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JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

4.00 pm	**Thursday 25 July 2024**	**Council Chamber, Havering Town Hall, RM1 3BD**

COUNCILLORS:

LONDON BOROUGH OF BARKING & DAGENHAM

Councillor Muhib Chowdhury
Councillor Paul Robinson
Councillor Donna Lumsden

LONDON BOROUGH OF WALTHAM FOREST

Councillor Richard Sweden

LONDON BOROUGH OF HAVERING

Councillor Christine Smith
Councillor Julie Wilkes

ESSEX COUNTY COUNCIL

Councillor Marshall Vance

LONDON BOROUGH OF REDBRIDGE

Councillor Sunny Brar
Councillor Beverley Brewer
Councillor Bert Jones

EPPING FOREST DISTRICT COUNCIL

Councillor Kaz Rizvi (Observer Member)

CO-OPTED MEMBERS:

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

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

Reporting means:-

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

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

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 7 - 10)

To agree as a correct record the minutes of the previous meeting held on 16th April 2024 and authorise the Chiarman to sign them.

5 HEALTH UPDATE (Pages 11 - 32)

Attached

6 BIG CONVERSATION (Pages 33 - 40)

Attached

7 BEST START IN LIFE (Pages 41 - 56)

Attached

Luke Phimister
Clerk to the Joint Committee

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Council Chamber - Town Hall
16 April 2024 (4.13 - 5.50 pm)**

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Muhib Chowdhury and Paul Robinson
London Borough of Havering	Patricia Brown and Julie Wilkes
London Borough of Redbridge	Beverley Brewer, Bert jones and Sunny Brar
London Borough of Waltham Forest	Richard Sweden
Co-opted Members	Ian Buckmaster (Healthwatch Havering)

23 **CHAIRMAN'S ANNOUNCEMENTS**

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

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

Apologies were received for the absence of Councillors Christine Smith and Kaz Rizvi.

25 **DISCLOSURE OF INTERESTS**

There were no disclosures of interests.

26 **MINUTES OF PREVIOUS MEETING**

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

27 **NHS PROPOSAL - JOINT COMMITTEE MERGER**

The Committee and NHS colleagues discussed the proposed merger put forward by the NHS to combine the Outer North East London (ONEL) and Inner North East London (INEL) Joint Health Overview & Scrutiny Committee (JHOSC) into a single JHOSC.

NHS colleagues explained to their knowledge all other JHOSCs across London had merged and as some systems are not split, scrutiny could be missed between the two committees. Members criticised the lack of communication from NHS colleagues to which they apologised and explained NHS officers were keen to work with members.

The original plan had been withdrawn and talks would continue to see if there was appetite from either of the Committees for a merger in the future.

28 **HEALTH UPDATE**

The Committee received the Health Update.

It was noted the People and Culture Strategy would focus on the workforce across the whole of North East London (NEL) which emphasis on how to attract and retain staff.

It was explained that investment would be made into Autism and learning disabilities even given the limited funding. There was a new crisis service that had begun in January 2024.

NHS 111 was a nation priority with the mental health services a particular focus. The section 136 hub would allow ambulance and police to seek advice before taking action. Members noted there was a 12 bed acute mental health ward on the Goodmays site.

The Committee noted the presentations.

29 **FINANCE OVERVIEW**

The Committee was presented with the Funding Overview.

The forecast numbers had changed slightly with the forecast showing a £36.9million deficit, inclusive of £25million agreed deficit and £11.9million of unfunded costs due to industrial actions. Industrial actions and payroll costs had given providers challenges and pressures to overcome. The ICB faced increased and ongoing pressures on healthcare and prescribing due to the inflation in prices. A Financial Recovery Director had been employed to help reduce the ongoing deficit with it noted the position would be specialist and would be for a fixed term which the current contract due to end at the end of April 2024

The Committee noted the report.

30 **PROVIDER UPDATE - BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITAL NHS TRUST**

BHRUT presented their provider update to the Committee.

Members noted the treatment times for outpatients in A&E had improved along with improvements to the emergency treatment centre however there were still long wait times to be admitted into beds. The waiting list had increased to over 68,000 patients which was partly due to the increase of referrals from Primary Care Networks (PCNs). 2 new operating theatres were due to open at King George's Hospital which would provide 100 extra operations per week.

In total, 39 days were lost due to strike actions with 17,500 outpatients and 1,250 non-urgent surgeries rearranged. Members were pleased to note that urgent care was protected and remained fully operational during all strike days. The total cost to BHRUT for the strike days was £2.4million.

The assessment waiting list for cancer patients was in excess of 5,000. 95% of patients are seen within 2 weeks with 75% given a diagnosis within 28 days. 96.6% of treatments were administered within 31 days.

The Committee noted the report.

31 PROVIDER UPDATE - EAST LONDON AND NORTH EAST LONDON NHS FOUNDATION TRUSTS

This item was merged with agenda item 6.

32 A&E WAIT TIMES FOR MENTAL HEALTH PATIENTS

The Committee received a report on A&E wait times for mental health patients.

A priority was to allow patients to stay in beds for as long as they needed with patients in the community able to access beds when they need to. Officers explained Step Down and Step Up facilities, crisis cafes and networking had been done to ask local residents of their needs. Currently there are no facilities for overnight stays for people in crisis.

The Committee noted the report.

33 AMBULANCE RESPONSE TIMES

The Committee received a report on ambulance response times.

Category 1 average response time was 7minutes 11seconds which was an improvement of 1minute. Category 2 average response times was 33minutes 11seconds which was an improvement of 13minutes. This was due to an increase of 10% in operational staff and more ambulances with old ambulances having been replaced. Investments had been made into a future dispatch model which would put people in contact with clinicians where appropriate to reduce the need for ambulances.

There was a continued desire to push response times down but could not give a timescale for when Category 2 response times would meet the 18minute target.

The Committee noted the report.

34 **JHOSC UPDATE**

This item was only for noting.

35 **DATES OF FUTURE MEETINGS**

There were no comments made by Members.

The Committee agreed to keep the 4pm start time.

Chairman

NHS
North East London

Health Update – July 2024

Meeting name: ONEL JHOSC

Presenter: Charlotte Pomery, Chief Place and Participation Officer

Date: 25 July 2024

NHS North East London

What we are going to cover today:

NHS North East London updates:

Finance overview
Provider updates
Big Conversation
Best Start in Life

NHS North East London: Update

Moving towards population health improvement

As an Integrated Care System, we are putting in place the building blocks to move towards a population health improvement approach in all that we do. This is an approach aimed at improving the health of an entire population, across physical, mental health and wellbeing outcomes, whilst reducing health inequalities. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, and builds on partnership working with communities, residents and all our system partners.

