Overview & Scrutiny

Inner North East London Joint Health Overview and Scrutiny Committee

All Members of the Inner North East London Joint Health Overview and Scrutiny Committee are requested to attend the meeting of the Committee to be held as follows:

Wednesday, 24th June, 2020,

7.00 pm
Council Chamber, Old Town Hall, The Broadway, Stratford, London, E15 4BQ

Tim Shields
Chief Executive, London Borough of Hackney
Contact:
Jarlath O'Connell
☎ 020 8356 3309
✉ jarlath.oconnell@hackney.gov.uk

Members: **Cllr Ben Hayhurst, Cllr Peter Snell and Cllr Patrick Spence**
Co-Optees

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

1 Welcome and introductions (Pages 1 - 56)

Hackney

This page is intentionally left blank

INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)

SUPPLEMENTARY AGENDA ITEM(S) PACK NO

Wednesday 24 June 2020

The following agenda item(s) although provided for on the agenda front sheet were not available at the time of despatch. The Chair will be asked to accept these report as a matter of urgency for the reasons set out in the reports.

1. SUBMITTED QUESTIONS (Pages 1 - 2)

INEL JHOSC is asked to note and respond to questions submitted by the public.

2. NHS INEL RESPONSE TO THE CORONAVIRUS PANDEMIC (Pages 3 - 48)

INEL JHOSC is asked to note, comment and discuss the NHS INEL response to the Coronavirus Pandemic.

3. CORONAVIRUS PANDEMIC SCRUTINY IN THE LOCAL BOROUGHS (Pages 49 - 52)

- For information

Due to issues around the Coronavirus (COVID 19), in order to meet with social distancing guidance issued by the Government and Public Health England, this meeting will be conducted via teleconferencing arrangements.

Due to the above we are advising Members of the Public to watch via Facebook Live using the following link:
https://www.facebook.com/newhamcouncil/

I*f you have an accessibility requirement which we need to consider due to a health issue or disability e.g. Sign Interpreter for meeting. Please contact the clerk immediately.*

Contact Officer: via Roger Raymond, Senior Scrutiny Policy Officer
Telephone: 020 3373 6779
E-mail: roger.raymond@newham.gov.uk

Submission to INEL JHOSC at 7pm on Wed 24th June 2020
from Rosamund Mykura, on behalf of North-East London Save our NHS (NELSON,) the umbrella group for community NHS groups in NE London boroughs.

START
RE: Request to INEL JHOSC re Covid-19 to make a health inequalities statement on NHS patient charging, following the call from Simon Stevens (9th June 2020), "More intentional action is needed to deliver on the moral basis of the NHS – the pursuit of high quality care for all."
https://www.england.nhs.uk/2020/06/personal-message-from-sir-simon-stevens-on-black-lives-matter-and-health-inequalities/

NELSON, the umbrella group for community NHS groups in NE London boroughs invites INEL JHOSC to consider making a statement, addressed to the NHS nationally, from this committee (representing local councils) of the continuing and growing underlying NHS policy problem that is NHS patient charging, along these lines:

INEL JHOSC Covid-19 Health Inequalities Statement on NHS patient charging.
"Whatever the efforts made by local NHS Trusts (which we support) to mitigate the effects on residents in our boroughs of the Hostile Environment in the NHS, our residents suffer from the decision to charge selected patients for NHS care. As local councillors, we know residents in our boroughs in north-east London are being oppressed by the NHS charging regulations. This is the case even if they are fully entitled to free NHS treatment. Some patients, not knowing Covid-19 treatment is free, or not sure if their symptoms relate to something else that could be charged for, are scared of going to hospital because they know about NHS charging, they know about NHS debts and the repercussions that follow as a result of NHS charging, and they know about the Windrush Generation. This is a public health policy problem and we call on NHS England and NHS Improvement to demand the end of the Hostile Environment and patient charging in the NHS."

Notes 1-3:
1.With on-going work in our local councils to improve the management of testing and tracing of future COVID -19 cases or outbreaks in any of our local communities, and in any particular locations, all residents must feel confident to participate in testing and contact tracing.

2. This is particularly important in our boroughs, with our widespread immigration insecurity and a bad pre-Covid situation with hundreds of our residents denied free NHS care as inpatients in our NHS hospitals.

3. To have our boroughs' residents facing hostility in the NHS, now in a time of devastating, high Covid-19 death rates, is not only morally wrong, but is a continuing threat to our successful public health prevention of COVID-19.
END

This page is intentionally left blank

INEL JHOSC – 24 June 2020

Public Question

Committee members will be aware that NE London Save Our NHS has a petition running calling on councils in NE London to run local test and trace systems for Covid-19.

In a tweet sent on 20 May, Sir David Nicholson, former Chief Executive of NHS England, wrote: Irrespective of what the national plans are, tracing will end up being led locally and local authority based, so we'd better get ready.

The Independent Sage group in its 9 June report is also clear that it is essential to have local test and trace systems. Indie-Sage's Chair David King – a Former Chief Scientific Advisor – has described the Government's centralised approach as 'not fit for purpose'.

In view of this, and in view of the fact that a primary-care-led local system is currently getting under way in Tower Hamlets, we would like to hear why councils in NE London are not yet choosing to play their part in taking urgent action to protect some of the most vulnerable population groups in the country – despite having experienced people, existing pandemic plans and a potentially receptive local NHS leadership.

Yours sincerely,

Carol Saunders

Tower Hamlets Keep Our NHS Public

This page is intentionally left blank

Agenda Item 5

City of London | Hackney | Tower Hamlets | Newham London | Waltham Forest

INNER NORTH EAST LONDON (INEL)
JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	**NHS INEL RESPONSE TO THE CORONAVIRUS PANDEMIC**
Date of Meeting	Wednesday 24 June 2020
Lead Officer and contact details	**Jane Milligan** Accountable Officer for North East London Commissioning Alliance and Executive Lead for East London Health and Care Partnership 020 3688 2300/ jane.milligan1@nhs.net
Report Author	**Jane Milligan** Accountable Officer for North East London Commissioning Alliance and Executive Lead for East London Health and Care Partnership 020 3688 2300/ jane.milligan1@nhs.net
Witnesses	TBC
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest • Redbridge

Recommendations:

That INEL JHOSC is asked to:

- NOTE this update;
- COMMENT on update.

