

# JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

4.00 pm

Thursday  
17 October 2024

Council Chamber -  
Havering Town  
Hall, RM1 3BD

**COUNCILLORS: Quorum: 4**

Councillor Muhib Chowdhury  
Councillor Donna Lumsden  
Councillor Paul Robinson  
Councillor Christine Smith  
Councillor Julie Wilkes  
Councillor Sunny Brar  
Councillor Beverley Brewer  
Councillor Bert Jones  
Councillor Catherine Deakin  
Councillor Richard Sweden  
Councillor Marshall Vance  
Councillor Kaz Rizvi

London Borough of Barking & Dagenham  
London Borough of Barking & Dagenham  
London Borough of Barking & Dagenham  
London Borough of Havering  
London Borough of Havering  
London Borough of Redbridge  
London Borough of Redbridge  
London Borough of Redbridge  
London Borough of Waltham Forest  
London Borough of Waltham Forest  
Essex County Council  
Epping Forst District Council

**CO-OPTED MEMBERS:**

Manisha Modhvadia  
Ian Buckmaster  
Emma Friddin

Healthwatch Barking & Dagenham  
Healthwatch Havering  
Healthwatch Redbridge

**For information about the meeting please contact:  
Christine Elsasser  
Christine.Elsasserlbh@havering.gov.uk**

## 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 5 - 8)**

To agree as a correct record the minutes of the previous meeting held on 25th July 2024 and authorise the Chairman to sign them.

### **5 HEALTH UPDATE (Pages 9 - 74)**

Zina Etheridge, Chief Executive of North East London ICB would provide an update on the various matters contained in the papers attached.

**Christine Elsasser**  
**Clerk to the Joint Committee**

**MINUTES OF A MEETING OF THE  
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE  
Council Chamber - Town Hall  
25 July 2024 (4.07 - 5.35 pm)**

**Present:**

**COUNCILLORS**

<b>London Borough of Barking &amp; Dagenham</b>	Muhib Chowdhury
<b>London Borough of Havering</b>	Christine Smith, Julie Wilkes
<b>London Borough of Redbridge</b>	Beverley Brewer, Sunny Brar, Bert Jones
<b>London Borough of Waltham Forest</b>	Richard Sweden
<b>Essex County Council</b>	Marshall Vance
<b>Epping Forest District Councillor</b>	Kaz Rizvi
<b>Co-opted Members</b>	Ian Buckmaster (Healthwatch Havering)

**36 CHAIRMAN'S ANNOUNCEMENTS**

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

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

Apologies were received for the absence of Councillor Paul Robinson.

**38 DISCLOSURE OF INTERESTS**

There were no disclosures of interests.

**39 MINUTES OF PREVIOUS MEETING**

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

#### 40 **HEALTH UPDATE**

The Committee was presented with the health update from the various providers within ONEL.

Firstly, members were provided with an overview. There had been an uplift in complaints which was not reflective of bad performance but an indication of good signposting for residents. NHS officers reassured members that residents raising issues was seen as a positive. It was noted the majority of complaints revolved around administrative errors as opposed to bad care.

Members were then provided with a finance update. It was noted the large amount of industrial action had disrupted services and increased the cost of using agency staff to cover the loss of staff on strike. The deficit at the time of the meeting was £48 million with some partially offset due to the release of reserves. Members noted that although there was a deficit, the NHS in 2023/24 did not look to reduce services.

ELFT and NELFT then provided members with their update. It was explained that they were looking at providing crisis cafes for residents to access local care quickly and also residents in care beds and have had their discharge delayed. Members noted the wait time for beds was reducing with an average wait of 25 hours as the service was running at 115% capacity and wish to work done to 90%. Members requested information be brought back on the providers plan to improve complaints.

Lastly, BHRUT presented their update. Officers gave details on the number of residents that were seen at U&E in 4 hours which was at 79.49% which was the best performance in 4 years and was rated 3<sup>rd</sup> out of 18 in London and 17<sup>th</sup> out of 122 in England. Members noted 25% of ambulances were waiting for more than an hour to handover patients the previous year and had been reduced to just 2% in the current year. Members were pleased to hear the new surgery at King Georges Hospital had opened and had reduced the wait lists and times for surgery. Furthermore, officers explained that patients had to travel for PET scans as they were not available through BHRUT but options of renting PET scan machines were being considered which would reduce the pressure on services.

No recommendations were made and the report was noted.

#### 41 **BIG CONVERSATION**

The Committee were presented with a report on the Big Conversation.

Members noted the first strategy for the Integrated Care Board (ICB) was 'Working with People and Communities' with the ICB working on the Big Conversation following that. The strategy encompassed 4 main objectives:

1. Babies, children and young people
2. Long term conditions

3. Mental health
4. Local employment and workforce

The survey engaged with over 2000 residents across ONEL with the online survey providing over 1000 responses. All responses had 5 common themes:

1. The want to receive trustworthy, accessible, competent and person-centred care from health and care staff
2. The want to see agencies/organisations working well together and to know where they can go to get help/answers
3. The want for more ways to support people's wellbeing -to be physically and mentally well -in their local communities
4. The want for it to be easier to find work within the north east London health and care system
5. The want for straight forward access to care, especially to primary care

Each theme had an action plan with potential measures and expected outcomes.

No recommendations were made and the report was noted.

#### 42 **BEST START IN LIFE**

The Committee was presented a report on the Best Start in Life strategy.

Officers explained it was important for the voices of pregnant women, young people and their families to be heard. The capacity for beds and flow was enough for the demand at the time however the capacity for interaction before labour and post-natal was not enough with a change to the model of care potentially solving that issue.

Members requested further information be brought to a later JHOSC meeting on maternity units and their capacity within ONEL.

No recommendations were made and the report was noted.

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**Chairman**

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North East London

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# Health Update – October 2024

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Meeting name: ONEL JHOSC

Presenter: Zina Etheridge, Chief Executive

Date: 17 October 2024

Agenda Item 5

# NHS North East London: Update

## Next steps in strengthening our collaboration across north east London

In July, the Rt Hon Jacqui Smith, who was Chair in Common for Barts Health NHS Trust, and Barking, Havering and Redbridge University Hospitals Trust (BHRUT), stepped down after taking a governmental position. Jacqui had been in post for almost three years, and during that period oversaw significant progress against the goals set by the two Trusts when they established their collaboration.

As system partners and in discussion with NHS England in London, we carefully considered what chairing arrangements would now best support us to build greater collaboration, support patient care and achieve financial sustainability. Consequently, we agreed that the boards of Barts Health and BHRUT should reinstate a chair for each Trust rather than a chair in common. Adam Sharples will continue as Acting Chair of Barts Health and Mehboob Khan will continue as Acting Chair at BHRUT, whilst the recruitment processes for substantive Chairs take place. Homerton Healthcare NHS Foundation Trust, will also be recruiting a new chair, as their current Chair Sir John Gieve is coming to the end of his term.

All three Trusts will build on their existing strong relationships and provide the driving force for continued effective collaboration, including closer collaboration with place-based partnerships, ensuring joined up care and the tackling of local priorities.

# NHS North East London: Update

## NHS England annual assessment of NEL ICB Performance

NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. The assessment recognises the progress we are making but also highlights where we have more work to do. We are now looking at how to take forward actions and recommendations from the assessment.

For example, for the Population Health and Integration Committee is looking at how we align to and deliver against the NHSE Statement on Information on Health Inequalities; the Quality, Safety and Improvement Committee on how to strengthen assurance; the Finance, Performance and Investment Committee on how to further improve productivity, and for the Primary Care Collaborative looking at how to ensure a delivery plan to fully utilise System Development Programme funding to support practices and Primary Care Networks. Some highlights from the assessment include:

*"The work to develop the success measures to integrate into the Strategy was a positive example of the ICB's commitment to using extensive commitment with a wide range of partners."*

*"We welcome the establishment of the System Safety Group, which brings together a range of stakeholders across the ICS to share learning related to patient safety incidents, experiences of those impacted by patient safety incidents, and findings from safety improvement projects to support the necessary culture change and quality improvement at scale."*

*"We welcome that improving mental health and wellbeing is one of the four flagship priorities for the ICS, and that a strong Mental Health Learning Disabilities and Autism Collaborative has been established to work with communities and partners in all seven Places to improve experience, access and outcomes for local people."*

[The full assessment can be read on pages 30-36 in the September NEL ICB Board Papers.](#)

# NHS North East London: Update

## Improving access for local people

Over recent months several new facilities have opened improving access for local people. Many of these facilities have been in development for many years so being able to announce their opening is a really exciting time for north east London.

### Beam Park Health Centre

Beam Park Health Centre in Rainham will shortly be providing community health services for thousands of local people alongside the GP practice, which moved in earlier this year. Following years of planning and investment, North East London NHS Foundation Trust will start to provide services from the Centre in September. An official opening will take place in October. Beam Park Health Centre is built over two floors of a 12-storey building in Halewood Way. The 1,500 square metre space boasts 22 consulting rooms, three interview rooms, one enhanced treatment room and an open plan office with space for 25 desks.

### Lower Clapton General Practice

In May, the Lower Clapton Health Centre moved to a brand new, purpose-built healthcare facility at The Portico, 34 Linscott Road, London, E5 0RD. The move to this landmark site provides much needed additional space and modern facilities, including 25 consultation rooms, all situated on the ground or lower ground floor, allowing easy access to those with mobility issues, disabled parking, buggy spaces and bike rails. The official opening took place in July.

### Ilford Exchange

The new Ilford Exchange Health Centre opened in June to provide local people with easy access to a range of free health, social and community services in one location. Two floors in the Ilford Exchange shopping centre have been dedicated to the modern health centre. The one stop shop provides a wide range of services including support for people with long term conditions, children's services, and adult social care services. This is an exciting move towards working as a system to ensure the centre meets the growing demand for more local healthcare services. We are planning an official opening for September.

# NHS North East London: Update

## Improving outcomes for people with long term conditions

Long-term conditions have a national and regional focus as a core component of the Long Term Plan, focusing on cardiovascular disease, stroke, diabetes, and respiratory. Furthermore, as LTCs are both a symptom and a cause of inequalities, a significant element of our work touches on addressing health inequalities.

The rapid population growth in north east London, driven by population demographics and local housing plans, underpins forecasts that between 2022/23 and 2041/42, the number of people in NEL set to be living with one, two, or three LTCs is expected to grow by 20.4%, 34.5%, and 49.3%, respectively. Barking and Dagenham, along with Newham and the City of London, are forecasted to experience the highest growth in the number of people living with LTCs, at 51.7%, 42% and 39%, respectively. In light of this, we are looking to take the opportunity to work in the prevention space, with a focus on working age adults, engaging with the wider national agenda on the alignment of health and wellbeing and economic growth.

Empowering and enabling our residents to create healthy lives and identify risk factors earlier enables more years in health and positively impacts the local economy and health system.

The Board recently undertook a deep dive on long term conditions. The full paper is available here: [North East London ICB Meeting - NHS North East London](#).

The NHS Health Check is a check for people who are aged between 40 and 70 who have no pre-existing condition and provides an opportunity to discuss with a health professional how to reduce your risk of common LTCs. Joint working between NHS and Local Authorities, led to 228,762 people in NEL being invited and 38% (87,059) receiving a health check. Whilst take up was above the national average in some places, further joint work will be undertaken to increase the uptake across NEL and reduce the variation between places.

# Improving outcomes for people with long term conditions

Other examples of early LTC prevention and early identification include:

- Respiratory - Working in partnership with West Ham United Foundation, we have been working to promote awareness of Chronic Obstructive Pulmonary Disease (COPD) via match-day programmes and podcasts, and, for COPD awareness month in November, we will be promoting symptoms and the role of Pulmonary Rehab (PR) using West Ham United players
- CVD - Working with primary care, we received national funding to make every contact count (MECC) by offering health checks at local dental practices to 49 7 residents at risk of high blood pressure and Atrial Fibrillation (AF) who live in deprived areas who may not otherwise be in regular contact with a GP
- HIV and Hepatitis – we have worked with all acute providers, local authorities, Fast Track Cities, and Positive East to screen people who attend A&E for HIV, Hepatitis B and C. 172,016 HIV tests have been performed, 140,230 Hep B and 175,935 Hep C (April 23 – March 24). There is an increase in testing each quarter, with 8% from Q3-4 (23/24) and 6% in Q1 (24/25). For those identified with HIV, Positive East will work with them to develop a client support plan which includes peer support, housing, immigration advice, food bank advice and, trauma-based psychology services for women and skills-building workshops
- Million Hearts – a national initiative to prevent 1million heart attacks and strokes within five years. It focuses on implementing a small set of evidence based priorities and targets that can improve cardiovascular health for all and will be rolled out fully across north east London from April 2025.

