Overview & Scrutiny

Inner North East London Joint Health Overview and Srutiny Committee

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

Wednesday 1 November 2023

7.00 pm

Waltham Forest Town Hall - Council Chamber.
Livecast at https://civico.net/walthamforest/18250

The press and public are welcome to join this meeting remotely via this link:
https://civico.net/walthamforest/18250

If you wish to attend please give notice to Holly Brogden-Knight
Democratic Services, democraticservices@walthamforest.gov.uk

Contact:
Jarlath O'Connell
☎ 020 8356 3309
✉ jarlath.oconnell@hackney.gov.uk

Dawn Carter-McDonald
Interim Chief Executive, London Borough of Hackney

Members: **Cllr Ben Hayhurst, Cllr Sharon Patrick and Cllr Claudia Turbet-Delof**

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

1	**Apologies for absence and substitute members**	(Pages 9 - 90)
2	**Declarations of Interest**	
3	**Minutes of the previous meeting**	
4	**Public participation**	
5	**Health update**	
6	**System recovery, resilience and winter planning**	

Hackney

7 Recovering access to primary care

8 Committee forward plan and action tracker

ACCESS AND INFORMATION

Public Involvement and Recording

Public Attendance at the Town Hall for Meetings

Scrutiny meetings are held in public, rather than being public meetings. This means that whilst residents and press are welcome to attend, they can only ask questions at the discretion of the Chair. For further information relating to public access to information, please see Part 4 of the council's constitution, available at https://hackney.gov.uk/council-business or by contacting Governance Services (020 8356 3503)

Following the lifting of all Covid-19 restrictions by the Government and the Council updating its assessment of access to its buildings, the Town Hall is now open to the public and members of the public may attend meetings of the Council.

We recognise, however, that you may find it more convenient to observe the meeting via the live-stream facility, the link for which appears on the agenda front sheet.

We would ask that if you have either tested positive for Covid-19 or have any symptoms that you do not attend the meeting, but rather use the livestream facility. If this applies and you are attending the meeting to ask a question, make a deputation or present a petition then you may contact the Officer named at the beginning of the agenda and they will be able to make arrangements for the Chair of the meeting to ask the question, make the deputation or present the petition on your behalf.

The Council will continue to ensure that access to our meetings is in line with any Covid-19 restrictions that may be in force from time to time and also in line with public health advice. The latest general advice can be found here - https://hackney.gov.uk/coronavirus-support

Rights of Press and Public to Report on Meetings

Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

Those wishing to film, photograph or audio record a meeting are asked to notify the Council's Monitoring Officer by noon on the day of the meeting, if possible, or any time prior to the start of the meeting or notify the Chair at the

start of the meeting.

The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

The Council will endeavour to provide reasonable space and seating to view, hear and record the meeting. If those intending to record a meeting require any other reasonable facilities, notice should be given to the Monitoring Officer in advance of the meeting and will only be provided if practicable to do so.

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting. Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting.

Disruptive behaviour may include moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

All those visually recording a meeting are requested to only focus on recording Councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed. Failure by someone recording a meeting to respect the wishes of those who do not wish to be filmed and photographed may result in the Chair instructing them to cease recording or in their exclusion from the meeting.

If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease, and all recording equipment must be removed from the meeting. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.

Advice to Members on Declaring Interests

Advice to Members on Declaring Interests

Hackney Council's Code of Conduct applies to all Members of the Council, the Mayor and co-opted Members.

This note is intended to provide general guidance for Members on declaring interests. However, you may need to obtain specific advice on whether you have an interest in a particular matter. If you need advice, you can contact:

- Director of Legal, Democratic and Electoral Services
- the Legal Adviser to the Committee; or
- Governance Services.

If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

You will have a disclosable pecuniary interest in a matter if it:

i. relates to an interest that you have already registered in Parts A and C of the Register of Pecuniary Interests of you or your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner;

ii. relates to an interest that should be registered in Parts A and C of the Register of Pecuniary Interests of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner, but you have not yet done so; or

iii. affects your well-being or financial position or that of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner.

If you have a disclosable pecuniary interest in an item on the agenda you must:

i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you (subject to the rules regarding sensitive interests).

ii. You must leave the meeting when the item in which you have an interest is being discussed. You cannot stay in the meeting whilst discussion of the item takes place, and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision.

iii. If you have, however, obtained dispensation from the Monitoring Officer or Standards Committee you may remain in the meeting and participate in the

meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a pecuniary interest.

Do you have any other non-pecuniary interest on any matter on the agenda which is being considered at the meeting?

You will have 'other non-pecuniary interest' in a matter if:

i. It relates to an external body that you have been appointed to as a Member or in another capacity; or

ii. It relates to an organisation or individual which you have actively engaged in supporting.

If you have other non-pecuniary interest in an item on the agenda you must:

i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you.

ii. You may remain in the meeting, participate in any discussion or vote provided that contractual, financial, consent, permission or licence matters are not under consideration relating to the item in which you have an interest.

iii. If you have an interest in a contractual, financial, consent, permission, or licence matter under consideration, you must leave the meeting unless you have obtained a dispensation from the Monitoring Officer or Standards Committee. You cannot stay in the meeting whilst discussion of the item takes place, and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision. Where members of the public are allowed to make representations, or to give evidence or answer questions about the matter you may, with the permission of the meeting, speak on a matter then leave the meeting. Once you have finished making your representation, you must leave the meeting whilst the matter is being discussed.

iv. If you have been granted dispensation, in accordance with the Council's dispensation procedure you may remain in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a non-pecuniary interest.

Further Information

Advice can be obtained from Dawn Carter-McDonald, Director of Legal, Democratic and Electoral Services via email dawn.carter-mcdonald@hackney.gov.uk

Getting to the Town Hall

For a map of how to find the Town Hall, please visit the council's website http://www.hackney.gov.uk/contact-us.htm or contact the Overview and Scrutiny Officer using the details provided on the front cover of this agenda.

Accessibility

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall.

Induction loop facilities are available in the Assembly Halls and the Council Chamber. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

Further Information about the Commission

If you would like any more information about the Scrutiny Commission, including the membership details, meeting dates and previous reviews, please visit the website or use this QR Code (accessible via phone or tablet 'app')

Health in Hackney Scrutiny Commission

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Waltham Forest

LONDON BOROUGH OF WALTHAM FOREST

INNER NORTH EAST LONDON JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE

DAY/DATE/TIME	VENUE:
Wednesday, 1 November 2023 7.00 pm	COUNCIL CHAMBER - WALTHAM FOREST TOWN HALL Fellowship Square Forest Road, E17 4JF
CONTACT:	TEL./E-MAIL:
Holly Brogden-Knight Democratic Services	democraticservices@walthamforest.gov.uk

Dear Member,

This is formal notice advising you of the above meeting. The Agenda is set out below. Supplementary Items will be added only if the Chair considers them urgent.

Martin Esom
CHIEF EXECUTIVE

MEMBERSHIP:

Chair:	Councillor Richard Sweden
Vice-Chair:	Councillor Susan Masters
Councillors:	Councillor Afzal Akram, Councillor Richard Sweden and Councillor Jennifer Whilby, Councillor Claudia Turbet-Delof, Councillor Sharon Patrick, Councillor Ben Hayhurst, Councillor Ahmodur Khan and Common Councilman David Sales

Waltham Forest Council and Committee Meetings

Meetings have returned to being held in person. Venues have limited capacity whilst social distancing remains in place, therefore we may be unable to accommodate all people who wish to attend. If you wish to attend a meeting and are concerned about being turned away, please contact the Democratic Services team at the details on the front of this agenda.

All Council/Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972.

Most meetings are held at Waltham Forest Town Hall which is an accessible venue located at Fellowship Square, Forest Road, E17 4JF.

The nearest underground and railway station is Walthamstow Central which is approximately 15 minutes' walk away from the Town Hall. Buses on routes 275 and 123 stop outside the building, and on routes 34, 97, 215 and 397 at Forest Road/Bell Corner, less than 5 minutes' walk away.

There is pay and display parking for visitors as well as parking bays for people with disabilities.

There is a ramped access to the building for wheelchair users and people with mobility disabilities. The Council Chamber and Committee Rooms are accessible by lift and are located on the first floor of Waltham Forest Town Hall. Induction loop facilities are available in most Meeting Rooms.

Electronic copies of agendas, reports and minutes are available on the Council's website. The link is http://democracy.walthamforest.gov.uk/

Contact officers listed on the agenda will be able to provide further information about the meeting and deal with any requests for special facilities.

Contact details for report authors are shown on individual reports. Report authors should be contacted prior to the meeting if further information on specific reports is needed of if background documents are required.

Disclosable Pecuniary Interests (DPI) are prescribed by the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012 as follows:

Interest	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a member in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

A Member must disclose at meetings as a **non-pecuniary interest**:

- Appointments made by the authority to any outside bodies (excluding joint committees with other local authorities);
- Membership of charities;
- Membership of trade unions recognised by the authority;
- Membership of lobbying or campaign groups;
- Governorships at any educational institution in the borough;
- Membership of voluntary organisations operating in the borough.

General Dispensation

In accordance with s33(2) of the Localism Act, 2011, the Monitoring Officer has granted dispensations to all Councillors until the Annual General Meeting of Council in 2018.

The grounds for the dispensations are that:

- Granting the dispensation is in the interests of persons living in the authority's area(s33(2)(c)) of the Localism Act 2011) by allowing their elected representatives to participate and vote on the Council's budget and council tax setting: and
- It is otherwise appropriate to grant a dispensation (s33(2)(e))

in that the dispensation will allow members to fully represent their constituents in respect of these important matters.

Monitoring Officer's guidance on bias and pre-determination

The Council often has to make controversial decisions that affect people adversely and this can place individual councillors in a difficult position. They are expected to represent the interests of their constituents and political party and have strong views but it is also a well-established legal principle that councillors who make these decisions must not be biased nor must they have pre-determined the outcome of the decision. This is especially so in "quasi-judicial" decisions in planning and licensing committees.

This Note seeks to provide guidance on what is legally permissible and when members may participate in decisions. It should be read alongside the Code of Conduct.

Predisposition
Predisposition is lawful. The law is very clear that members may have strong views on a proposed decision, and indeed may have expressed those views in public, and still participate in a decision. This will include political views and manifesto commitments. The key issue is that the member ensures that their predisposition does not prevent them from consideration of all the other factors that are relevant to a decision, such as committee reports, supporting documents and the views of objectors. In other words, the member retains an "open mind".

Section 25 of the Localism Act 2011 confirms this position by providing that a decision will not be unlawful because of an allegation of bias or pre-determination "just because" a member has done anything that would indicate what view they may take in relation to a matter relevant to a decision. However, if a member has done something more than indicate a view on a decision, this may be unlawful bias or predetermination so it is important that advice is sought where this may be the case.

Pre-determination / Bias
Pre-determination and bias are unlawful and can make a decision unlawful. Pre-determination means having a "closed mind". In other words, a member has made his/her mind up on a decision before considering or hearing all the relevant evidence.

Bias can also arise from a member's relationships or interests, as well as their state of mind. The Code of Conduct's requirement to declare interests and withdraw from meetings prevents most obvious forms of bias, e.g. not deciding your own planning application. However, members may also consider that a "non-pecuniary interest" under the Code also gives rise to a risk of what is called apparent bias. The legal test is: "whether the fair-minded and informed observer, having considered the facts, would conclude that there was a real possibility that the tribunal was biased'.

A fair minded observer takes an objective and balanced view of the situation but Members who think that they have a relationship or interest that may raise a possibility of bias, should seek legal advice.

This is a complex area and this note should be read as general guidance only. Members who need advice on individual decisions, should contact the Monitoring Officer and / or the legal advisor for their committee.

AGENDA

1. APOLOGIES FOR ABSENCE AND SUBSTITUTE MEMBERS

2. DECLARATIONS OF INTEREST

Members are required to declare any pecuniary or non-pecuniary interest they or their spouse/partner may have in any matter that is to be considered at this meeting. Interests are defined in the front cover of this agenda.

3. MINUTES OF THE PREVIOUS MEETING (Pages 7 - 16)

To agree the minutes of the meeting held on 12 July 2023.

4. PUBLIC PARTICIPATION

Members of the public are welcome to participate in scrutiny meetings. You may speak for three minutes on a topic related to the Committee's work, and fifteen minutes in total is allowed for public speaking, at the discretion of the Chair. If you would like to speak, please contact Democratic Services (details above) by 12 noon on the day before the meeting.

5. HEALTH UPDATE (Pages 17 - 42)

6. SYSTEM RECOVERY, RESILIENCE AND WINTER PLANNING (Pages 43 - 54)

7. RECOVERING ACCESS TO PRIMARY CARE (Pages 55 - 62)

8. COMMITTEE FORWARD PLAN AND ACTION TRACKER (Pages 63 - 82)

PLEASE NOTE THAT THE AGENDA IS AVAILABLE IN ELECTRONIC FORMAT ON THE COUNCIL'S WEBSITE VIA THE FOLLOWING LINK:
http://democracy.walthamforest.gov.uk/

IF YOU REQUIRE A HARD COPY OF ANY OF THE ABOVE REPORTS, CONTACT Democratic Services – democraticservices@walthamforest.gov.uk

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LONDON BOROUGH OF WALTHAM FOREST
MINUTES OF THE INNER NORTH EAST LONDON JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE

12 July 2023 at 7.00 pm

PRESENT:

Chair:	Councillor Richard Sweden
Vice-Chair:	Councillor Susan Masters
Committee Members:	Councillor Afzal Akram, Councillor Jennifer Whilby Councillor Claudia Turbet-Delof Councillor Sharon Patrick Councillor Ben Hayhurst Councillor Ahmodur Khan Common Councilman David Sales
Councillors in Attendance:	Councillor Beverley Brewer (Observer) Common Councilman Michael Hudson (Observer)

Officers in Attendance:

Anthony Jackson	Democratic Services Officer
Ruth Mitchell	Scrutiny Officer

Officers in Attendance:

Paul Calaminus	Chief Executive, ELFT
Shane DeGaris	Group Chief Executive, Barts Health
Louise Ashley	Chief Executive, Homerton Healthcare
Sally Adams	Director of Community Calloboratives Programme, NELFT
Zina Etheridge	Chief Executive, NELFT
Henry Black	Chief Finance Officer, NHS North East London
Diane Jones	Chief Nursing Officer, NHS North East London
Don Neame	Communications Consultant, NHS North East London

1. ELECTION OF CHAIR AND VICE-CHAIR

Councillor Hayhurst moved that Councillor Sweden be elected as Chair. Councillor Masters seconded the motion.