CITY
OF
LONDON

Hackney

TOWER HAMLETS

Newham London

Waltham Forest

Background

Key Improvements for Patients

- n/a

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

This page is intentionally left blank

East London Health & Care Partnership

Covid-19
- Managing the emergency
- Setting a road to recovery

Background paper for Inner North East London Joint Health Overview and Scrutiny Committee

24 June 2020

Our principles

- **Equalities** will be woven through all aspects of work
- **Clinical leadership**, supported by managers, is paramount
- **Local populations** will be involved in shaping local changes
- **Health and social care** services will be given equal focus
- The existing East London Health and Care Partnership plan underpins our approach to recovery, with strategic planning across north east London, and delivery more locally
- The **recovery structure** will draw on experience from Covid planning to maintain momentum, agility, clinical leadership and a focus on patients
- The focus will be on the **population** and what they need rather than institutions
- **Staff** are key to recovery and will be supported and fully engaged in defining and embedding new ways of working
- Clear effective, responsive and diverse **communications** is critical
- Decisions will be based on **data, evidence and analysis**

East London Health & Care Partnership

Phase 1

The initial emergency

Overview

Covid-19
1. Build capacity
2. Prevent infection
3. Developed a flexible workforce
4. Put patients and staff first

Covid cases and deaths
Equality
Equality – BAME Groups

Covid-19

Covid is a dangerous disease. It hasn't just been the very old impacted, the effect has been felt in all age groups, young and old. It has hit hard in east London where we have a high proportion of Black, Asian and Minority Ethnic communities – some of which have a high prevalence of underlying health conditions such as diabetes; and many people are living in deprivation and in densely populated housing.

Staff went above and beyond in responding to the coronavirus. We owe it to them to not just reset services; but to build a stronger system so they do not need to go through this again.

The **joint working between health and social care** organisations in this crisis has been exceptional. We need to build on these partnerships.

Together we have tackled the emergency in four ways:

1. **Built capacity**
2. **Prevented infection**
3. **Developed a flexible workforce**
4. **Put patients first**

1. Built capacity

East London Health & Care Partnership

Built the necessary capacity to cope by:

- Developing a **capacity tracker** to predict daily demand for, and supply of, intensive treatment beds, oxygen supplies, mortuary space etc
- **Expanding intensive care** (around 300 extra beds plus Nightingale capacity) and other step-down/alternative bed capacity (e.g. 117 beds at Goodmayes)
- **Minimised hospital stays** e.g. enhanced multi-disciplinary teams
- Moved all but the most essential **face-to face** planned, cancer and outpatient care to telephone/online, with some services suspended
- **Consolidating some specialist services**

2. Prevented infection

East London Health & Care Partnership

Working together we have separated Covid and non-Covid patients; and urgent and planned work, to reduce cross-infection. We have:

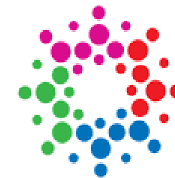
- **Improved 24/7 phone advice** for potential Covid patients to reduce visits
- Improved **sharing of systems** to support patient appointment bookings
- **Identified, and provided services for those most likely to visit hospital** e.g. learning disability virtual reviews; online counselling for children and young people
- Improved **services in the community** e.g. 24/7 crisis service for mental health patients; and electronic prescription service
- Provided **services in homes** for people self isolating e.g. monitoring and nursing team visits
- Introduced **virtual by default** e.g. virtual ward rounds in care homes
- **Separated places** to treat Covid patients in each borough (hot hubs), with separate facilities in some GP practices

3. Developed a flexible workforce

We have supported new ways of working by:

- Enabling **remote working**
- **Upskilling people** to work in different areas and specialties
- Creating **new and virtual multidisciplinary teams**, and enabling fast movement of staff between organisations
- **Sharing approaches and facilities** between different organisations, in different boroughs, for different communities e.g. for staff testing
- Developing a Covid **GP Intranet** and bi-weekly bulletin to keep GPs and primary care colleagues up-to-date with the fast changing professional guidance. The site has been viewed around 6,500 times a week.

4. Put public and staff first



East London Health & Care Partnership

All our efforts to keep the public safe and save lives have been shaped by **listening to staff, the public and stakeholders**.

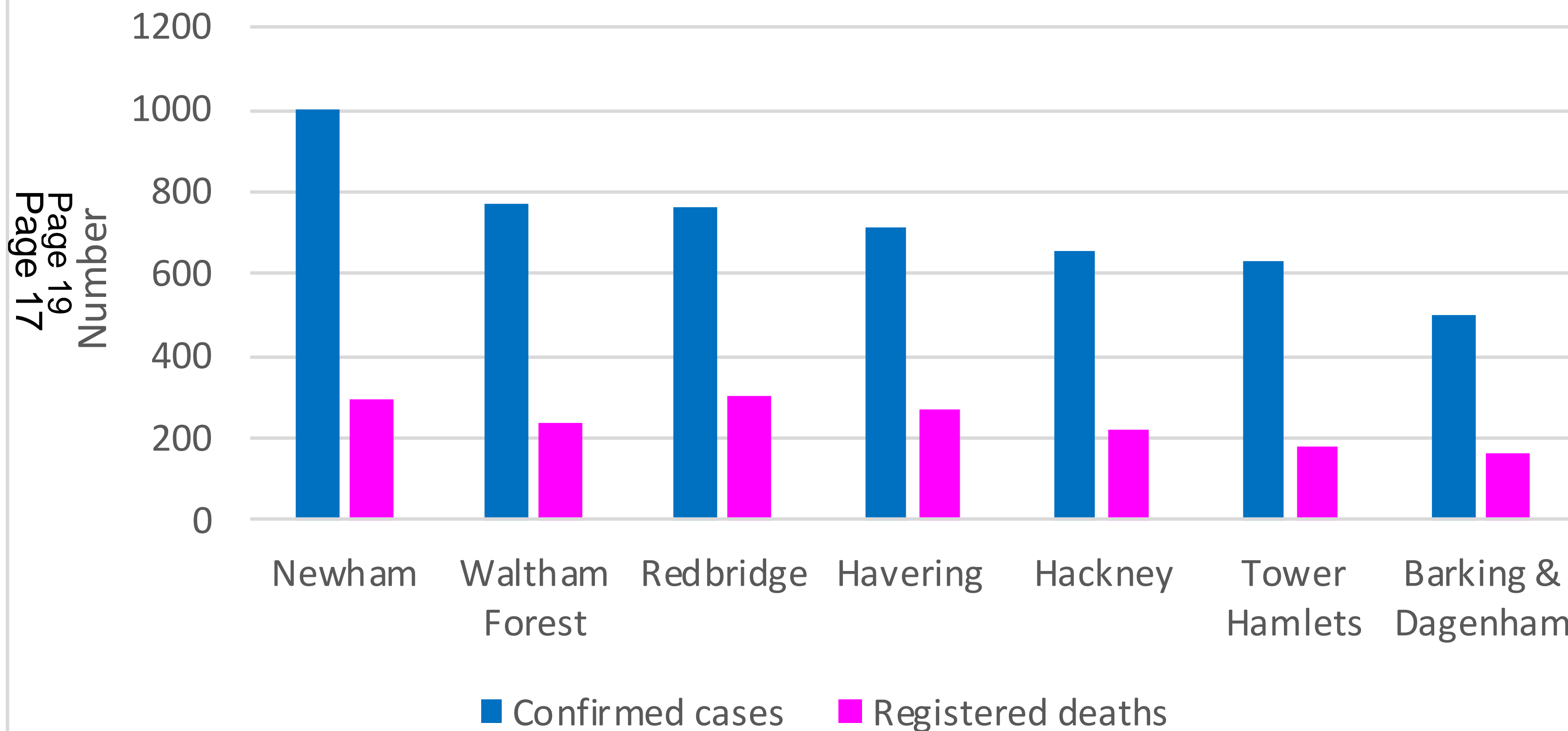
We have introduced virtual patient/public engagement groups when possible and been at the forefront of supplementing the national offers on testing, getting PPE to staff, end-of-life care and supporting care homes.