# Improving outcomes for people with long term conditions

Other examples of where we are making a difference include:

- The NHS Diabetes Weight Management Programme is a top performing ICB in England with 50% of the 24/25 referral target met in July 2024. Mobilisation of Framework 3 NHS Diabetes Prevention Programme in Dec, aiming to improve access to diabetes prevention offer across NEL. 38% (1995) of 24/25 places have already been delivered.
- B&D - Community-led GP pop-ups, where people can access GPs without an appointment and get linked into the wider network of available services.

Page 15 Working with the Sickle Cell Society, a peer support mentoring service pioneered in NEL and expands into a broader advocacy project involving patients, carers, and link nurses, which has demonstrated at the pilot stage to reduce A&E attendances by 45% and inpatient episodes by 47%

- C&H - delivered over 11,199 extended consultations under the “Time to Talk” schedule in the LTC Contract for patients with multiple Long-Term Conditions to discuss wider issues that may be impacting their health and well-being (such as money worries or relationship issues).
- Redbridge - Healthy Redbridge Bus delivered free lifesaving health checks and information on local health and wellbeing services across community sites in the borough.
- TH , implementing Roving Health Care Assistant Teams who are working closely with practices delivering better health outcomes for people living with diabetes but able to access healthcare



**North East London  
Health & Care  
Partnership**



**North East London**

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# Health Update: Surgery Review

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# NHS North East London: Update

## Elective surgery contract specification review

- We want to ensure services provide high-quality care, follow best practice guidelines, reflect the changing needs of our population, reduce health inequalities and represent value for money.

Page 17 We are reviewing some of the specifications we use to accredit providers of surgical services as part of a contract renewal process.

- The specialties we're reviewing are elective care surgery for Ear Nose and Throat, Gastroenterology, General Surgery, Gynaecology, Ophthalmology, Trauma and Orthopaedics, and Urology.
- We are at the early stages of this and no changes to contracts or decisions have been made.
- We are not currently planning any changes to services for our residents. If this changes, we will advise stakeholders and plan engagement or consultation as appropriate.

# Our approach

Our strategic direction combines clinical leadership, data-driven insights, and patient and public insight to shape and advance the future specifications we use to accredit providers of surgical services in North East London



## Clinically Led

Gain insights from clinical leads through best practices, structured conversations and workshops to ensure healthcare excellence



## Data Driven

Evidence based insights from local datasets to understand performance and drive intelligence-based decision making



## Patient & Public Voice

Gather views from local people to understand patient priorities and needs and enable patient centric care

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### All supported by national best practice and priorities



**Getting It Right First Time (GIRFT)** – information from Surgical Specialities, incl. specific speciality reports



**NICE Quality Standards** – for services in scope (i) General Surgery (ii) Urology (iii) Trauma & Orthopaedics (iv) ENT (v) Ophthalmology (vi) Gastroenterology (vii) Gynaecology (viii) Diagnostic Imaging



**Elective Care Priorities 2023/24** – performance and waits, outpatients, activity and choice

### Underpinned by local insights



**Core Metrics Dashboard** – information on referrals, planned care activity, RTT waits



**Community Insights Dashboard** – information on surgery, shaped by borough, demographics and other equalities data



**Local Insights from wider programmes** – TIF Theatre Implementation, waiting list analysis

# Developing our principles

- We have developed some principles to shape this work and future contract specifications
- These include ensuring surgical services:
  - reflect the changing needs of our population,
  - enable reduced waiting times,
  - make the best use of resources and maintain high quality care.
  - continue to support patient choice.
- They have been developed with clinical and patient representative stakeholders
- They are shaped by data-driven insights, clinical and patient insight, and national guidance and best practice
- We are continuing to seek feedback, discuss, refine, and enhance them further.

# Principles

These principles collectively form the foundation of our commitment to providing high-quality surgical care that is inclusive, innovative, and responsive to the needs of the our population.

#	Principle	Description
1	Quality and Safety	Services should establish and maintain high standards of quality and safety, are compliant with all regulatory requirements and achieve good patient outcomes
2	Population Health	Services should consider a population health management approach, based on patients and the community needs and preferences both now and in the future
3	Collaboration	Services should promote collaboration between partners and health care professionals across the system to support whole pathways of care, from primary care referral through to discharge and onward care.
4	Reducing Health Inequalities	Services should recognise the diversity of NEL, and seek to reduce health inequalities by ensuring equitable access, experience and outcomes
5	Responsive	Service should be capable of adapting to changing population needs by scaling up or down service provision across different specialties
6	Delivering Best Value	Services should demonstrate efficient and effective use of financial, human, and physical resources and delivering against best practice productivity metrics. Services should consider immediate and ongoing economic viability
7	Training and Education	Services should provide education, training and career development for all staff within the multi-disciplinary team, to support the current and future surgical workforce
8	Research and Innovation	Services should support research and leverage innovative solutions and technology to meet and adapt to service users' evolving needs and drive improvement

# Involving the public and stakeholders

To help shape the future of these services, we are encouraging residents to share their opinions through [a survey](#), open until 17 October. Everyone can take part whether they have had surgery or not.

## How we're seeking feedback:

### Workshops

Involving Healthwatch and focused on gaining insight on patient experiences

- Clinical and service provider workshops

### Clinical conversations

- In depth discussions and meetings with clinicians who deliver planned surgical services

### Information and survey

- An online survey for people to have their say
- Printed and translated information and surveys are available
- Review and analysis of existing patient insight.

This feedback will help inform our draft contract specification.

We will continue to keep you informed of this work.

# Health Update: NEL Winter Planning 2024/25

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# Looking back over winter 2023/24 – continuing to meet the needs of our population

NEL ICB and partners planned for and delivered a comprehensive winter plan in Winter period in 23/24.

Planning for the winter period was in line with NHS England guidance issued as part of the Urgent and Emergency Care (UEC) recovery plan in January 2023 and further guidance published in August 2023. A winter return was submitted in November '23 to NHS England.

We convened a system wide workshop in April '24 to learn lessons from the winter planning process which included maintaining system resilience through four periods of industrial action. These lessons included:

- Whole system approach at Place and across north-east London is critical.
- The commitment from partners to align winter planning with delivery on the wider priorities set out in NEL UEC transformation plan supported system resilience through our 5 workstream pillars: Hospital Flow, Mental health in ED, Integrated Care pathways, Ambulance Flow Transformation and Winter Planning.
- Place based partnerships led on specific initiatives and investments relevant to local population needs and to ensure approaches included all partners including local government, care providers and the voluntary and community sector as well as the NHS

NEL ICB was specifically accountable for the delivery of the following priorities set out in guidance:

- Patients being seen more quickly in emergency departments: with the ambition to improve to 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 24/25;
- Ambulances getting to patients quicker: with improved ambulance response times for Category 2 incidents to 30 minutes on average over 23/24, with further improvement in 24/25 towards pre-pandemic levels;
- Reducing 12 hour waits from time of arrival in Emergency Departments (ED): with the maximum threshold of 2% of patients waiting longer than 12 hours in emergency departments;
- Reducing bed occupancy to the 92% level which is safer and more efficient: with the ambition to enable a healthy flow through hospitals, reduced waiting times in EDs and faster ambulance offloads.

# Looking forward to winter 2024/25 – National Guidance

NHS England published their winter letter to ICB Chairs and Chief executives on 16 September 2024. It builds on the asks of systems set out in year two of the national UEC recovery plan, which were:

## Ambition:

1. improve A&E performance with 78% of patients being admitted, transferred or discharged within 4 hours by March 2025
2. improve Category 2 ambulance response times relative to 2023/24, to an average of 30 minutes across 2024/25
3. Reduce 12 hour waits from time of arrival in EDs

Specific areas of focus for ICBS to consider in winter are as follows:

- **Support people to stay well by maximising the Winter vaccination campaign**
- **Maintain patient safety and experience** by taking the following actions:
  - Proactive identification and management of people with complex needs and long-term conditions so care is optimised ahead of winter
  - Provide alternatives to hospital attendance and admission
  - Work with community partners, local government colleagues and social care services to ensure patients can be discharged in a timely manner to support UEC flow
  - Assure at board level that a robust winter plan is in place
  - Make arrangements through System Coordination Centres (SCCs) to ensure senior clinical leadership is available to support risk mitigation across the system
  - Review the 10 high-impact interventions for UEC published last year to ensure progress has been made

The letter also asks systems to continue to work through agreed 2024/25 plans.

There is no indication of additional funding for systems contained in the Winter letter (available via following link:

<https://www.england.nhs.uk/long-read/winter-and-h2-priorities/>)



# Place and system interventions to keep people well

**Place-based partners are adopting a common approach** to address winter pressures, aligned with the UEC Plan and focused on 4 themes: 1) Prevention, keeping people well, 2) Supporting people to get urgent care in the community , 3) High quality and efficient support in an emergency, 4) Timely and supported discharges. Examples of work underway include but are not limited to:

	Prevention/keeping people well	Supporting people with an urgent need	Addressing emergency needs	Supporting discharges
Place based interventions Page 25	Proactive vaccines campaign for both residents and staff. Local communications and engagement campaigns to sign-post residents to the right services.	Navigation schemes to support patients into the most appropriate urgent care setting	Various schemes both in reach and in the community to support homeless patients through the ED pathway	Additional capacity in discharge operations and clinical input
	Proactive Care to identify housebound patients at risk of hospital admission.	Commissioning beds from independent sector to provide alternatives to <b>Mental Health</b> or hospital bedded provision	Drug and alcohol and substance misuse alternative pathways re-directs.	<b>MH and PH</b> step-down beds which will provide short-term accommodation for patients that are determined clinically ready for discharge
	Proactive case management of older adults in care homes to reduce demand on emergency services including A&E attendances, rapid response and 111*6	Schemes supporting CYP and their families identified as HIUs	Increasing appropriateness of patients in ED: adopting trusted assessor approach or direct access to SDECs for LAS crews	Multiple rehabilitation and reablement schemes to support older patients to return home quicker and with greater confidence
NEL UEC system programmes	<b>Integrated pathways:</b> Same day access plan <b>Integrated pathways:</b> Virtual Wards <b>Integrated pathways:</b> 111 transformation, additional PC capacity through extended access; pharmacy first (see appendix 1)	<b>Hospital flow:</b> focus and investment in Urgent Treatment Centres <b>MH in ED:</b> 111*2 <b>Integrated pathways:</b> Virtual Wards <b>Ambulance flow:</b> optimisation of ACPS and CHUB transformation	<b>Hospital flow:</b> Same Day Emergency Care, Frailty, Long waits in ED 12/72 hours <b>Ambulance flow:</b> development of SPoA, improvement in Cat2 performance and handovers	<b>Hospital flow/MH in ED:</b> review of Integrated Discharge Hubs, publication of discharge f/work

# Next steps

Our approach will continue to maintain a focus across our four themes: 1) Prevention, keeping people well 2) Supporting people to get urgent care in the community 3) High quality and efficient support in an emergency 4) Timely and supported discharges

We continue to work and engage across places and providers through the NEL UEC delivery board and existing place based forums, including agreement of improvement trajectories for people waiting over 12 hours and 72 hours in ED

We will continue to develop our NEL Winter plan in line with published and upcoming national guidance and local priorities noting a number of challenges including:

- Response to babies children and young people in crisis
- Impact of GP collective action
- Funding pressures on local authority budgets
- Building equitable system resilience
- Increasing demand throughout the summer months

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We are focusing on areas as follows:

- Promotion of vaccinations for all health and care staff (mutual aid) and for local communities
- Ensuring our approach is holistic across physical and mental health, working with people of all ages
- Availability of data at Place level to support local decision making
- Further development work to standardise integrated discharge hubs including making funding available for equipment
- Work with London Ambulance Service to improve performance on Cat2 arrivals and handovers
- Promotion of our comprehensive communication campaigns and focused work throughout the winter period

We make a particular ask of JHOSC to use all endeavours to support our Right Care Winter Campaign and our Vaccinations and Immunisations Campaign to help keep all residents and the wider workforce safe and well this winter, using local resources and increasing the chance of staying well at home

# Finance Overview

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Meeting name: ONEL JHOSC

Presenter: Henry Black, Chief Finance Officer

Date: 17 October2024

Organisations	Month 5 YTD			Month 12 Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
BHRUT	(9.1)	(18.2)	(9.1)	(10.2)	(10.2)	0.0
Barts Health	(5.9)	(18.8)	(13.0)	(14.2)	(14.2)	0.0
East London NHSFT	(2.9)	(12.5)	(9.6)	0.0	0.0	0.0
Homerton	(7.1)	(12.4)	(5.3)	(6.3)	(6.3)	0.0
NELFT	(5.0)	(16.2)	(11.2)	(4.9)	(4.9)	0.0
<b>Total NEL Providers</b>	<b>(30.0)</b>	<b>(78.1)</b>	<b>(48.1)</b>	<b>(35.6)</b>	<b>(35.6)</b>	<b>0.0</b>
NEL ICB	(4.0)	(9.1)	(5.1)	0.6	0.6	(0.0)
<b>NEL System Total</b>	<b>(34.0)</b>	<b>(87.2)</b>	<b>(53.2)</b>	<b>(35.0)</b>	<b>(35.0)</b>	<b>0.0</b>

- NEL ICS is reporting **year-to date deficit of £87.2m** (ICB £9.1m, providers £78.1m), which is a variance to plan of £53.2m.

The year-end forecast is in line with the plan (£35.6m deficit for providers and a £0.6m surplus for the ICB).

The key drivers for overspends at a provider level are as follows;

- Run rate pressures – at month 5, mental health providers have reported pressures in relation to additional independent sector beds (ECRs) purchased above planned levels and increased acuity of patients on their wards. Run rate pressures at Barts include renal dialysis capacity, BHRUT have reported pressures on critical care, non-elective activity and mental health costs. Homerton has reported pressures in relation to lost income and non-pay.
- Efficiency and cost improvement plans - providers reported efficiency slippage of £14.9m at month 5. Barts and the Homerton are expecting efficiency slippage to continue to year-end and have reported total year-end slippage of £27.7m.
- Industrial action – part of the provider year-to-date pressure is driven by the impact of industrial action at the end of June and beginning of July. Providers have estimated this to be in the region of £7.6m.
- Cyber-attack – Barts have flagged a year-to-date cost pressure of £0.7m in relation to this.



North East London

# Provider Updates – October 2024

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North East London

# London Ambulance Service Performance Report

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Meeting name: ONEL JHOSC

Presenter: Alex Ewings, Associate Director of Ambulance Operations (NEL)

Date: 17 October 2024

# North East London performance report

- Our response times to our Category 1 and Category 2 patients in North East London have improved in the months leading in to August.
- In North East London in August, our response times for our sickest patients (Category 1) remained below 8 minutes (07:12) and our response time to our Category 2 patients remains under the 30-minute agreed target (29:08).
- There is an 11-14 minute difference in Category 2 performance between the best-performing boroughs (Barking & Dagenham, Redbridge, and Havering) and the worst-performing boroughs (City of London, Hackney, Tower Hamlets, Waltham Forest). We are focussing new staff postings into these areas and reviewing ambulance provision and distribution.
- The total incident numbers and Category 1 and Category 2 face-to-face incidents dropped in August against previous months this year, but remained higher than during the same time in 2023.  
We continue to work with our NHS partners in North East London to reduce delays in handing over patient care at hospital emergency departments, helping us to free up our crews to attend to those in the community who most need our care. We have worked with Queens Romford and King George hospitals to maintain the improvements achieved to the time it takes our crews to handover patient care.
- The percentage of patients we are conveying to hospital emergency departments has remained steady.
- Staff have dedicated training days within their rotas, as part of Teams Based Working, to train and learn as a team. In North East London, we believe this has increased our crews' confidence by bringing them together as a team of clinicians. By doing this we are working toward improved patient care (teams that learn and train together, perform better) and have maintained the number of patients we can safely avoid conveying to the emergency department, and refer to other parts of the healthcare system as needed.

## Category 2 response times across London

Across London we saw a near 10% rise in 999 calls from April to August 2024 compared to the same period last year. In August, our response time to our Category 1 patients improved by 24 seconds on 2023 – achieving the seven-minute national standard – and our response time to our Category 2 patients improved by almost four minutes. We have agreed a Category 2 trajectory with commissioners, and we’re working to achieve this. As part of this we had planned our response for August to be 32 minutes 43 and we ended ahead of this, at 30 minutes 18 seconds. Across London, September has been much busier than August and so we expect that responding to Category 2 patients will exceed the 30 minutes on average.

### IAS Category 2 response times across London

	May	June	July	August
2024	35:45	39:44	38:58	30:18
2023	42:00	45:38	32:03	34:10



# Our performance across NEL in numbers

## Ambulance response times – August 2024

Source: [NHS England](#)

Month	NEL Cat 1 Mean	LAS-wide Cat 1 Mean	England Cat 1 Mean	NEL Cat 2 Mean	LAS-wide Cat 2 Mean	England Cat 2 Mean
Aug-24	00:07:12	00:07:00	00:08:03	00:29:08	00:30:18	00:27:25
Jul-24	00:07:27	00:07:25	00:08:15	00:38:46	00:38:58	00:33:25
Jun-24	00:07:31	00:07:27	00:08:21	00:40:07	00:39:44	00:34:38

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## Patient handover at emergency departments: August 2024

Emergency department	Average arrival-to-patient handover (HH:MM:SS)
Homerton	00:12:57
King George	00:21:56
Newham	00:32:40
Queens	00:31:40
Royal London	00:25:47
Whipps Cross	00:28:26

# Other updates from London Ambulance Service

We have been shortlisted in two categories in the Parliamentary Awards:

- The first is for the Excellence in Urgent and Emergency Care Award for our work with King George Hospital in bringing down patient handover times from 50 minutes to 23 minutes – a nomination that came from the now Health Secretary Wes Streeting MP amongst others.
- The second nomination was for the Excellence in Education and Training Award for our Frontline Apprenticeship Pathway, which has helped more than 1,600 people start or advance their careers at LAS.

We have been shortlisted for four categories in the HSJ awards:

- In the Trust of the Year category, we demonstrated our record improvements in every aspect of the NHS Staff Survey, achieving the highest response rate in the ambulance sector in 2023/24. We showed how we significantly improved our 999 call answering and ambulance response times, while working collaboratively to implement more alternative healthcare pathways that reduce unnecessary conveyance to hospital.
- For the Staff Wellbeing category, we submitted our 'Teams Based Working' (TBW) model which has transformed the way frontline staff work together, increasing team morale, and access to managers. We showed how TBW has resulted in a reduction of sickness, staff turnover and vastly improved Staff Survey results – taking us from the bottom of the league table to near the top for ambulance trusts.
- The Wide Way Medical Centre in Merton borough has been shortlisted for the Primary and Community Care Innovation of the Year for its 'GP Support Service' model. This project – delivered in partnership with London Ambulance Service – sees us working with the practice to answer calls from patients and safely navigate them to the right care outcome.
- We are shortlisted with partners, King George Hospital in the Provider Collaboration of the Year category for the Rapid Offload Model, which has reduced delays handing over patients at the hospital's emergency department.

# Support us to place defibrillators in your local communities

We need your help to bring defibrillators into communities. We have identified 150 areas in London which we refer to as 'defib deserts' – these are small communities across the capital that have little to no defibrillators available to help save the life of someone having a cardiac arrest.

To help tackle this, we have launched the London Heart Starters campaign and are aiming to raise £400,000 to ensure there are an additional 200 public-access defibrillators in unlocked cabinets where they are needed most. Please see the full list of priority areas in North East London on the next slide.

We would like you to support us in the following ways:

- Encouraging your residents and networks to consider hosting local fundraising events for this cause, or donating, and encouraging others to donate, to our campaign.
- Identify spots within the community where these public-access defibrillators could be placed, by giving us a list of buildings centrally in the community with high footfall so we can ensure they are easily accessible in life-threatening emergencies.
- Identify members of the community who would look after a defibrillator, by letting us know of appropriate people.
- Ensure community members are trained in the life-saving skills of CPR and feel confident to use a defibrillator.

If you can support with any of these please get in touch with us at [londamb.Defib.Defib@nhs.net](mailto:londamb.Defib.Defib@nhs.net).

On Sunday 8 September we hosted our first ever London Life Hike dedicated to fundraising for this campaign. It was a great success and we have raised £24,024 to fund defibrillators. Combined with individual donations to the campaign, we've raised £24,768 towards the campaign and our charity team have meetings scheduled with corporate partners to discuss sponsorship opportunities in the upcoming weeks. We will be walking the London Life Hike again next year, so please do keep an eye out for more details shortly.

# The communities in North East London in need of at least one defib are:

## Barking and Dagenham:

- Barking East MSOA which sits mostly within **Northbury ward**
- Becontree West MSOA which sits mostly within **Mayesbrook ward**
- Old Dagenham Park & Village MSOA which sits mostly within **Village ward**
- Thames View MSOA which sits mostly within **Barking Riverside ward**
- Becontree Heath MSOA which sits mostly within **Whalebone ward**
- Becontree East MSOA which sits mostly within **Valence ward**

## Hackney

- Homerton North MSOA which sits mostly within **King's Park ward**
- Stamford Hill West MSOA which sits mostly within **Woodberry Down ward**
- Stoke Newington North MSOA which sits mostly within **Stoke Newington ward**
- Dalston East MSOA which sits mostly within **Dalston ward**
- South Hackney MSOA which sits mostly within **Victoria ward**
- Clapton Leaside MSOA which sits mostly within **Lea Bridge ward**
- Stamford Hill South MSOA and Stoke Newington East & Cazenove MSOA which sit mostly within **Cazenove ward**
- Hackney Downs MSOA which sits mostly within **Hackney Downs ward**
- Haggerston East MSOA which sits mostly within **Haggerston ward**

## Havering

- Havering-atte-Bower & Chase Cross MSOA which sits mostly within **Havering-atte-Bower ward**
- Rise Park MSOA which sits mostly within **Marshalls & Rise Park ward**
- Hylands MSOA which sits mostly within **Hylands & Harrow Lodge ward**
- Elm Park West MSOA which sits mostly within **Elm Park ward**

## Newham

- Beckton North MSOA which sits mostly within **Custom House ward**
- Forest Gate East MSOA which sits mostly within **Forest Gate South ward**
- Wallend North MSOA which sits mostly within **Wall End ward**
- Forest Gate North MSOA which sits mostly within **Forest Gate North ward**

- Little Ilford East MSOA which sits mostly within **Little Ilford ward**
- West Ham Park MSOA which sits mostly within **Plaistow North ward**
- East Ham South West MSOA which sits mostly within **Boleyn ward**
- Lonsdale Avenue MSOA which sits mostly within **East Ham South ward**
- Stratford East MSOA which sits mostly within **Forest Gate South ward**
- East Ham North MSOA which sits mostly within **Plashet ward**
- Plashet West MSOA which sits mostly within **Green Street East ward**
- East Ham West MSOA which sits mostly within **Boleyn ward**
- Wallend South MSOA which sits mostly within **Wall End ward**
- Plaistow South MSOA which sits mostly within **Plaistow South ward**

## Redbridge

- Woodford Green MSOA which sits mostly within **Bridge ward**
- Ilford South East MSOA which sits mostly within **Clementswood ward**
- Hainault West MSOA which sits mostly within **Hainault ward**
- Ilford North East MSOA which sits mostly within **Valentines ward**
- Barkingside West MSOA which sits mostly within **Barkingside ward**
- Seven Kings Park MSOA which sits mostly within **Newbury ward**
- Seven Kings Meads Lane MSOA which sits mostly within **Seven Kings ward**
- Chadwell Heath North West MSOA which sits mostly within **Chadwell ward**

## Tower Hamlets

- Stepney Green MSOA which sits mostly within **Stepney Green ward**
- Limehouse East MSOA which sits mostly within **Limehouse ward**

## Waltham Forest

- William Morris MSOA which sits mostly within **William Morris ward**
- Friday Hill MSOA which sits mostly within **Hatch Lane & Highams Park North ward**
- Leyton North MSOA and Leyton East MSOA which sit mostly within **Grove Green ward**



North East London

# Barking, Havering and Redbridge University Hospital NHS Trust

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Meeting name: ONEL JHOSC

Presenter: Fiona Wheeler, Chief Operating Officer and Deputy Chief Executive, BHRUT

Date: 17 October 2024

## Urgent and emergency care

- In August, 78.9% of patients were admitted, transferred or discharged within four hours of attending our A&Es. This was above the national target of 78% and placed us 5th out of 18 acute trusts in London and once again in the top performing 25% of 122 trusts in England.
  - Our Type 1 performance (those who are most seriously ill) was over 57%.
  - We continue to see an increase in patients attending A&Es - 5 of our 6 busiest months have been in 2024. We saw almost 800 more patients this August when compared to last year.
  - We're conscious that despite our improvements, too many patients are still facing long waits and being cared for in corridors. To reduce this, we're focussing on improving our Pathology and Radiology processes.
  - We're also continuing discussions to secure the estimated £35m we will need to redesign the department at Queen's so we can make corridor care a thing of the past.
- Our work with the London Ambulance Service to significantly reduced handover times has been recognised in the HSJ Awards and NHS Parliamentary Awards.