There being no further nominations, Councillor Sweden was elected Chair.

Councillor Patrick nominated Councillor Masters be elected Vice-Chair. Councillor Sales seconded the motion.

There being no further nominations, Councillor Masters was elected Vice-Chair.

2. APOLOGIES FOR ABSENCE AND SUBSTITUTE MEMBERS

Apologies for absence were received from Councillors Ahmodul Kabir, Amy Lee and Harvinder Singh Virdee.

3. DECLARATIONS OF INTEREST

No declarations were made.

4. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting, held on 28 February 2023, were approved as a correct record.

5. PUBLIC PARTICIPATION

Mr Paul Atkinson addressed the Committee, in relation to Talking Therapies. The main points were detailed in his submission within the agenda document pack at item 4.

Mr Phil Edwards addressed the Committee and, in doing so, made the following points in relation to funding cuts to the Integrated Care System (ICS):

- The cuts being made to funding is in large proportions, for example, Barts Trust has reported efficiency savings of £106.4 million.
- The lack of transparency from the Integrated Care Board (ICB) as the public should be made aware of what such efficiency savings would mean for health provision in the North East London area.
- The need for more clarity on how unmitigated risk was calculated.

Councillor Sweden thanked the public participants for their addresses and asked presenters to address the points made by the public participants as far as they were able.

Paul Calaminus, Chief Executive for ELFT confirmed that, at the end of last year, the Trust had achieved its targets in relation to talking therapies. He explained that the Trust was collaborating more widely by working with voluntary sector partners and the community outside of the traditional way the NHS usually provided services. Mr Calaminus confirmed that a range of modalities were being used rather than confining services to cognitive behavioural therapy. He added that he would circulate more detailed information to the Committee.

Action

- The Trust to provide more detailed information on the different types of services being provided in relation to talking therapies.

6. COLLABORATIVES

Paul Calaminus, Chief Executive of ELFT; and Sally Adams, Director of Community Calloboratives Programme, NELFT, introduced the report.

The Committee referred to a recent announcement from the Metropolitan Police which indicated that they would no longer be involved in call outs to incidents of mental health unless there was a risk to life. They asked how the NHS's current stance fitted with the collaboratives detailed in the report. Mr Calaminus confirmed that the Trust was working closely with the East London Police to mutually understand the potential impact off the change and to ensure that a safe and effective mental health service was still in operation. He went on to explain that it was important to ensure that there were not calls to the Police that could be dealt with effectively by a mental health professional which would allow the Police to focus on core policing responsibilities. The Committee requested more details on how the service would work without the Police attending such calls and whether there were any resource implications. Mr Calaminus explained that those issues were currently being worked on with the Metropolitan Police. He referred to a strand of work that was ongoing regarding data and pointed out that the Police had been clear that calls that involved risk to life or missing people would remain in their remit. Mr Calaminus stated that there were a range of calls received from members of the public, patients and other areas and the Trust was looking at how responses to such calls would work in terms of being triaged. He explained that some calls were being linked to a crisis line or another existing mental health provision as they were better equipped to deal with calls from individuals in distress. Mr Calaminus also said that the Trust was accelerating working between the Police in relation to street triage, where mental health staff worked alongside the Police and a member of the public at the point of contact. The Committee asked what type of training mental health professionals would now receive given that the Police would not be involved in certain calls and when the way of working would apply to North East London. Mr Calaminus explained that, in the City of London, trained mental health professionals were working with the Police and that a similar way of working was proposed for North East London. He said that their presence insured that there was a mental health perspective on any issue. Mr Calaminus confirmed that the approach had been successful and that a date for roll out in North East London was currently being discussed with the Police. He said that once the roll out was finalised he would circulate details to the Committee.

The Committee referred to the planned community work and the emphasis on ensuring services were delivered nearer to patients, which they commended. The Committee asked whether the work would be cost neutral and for details on how the work would be funded. Ms Adams explained that there could be investment required around having quality services fit for purpose. She added that the Trust generally did its best to establish services close to patients' homes, and said that given the Trust operated in this way generally, there was unlikely to be any funding implications.

The Committee referred to the increasing pressures around bed occupancy and asked how agile the Collaborative was in terms of responding quickly to the issue.

Mr Calaminus explained that the improvement networks that the Trust had set up were part of their response to enable the Trust to flex capacity and their approach. He also referred to a plan put together the previous year to maximise the Trust's ability to create more capacity across North East London. Ms Adams referred to the virtual wards programme which was a good example of being able to put people back into the community, rather than staying in hospital. Zina Etheridge, Chief Executive NHS North East London, explained that mental health systems were under significant pressure as there were more incidents of people having mental health issues. She gave the example of when mental health beds were near fully occupied, it had implications on the beds available to those in the Accident and Emergency department. However, she explained that the system allowed the Trust to bring people together very quickly to address issues.

The Committee referred to the virtual wards and asked to what extent the virtual provision would prevent the need for an inpatient stay. Mr Calaminus stated that, in relation to mental health, he expected that the virtual provision would supplant some need for inpatient stays. The Committee asked whether there had been any issues with virtual wards or anything that went particularly well. They also made reference to whether the patient that struggled to speak English presented a problem. Ms Adams confirmed that good progress was being made, however stated that virtual wards were still in the planning and mobilisation phase. She said there were national issues, such as mobilisation around workforce considerations. The Committee pointed out that there was a shortage of physiotherapists, Occupational Therapists (OT) and district nurses and asked what the level of vacancies were across North East London and whether the Trust was confident of being able to sufficiently recruit to be able to mobilise the aforementioned services. Ms Adams reiterated that it was a national problem and, in terms of workforce planning, a lot of areas were looking at new roles or existing staff working to the top of their licence. Ms Adams confirmed that she would circulate information on current vacancies to the Committee outside of the meeting.

The Committee said it was good to see the community collaborative way of working, however, asked who would be accountable and responsible for ensuring that everything worked efficiently and effectively from the many organisations working together. Mr Calaminus stated that the clinical consultant providing the care would maintain ultimate responsibility. He went on to say that part of the collaborative way of working was ensuring that the appropriate professionals were involved, with the right pathways and group of patients. Mr Calaminus explained that the new way of working aimed to address issues of fragmentation. He confirmed that it was work in progress.

The Committee pointed out that autism was detailed in the title of the Collaboratives, whereas there were no specific proposals within the report. Mr Calaminus assured the Committee that there was work taking place around autism and referred to the recent recruitment of staff to support and improve the approach around that work. He conceded that the Trust was behind on developing a plan and strategy in relation to autism, however, confirmed that it was one of the Trust's priorities.

The Committee referred to the governance structure and asked whether the ICB would have the capacity to support such an approach, particularly given the cuts

required by Central Government. Ms Etheridge explained that ICBs around the country had been instructed by Central Government that running costs needed to be reduced by 30% by 2025/26. She went on to explain that the ICB had been in existence for just over a year and, as a result, as collaboratives were developed, new governance needed to be put in place. She said that the Trust needed to consider whether the governance in place was effective and as streamlined as it needed to be to enable resources to be used most effectively. Ms Etheridge confirmed that she was confident that there were enough resources to support the governance structures required.

The Committee gave the view that the plans around mental health was ambitious and asked whether they could be achieved while making required efficiency savings. Mr Calaminus assured the Committee that the Trust was confident in its ability to deliver on the plans as the improvement network approach and the involvement of service users would help the Trust make significant progress in areas that had been set as priorities.

The Committee asked whether rehabilitation was being covered by physiotherapists and occupational therapists (OT) as many patients found that physiotherapy in hospitals worked well but in primary care it was hit and miss for what therapy a patient would actually receive. The Committee also asked whether services offered in primary care would be improved. Ms Adams confirmed that physiotherapy and OT type services were offered through intermediate care and explained that social care did a significant amount of reablement also. She went on to say that the virtual ward provision included a physiotherapist and OT with the idea that, should an individual be in their own home or live in a care home, they would have access to that service depending on need.

The Committee asked how the Trust would engage with minority groups and young people. Mr Calaminus stated that, from an autism and learning disability perspective, the Trust had reached out to relevant groups and had created some roles for children and young people within the Trust. He added that they were using their voluntary sector contacts to support the Trust in reaching out to such groups and that some infrastructure had been put place to support that approach
.
The Committee noted the report.

Actions

- The Trust provides details on how the service will work without the Police attending calls relating to mental health where there is a risk to life and whether there are any resource implications.
- The Trust provides details of the rollout of the new way of working between the Police and mental health professionals in North East London.
- The Trust circulates details on current vacancies in positions including physiotherapists, Occupational Therapists and district nurses to the Committee.

7. HEALTH UPDATE

Zina Etheridge, Chief Executive, NELFT; Henry Black, Chief Finance Officer, NHS North East London; Shane DeGaris, Group Chief Executive, Barts Health; and Louise Ashley, Chief Executive, Homerton Healthcare, introduced the report.

The Committee referred to the £278 million efficiency savings that were required and asked how such savings were possible, without impacting front line services, considering increasing populations and inflation. Mr Black conceded that it was a big challenge and confirmed that, broadly, efficiency targets had been met year on year. He said that a comprehensive answer was difficult as each individual organisation had its own efficiency programme. Mr Black explained that overall resources going into the system had increased by approximately £200 million which ensured that, within the allocation funding uplift, the Trust was able to manage the cost growth. The Committee asked which services would be impacted by such savings and whether particular areas were being targeted. Mr Black said that reducing allowances on agency staff was an area likely to be targeted.

The Committee referred to the staffing at Place and asked what the structure was likely to be and for assurances that the London boroughs off Hackney and Tower Hamlets would not be disproportionally affected by the requirement to reduce the ICB running costs by 30% by 2025. Ms Etheridge confirmed that she could not go into details about the structure as staff needed to be informed of the forthcoming changes first. She explained that the Trust was trying to make consistent changes to the structure within each affected Place across North East London. Ms Etheridge added that there was likely to be some variance and gave the example of some boroughs moving to more integrated structures across the Council and ICB. She said it was difficult to provide a like for like comparison but confirmed that she was confident that the new structures being put in place would enable them to tackle health inequalities. Mr Black added that the vast majority of savings would be from back office functions and stated that the budgets for Place were to be preserved and there would be no reductions as part of the required 30% savings. He said that he would look further into the issue and circulate details to the Committee.

The Committee also asked what plans were for using artificial intelligence. Mr Black stated that the use of AI was likely to be limited in this current financial year, however confirmed that it would be used for various back-office functions, such as block chains.

The Committee noted the report.

Actions

- That the Trust looks into whether the London Boroughs of Tower Hamlets and Hackney will be disproportionately affected by the requirement for the ICB to reduce its running costs by 30% and circulate details to the Committee.

The Chair adjourned the meeting at 8.37pm for 5 minutes.

The meeting reconvened at 8.42pm.

8. ICS FIVE YEAR FORWARD PLAN

The Committee agreed that this agenda item would be deferred to a future meeting.

9. SYSTEM RECOVERY AND RESILIENCE

The Committee agreed that this agenda item would be deferred to a future meeting.

10. CONTINUING HEALTHCARE POLICIES

Diane Jones, Chief Nursing Officer, NHS North East London; and Don Neame, Communications Consultant, NHS North East London introduced the report.

The Committee expressed concerns in relation to appeal arrangements and the need to make clear that appellants would be given reasonable time beyond the 28 day deadline to submit supporting evidence. Ms Jones explained that the appellant or their representative would need to raise the appeal within 28 days. She stated that further evidence could be looked at after that date, but the appeal needed to be logged within that period. She said that further evidence outside of the 28 day deadline would be looked at on a case by case basis. Ms Jones explained that the appeal could not be addressed until all evidence was submitted. She went on to say that it was important to ascertain whether it was a complaint about the process or an appeal as both were dealt with in different ways. The Committee stated that they would like to see the Dispute Resolution Procedure at a later meeting.

The Committee stated that, in relation to providers that were rated ‘inadequate’, the policy needed to be clear about whether an individual would be placed or remain in an inadequate service. Ms Jones confirmed that every effort would be made to work with providers to ensure that the package of care and support was sufficient and to improve the ‘inadequate’ rating. She added that an individual could be placed elsewhere if that was in their best interests.

The Committee also disagreed with the reasons for not undertaking a consultation exercise as the previous policy was subject to consultation in 2019. Ms Jones stated that the policies related to national guidance and a national framework, so any changes needed to be made within that framework. She went on to say that the Trust was keen to ensure that people knew their rights in relation to continuing healthcare and to raise awareness. Ms Jones confirmed that she would feed the Committee’s comments back to the Trust.

