digital solutions	Recruitment / procurement of additional roles		Testing and implementing of digital solution		Go-live 02.04.24
Increasing our bed base	Opening additional 12 beds on Moore Ward (2 specialist LD beds)	NELFT Ops / Clinical	Completion of estate works				Recruit / redeploy MDT		Go-live 11.03.24	
Health-Based Places of Safety	Additional all-age S136 suite and staff (Goodmayes), estates improvements and safer staffing (Hackney), consultation in Newham	NEL HBPos Steering Group	Estates works (Goodmayes)		Additional S136 suite open – 22.12.23	Estates works (Hackney)		Plan engagement for proposed closure of Newham S136 suite		
			Recruit additional staff (GH & C&H)							
			Design Newham consultation							
Psychiatric Liaison Service Review	Deliver recommendations of PLS review, deploy additional resources, hold learning events	NEL MH Crisis Improvement Network	Flow event 12.10.23					Flow event Date TBC		
Improving Quality of Care in ED	Scoping project work with CNOs focussed on improving quality of MH care in EDs	NEL Chief Nursing Officers	Deployment of additional staffing resource in Homerton and King George Hospital PLS teams							
				CNO Planning meeting 03.11.23	Improvement work on quality and safety – details TBC					
Right Care, Right Person	Implementing 4 elements of RCRP model, with parallel work to scope expanded Street Triage model and coordinate training provision	NEL MH & Policing Working Group, system roundtable, and ELFT & NELFT Ops			Review of Crisis Assessment Centres	Scoping and delivery of wider RCRP model (including conveyancing and reduced handover times) – timelines TBC				
			New call handler criteria for welfare checks – 31.10.23							
			Audit of police welfare check activity	Compile training resources						
Discharge pathway	Currently have stepdown beds in Newham (5) and Tower Hamlets (10)	ELFT Ops	4 Hackney step-down beds 02.10.23	Review of CRFD	Implement new CRFD processes, and design wider flow programme	Scoping with housing providers on expanding model for stepdown beds	Scoping 'discharge to assess' model for mental health			

NEL Mental Health Crisis / UEC Improvement Network – Impact measures

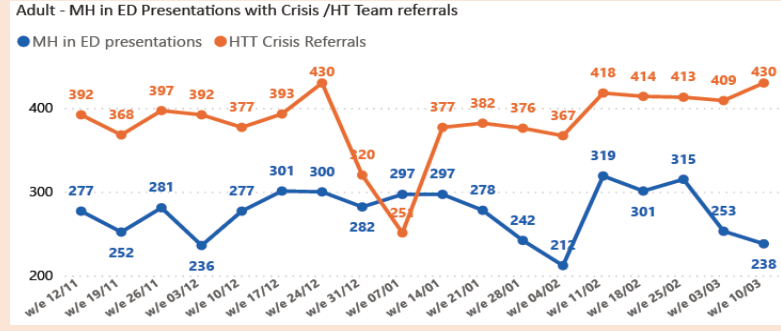
Work with system partners

111 calls for MH need in NEL (IVR)



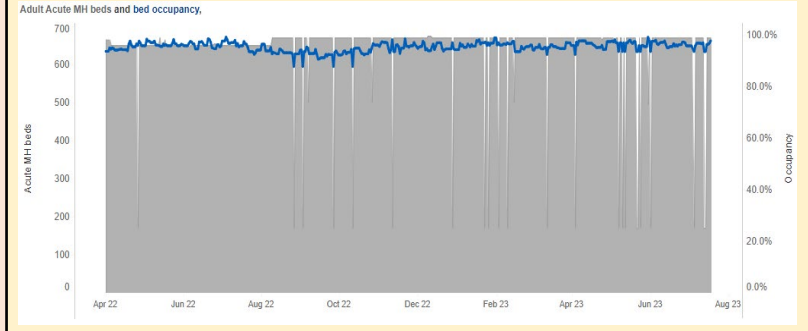
Mental Health care in ED

Number of MH attendances at ED in NEL (ECDS)



