



North East London

Health Update – July 2024

Meeting name: ONEL JHOSC

Presenter: Charlotte Pomery, Chief Place and Participation Officer

Date: 25 July 2024



North East London

What we are going to cover today:

NHS North East London updates:

Finance overview

Provider updates

Big Conversation

Best Start in Life

NHS North East London: Update

Moving towards population health improvement

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

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

Community Health Services

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

NHS North East London: Update

Complaints

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

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

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

NHS North East London: Update

Complaints

When referring to complaints, we include:

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

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

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

NHS North East London: Update

Complaints

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

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

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

NHS North East London: Update

Women's Health Hubs

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

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

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

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

NHS North East London: Update

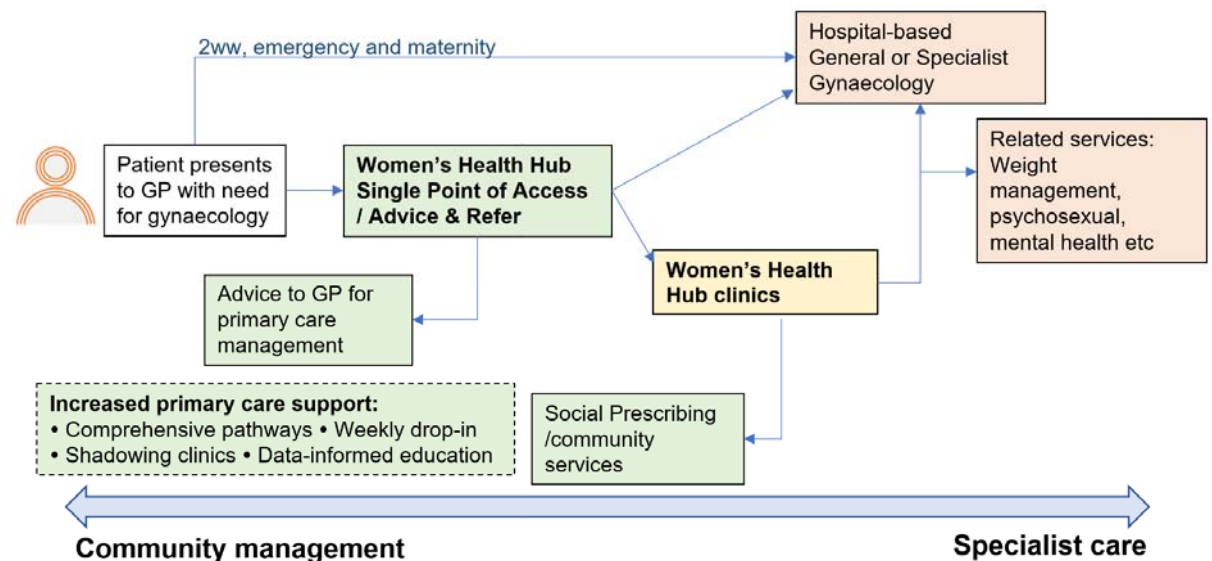
How it works (Tower Hamlets Women's Health Hub)

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

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

Gynaecology clinics only through the single point of access:

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



NHS North East London: Update

Women's Health Hubs insights to date

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

Hackney Women's Health Hub:

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

Tower Hamlets Women's Health Hub:

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

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



North East London

Finance Overview

Meeting name: ONEL JHOSC

Presenter: Henry Black, Chief Finance Officer

Date: 25 July 2024

NEL ICS - Financial Summary

23/24 Month 12 headlines:

- The reported position at year-end is an ICS deficit of £48m. Within this, the ICB delivered a surplus of £14.4m and NEL providers reported a deficit of £62.4m.
- £11.9m of the variance occurred in month 11 (February 2024) and related to provider industrial action costs over and above the allocation received.
- The ICB delivered circa £110m of efficiencies and other financial recovery savings (balance sheet releases) to deliver the year-end position.
- Continuing healthcare and prescribing were both overspent at year-end. The overspend relates to pressured savings plans, volume growth and price increases.
- Mental health and learning disabilities saw continued pressures at year-end in relation to high-cost adult placements, section 117 and female psychiatric intensive care unit (PICU) placements.



North East London

Provider Updates – July 2024



North East London

Barking, Havering and Redbridge University Hospital NHS Trust

Meeting name: ONEL JHOSC

Presenter: Matthew Trainer, Chief Executive, BHRUT

Date: 25 July 2024

Urgent and emergency care

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

Reducing our waiting lists

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



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Impact of industrial action

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

Finance

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

Cancer targets in May

- The absence of a [PET scanner](#) at our Trust is increasing delays to diagnose patients and get them their treatment.
- Patients are having to travel, sometimes a considerable distance to be scanned. Of the 997 PET scans requested between March 2023 and May 2024, 11% were scanned within the seven-day target, 34% waited more than 21 days; and 17% waited more than 29 days.
- **28-day Faster Diagnosis Standard and 96% target for 31 days met. But we missed the 85% target for 62 day (71.4%).**
- Our Community Diagnostic Centre in Barking opened in April and will help us to address diagnostic waiting times.