The Committee were concerned that local authorities had 5 working days to raise a dispute which they considered tight. Ms Jones explained that raising a dispute generally occurred when agreement could not be reached in relation to eligibility. She said the dispute would usually be raised at the Multi-Disciplinary Team Panel, and that disagreeing with a recommendation would be considered as lodging a dispute. Ms Jones said that the process would then follow with an independent

person reviewing the information. The Committee noted Ms Jones comments however, they asked if there was any flexibility with the deadline. Ms Jones stated that there could be additional flexibility and explained that the 5 days was a base line but conceded that there may be exceptional circumstances. The Committee gave the view that it would not be ideal to have patients waiting for a resolution and recommended that the dispute be raised in 5 days, with additional flexibility given depending on the circumstances. The Committee highlighted the fact that there was no provision in the policy for dispute resolution between the patient and ICB and asked if there were plans to refine the policy, in that respect, in the future. Ms Jones stated that if there was a disagreement between a patient and their representative that would fall into the appeals process. She confirmed that dispute resolution was between statutory bodies.

The Committee noted the report.

Recommendations

- That, in relation to the Dispute Resolution Procedure, more flexibility be given on the 5 day deadline for raising disputes, depending on the circumstances.

Actions

- That the Dispute Resolution Policy is brought back to the Committee at a later stage.
- That the Committee's concern that no consultation was undertaken would be fed back to the Trust.

11. COMMITTEE FORWARD PLAN

The Committee suggested the following future agenda items for the Forward Plan:

- The staffing and structure at Place-based areas to enable better understanding of the Trust's resources.
- Progress update on virtual wards
- Health outcomes of global ethnic majority/BAME patients in maternity wards and of those with testicular cancer.
- Parasite transmission and treatment
- Dropout rates (including data) in relation to IAPT Talking Therapies.

Mr Neale confirmed that reports could be sent in advance of the Committee once they became available.

The Committee agreed to have an online meeting to finalise the forward plan for the remainder of the municipal year.

The meeting closed at 9.15 pm

Chair's Signature _____

Date _____

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Waltham Forest

INEL JHOSC Coversheet

Committee/Date:	INEL JHOSC Scrutiny Committee 1 November 2023
Report Title:	Health Update
Contact Details	Zina Etheridge, Chief Executive, NHS North East London. Zina.Etheridge1@nhs.net
Public Access	Open
Appendices	1a. NEL ICS and ICB Structure for information only
Implications • Finance • Legal • Equality and Diversity	None
Background information	

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North East London Health & Care Partnership

NHS North East London

Health Update

JHOSCs

Oct/Nov 2023

NHS North East London: Update

- Analysis by QMUL's Clinical Effectiveness Group has found that as a system, NEL ranks first in England in key cardiovascular disease outcomes including management of hypertension, chronic kidney disease, heart disease and stroke, and people at high CVD risk..
- This year 12 projects across North East London have been shortlisted for the 2023 HSJ Awards. Our Barking & Dagenham, Havering and Redbridge team were finalists in the Primary Care Initiative of the Year category for Quality Assured Diagnostics in Primary Care; and our communications and engagement team, in partnership with councils and voluntary sector partners has been shortlisted for a national PR Week award for our campaign work that encouraged more than 80,000 children vaccinated against polio
- The frame for the new St George's Health and Wellbeing Hub is now finished, marking the completion of a major phase of the project. The multi-million-pound new facility will provide easy access to a range of health, social care and community services all under one roof including GP services, outpatient clinics, mental health services, and diagnostic facilities for earlier cancer diagnosis. There will also be an integrated café and education facilities, community meeting spaces, as well as a sensory, dementia-friendly communal garden. The centre is scheduled to complete in spring 2024 and will help provide high quality, joined up health and care services in the community for people now and in the future.
- Our organisation restructure is nearing completion. We look forward to driving meaningful improvements in health, wellbeing, and equity; enabling all parts of the health and care system to work collaboratively; improving patient and public participation (both in developing health and care solutions and in taking control of their own health); and for our staff to have fulfilling and enriching careers in the ICB. A description of the organisational structure is attached as a separate document for information only.

Freedom for staff to Speak Up (FTSU)

Our thoughts are with the families who've been devastated by Lucy Letby's murders and attempted murders and with the many staff at the Countess of Chester Hospital who did their best for the infants and their relatives. Letby's deplorable crimes go against everything the NHS stands for. The trial established Letby's guilt. The independent inquiry will look at the lessons the NHS can learn from her crimes.

Amanda Pritchard, CEO of NHS England, has issued a letter in response to the verdict outlining the actions we have been asked to take (in particularly around Fit and Proper Persons) and to remind staff of all the ways they can speak up when they have concerns about safety.

All NHS organisations in north east London have:

- reflected on the outcomes of the trial and looked at how the NHS responds when people raise concerns about safety
- reminded staff about their duty to speak up when they have concerns
- reiterated the various ways which staff can use to raise concerns (and the independent routes available if they have any concerns), and restated our commitment that staff will be listened to.

For example: All trusts have stepped up activity during FTSU month (October). BHRUT and Barts Health are re-promoting the service across digital channels and staff engagement events reminding them of hour to speak up and raise concens, with the FTSU guardian attending corporate induction and visiting staff across hospitals. ELFT and NELFT have drop-ins, specific advisor roles, presence at staff networks etc.

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it. We hold to these principles that say: "Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported."

Operose / Centene

Operose Health has made London ICBs aware that its ownership, currently with Centene, is under review.

Operose Health has given us reassurances that this will not impact on its day-to-day operations, or its ability and commitment to delivering high quality patient care, and that it will continue to meet all contractual obligations.

We have made clear to Operose Health our expectations and the requirements of their contracts during this process, and they will continue to keep us informed.

These practices in NEL are run by AT Medics (which is owned by Operose – a UK subsidiary of Centene)

- Loxford – Redbridge
- Lucas Avenue – Newham
- Carpenters Practice – Newham
- E16 - Albert Road – Newham
- Trowbridge – City & Hackney
- Goodmans Fields – Tower Hamlets
- Victoria Medical – Barking and Dagenham (short-term caretaking contract)

Month 5 System Financial Position

Organisations	Year to date			Reported Forecast			Finance Recovry Plan			
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	FRP Expected YTD £m	Variance from FRP £m	M1-5 Adjusted Actuals (IA) £m	Adjusted Variance from FRP £m
BHRUT	(2.9)	(19.5)	(16.6)	(0.2)	(0.2)	0.0	(15.5)	(4.0)	(16.0)	(0.5)
Barts Health	(11.6)	(42.5)	(30.9)	(27.8)	(27.8)	0.0	(36.8)	(5.6)	(36.3)	0.5
East London NHSFT	0.6	(2.4)	(3.0)	5.4	5.4	0.0	(1.8)	(0.7)	(2.3)	(0.6)
Homerton	(0.1)	(7.5)	(7.4)	0.2	0.2	0.0	(5.4)	(2.1)	(6.7)	(1.3)
NELFT	2.4	2.2	(0.2)	7.0	7.0	0.0	2.4	(0.2)	2.5	0.1
Total NEL Providers	**(11.6)**	**(69.7)**	**(58.0)**	**(15.3)**	**(15.3)**	**0.0**	**(57.1)**	**(12.6)**	**(58.8)**	**(1.8)**
NEL ICB	6.4	(9.6)	(16.0)	15.4	15.4	0.0	(9.4)	(0.1)	(9.6)	(0.1)
NEL System Total	**(5.2)**	**(79.2)**	**(74.0)**	**0.0**	**0.0**	**0.0**	**(66.5)**	**(12.7)**	**(68.4)**	**(1.9)**

- The month 5 year-to-date ICS position against the plan is a deficit of £74m. This is made up of a provider deficit of £58m and a ICB deficit of £16m. The drivers of the year-to-date position are inflation, the cost of industrial action (IA), slower than planned delivery of cost improvement plans, payroll pressures (including agency) and run rate pressures such as prescribing.
- In line with the operating plan and national reporting protocol the forecast position remains as breakeven. There is a substantial risk to delivery of this and as a result a formal finance recovery plan (FRP) has been developed. The FRP has identified potential mitigations to the year-to-date run rate position but there is still a risk to delivery of £55m. Work is continuing to identify further cost improvement measures.
- The FRP trajectory assumed that the deficit at month 5 would be £66.5m. The ICS is therefore almost £13m behind trajectory, although almost £11m of this relates to the cost of industrial action. Once the impact of industrial action is factored in to the position the ICS approximately £2m off the FRP trajectory.

Finance Recovery Plan

The Finance Recovery plan has been agreed by partners organisations across the ICS, and a financial recovery director has been appointed to support delivery of the 2023/24 plan, including identification of further stretch plans.

Measures put in place include:

- Enhanced grip and control, including the appointment of a system financial improvement director and system wide financial governance.
- Enhanced governance reporting into the ICS Executive Committee which brings together key system partners.
- Double lock approval process for expenditure over £50k.
- Ban on non-clinical agency and vacancy freeze (with exceptions). Restrictions of some non-pay expenditure.
- Identifying best practice and implementing more widely.
- Development of further stretch efficiency schemes, review of investments and other funding.

The Joint Forward Plan (JFP)

- The Health & Care Act 2022 requires each Integrated Care Board (ICB) in England, and their partner NHS trusts and foundation trusts, to produce and publish a Joint Forward Plan (JFP).

- As well as setting out how the ICB intends to meet the health needs of the population within its area, the JFP is expected to be a delivery plan for the integrated care strategy of the local Integrated Care Partnership (ICP) and relevant joint local health and wellbeing strategies whilst addressing universal NHS commitments. As such, the JFP provides a bridge between the ambitions described in the integrated care strategy developed by the ICP and the detailed operational and financial requirements contained in NHS planning submissions.

- We have worked with our partners, including the seven Places to develop the JFP. Importantly, this is where our people live and where they are part of their local community with its local priorities and services. Following the original draft we have engaged with our Health and Wellbeing Boards, our Place-based Partnerships and our Provider Collaboratives as well as wider partners to ensure alignment to partner plans and to identify any gaps.

- We have been co-designing a system planning cycle with our partners over the summer that will bring together and streamline different planning processes; we are now testing our aligning strategic context and the outcomes we want to achieve based on outputs from the Big Conversations with a view to testing the current transformation programmes and refreshing the Joint Forward Plan for 24/25.

For more information about who we are and how we are working with our partners to improve health and care for people across north east London, click here.

To read the full Joint Forward Plan click here

Strategic alignment with local health and wellbeing priorities across NEL

Hackney

- Improving mental health
- Increasing social connection
- Supporting greater financial security

City of London

- Good mental health for all
- A healthy urban environment
- Effective health and social care integration

Waltham Forest

- The best start in life to develop, thrive and achieve
- Healthy, longer, happy lives prosperous, active and sustainable
- Thriving maturity and protected community: safe, supported and independent

Redbridge

- Achieving the best start in life
- Diabetes prevention and management
- Mental wellbeing
- Cancer survival
- Living well in a decent home you can afford
- End of life care

Havering

- Assisting people with health problems (back) into work
- Further developing the Council / NHS Trusts as 'anchor institutions'
- Provide strategic leadership for collective efforts to prevent homelessness and the harm caused
- Realising the benefits of regeneration for health and social care services
- Improve support to residents whose life experiences drive frequent calls on health and social care services
- Obesity
- Reducing tobacco harm
- Early years providers, schools / colleges as health improvement settings
- Development of integrated health and social care services for CYP and adult s at locality level

Tower Hamlets

- We can all access safe, social spaces near our homes, so that we can live active, healthy lives as a community
- Children and families are healthy, happy, and confident
- Young adults have the opportunities, connections and local support they need to live mentally and physically healthy lives
- Middle-aged and older people are enabled to live healthy lives and get support early if they need it – whether it is for their mental or physical health
- Anyone needing help knows where to get it, and is supported to find the right help

Newham

- Enabling the best start through pregnancy and early years
- Supporting our young people to be healthy and ready for adult life
- Supporting people around the determinants of their health
- Developing high quality inclusive services, ensuring equity and reducing variation
- Meeting the needs of those most vulnerable to the worst health outcomes
- Creating a healthier food environment
- Supporting active travel and improved air quality
- Creating an active borough
- Supporting a Newham of communities where people are better connected and supported
- Working towards a smoke free Newham
- Building a borough of health promoting housing
- Building an inclusive economy and tackling poverty

Barking and Dagenham

- Best Start in Life
- Early Diagnosis and Intervention
- Building individual and community strength

*Note these are joint health and wellbeing priorities which may evolve as place based partnerships become more established

Our priorities (1/2)

Long term conditions

We're putting in place a seven day a week services for everyone with symptoms of a mini stroke, focussing on prevention and better care for those with Type 2 diabetes and improving our heart failure care services. We'll also help more kidney patients to have dialysis at home. This relies on us having enough staff for the new clinical teams, getting the funding we need and getting all staff to sign up to our plan.

Mental health

Our plans will see shorter waits in A&E for people with mental health needs, more support workers, better access to Talking Therapies for anyone that needs it, more personalised care and a focus on mental health service users helping us to develop and improve those services. We'll also be offering mental health support in every secondary school. We need to tackle high rates of staff vacancies and make sure that we bring together everyone that works in mental health to be as coordinated as possible.

Maternity

We're working to ensure all women are offered dedicated care throughout their pregnancy, that we greatly reduce some of the things that can go wrong – especially for women in deprived areas, and that GPs and other baby services work more closely with our maternity staff. We also want more women to breastfeed their babies. This relies on us recruiting/training more maternity staff and being able to fund more research into the future demands.