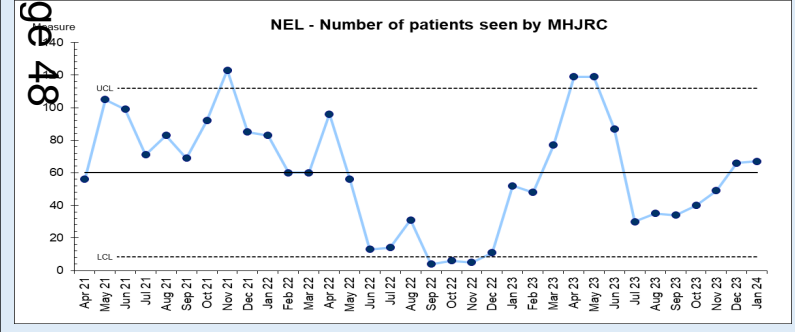
Mental Health admission

Mental Health bed occupancy in NEL (MHSDS)

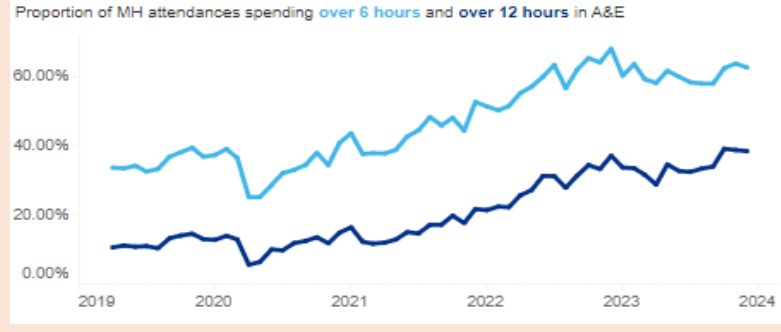


Page 48

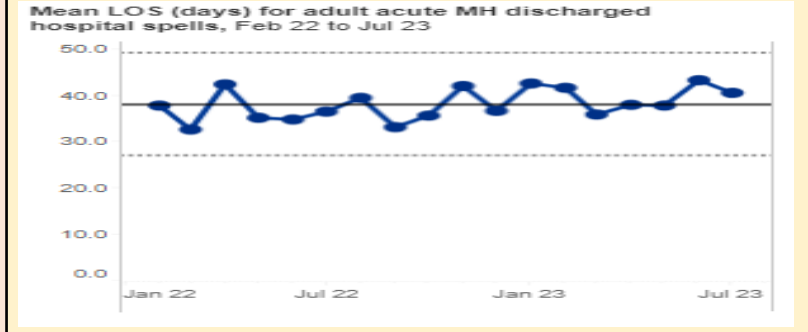
MHJRC activity in NEL (LAS reporting)



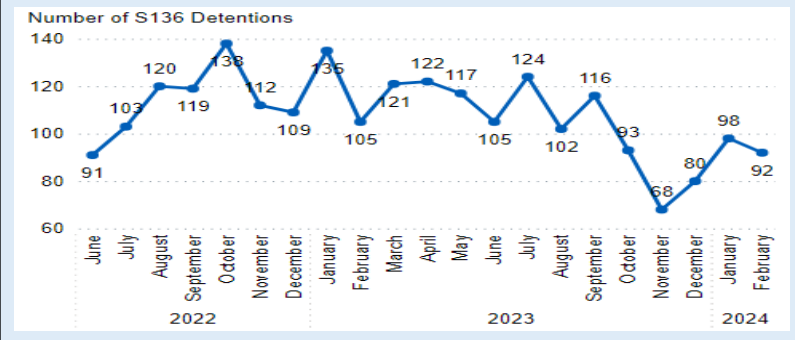
% 6hr and 12hr MH breaches in NEL (ECDS)



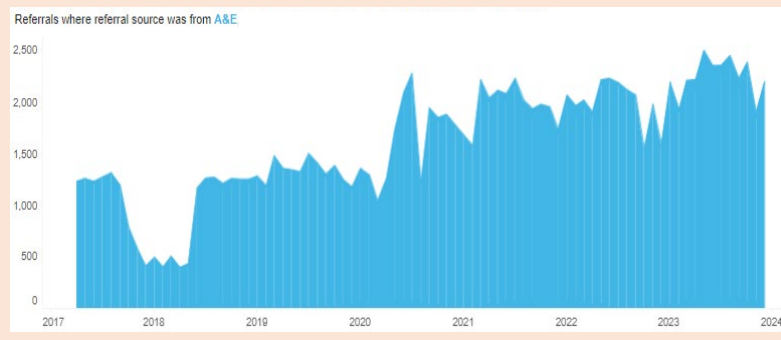
Mean LOS (days) for admissions in NEL (MHSDS)