Patients with mental health needs

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

Car park closure at Queen's

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

Other news

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





North East London

East London and North East London NHS Foundation Trusts

Meeting name: ONEL JHOSC

Presenter: Brid Johnson, Chief Operating Officer, NELFT

Date: 25 July 2024

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



- [Demand pressures on services continue to be high](#), in particular in the urgent and emergency care pathway. Through the implementation of our “private sector bed exit plan”, including investment via Inpatient Service Development Funding and the Hospital Discharge Fund, we have begun to see a reduction in the use of private sector beds in inner north-east London boroughs. Whilst private sector bed use remains higher for outer north-east London boroughs, focussed work is underway to address this.
- The Housing Associations Charitable Trust (HACT) is undertaking a [review of supported accommodation for people with severe mental illness across North East London](#). On 5 June, a workshop was held with clinical and care professionals, commissioners and supported accommodation providers to explore draft recommendations whilst work to source activity and spend data from local authority and NHS partners is in train. The final report is expected in the autumn.
- Both ELFT and NELFT were shortlisted for the [national pilot scheme for 24/7 community mental health services](#), a next step on from the community mental health transformation programme which draws heavily on a model of care developed in Trieste, Italy.
- On 26 June 2024, the collaborative held its first [Collaborative Connections Fair](#) at City Gates Conference Centre in Ilford to forge stronger connections between the different parts of our collaborative, and to share learning from what we’ve been doing in our seven places, through our ten improvement networks and in our Lived Experience Leadership Programme.

Urgent & Emergency Care (UEC): Mental Health Services



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

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

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

NEL Community Health Services Collaborative: update



- [NEL-wide improvement networks](#) have been set up for: rapid response, intermediate care beds and community nursing improvement with initial meetings taking place during early July. These sessions will bring together stakeholders from providers, places, and residents to develop a set of improvement aims and objectives.
- [Babies, children and young people \(BCYP\) productivity networks](#): the autism spectrum condition (ASC) network reconvened on 6 June to develop and refine their key focus areas for improvement. The speech and language therapy network is developing summary plans for each priority area.
- The new [Musculo-Skeletal \(MSK\) Programme Board](#) met for the first time on 10 May and again on 27 June 2024. Colleagues have scoped key priority areas for the programme of work going forward.
- Partners are currently working together to identify the [potential quality impacts of community health service cost pressures](#) - e.g. the cost pressures within therapy services - to identify risks and enable further discussions on next steps.

NELFT Community Health Services: update



- A NEL-wide [rapid response improvement network](#) has been established as part of the NEL Community Health Services Collaborative and services. Alongside monitoring the 2-hour urgent care response time (UCRT) target, we are working together with partners to identify additional means of preventing acute hospital admission. During the last period, 92% of patients were seen within the 2-hour UCRT target
- Wanstead and Woodford will be taking part in the [Whizan telehealth enhanced homecare pilot](#). Kit demonstrations have been scheduled that will bring together community nursing, Care City, Kare Plus and GA Professionals.
- Work is in train with BHRUT partners in relation to [frailty services](#) to identify opportunities for joint working between our acute hospital and community health services, including integrated care pathways, joint posts etc.
- We are increasing our joint work with place partners, including enhancing the community care offered to our patients in [integrated neighbourhood teams](#) (community nursing and therapy).
- [Diabetes foot protection service](#) Barking and Dagenham, Havering and Redbridge Primary Care Network engagement events are underway and are being well received, with recruitment to the team continuing.
- Our [dietetics service](#) has successfully recruited to all newly funded posts.
- Our [looked after children \(LAC\) improvement plan](#) implementation is nearing completion, showing an increase in completion of initial health assessments and review health assessments.
- [Phlebotomy services](#) recruited to all their vacancies and waiting times have come down at all sites.
- [Community reablement services](#) have been undertaking a ward pilot in BHRUT successfully and this work is being replicated in Whipps Cross. The aim is to start reablement for suitable patients very early, as part of discharge planning. Ward-based exercise sessions have also been introduced for suitable patients. We will be evaluating the outcomes of these pilots over the few months.

Organisational updates



Dr Mohit Venkataram



Navin Kalia



Clare Burns

New Executive appointments

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

Partnership with Cambridge University's Autism Research Centre

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