Babies, children and young people

We're making sure that children aged 5-11 who are overweight, get the help they need to be healthy. We're planning more help for families with very small children nearer to where they live, supporting children with special needs to be ready to for starting school and more support for families who are struggling to know where to go for help when they need it. Our plans rely on families with obese children recognising that they need help, on recruiting more staff and on more funding to care better for those children with special needs.

Cancer

We're working to be able to detect cancers earlier, giving people a better chance of a full recovery. At the moment we're focussing on earlier diagnosis of lung, prostate, pancreatic and liver cancers and working towards personalised care and support for all our patients. We also want to increase the numbers of people coming forward for screening so we can catch cancers earlier. This relies on solving some of the staffing issues at local hospitals which mean we can't do as many, or turn around tests as quickly as we'd like to.

Our priorities (2/2)

Employment and workforce

We're employing another 900 staff in the next year for the health and care services described above and we want everyone to be paid fairly. Our plans will see more GPs and clinical staff in practices and less reliance in our hospitals on expensive temporary staff, with more full-time nurses and doctors. We also want to employ more local people. This relies on more funding and on keeping the staff we have.

GPs and pharmacists

We're making use of latest technology so people can more easily get help from their GP, including remote appointments, helping some GP practices to improve levels of care and their quality ratings, introducing more pharmacy services and improving all our 'same day' services.

Community health services

We're working with local Healthwatch and the voluntary sector to help people coming out of hospital to be able to stay safely at home; we're focussing care on those with several health conditions, employing 2,000 more staff to help the terminally ill and their families and ensuring all our services can see a single patient care record. This relies on us getting funding, solving privacy issues around sharing records and attracting new staff.

Urgent and emergency care

We're making it easier for you to book urgent appointments, finding ways to educate and support people who use the service when they don't really need to, working with the ambulance service to only bring people who need hospital care to A&E, and finding new, streamlined ways to care for people who need same day, urgent care.

Operations and tests

We're reducing waiting times for people currently on lists for an operation and opening new centres across the area for people to get faster ultrasound and CT scans and tests for cancer and other conditions. We're also increasing the number of operations in our hospital theatres and working hard to bring all our services up to the same high standard for all our residents.

Health inequalities

We know that health care, and people's experience of it, isn't the same in different parts of north east London. This is particularly the case for people living in more deprived areas, those from ethnic minorities, for carers, those with learning disabilities, autism and for the homeless. We plan to improve this so that everyone gets the best care possible and lives a healthier life. We need funding and the staff with the right skills and expertise.

North East London Health & Care Partnership

Homerton

Homerton Healthcare NHS FT

North East London Health & Care Partnership

Operational performance

- **ERF Performance** achieving 103.79% against plan for Q1 (Apr'23 – Jun'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.
- **Elective care performance** Trust's Aug'23 PTL position is 31,120 . The number of pathways transferred from other NEL trusts – c. 7,855 pathways to-date. 139 patients waiting over 52 week at end of Aug'23.
- **Cancer** – currently achieving 62-day treatment target (85.0% in Jul'23); achieving 2ww referral target (93.1% for Aug'23)
- **4-hour emergency care target** in Aug'23 is 85.9 % compared to 78.0 % in Jul'23.
- **Community services:** IAPT position for Aug'23 is 100% seen within 18 weeks with strong performance of 61.1% 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.
- **CQC Maternity inspection** in the summer rated our service as 'Good'

Corporate activity

- **Vacancies the Trust** in Sep'23 reduced its vacancy rate 0.7% compared to Aug'23
- **'Inclusive' was added to our Trust values** in August in line with our 5-year Trust strategy published earlier in the summer
- **We held our first Trust wide staff awards** – the HOSCARS – in September celebrating our the hard work innovation and achievements of our staff across 17 categories

North East London Health & Care Partnership

NELFT and ELFT

NELFT / ELFT Updates

North East London Health & Care Partnership

Leadership changes

- Paul Calaminus has joined NELFT as the CEO. Lorraine Sunduza has started as Interim CEO of ELFT along with Claire McKenna, Acting Chief Nurse and Kevin Curnow, Chief Finance Officer.

NELFT Corporate manslaughter charge

- As a result of a case dating back to 2015, on Thursday 7th September 2023 NELFT was charged with Corporate Manslaughter and Health and Safety breaches. The Trust are now engaging with the legal process.

Industrial Action

- Junior Doctors strikes occurred on 13th – 18th July, 11th – 14th August, 21st – 22nd September, 2-4th October.
- Consultants strikes occurred on 20th – 21st July, 24th – 25th August, 21st September, 2-4th October.
- *Unite the Union* strike amongst ELFT/NELFT employees occurred on 13th September.
- The two trusts have been liaising with one another to minimise disruption and continue providing quality care.

Right Care, Right Person – partnership work

- The Right Care, Right Person programme has been announced as a national initiative and work has been taking place across London since July with the NHS, social care and Metropolitan Police to develop the London wide RCRP programme. This is focused on welfare checks, Absence without official leave (AWOLs), health based places of safety, walkouts from healthcare facilities and transportation. Regular communications are planned to start in October.
- A harmonised AWOL policy across all mental health Trusts in London is being developed to ensure a consistent approach.
- On 1 November, Met Police call handlers will respond differently to mental health welfare checks and work is underway to ensure the workforce is supported to help implement this. Please be reassured that the Met Police will still respond to calls where there is a threat to life.
- NELFT and ELFT have continued to engage with police colleagues across NEL to consider implications of changes to local services.

NELFT/ELFT Updates

North East London Health & Care Partnership

NELFT service updates

- 10 additional mental health treatment beds and two LD specialist beds will open at Sunflowers Court, Goodmayes, w/c 4 December 2023. The beds will enable us to improve our patient flow and reduce the length of stay of patients in A&E departments.
- The improved female Psychiatric Intensive Support Unit (PICU) pathway for North East London is already in place and working well.

Events

- NELFT AGM – Thursday 21 September
- NEL LeDeR Conference 2023 – 21 September
  - An event with shared findings from LeDeR reviews, and what is happening locally (local initiatives) aimed to improve quality of care for people with learning disabilities and autism across North East London.
- ELFT Staff Awards – Thursday, 19th October.
  - Annual awards ceremony to celebrate outstanding achievements amongst staff across the Trust.
- ELFT Research & Innovation Conference – Wednesday, 1st November.
  - Annual conference to showcase all aspects of healthcare research, including conducting studies and establishing academic partnerships.

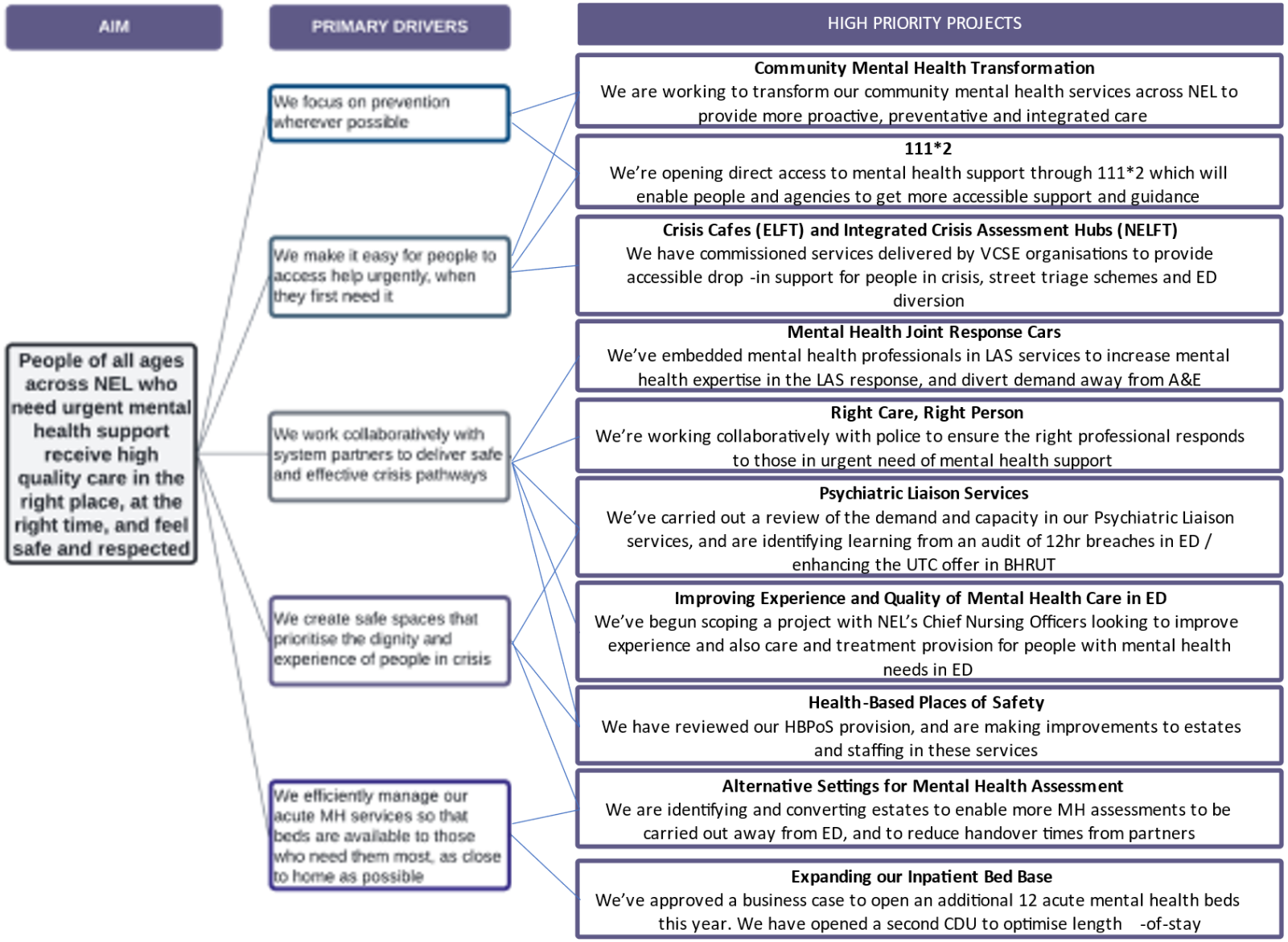
NEL Mental Health Crisis / UEC Improvement Network - Strategy

North East London Health & Care Partnership

Mental Health Crisis Improvement Network

We have established a NEL Mental Health Crisis Improvement Network within our provider collaborative.

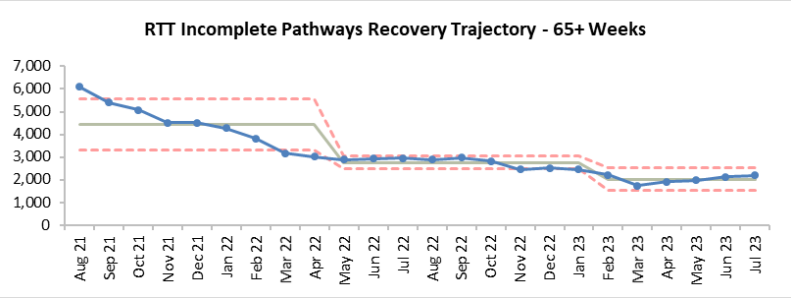
This group, which combines clinical, operational and service user leadership from a variety of providers are driving forward a programme of improvement work across the whole pathway, and building opportunities to share learning and good practise.

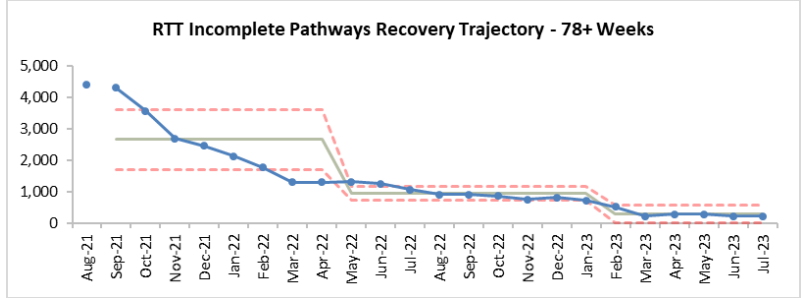


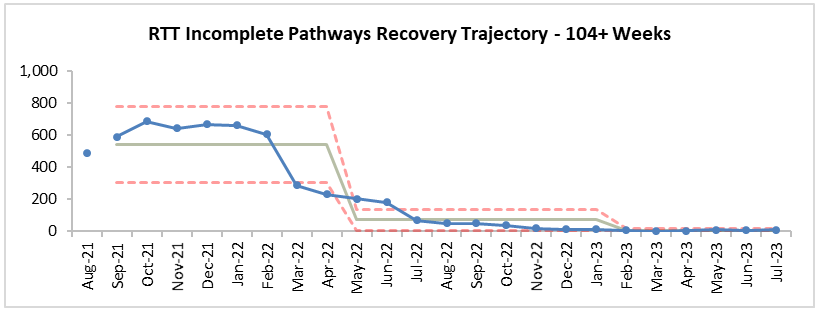
Barts Health

Elective recovery

Across the Barts Health group of hospitals, by the end of July 2023 there were 8 patients who have been waiting 104+ weeks for their treatment, and 234 patients waiting for more than 78 weeks.







In relation to 78+ week waiters, these have reduced over the course of the last six months with 728 patients reported at the end of January 2023 reducing to 234 at the end of July 2023, a decrease of 494 (-68%).

Impact of industrial action

- The continued disruption to services impacts our ability to establish longer term performance trajectories with confidence.
- We have also sought to continue as much elective work as possible, whilst also undertaking extensive work re-booking patients due to sequential industrial action. In July the disruption resulted in the cancellation and rebooking of 2,251 outpatient appointments, 290 day case operations, 86 elective procedures and 31 cancer patients. For the August industrial action, this led to the cancellation and rebooking of 1,658 outpatient appointments, 220 day case operations, 71 elective procedures and 37 cancer patients. We will continue to work with clinical leaders, establishing plans to mitigate disruption to services and patients.
- The industrial action is putting additional strain on the financial challenge which is already under significant pressure. We continue to work with partners across the system to help deliver a Financial Recovery Plan.