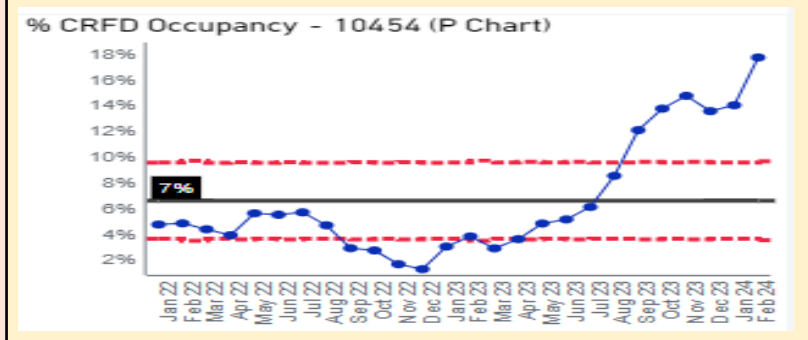
Number of S136 detentions in NEL (Thalamos)



Referrals to PLS via ED in NEL (MHSDS)



% Occupancy Clinically Ready for Discharge (ELFT)





**OUTER NORTH EAST LONDON JOINT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE, 16 APRIL
2024**

Subject Heading:	London Ambulance Service Response Times
Report Author:	Luke Phimister, Committee Services Officer, London Borough of Havering
Policy context:	Officers will give details on the response times of the London Ambulance Service
Financial summary:	No financial implications of the covering report itself.

SUMMARY

NHS officers will give details and update on a number of areas of relevance to NHS services in Outer North East London.

RECOMMENDATIONS

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

REPORT DETAIL

This item will give details on the response time of the London Ambulance Service for Category 2 incidents.

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

Page 51

London Ambulance Service

Meeting name: ONEL JHOSC

Presenter: Patrick Brooks, System Partnership Transformation Manager

Date: 16 April 2024

North East London performance report

- We have had **47,111 face-to-face responses** across the sector this year (1 January – 14 March).
- Response times for our sickest patients (**Category 1**) have remained below **8 minutes** between December 2023 – February 2024 and **our Category 2 response times have fallen 30% (52.12 to 39.46)** over the same period.
- We continue to **work with our NHS partners in North East London** to reduce delays and safely release ambulance crews from hospitals and this is making a big difference for our medics and patients, freeing up our clinicians to attend to those who need the most urgent care.
Introduction of **45-minute handover process** has reduced handover times at King George Hospital from an average of 50 minutes in the first three months of 2023 to 24 minutes by March 2024. At Queen's Hospital, the number of patient handovers taking more than an hour has fallen from 491 in February 2023 to 59 in February 2024.
- Our new **Teams Based Working** approach is empowering our frontline staff to choose their preferred way of working, shape their rotas and make sure they have better access to their managers and training days. Surveys show staff are happier, feel more part of a team and have more opportunities.
- NEL instigated the **Future Dispatch Model** at LAS, an initiative between the Clinical Hub and end of life care teams which means clinicians are co-located with the dispatch team. This enables calls to be clinically reviewed with decisions made jointly on the correct response or suitability for onward assessment and referral.

North East London performance report (2)

- We have **additional ambulances, response vehicles, control room staff and clinicians** who are able to advise patients who have called 999.
- We also continue to manage demand using some of our specialist resources including our **mental health cars** and our urgent **community response cars**, which mean patients can be treated in their own homes or referred to care in their community rather than having to go to hospital.
- We have a **frailty support line**, which helps crews convey patients to specialist frailty units for definitive care and contact specialists while on scene for advice and guidance for the patient and their family.