## Patients with mental health needs

- 331 patients referred to mental health services from our A&Es in August.
- Average length of stay in A&E was over 22 hours. We're continuing to work with NELFT to ensure these patients get the care they need quicker and in the right place.

## Reducing our waiting lists

- Of the 66,434 patients on our waiting list, 89% of them need an outpatient appointment and 1,402 have been waiting over a year.
- We're continuing to look at innovative ways to treat patients quicker. In July, our theatre team carried out 25 gall bladder removal operations across two Saturdays; we'd usually do this in a whole month.

## Finance

- We ended August with a deficit of £18.2m, adverse to plan by £9.1m. Our deficit target for this year is £10.2m.
- All of our work in the coming months will be carried out in the context of the difficult financial situation facing our Trust; the healthcare system in NEL, which is under a high level of scrutiny; and the NHS more broadly. We are working with the NEL Integrated Care Board and NHS London to implement a number of financial controls that are required by NHS England.

## Cancer targets in July

- **28-day Faster Diagnosis Standard and 96% target for 31 days met.** Made good progress (up over 4% to 74.8%) in our 62-day performance however **missed the 85% target.**
- This will be helped by the 75,000 scans and tests carried out from our Community Diagnostic Centres in Barking and St George's Health and Wellbeing Hub when it opens in Autumn.

Our Radiology team has made huge improvements, from reducing a backlog of 11,000 scans awaiting results in January 2023, to zero. We're now among the top performers in the country for reporting results.



## St George's Health and Wellbeing Hub

- Alongside improving diagnostic waiting times, our new Ageing Well Centre at St George's will help eliminate corridor care.
- It will help ensure fewer frail elderly residents receive their treatment in noisy and crowded A&Es. There, they'll be seen by a consultant geriatrician; have any X-rays and other scans that are required; and return home without visiting one of our hospitals.

## Other news

- Daisy ward at Goodmayes Hospital, became our [second ward to achieve gold in our ward accreditation scheme](#). The programme is one of the ways we improve and standardise the quality of care given to patients.
- [New Chairs to be appointed to Barts Health and BHRUT](#) as part of our ongoing Acute Provider Collaborative.
- Back to school made easier [for our staff thanks to free uniform marketplaces](#).
- [Growing MP support for new A&E at Queen's](#).
- We've been shortlisted for a number of national awards including for the HSJ Awards, NHS Parliamentary Awards and the Patient Experience National Network Awards.







North East London

# North East London Collaborative updates

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Meeting name: ONEL JHOSC

Presenter: Brid Johnson, Chief Operating Officer (NELFT)

Date: 17/10/2024

# Mental Health, Learning Disability and Autism Collaborative

## Introduction

The North East London Mental Health, Learning Disability and Autism (NEL MHLDA) Collaborative is a partnership between the NEL Integrated Care Board (ICB), East London Foundation Trust (ELFT), North East London Foundation Trust (NELFT), and the seven place-based partnerships.

The aim of the Collaborative is to work together to improve outcomes, quality, value and equity for people with, or at risk of, mental health problems and/or learning disability and autism in north east London.

## Approach

We collaborate closely with service users and carers, communities, local authorities, primary care and the voluntary and community sector. The Collaborative includes a joint committee to carry out functions associated with investment, and the Programme Board to develop and deliver the Collaborative programme.

# Community Healthcare Collaborative

## Introduction

The North East London NHS Community Collaborative (NELCC) aim is to improve community health services by working collaboratively across NHS trusts, local authorities, and other healthcare providers including, East London NHS FT, North East London NHS FT, Homerton Healthcare NHS FT and Barts Health NHS Trust. NELFT CEO, Paul Calaminus is the SRO for the NELCC.

The collaborative focuses on delivering more integrated, person-centred care, improving outcomes for local populations, and enhancing the efficiency of community health services in the region. Through this partnership, they aim to address health inequalities and ensure that patients receive the right care in the right place at the right time.

## Approach

To maximise benefits, it is advantageous if we - NEL providers - work together to reduce variance, improve equal outcomes for local residents, share best practice and provide mutual aid. The CHS collaborative can continue to add value as the coordinator, enabler and conduit for community care in NEL. It brings together PLACES and providers to progress system wide solutions, share local learning and ensure impacts of potential decisions are fully articulated to give a NEL wide umbrella position to NHSE.

# Mental Health, Learning Disability and Autism Collaborative update

## Collaborative Priorities

<p><b>National Priorities from NHS England</b></p> <ul style="list-style-type: none"><li>• Dementia diagnosis rate</li><li>• Reducing out of area placements</li><li>• Perinatal access</li><li>• Talking Therapies recovery and improvement outcomes</li><li>• Children and young people's mental health access</li><li>• Physical health of people with SMI</li><li>• Inpatient quality plan</li></ul>	<p><b>Learning Disability Priorities</b></p> <ul style="list-style-type: none"><li>• Reducing variation in use of dynamic support registers</li><li>• Reducing reliance on inpatient services</li><li>• Improving quality of inpatient care in mainstream mental health settings</li><li>• Improving physical health of people with a learning disability</li><li>• Understanding variation in the community learning disability service offer</li></ul>
<p><b>Local Priorities</b></p> <ul style="list-style-type: none"><li>• Private sector bed exit plan</li><li>• Neurodiversity services review project</li><li>• Housing review and complex care</li><li>• Mental health in emergency departments</li><li>• Reducing and preventing self-harm in children and young people</li></ul>	<p><b>Service User Priorities</b></p> <ul style="list-style-type: none"><li>• Improving experience of accessing mental health services</li><li>• Promoting children and young people's right to access confidential care</li><li>• Increasing the number of lived experience roles</li></ul>

# Mental Health, Learning Disability and Autism Collaborative update

## Service user and carer priorities

Since holding a Mental Health Summit in 2022, service users and carers have been central to leading improvements in areas that matter most to them. This has meant translating priorities into lived experience-led improvement projects – giving them the confidence and skills to accomplish their aims.

### Project Welcome

- Improving experiences when first accessing services by ensuring they feel welcomed.
- Lived experience leaders are working with two east London community mental health teams to review welcome packs.

### Project Buzz

- Improving experiences of waiting to be seen in clinical settings.
- Research has been undertaken to explore ‘buzzer’ systems, allowing service users to wait in alternative places.
- However, no teams to date are currently able to test this technology.
- The project team will explore alternative adaptations to improve waiting experiences.

### Project Social

- Creating experience-led social media channels, with the support of ELFT/NELFT’s communications teams.
- The aim will be to share residents’ stories with the wider community.
- The project team will soon record its first podcast, focussing on what people do during a mental health crisis.

### Project Jobs

- Focussing on skills development and supporting those working in lived experience professions.

### Project Research

- Establishing a lived experience research unit across NEL, evidencing improvements in accessing services.
- Lived experience researchers will review home treatment services across NEL in collaboration with the Crisis Improvement Network.

# Mental Health, Learning Disability and Autism Collaborative update

## Latest updates

### Mental Health Crisis Support

In 2023/24 and 2024/24, the Collaborative has delivered:

- Launch of Rodney Ward, a ward to provide an additional 12 inpatient male acute mental health beds to residents in NEL.
- Creation of mental health crisis response service via NHS 111 since April 2024.
- Appointment of a new Lead Nurse for Mental Health in emergency departments (ED) to improve quality of experience.
- Coordination of 'Right Care, Right Person' to ensure safe responses to those calling 999, when requiring mental health support.
- Review of Health-Based Places of Safety, including adding an additional Section 136 Suite at Goodmayes.
- Investment at King George's Hospital following a review of capacity/demand of psychiatric liaison services.

### Special review of mental health services at Nottinghamshire Healthcare

- MHLDA Board is undertaking a rapid review of community services for people with Serious Mental Illness (SMI) and complex needs.
- Further workshops are planned for the autumn to address gaps before approval at the ICB's Board meeting in public later this year.

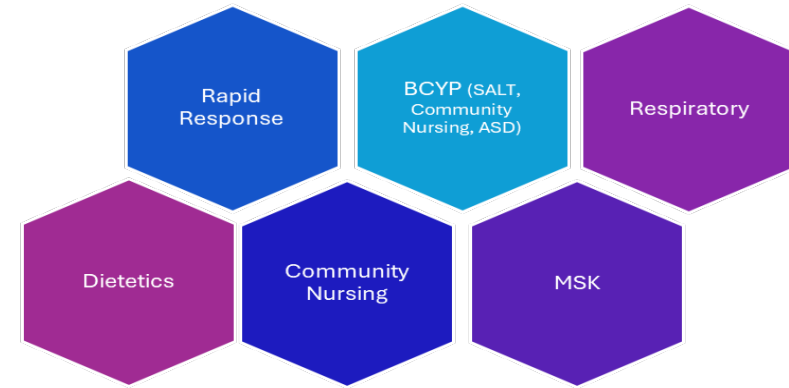
### Additional areas of note

- The Collaborative has been shortlisted for 'Provider Collaboration of the Year' at this year's HSJ Awards.
- Stephen Halsey, the Chief Executive of the London Borough of Tower Hamlets, has joined the Collaborative as a local authority committee member.

# Community Healthcare Collaborative

## Improvement networks

The North East London NHS Community Collaborative (NELCC) is made up of a number of improvement networks. Focus areas include working to consistent, core offers for all North East London Residents, sharing best practice and learning, improving clinical pathways and service delivery and reducing waiting times.



## Improvement updates:

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**MSK:** Wholescale system-wide transformation - across primary care, acute and community - by fostering collaborative efforts in prevention, timely detection, and lifelong care. The network will also focus on early advice, reducing waiting times and moving support from hospitals into community services.

- **Children's Services:** Agreeing a core offer for children's community nursing that is equal across North East London, making best use of our skilled therapeutic workforce, improving early support and reducing waiting times for children with neurodiverse needs, their families and schools.
- **Community Nursing:** Developing a core community nursing offer across North East London with lived experience experts, with an initial focus on discharge pathways (between acute hospitals, community nursing and primary care) and diabetes.
- **Rapid Response:** Looking at types of interventions provided by rapid response teams, sharing learning and good practice as a community of providers. The network has scoped out and understood the core offer and standardisation model and clinicians and operational leads will be sharing best practice and discussing winter plans.
- **Intermediate Care Beds:** Working to improve the commissioning arrangements for specialist pathways, to achieve improved outcomes for North East London Residents.

