

Health update

JHOSCs

January 2024

NHS North East London: Update

System resilience over winter

- We are bringing key system stakeholders and leaders together, including Place Partnerships and Collaboratives, to build our resilience and plan for periods of increased demand through winter and beyond. We're doing this through a new clinically led System Coordination Centre that involves everyone, including hospitals, GPs, LAS, community care and more, to discuss what we already have in place, how we can learn from each other and where we need to strengthen our collaborative efforts.
- Our '[Finding the Right NHS Help](#)' campaign is running for the next 12 months - helping people to access the right NHS services at the right time all year round, and to build understanding of all the ways primary care is changing and improving. The campaign includes digital advertising targeting 18-40s, parents of under 9s, and people in close proximity to A&E departments; outdoor billboards; advertising in our hospitals and GP practices; social media and press. A campaign toolkit has been shared with 700+ ICS colleagues and is being widely used by all partners.
- For the first time we have worked in partnership with our local authorities and local people to co-produce [Winter Wellness guides](#) providing residents with holistic information on how to stay well including winter vaccinations, cost of living advice, health and care services and information on support roles in communities based on their input. Printed copies have been distributed directly to targeted vulnerable households in areas of higher deprivation, as well as made available in GP practices, hospitals, warm hubs, libraries and other community venues.
- Welcome committee members support to promote our efforts.

Vaccinations

- As of 19 December 2023, we have given 169,235 seasonal **Covid-19** vaccines. Uptake is 75% in care home residents, 58% in 75+ and 50% in those aged 70-75. Uptake is 30.3% overall, but that is largely due to lower uptake in those who are 18 and over with health conditions.
- We have given 375,000 seasonal flu vaccines. Uptake in our eligible population is 31.6%.-This is broadly in line with London. We are vaccinating for Covid and flu across NEL until 31 Jan. The National Booking Service closed on 15 December 2023.

NHS North East London: Update

Celebrating success

- Two north east London projects won prestigious [HSJ Awards](#) in November:
 - Innovation and Improvement in Reducing Healthcare Inequalities Award - Tree Of Life In Schools project for African and Caribbean heritage young people project (City and Hackney)
 - Medicines, Pharmacy and Prescribing Initiative of the Year - Specialist pharmacy-led cardiovascular risk factor management in primary care campaign
- The team at Richmond Road medical centre in Hackney won the Reception Team of the Year award at the National General Practice Awards in December.

Ending sexual violence against women and girls

- Held a system workshop in December as part of an ongoing conversation happening at a London and local level, and a commitment to addressing sexual violence against residents and staff as a whole north east London system.
- We have signed up to the Mayor of London's [six pledges](#) to tackle misogyny, sexual harassment and violence against women and girls (VAWG). We, and other health and care organisations discussed the pledges, which we have since signed up to, and how we can collectively take a public health approach to tackling and preventing. We have adopted NHS England's [sexual safety in healthcare organisational charter](#) as part of our commitment to protecting our staff from sexual violence in the workplace. The aspiration is that all partners across our system will adopt the charter.

NCL 'Start Well' consultation and potential impact on north east London

- North Central London (NCL) Integrated Care Board have a long term transformation programme looking at children, young people's, maternity and neonatal services in NCL.
- Their consultation on this, 'Start Well' runs from 11 December 2023 to 11.59pm on 17 March 2024. [Start Well: Proposed changes to maternity, neonatal, and children's surgical services - North Central London Integrated Care System \(nclhealthandcare.org.uk\)](https://nclhealthandcare.org.uk)
- As some of the changes NCL is proposing around maternity and neonatal services specifically may impact residents of north east London, we want to provide reassurance that we have worked within the north east London system to consider NCL's proposals. We will continue to work closely with NCL as these proposals are consulted on and ensure any potential impact on north east London are considered and mitigated where possible.
- NCL is happy to provide briefing on the proposals and consider any feedback as part of the process.