We have also:

- Supported **patient and public involvement and engagement groups** to use video conferencing and met with them online
- **Developed information**: internet pages, videos, media releases and printed leaflets for the public; newsletters, video calls and intranets for staff, GPs and stakeholders
- Held **meetings virtually in public** to enable scrutiny
- Developed a range of measures to **protect staff**
- Taken a united approach between **health and care partners to reduce inequalities**

Covid cases and deaths

East London Health & Care Partnership



Equality

East London Health & Care Partnership

Covid has **not affected everyone equally**. The partnership has worked with a range of agencies to develop services for the most vulnerable. We have also prioritised researching the causes of inequity so that we can take preventative action to better protect e.g.: **low-paid workers, carers, staff and Black, Asian and Minority Ethnic** communities. But we know we **must do better.** We have:

- Provided comprehensive information for **shielding** patients advising them on health, social care, housing and debt
- Established a programme to improve our **organisations' positive impact** in the community e.g. in procurement and employment.
- Provided services to keep people out of hospital, often in their own homes with nursing team visits (e.g. people with **learning disabilities, people with mental health** challenges and those with **Covid**)
- Provided care for **people in care homes** including webinars for staff
- Provided **advice in a range of formats** (e.g. meetings with faith leaders, videos and text messages) to support safe religious events

Equality – BAME Groups

Following *Disparities in the risk and outcomes of COVID-19*, Public Health England have produced an additional report: "*Beyond the data: Understanding the impact of COVID-19 on BAME groups*". Key themes emerging from their stakeholder engagement are:

- **Longstanding inequalities and pre-existing health conditions which are more common in BAME group increase the risk of disease severity.** BAME groups tend to have poorer socioeconomic circumstances which lead to poorer health outcomes. Economic disadvantage is also strongly associated with the prevalence of smoking, obesity, diabetes etc.
- **Increased risk of exposure to and acquisition of Covid** could be the result of factors associated with ethnicity such as occupation (e.g. key/ essential workers), population density, use of public transport, household composition and housing conditions.
- **Racism, discrimination, stigma, fear and trust**. Racial discrimination affects people's life chances and the stress associated with being discriminated against affects mental and physical health. For many BAME groups lack of trust of NHS services and health care treatment resulted in their reluctance to seek care on a timely basis.

East London Health & Care Partnership

Phase 1

The initial emergency

Details

- BHRUT
- Barts Health
- Homerton
- NELFT
- ELFT
- Primary Care
- PPE
- Testing
- Care homes
- End of life
- Mental health
- Lessons learned

BHRUT

East London Health & Care Partnership

- Five fold increase in **critical care** capacity from 24 to 120 beds
- **Elective care:** Moved thousands of clinics to the phone. Postponed most face-to-face appointments (except cancer and urgent) until the end of June. Moved urgent surgeries to independent sector
- Most **chemotherapy patients** treated at private hospitals; treated small number at Queen's e.g. radiotherapy and critical leukaemia patients
- **Paediatric emergency** services at King George provide assessment. Patients needing further care are transported and seen at Queen's
- Developed **discharge pathways** with NELFT and community partners
- **Blood tests** at KGH and Queen's suspended (except maternity and cancer); reprovided in the community
- More at: https://www.bhrhospitals.nhs.uk/our-services-during-covid-19

"Listen Hear" established to help all BHRUT staff an opportunity to "drop in" to psychological support, seven days a week, without committing to a course of therapy. Staff don't need to go through or disclose anything to their manager; they simply send an email to the service whenever they feel they are struggling, if they have anxiety, or would like someone to talk to.

