TOWER HAMLETS

INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

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

Wednesday, 28 February 2018 at 6.30 p.m.

MP701, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG.

This meeting is open to the public to attend.

Member	Representing
Councillor Clare Harrison (Chair)	INEL JHOSC Representative Tower Hamlets Council
Councillor Susan Masters (Vice-Chair)	INEL JHOSC Representative Newham Council
Councillor Christopher Boden	INEL JHOSC Representative City of London Corporation
Councillor Ann Munn	INEL JHOSC Representative Hackney
Councillor Ben Hayhurst	INEL JHOSC Representative Hackney
Councillor Yvonne Maxwell	INEL JHOSC Representative Hackney
Councillor Anthony McAlmont	INEL JHOSC Representative Newham
Councillor James Beckles	INEL JHOSC Representative Newham
Councillor Shiria Khatun	INEL JHOSC Representative Tower Hamlets
Councillor Muhammad Ansar Mustaquim	INEL JHOSC Representative Tower Hamlets

The quorum for this body is the presence of a member from each of three of the four participating authorities.

Contact for further enquiries:
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		PAGE NUMBER
1	**APOLOGIES FOR ABSENCE**	
2	**DECLARATIONS OF PECUNIARY INTERESTS :**	

Any Member of the Committee or any other Member present in the meeting room, having any personal or prejudicial interest in any item before the meeting is reminded to make the appropriate oral declaration at the start of proceedings. At meetings where the public are allowed to be in attendance and with permission speak, any Member with a prejudicial interest may also make representations, answer questions or give evidence but must then withdraw from the meeting room before the matter is discussed and before any vote is taken.

3	**MINUTES OF THE PREVIOUS MEETING**	**(5 - 14)**
4	**SINGLE ACCOUNTABLE OFFICER SPOTLIGHT**	**(15 - 30)**
5	**NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN - FINANCE**	**(31 - 38)**
6	**NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN - CANCER**	**(39-54)**
7	**ANY OTHER BUSINESS**	

Date of next meeting: to be confirmed.

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Inner North East London Joint Health Overview and Scrutiny Committee 28 February 2018 **Minutes of the previous meeting**	Item No **3**

OUTLINE

Please find attached the draft minutes of the meeting held on 9 November 2017.

ACTION

The Committee is requested to agree the minutes as a correct record.

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

HELD AT 6.30 P.M. ON THURSDAY, 9 NOVEMBER 2017

C1, 1ST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG

Members Present:

Councillor Clare Harrisson (Chair)	INEL JHOSC Representative for Tower Hamlets Council
Councillor Susan Masters	INEL JHOSC Representative for Newham Council
Councillor Ann Munn	INEL JHOSC Representative for Hackney Council
Councillor Ben Hayhurst	INEL JHOSC Representative for Hackney Council
Councillor Yvonne Maxwell	INEL JHOSC Representative for London Borough of Hackney
Councillor Anthony McAlmont	INEL JHOSC Representative for Newham Council
Councillor James Beckles	INEL JHOSC Representative for Newham Council

Other Councillors Present:

Councillor Richard Sweden	Waltham Forest

In Attendance:

Dr Sam Everington	Chair, Tower Hamlets Clinical Commissioning Group
Daniel Kerr	Strategy, Policy & Performance Officer, LBTH
Denise Radley	Corporate Director, Health, Adults & Community
Rehan Khan	East London Local Maternity Service
Wendy Matthews	East London Local Maternity Service
Kate Brintworth	East London Local Maternity Service
James Cain	Health Education England
Tracey Fletcher	East London Community Health Partnership
Sanjiv Ahlumalia	Health Education England
Ian Tomkins	East London Health and Care Partnership
Steve Gilvin	Newham Clinical Commissioning Group
David Knight	Senior Democratic Services Officer
Rushena Miah	Committee Services Officer

1. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Muhammad Ansar Mustaquim and Councilman Christopher Bolden.

2. DECLARATIONS OF INTEREST

The Chair declared a non-specific interest in that she was employed by UNISON union.

Councillor Ben Hayhurst declared he is a Governor at Homerton University Hospital.

Councillor Sweden declared that he is manged by North East London Foundation Trust but he is not employed by them.

3. MINUTES OF THE LAST MEETING AND MATTERS ARISING

Correction on page 10 of the pack, change Terry Bay to Terry Day.

Correction on page 10 – Chairs of JHOSC are not members of the STP board. Statement to be removed.

Clarification on page 13 of the pack, paragraph 4 – Ian Tompkins, Director of Communications East London Health and Care Partnership, added that the East London Health Partnership was launched in July 2017 as an internal meeting but there were reps present. The meeting was targeted at health partners and other government transformation groups. The work on the payment programme was extended to September 2017 and there will be further engagement with interested parties in the New Year.

Councillor Anne Munn added that her interpretation of the discussion was that Councillor Maxwell was asking for an update on the east London health payment system consultation and requested to receive a report on this at the February meeting of this group.

In order to have more time to discuss the topic, the Chair decided that an update on the East London Health and Care Partnership Consultation should be included on the February agenda of this meeting.

It was agreed that a standing item for updates from the new Single Accountable Officer (Jane Milligan) should be included on future agendas.

Mr Tomkins confirmed Jane Milligan was appointed Accountable Officer from 1 December 2017. Shadow arrangements will be in place until April 2018. One of her first tasks will be to look at governance arrangements and the scheme of delegation. He advised that this topic should be revisited at the next meeting.

Councillor Hayhurst expressed concern that Hackney's population may be too small to form a Sustainability and Transformation Partnership (STP). It was confirmed that there is no minimum population figure to form an STP, the half a million figure was guidance and not a requirement.

Having noted the above amendments, the minutes were agreed as an accurate record of the meeting.

ACTIONS

1. **An update on the East London Health and Care Partnership Payment System Consultation to be added to the February agenda of this meeting.**
2. **Chair to provide a list of working groups.**

4. STATEMENTS FROM MEMBERS OF PUBLIC

Michael Vidal

'Will the commission consider referring the decisions of the CCG Boards to the Secretary of State?' My reasons for making this request are:

1. The question of how you can legally remove the existing Accountable Officers and replacing them has not been given a satisfactory answer. I would refer the Commission to paragraph 4.1 of my August submission to the last meeting of the Commission.
2. It is clear from the comments made by some of the members of the City and Hackney CCG Board in approving the proposal they only did so because of a threat from NHS England to use its intervention powers if they did not agree to the proposals.
3. The power to make these arrangements under s.14Z3 of the NHS Act 2006 (as amended) is a discretionary power as can be seen by the use of the word may and not must in the section. Accordingly, in making the threat NHS England caused the NHS City and Hackney CCG Board to unlawfully fetter its discretion.
4. NHS England in saying that matters have to be done at the NEL level are subjecting the statutory function of the CCGs which only relate to people in its area to the need to comply with a non-statutory requirement.
5. The proposal seeks to circumvent the abolishing of Strategic Health Authorities by s.33 of the Health and Social Care Act 2012 by creating bodies with a strategic role but no legal basis.