AT Medics/Operose: Update

We have been notified of a potential change of control of AT Medics Ltd. AT Medics Ltd is part of the Operose Health Group which holds a number of other contracts in London and elsewhere in England. AT Medics Ltd holds seven Alternative Provider Medical Services (APMS) contracts in north east London. The practices are:

The Loxford Practice – Redbridge	Lucas Avenue Practice – Newham
Carpenters Practice – Newham	E16 Health – Newham
Trowbridge Surgery– City & Hackney	Goodman’s Field Centre – Tower Hamlets
Victoria Medical Centre – Barking & Dagenham (short-term caretaking contract until March 2024)	

Operose Health Ltd also has operational management control of John Smith Medical Centre, Barking and Dagenham – Chilvers & McCrae Ltd (PMS practice) Under the terms of the PMS/GMS contract, the contract holder does not have to seek our consent to undergo a change **of control**. However, the change of control and standing of the proposed new owner will nonetheless be scrutinised as part the due diligence, assurance and consent process that applies to the APMS contracts, set out above.

AT Medics Ltd was set up by GPs in 2004 and is a large provider of general practice services. It was acquired by Operose Health Ltd in 2021 who are ultimately owned by Centene Corporation. AT Medics Ltd recently wrote to us to seek the ICB’s consent to a change of control.

AT Medics Ltd have informed us that the change of control arises as a result of a proposed change in ownership of Operose Health Ltd, which owns AT Medics Ltd through a holding company. It is intended that the ownership of Operose Health Ltd will transfer from the current owner, MH Services International (UK) Ltd, to “T20 Osprey Midco Limited (“HCRG Care Group)””.

AT Medics/Operose: Update (2)

What it means for patients

- All GP practices work under contract to the NHS and whether owned by GPs or other organisations they must be able to meet strict standards and regulations that apply to all NHS providers.
- As previously, the contract will continue to be held by AT Medics Ltd and they will continue to be responsible for providing the primary care services. As part of our assurance process, we will be seeking assurance that patients will be able to continue to access the same services from the same locations as they do now.
- If there is a change of control, please be assured that there will be no change to:
 - the legal entity holding the APMS contracts (AT Medics Ltd);
 - the APMS contracts themselves;
 - the services AT Medics Ltd are required to provide, including locations, opening hours and service standards (including in respect of access and staffing).

Our responsibilities as an ICB

- As a commissioner of health services, it is NHS North East London's role to ensure the provision of high quality, safe services for local people. In addition, all health service providers are regulated and inspected by the [Care Quality Commission](#) to ensure they meet fundamental standards of quality and safety.
- Under the terms of the APMS contract, before undergoing a change of control the contract holder must first obtain our consent.
- NHS North East London will now carry out a due diligence process to check that the proposed new owner of Operose Health Ltd is of good standing. We will also seek assurance that the change of control would not affect service provision and that patients would not see any difference in their GP practice, so that patients will still access care in the same way and continue to see the same practice teams.
- When considering whether to consent to the change of control, we will assess the proposal carefully and consider whether it is necessary to seek any additional assurances.
- That decision will be made at a meeting of the NEL Primary Care Contracts Sub Group which will meet in public to take the decision. This means members of the public will be able to attend and observe proceedings. We will publicise when the meeting occurs and interested members of the public will be able to submit comments and questions in advance of the meeting.

Next steps

- Following the formal request for a change of control we will take steps to let AT Medics Ltd practice patients know about the change of control and answer the questions that they have. This will include a north east London-wide webinar scheduled for Wednesday 24 January at 7pm (TBC).

Month 7 System Financial Position

Month 7 ICS Position - YTD £83.1m deficit variance against plan.

The ICS has reported a year to date deficit at month 7 of £93.1m. This gives an adverse variance to plan of £87.2m.

The main drivers are inflation, under delivery of the efficiency target, staffing (including agency usage), industrial action and other run rate pressures.

		YTD	Forecast
Target	£m	(6.0)	0.0
Actual	£m	(93.1)	0.0
Variance			
Surplus / (Deficit)	£m	(87.2)	0.0

Financial Risks to the ICS Forecast outturn.

Gross risks across the system of £184m.

Main drivers – inflation, efficiency risk, run rate risks and income risks to providers.

The net risk is £54.9m. This assumes £129.1m of potential risk will be mitigated.