Over time, it will enable a clearer focus on understanding and addressing the health and wellbeing needs of our diverse local population and taking actions together to improve their outcomes. Our insights and intelligence team have been working up a population health segmentation model to help enable services to be better targeted at need and enable better prevention. Alongside this we are developing a population health framework to ensure that we work collectively using all our shared data across the system to better support local people. This is a substantial long-term piece of work, engaging with the whole system including our residents, and over the coming months we are working through the detail, testing and learning to build the most effective approach.

Community Health Services

The Community Health Services (CHS) Provider Collaborative is an enabler bringing together the user and carer voice, local and national best practice, and all seven Places (health, social care and third sector providers) with providers of community health services. The outcomes of the NEL Big Conversation highlighted the need for care that is accessible, person-centred, and involves health and social care working together holistically. There are huge opportunities to think differently around the best way to support our residents, to stay at home, using the totality of our resources and skills across community health services. This will require a fundamental change in how we think about “resident first” rather than the historical stance of care provision aligned to organisational funding flows and particular service models. We are at the start of this journey and will involve all partners as this work develops.

NHS North East London: Update

Complaints

In May, we took a paper to the Integrated Care Board (ICB) Board highlighting work to address a backlog of complaints, which had arisen due to a significant increase in the number of complaints being received by the ICB. This followed a transfer of elements of the service from NHS England to the ICB. Prior to the transfer the average number of complaints received by NHSE about primary care delivery in north east London, was 456, which we had provided for. However, as of January 2024, the ICB had received 835 primary care complaints, an increase of more than 50%. We have been communicating with Cllr Brewer on this matter since our first communication in May.

It is thought the increase in the number of complaints is due to the communication campaign and publication of the change of responsibility for the management of primary care complaints from NHSE to the ICB, raising awareness about where and how to raise a complaint. Whilst this is positive and enables us to respond to resident experience of local services, it has contributed to a significant increase in the number of cases as compared with our plans and a backlog of cases. We have in place a multi-faceted action plan, approved by the Executive Management Team (EMT) to address this backlog.

We recognise that responding to individual complainants is of critical importance to those individuals and the care that they receive, often in real time. There is also valuable wider learning for services and for organisations in understanding the experience of those who draw on our services so that negative experiences are less likely to be repeated for others.

NHS North East London: Update

Complaints

When referring to complaints, we include:

- Formal complaints
- Informal complaints
- MP complaints
- Councillor complaints

Received	23/24	22/23
Total correspondence	1816	486
- Total correspondence - ICB	774	
- Total correspondence – primary care	1042	
Total complaints	1135	253
- Total complaints – ICB	300	
- Total complaints – primary care	835	

Over the past 12 months the patient experience team received correspondence totalling 1816 individual cases. This total is made up of 774 commissioner cases and 1042 primary care cases. The ICB has received more than four times the number of complaints received in the previous financial year. With the delegation of primary care complaints on 1 July 2023 from NHS England, their data for the previous two years showed an average of 456 complaints per year.

NHS North East London: Update

Complaints

Work continues to improve performance in relation to response times, this work also includes follow up actions being carried out to improve relevant processes, pathways and service policies being reviewed and revised.

Progress is being made to improve individual experience in response to specific complaints. There remains, however, work to do to embed the learning from complaints across service and quality improvement and to ensure that complaints are routinely considered in making changes to services and delivery. This is a key area of focus in the year ahead so that themes from complaints are part of the information used to improve and understand services and resident experience.

Building a pipeline of staff within the organisation able to act as independent investigators, critical for complex complaints and to assure the complainant of objectivity, is also a key area of focus and being taken forward through a staff development lens, providing opportunities for staff with a course offered as part of our organisational development programme.

NHS North East London: Update

Women's Health Hubs

Building on successful models developed in City and Hackney and Tower Hamlets, providing women with quicker access to support, information, and treatment for gynaecology and reproductive health, we are developing Women's Health Hubs across NEL. They will help to address the inequity of access to gynaecology and reproductive health services in the community and waiting lists in Gynaecology. As a service, Gynaecology has the single biggest waiting list in NEL, with around 22,000 women on a gynaecology waiting list with our NHS acute providers in NEL.

Plans are being implemented across north east London to improve access to a range of services for women as summarised below:

- The City and Hackney Women's Health Hub project started in April 2021, focused on two Primary Care Networks (PCNs). It is being rolled out over the next year to cover City and Hackney's eight PCNs.
- The Tower Hamlets Women's Health Hub pilot started in December 2023 for all of Tower Hamlets. It is a one-stop-shop model based at a community hospital site.
- Barking, Havering and Redbridge are currently mobilising their hybrid Women's Health Hub that brings together the single point of access for referral management and community based gynaecology clinics. The service launched in Ilford on 15 July. They hope to expand across the boroughs following the success of the initial pilot.
- Review and redesign of the Waltham Forest community gynaecology service is underway. The provider gave notice and is exiting at the end of July 2024 providing an opportunity to redesign the gynaecology pathway into Whipps Cross for residents in Waltham Forest and Redbridge that would normally be referred to Whipps Cross.
- The service in Newham is offering traditional gynaecology outpatient services in the community and their contract is due to end September 2024. We are starting to explore what a woman's health hub might look like for the residents of Newham.

We are looking at how we evaluate the quality of individual women's hubs across NEL considering a range of topics including: how the different models create an impact, whether they are focusing on the right issues for women in their area and understanding what women using the services (and those who choose not to) say about them. Alongside this, we are looking at the competencies required by health professionals working in a Women's Health Hub by creating a competency/ compatibility framework. These will then help to inform the areas we need to improve on within our hub services over coming years.