Strategic updates:

- **New joint service for non-emergency patient transport (NEPT)**: From October, Barts Health will be extending our in-house service to provide transport for BHRUT patients, who previously contracted the work out to G4S. This single service will increase vehicle efficiency, achieve quicker turnaround times for patient collections, and ensure equality of experience. Both Trusts will benefit from a new fleet of 37 ULEZ compliant vehicles.
- **Redevelopment update in August:** The government has approved the outline business case for phase two of the enabling works for the redevelopment of Whipps Cross Hospital. These works include the construction of a new 500-space multi-storey car park, which must be completed before building of the new hospital itself can begin.
- **Extra funding to support urgent and emergency care**: the government announced an allocation of £2,674,000 to our hospitals as we make contingency plans for the prospect of another very busy winter. With this money, Whipps Cross plans to create a dedicated space for a round-the-clock Same Day Emergency Care (SDEC) service that will free up 28 overnight beds. The Royal London plans to expand its overnight emergency surgery by 12 beds. Newham plans to stream patients onto speedier pathways to avoid unnecessary hospital stays.

NHS
North East London

North East London Integrated Care System (ICS) and the Integrated Care Board (ICB)

For information only

Health and care in North East London

- The formal alliance of partners with a role to improve the health and wellbeing of residents in North east London is the North East London Integrated Care System (NEL ICS). This is known as the North East London Health and Care Partnership (NEL HCP).
- Our ambition is to work with and for everyone in north east London, a richly diverse and growing population, to create meaningful improvements in health, wellbeing and equity.
- In July 2022 our Integrated Care Partnership was formally established. This is a statutory committee that brings together a broad set of system partners (including local government; the voluntary, community and social enterprise sector; NHS organisations; and wider partners) to work together with local people to plan and deliver joined up health and care services.
- Our partnership brings huge potential to work together as a system towards a much greater focus on population health outcomes and tackling inequalities, recognising the assets held by local people and communities improving their health and wellbeing outcomes
- We do this by bringing together health partners, local authorities and the voluntary, community and social enterprise sector, with residents, patients and service users to improve how we plan and deliver care and support services.
- To help guide our work, we have agreed four priorities where we want to create measurable change:
  - ✓ **Employment and workforce** – to work together to create meaningful work opportunities and employment for people in North east London now and in the future.
  - ✓ **Long term conditions** – to support everyone living with a long-term condition in North east London to live a longer, healthier life and to work to prevent conditions occurring for other members of our community
  - ✓ **Children and young people** – to make North east London the best place to grow up, through early support when it is needed and the delivery of accessible and responsive services.
  - ✓ **Mental health** – to transform accessibility to, experience of and outcomes from mental health services and well-being support for the people of NEL.
- You can find out more about the North east London health and care system, such as our strategy and our joint forward plan on the North East London Health and Care Partnership website (northeastlondonhcp.nhs.uk)

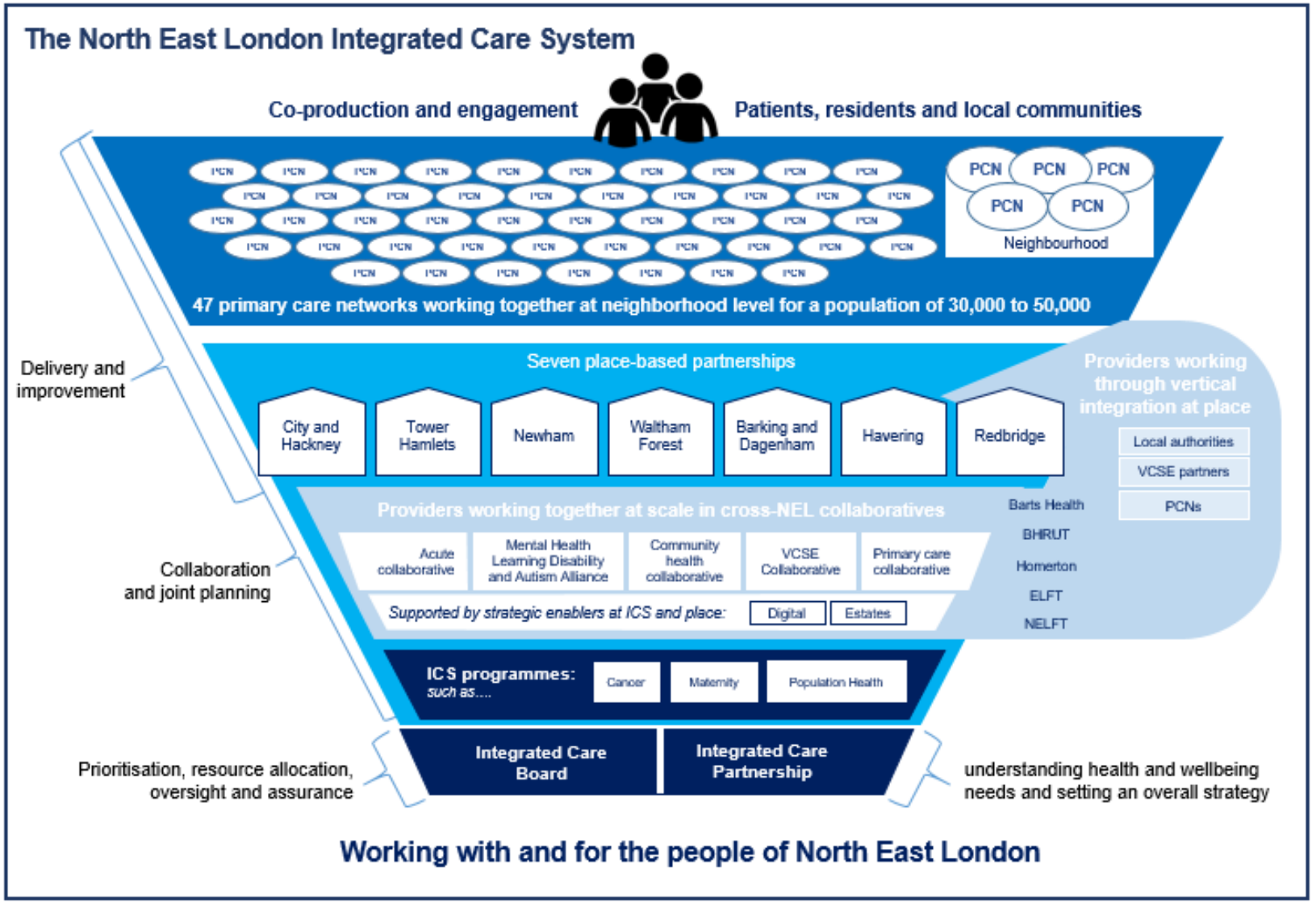
Our partnership

We each as partners and as a partnership have an impact on the people of NEL – some providing care, others involved in planning services, and others impacting on wider determinants of health and care, such as housing and education.

Our partnership between local people and communities, the NHS, local authorities and the community and voluntary sector, is uniquely positioned to improve all aspects of health and care as well as addressing the wider determinants of health such as employment, housing or poverty.

With hundreds of health and care organisations serving more than two million local people, we have to make sure that we are utilising each to the fullest and ensure that work is done and decisions are made at the most appropriate level.

Groups of partners coming together within partnerships are crucial building blocks for how we will deliver. Together they play critical roles in driving the improvement of health, wellbeing, and equity for all people living in north east London.



Developing a local system

- Five collaboratives – all evolving and shaping their areas of focus and ways of working
  1. Acute Provider Collaborative - 6 transformation programmes focused on Urgent and Emergency Care, Planned Care, Cancer, Critical Care, Maternity and LMNS, Babies, Children and Young People
  2. Primary Care Collaborative – oversight of NEL primary care system transformation, addressing inequalities, driving up quality, involving local people
  3. Community Care Collaborative – initial deep dives into Speech and Language Therapy and Virtual Wards, building engagement with all community health service providers
  4. Mental Health, Learning Disability and Autism Collaborative – service use and carer leadership, developing improvement networks, governance
  5. Voluntary, Community and Social Enterprise Collaborative – development model to work through areas of greatest impact and ways of working

- Five NHS Provider Trusts – across our geography, offering a range of services to our diverse communities
  - Represented in the collaboratives and the Place Partnerships
- Seven Place Partnerships – take a population approach reflecting local and system priorities, engaging with Trusts and Collaboratives across a range of issues with partnerships involving Provider Trusts, Collaboratives, Primary Care and the ICB as well as local authorities, the voluntary, community and social enterprise sector and local people
  - Key links into Safeguarding Partnerships, Community Safety Partnerships and wider regeneration and development
  - Opportunity to engage strategically in issues such as population growth, Climate Emergency and sustainability, inequalities and inequity

North East London Integrated Care Board (NEL ICB) or NHS North East London

- The Integrated Care Board (NHS North East London) is the statutory organisation responsible for developing a plan for meeting the health needs of the local population.
- We do this through planning and commissioning health services across north east London to meet our population's needs, making sure all parts of the local health system work effectively together. We bring together health partners, local authorities and the voluntary, community and social enterprise sector, alongside residents, patients and service users to improve how we plan and deliver care and support services.
- We set strategies, policies and plans where these are best done at the scale of the whole of north east London. We also set the overall financial strategy for the local health system and make sure that everyone can get core services in an appropriate setting.
- We serve the population of north east London across our eight local authority areas: Barking and Dagenham; City of London; Hackney; Havering; Newham; Redbridge; Tower Hamlets; and Waltham Forest.
- We are structured in six departments under the leadership of the Chief Executive: Zina Etheridge
  - Medical department
  - Nursing department
  - Participation and place department
  - People and culture department
  - Finance and performance department
  - Strategy and transformation department
- You can find out more about **our organisation** such as our board and our governance and **our vision and priorities** on our **website**

Place Directorates

North east London's seven place partnerships are uniquely placed to drive the integration between health and care that will improve local people's wellbeing, through co-produced approaches that build on community assets. As partnerships, they understand their communities and the inequalities that local people face. Reshaping North east London's health and care system so that it is equitable, delivers improved wellbeing for everyone, and is financially sustainable, will happen only if we work together to deliver at neighbourhood, place, collaborative, and system. Each element of the system needs to be accountable for its part of our improvement journey and to work together alongside local people and communities to effect change sustainably.

The place directorates in the Participation and Place Department work in Barking and Dagenham; City and Hackney; Havering; Newham; Redbridge; Tower Hamlets and Waltham Forest.

- To address the unique challenges and opportunities the teams focus on working locally with partners to support improved outcomes across a full range of areas including prevention and early intervention, community resilience, mental health and learning disabilities, special educational needs, maternity, long term conditions, wider health and wellbeing, carers and unplanned care
- The composition of each directorate varies depending on local culture, history, communities, and agreements with local authorities and partners; however each is structured around the key life stages of Start Well, Live Well and Age Well, with teams for strategic planning, infrastructure and delivery supported from across the ICB.

Waltham Forest

INEL JHOSC Coversheet

Committee/Date:	INEL JHOSC Scrutiny Committee 1 November 2023
Report Title:	System Recovery, Resilience and Winter Planning
Contact Details	Charlotte Pomery – Chief Participation and Place Officer at NHS North East London. charlotte.pomery@nhs.net
Public Access	Open
Appendices	None
Implications • Finance • Legal • Equality and Diversity	There are no additional resource implications (either revenue or capitals costs) arising directly from this report.
Background information	

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North East London Health & Care Partnership

System recovery and resilience

INEL JHOSC

Key national recovery plans

1. Elective recovery plan: National Plan developed in 2022, focus on reducing the waiting lists for people waiting for elective care

2. Urgent and emergency care recovery plan: National Plan developed in 2023 a blueprint to help recover urgent and emergency care services, reduce waiting times, and improve patient experience

3. Primary care access recovery plan: National Plan developed to support primary care to address access and make it easier and quicker for patients to get the help they need from primary care

Focus today is on urgent and emergency care (including winter) and primary care

NHS
North East London

North East London
Urgent and Emergency Care (UEC)

Our system ambition for UEC

North East London Health & Care Partnership

Improved access to urgent and emergency care for local people that meets their needs and is aligned with the UEC national plan.

We have defined what resilience looks like for the short and long–term:

Winter 23/24: Stabilisation of the provision of safe, accessible care.

Long-Term: Sustaining a UEC System that is focused on keeping people well, meeting the health needs of the population, ensuring easy access to care where required in the community, with efficient flow through acute care when required, supported by a workforce that operates without being overwhelmed.

Prevention of conditions and support needs

Prevention will be addressed in the future of the UEC SRR

Goal: engaging in proactive population health management to keep people well in the community.

Management of existing conditions and needs

Timely intervention for escalation of needs or new needs and conditions

Goal: strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance.

Goal: optimising flow through Acute trust sites.

Timely and effective return to community setting following escalation

Underpinned by **data, governance, workforce and effective pathways**

Goal: setting up the systems, governance, workforce and pathways necessary to form a sustainable plan and work as a system.