Page 53

- We champion the use of **Alternative Care Pathways** within North East London to reduce unnecessary conveyances of patients to emergency departments and ensure our patients are getting the most appropriate care for their needs. This means NEL regularly has the lowest patients conveyed to Emergency Departments across LAS.
- **Training opportunities** in North East London are being used to discuss a range of topics, such as end-of-life-care and mental health. This has increased our crews' confidence in their decision-making and improved patient care, while increasing non-A&E conveyances.
 - 2022/23 saw our biggest ever recruitment drive with **1,600 new starters**, including over 900 frontline ambulance staff and almost 400 call handling staff. As of December 2023, the number of staff hours on the road in emergency vehicles and caring for patients **increased by 10%** compared to this time last year. We are also supporting our clinicians on scene and maximising the number of solo responders we have available.

Our performance across NEL in numbers

Ambulance response times - December 2023 –February 2024

Source: [NHS England](#)

Month	NEL	LAS-wide	England	NEL	LAS-wide	England
	Cat 1 Mean	Cat 1 Mean	Cat 1 Mean	Cat 2 Mean	Cat 2 Mean	Cat 2 Mean
Dec-23	00:07:59	00:08:00	00:08:44	00:56:12	00:52:06	00:45:57
Jan-24	00:07:36	00:07:25	00:08:26	00:40:06	00:36:50	00:40:06
Feb-24	00:07:36	00:07:21	00:08:25	00:39:46	00:37:01	00:36:20

Handover times: Jan 1 - Mar 14 2024 average

Emergency department	Average arrival-to-patient handover (HH:MM:SS)
Homerton	00:12:23
King George	00:24:01
Newham	00:33:06
Queens	00:32:41
Royal London	00:23:08
Whipps Cross	00:31:02