NHS North East London: Update

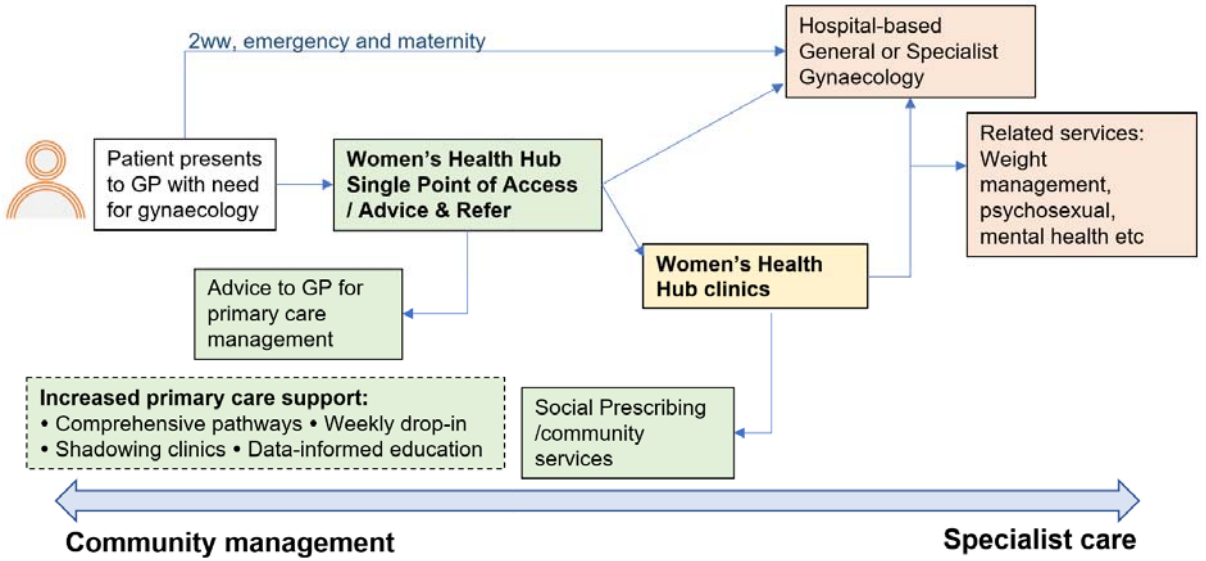
How it works (Tower Hamlets Women's Health Hub)

GP requests for advice or gynaecology referrals go through Single Point of Access (excluding two week waits, pregnancy, gynae oncology, colposcopy, complex menopause, gynae endocrinology, emergency gynaecology and <16 year olds which have their own pathways)

Advice and triage is provided from the multi-disciplinary team, including Consultant Gynaecologist, Sexual and Reproductive Health Consultant, GP with a Special Interest in Women's Health, Administrator – linking with Physio/Gynaecology

Gynaecology clinics only through the single point of access:

- Pelvic Pain/Endometriosis
- General Gynaecology
- Recurrent Miscarriage Clinic
- Pelvic Floor
- One Stop Menstrual Disorders



NHS North East London: Update

Women's Health Hubs insights to date

Women's Health Hubs in NEL are showing they can offer holistic, multidisciplinary care with further potential to develop the services delivered and we are building this to cover the whole of north east London. They are beginning to show they can reduce long waits for women and pressures on secondary care and so help to increase efficiencies in the health system. Examples include:

Hackney Women's Health Hub:

- Two PCNs covered by Women's Health Hub saw a **9.3% reduction** in Gynaecology first attendances (2021/22>2022/23) as against 3% increase for other PCNs
- Lower "did not attend" rates (City and Hackney: 10% vs 15% in Gynae)

Tower Hamlets Women's Health Hub:

- Doubled rate of Advice to GP, so issues could be dealt with locally
- A third of routine referrals to Gynaecology were seen through the Hub
- 9:1 First Appointment: Follow-Up Appointment (compared with 1:1 pre-pilot in Gynaecology)

The Hubs are being developed on a collaborative model of working across partners with increasing joint working across primary, community and secondary care services, and with opportunities to develop wider input with local authority and voluntary and community sector colleagues.

NHS
North East London

Finance Overview

Meeting name: ONEL JHOSC

Presenter: Henry Black, Chief Finance Officer

Date: 25 July 2024

NEL ICS - Financial Summary

23/24 Month 12 headlines:

- The reported position at year-end is an ICS deficit of £48m. Within this, the ICB delivered a surplus of £14.4m and NEL providers reported a deficit of £62.4m.

- £11.9m of the variance occurred in month 11 (February 2024) and related to provider industrial action costs over and above the allocation received.

- The ICB delivered circa £110m of efficiencies and other financial recovery savings (balance sheet releases) to deliver the year-end position.

- Continuing healthcare and prescribing were both overspent at year-end. The overspend relates to pressured savings plans, volume growth and price increases.

- Mental health and learning disabilities saw continued pressures at year-end in relation to high-cost adult placements, section 117 and female psychiatric intensive care unit (PICU) placements.

NHS
North East London

Provider Updates – July 2024

NHS
North East London

Barking, Havering and Redbridge University Hospital NHS Trust

Meeting name: ONEL JHOSC

Presenter: Matthew Trainer, Chief Executive, BHRUT

Date: 25 July 2024

Urgent and emergency care

- Our improvements in A&E, patient care and our finances have seen us move out of 'special measures'.
- 79.49% of patients seen and treated within four hours in our A&Es in May - our best all types performance in four years. This placed us 3rd out of 18 acute trusts in London and 17th out of 122 in England.
- Our Type 1 performance (those who are most seriously ill) was the best in four years at 58%.
- Over 7,600 more patients treated within four hours this May, compared with the same month the year before.
- Despite increases in ambulance conveyances, we have continued our work in reducing 60-minute handover delays across both sites. Last year, a quarter of handovers exceeded 60 minutes, now it's dropped to only 2%.
- However, too many people are facing long waits and being cared for in corridors.
- To help address these issues, we've begun discussions about securing the estimated £35m we will need to redesign the department. Queen's A&E was built to accommodate around 300 patients a day – we now see double every day on average.

Reducing our waiting lists

- 68,166 patients on our waiting list (as of June) – 9 out of 10 of them are waiting for outpatient appointment. 1,982 patients have been waiting more than a year.
- Those waiting for surgery across north east London will benefit from our two new theatres at King George Hospital (KGH) that we opened in April.

© CentralPhotography

Impact of industrial action

- More than 18,000 outpatient appointments and 1,200 surgical procedures have been rescheduled since the start of the strikes by our junior doctors.
- Total cost of the action after Government reimbursement is £2.4m – this is not including June's figures.

Finance

- We ended the last financial year with a deficit of £15.7m which was in line with our forecast, having delivered £27m of recurrent savings. Our deficit target for this year is £10.2m which we must deliver in the context of the significant financial challenges that are affecting the whole of the NHS.
- We're continuing to reduce our use of expensive temporary staff. In 2023, we halved the £23m we had spent the year before and this year we plan to halve it again.
- We're also reducing our waiting lists that built up during the pandemic by using our theatres more efficiently. Last year we treated 10% more patients when compared with 2019/20. So far this year, we are currently treating 17% and our plan is to increase this to 25%.