Summary of BHR Locality Improvement Plan

North East London Health & Care Partnership

Keeping people well
Enhanced offer to Care home residents
Implementation of Falls and Catheter care services
Urgent Community Response – 2 hr response, cars, trusted assessor, therapy in Emergency Department
Alternative pathways – Physician Response Unit, Remote Emergency Access Coordination Hub (REACH)

Improving Hospital Flow
Discharge Hub
Delivery of BHRUT CQC Action Plan
Same Day Emergency Care

Avoidable admissions – same day
GP access hubs
Delivery of PELC CQC action plan
Virtual wards – Frailty & Acute Respiratory Infection
Management and Support of High Intensity Users

Discharge
Improve Pathways - Integrated Discharge Hub, Rehabilitation, Discharge to Assess, Homelessness
Welfare checks and reducing readmission
Capacity of Community Rehabilitation beds
Demand for reablement

- The impact that extended ambulance handover times has on the ability of the ambulance services (London Ambulance Service and East of England) to respond in a timely manner to emergency calls within the community is recognised within NEL. Acute Trusts are participating in a workstream as part of the Acute Provider Collaborative (APC) UEC Programme.

Mental health flow and length of stay

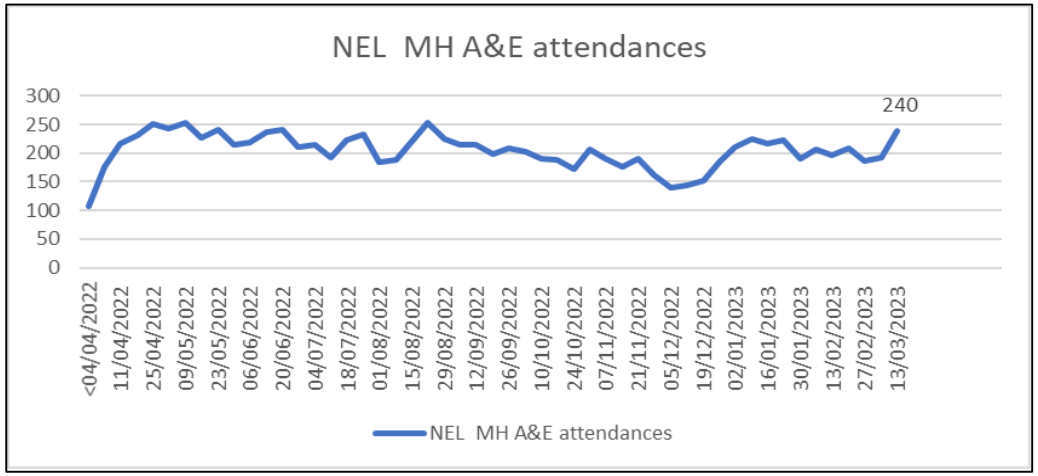
We have a programme of improvement work being delivered through our Mental Health (MH) Crisis / Urgent and Emergency Care (UEC) Improvement Network. Some high-impact schemes aiming to improve flow are:

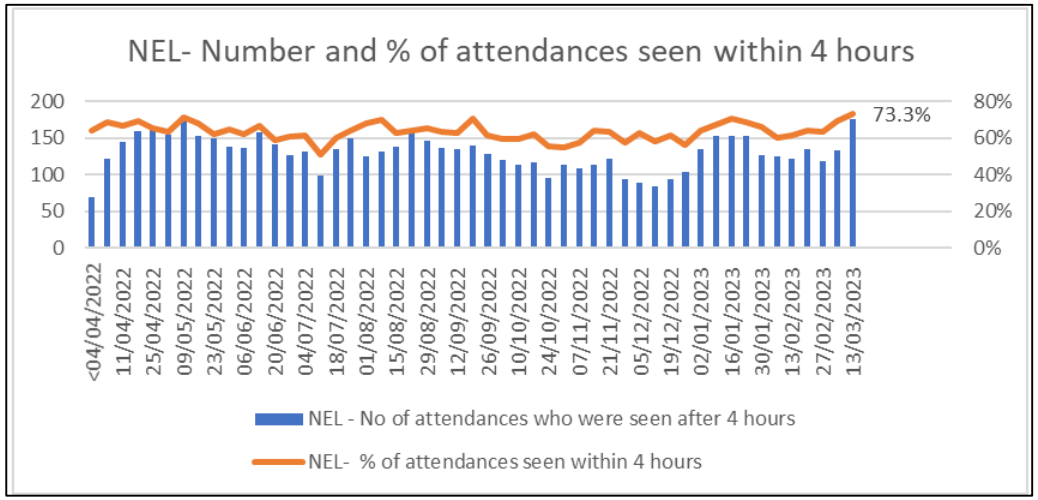
An expansion of our acute MH bed base by opening an additional 12-bedded acute MH inpatient ward	A demand and capacity review of our Psychiatric Liaison Services, and an audit to explore underlying themes in cases of 12hr breaches
Improvement work to our Health-Based Place of Safety estate, with additional staffing to ensure timely handover	An additional Clinical Decision Unit opened demonstrating a much reduced length of stay

We know that for both ELFT and NELFT, the average **Length of Stay has increased over recent years**, and staff are reporting **higher acuity and complexity of needs** in those admitted.

With regards to MH in ED, there are a multitude of reports describing admissions and length of stay in A&E, but there **does not appear to be a 'single version of the truth'**. We are establishing a NEL MH in ED Data Working Group to build some shared and validated reporting, and to share the learning from BHRUT and NELFT where they have made real progress in this area.

North East London will be Tier 1 status of the UEC Recovery programme. We know this will bring additional focus on MH waits in ED, so it's more important than ever that we have a shared perspective on this.





NHS
North East London

North East London Winter Planning 2023/24

Charlotte Pomery & Fiona Ashworth

Overview: winter planning

The ICB started planning for winter early this year in recognition of the challenges of winter 2022/2023 and the continuing high demand throughout the year, particularly for urgent and emergency care services. The ICB engaged a third party to support the development of a System Resilience Plan in Spring of 2023, reporting to our system UEC Executive. The process to develop the plan was hugely collaborative, reaching out across our system including the NHS (community, mental health, ambulance, primary and secondary care), local authorities (children's and adult services, public health, community provision), the VCSE (across our geography from small to larger organisations) and local people through a process of information capture and ideas development to build on best practice and to share awareness of existing and emerging interventions.

We have been finetuning our UEC Improvement Plans at Place and Hospital Footprint in response to national improvement requirements, working with system partners to ensure we support interventions from keeping people well at home to enabling sustained discharge.

We have also developed individual Place-based winter plans through our seven Place based Partnerships working with hospital sites, which have focused on delivery of those interventions requiring more attention in specific places, again working with system partners at a local place level (primarily NHS, local authority and VCSE).

The winter plan for the NEL system is focused on the following approach:

- The ICB will lead on the following high impact interventions encompassing intermediate care demand and capacity, virtual ward occupancy, urgent community response, single point of access and the delivery of a system wide strategic coordination centre (SCC)
- Acute and specialist trusts will lead on same day emergency care, frailty, inpatient flow and length of stay, community bed productivity and flow
- There are a number of defined responsibilities and roles for partners in developing collaboratively the winter operating plan. These include: Primary care, children and young people, community trust and integrated care providers, ambulance trusts, mental health providers and local authorities/social care

Summary of NEL system Flow impact initiatives

Keeping people well
Enhanced offer to Care home residents
Implementation of Falls and Catheter care services
UCR – 2 hr response, cars, trusted assessor, therapy in ED
Specific placed-based interventions e.g. engagement with families
Vaccination & immunisation esp. COVID , flu
Alternative pathways – Physician Response Unit, REACH
Winter campaign & marketing plan

Avoidable admissions – same day
GP access hubs
Development of clinical navigator role
Virtual wards – Frailty & ARI
LAS – conveyance assessment in CAS (pilot)
Management and Support of High Intensity Users

System Co-ordination Centre

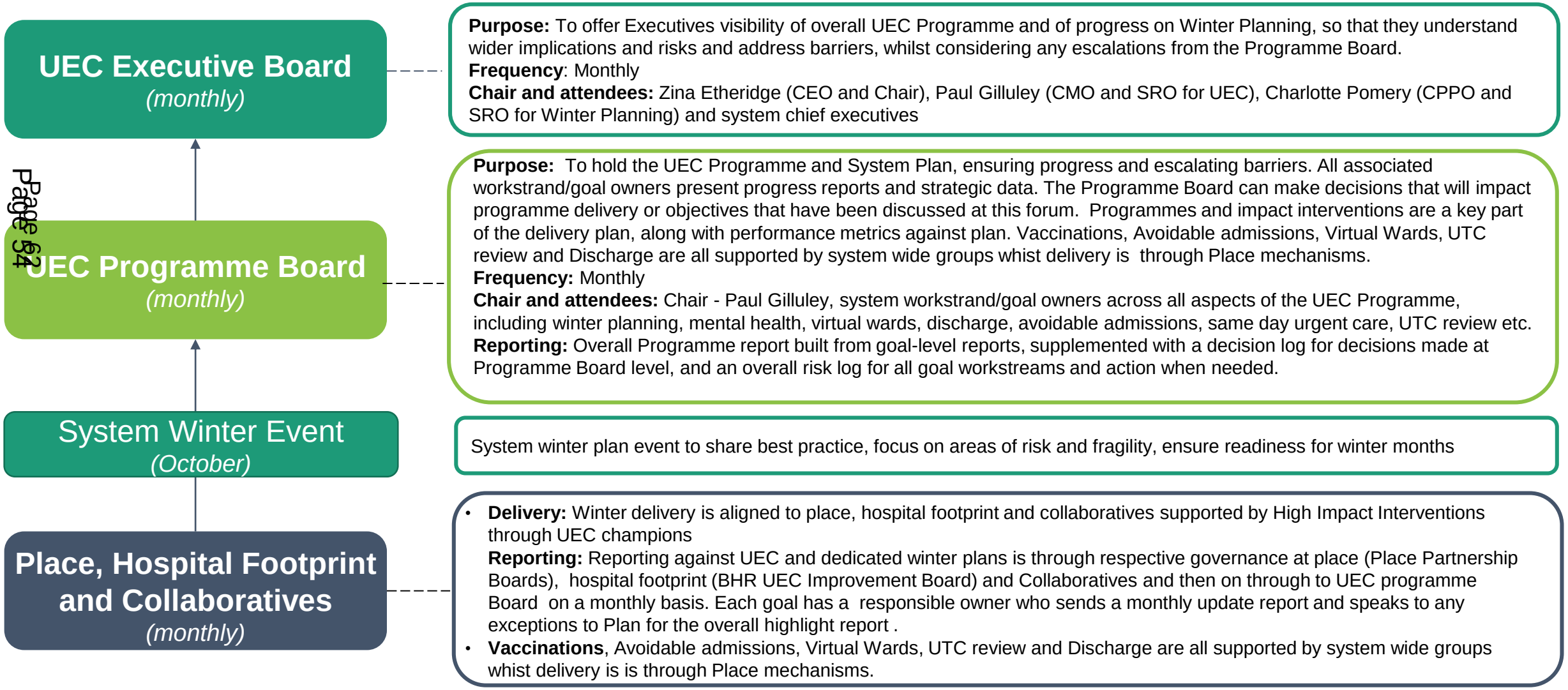
Improving Hospital Flow
Discharge Hub
MH improvement plan
Review of 0-1 day LOS patients at BHRUT / ward management processes
Same Day Emergency Care
Ambulance handover – 45 min maximum wait

Discharge
Improve Pathways - Integrated Discharge Hub, Rehabilitation, Discharge to Assess, Homelessness
Welfare checks and reducing readmission
Review of longer LOS patients with implications for pathways
Capacity of Community Rehabilitation beds
Demand for reablement

- 25 UEC champions
- Maturity Indices/High Impact Initiatives as part of our Improvement and Transformation

Governance and monitoring approach

Winter planning sits as part of our comprehensive UEC system programme and utilises our well established Urgent and Emergency Care governance, complemented by new supporting groups at a system and local level to ensure our system leaders are informed on progress and risks, support opportunities as required and make key and timely decisions to drive the direction of the programme. The UEC programme governance reflects the importance of Place, Collaborative, Hospital Footprint and System working seamlessly together to ensure both oversight and delivery, with a problem solving approach being adopted at all levels. Tier 1 reporting is aligned through this governance structure



Waltham Forest

INEL JHOSC Coversheet

Committee/Date:	INEL JHOSC Scrutiny Committee 1 November 2023
Report Title:	Recovering Access to Primary Care
Contact Details	Sarah See, Managing Director, Primary Care NHS North East London SarahSee@nhs.net
Public Access	Open
Appendices	None
Implications • Finance • Legal • Equality and Diversity	None for councils
Background information	

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NHS
North East London

Delivery Plan for Recovering Access to Primary Care

Joint Health Overview and Scrutiny Committee

22 September 2023

Background

The Delivery Plan for Recovering Access to Primary Care was launched in May 2023 and sets out an ambitious package of measures to help improve access to primary care. The two-year programme covers four keys areas: implementing modern general practice access, empowering patients to manage their own health, building capacity and cutting bureaucracy.

The plan has two central ambitions:

1. **To tackle the 8am rush and reduce the number of people struggling to contact their practice.** Patients should no longer be asked to call back another day to book an appointment

2. **For patients to know on the day they contact their practice how their request will be managed.**

Despite the number of GP appointments increasing over the past year in North East London, the 2023 GP Patient survey indicated that patients' overall experience of primary care and making an appointment has decreased.

Through implementation of this plan, we will be supporting practices to make it easier for our local residents to contact them when they are open and get a timely response.