Mr Vidal's questions were noted.

Jackie Applebee

Our question is: When the NHS is on the point of collapse due to unprecedented underfunding by the current Government, do the councils agree with us that this money would be much better spent on front line patient care?
We also urge the councils to note the most recent Kings Fund report which expresses concerns about STPs and their ability to deliver within the financial constraints:
https://www.kingsfund.org.uk/sites/default/files/2017-09/STPs-London-Kings-Fund-September-2017_1.pdf
and to join with us in insisting that these plans are not deliverable without swingeing cuts to NHS services."

Ms Applebee's question was noted.

5. ITEM 4. MATERNITY

Kate Brintworth, Head of Maternity - East London Health and Care Partnership, introduced the item. As part of the Five Year Forward View the Maternity Transformation Board was set up by NHS England to ensure recommendations from the Better Births Review were delivered. Key areas of action included, reducing still birth, learning, ensuring women have a better experience of care, continuity of care and the option to give birth in a midwifery setting.

It was recognised that collective action would be required to meet the new standards so Local Maternity Systems were introduced to take leadership and action. The East London Local Maternity System (ELMS) provided a report on their activities over 2016/17.

With reference to page 55 of the reports pack, Councillor Ann Munn asked to learn more about the new models of cross boundary working. The Chair of the East London LMS used the Neighbourhood Midwives social enterprise as an example where there is continuity of care throughout pregnancy to six weeks after birth.

Councillor Ben Hayhurst asked how continuity of processes is maintained when they have five hospital sites across the patch and the trust is a separate entity.

Ms Brintworth explained that communication between the sites is good because there is an existing network in place that regularly meets. There are five delivery packs used across the sites which have been standardised to save £80,000.

Councillor Susan Masters queried how the ELMS programme will be funded over the next five years. Tracey Fletcher, Chief Executive of Homerton

Hospital, explained an NHS England bid for £7.5 million has been submitted and feedback on the bid will be given in the New Year.

There was a discussion on the flow of patients across London. Ms Fletcher informed the group that a piece of research has been conducted on demand levels but it was difficult to predict birth numbers due to changing demographics. She said the birth rate is expected to go up but this is unlikely to be by a huge amount. This year there were 2000 less births than the 5000 predicted. There has been a recent trend in more women, particularly from Hackney, choosing to go to north east London hospitals such as the new University College London Hospital (UCLH).

Representatives from Homerton Hospital acknowledged Hackney's changing demographics. They said they needed to challenge the local perception that new hospitals like UCLH have better maternity care because on the whole UCLH and Homerton provide a comparable service.

The discussion moved on to maternal mortality rates. Councillor Hayhurst suggested higher mortality rates in east London may be what is driving patients away. Ms Brintworth explained that the mortality rate is relatively low considering the number of high risk cases that are presented. She said East London hospitals are seeing an increase in the number of older women, diabetic women, obese women and women diagnosed with cancer choosing to give birth. These factors can influence the maternal mortality rate.

Councillor Hayhurst asked what measures were in place to handle a maternity related death. Ms Brintworth said that there was an action plan in place and a report was written on the topic.

The Chair queried if patients were being tracked between births. Ms Brintworth confirmed that all patients had a trackable birth record and that all of the providers within the ELMS had a bereavement team who were able to monitor a patient's wellbeing up to their next birth. One provider piloted a National Care Bereavement Pathway for traumatic birth; this service included the support of a consultant midwife who was available for advice up until the next pregnancy. The pilot produced successful case studies.

It was noted that the slightly higher mortality rate figures between the years 2013-2015 were an anomaly.

It was confirmed that maternity care would be provided to all women regardless of their citizenship status. Overseas patients who have elected to have maternity care in the UK will be billed. A migrant or refugee would not be turned away if they required care but could not afford it.

The Chair thanked speakers for their report and invited them to the Tower Hamlets Health Scrutiny Committee meeting on 8 January 2018 which would be discussing a report on the Royal London Hospital Maternity Services.

RESOLVED

(a) To note the report

6. ITEM 5. WORKFORCE

James Cain, Head of Workforce Transformation, Health Education England, presented the report on Workforce. He said that when the 44 STPs were formed Health Education England was tasked with creating 44 multi-agency action boards.

Population growth has resulted in pressure on health services.
There are pockets in east London which are under doctored. In addition to this the nursing workforce is migrating away due to affordable housing issues.

Workforce retention is included in a work stream. Providing people with careers as opposed to jobs is a key theme in the work. The apprentice levy has increased to enable more local people to enter the workforce as local people are more likely to stay on longer term.

The national target for increasing the number of GPs is 500. North East London has a target of employing 19 additional GPs. Given the population demand, new roles are to be introduced into primary care including Physician Associate and Care Navigator. In secondary care a Nursing Associate role will be introduced.

Dr Sam Everington said that investment is a key factor in retention. Commissioners have invested in training science graduates to learn some GP skills over a 2 year training course. He argued that the diversification of roles is an essential benefit to a changing workforce and used the example of utilising pharmacists to support GPs with paperwork and prescriptions. He also advocated for e-contact consultations.

The Chair asked primary care colleagues what they thought about virtual consultations, also referred to as the Babylon Project. On the whole the GP’s agreed that it was a major risk and encouraged ‘cherry picking’. They thought the funding formula was rather crude, for example a young person with significant needs would generate the same charge as a low risk patient.

Steve Gilvin, Chief Officer, Newham Clinical Commissioning Group, acknowledged that cherry picking could be an issue but said there would be a menu of options on what could be provided, which was a good thing.

Wendy Matthews, Deputy Chief Nurse /Director of Midwifery, Barking, Havering and Redbridge University Hospital NHS Trust, asked what impact Brexit would have on European nurses.

Mr Cain replied that on average European junior nurses leave after two years but experienced nurses tend to stay on. Health Education England is

focussing efforts on training newly qualified nurses. There is a Capital Nurse Programme to ensure London nurses are given the best training. With regard to Brexit, there has not been a significant shift towards nurses leaving the country but the reduction of the pound has resulted in difficulty in attracting European nurses on salary.

Councillor Hayhurst asked a question about housing options available to nurses and whether the health service and local authority worked in a joined up way to ensure key workers were provided with suitable housing.

It was noted that there had been little joined up working with the health service and local authorities on key worker housing. Members suggested offering workers a suite of benefits such as nursery places, housing, and training to encourage people into entering the profession.