Barts Health

East London Health & Care Partnership

- Increased **intensive care** capacity across the Trust from 118 to over 400 beds, including 176 beds on the 14/15th floors of The Royal London
- Closed the Urgent Care Centre at **St Bartholomew's Hospital** to created a Covid-free environment for urgent radiotherapy and chemotherapy services; emergency cardiac surgery for London and for ECMO treatment for North London (where a machine pumps and oxygenates a patient's blood outside of the body).
- Postponed **elective** surgery (except cancer treatment and life-saving operations) and endoscopy – phased restart from 8 June. Switched outpatient appointments to virtual; postponed non-urgent appointments
- Improved discharge arrangements
- More information at https://www.bartshealth.nhs.uk/coronavirus

Each hospital created temporary well-being areas in libraries and dining rooms for staff to unwind, get refreshments, and access professional support (like mental health first aid or psychological services). Funded by the Barts Charity we plan to develop permanent well-being hubs, refurbish rest rooms, and install changing rooms with showers / secure bike storage

Homerton

- Increased **critical care** capacity from 13 to 30 beds and created 8 Covid wards
- Created '**ward comms teams**' to help bring patients and relatives together, often using donated i-pads
- Suspended most **planned surgery, endoscopy/diagnostics** – phased restart 8 June.
- Postponed some non-urgent **outpatient appointments** and switched others to virtual appointments. c70% outpatient capacity operational in June, the vast majority of appointments being delivered virtually
- Enhanced **multi-disciplinary** teams developed within neighbourhoods, involving community nursing and rapid palliative care services to provide out of hospital care in City & Hackney
- Reached out to the **Orthodox Jewish community** with advice and support. The Hatzola team helped maintain contact between patients and their relatives and provided transport and support for early discharge home.

We held staff webinars to discuss our Covid response, health & wellbeing resources and to hear how we can better support our BAME staff. We provided staff with psychological first aid and talking therapies; and created a Wobble Room for them to take time out with refreshments. We introduced a Covid risk assessment that takes into account ethnicity as well as age, gender and underlying health conditions.

North East London Foundation Trust (NELFT)

- **Critical services** are in operation (mental health and community), with 500 staff redeployed to help deliver them
- 24/7 **Mental Health Support line** continues to operate
- 117 step-down beds developed at **Goodmayes** site
- With UCLPartners and Care City, launched **Significant Care Tool** to help carers detect deterioration in those they care for, and make good decisions
- **Recovery and Restoration** Group created to support restoring non-critical services. Estates work is underway to ensure sites are Covid safe
- First phase of *Learning from the Pandemic to Inform our Future* work complete (surveys with staff, patients and carers)
- **Walk-In Centre at Barking Community Hospital** now using a booked appointment system to reduce cross infections
- *COVID-19 Our Journey So Far* film launched https://www.nelft.nhs.uk/news-events/covid19-our-journey-so-far-3882/

Over 3,000 staff accessed our staff wellbeing support website. We continue our weekly staff webinar to update on Covid along with regular briefings

East London Foundation Trust (ELFT)

- Improved **mental health crisis services** e.g. 24/7 phone lines; crisis cafes in Tower Hamlets/Newham; and crisis hubs separated from A&Es
- More-integrated **multi-disciplinary health & social care** teamworking
- **Integrated discharge hubs** supported rapid discharge of patients
- Reduced face-to-face contact; but developed new **online** services including speech and language therapies, carer support groups and Improving Access to Psychological Therapies (IAPT)
- Created a team to support the health and wellbeing of **homeless** people
- **Some services suspended** for new referrals e.g. Attention Deficit Hyperactivity Disorder services, memory clinics and Recovery Colleges and **Clozapine Clinics** continued but with revised clinical guidance.

The Chief Executive has personally phoned over 400 staff and teams to understand their experiences. Nearly 1,000 staff used our check-in app to record their experiences; and 200 staff used our staff support helpline. We supported staff by improving remote teamworking, accommodation for those unable to get home, free meals and distributed donated gifts

Primary Care

We have set up processes, systems and decision-making with clinical input to deliver high-quality and safe primary care, including:

- ✓ Triaging all patients by **phone, online, or video**; providing face-to-face consultations by exception
- ✓ **Hot hubs** (spaces where only Covid patients are seen) in each borough with hot and cold zones in some practices allowing other patients to be seen safely
- ✓ Increased **teamworking** between GP practices and between primary and secondary care and multidisciplinary care to share staff, and give mutual aid; to provide a more coordinated, flexible and responsible workforce
- ✓ **Home monitoring and visiting** service for Covid symptomatic patients
- ✓ **Virtual ward rounds in care homes**
- ✓ New processes for **childhood immunisations**, one of which has been used as a national best practice case study
- ✓ Regular, timely and effective **communications** to practices.

PPE

East London Health & Care Partnership

- Sourcing Personal Protective Equipment (PPE) has been a top priority and we moved quickly to set up a NE London **emergency supplies system** to help keep staff safe during the pandemic.
- This was designed to provide organisations with PPE, if they had less than 36 hours of supplies.
- Since the end of March, the team has delivered over **330,000 of emergency PPE items** to over **280 organisations** including hospices, care homes, GPs, pharmacies, crematoriums and local authorities.
- As part of this process, through the **innovative use of technology**, we built a data capture system to monitor daily stock levels across organisations, to get supplies to where they were needed the most.

Testing

East London Health & Care Partnership

- Testing has been **limited by a number of factors** e.g. availability of tests, reagent and safe test sites. Some of these factors are not under the control of NEL as the emergency is being managed nationally.
- However by working together in NEL we piloted and rolled out **drive-through** and **home testing** before anyone else; we provide **fast turnaround** of results and are now testing those in **residential** homes (which are not part of the national scheme).
- Anyone who has been experiencing Covid symptoms for no more than **five days** can get a test to see if they have the disease. Test and Trace is in place to follow up any positive tests.
- We have initially been allocated limited **antibody tests** and, as a positive result only indicates someone has had the disease, not if they can spread the disease or have immunity, we are not recommending patients are tested.
- **Care home testing:** Clinical Commissioning Groups and Directors of Public Health are working together to provide additional support to the Public Health England offer.
- Details at: https://www.eastlondonhcp.nhs.uk/ourplans/covid-19.htm

Care Homes

- North east London's health and care system has consistently led the way in **local testing**; piloting drive-through, home, and care home testing before these were rolled out nationally. An online portal enables all care workers and residents (with or without symptoms) in care homes to be tested. In Newham, we piloted testing all staff and residents in a care home at the same time following up with tracking and tracing people known to have been in contact with Covid positive people. We aim to roll this out across the area
- There is a **named clinical lead** for each care home and we have 24 hour access to a GP within the NEL 111 clinical assessment service.
- We are offering a Covid **care home service** with weekly check-ins; pharmacy and medication support; and personalised care plans.
- NHS staff worked with social care colleagues to deliver **PPE** to local authorities for them to distribute (as well as supplying emergency PPE directly to homes).