Cancer targets in May

The absence of a PET scanner at our Trust is increasing delays to diagnose patients and get them their treatment.

Patients are having to travel, sometimes a considerable distance to be scanned. Of the 997 PET scans requested between March 2023 and May 2024, 11% were scanned within the seven-day target, 34% waited more than 21 days; and 17% waited more than 29 days.

- 28-day Faster Diagnosis Standard and 96% target for 31 days met. But we missed the 85% target for 62 day (71.4%).
- Our Community Diagnostic Centre in Barking opened in April and will help us to address diagnostic waiting times.

Patients with mental health needs

- 347 patients were referred to mental health services from our A&Es in May. 156 at Queen's and 191 at KGH.
- Average length of stay in A&E was 24 hours. 173 patients spent more than 12 hours there.
- We're continuing to work with NELFT to ensure these patients get the care they need quicker and in the right place.

Car park closure at Queen's

- On Saturday 20 July, we started essential improvement works on our multi-storey car park at Queen's.
- An independent report highlighted concerns about the layout, tarmac, lighting and doors – the work needs to be carried out by early next year at the latest to prevent permanent closure.
- It will be closed for three weeks. It will then reopen in stages.
- We've chosen the quietest time based on last year's usage to do the work.
- Blue badge parking and arrangements for cancer patients, dialysis patients and those entitled to concessionary parking won't be affected. Extra staff will be on the ground to help patients and visitors.

Other news

- Matthew Trainer, our Chief Executive, topped the HSJ's annual ranking of the best 50 CEOs in the country.
- David Newey, our new interim Chief Digital Transformation Officer, will provide expert oversight as we prepare to launch our electronic patient record next year.
- We've increased our pay rates for our lowest paid workers in line with the London Living Wage.
- We're the first hospital in London and the second in the UK to trial a new treatment for patients with aneurysms.

NHS
North East London

East London and North East London NHS Foundation Trusts

Meeting name: ONEL JHOSC

Presenter: Brid Johnson, Chief Operating Officer, NELFT

Date: 25 July 2024

NEL Mental Health, Learning Disabilities & Autism (MHLDA) Collaborative: update

- Demand pressures on services continue to be high, in particular in the urgent and emergency care pathway. Through the implementation of our "private sector bed exit plan", including investment via Inpatient Service Development Funding and the Hospital Discharge Fund, we have begun to see a reduction in the use of private sector beds in inner north-east London boroughs. Whilst private sector bed use remains higher for outer north-east London boroughs, focussed work is underway to address this.

- The Housing Associations Charitable Trust (HACT) is undertaking a review of supported accommodation for people with severe mental illness across North East London. On 5 June, a workshop was held with clinical and care professionals, commissioners and supported accommodation providers to explore draft recommendations whilst work to source activity and spend data from local authority and NHS partners is in train. The final report is expected in the autumn.

- Both ELFT and NELFT were shortlisted for the national pilot scheme for 24/7 community mental health services, a next step on from the community mental health transformation programme which draws heavily on a model of care developed in Trieste, Italy.

- On 26 June 2024, the collaborative held its first Collaborative Connections Fair at City Gates Conference Centre in Ilford to forge stronger connections between the different parts of our collaborative, and to share learning from what we've been doing in our seven places, through our ten improvement networks and in our Lived Experience Leadership Programme.

Urgent & Emergency Care (UEC): Mental Health Services

The North East London 111 First for Mental Health service has been live since 2 April and received c7,000 calls during its first two months of operation. NEL residents (including carers / family members) are able call 111 and select option 2 to get through to a fully trained and qualified mental health professional team able to offer brief on-the-phone psychological support and access to key services and organisations that can offer mental health support.

Other key areas of work in relation to the UEC mental health pathway include:

- Work being led by the NEL provider chief nurses to improve the quality of care provided to people with mental health needs presenting to emergency departments. This is focusing on developments to workforce, care processes and environmental factors.
- Work to reduce the numbers of people in inpatient MH beds who are clinically ready for discharge (CRFD) – c16%. This is essential to reducing long waits in emergency departments for people requiring admission to a mental health bed and to minimising the use of extra-contractual private mental health beds ("out of area placements" or "OAPs").
- Other work to improve flow through this pathway and minimise the use of out of area placements includes: more proactive discharge planning in collaboration with local authority partners; increasing community-based crisis bed / stepdown provision; enhancing the capacity of crisis resolution home treatment teams and discharge teams; and enhancing senior clinical oversight of OAPs to ensure people return to local services as quickly as possible.

NEL Community Health Services Collaborative: update

- NEL-wide improvement networks have been set up for: rapid response, intermediate care beds and community nursing improvement with initial meetings taking place during early July. These sessions will bring together stakeholders from providers, places, and residents to develop a set of improvement aims and objectives.

- Babies, children and young people (BCYP) productivity networks: the autism spectrum condition (ASC) network reconvened on 6 June to develop and refine their key focus areas for improvement. The speech and language therapy network is developing summary plans for each priority area.

- The new Musculo-Skeletal (MSK) Programme Board met for the first time on 10 May and again on 27 June 2024. Colleagues have scoped key priority areas for the programme of work going forward.

- Partners are currently working together to identify the potential quality impacts of community health service cost pressures - e.g. the cost pressures within therapy services - to identify risks and enable further discussions on next steps.

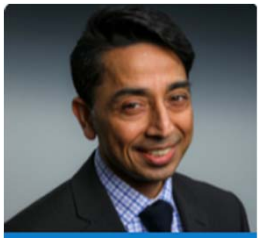
NELFT Community Health Services: update

- A NEL-wide rapid response improvement network has been established as part of the NEL Community Health Services Collaborative and services. Alongside monitoring the 2-hour urgent care response time (UCRT) target, we are working together with partners to identify additional means of preventing acute hospital admission. During the last period, 92% of patients were seen within the 2-hour UCRT target
- Wanstead and Woodford will be taking part in the Whizan telehealth enhanced homecare pilot. Kit demonstrations have been scheduled that will bring together community nursing, Care City, Kare Plus and GA Professionals.
- Work is in train with BHRUT partners in relation to frailty services to identify opportunities for joint working between our acute hospital and community health services, including integrated care pathways, joint posts etc.
- We are increasing our joint work with place partners, including enhancing the community care offered to our patients in integrated neighbourhood teams (community nursing and therapy).