Councillor Susan Masters asked about the job roles of the Physician Associates. Dr Everington said some of them will be trained on hospital work and some on GP work. It is envisaged that the roles will specialise in chronic conditions but this will depend on the individual's strengths.

A Member asked what the contingency plan would be if these roles could not be filled. Mr Gilvin responded saying that the GP Resilience Programme has allocated some funding to practices that are struggling. It is not a huge amount but the workstream is there in case intervention and advice is required.

There was a discussion on NHS estates and the sale of land.
Mr Tompkins explained that any sale of NHS assets goes into a general pot with no guarantee that the funds will be allocated to an east London Trust.

Councillor Richard Sweden asked how GPs felt about the dilution of their profession with the introduction of the new roles. Dr Everington responded that initially there was some opposition to the idea but it is now widely welcomed due to the demands on the service.

Mr Gilvin informed the committee about a piece of work on quality improvement with Newham CCG that is being piloted.

RESOLVED

(a) To note the report

The Chair thanked delegates for their contributions and brought the meeting to a close.

7. ANY OTHER BUSINESS

There was no other business.

The meeting ended at 8.47 p.m.

Chair, Councillor Clare Harrisson
Inner North East London Joint Health Overview & Scrutiny Committee

Inner North East London (INEL) Joint Health Overview and Scrutiny Committee 28 February 2018 Single Accountable Officer Spotlight	Item No 4

OUTLINE

In September 2017 a decision was made to appoint a Single Accountable Officer (SAO) across the seven north East London Clinical Commissioning Groups. This report provides an update on the role of the SAO, including the the governance and delegation arrangements.

ACTION

- The Committee is requested to give consideration to the report and discussion and provide comments.

Update for Inner North East London Joint Health Overview & Scrutiny Committee

Jane Milligan - Accountable Officer,
NHS North East London Commissioning Alliance

28 February 2018

Jane Milligan – accountable officer

My role

- I am the accountable officer for each CCG individually, and a member of each governing body.

- I provide clear system leadership and coordinate the work of CCGs to achieve the ambitions of the new system - and support the very strong desire to build sustainable local accountable care systems in north east London.

- Also executive lead for the East London Health and Care Partnership (NEL STP).

NHS

Developing new commissioning arrangements in north east London

- The seven clinical commissioning groups in north east London are working together where it is in the best interests of patients to do so
  - City and Hackney CCG
  - Barking and Dagenham CCG
  - Havering CCG
  - Newham CCG
  - Redbridge CCG
  - Tower Hamlets CCG
  - Waltham Forest CCG
- Collectively known as the NHS North East London Commissioning Alliance
- Aim to harness the benefits of greater collaboration across the system with CCGs, NHS organisations, local authorities and the voluntary and community sector working closer together.

NHS

Working together as commissioners

- Need to ensure that commissioning is truly integrated around local people and will significantly improve both services and health outcomes, including:
  - Developing prevention and self-care
  - Better primary and community services so that services are closer to home
  - Demand and capacity planning across hospitals
  - The role of specialised health services (from 2019/20)

- Working together means reducing fragmentation and duplication by adopting common approaches, and doing things once where it is appropriate and beneficial to do so.

NHS

Developing the Alliance

- Looking at opportunities to further collaborate and do some things once across the Alliance to improve efficiency and effectiveness
- Looking at our structures and functions to make sure we are working as smartly and efficiently as we can
- Finalising our plans for a new Joint Commissioning Committee (JCC) – to consider strategic functions that need to take place at a north east London level and discuss items common to all CCGs.

The JCC will run in shadow form until end of March 2018, from April 2018 it will be a formal committee held in public.

NHS

Boroughs are key

Individual CCGs remain legally responsible for the delivery of their responsibilities and joint commissioning with local authorities – the Alliance arrangements do not change this

- Most CCG activity is taking place at the borough level
- Each CCG will have a managing director (MD) who reports to the accountable officer. They will provide local senior leadership and support as well as contributing to the wider development of the new commissioning arrangements across NEL
- Currently each CCG has an acting MD while permanent appointments are made. They are:
  Newham - Selina Douglas; City and Hackney - David Maher; Tower Hamlets – Simon Hall; Waltham Forest - Jane Mehta

NHS

Support for the Alliance

- Les Borrett (ex Waltham Forest CCG) is acting Director of Strategic Commissioning. He will:
  - ensure that the transformation programmes across north east London are aligned
  - deliver the Alliance's improvement plans
  - lead on making sure the national commissioning planning requirements are met including needs assessments and demand and capacity planning - and that these are underpinned by robust commissioning and contracting

- Looking to recruit an chief financial officer, who will oversee and coordinate finance across the Alliance
- The other former accountable officers are working as special projects directors leading on key Alliance-wide areas of work.

NHS

What does this mean for patients and the public?

- For patients: a more joined up, efficient, consistent, local NHS with improved pathways and care
- Developing how we work with patients and ensure their views are at the heart of our commissioning.
- Build on what works already and the existing systems and processes that are in place - recognise the importance of local networks and engagement at a local level
- Each borough is unique – recognise that a once for north east London approach will not work for everything.

NHS

What does this mean for the East London Health and Care Partnership? (NEL STP)

- The Sustainability and Transformation Plan sets out how local health and care services will transform and become sustainable by 2021, building and strengthening local relationships and ultimately delivering the vision of the NHS Five Year Forward View
- ELHCP directors are part of the Alliance senior management team
- Working together will support the development of integrated care systems across east London.
- Help to work between organisations at east London level to establish a consensus about what is done at each ‘level’ of the system: borough, WEL/BHR, ELHCP and London-wide.

NHS

Finances

- There are no plans to facilitate money being moved from one CCG area to another.

- There is an opportunity to look at the potential to share financial risk where appropriate and in the best interests of patients.

What we've been working on

NHS111 – recently announced the first joint commissioning contract - for the new integrated NHS 111 and clinical assessment service. The service aims to improve our urgent and emergency care services across NEL, providing a better service to local people when they need it most.

Stocktake across all CCGs - looking at CCG structures and functions, financial arrangements and position, the overarching commissioning strategies and approaches and the management of quality and performance, as well as corporate functions, so we can:

- identify good practice for sharing and learning across CCGs
- identify opportunities to collaborate and do things once across NEL.

NHS

Looking ahead

- Looking at national annual commissioning planning guidance (due to be published shortly) as an Alliance. This sets out what we need to do for 2018/19 around finances, QIPP (Quality Innovation, Productivity and Prevention), assessing local needs and our demand and capacity planning for services.

- Working with NHS England (London) as our regulator to agree the level of assurance we need to provide, once at a NEL level, which should release resources and people across all our CCGs.

NHS

Thank you

- Any questions?