End of Life Care

East London Health & Care Partnership

- We created a webpage as a **single source of information** for health and care professionals working in end of life care: https://www.eastlondonhcp.nhs.uk/endoflifecare

  This has the latest guidance and resources on topics such as advance care planning, verification of death, medicines management and care after death. It also includes useful information and support on Coordinate My Care, to assist with advance care planning.

- By working in partnership across north east London to **coordinate the provision of bereavement services** for adults and children, identify any gaps and ensure equality of access to services. We have produced a series of bereavement guidance packs, designed to help local people through very difficult times. Available at: https://www.eastlondonhcp.nhs.uk/bereavement.htm

Mental Health

Crisis Pathways (24/7 urgent care and crisis pathways providing alternative crisis services)

- ELFT, commissioners and crisis support charity Hestia opened crisis cafés in Newham and Tower Hamlets to provide face-to-face (with social distancing), phone and online support, adding to the one in City/Hackney

Common Mental Health Problems

- Promoted early support and Improving Access to Psychological Therapies services for anxiety, trauma and depression including podcasts launched in Redbridge – accessible across North East London
- Developed directories of children's mental services

Vulnerable Groups (care for people with severe mental illness)

- Wellbeing pack and crisis line contacts sent to those on the shielded list
- 6,000 texts and letters sent to all those on the Serious Mental Illness register in City and Hackney

Staff Mental Health and Wellbeing

- Provided resources, tools and psychological and wellbeing support for staff, including those working in care homes

Lessons Learned

Health and care staff, unpaid volunteers and carers, businesses, charities, individuals and large organisations have all made **extraordinary efforts**.

Nevertheless we will look closely at our performance and lessons we can learn, including:

- Whether we were sufficiently **prepared**
- Whether **different actions** would have saved lives
- Whether we could have done more to reduce **inequalities**
- How we can be better prepared in **future**

East London Health & Care Partnership

Phase 2

Restoration and Recovery

- The Challenge Ahead
- The Challenge – Timeline
- Indicative Timeline
- Build Capacity
- Prevent infection
- A flexible workforce
- Put Public and Staff First
- Involvement
- Analytics
- Case Study: Cancer

The Challenges Ahead

The impact of Covid has tested our health and care system to the limit

We are in an **emergency situation and may stay at this level for some time.** NHS England is coordinating the response.

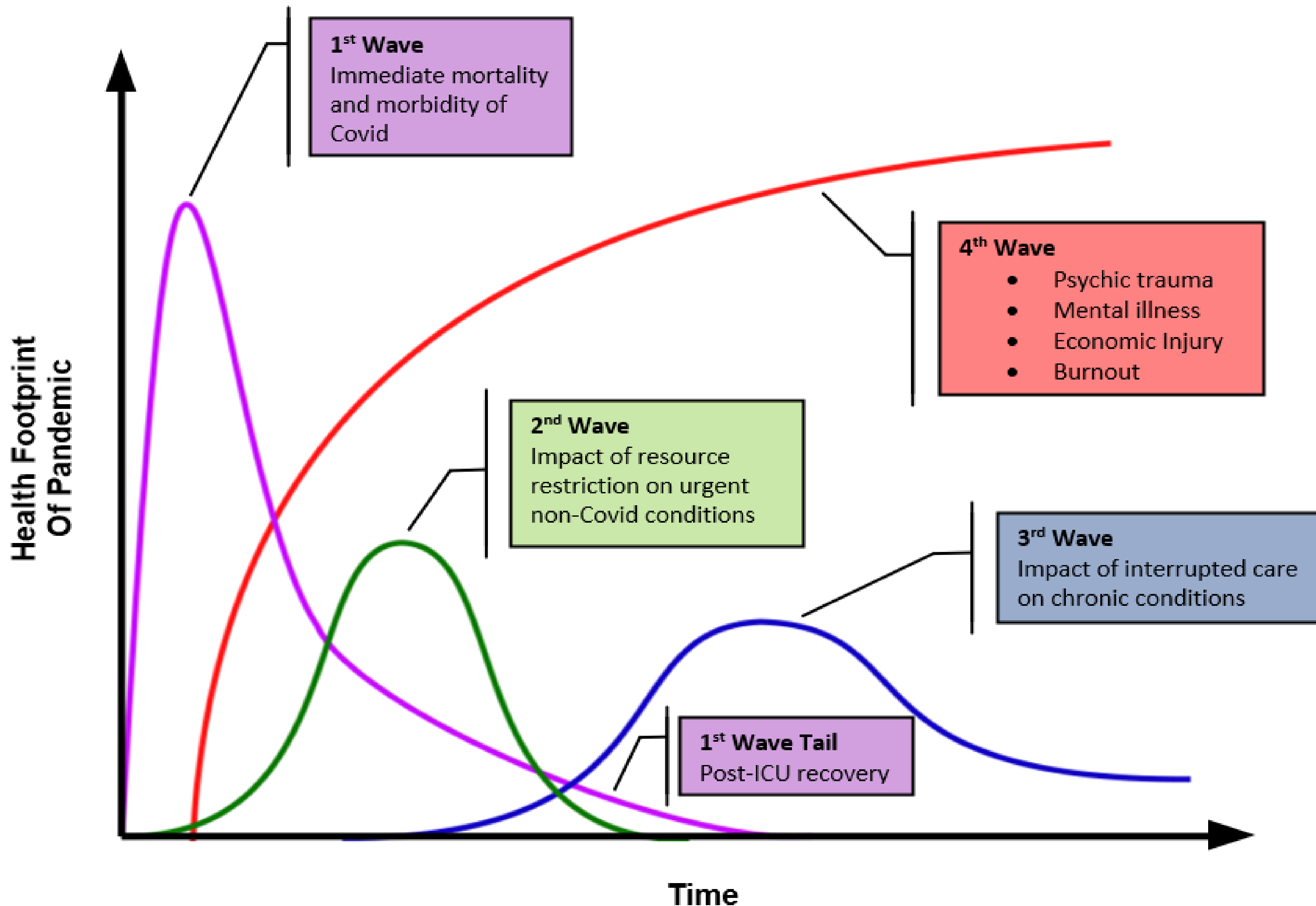
We need to plan how we:

1. meet the **existing challenge** to provide Covid care; and prepare for **future Covid or other diseases** in a more effective and efficient, less disruptive, and safer way. Tackling Covid and Flu together in winter would be very challenging
2. **restart safe delivery of non-Covid care**, and clear the backlog of planned care. This is **much more complicated than putting them on hold.** We need to make conditions safe; patients need to have confidence they will be safe. Some of the patients most in need of treatment are also the most vulnerable
3. manage the impact of **interrupted care on long term conditions** and health
4. Manage the **effect on staff**

The NEL clinical senate is building clinical consensus on the approach

The Challenge – Timeline

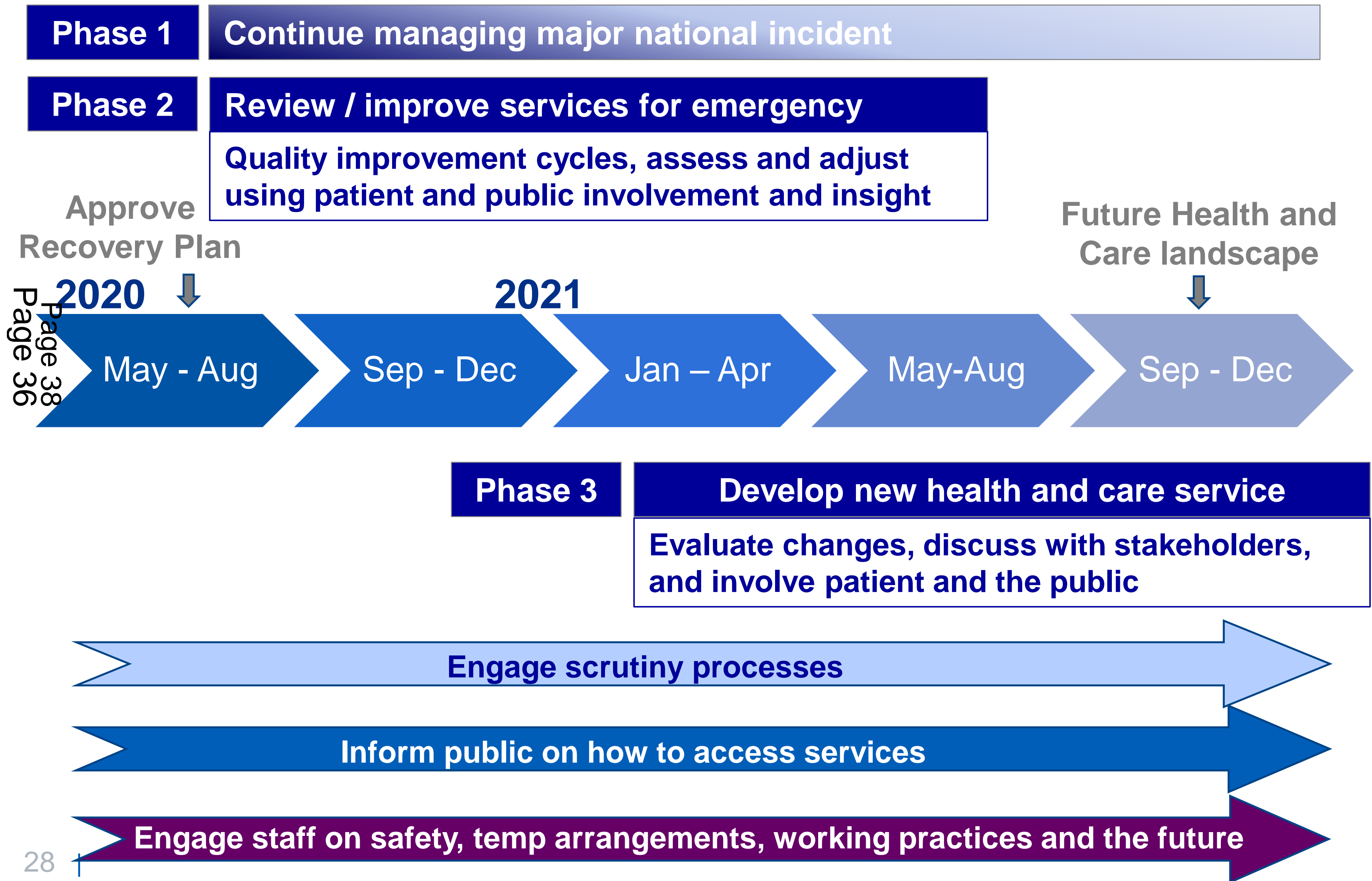
East London Health & Care Partnership



Source: from PHE London (adapted from Victor Tseng, University of Colorado)

Indicative Timeline

East London Health & Care Partnership



Build capacity

2020/21 Plan

East London Health & Care Partnership

- Double the day-to-day **critical care capacity** from 183 to 366 beds and add surge capacity (available within 48 hours) – to total 507 beds. Consolidate extra capacity at the larger sites for workforce efficiency
- Strengthen **discharge** teams and **Multi Disciplinary Teams** working in the community; securing **more community beds** and improved support for **care homes**
- Progress pre-planned **consolidation** of: neuro-oncological surgery at Queen's Hospital; complex aortic surgery at the Royal London; and develop the principle of centres of excellence for specialist surgery
- Develop **mental health centres of excellence** for adults.
- Develop our estate to **create capacity at Homerton** Hospital to expand theatre capabilities and specialist rotas.
- Reconfigure and increase **capacity at Goodmayes**
- Improve **mental health bereavement** support services.
- Enhance **social prescribing/volunteering** services.

Prevent infection (1)

2020/21 Plan

East London Health & Care Partnership

- **Separate hospitals, buildings or floors, staff and equipment** (& separate critical care units) for planned and emergency patients.
- Improve **infection control, PPE and front line risk assessments**
- Review the small amount of **children's urgent care** moved from King George Hospital to Queen's
- Develop an **Elective Services Alliance** to consolidate care during the emergency
  - ✓ Complex surgery at St Bartholomew's, Royal London and Queen's hospital and bariatrics at Homerton
  - ✓ Simple surgery at King George, Newham, Whipps and Homerton with extra capacity at Royal London and the independent sector
- Consider how **maternity** sites can best see patients.