ICS Risk

		Gross Risk	Post Mitigations
System wide risks	£m	(184.0)	(54.9)
Operational improvements and recurrent mitigations	£m	0.0	0.0
Non Recurrent mitigations	£m	0.0	0.0
Total	£m	(184.0)	(54.9)

NEL ICB – YTD deficit variance of £16.5m against plan.

The ICB planned year-to-date surplus of £9m. The year-to-date reported position is a deficit of £7.5m which gives an adverse variance to plan of £16.5m. At month 7 the ICB has hit the financial recovery plan (FRP) trajectory.

The ICB run rate pressures, largely relate to prescribing and mental health and under delivery of efficiencies.

		YTD	Forecast
Target	£m	9.0	15.4
Actual	£m	(7.5)	15.4
Variance			
Surplus / (Deficit)	£m	(16.5)	0.0

ICS Delivery of Efficiencies

Year-to-date efficiency plan across the system of £146.5m. Actual delivery of £121.7m, resulting in under delivery of £24.8m.

Efficiencies have been recategorized in the ICB to include those that are cash releasing. Non cash releasing efficiencies are included in the FRP stretch.

Under delivery is expected to continue year end with forecast slippage of £40.4m.

ICS Efficiencies

		YTD	Forecast
Target	£m	146.5	277.8
Actual	£m	121.7	237.4
Variance	£m	(24.8)	(40.4)

Provider YTD summary and Financial Recovery Plan update

Organisations	Year to date		
	Plan £m	Actual £m	Variance £m
BHRUT	(3.5)	(27.5)	(24.0)
Barts Health	(16.2)	(49.8)	(33.6)
East London NHSFT	1.1	(3.2)	(4.3)
Homerton	0.1	(8.4)	(8.5)
NELFT	3.5	3.2	(0.3)
Total NEL Providers	(14.9)	(85.6)	(70.7)
NEL ICB	9.0	(7.5)	(16.5)
NEL System Total	(6.0)	(93.1)	(87.2)

- The year-to-date ICS position against the plan is a **deficit of £87.2m**. This is made up of a provider deficit of £70.7m and ICB deficit of £16.5m.
- In line with the operating plan and the national reporting protocol the forecast position at month 7 is **reported as a breakeven position**. This assumes that providers will deliver a planned deficit of £15.3m and the ICB will deliver an offsetting surplus.
- However, as reported in previous month the year-to-date position suggests there is a **risk of a year-end deficit**. This has resulted in a formal Financial Recovery Plan (FRP).
- The FRP shows **potential system gap at year-end of £54.9m**. Since month 7 reporting NHSE has indicated that there will additional funding for industrial action and non-recurrent measures and NEL ICS has submitted an updated return that shows a month 12 forecast deficit of £25m.

Provider updates

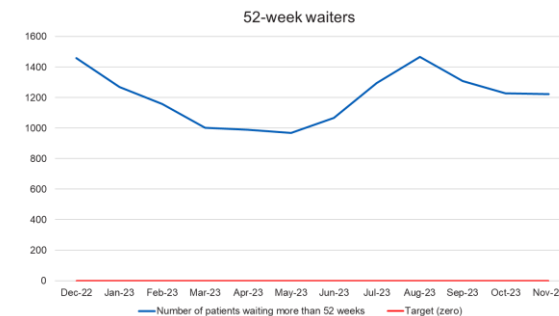
BHRUT update

Urgent and emergency care

- Our Type 1 performance has improved by 20.5% over six months and we are out of the bottom 20% nationally.
- For November, our performance Trust-wide was just over 50%. For King George Hospital (KGH), it was 52.24% and Queen's was 48.73%.
- Our Urgent Treatment Centres (UTC) – where the less seriously ill Type 3 patients are seen, was 86.76%.
- For all types, it was 68%. A recovery target – expected to be met by March 2024 – of 76% has been set.
- Our Same Day Emergency Care (SDEC) departments continue to play a big role in helping us reduce admissions. SDEC at both sites are seeing an average of 128 patients a day. In the new year, work will start on our new SDEC at KGH which will increase capacity.
- We've reduced the time it takes for the handover of patients arriving by ambulance and nearly eradicated delays of more than an hour.
- We have also moved the location of our UTC at Queen's which is run by PELC. Patients now wait in an area that's more comfortable and much better suited to their needs, rather than in the atrium.
- In November, we had 318 patients with mental health needs attend our A&Es across both sites. The average length of stay in our A&Es for these patients is now more than a day.