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Inner North East London (INEL) **Joint Health Overview and Scrutiny Committee** 28 February 2018 **North East London Sustainability and Transformation Plan; Finance**	Item No **5**

OUTLINE

Over the course of 2017/18, health and care organisations across 7 boroughs in North East London (NEL) have been working to develop a draft Sustainability and Transformation Plan (STP). The STP sets out how the NHS Five Year Forward View will be delivered across the NEL footprint and how local health and care services will need to transform in order to ensure their financial sustainability and improve their clinical effectiveness.

INEL JHOSC has requested that NHS partners provide an overview of how the draft NEL STP will be developed through consultation, engagement and scrutiny processes so that the plans are given appropriate oversight and accountability.

This report and its accompanying summary include items covering the financial position of the East London Health & Care Partnership, including an update on the outcomes of the consultation undertaken to collect feedback on a new East London Health & Care Partnership payment system.

ACTION

- The Committee is requested to give consideration to the report and discussion and provide comments.

INEL JHOSC 28th February 2018

Finance

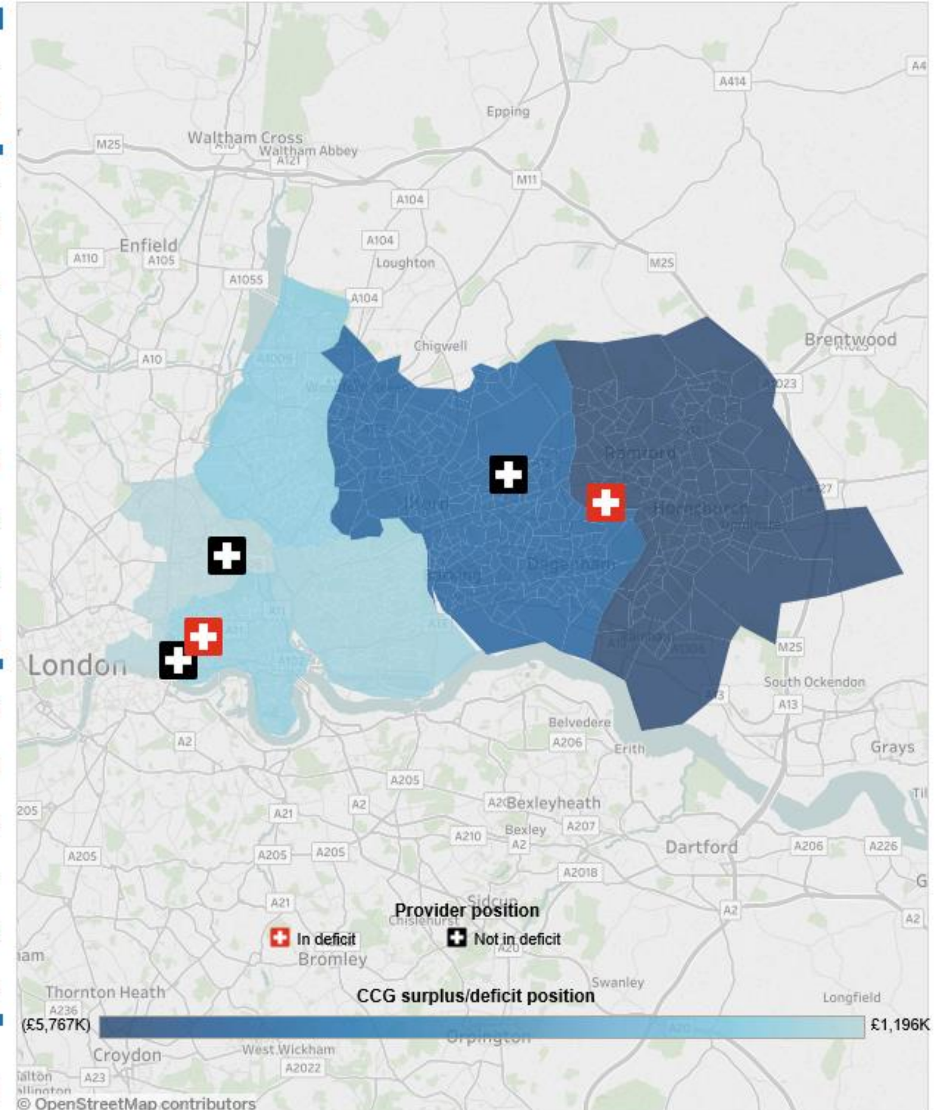
17/18 Position

Net financial (surplus/deficit) positions within system

	YTD Actual	YTD Planned	YTD Variance	FOT Actual	FOT Planned	FOT Variance
NEL	(£196,166K)	(£83,332K)	(£112,834K)	(£98,622K)	(£57,446K)	(£41,176K)