Diabetes foot protection service Barking and Dagenham, Havering and Redbridge Primary Care Network engagement events are underway and are being well received, with recruitment to the team continuing.

- Our dietetics service has successfully recruited to all newly funded posts.
- Our looked after children (LAC) improvement plan implementation is nearing completion, showing an increase in completion of initial health assessments and review health assessments.
- Phlebotomy services recruited to all their vacancies and waiting times have come down at all sites.
- Community reablement services have been undertaking a ward pilot in BHRUT successfully and this work is being replicated in Whipps Cross. The aim is to start reablement for suitable patients very early, as part of discharge planning. Ward-based exercise sessions have also been introduced for suitable patients. We will be evaluating the outcomes of these pilots over the few months.

Organisational updates



Dr Mohit Venkataram

Navin Kalia

Clare Burns

New Executive appointments

Since the last JHOSC, we have been delighted to welcome Dr Mohit Venkataram to NELFT as our Deputy Chief Executive, Navin Kalia as our Chief Finance Officer and Clare Burns as our new Interim Executive Director of Partnerships.

Partnership with Cambridge University's Autism Research Centre

During April we welcomed colleagues from NHS England's National Autism Programme to our Child Development Centre in Barking, sharing the work our BHR teams have done to transform services for children and young people referred for an autism assessment. A focus on early help, joint work with education, local authority and voluntary sector partners – and true multidisciplinary team working – have brought waiting times down by more than 80% for new referrals and enabled full recruitment to this innovative new service. The service has established a partnership with Cambridge University's Autism Research Centre and three clinical academics are now part of the BHR team, working with the Trust to build our own clinical research programme and to contribute to the development of the national and international evidence base.

NHS
North East London

Big Conversation

Meeting name: ONEL JHOSC

Presenter: Charlotte Pomery, Chief Place and Participation Officer

Date: 25 July 2024

About the Big Conversation

Background:

- We made a commitment in the 'Working with people and communities' strategy to work with local people and those who draw on our services to identify priorities and the criteria against which we will monitor and evaluate our impact.
- The Big Conversation is about listening to the people in our communities, and understanding their views about health, care and wellbeing, to help us to focus on what matters to them, and to help us to improve what we do. It builds on the interim integrated care strategy that is turning our ambitions into actions.
- Based on what we already know about the needs of local people and what residents have told us before, the Big Conversation process focused on asking people open questions about our four priorities for improving quality and outcomes and tackling health inequalities:
  - Babies, children and young people
  - Long term conditions
  - Mental health
  - Local employment and workforce
- The findings have informed the development of success measures - helping us to understand whether we are making a difference to health and wellbeing outcomes - which we will report on annually as well as service redesign, service improvement and building wider conversations with local people leading to co-production.
- We know it is not the only way either the ICB or wider Integrated Care Partnership engages in dialogue with local people.

Listening to local people

Last summer we engaged with around **2,000 people** across north east London:

We promoted an online survey (and received over 1,000 responses) including questions on:

- Our four ICS priorities
- Living a healthy life, voice and influence and receiving care
- Experiences of using health and care services in north east London

We held face to face sessions and community events across north east London

- Eight drop in sessions in places across north east London using facilitated table discussions to enable detailed discussion on the four priorities
- Presence at community events including the Wanstead (Redbridge) Disability Festival and the Waltham Forest women's health event organised with the network of mosques
- Ad hoc sessions e.g. informal discussions with Romanian community in high road cafes
- Targeted focus groups (see next slide) selected in light of the fact that 53% of the respondents to the survey were white British and 73% were women and there were some clear gaps in the voices we heard in the earlier face to face sessions and community events

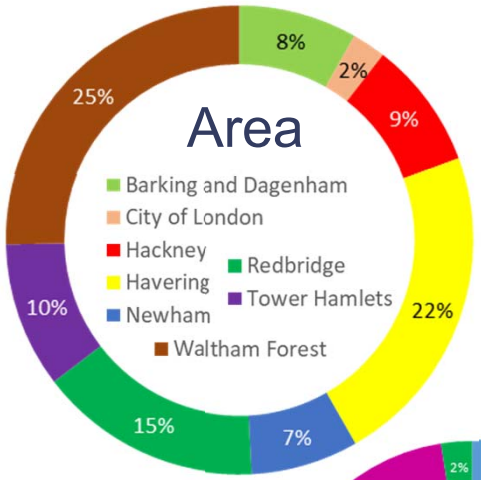
Additional focus groups

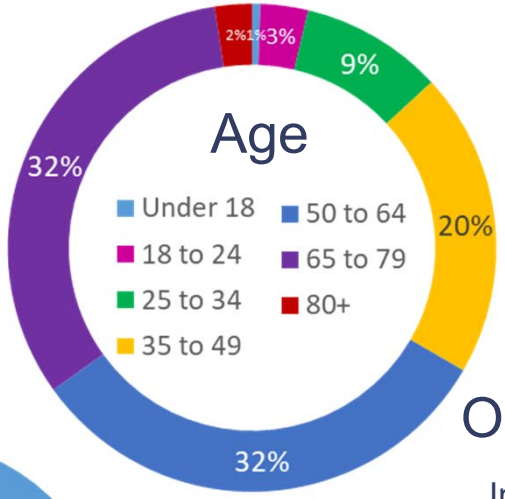
Facilitated by local Healthwatches which selected focus group communities to better reflect the diversity of the local populations they work with. Engaging with these target communities in smaller focus groups enabled more in-depth discussion to explore health, care and wellbeing with groups under-represented in other forms of engagement during the Big Conversation. Examples include (not exhaustive):

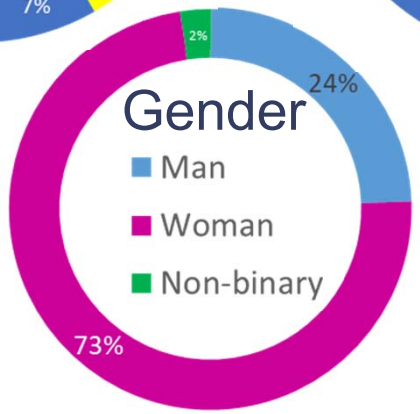
- Turkish mothers in Hackney
- South Asian men in Newham and Tower Hamlets
- Black African and Caribbean men in Hackney
- Older people in the City of London
- Patients living with Long Covid in Hackney
- Men in Barking and Dagenham
- Deaf BSL users in Redbridge
- Young people in Barking and Dagenham
- Pakistani women in Waltham Forest