Reducing our waiting lists

- In November, 1,223 patients were waiting for more than a year.
- While this has continued to reduce over recent months, progress will be impacted by the upcoming strikes as we'll have to reschedule some non-urgent appointments and surgeries.



Our finances

- Progress made in the first six months of this financial year means we're on track to exit financial special measures next year.
- Work in reducing agency staff and using more permanent workers has been key. We received an award for this work that has seen our temporary staffing costs cut by around £10m a year.



BHRUT update (2)

Cancer

- We are seeing an improvement in our cancer performance, though we are not yet compliant on the key standards that we are measured against.
- Our state-of-the-art radiotherapy unit at Queen's is the first in the UK to receive an upgrade on a machines – detailed images can be taken in six seconds compared to 43 seconds in the past.
- Diagnostic waiting times will be improved further when we open our Community Diagnostic Centre at Barking Community Hospital in March 2024.
- We'll soon be benefiting from the latest artificial intelligence (AI) tools to analyse x-rays and CT scans, helping us to speed up the diagnosis and treatment of our lung cancer patients.



Ongoing improvement works

- At Queen's, we are planning a major redesign of the A&E department to provide a better experience for patients and staff alike.
- We plan to open our Surgical Assessment Unit – space for eleven patients who come to A&E needing surgery.
- Our new bedded discharge lounge at Queen's is freeing up hospital beds and is a more comfortable space for patients waiting to be discharged.
- Our new Infusion Suite means patients can receive their treatment as an outpatient, rather than needing to stay in hospital overnight.
- Work is also progressing well on our £14m theatre expansion at KGH which will allow us to undertake an additional 100 operations each week – due to open in spring 2024.
- At KGH, we are refurbishing and upgrading our Medical Assessment Unit.
- In September, we launched our virtual ward for frail and elderly patients in our community. We have already seen an improvement in the out of hospital care we can offer this group of patients.

Barts Health update

Urgent and Emergency Care

- In October 67% of our A&E patients were seen within four hours. This puts us 11th out of 18 Trusts in London, despite us having the highest number of attendances in London at 42,300 – up 1.6% on September
- We have opened our Same Day Emergency Care (SDEC) unit at Whipps Cross. This gives us capacity for 112 patients in SDEC across the group, meaning that these patients can return home the same day rather than requiring admission, thereby freeing up beds.
- We now have 76 “virtual beds” for frail patients so they can be monitored remotely, in addition to our existing virtual monitoring for cardiology patients at St Barts
- Both of these initiatives are a key part of our winter plans, as well as a focus on reducing length of stay and working with partners to ensure prompt discharge and continuing to manage patients with mental health needs who are presenting in A&E

Cancer

- We have met the national 2 week wait and faster diagnosis cancer standards for the third consecutive month

Workforce & Wellbeing

- We've been successful in reducing our agency usage, thanks to an increase in our substantive fill rate. This will continue to be a priority in the new year
- We recently received support from Barts Charity to continue the psychological support teams we introduced during Covid. This is a key part of our wellbeing programme to support our workforce.
- Junior Doctors Strikes have been announced in the lead up to Christmas and in early January. We have robust plans to manage during this period to prioritise patient safety, however there will likely be an impact on our elective programmes