Delivery Plan for Recovering Access To Primary Care: Four Commitments

- **Empowering patients** - *Tools for patients to manage own health using NHS App and community pharmacy expansion*
- **Implementing 'modern general practice access** – *Tackling the 8am rush so patients know on the day how request will be handled, respecting appointment type preferences*
- **Building Capacity** - *Practices can offer more appointments & add flexibility to the types of staff recruited and how they are deployed*
- **Cutting bureaucracy** - *Reducing workload across interface between primary and secondary care & medical evidence requests, so there is more time to focus on patients' clinical needs*

1	**Empower patients**	• Improving NHS App functionality	• Increasing self-referral pathways	• Expanding community pharmacy	
2	**Implement new Modern General Practice Access approach**	• Roll-out of digital telephony	• Easier digital access to help tackle 8am rush	• Care navigation and continuity	• Rapid assessment and response
3	**Build capacity**	• Growing multi-disciplinary teams	• More new doctors	• Retention and return of experienced GPs	• Priority of primary care in new housing developments
4	**Cut bureaucracy**	• Improving the primary-secondary care interface	• Building on the 'Bureaucracy Busting Concordat'	• Reducing IIF indicators and freeing up resources	

Improving Access to Primary Care: Now and in the Future

Access by telephone - The majority of appointments are currently made by telephone. All NEL practices will be moved to modern digital phone systems by March 2024 with better queuing systems and call management

Modes of appointment - Between January and July 2023, 61% of encounters were conducted face-to-face compared to 33% telephone appointments

Online consultations - Patients complete an online form and get a response such as advice on what to do next through an electronic message or phone call – PCNs have put plans in place to increase online consultations to ensure patients at all practices have access to this – On average, 700,000 online forms are submitted in NEL per month

Community Pharmacist Consultation Service (CPCS) - Patients contacting their practice for a minor illness can be referred to get a same day appointment with their community pharmacist. The roll out of this service has been a big success with the highest number of referrals in the country with 82,000 referrals since March 2022 with 96% of practices referring

Tackling the 8am rush – New contractual changes being phased in across practices mean that local residents will not be asked to phone the practice back but will know on the day how their request will be handled, based on clinical need – NEL practices are being supported to move to this model through training, digital tools and cloud based telephony

Improving access - The plan will make it easier for patients to contact their practice on the phone; speed up assessment and navigation and make on-line requests simpler through the NHS App for example.

Access Recovery Plan: Key Highlights

Empowering Patients

Prospective Records Access: People aged 16 and over with an online account, such as through the NHSE app, NHS website or another online primary care service, will now be able to see all future notes and health records from their GP practice. We are working to ensure this is in place across NEL from 31 October 23

Self-referral pathways Patients will be able to self refer for seven nationally specified community services e.g. audiology, weight management, podiatry. Work is underway to implement this with the multiple providers who are responsible for supplying these services across NEL.

Community pharmacies will be able to supply prescription only medicines for seven common conditions by end of 2023. This is currently being worked through nationally and is pending appropriate governance and IT solutions being in place.

Cutting Bureaucracy

Plans are being put in place for improving the primary-secondary care interface to give practice teams more time to focus on patients' clinical needs. This will involve establishing an overarching Interface Steering Group, linking to the Clinical Advisory Group and acute and provider collaboratives. Local interface groups will feed into it.

Implementation of Modern General Practice Access

Primary Care Networks are working to deliver action plans outlining how they will improve patient experience through feedback from the GP Patient Survey and other sources, taking into account equity of patient experience of access for all patient groups in order to address health inequalities

Through development of a local toolkit, all practices are considering:

- how they will offer an outcome to patients at first point of contact with a practice
- how patients requiring non-urgent appointments can be offered them within two weeks
- Feedback on their website and ways in which they can make it as user-friendly for patients as possible

Building Capacity

A number of recruitment and retention initiatives are in place. A **Fellowship scheme** offers a two-year programme of support, available to all newly qualified GPs and nurses, and new to practice nurses working substantively in general practice. A **mentoring scheme** creates a portfolio working opportunity for experienced GPs to support GP colleagues.

Primary Care Networks are continuing to work to recruit to their multidisciplinary teams working across practices including pharmacists, physiotherapists, mental health practitioners and social prescribers

Engagement and communication

Implementation of the access recovery plan will only be successful through appropriate levels of engagement and partnership with practices and communities.

For example last year our **enhanced access engagement** exercise provided feedback that is still being used by PCNs and individual practices to inform and shape improvements or new initiatives at practice, locality, Places and NEL level. The focus is on improving access, but also on what other support can be provided through a practice e.g. additional roles, opening hours, special clinics.

Over 1,500 residents from north east London shared feedback in a London-wide engagement exercise over the summer on **digital tools**. The feedback will be used to inform work across the capital on how we improve local people's understanding and take-up of digital tools to access primary care. This includes the e-consult service and the NHS App, as well as building greater awareness of how you can access your own health record. NHSE is due to publish its report by the end of October which contains feedback from our residents with some follow up online workshop with local residents planned.

Resident insight gathered from a range of local engagement work by the ICB, Healthwatch and other local partners has informed our **Right Care campaign**, aimed at supporting local people to access care when they need urgent same-day care. This will build on our previous winter and urgent care campaigns, and is a NEL ICBs campaign supported by all local partners including Councils and Healthwatch.

Looking ahead, there will be more ongoing patient engagement, focusing on access to appointments and understanding of digital tools.

INEL JHOSC Coversheet

Committee/Date:	INEL JHOSC 1 November 2023
Report Title:	Committee Forward Plan and Action Tracker
Directorate:	Resources
Contact Details	Ruth Mitchell – Scrutiny Officer Ruth.mitchell@walthamforest.gov.uk
Wards affected:	N/A
Public Access	Open.
Appendices	Appendix 1 – Forward plan Appendix 2 – Action Tracker Appendix 3 – Action 2 – completed Appendix 4 – Action 3 – completed

1. SUMMARY

1.1. The Committee is invited to review the action tracker for 2022-23, and review the responses.

1.2. The Committee is also invited to discuss the draft forward plan for 2023-24, and make recommendations as necessary.

2. RECOMMENDATION

The committee is asked to note:

- Action Tracker
- Forward plan
- Actions completed or resolved

and make recommendations as required.

3. IMPLICATIONS

3.1. There are no implications as a result of this report going to the committee, as these documents are provided to support its scrutiny activity.

BACKGROUND INFORMATION (as defined by Local Government (Access to Information) Act 1985)

None.

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INEL JHOSC Forward Plan

Potential date	#	Agenda item	Added to agenda on/by:	Author/Presenter
July 2023	1	Community voice: Paul Atkinson re North East London Talking Therapies	Chair	Guest: Paul Atkinson
	2	Collaboratives • Mental Health, Disabilities and Autism Collaborative • Community Health Collaborative	From Feb 2023 meet	Paul Calaminus/Selina Douglas Sally Adams
	3	Health update including slides on: • NEL Big conversation and staffing structure • Financial environment and operating plan • Strike action and Trust updates (BH/ELFT/NELFT/Homerton)	Standing item	Zina Etheridge Henry Black Shane Degaris, Paul Calaminus/Jacqui Van Rossum, and Louise Ashley
	4	ICS Five Year Forward Plan	May 23 internal and external discussions	Johanna Moss
	5	System recovery and resilience • Place partnership mutual accountability framework • System recovery and resilience in Urgent and Emergency Care	From Feb 2023 and Dec 2022 meets	Charlotte Pomery Clive Walsh
	6	Continuing Healthcare policies	Request from NHS	Diane Jones / Don Neame
Nov 2023	1	Health update including: • Outcome of CHC consultation • ICS Five Year Forward Plan • NHS 111 across NEL • Centene GP sell-off update	Standing item Update Carry over From Feb 2023 meet at Chair's request	
	2	System Recovery, Resilience, and winter planning	Carry over	
	3	Recovering Access to Primary Care	Request from NHS	
Jan 24	1	Health update	Standing item	
	2	Update on outcomes of the NEL Research and Engagement Network	From Feb 2023 meet	
	3	Update on the work of the Barts Health-BHRUT Collaborative presented by the Chair in Common	From Feb 2023 meet	

	4	Financial Strategy	From Dec 2022 and Feb 2023 meets	
April 24				

ITEMS TO BE SCHEDULED

- Monitoring new Assurance Framework for GP Practices – follow up from July 2022
- NEL Estates Strategy from 21/22
- Acute Provider Collaborative – follow up from Oct 22 (is this covered by the BH/BHRUT collaborative?)

Items put forward at 12.07.23 JHOSC member meeting

- Disputes resolution procedure to come back to the committee along with any other related changes
- Consultation would have been announced and in place and the 7 place based -
- Organogram is needed re gp surgeries and other information – bring an item on this
- 111 service – **this item is set to come in November**
- Virtual wards update – continuous progress
- Bring IAPTs back as a full item
- Health outcomes for GEM people re maternity and testicular cancer for GEM population
- Parasite transmission and treatment

INEL - JHOSC Scrutiny Committee

Action No.	Meeting Date	Agenda Item	Action Request or Recommendation	Responsible Officer	Status
1	follwo up		Monitoring new Assurance Framework for GP Practices		
2	12/07/2023	5	A: NHS to provide response to Paul Atkinson's IAPT concerns	Don Neame	Sent for response
3	12/07/2023	6	A: NHS will bring health care professional assistance back to the committee when the trend data for virtual clinics is available	Don Neame	Sent for response
4	12/07/2023	7	A: Regarding efficiency savings target areas [Workforce Plan has recently been published with recruitment information listed there]: When these plans are more solidified NHS will bring these back to drill down into the numbers	Don Neame	Sent for response
5	12/07/2023	7	A: Zina E will write to the committee to detail financial impacts of savings plan for Hackney and Tower Hamlets	Zina Ethridge	Sent for response
6	12/07/2023	10	A: Once final CHC decision is agreed the committee would like this item return	Don Neame	Sent for response
7	12/07/2023	7	A: Response from NHS on how many OTs/physio vacancies there are	Don Neame	Sent for response
10	12/07/2023	10	R: The committee recommends that the care board build in additional flexibility for Counc	Don Neame	Sent for response
11					
12					
13					

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INEL JHOCS Scrutiny Committee

Item 5 – Public Participation

Response to Action on 12 July 2023

Action 2:

A: NHS to provide response to IAPT concerns raised by public speaker

Response:

See document: Responses to request for further information - Talking therapies and therapy workforce INEL JOSC

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INEL JOSC: Requests for further information at July 2023 meeting

1. **Response to Paul Atkinson's letter and presentation to the JHOSC regarding concerns about NHS talking therapies for anxiety and depression.**

Please note that this response focuses on those points raised specifically about talking therapy performance and outcomes in North East London. Some aspects of broader concerns about the NHS Talking Therapies model (for instance in points four, six and seven) should be directed to the national mental health team in NHS England.

Talking therapies targets

Talking therapies performance across North East London is improving year on year. In 2022/23 we achieved an access rate of 26%, which is an improvement on our 2021/22 performance. We have also continued to achieve the 50% target of people moving to recovery in 2022/23, with some of our services achieving over 60%.

In terms of waiting times, over 75% of patients are consistently seen within 6 weeks and over 95% are seen within 18 weeks across North East London.

We have also analysed service data and found that there is no clear relationship between deprivation decile and improvement following treatment, suggesting equitable outcomes regardless of deprivation, which we are heartened by.

While this is promising, we are not complacent. We are also working together at scale across North East London to improve the quality and equity of our services, and to reduce unwarranted variation.

Talking Therapies Improvement Network

Our Talking Therapies Improvement Network brings together the clinical leaders of talking therapies across North East London with people who use talking therapy services and other key partners, with the aim of working together to improve outcomes, quality, equity and value for people with anxiety and depression across North East London.

One area of focus for the network is to identify opportunities to improve the productivity of our services. We know, for example, that some services represent better value for money than others, and there are opportunities for us to learn from those services and spread good practice across North East London.

The network has also made great strides in harmonising our collective approaches to clinical development and therapy delivery. In the past year, the network has delivered a range of training sessions to therapists working across all talking therapy services to upskill them in delivering group-based interventions. There is a formal Continuous Professional Development programme for group interventions, joint supervision of groups, and shared group protocols, including adapting talking therapy interventions to meet the needs of local people. This has given rise to a more consistent approach in delivering group-based interventions and greater staff and service user engagement.

To this end, the network has launched its first wave of North East London-wide groups that are open to residents across North East London, regardless of their home borough. Some of these groups are being delivered in Bengali and in Albanian (by native speaking therapists) and cover a range of common mental health problems. We aim to further expand group interventions across North East London to reduce waiting times, increase equity and offer a wider choice of culturally responsive therapies.

The network is also sharing good practice around community engagement. In the boroughs where community engagement teams are operating well, access and recovery rates for Black, Asian and Minority Ethnic (BAME) populations are higher. With the assistance of a Population Health Fellow to help us interpret and use data to measure our progress, we are hopeful that we can scale up and spread culturally-informed approaches that work well for all of our communities over the next 12 months.

Audit and scrutiny

Talking therapy performance and our work to improve services is something we are transparent about across North East London, and all providers are fully committed to sustaining the culture of learning and openness that we have worked so hard to establish.

Paul Calaminus, CEO of North East London Foundation Trust

2. Vacancy and retention rates for Allied Health Professionals

Members requested information on the vacancy and retention rates, particularly for Occupational Therapists (OTs) – a profession included in the group of Allied Health Professionals. AHPs are involved with the delivery of health or related services pertaining to the identification, evaluation and prevention of diseases and disorders; dietary and nutrition services; rehabilitation and health systems management, among others. Allied health professionals, to name a few, include dental hygienists, diagnostic medical sonographers, dietitians, medical technologists, occupational therapists, physical therapists, radiographers, respiratory therapists, and speech language pathologists. Allied health may be defined as those health professions that are distinct from medicine and nursing.