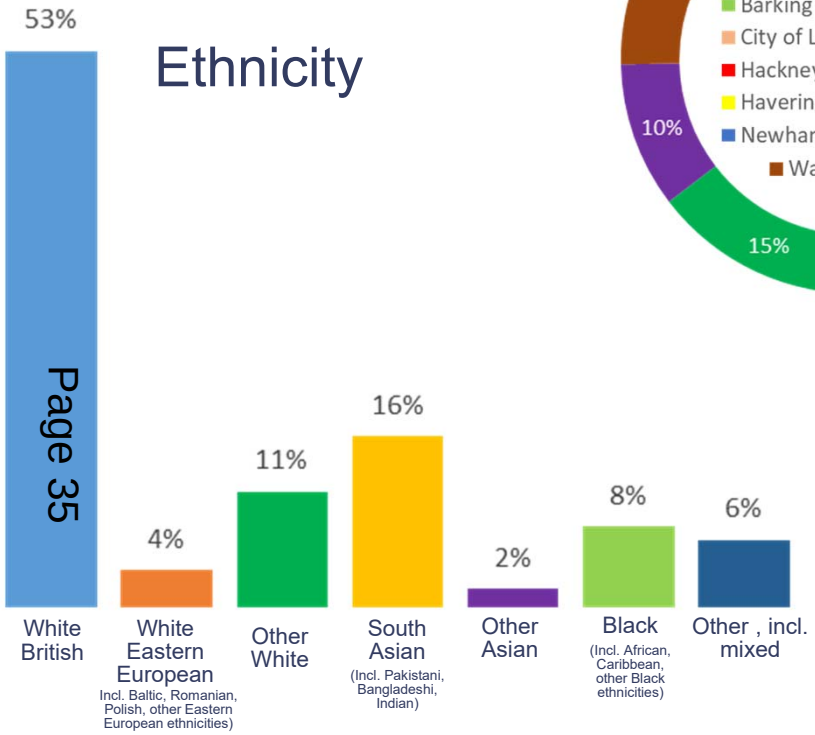
Survey respondents

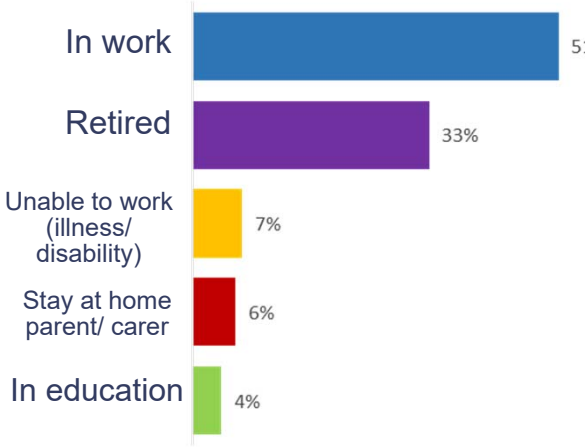
(some additional information)











98% were registered with a GP

93% had used health or care services in the last 12 months

7% were parents of a child/ children aged under 18

7% were carers for an adult loved one or family member

23% were digitally excluded

6% were disabled

3% were neuro-divergent

41% had a long-term condition

3% were LGBT

32% were struggling financially or just getting by

Success measures: statements from the Big Conversation

One of the initial purposes of the Big Conversation was to derive success measures for the Integrated Care System's Integrated Care Strategy, developed through the Integrated Care Partnership. Five clear statements emerged which have been used to drive the success measures, which are being tested with local people. The primary finding was about quality of care – which has led to the development of the Good Care Framework and its adoption across north east London:

1. We want to receive trustworthy, accessible, competent and person-centred care from health and care staff

2. We want to see agencies/organisations working well together and to know where they can go to get help/answers

3. We want more ways to support people's wellbeing - to be physically and mentally well - in their local communities

4. We want it to be easier to find work within the north east London health and care system

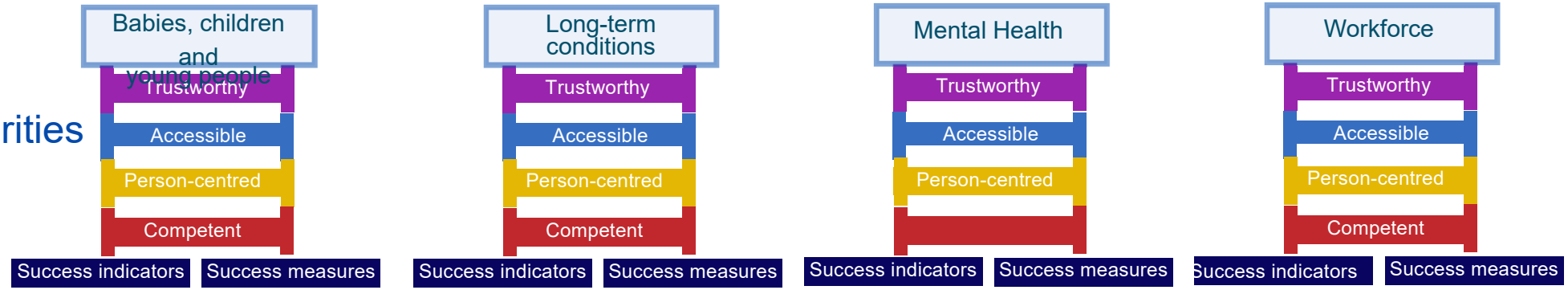
5. We want straight forward access to care, especially to primary care

Introduction to the Good Care framework- developed out of the Big Conversation

What does good care look like?

What people told us

Priorities



Success measures and outcomes

1. **We want to receive trustworthy, accessible, competent and person-centred care from health and care staff**

- Increase in people experiencing good care: across the dimensions of trustworthy, competent, accessible and person-centred

2. **We want to see agencies/organisations working well together and to know where they can go to get help/answers**

- People living longer and healthier lives
- Improved health equity amongst all communities in north east London

3. **We want more ways to support people's wellbeing - to be physically and mentally well - in their local communities**

- Reduction in people reporting that they are socially isolated
- Reduced rates of childhood obesity in each of the Places across north east London
- Reduction in the rate of increase in long term conditions across north east London

4. **We want it to be easier to find work within the north east London health and care system**

- Reduction in numbers of local people in employment in health and care who experience in work poverty. These are most likely to be disabled people and households with children
- % increase in numbers of people who enter and remain employed (on a paid or voluntary basis) in health and social care locally who also live in north east London

5. We want straight forward access to care, especially to primary care

- People living longer and healthier lives
- Improved health equity amongst all communities in north east London

NHS
North East London

Best start in life: shaping future maternity and neonatal services

Meeting name: ONEL JHOSC

Presenter: Diane Jones, Chief Nursing Officer

Date: 25 July 2024

Introduction

We want to make sure that all babies born in north east London have the best possible start in life and their parents experience the best possible pregnancy and birth.