Staff National Awards

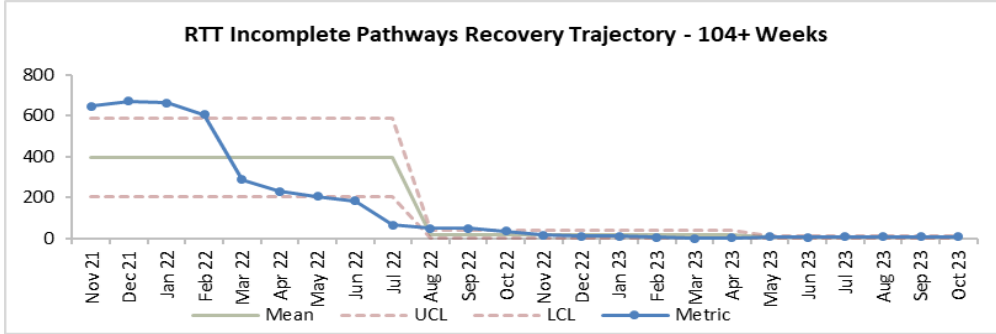
- Six Barts Health nurses were recognised in the national Chief Nursing Officer awards, with 2 gold and 4 silver awards.
- Our CFO, Hardev Virdee, won the Finance Director of the Year in the Health Finance Management Association awards in recognition of his work promoting training and developing finance staff, and particularly creating opportunities for young people in our local communities
- Tom Powles, the Director of the Barts Cancer Centre features in [Nature's 10](#) recognising the people who have had the most impact in shaping scientific understanding – for his leadership of a clinical trial for the treatment of severe bladder cancer

2024/25 Planning

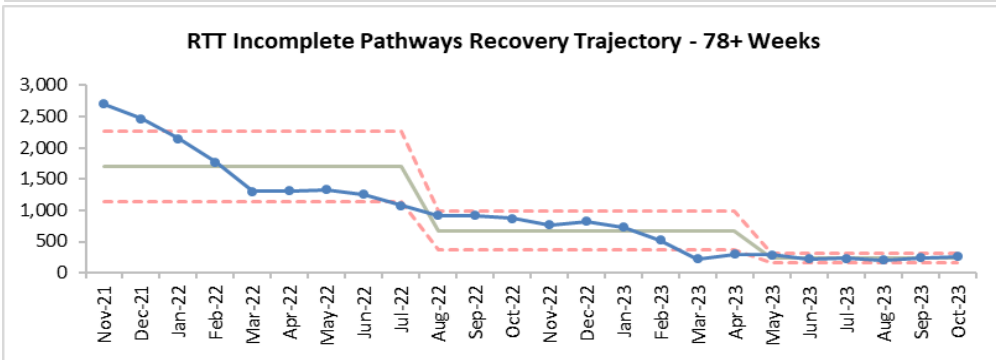
- National Planning guidance is expected to be received at the end of December and we will then commence the planning process for 2024/25
- Our financial position continues to be challenging, partly driven by the costs of industrial action and the high level of patient acuity that we are seeing, which is requiring enhanced levels of care
- We are working with NEL partners to tackle these underlying issues, including how we maximise our productivity and further reduce our reliance on temporary staff, and we are strengthening our governance to focus on these areas



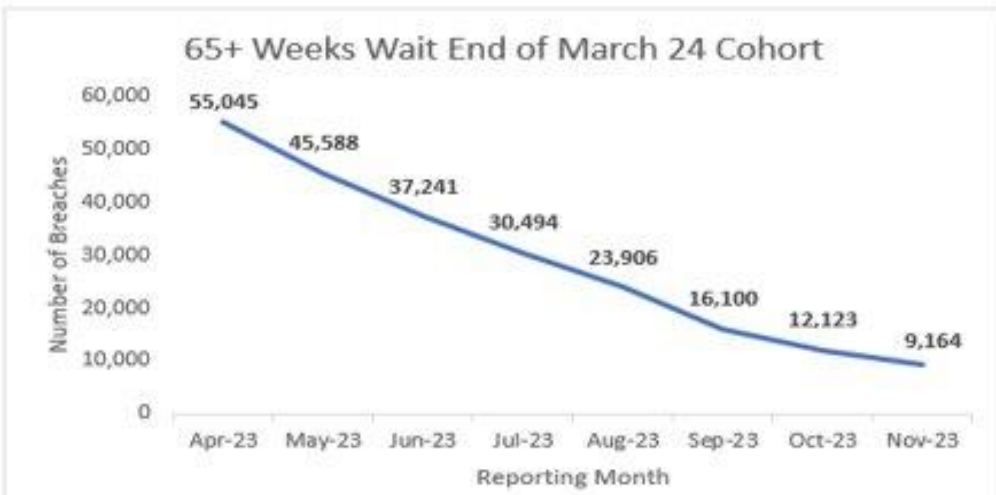
Barts Health update (2):



At the end of October we had only 10 patients waiting 104 weeks for treatment, where they have particularly complex procedures or have chosen to delay treatment.