Background

We don't have a single data source for pulling this information together and some of this information is held by organisations outside the NHS (e.g. councils). For Trusts information is pulled from the Electronic staff Record. For Primary Care it's the Workforce Minimum data set; and for Social Care this is from Skills for Care dashboard and some of this is estimated for external contractors that provide social care.

The strategic direction is underpinned by having a data driven approach to posts and transformation in the future.

Vacancy rates for health are not compiled in a uniform format. The presenter Sally Adams has reported that the NELFT vacancy rate for therapists is 21%.

Occupational Therapists

From July 2022 to July 2023 the number of OTs working in providers increased from c666 to 713 (Whole Time Equivalents - WTEs) an increase of 47 staff (53 headcount). In terms of attracting and training OTs, the University of East London with our Allied Health Professional Council and employers have an apprentice programme.

District Nurses

In the last 12 months there has been an increase of 3 WTEs. All providers are finding recruiting to this role challenging and there is also considerable dropout rate in training of Registered nurses.

Overall

North East London's overall current turnover rate is 13.3% (see table below) against a London average of 13.7% in health providers.

Turnover and Leaver Rate North East London

12-Months Rolling Turnover (Moves out of selected ICS) and Leaver Rate as at July 2023

Staff Group		Latest Turnover Rate	Latest Leaver Rate
Administrative and Clerical	Administrative and Clerical	12.5%	9.1%
AHPs	AHPs	14.1%	7.8%
Healthcare Scientists	Healthcare Scientists	9.4%	5.8%
Medical and Dental	Medical and Dental	7.3%	4.8%
Nursing & Midwifery	Nursing & Midwifery	12.6%	8.1%
Other Scientific, Therapeutic and Technical Staff	Pharmacists	19.5%	13.1%
	Other Scientific, Therapeutic and Technical Staff	18.2%	9.5%
Support to Clinical	Support to and Trainees in Pharmacy	29.7%	22.8%
	Support to Other ST&T	23.7%	13.9%
	Support to and Trainees in HCS	14.6%	10.0%
	Support and Trainees in Nursing & Midwifery	13.9%	11.1%
	Support to AHPs	11.5%	9.0%
	Support to Qualified Ambulance Staff	6.3%	5.7%

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INEL JHOCS Scrutiny Committee

Item 6 – Collaboratives

Response to Action on 12 July 2023

Action 3:

A: NHS will bring health care professional assistance back to the committee when the trend data for virtual clinics is available

Response:

See document: Response to request for further information - Virtual Wards Programme INEL JOSC

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North East London Health & Care Partnership

Response to INEL JHOSC on:

- NEL Virtual Wards (VW) Programme

NEL Virtual Ward Overview

North East London Health & Care Partnership

- A virtual ward (VW) is a safe and efficient **alternative to NHS bedded care** that is enabled by technology.
- Virtual wards support patients who would **otherwise be in hospital** to receive the acute care, monitoring and treatment they need in their own home. This includes either preventing avoidable admissions into hospital, or supporting early discharge out of hospital
- A virtual ward **is not** a mechanism intended for enhanced primary care programmes; long-term condition management; intermediate or day care; safety netting; proactive deterioration prevention; or social care for medically fit patients for discharge.
- The 2022/23 NHS Operational Planning Guidance has identified Virtual Wards as one of the key priorities in support of elective and non-elective recovery. NHSE/I has set an ambition of 40-50 VW beds per 100K population by 2023/24.
- There is an initial agreement to split the £14m (£7m/year) investment fund over two years from 2022-24, by borough, to support development of virtual wards across NEL
- Across NEL ICS we have completed a stock take of existing services to check compliance against national and regional criteria.
- We have also taken a population health approach to prioritise our work and funding on areas where there is greatest need/population for the two national priority areas, ***Frailty*** and ***Acute Respiratory Infection (ARI)***.
- We will also be looking at other suitable pathways where virtual wards could be implemented effectively to reduce hospital bed stays
- A **lead provider** for each system will be clinically and operationally responsible for the running of the place-based virtual ward model

The Virtual Ward Programme in NEL

North East London Health & Care Partnership

The virtual ward programme has been running in NEL since the start of 22/23. The approach has been clinically-led and highly collaborative. Whilst taking this approach has meant it has taken time to get to a point of wide-scale delivery, it enabled us to build consensus around the priority areas and also to develop models that have had input from a broad range of partners.

In 2022 a cross-system, clinically-led steering group was established. The group identified that frailty and acute respiratory illness (ARI) were the priority cohorts for the virtual ward services based on local population need and delivering most impact from the model. These priorities also align to the NHSE London priorities. Frailty and ARI working groups were set up which included representation from a wide range of clinicians from across our system, these groups agreed a set of principles for the frailty and ARI virtual wards in NEL.

Using the principles and approaches agreed in the cross-system groups, each place then took forward local discussions to develop services that meet local population need and align with existing acute and community-based services. Each place set up a local delivery structure, in most cases it was via the Urgent Care Working Group or Place Delivery Group.

Whilst the virtual ward programme has been part of a national initiative by NHSE, there is strong local support and enthusiasm for the model from across the system. In fact, the programme has had to make difficult decisions about what can be funded against a finite funding envelope given the wide range of ideas and proposals that have been put forward.

In year one, there has been significant design work to develop new models at place and within providers; this included agreeing which providers were best placed to lead delivery as well as developing service models and viable workforce plans. Work has been done to refine or enhance existing community-based services to make them fit the virtual ward criteria and to develop new virtual ward models with partners. We have 300 virtual ward beds established in NEL (Sept 2023).

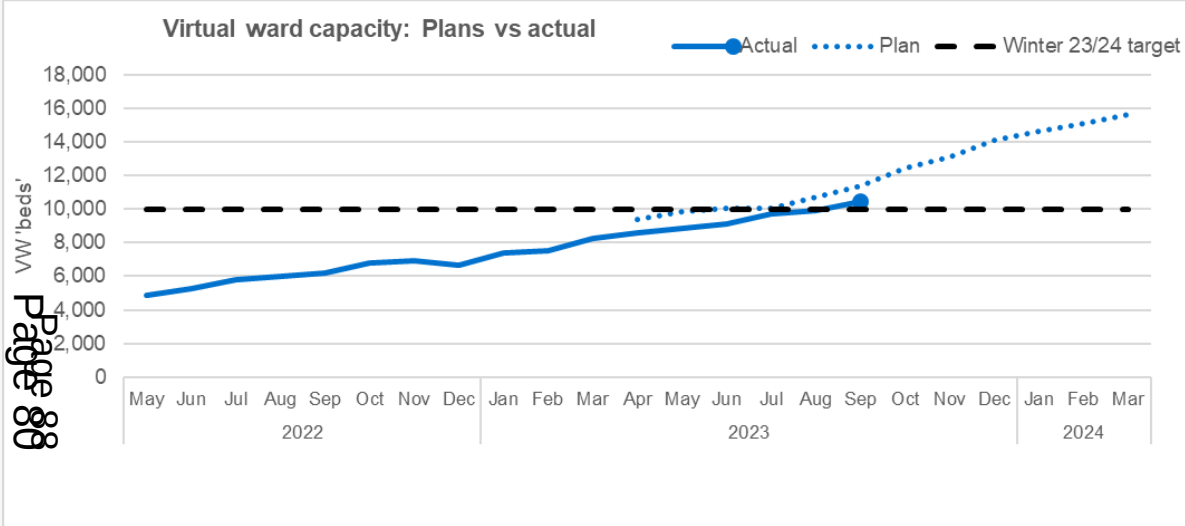
We have agreed a trajectory with NHSE for this to increase to 500 beds by December and 700 beds by year end of March 24 which meets the national ambitions for bed numbers per head of population. We have been given £8.8m from NHSE p.a. recurrently to deliver this. Both the target bed numbers and the funding has been allocated to each place on a population basis.

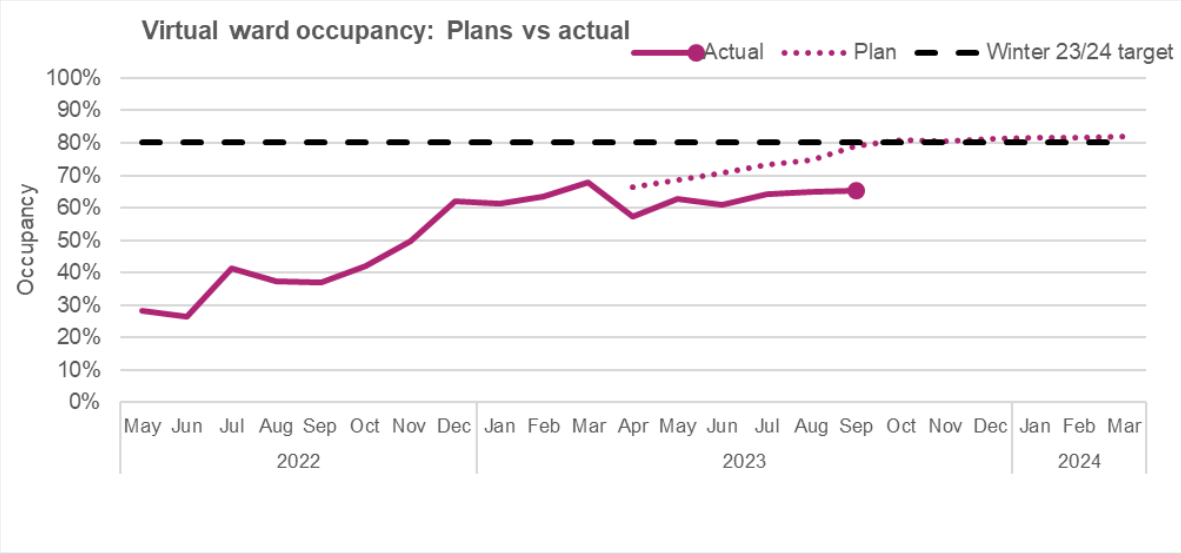
All areas have developed models for Frailty and ARI which are in line with our agreed system-wide principles. Each place has also been able to develop one or more further services that meet local needs and deliver against the virtual ward criteria. We have well established plans that will deliver 588 virtual beds.

Virtual Wards: National

Virtual ward capacity – number of patients who can be managed simultaneously on virtual wards.
Occupancy – snapshot number of patients in virtual wards as a percentage of capacity
Data source: fortnightly Virtual Ward SitRep

Latest Period: Sep-23
Next Update: 26th Oct 2023





Metric	Jul-23	Aug-23	Sep- 23
Actual capacity	9,713	9,885	10,421
Planned capacity	10,076	10,723	11,381
Capacity gap	-363	-838	-960
Actual occupancy	64%	65%	65%
Planned occupancy	73%	75%	79%
Occupancy gap	-9%	-10%	-14%

Key headlines:
In September 2023 the number of Virtual Ward 'beds' is 10,421 this is a growth of 115% since May 2022 (4,845 'beds'). We have now achieved the target of 10,000 'beds' by end of September 23.

By end of September plans indicated we would be at 11,381 beds compared to the 10,000 target. So, while the target capacity has been reached there remains a gap with trajectories of ~960 'beds'. This deficit is likely to impact the overall trajectory for the remainder of the year. Reported capacity can sometimes decrease due to validation of services to ensure that capacity is real and meets the virtual ward definition.

Occupancy has broadly increased from 29% in May 2022 to 65% in September 2023 with a flatter trend in recent months, partly in relation to Industrial Action and reporting completeness. Mitigating action have been taken through an improvement plan with regions.

NEL 2023/24 Trajectory

North East London Health & Care Partnership

NEL VW Capacity 2023/24	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Planned VW bed capacity across NEL	306	337	367	398	429	459	490	520	551	612	674	735
Actual capacity reported	174	196	174	242	292	297						

Planned capacity per place	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Barking And Dagenham	32	35	38	41	45	48	51	54	57	64	70	76
City And Hackney	36	39	43	46	50	53	57	61	64	71	78	86
Havering	61	67	74	80	86	92	98	104	110	123	135	147
Newham	44	48	53	57	62	66	70	75	79	88	97	106
Redbridge	54	59	64	70	75	80	86	91	96	107	118	129
Tower Hamlets	36	39	43	46	50	53	57	61	64	71	78	86
Waltham Forest	44	48	53	57	62	66	70	75	79	88	97	106
NEL Total	**306**	**337**	**367**	**398**	**429**	**459**	**490**	**520**	**551**	**612**	**674**	**735**

Update and forward view

- The JHOSC asked particularly about the recruitment of occupational therapists, and indeed workforce is the largest risk to delivery of the models (though this varies across the system). In outer North East London, the main risk to delivering the ARI virtual ward is specialist recruitment, which is currently a highly rated risk. But we are also seeing risks to recruitment of therapy staff across all of NEL, particularly Occupational Therapy. Nursing recruitment is also a risk, though to a lesser degree. We are exploring mitigations for failed recruitment, and whether a cross-system approach could support some vacancies.
- We are yet to carry out any evaluation to understand impact on the system and on particular patient groups (by protected characteristics) but we have no reports of particular problems. The programme is working on a bed benefit analysis to understand immediate impact whilst we plan a more detailed evaluation for when the provision is at a matured level and we are working with the data team, providers and digital first to improve on the data quality around patient demographics.
- Moving forward we are looking at:
  - The likely large cohort of people that could benefit from a ‘step up’ virtual ward with referrals coming directly from the community. We are planning a system workshop to further explore this and take learning from other models, such as in Essex, where virtual wards have been established in community teams.
  - Mental health. There is a growing body of evidence around virtual wards in mental health, particularly for dementia, linking to frailty models. Whilst all of our frailty virtual wards do support people living with dementia, there could be greater benefit these individuals from closer working with mental health teams or providing more specific capability for dementia in the virtual ward.