# Community Healthcare Collaborative

## Key updates

- **Focus on Reducing Waiting Times:** Key operational initiatives have been launched to reduce waiting times, particularly over 52 weeks. A significant focus is on children's therapy services and musculoskeletal (MSK) services.
  - The total number of patients on the waiting list for all adult services in NEL is 25,820, based on June 2024 data – an increase of 3% compared to May. The largest waiting list is for MSK. The MSK transformation collaborative has set a goal to reduce waits to 6 weeks.
  - Despite children and young people making up 25% of our population, they are disproportionately affected by long community waits. The total number of patients on the waiting list for all CYP services in NEL is 11,863, based on June 2024 data - a decrease of 8.9% compared to May. The largest waiting list is for Community Paediatric Services. In June, the total number of those waiting for 52 weeks and over was 1,687 and our aim is to ensure no young person waits over 52 weeks.
- **Shift Left Investment Decision Evaluation Tool:** In line with the Darzi review, the development of this tool can evidence the economic case for increased investment in community services by quantifying the return on investment and demonstrating the system-wide impact, particularly in reducing reliance on acute care.



North East London

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# Focus on Specialised Services

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Meeting name: ONEL JHOSC

Presenter: Archana Mathur, Director of Specialised Services and Cancer, NEL ICB

Date: 17 October 2024



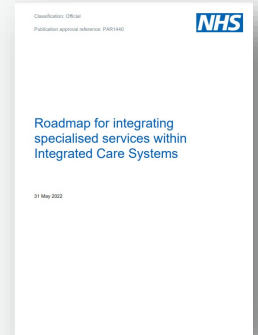
# What are specialist services ?

- Specialised services are a diverse portfolio of c150 services generally accessed by people living with rare or complex conditions.
- NHSE commission specialised services currently, including a wide range of treatments such as chemotherapy, kidney dialysis, secure inpatient mental health care; complex surgical procedures e.g. stem cell transplants; cardiac surgery and complex treatments for stroke such as mechanical thrombectomy meeting the needs of much larger populations.
- Specialist services are a catalyst for innovation, supporting pioneering clinical practice. Specialist services are currently planned nationally and regionally and delivered by hospitals with specialist clinical teams with expert training.
- Demand for specialised services continues to increase as advances in medical technology enable the NHS to train more people, meaning the cost of providing specialist care is also increasing, further driven by significant forecasts in population growth.
- Collectively the specialised services portfolio delivers care to large numbers of people. Nationally this equates to roughly 15% of the overall NHS commissioning budget, and for NEL ICB, specialised services equate to about c20% of the NEL Commissioning budget.

# How are specialised services currently commissioned, how this is changing and why?

- NHSE currently commission all specialised services; however, in December 2023 the NHS England Board approved plans to:
    - ❖ Fully delegate the commissioning of appropriate specialised services to Integrated Care Boards (ICBs) in the East of England, Midlands and the North West regions of England from April 2024.
    - ❖ Continue to jointly commission appropriate specialised services with ICBs in the South West, South East, London and the North East and Yorkshire regions of England for a further year. This will help support a smooth transition of commissioning responsibility (Delegation) by April 25.
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- These arrangements are part of a careful and considered approach to delegating full commissioning responsibility across England for appropriate services 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 England regional and national teams will continue to work with those ICBs who are continuing with joint commissioning arrangements as we work towards full delegation in those geographical areas from April 2025; and alongside ICBs taking on delegated responsibility to support them in their commissioning.

# Why NHSE is delegating commissioning to ICBs – the benefits & opportunities



ICBs and providers to have **freedom to design services and to innovate** in meeting the national standards where they take on delegated or joint commissioning responsibility

ICBs and providers able to **pool specialised budget and non-specialised budgets** to best meet the needs of their population, tackle health inequalities and to join up care pathways for their patients

ICBs and providers able to use world class assets of specialised services to **better support their communities closer to home** (e.g. designing local public health initiatives, greater diagnostics and screening)

## Quality of patient care

Patients will receive more **joined up care** – better communication and sharing of information between professionals and services.

More of a **holistic, multi-disciplinary approach** to care. A range of professionals can be involved in planning a patient's care.

Increase focus and investment on **prevention** & LTC management

Patients will receive the **right care at the right time in the right place**.

Better **step-down care** to support patients who are ready to leave specialised care.

## Equity of access

Population based budgets means decisions on spend are based on the **needs of a local population** – the demographics, health behaviours etc rather than on activity in hospitals.

Specialised clinical expertise will have a role in managing population health and to **challenge underlying drivers of health inequalities**.

Providers and professionals working collaboratively, free from organisational constraints and commissioning boundaries, will help improve **quality of care and tackle unwarranted variation**.

Opportunity to **level up access across the country**

## Value

Investment in preventative care could **reduce demand** for specialised services.

Providers and professionals can **better manage patient demand**, even when one part of the system becomes stretched. Patients can be re-directed or transferred so they have faster and better access to treatment

A whole system approach creates opportunities to **protect and build 'workforce resilience'**, as shown during the pandemic.

Delegated budgets to ICBs allow **underspends to be shared or reinvested** and avoids commissioning pressures on any one organisation.



Accessible care



Tailored care



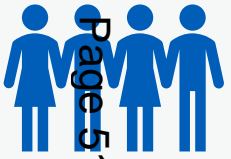
Seamless care



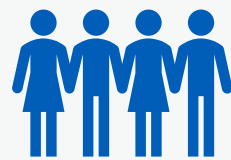
Effective care



Preventative care



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What should this mean for our patients, populations and their communities?





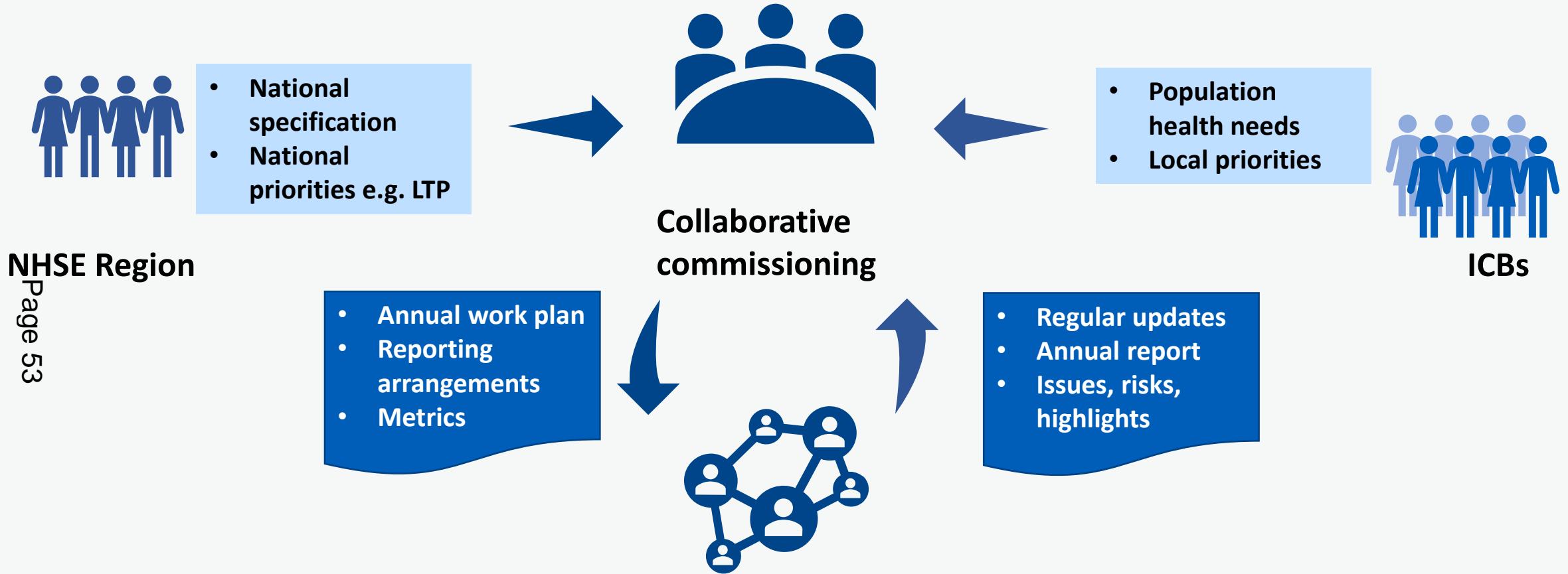
**North East London  
Health & Care  
Partnership**



**North East London**

# **Specialised Service Transformation: Clinical Networks and examples of end to end pathway transformation**

# Clinical Network Commissioning



NHSE Region

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- There are 15 commissioned mandated specialised services clinical networks which are hosted by provider organisations (6 networks hosted within Barts Health. Staff are employed by those host organisations, with networks operating under a service level agreement and funding is recurrent.
- Their footprint is usually larger than individual ICBs . NHSE have therefore agreed to move to a model of joint commissioning the networks between NHSE regional teams and ICBs, ensuring network's work plan reflects national, regional and local ICB priorities which is a positive opportunity.

# New ways of working: Upstream prevention to manage future Specialised service demand

- Delivery of specialised services will face a number of challenges in the future:
  - Funding for specialised services will shift from historic population-based allocation towards needs-based allocation, CFOs across London are proactively working with regional and national colleagues to clarify how the change in practice will work and also refine the methodology to understand the potential funding gap within each ICS.
  - Additionally, our population to grow by 364k people over the next 20 years, which puts pressure on specialised services, but also non-specialised services which patients may step down into e.g. level 1 specialised neuro-rehabilitation patients may eventually access community rehabilitation programmes as part of their longer-term treatment plan
- Unless **upstream programmes, improving productivity, encourage joint working and scoping consolidation**, there will be significant growth and financial challenges with specialised services across NEL.
- The NEL Specialised Services Transformation Sub Group was established earlier this year bringing together senior clinical expertise across NEL, working with our local and London Mandated Clinical Networks. Our clinicians have highlighted the best practice being achieved in a number of programmes and networks in **'joining up' the pathway which includes cardiology, cancer, children and young people programmes.**
- **OUR NEL WIDE SPECIALISED TRANSFORMATION PRIORITIES ARE: HIV, LIVER/HEP C, CARDIOLOGY/CVD, RENAL, SICKLE CELL, NEUROSCIENCES AND COMPLEX UROGYNAE**

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Implemented HIV and hepatitis testing in emergency departments and work with local charities and communities to improve out-of-hospital care and reduce stigma. Since April 2022, we have identified > 100 new cases in NEL



Pharmacist led hypertension review project with Black patients. It demonstrated (48%) were not taking their medication as prescribed. In the short-term, patients adhered to their medicine and reduction in systolic blood-pressure and longer-term, we aim for patients to continue to manage their LTC proactively and not progress onto specialised services for stroke, cardiology and renal



Working with the Neonatal Clinical Network to improve quality outcomes, including reducing mortality and equity to care by expanding provision at Barts by 4 additional cots, and focusing on a longer-term plan for 1:1 care.



A quarter of London's homeless and rough sleepers are located within NEL, and chronic lung diseases have been identified as an area of concern within this community. We are working with 'in-reach services' to widen the scope and support provided by giving pulmonary rehab on-site rather than at a clinical or hospital.

# Human immunodeficiency virus (HIV)

## Our Challenge

- All NEL 'places' have been identified as having a very high number of HIV diagnoses (>5/1000) and on average one in 12 people living with HIV do not know they have it.
- While ED (Emergency Department) opt out testing has increased 32% over the last 12 months (55%), it is still below the national target of 90%
- Via ED opt of Testing programme, of newly diagnosed residents only 74% engage with care, while of those re diagnosed only 19% re-engage with care
- This summer, Fast Track Cities have identified that HIV community and voluntary sector is still recovering from the impact of COVID and cost of living impacting their service users, with current services reporting further demand on mental health support and financial services
- Stigma in local communities and care , along with self-stigma this is preventing people with lived experience to access care and support

## National Targets

- Towards zero for HIV transmission rates by 2030 An 80% reduction in new HIV infections by 2025
- zero preventable HIV-related deaths by 2025
- A 50% reduction in of patients diagnosed with AIDS within 3 months of diagnosis.
- A 50% reduction in the number of deaths from HIV/AIDS.
- 90% of all the identified cohort will receive a HIV blood test in ED

## Our response

Working collectively with the regional specialised service team and Fast Track Cities, we are building on previous successes and collectively agreeing funding for end to end transformation proposals, which has brought together people with lived experience, community, voluntary, local authorities, primary and secondary care.