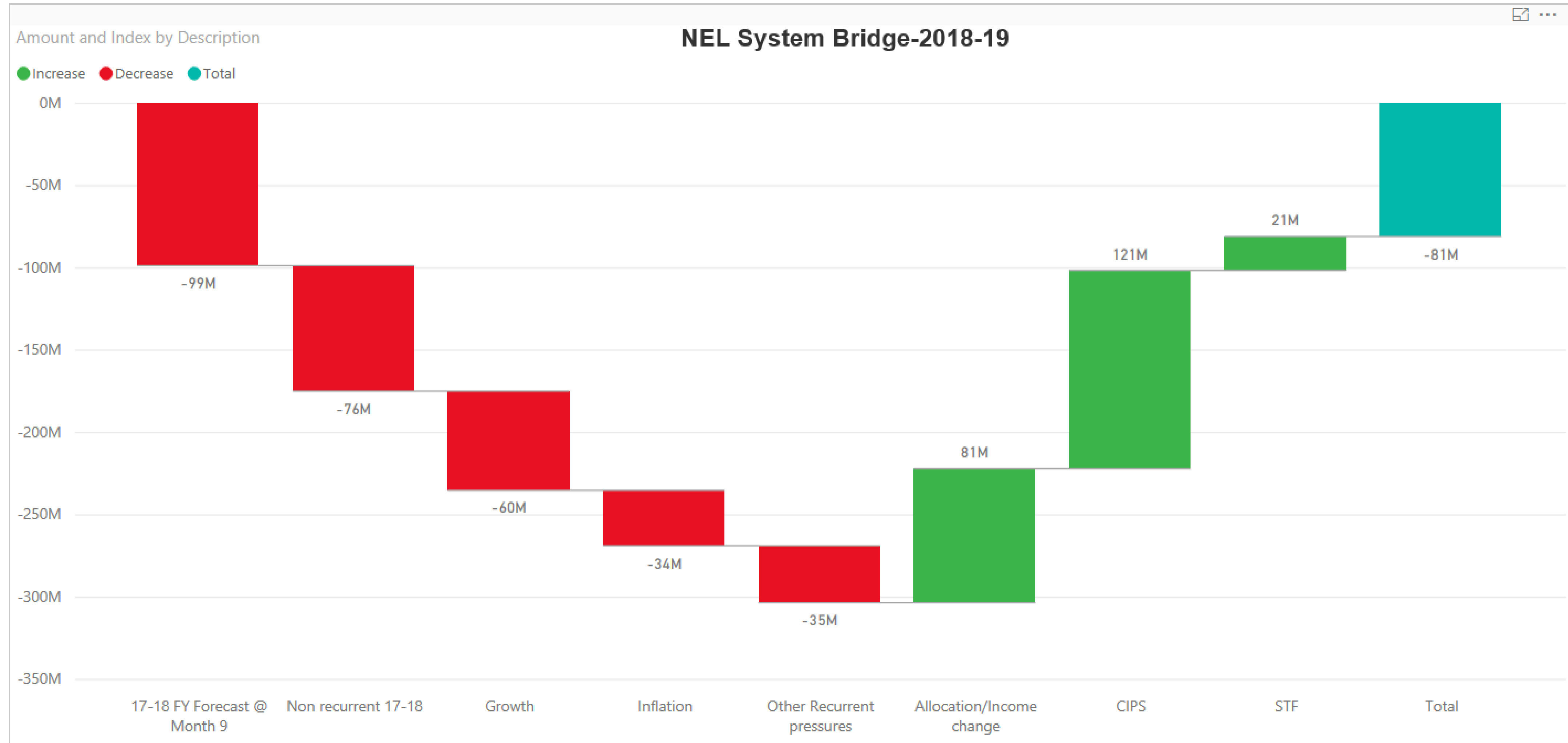
	YTD Actual	YTD Planned	YTD Variance	FOT Actual	FOT Planned	FOT Variance
NHS Barking & Dagenham CCG	(£4,441K)	(£2,010K)	(£2,431K)	(£6,919K)	(£2,790K)	(£4,129K)
NHS City and Hackney CCG	£1,196K	£0K	£1,196K	£1,434K	£0K	£1,434K
NHS Havering CCG	(£5,767K)	(£3,616K)	(£2,151K)	(£8,148K)	(£4,934K)	(£3,214K)
NHS Newham CCG	£745K	£749K	(£4K)	£1,000K	£1,004K	(£4K)
NHS Redbridge CCG	(£4,345K)	(£1,734K)	(£2,611K)	(£5,350K)	(£2,476K)	(£2,874K)
NHS Tower Hamlets CCG	£494K	£200K	£293K	£767K	£267K	£500K
NHS Waltham Forest CCG	£288K	£202K	£86K	£370K	£269K	£101K
CCG total	(£11,830K)	(£6,208K)	(£5,622K)	(£16,846K)	(£8,660K)	(£8,186K)
Barking, Havering and Redbridge University Hospitals Trust	(£45,910K)	£90K	(£46,001K)	(£833K)	£1,249K	(£2,082K)
Barts Health NHS Trust	(£122,311K)	(£67,378K)	(£54,933K)	(£52,704K)	(£45,971K)	(£6,733K)
East London NHS Foundation Trust	£3,809K	£5,851K	(£2,042K)	£6,294K	£12,412K	(£6,118K)
Homerton University Hospital NHS Foundation Trust	£3,823K	£2,944K	£879K	£7,051K	£6,393K	£658K
North East London NHS Foundation Trust	£2,457K	£2,334K	£123K	£4,421K	£3,920K	£501K
Provider total	(£158,132K)	(£56,159K)	(£101,973K)	(£35,771K)	(£21,997K)	(£13,774K)
Triangulation Gap	(£26,204K)	(£20,965K)	(£5,239K)	(£46,005K)	(£26,789K)	(£19,216K)

YTD surplus/deficit position for system CCGs and providers



Initial Estimated 18/19 System Bridge

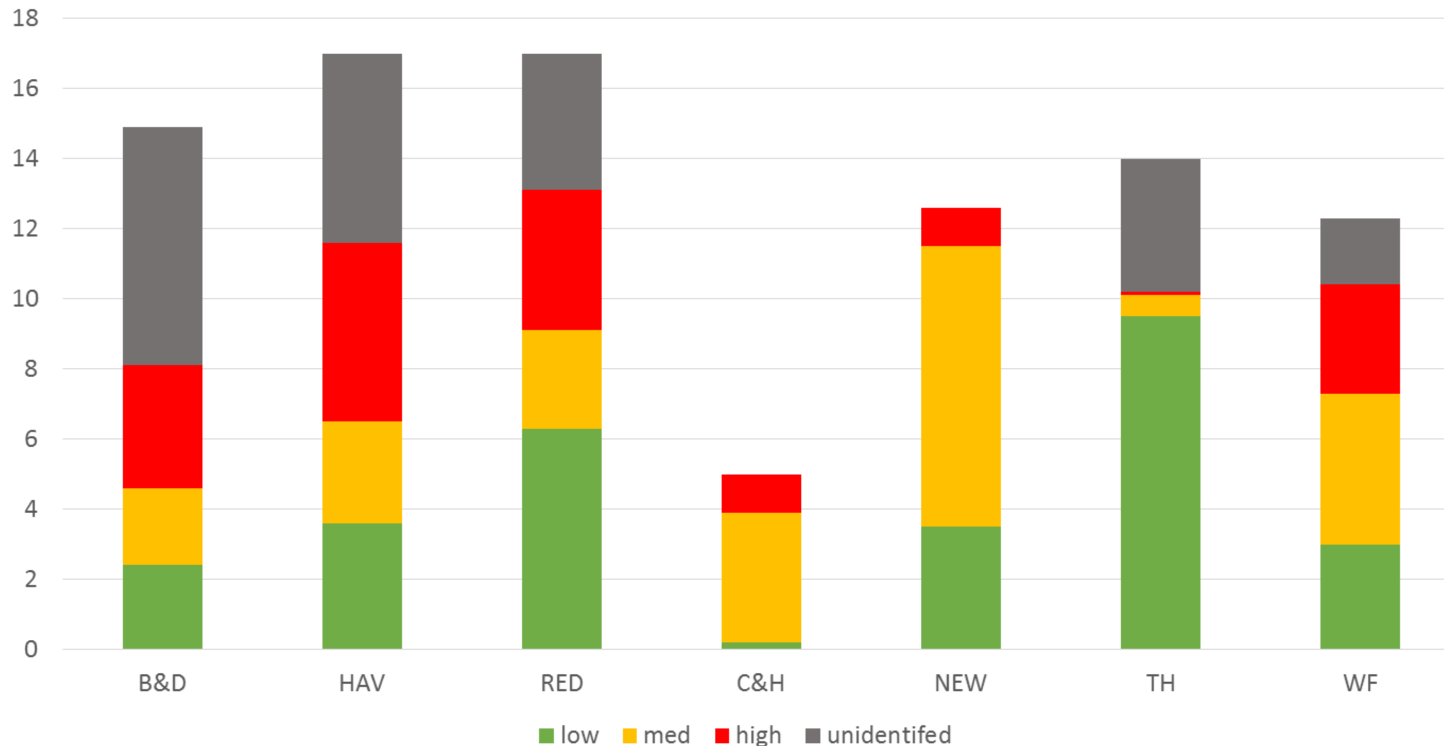
East London Health & Care Partnership



RAG assessment of 18/19 QIPPs

East London Health & Care Partnership

- All CCGs are in the process of addressing the points raised by Deloitte, and are continuing to address delivery risks to improve the likelihood of delivery of identified schemes
- BHR all have high elements of both red plus unidentified, as do WF
- C&H, New and TH have small proportion of red (although TH has element unidentified)