An important part of this is making sure our services are able to support this, and the needs of the growing number of people who live in our area.

To do this the NHS in north east London are working on a programme, Best Start in Life, to look at maternity and neonatal care (the care of newborn babies) to make sure pregnant women and people, babies and their families receive the best care.

The programme so far

The work is being led by clinicians and we are working together across health and care organisations in an open and collaborative way

Since the beginning of this year we have undertaken a demand and capacity review, working together to understand:

- what type of care and support pregnant women and people, and babies need
- how many people may need the services in the future
- what the best ways are of delivering care.

To do this, we have:

- talked to and considered feedback and information from staff and families, community representatives and clinicians
- reviewed service data
- looked at areas such as population growth, inequalities and health needs.

How the review was carried out

Engagement

- Conducted interviews with over 50 stakeholders from across the system including: service user representatives, clinicians, Trusts, NHS NEL, Local Maternity and Neonatal System (LMNS), operational delivery network, London Ambulance Service and Local authority colleagues
- Gathered views on current strengths of services, challenges and opportunities for the future.

Desktop review

- Reviewed local NEL strategy, planning and work completed to date around maternity and neonatal services
- Reviewed service user feedback including from Healthwatch and Care Quality Commission
- Reviewed national guidance and best practice documentation.

Analysis and report

- Developed demand and capacity modelling to understand the projected future position in a 'do nothing' scenario
- Conducted further analysis including workforce, activity in and outflows and activity profiles by site.

We have written a report, called the Case for Change, explaining what we have found.

What the review found – the Case for Change

Maternity and neonatal care

- The birth rate is growing - the number of babies born in north east London will continue to increase as the number of people living in north east London grows.
- People are having more complicated pregnancies and births, so more people need the right hospital-based care. This will continue to grow.
- Our neonatal beds are often full making delivering care to babies at the right place and at the right time challenging. It also means some babies have to be cared for in hospitals outside our area.
- If we continue with the same type of care we have at the moment, the number of beds we have in the places where care needs to be delivered, won't match the number of people needing them in the future.
- This doesn't just mean having more beds or space for maternity and neonatal care in our hospitals, there are opportunities to provide care differently to support this need.

Maternity and neonatal care continued

We need to make sure maternity and neonatal demand and capacity are matched across NEL. Care needs to be delivered in the most appropriate setting, which will improve quality and safety.

Matching demand and capacity across the system

- **Population growth** in NEL will outweigh a declining birth rate, which means that the NHS will need to support **more births** over the next 10 years
- Pregnancies and births are also **increasingly complex**, meaning **more resources are required for each birth**
- There is a need to **ensure capacity is matched to the needs of pregnant women and people** in NEL

Strengthening antenatal and postnatal care pathways

- A high proportion of pregnant women and people in NEL have **other health conditions and may experience complex social factors,** which mean their pregnancies are not low risk
- There are opportunities to **improve early booking onto our services** and improving **pre-conception healthcare and prevention** is key
- **Postnatal care pathways** are a key element to contribute to improving health and care outcomes for families

Delivering neonatal care in the appropriate setting

- Providing neonatal care in the most appropriate setting ensures the highest possible quality of care
- Currently, **NEL neonatal units have high occupancy levels which** increases quality and safety risks for babies; repatriating babies to **local neonatal units** from neonatal intensive care units can free up vital capacity to care for the sickest babies
- There are opportunities for babies to be born in the appropriate care setting for their needs, as well as to ensure **repatriation of babies to their local unit** when they are well enough

Enhancing transitional care and care at home for neonatal services

- There is an **opportunity to improve transitional care across all neonatal units in NEL** to support improved discharge processes
- Developing the **neonatal outreach service** in NEL provides an opportunity to readily discharge babies and their families that require support which could be provided at home
- **Strong transitional care and outreach teams provide a better experience** for babies and their families whilst contributing to freeing up capacity on the neonatal unit at NEL hospitals

What the review found - the Case for Change

Addressing health inequalities

- Challenges to things like workforce mean some people have different options and experiences of birth depending on where they choose to have their baby.

- There are inequalities that can affect the health of the pregnancy and baby for people from different population groups.

- Some pregnant women and people could have less complicated or lower risk pregnancies or births if they receive advice and support earlier

- Doing some things differently before and during pregnancy could help make important improvements in these areas and reduce inequalities.

Addressing health inequalities continued

We need to strengthen pathways and models of care to remove unwarranted variation

Addressing variation in quality, access and experience

- **Service offer, pathways and processes are not consistent,** meaning pregnant women and people with similar needs have a different experience depending on where they choose to give birth
- There are opportunities to **ensure best practice is followed** (e.g. around induction of labour)
- Service users report opportunities to improve access and their experience of care.

Reducing health inequalities

- There are **stark and persistent inequalities in outcomes** for people from different population groups, for example, babies born to Black and Asian women and people are more likely to have a **low birth weight** and these women and people are **more likely to have a stillbirth** than White women and people
- Women and people in NEL are **more likely to book pregnancies later**, **particularly pregnant women and people from global majority communities**, which has implications for antenatal care and outcomes.

What the review found – the Case for Change

Our staff and workforce

- Our staff are hard-working, resilient and work together to provide safe care, but they are under a lot of pressure.

- With more people needing more intensive clinical care, and opportunities to provide care differently we need a workforce and model of care that fits this.

Our staff and workforce continued

Stakeholders have described significant opportunities to ensure workforce models optimise the use of resources and prioritise staff wellbeing

Making the most effective use of staff resource

- There are **significant pressures on staff** across the system in both maternity and neonatal services with high **vacancy rates** and staff shortages being the cause of most escalations
- Alongside vacancies, **increasingly** women and people are having more complicated pregnancies and births which **puts additional pressure on staff**, but the workforce model and model of care have not changed
- There is an opportunity to **optimise the future workforce model** to make best use of staff resources, ensuring **resourcing is aligned with case mix** and enabling staff to operate at the top of their skills and competencies
- There is also a need for **innovative approaches** to support recruitment in these areas.