We are proactively working with Barts Clinical Reference Groups to merge governance, which will support the development and delivery of our local strategy.

## Working with place based teams, and other partners we are delivering...

- With Fast Track and Terrence Higgins Trust to educate different parts of the health and social care sector including front line staff, and Tackle internalised stigma for people living with HIV
- Positive East ran three courses aimed at women, African communities, and gay men. The courses included five sessions focusing on addressing internalised stigma, developing support networks, regaining power
- Opt out testing in all EDs in NEL and delivered circa. 250,000 HIV blood tests in ED's, which has offered 137 patients the opportunity to enter the clinical pathway
- Working with Public Health in C&H Integrating the 40+yr old Primary Care health checks into the HIV pathway
- With Positive East and local authorities to improve community pathway, which includes peer to peer support and counselling, and development of hardship fund with an aim to support people sustain care or re-arrange them with care.
- Increased clinical and non-clinical capacity to reduce follow up backlogs, with a focus on BHRUT

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Over the last 12 months, the regional specialised service programme has funded NEL £2.75m



## Initial outcomes

- Across NEL there has been 250,00 HIV blood test taken in EDs, with 60% improvement in testing rate in 2 months across 2 sites
- Staff education across our acute trusts to reduce stigma and raise awareness
- 5 WTE frontline and 2 back-office staff been recruited to increase capacity and support flow ups

## Next steps

- Roll out of automatised testing and 'blocking' across all acute trusts (Q4 2023/24) and improve ED opt out testing rates
- Reviewing medicines optimisation
- Increasing the number of patients who entre or re-engage with the clinical pathway
- Develop an NEL integrated HIV strategy that prioritises primary prevention, HIV testing, secondary prevention and empowerment and wellbeing

# What happens next ?

- Continued work on the end-to-end pathway transformation for specialised priorities ensuring continued focus on whole pathway improvement.
- To deliver delegation by April 25 working through the four delegation conditions with NHSE London and London ICBs, ensuring parallel work on our agreed transformation priorities, aligning with the strategic objectives of the ICB to reduce inequalities and ensure whole pathway transformation to improve outcomes and patient experience.
- National moderation panel in October, prior to NHSE Board approval for delegation in December 24.



# Best start in life: shaping future maternity and neonatal services

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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
- We undertook 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.

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To do this, we:

- 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.
- Using this information we created a report, called the Case for Change, explaining what we found.

# 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.

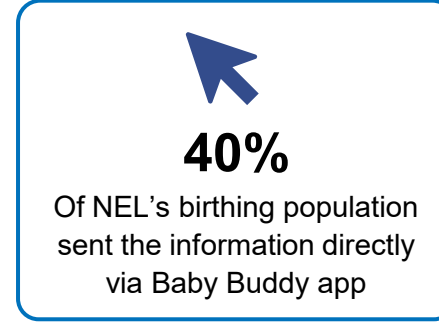
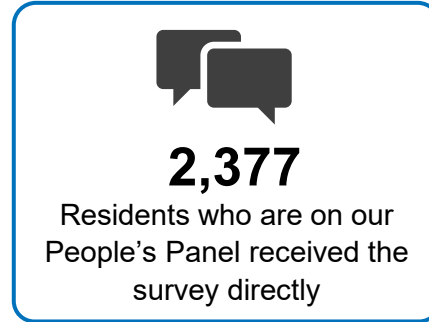
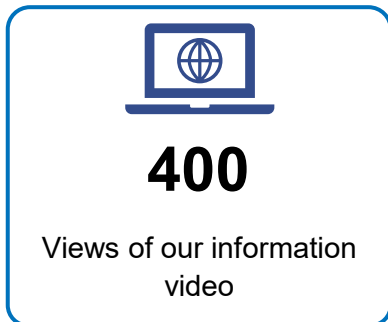
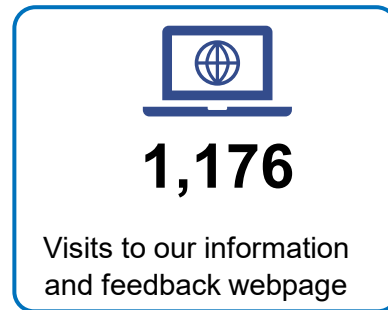
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This tells us we need to make some changes to maternity and neonatal services and there are opportunities to make sure our services are safe, high quality and accessible for all.

- We are not proposing any solutions at this stage and no decisions about services have been made.
- We asked the public for their views on what we have found in the Case for Change.
- We presented to the JOSOC on the Case for Change in July, and the information about the case for change is on [our website](#).

# How we engaged the public

- We ran public engagement from 16 July – 8 September 2024, this included time outside of the school holidays
- The case for change and how to have our say on it was promoted widely to the public, stakeholders and staff over this time using a range of communications channels
- We engaged seldom heard groups, representatives of our communities, and families.



# Public feedback on the case for change

We heard from almost 500 people, through a mix of discussions, meetings, presentations, written feedback and survey responses.

- 53% of respondents had had a baby that was cared for in a neonatal unit
- 64% of respondents were residents, others were NHS staff
- 94% of respondents understood why services needed to change
- 94% of respondents also agreed with the need for change



**499**

Responses received



**94%**

Understand and agree with the need for change

We are currently doing a detailed analysis of the feedback. From what we know so far, below are the areas of the case for change which have come out as key areas of priority based on the response from the public:

**Matching demand and capacity across the system**



Making sure we have enough of the right care in the right place

**Delivering neonatal care in the appropriate setting**



Delivering care to newborn and ill babies in a place that is best for them

**Strengthening antenatal and postnatal care pathways**



Improving advice and support before and after pregnancy, and pregnancy loss, ensuring it is clear and accessible.

**Addressing variation in quality, access and experience**



Always showing kindness, respect, compassion and cultural awareness

# Next steps

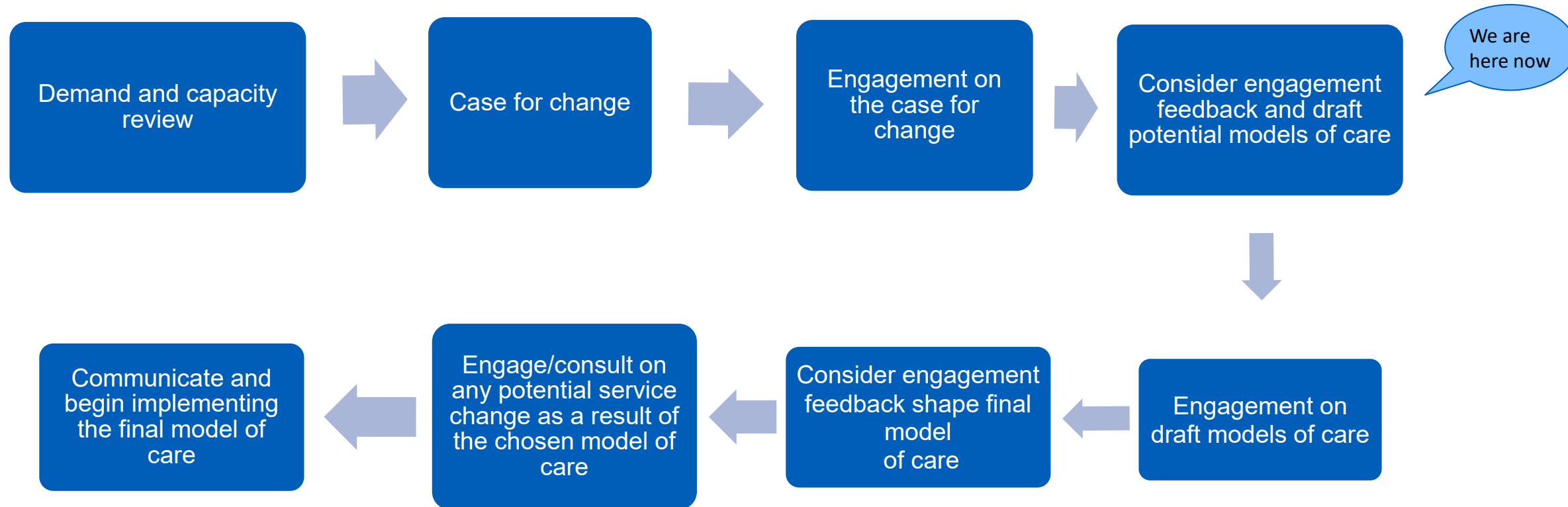
- The feedback, views, ideas and suggestions on our Case for Change are being used to inform potential future care models for maternity and neonatal services.
- They will be based on all this information and insight as well as best practice examples and national guidance including Better Births, Ockenden Report, and the Neonatal Critical care review
- Again this is being done in together with experts, clinicians and community representatives and is underway
- We are anticipating having these potential future models of care in the next few months
- No decisions have been made yet 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.



# Engagement and decision making stages

We are committed to ensuring the feedback from the community and stakeholder engagement feeds into the programme and influences each stage of the future of maternity and neonatal services work. We will continue to inform and engage throughout this programme.

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# Programme governance

## Key



Decision making forums



Engagement and validation forums

North East London ICB Board

North East London Quality, Safety and Improvement Committee

North East London Maternity and Neonatal Programme Board

Demand and Capacity Steering Group

Clinical Reference Group

Membership: Reps from all Trusts - Director for Women's & Children's Services / Chief Medical Officer / Chief Nurse / Director of Midwifery, Clinical Director, operational delivery networks, LMNS, ICB representatives

Neonatal Working Group

Membership: Neonatal clinical lead and neonatal matrons from each site, operational delivery networks, representation and fetal medicine representatives

Maternity Working Group

Membership: Lead obstetrician and head midwife from each site, consultant midwives, community midwives, Barkantine and Barking birth centre representatives, LMNS reps

Barts Health strategic and neonatal group

BHRUT maternity assurance board

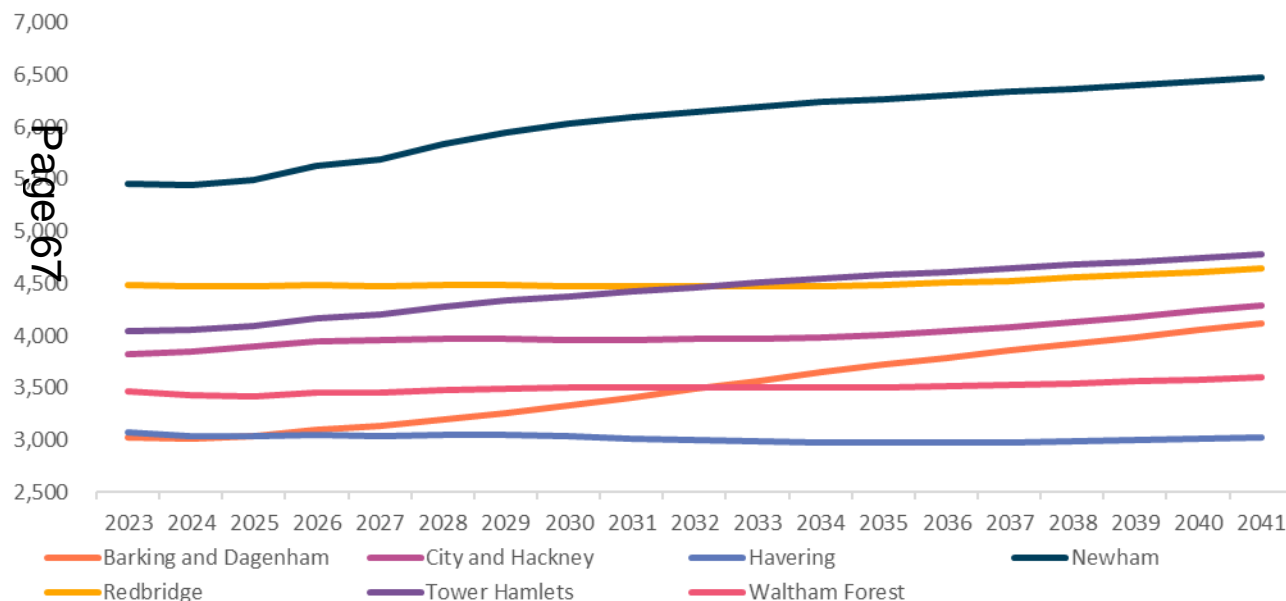
Homerton maternity and neonatal quality and safety committee

# Projecting Maternity Demand from NEL population growth

Based on forecasted demographic growth, we anticipate births to grow by **13%** over the next 18 years. **Barking & Dagenham** is projected to have a **36%** growth in births. Based on current treatment sites used by Barking and Dagenham residents, it is expected demand will be predominantly at either Newham or Queen's hospital. It should be noted, **Barking Birth Centre** currently accommodates only **1%** of births from Barking and Dagenham residents, which is typically low risk births.