The RAG ratings applied by CCGs for this update were as follows:

- Red-less than 50% likelihood of delivery
- Amber-between 50% and 95% likelihood of delivery
- Green-more than 95% likelihood of delivery

East London Health & Care Partnership

Payment Reform

Payment based on what matters most to residents and patients – and a clinically driven transformation agenda to support these objectives

Consultation: ELHCP Payment Development	• There was an open and collaborative consultation process July-Sep 2017 to gather views on how payment can support system objectives, support person-centred care and enable transformation • Included 6 workshops with nearly 100 representatives from all 20 ELHCP partner organisations as well as other providers within East London, and 54 members of the public • Resulted in 13 co-developed 'principles for payment', which outlined principles and objectives for payment development in East London.
ELHCP Payment development work	• ELHCP Board approved the 13 principles for payment , and agreed East London should introduce (i) evolutionary changes to payment for April 2018, while working on (ii) longer-term payment development options for the system for testing through 2017 and 2018. • The ELHCP Clinical Senate and Board have confirmed that ELHCP transformation work should be focused on clinical priorities and that payment must flex to support these efforts. Outpatient care transformation is among priorities agreed for 2018/19. • Finance professionals and clinical leads have been working to develop changes to payment for April 2018 to support outpatient transformation programmes, and to better align incentives in areas where pass through costs currently exists. • Work on longer term payment development is also in train.

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Inner North East London (INEL) Joint Health Overview and Scrutiny Committee 28 February 2018 **North East London Sustainability and Transformation Plan; Cancer**	Item No **6**

OUTLINE

Over the course of 2017/18, health and care organisations across 7 boroughs in North East London (NEL) have been working to develop a draft Sustainability and Transformation Plan (STP). The STP sets out how the NHS Five Year Forward View will be delivered across the NEL footprint and how local health and care services will need to transform in order to ensure their financial sustainability and improve their clinical effectiveness.

INEL JHOSC has requested that NHS partners provide an overview of how the draft NEL STP will be developed through consultation, engagement and scrutiny processes so that the plans are given appropriate oversight and accountability.

This report and its accompanying summary include items outlining what the East London Health and Care Partnership are doing to improve Cancer services.

ACTION

- The Committee is requested to give consideration to the report and discussion and provide comments.

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East London Health & Care Partnership

NHS

East London Health and Care Partnership

Cancer update
INEL HOSC

Weds 28th February

East London Health & Care Partnership

NHS

ELHCP Our Challenges

- **ELCHP is the most deprived STP in London**: with 5 of the 6 most deprived CCGs across London
- **Population forecast increase above the London average** (6.1% in 5 years)
- **Significant financial pressures on providers** and drive to achieve a sustainable future position
- **Variation in patient ratio to GP** with Redbridge and Waltham Forest falling in the lowest 20% whilst City and Hackney and Tower Hamlets have the first and second best ratios across London
- **Workforce gaps and high turnover of staff** in Acute providers
- There is a variation in cancer outcomes across the STP with the STP having the lowest 1 year survival index in aggregate in England (2015)
- Too many people in ELCHP are diagnosed with cancer when it is more advanced
- Too many ELCHP residents present with new cancers as an emergency which reduces their 1 year survival prognosis
- Not enough of the population attend cancer screening programmes
- Services need to be put in place to support patients in ELCHP living with the consequences of their cancer treatment

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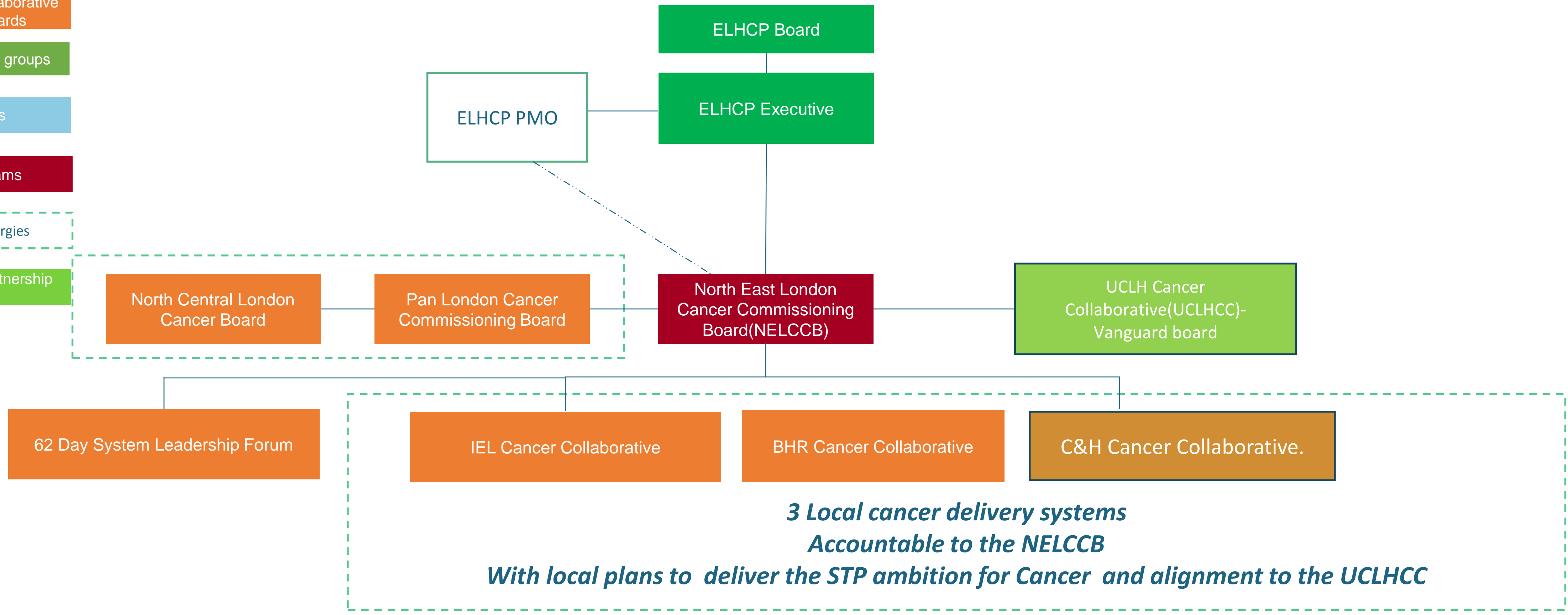
Governance Structure – Third Tier, Workstream sub-structures