We have reduced 78 week waiters down to 264 and continue to prioritise this group for treatment



The next target cohort is 65 week waiters. The graph shows the progress we have made in reducing this cohort down to around 9,000 at the end of November

Our forecasts show that we expect to reduce this to less than 4,000 by March, and we are working with acute partners in NEL to seek mutual aid from BHRUT and Homerton to reduce this further

We are working with national programmes to continue our improvements in productivity. This includes maximising use of our theatres, and reducing the number of patients who do not attend appointments, which is currently 12%.



Homerton Healthcare NHS FT update

Operational performance

- **ERF Performance** achieving **103.2 %** against plan for **first 5 months (Apr'23 – Aug'23)**. The source of the data is ERF achievement published by NHS I. Some of the deletions have not been applied and once applied the position will improve. If ***Industrial action impact is considered***, the potential ERF position for first 5 months is **107.6%**.
- **Elective care performance** Trust's **Oct 23** PTL position is **31,416 . 223** patients waiting over 52 week at end of **Oct 23**. The number of pathways transferred from other NEL trusts – c. **8,220** pathways to-date.
- **Cancer** – Sep'23 62-day treatment performance was below target (**83.3 % in Sep 23**); 2ww referral performance is below target (**87.9 % for Oct 23**). 2ww wait performance is impacted by industrial action as the strike days fell on days of the week with highest job planned for 2 ww capacity.
- **4-hour emergency care target** in **Oct 23** is **83.4 %** compared to **79.1 %** in **Sep 23**.
- **Community services:** IAPT position for **Oct 23** is 100% seen within 18 weeks with performance of **52.6 %** against the **recovery rate** (Target 50%). Waiting times for community physical therapies vary across services but remain below the 5-week waiting time target and below the pre-pandemic performance.
- **Winter resilience** plan being implemented across trust and local place.

Corporate activity

- Construction of our new Elective Centre and the second part of the refurbishment our Critical Care Unit are both underway on our acute site.
- The Trust has reduced its vacancy rate by 1.38% compared to Oct 23 and its time to hire for Nov 23 is 62.9 days a decrease of 1.4 days compared to Oct 23.

Homerton Healthcare NHS FT update (2)

Operational performance

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- **Winter resilience** plan being implemented across trust and local place.

Corporate activity

- Construction of our new elective centre and the second part of the refurbishment our Critical Care Unit are both underway on our acute site.

NELFT and ELFT update

Mental Health and Community Health

Patient Safety Incident Response Framework (PSIRF)

Replaced the previous Serious Incident Framework (2015), and has four main aims:

- Compassionate engagement and involvement of those impacted by patient safety incidents.
- Application of a range of system-based approaches to learning from patient safety incidents.
- Considered and proportionate responses to patient safety incidents.
- Supportive oversight focused on strengthening response system functioning and improvement.

Patient and Carer Race Equality Framework (PCREF)

- Improve interaction with racialised, ethnically and culturally diverse communities.
- Raise awareness of organisations' own cultural and racial bias and provide a framework to reduce them.
- Improve governance, accountability, and leadership.
- ELFT & NELFT have:
 - Engaged with stakeholders, including regional PCREF steering group, local authority, police, community sector, and service users.
 - Explored how to embed new assessment framework by aligning existing work across Performance, People Participation, Carers Strategy Group, People and Culture.
 - Gathered/triangulated evidence through existing programmes, such as Quality improvement, Pursuing Equity, Making Equality Work.

NELFT and ELFT update (2)

North London Forensic Provider Collaborative (NLFC)

Learning disability and autism population and services strategy has been developed and co-produced with staff and patients over the last 12 months:

- Includes '*We Will*' recommendations that NLFC and system partners will implement (Long Term Plan).
- Final draft strategy for approval prior to publication.
- A Voluntary Sector Social enterprise partnership has been commissioned to further develop a co-production model to support the implementation and create peer workers.

North Central East London CAMHS Provider Collaborative

Crisis mental health support for children and young people strengthened following additional funding, to enable a 7-days-a-week extended hours crisis service for adolescents in ONEL.