JHOSC - Health Update

Page 55
Barts Health – March 2024
For information only



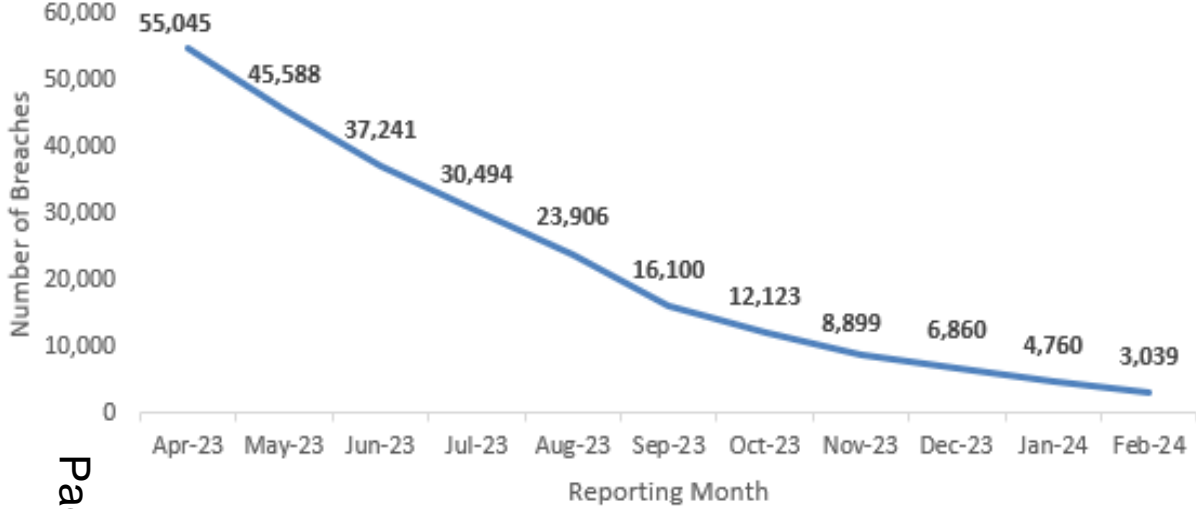
Strategic Updates

- **Whipps Cross Hospital redevelopment:** Our full business case for the car park construction has been approved by government and NHS England. This means that we can now finalise designs, with construction starting this summer and the new car park aiming to be complete in 2025.
- **Barking community birth centre:** Our midwife-led centre reopened for births in February, with four babies born to date. There continues to be a national shortage of midwives so depending on staffing pressures, so we are monitoring this closely to ensure it remains safe.
- **Top marks in CQC maternity survey:** Results from a recent CQC survey of our maternity services found that nine out of ten mothers giving birth at our hospitals were satisfied with their care, had confidence in our staff, and said they are treated with kindness and compassion.
- **First new treatment for lung cancer in 15 years:** Together with Queen Mary University of London, our researchers have developed the first new treatment for mesothelioma, a type of lung cancer, in 15 years. The trial is the culmination 20 years of research at the Barts Cancer Institute.
- **New dental clinic:** We have opened the new Kenworthy Road Dental Clinic. The £3.2 million investment is a partnership between Barts Health NHS Trust, Queen Mary University of London and Community Health Partnerships, and will provide free dental services to NEL patients with over 7,000 appointments a year.
- **Patients Know Best:** Over 110,000 patients have signed up to our online patient platform, Patients Know Best. Patients can now access their blood test results online, along with hospital letters and appointments.
- **Delivering our financial position:** We're on track to deliver our revised financial plan for 23/24 but will face an equally challenging financial year from April. We are continuing to focus on reducing temporary staffing and productivity as a way to achieving a more sustainable financial position
- **Improving staff survey results:** We saw improvements across all nine domains, including increasing numbers of staff recommending Barts Health, both as a place to receive care and as an employer

Urgent & Emergency Care

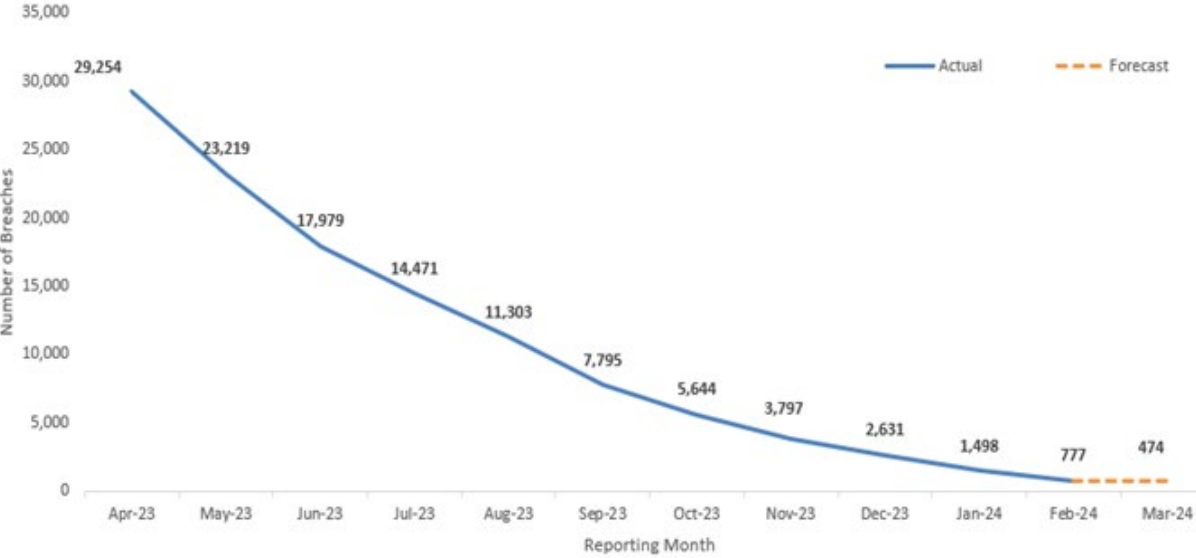
- Our ED wait times have improved over the last month – we are now regularly seeing over 70% of patients in four hours or less, and have hit the 76% target on several occasions.
- Our operational performance continues to be impacted by industrial action. Despite this and pressures in urgent care, all our hospitals were able to run more elective activity than in previous periods of industrial actions focusing on our P2, cancer and long wait cases.
- We continue to work with system partners to tackle the high numbers of medically fit patients in our hospitals, and to manage the number of mental health patients we are caring for in our EDs.

65+ Weeks Wait End of March 24 Cohort



- We've reduced our patients waiting more than 65 weeks by 75,000 since April, despite the disruption from Industrial Action
- We are on track to reduce this to 1,500 patients by the end of March, with just 150 78 week waiters, as agreed with NHS England.
- Collaborative Capacity across NEL is helping to reduce waits and provide more equitable access to treatment

78+ Weeks Wait End of March 24 Cohort



This page is intentionally left blank