Cancer

Key:

- Tier 1 Governance groups/boards
- ELHCP Partnership organisations
- Regulators
- Systems or collaborative groups/ boards
- Tier 2 Steering groups
- Enablers
- Workstreams
- System synergies
- Supporting partnership groups



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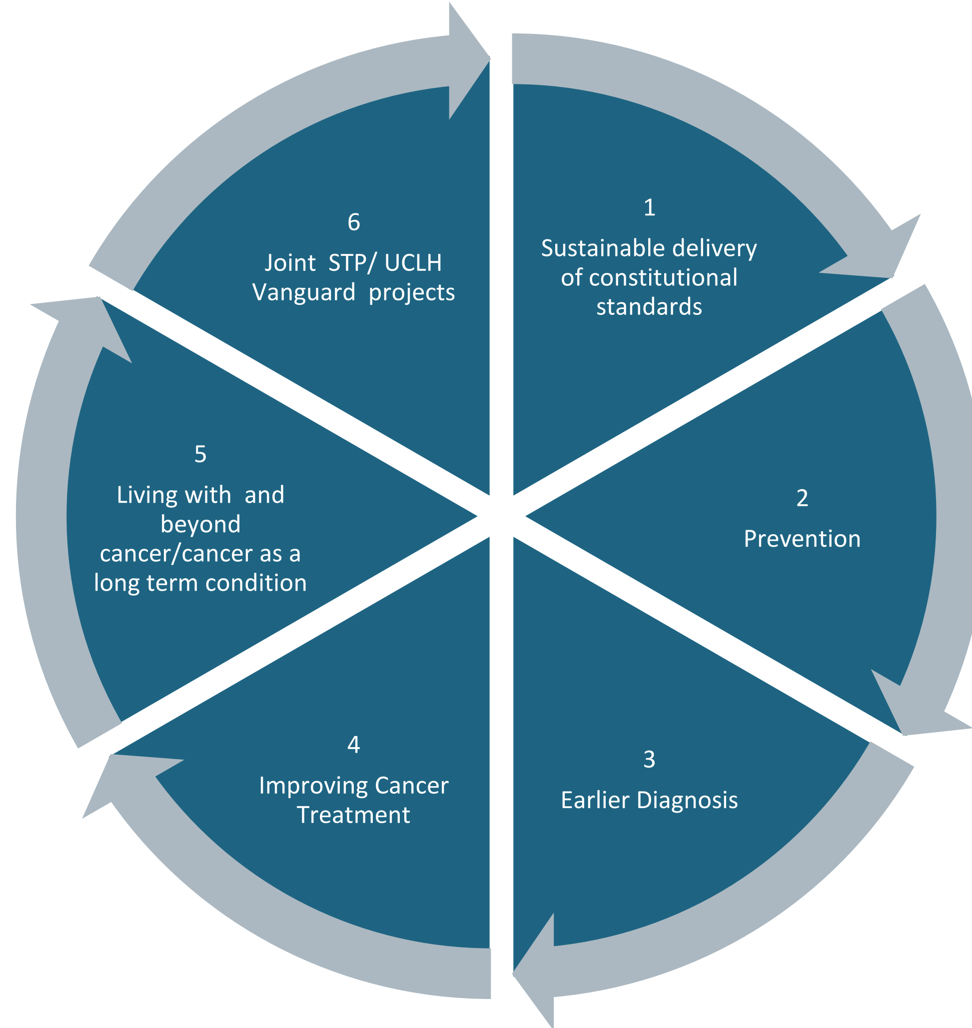
Delivery Plan Key Workstreams



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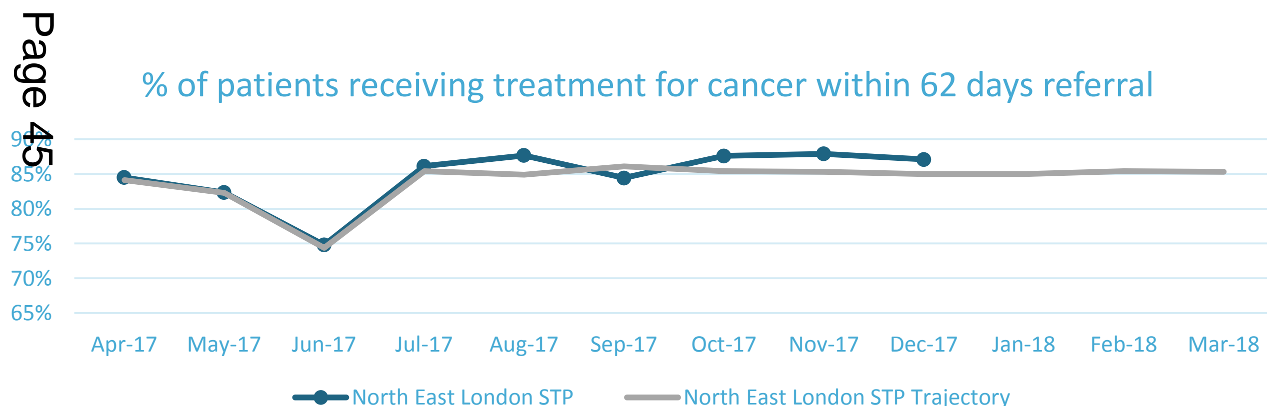
Work stream 1: Sustainable delivery of Cancer Waiting Times

- **NEL is generally performing well against cancer waiting times access standards. A return to compliance of the 62 day Urgent GP standard in Q2 of 2017 enabled the release of some cancer transformation money in December 2017 to support earlier diagnosis**

% of patients receiving treatment for cancer within 62 days referral	Target	85.0%	Target date	Sep-17	Key	>=85%	<85%

Provider	STP	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
BHRUT	NEL	82.0%	81.6%	81.0%	90.3%	88.5%	85.1%	89.3%	88.1%	89.3%			
Barts Health	NEL	90.1%	80.8%	69.5%	82.4%	87.5%	85.9%	85.7%	86.3%	86.5%			
Homerton Univ	NEL	66.7%	91.5%	75.5%	78.7%	82.5%	73.3%	89.1%	92.9%	83.1%			
North East London STP		84.5%	82.3%	74.8%	86.1%	87.7%	84.4%	87.6%	87.9%	87.1%			
North East London STP Trajectory		84.1%	82.3%	74.4%	85.4%	84.9%	86.1%	85.4%	85.3%	85.0%	85.0%	85.4%	85.3%



NEL remains above trajectory and backlog is below sustainable position. Focus of NEL 62 day leadership forum is very much now on 38 day transfer in Urology but without loosing site of all other pathway breach contributions and acting where required.
Bi-lateral meetings to agree shared objectives and actions between UCLH and BHRUT and BH both taken place and actions agreed. Risk to 38 day Urology Inter trust transfer is MRI reporting of prostate at BH. Action for UCLH to look at options for immediate support around MRI reporting; being chased.