Prevent infection (2)

2020/21 Plan

- Promote **virtual contacts, consultations and outpatient appointments**
- **Make services accessible at home** e.g. a digital recovery platform for people with a serious mental illness; extend home monitoring; and develop a Londonwide patient app for long term condition management. Evaluate **remote monitoring** tools (such as wearable devices) and ensure patients are supported to use new technology
- **Partially revert to face-to-face** for some conditions and vulnerable groups e.g. home phlebotomy and memory clinics

A flexible workforce

2020/21 Plan

- Develop **new workforce models** e.g. in critical care
- **Redeploy resources** impacted as consequence of new ways of working
- **Explore consolidating** some back office functions
- Expand the **shared pathology service** and explore opportunities for closer teamworking in e.g. diagnostic imaging and radiology
- Increase the support provided by community **pharmacies** for e.g. end of life care; and expand electronic prescriptions and home deliveries for those most at risk and in isolation
- **Protect staff at highest risk** of Covid-19 based on age, gender, ethnicity, existing health conditions etc
- Build on recently developed skills and develop a pool of staff '**reservists'**
- Build on **staff wellbeing** services and additional mental health capacity
- Gradually transition emergency group responsibilities to local **Integrated Care Partnership Boards.**

Put public and staff first

2020/21 Plan

Recognising that communities are very different across the seven boroughs /city, and some people are seldom heard (e.g. those who are digitally secluded (they can be assisted to become online) or whose first language is not English) we will work with partners who have contacts and knowledge to:

- Develop **service information:** targeting those most at risk
- Explore innovations in **engagement** so we understand the views of all members of society
- Ensure there is sufficient **debate and scrutiny**
- Work with Health and Wellbeing Boards to **address inequalities** and discover why some people had resilience against Covid; and what effect the disease is having on e.g. BAME and deprived communities; diabetes and mental health patients; children's abuse and neglect
- Use our organisations to increase employment and local purchasing to **drive local economies,** reduce deprivation and develop healthy communities
- Improve **population health analysis** to prevent ill health and develop inclusive services; and increase access to local shared care records to ensure seamless patient care

Involvement

- We are **gathering insight** from the many surveys that are being carried out by Healthwatches, local government, the third sector and the NHS
- We will **commission further studies** to 'fill the gaps' through:
  - A core survey that can be used to understand the NEL view and local differences, as well as the views of often overlooked groups such as vulnerable people/homeless/digitally secluded/BAME groups
  - Our online NEL citizens' panel
- During this phase **we aim to find out** what could we have done better; what we could do now; and what we need to consider as we reintroduce services
- We will discuss the **findings** with key stakeholders
- We will bring **insight and data together** to ensure we constantly improve services, patient and staff experiences

As we become more able to socially interact we will use a wider range of patient and public involvement techniques e.g. exhibitions, focus groups, meetings, workshops, co-design, consultations and interviews

Analytics

A North East London analytics working group started in March in response to Covid and meets weekly. The group plan to:

- **Collaborate** to ensure decisions can be taken on the best information
- Gather **data on inequalities in real time**
- Conduct a **Health Inequalities Impact Assessment** to identify key health inequalities exacerbated by the pandemic.
- Analyse BAME data during the recovery phase, to assess the **shorter and longer-term impacts of Covid on the population**.
- Link deaths data with hospital and GP data for analysis, in particular for **analysis of suppressed healthcare demand** and where increased demand might come up.
- Identify evidence-based **innovative practices/interventions** at a population level

Case study: Cancer

East London Health & Care Partnership

Background: Phase 1

- A 'Cancer Hub' led by NHS England and the Transforming Cancer Services Team ensured NHS hospitals and the independent sector worked together to maximise capacity. Cancer surgery that could not be delivered safely locally was temporarily moved to UCLH's cancer surgical hub, while patients remained under the care of their doctor or nurse specialist at the trust where they were originally cared for.

Plan: Phase 2

- At the peak of the pandemic we saw a significant drop in the number of urgent cancer referrals across the country largely as a result of fewer patients contacting GPs. This is now starting to recover.
- We have ring-fenced diagnostic and surgical capacity for cancer, so that referrals, diagnostics and treatment can be brought back to pre-pandemic levels at the earliest opportunity to minimise potential harm and we have:
  - ✓expanded capacity through cancer hubs
  - ✓put in place arrangements to manage two-week urgent referrals
  - ✓encouraged people to contact their GP if they have worrying symptoms

East London Health & Care Partnership

Phase 3

A New Health and Care System

- Public messages (June)
- Changing for the better
- Governance
- NHSE/I 12 Expectations

Public messages (June)

- The NHS is open for business. It is safe for anyone to seek help so don't delay if you need help. Your first port of call should be NHS 111 unless it is a life-changing emergency
- We are still in a pandemic, so our buildings and services will look and feel different due to the precautions we are taking to protect our staff and patients
- Staff and visitors will need to wear facemasks, wash their hands often and maintain social distancing in order to maintain the highest standards of infection control. Those treating and caring for patients with Covid-19 will wear Personal Protective Equipment too.
- Our plan for this phase of the pandemic is to **restore** some services that were put on hold, **recover** some of the backlog created by concentrating on Covid-19, and **retain** innovations and improvements that have transformed the way we work.
- We are discussing the changes with staff, partners and patients.
- As we reinstate services that were suspended we will use telephone or video as much as possible to safeguard patients.
- As well as washing our hands and staying socially safe, we can all reduce our susceptibility to Covid by giving up smoking, taking exercise and losing weight.

Changing for the better

This has been a wake up call; but the alarm is still ringing

This has been a hugely challenging time for everyone. Many people have had little contact with their family and friends and have seen their livelihoods disappear; large numbers of people have become infected with Covid, or become sick; and far too many have lost their lives.

Our world, our lives, our NHS and social care services have changed. Many of the ways of working we have developed have brought health and care services abruptly into the 21st Century.

By using our experience and the evidence we have gathered, and by involving patients and the public, we can build on these changes to improve them and make them fit for ourselves and for future generations.

Over the next year we have the opportunity to test, refine and evaluate these changes. We need to keep the patient benefits of new ways of working and must agree a more equitable, more robust, health and care system.

Governance

Responding to the Covid pandemic has demonstrated what we can achieve by working in partnership across a NE London **Integrated Care System** (ICS). A NEL wide **Recovery and Restoration Group** with social care and NHS leaders is overseeing the next phase of work as we recover.