Improving staff wellbeing

- Stakeholders praise staff working in maternity and neonatal services as **hard-working, resilient and working together to provide safe care** in a challenging environment
- However, staff are feeling the pressure of the situation, increasing the **risk of burnout**
- NHS staff surveys show **reductions in staff morale and sense of wellbeing** in staff, particularly for midwives in NEL trusts
- Focusing on staff wellbeing is important for **their experience**, the ability to **retain and recruit** staff, as well as improving the **quality of care and experience for their patients.**

Case for change summary

- We looked at how services work now, what we the future needs are expected to be.
- In north east London we have a growing population, more complicated pregnancies and births, more babies needing medical care when they are born, and health inequalities that impact pregnancies, birth and babies.
- This tells us we need to make some changes to maternity and neonatal services and there are opportunities to make sure our services are safe, high quality and accessible for all.
- We are not proposing any solutions at this stage and no decisions about services have been made.
- We want to hear your view on what we have found in the Case for Change. Your feedback will help inform future plans and services.

We want to hear from you - help shape these services

We want to know what you think of the findings in the Case for Change

- If they reflect people's experiences, and if we are focusing on what matters most?
- What you think of the opportunities we have identified to do things differently for babies and, pregnant women and people?
- If you have any ideas or suggestions of what we could do?

Your feedback will help inform future plans and services.

How we're seeking feedback:

Focus groups	Presentations	Information and survey
Dedicated outreach engagement with communities facing health inequalities	Attending a range of system and community meetings to present the Case for Change and hear people's feedback	An online survey for people to have their say Printed and translated information and surveys are available

Deadline for public feedback on this stage of the programme is 8 September 2024

Clinical engagement so far

We have been discussing and getting feedback on the Case for Change with a range of clinicians and system stakeholders.

Key clinical groups we've engaged with:

- North East London Quality, Safety and Improvement Committee
- Barts Maternity senior leadership teams
- BHRUT Maternity Assurance Board
- Local maternity and neonatal system Safety Workstream

NEL Healthwatches were also engaged on the case for change, just prior to the pre-election period.

Feedback so far:

- The findings resonate
- The case for change should reference all previous reports
- The case for change should bring out more how health inequalities will be addressed
- Primary care access plays a major role in a women or person's experience

Next steps

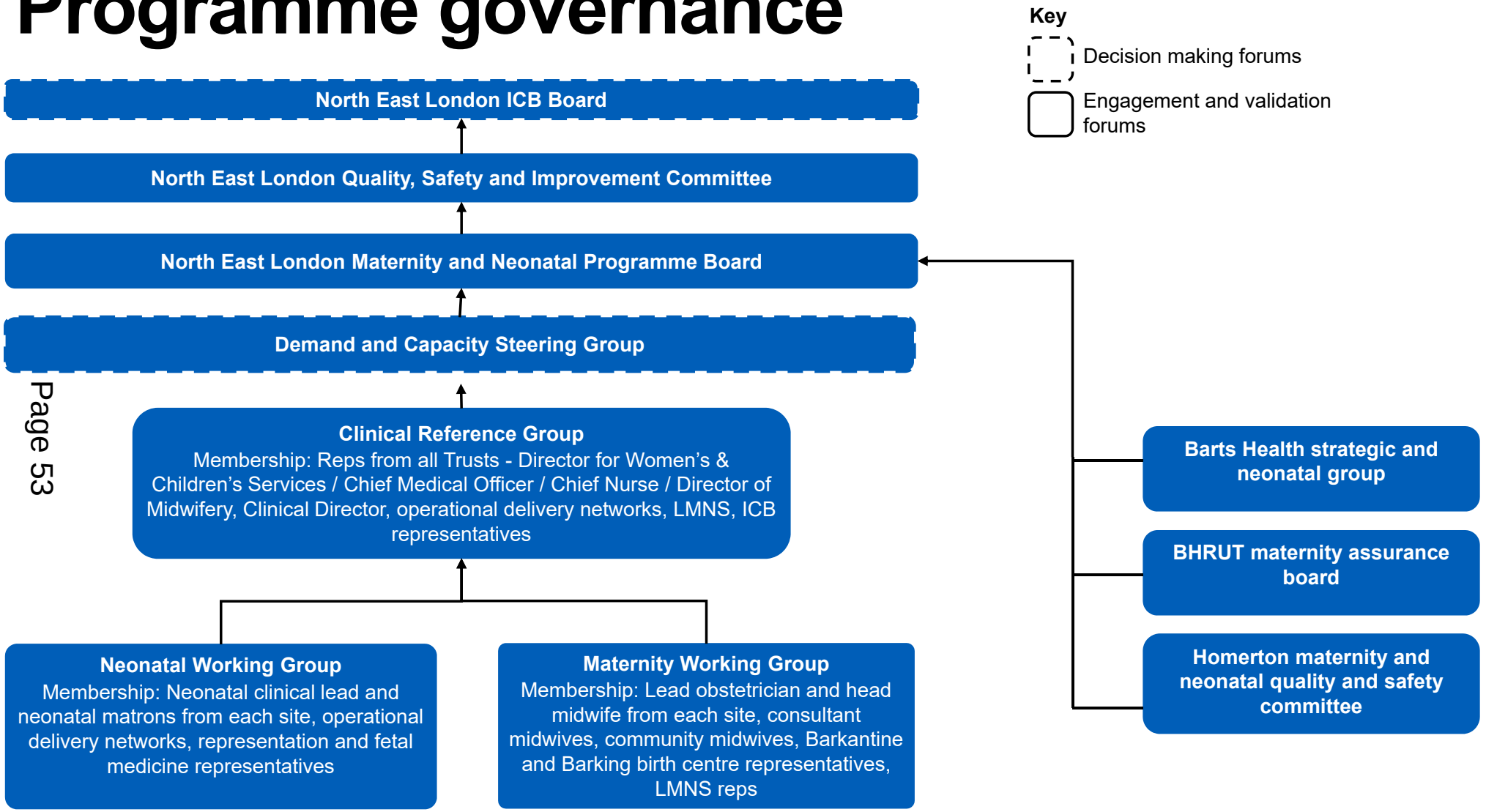
The feedback, views, ideas and suggestions that we hear from the public, families, staff and stakeholders on our Case for Change will be used to develop potential future care models for maternity and neonatal services.

They will be based on all this information and insight as well as best practice examples and national guidance including Better Births, Ockenden Report, and the Neonatal Critical care review

Again this is being done in together with experts, clinicians and community representatives.

No decisions have been made and when we have some options for how future maternity and neonatal care could look in the future we will share these with you and the public for your views so you can continue to help shape them.

Programme governance



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