	2023	2028	2033	2038	2041
NEL Births	27,377	28,307	29,204	30,186	30,926
% Growth	-	3%	7%	10%	13%

Birth Growth by Place



See appendix for notes on methodology. Forecast is based on 2022/23 actuals baseline (SUS) and growth rates from GLA population forecasts applied to segments of NEL births defined by 5-year age band, gender and area of residence (Ward)



**Newham** is projected to have circa **4k** births in 2040/41, the highest total births in NEL; a **19%** growth from 2022/23 to 2040/41.

**Barking and Dagenham** is expected to see a steep increase particularly after **2025**. The fertility rate in 2022/23 (calculated by births for women aged 15 to 44) in B&D is **64.4**, the highest in London. In contrast, the fertility rate in London is **52.9** and a rate of **54.3** for England

**Havering** is projected to have a **2% reduction** in births in the next 18 years.



The **two most deprived quintiles** in NEL are expected to grow by **16%**, and the **least deprived** quintiles by **3%**.



**Queen's** and **Newham** Hospitals are expected to have the highest number of births in 2040/41, circa **6.5k** and **6k** births respectively.

Although Queen's hospital is expected to have the highest number of births in 2041 compared to other NEL sites, it is only forecasted to grow by **3%** from the baseline (2022/23).



In 2041, the number of births will still be highest in the **Asian** and **White** communities. **Black** ethnicity births will grow by the most at **19%**, and within this, the **African** group will grow by the highest rate (**23%**).

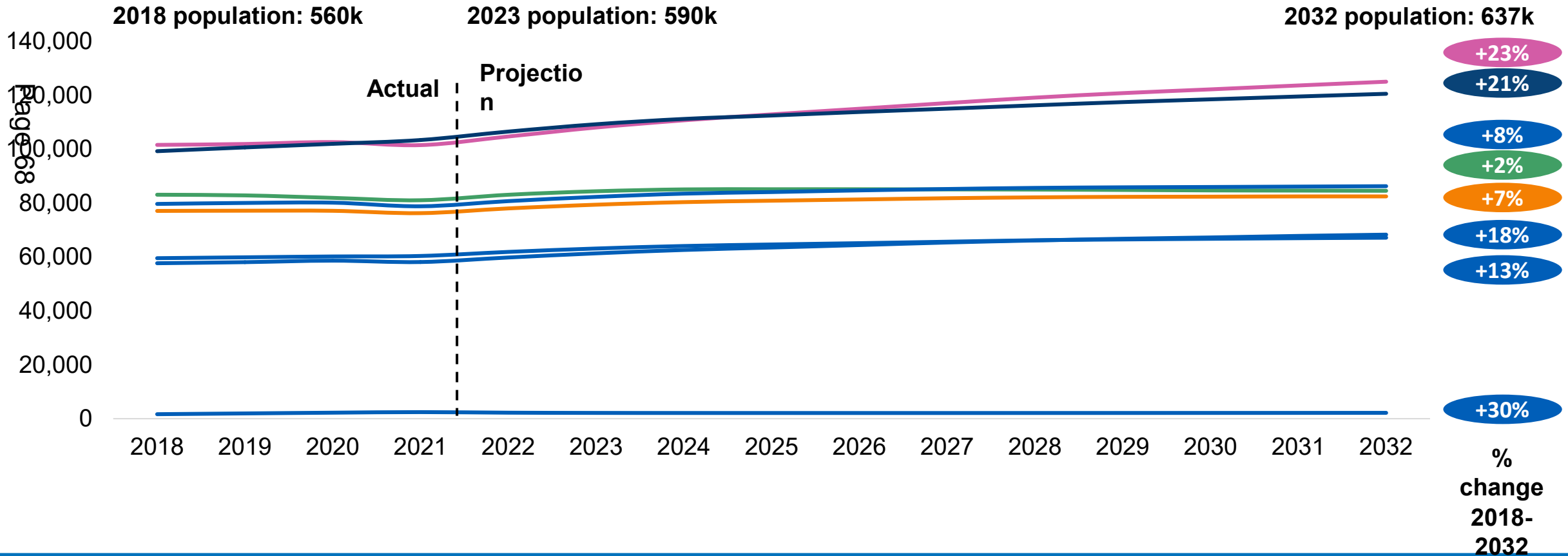
The **smallest growth** in births is observed at **11%** in the **White** community over the next 18 years.

# The number of women of childbearing age resident in NEL is projected to increase by 1% each year from 2023/24 to 2032/33, with some variation between boroughs

GLA projected women of childbearing age population in NEL

NEL residents of women of childbearing age split by borough, 2018-2032

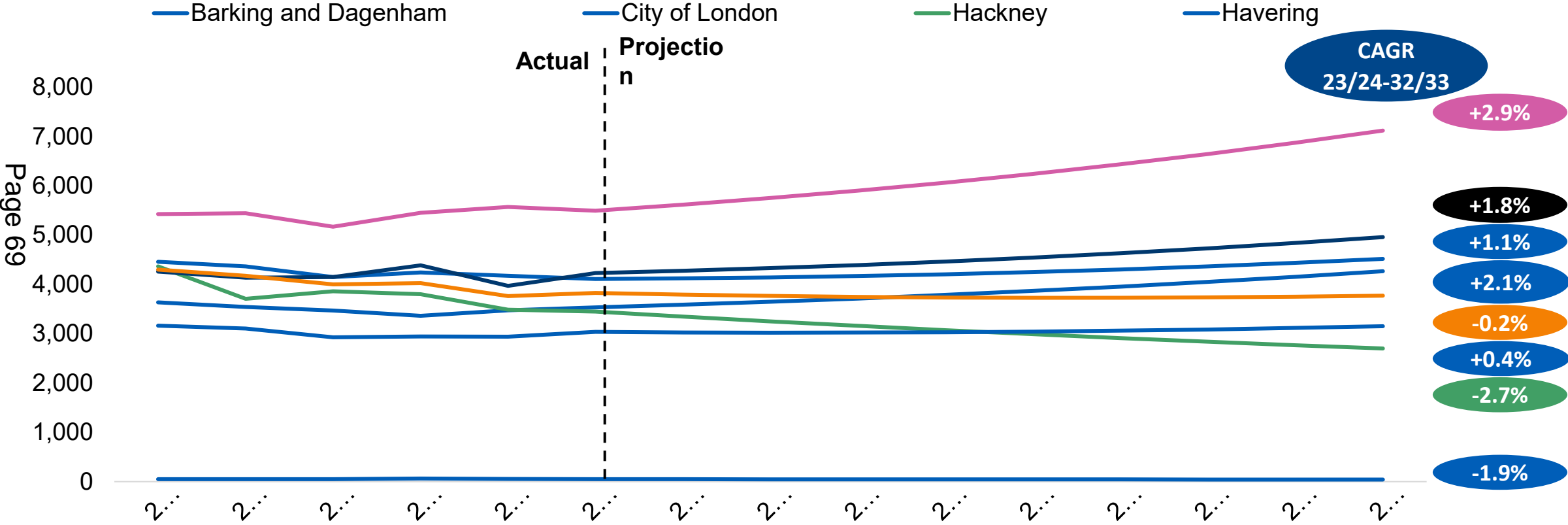
— Barking and Dagenham — City of London — Hackney — Havering — Newham — Redbridge — Tower Hamlets — Waltham Forest



# The total deliveries across NEL boroughs are projected to increase by 10% from 2023/24 – 2032/33, with the largest increases in Barking and Dagenham and Newham

## Delivery projections by borough

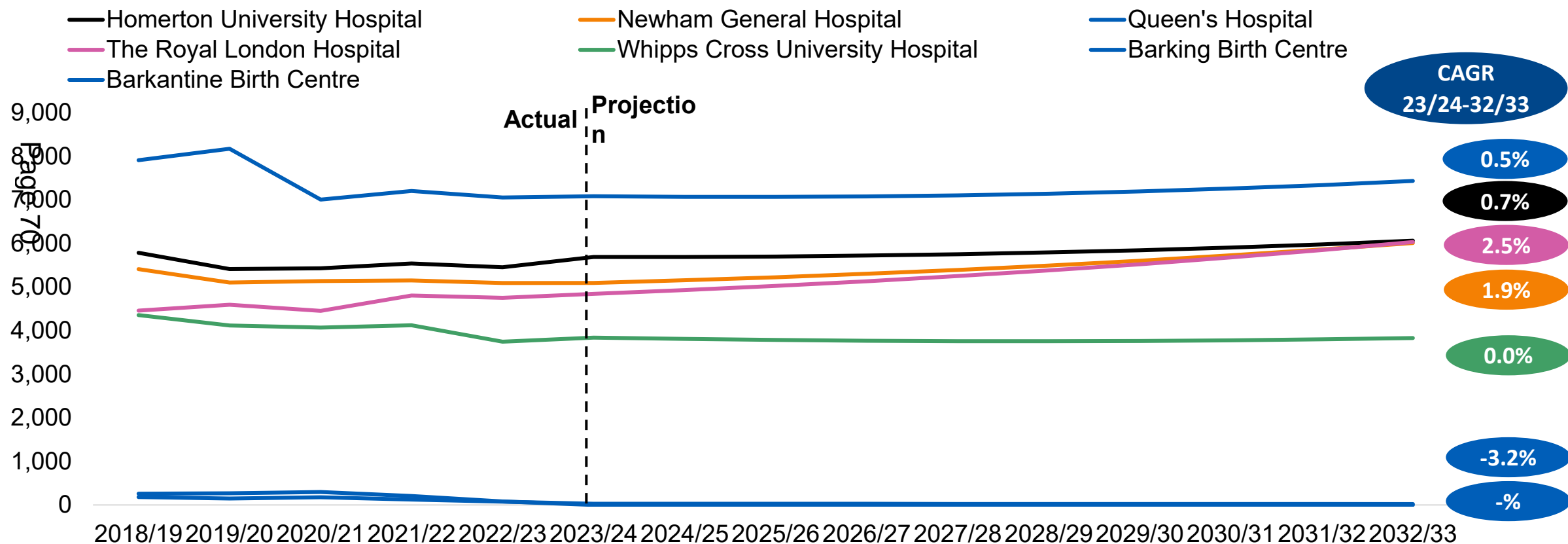
Projected total deliveries by NEL borough irrespective of site, 2018/19-2032/33



**Note:** This includes all deliveries activity at NEL sites, including non-NEL residents

# The number of deliveries at The Royal London Hospital and Newham Hospital are projected to increase by 2.5% and 1.9% annually through to 2032/33

- Delivery projections by site
- Projected deliveries at NEL sites, 2018/19-2032/33



**Note:** This includes all deliveries activity at NEL sites, including non-NEL residents

# Between 2018/19 – 2023/24, there has been a decrease in deliveries across NEL with the majority from residents in Newham making up 19.8% of all deliveries in 2023/24