But decisions about health and care and delivery need to take place as close to local people as possible, with patient and public involvement a key building block.

Integrated Care Partnerships (ICPs): We will continue to develop ICPs which span NHS, local authority and other partners in:

- City and Hackney
- Barking and Dagenham, Havering and Redbridge
- Waltham Forest, Tower Hamlets and Newham

CCG budgets/authority will be delegated through to these partnerships and enabled through the proposed merger of CCGs

Local **Borough Partnerships** (including through HWBBs) will provide a voice for local people; whilst budgets will continue to be devolved locally – mirroring what is currently forecast for each of the seven CCGs.

NHSE/I – 12 Expectations of future healthcare needs

Build capacity	✓ A **permanent increase in critical care capacity** and surge capability, centred on tertiary sites ✓ **Minimise hospital stays** e.g. same-day emergency care; community-based rapid response ✓ Further **consolidation and strengthening of specialist services**
Prevent infection	✓ **Segregate the health and care system** between Covid and non-Covid; urgent and elective work especially by site ✓ **Virtual by default** unless good reasons not to be for e.g. primary care, outpatients, diagnostics, self-care ✓ **Single** 'talk before you walk' **points of access** for all pathways ✓ New community-based approaches to managing **long term conditions (LTCs)**/shielded patients
A flexible workforce	✓ Consolidate **corporate services** and share **clinical support services** ✓ New integrated **workforce** and volunteer models and new incentives ✓ Further **alignment and joining together of institutions** within the ICS
Putting public and staff first	✓ Disproportionate **focus and resources on those with most unequal access** and outcomes ✓ A new approach to **consent** though systematic deliberative public engagement

This page is intentionally left blank

Health Scrutiny during the Covid-19 Emergency

A paper from Councillor Zammett for consideration by the Health Scrutiny Committee in discussing the proposed 2020/21 Work Programme

Virtual meetings

Authorities across East London have had to adjust very rapidly to changes in working practice because of the coronavirus disease 2019 (Covid-19).

In Redbridge, Health Scrutiny Committee (HSC) meetings were suspended because of changes to priorities as a result of Covid-19 and are now being reconvened.

As we move towards a phased withdrawal from the lockdown, it is the right time to set out how Scrutiny might work, not just for the local HSC but also for the Outer N E London (ONEL) Joint Health and Overview Scrutiny Committee (JHOSC) and the developing N E London JHOSC.

Meetings are likely to be virtual for the foreseeable future. Redbridge are using MS Teams and conversations are needed to consider standardising the technical and governance issues involved for smooth collaborative working, albeit recognising likely individual, as well as organisational, challenges in order to make this possible.

The national picture

What has emerged as Covid-19 has progressed is an ongoing debate in the media about the issues of key concern, some of which are as follows:

- The provision of personal protective equipment (PPE)
- The role of testing and contact tracing
- The disproportionate impact of Covid-19 on BAME staff and communities
- The role of Public Health England (PHE) and World Health Organisation (WHO)
- The effectiveness of face coverings / masks for the general public
- Discharge arrangements from hospitals to care comes and the number of deaths from Covid-19 in care homes
- The performance of the whole health and social care system in terms of cases and mortality
- The performance of the UK's overall strategy when compared with countries such as Germany and South Korea
- The economic impact of the virus and the speed and phasing of any easing of the lockdown.

Developing a local agenda

In line with the national legislation, authorities have not challenged changes to service delivery by NHS Trusts (Bart's Health and BHRUT) which have been introduced in response to the emergency and which are urgent, temporary measures, justified by patient safety. If any

of these changes are proposed to be substantive, they would then be subject to formal consultation at the discretion of the relevant scrutiny body.

A first step in developing the local agenda would be a comprehensive statement / schedule of any such changes - as indicated in the proposed 2020/21 work programme for this Committee, BHRUT and Bart's Health NHS Trust have agreed to provide this information for consideration at the meeting scheduled for 8 July 2020.

The ONEL JHOSC has not yet announced the reconvening of (virtual) meetings however informal meetings of JHOSC Chairs and representatives from BHRUT, Bart's Health and CCG are now taking place.

A particular area of concern would be the future status of individual specialties, such as the move of traumatic and orthopaedic surgery (T&O) to the Independent Sector Treatment Centre (ISTC) on the King George Hospital site and to have a general update /view on how things are going.

The Health Service Journal (HSJ) has published a fair amount of comparative data at Sustainability and Transformation Partnership (STP) level, which incidentally has shown NEL in a favourable light, although more recently performance has deteriorated.

Much of the national debate has been very undermining of ministers and their leadership and will inevitably have had an impact on public confidence and staff morale and the benefits of resuming scrutiny in NEL should be to support health and care partners and to restore public confidence by clarifying the local response regarding national issues and by maintaining "business as usual".

Whether these should form part of the agenda at local HSC or JHOSC level or both needs to be discussed along with the role of the CCG and Public Health (PH). Involving providers will need to take account of the pressures on individual organisations.

The role of East London Health Care Partnership (Partnership)

The Partnership has a very difficult role in the transition to the post Covid-19 world. Along with existing priorities, it has to 'shoehorn' in a harmonisation of service changes with their response to the Long-Term Plan. Among the challenges faced are the following:

- Consulting on service changes resulting from Covid-19
- Rationalising the CCG structure by April 2021
- Overseeing provider alliances
- Implementing an integrated care system (ICS)
- Developing place-based commissioning and primary care networks
- Tackling IT issues related to communications platforms and patient records
- Evaluation of system performance during the Covid-19 emergency

Alongside this, there are a number of governance issues which have been left to one side but which are going to become much more central as the Partnership develops and cannot be postponed indefinitely.

Amongst these are:

- Political oversight at different levels
- The role of Foundation Trusts
- NELFT's business model
- Geographical fairness and equity in service delivery and investment
- The role of NHS London/England and the GLA

Scrutiny bodies will be particularly concerned to make sure that services are not being subsumed into less democratic governance arrangements and may wish to seek assurances that peoples' juries/ panels/ and platforms are being used to enhance democratic decision making and not as a substitute for it.

Now would also be a good time to re-visit the role and performance of the Partnership to ensure that there is the right balance between local authority and health interests.

Councillor N Zammett

Neil Zammett

Revised June 2020

This page is intentionally left blank