- Gradually extending the current service as staffing resource is secured with the aim to fully deliver this model by December 2023.
- Reduction in out-of-area placements by 95%, out-of-area Eating Disorder Bed Usage by 50% and use of Low Secure Beds by 71%.
- Expanding clinical competence and expertise within the units, including enhancing knowledge and skills, a clinical leadership development programme, autism training, approach to meal supervision, quality improvement and management of aggression and eating disorders.

NELFT and ELFT update (3)

Mental Health, Learning Disability, Autism Collaborative

Right Care Right Person

- Joint working arrangements with the Metropolitan Police went live across London on 1 November resulting in changes to the way emergency services respond to mental health calls.
- A single aligned response for all mental health providers in London covering Absence Without Leave patients, welfare checks, and missing.
- No major concerns, few areas raised in NEL linked to differences in police decision-making thresholds.
- Police deployments to linked calls have reduced from approximately 40% to 26% in the first month.
- Increase in demand in 111 calls for mental health (including members of the public calling about other members of the public), and reduction in the use of S136.
- S136 Hub implemented in London at the same time and receives all 0300 number calls (seeking Mental Health advice) from the police. Some indication of increases in 'out of area' presentations - KGH and CNWL.
- We are yet to see any increase in activity on crisis lines.

Crisis cafés in NEL

- Following on from the last JHOSC, we have had confirmation that each borough across ELFT has one crisis café, which will remain the figure for the time being.
- NELFT operates a Crisis Café at the Jane Atkinson Centre in Waltham Forest.
 - We are currently undertaking a listening exercise to agree models in ONEL to go live April 2024.

NELFT and ELFT update (4)

Joint working with acute partners

NEL has been identified by NHS England as a 'Tier 1' system for Urgent and Emergency care (significant challenges).

- We continue to experience high demand with increased pressure on mental health services, which results in some delays for patients.
- Our acute inpatient beds run routinely at 100%+ capacity and therefore require access to additional inpatient capacity from the private sector.

Several actions are in train to try to relieve these pressures and improve flow:

- We are opening additional capacity at Goodmayes to create 12 new male acute mental health beds.
- An additional S136 all-age unit has been created on the Goodmayes site.
- The psychiatric liaison service review has been completed and additional funding of c£140k has been allocated to the King George Hospital team and (INEL service) to ensure consistency of offer.
- Work continues to introduce the new 111 direct line for people experiencing mental health crisis, going live by April 2024.
- Intensive recruitment work continues in NELFT to address staffing challenges: we have welcomed 158 internationally recruited nurses and 9 occupational therapists. An additional 30 nurses are currently arriving as well as 1 clinical psychologist.
- We are continuing to work with the Partnership of East London Co-operatives (PELC) on short and medium-term plans to improve the 'front door' response for patients presenting to our local urgent and emergency care services.
- Private beds are being used to help manage flow and timely access for service users.

NELFT and ELFT update (5)

Learning Disabilities Pathway

A new Intensive Support Team (IST) that will support people with learning disabilities and autistic people, working in collaboration with the community learning disability teams to provide home/community-based care for people with acute needs is going live.

The Quality Improvement team is also continuing its work to support services with individual projects which have included:

- Improving the completeness of at least 80% of integrated annual health checks (AHCs) for people with learning disabilities (LD) by focusing on medication reviews by December 2023 across all NELFT boroughs.
- The completeness of structured medication reviews per patient per annual health check rose from an average of 1/8 domains completed to 8/8 for all patients assessed since this project was implemented.

NEL Community Health Services (CHS) Collaborative

- Senior leaders agreed a forward strategy of priorities: leading planning for community across the system and developing improvement networks for babies, children and young people, falls and community nursing, and an additional focus on long Covid for 2024/25.
- Community health services also continue to experience high demand for planned care and our services are focusing particularly on areas of high demand and long waiting lists and agreeing priorities for action now, key areas to note are:
 - Improving access to children's speech and language therapy, dietetics children and adults, occupational therapy OT for children.
 - Musculoskeletal (MSK) services.
 - District nursing teams. We have also funded a new senior Trust-wide role to lead further skill mix reviews in light of increasingly complex caseloads in our neighbourhood teams.