## Historic deliveries to residents of NEL

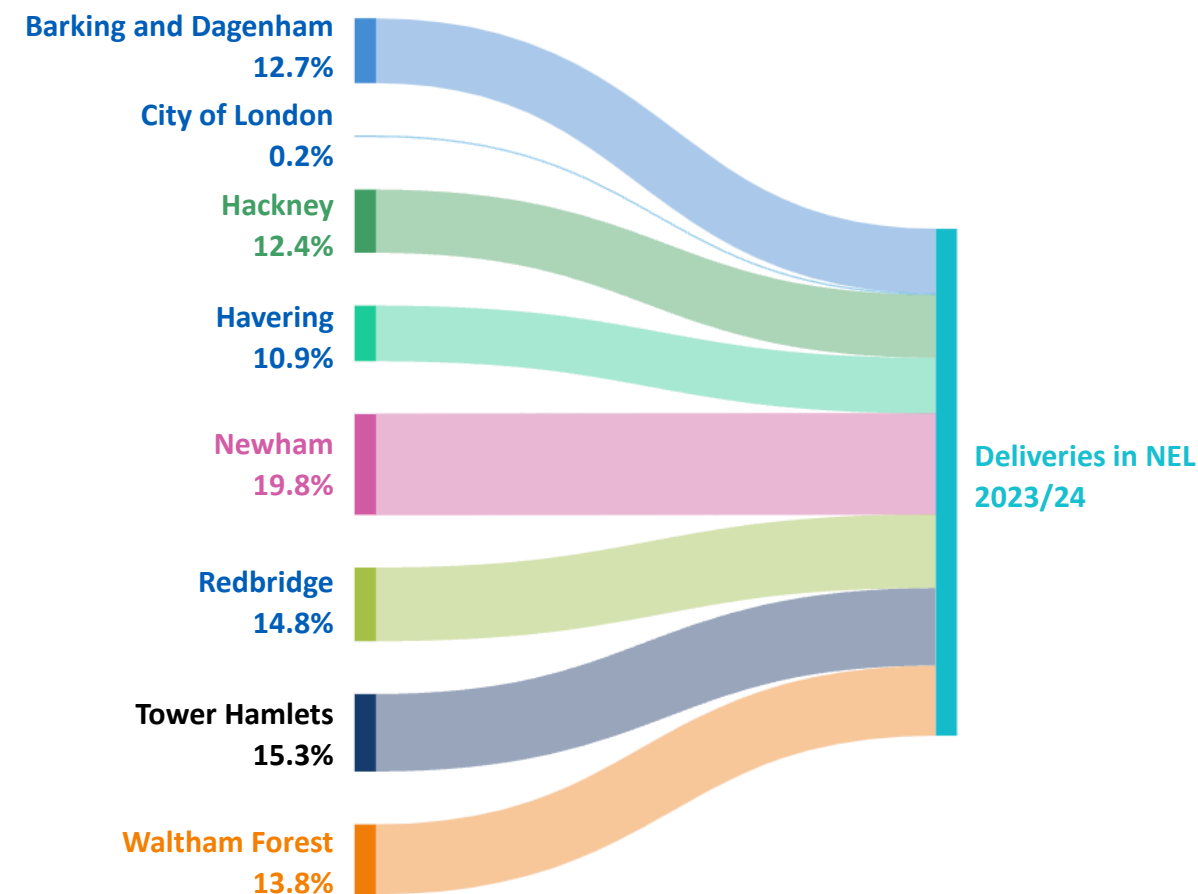
Deliveries in NEL by borough, 2018/19-2023/24

Borough of residence	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Barking and Dagenham	3,633	3,543	3,467	3,362	3,475	3,534
City of London	48	51	50	63	54	50
Hackney	4,364	3,705	3,859	3,798	3,485	3,448
Havering	3,162	3,106	2,926	2,945	2,938	3,035
Newham	5,426	5,443	5,168	5,451	5,568	5,493
Redbridge	4,456	4,365	4,147	4,240	4,175	4,108
Tower Hamlets	4,256	4,135	4,148	4,385	3,969	4,229
Waltham Forest	4,298	4,172	4,001	4,023	3,761	3,825
<b>Total</b>	<b>29,643</b>	<b>28,520</b>	<b>27,766</b>	<b>28,267</b>	<b>27,425</b>	<b>27,722</b>

- Notes**
- Deliveries in NEL boroughs refers to all residents of NEL who had a delivery in that financial year, irrespective of which hospital they attended
  - These figures therefore include outflows from NEL to other hospitals outside the ICS

## Deliveries to residents of NEL by borough

Deliveries in NEL by borough, 2023/24



# The baseline deliveries activity in the model includes inflows into NEL sites as well as NEL residents who receive care elsewhere

## Historic deliveries at NEL sites

Deliveries in NEL by site, 2018/19-2023/24

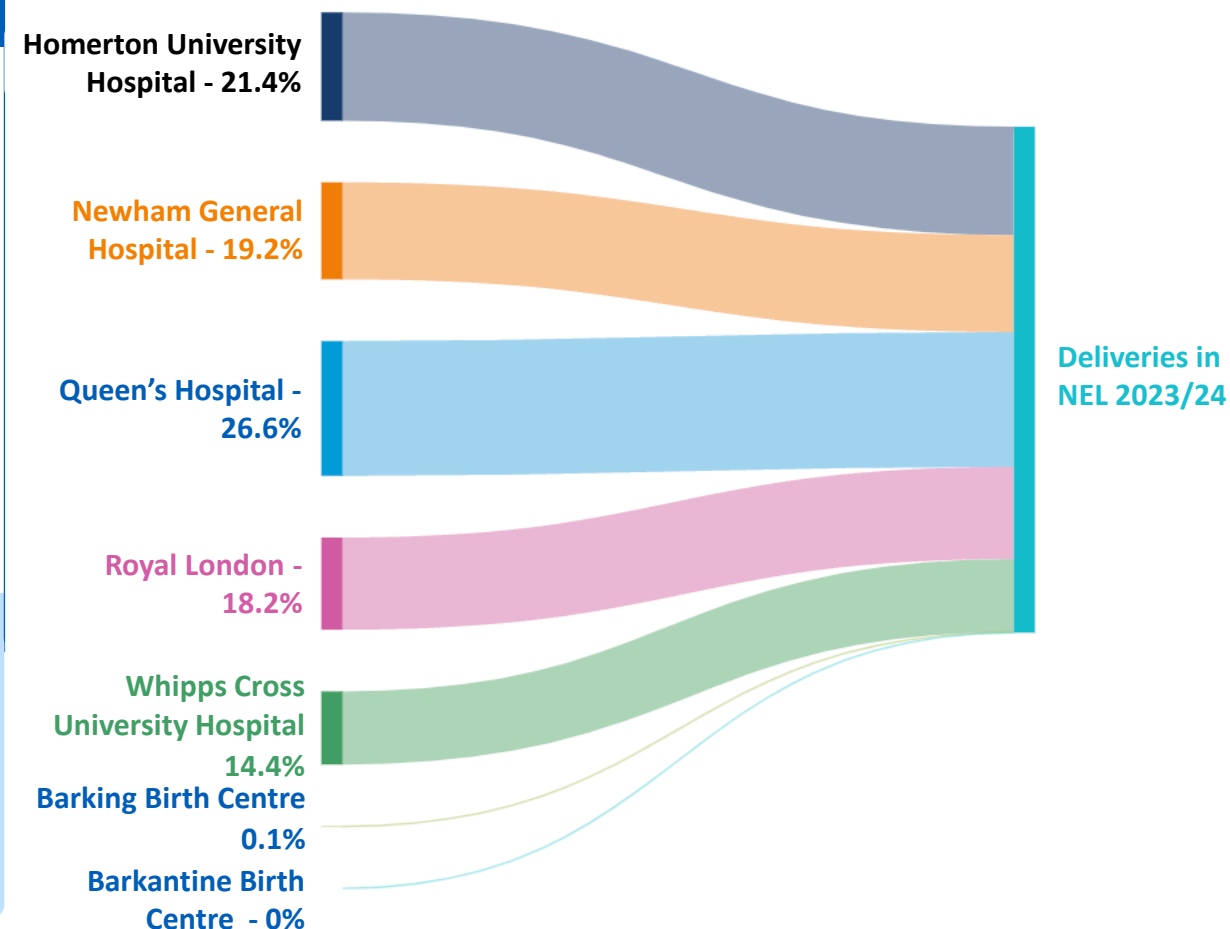
Site	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Homerton University Hospital	5,784	5,412	5,432	5,541	5,455	5,688
Newham General Hospital	5,412	5,102	5,138	5,149	5,092	5,093
Queen's Hospital	7,908	8,172	7,006	7,202	7,054	7,081
The Royal London Hospital	4,460	4,591	4,453	4,803	4,750	4,842
Whipps Cross University Hospital	4,356	4,118	4,070	4,124	3,746	3,839
Barking Birth Centre	181	149	178	122	74	28
Barkantine Birth Centre	259	268	297	207	81	0
<b>Total</b>	<b>28,360</b>	<b>27,812</b>	<b>26,574</b>	<b>27,148</b>	<b>26,252</b>	<b>26,571</b>

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- Notes**
- Deliveries at NEL sites includes all deliveries at that site in that financial year, irrespective of where the mother is a resident
  - These figures will therefore include inflows from those who live outside the ICS but deliver at a NEL hospital

## Deliveries to residents of NEL by borough

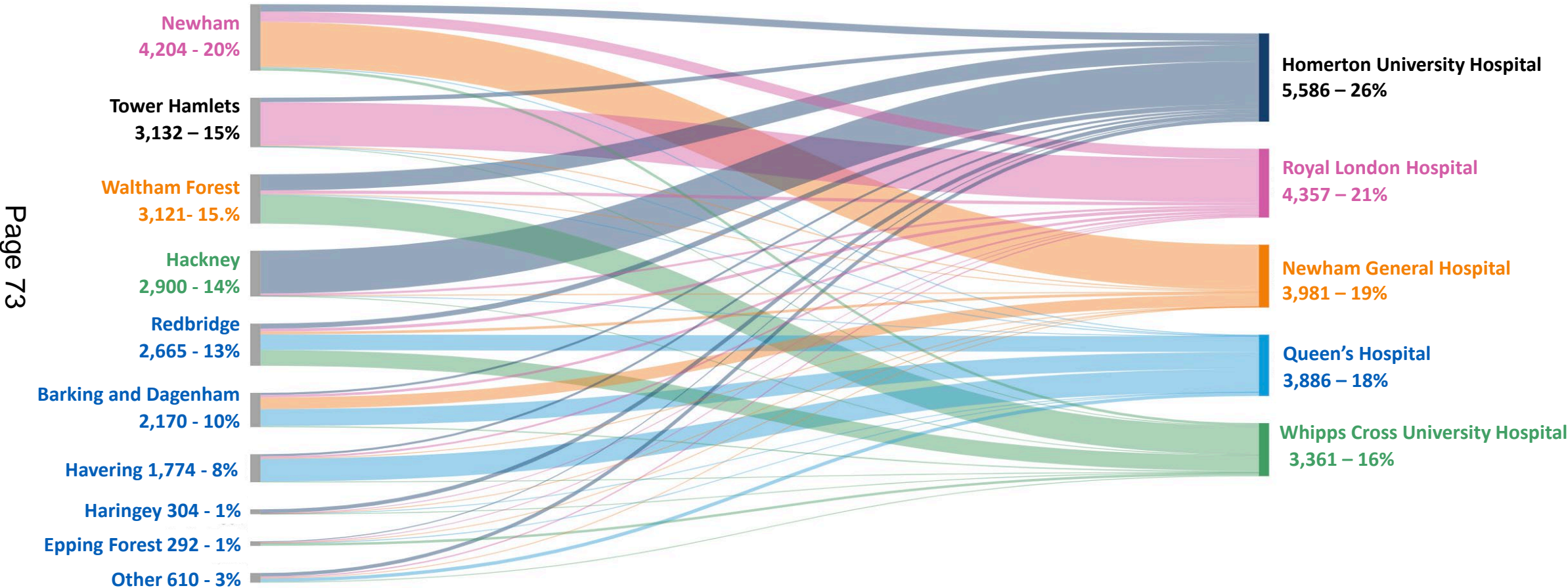
Deliveries in NEL by borough, 2023/24





# Since 2016/17, the majority of neonatal admissions in NEL have been from residents of Newham

Neonatal admissions in NEL by borough and provider (2016/17 – 2023/24)



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Note this activity has been aggregated from MSOA level. Where small numbers have been suppressed we have assumed a standard volume of activity. We have also applied an uplift to all activity numbers to account for postcodes which were unable to be mapped to an LSOA.

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