New Standards

28 day Faster Diagnosis Standard

Key cancer 5YFV standard; 95% of patients with Yes/no diagnosis of cancer within 28 days of referral, 50% within 14 days(TBC).
Measured from April 2019- constitutional standard from April 2020. **Expected to replace the 2ww standard**.

How we plan to achieve this:

- Reduce the median day to first OPA or first diagnostic procedure to 7 days or less
- Educate all to achieve a mind set change away from 2ww and new faster diagnosis
- The use of one stop appointments where possible: Gynaecology, Prostate, Skin and Breast.
- Pathway innovation and transformation- National optimal lung cancer pathway; colorectal and prostate
- To optimise radiology and endoscopy services to be efficient and responsive
- Ensure patients are referred with bloods or preliminary tests done
- Remind patients they need to be available at short notice and there may be a number of appointments and that it is important to attend(evidence shows people attend first appointments but might cancel and delay appointments in the next stage of the pathway)

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Work stream 3: Earlier Diagnosis

Aim : To improve 1 year survival and increase the proportion of patients diagnosed at stages 1 &2 across NEL

Baseline:

CCG	One yr survival (2014)	*One yr survival (2015)*	*Stage 1 or 2 (2015-Q1)**	*Stage 1 or 2 (2015-Q1)* 1yr roll ave*	Diagnoses through emergency presentation (Q4 16/17)
Barking & Dagenham	***66.0%***	67	*39.6%*	*46.6%*	18.8%
City & Hackney	***69.2%***	71.3	*58.1%*	*52.3%*	20.1%
Havering	*70.4%*	71.3	*46.6%*	*41.2%*	16.6%
Newham	***64.7%***	68.1	*48.0%*	*42.6%*	18.3%
Redbridge	***67.9%***	70.4	*49.3%*	*45.5%*	15.5%
Tower Hamlets	***65.7%***	68.3	*47.5%*	*42.5%*	18.3%
Waltham Forest	***68.1%***	70.4	*54.7%*	*47.8%*	18.9%
WELC			*39.6%*	*46.6%*	
BHR			*39.6%*	*43.9%*	
NEL		70			17.5%
NCEL					17%
National Average or England	***70.4***	**72.3**	**52.0**	***51.0%***	**17.9%**

Taskforce ambition: 1yr survival all combined cancers 75% by 2020*

* Aggregate sum of 14 cancers

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4 Estimated proportion of malignant cancers presented as an emergency for UCLH Cancer Collaborative. Graph

Estimated proportion of malignant cancers diagnosed via emergency presentation in each quarter for UCLH Cancer Collaborative

26.0%
24.0%
22.0%
20.0%
18.0%
16.0%
14.0%

Q1 2012/13, Q2 2012/13, Q3 2012/13, Q4 2012/13, Q1 2013/14, Q2 2013/14, Q3 2013/14, Q4 2013/14, Q1 2014/15, Q2 2014/15, Q3 2014/15, Q4 2014/15, Q1 2015/16, Q2 2015/16, Q3 2015/16, Q4 2015/16, Q1 2016/17, Q2 2016/17, Q3 2016/17, Q4 2016/17

UCLH Cancer Collabrative total
England overall
North Central London total
North East London total

Collated by Pan- Cancer Vanguard Informatics team
Contact - rmpartners.informatics@nhs.net
In strictest confidence – For NHS internal use only

Work stream 3: Earlier Diagnosis

Aim : To improve 1 year survival and increase the proportion of patients diagnosed at stages 1 &2

- Programme to be delivered at both a local level and through UCLHCC projects and HLP(TCST).

Local delivery (using planning guidance and 3 delivery systems):

- Complete roll out of NICE NG12 (2015) consistently across all 7 CCGs
- Access to key diagnostic tests consistent across all 7 CCGs (currently inequitable)
- Complete roll out of the optimal lung cancer pathway
- To support vanguard projects to be delivered at a local level
- To use the CCG cancer IAF ratings to develop local action plans for improvement

Earlier Diagnosis- cancer transformation funding

- By achieving the 62 day Urgent GP standard across the STP in Q2 and predicted in Q3 £700K of earlier diagnosis funding has been released to the cancer vanguard for NEL projects
- In February 2018 decisions about the release of 2018/19 funding will be made.

Work underway:

- Teachable moments- 3 sessions at BH in March 2018- open to all providers in NEL. Education event on prevention for those referred who don't have cancer. Testing a proof of concept.
- Development of robust population awareness and education plans for 2018/19
- Development of robust plans for increasing bowel cancer screening in 2018/19
- Accelerate the implementation of the National optimal lung cancer pathway
- Provide a "gateway C" on line training resource license for every GP practice in NEL
- Provide coaching for cancer MDTs to promote more effective working
- Provide funding for the implementation of a Multi-diagnostic Clinic at the RLH
- A project to deliver a diagnostic hub for NEL (endoscopy, Ultrasound and MRI)- capital
- Tracking to allow all 3 provider cancer systems to link for smooth patient transition across the sector

Work stream 4: Improving Cancer Treatment

ELHCP VISION: People diagnosed with cancer in ELHCP should have timely, equitable access to high quality modern treatments

Access to diagnostic tests:

- ***NICE referral guidance (2015) and subsequently planning guidance sets out a range of diagnostic tests that should be accessible from primary care.***
- ***Access varies across the CCGs in ELHCP to these key diagnostics tests early actions will target delivering equitable access across the ELHCP.***

Implementation of optimal pathways of care in collaboration with UCLHCC

E.G : national ling cancer pathways

Clinical audit shows wide variation in a number of clinical indicators across ELHCP

- **Resection rates for lung cancer**
- **Active treatment rates for lung cancer**
- **Surgical numbers per surgeon in breast and colorectal cancer**
- **Access to plastic surgery for breast cancer locally**

The cancer work stream is progressing a reduction in this variation through the NEL Clinical Senate and in collaboration with the UCLHCC.

Chemotherapy closer to home.

- **To support the roll out of chemotherapy closer to home through local delivery systems in collaboration with UCLHCC and specialist commissioning**

More information can be found in the UCLHCC delivery plan.

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Key ambitions for acute care linked to Vanguard service specs and best practice

	diagnostic	surgery	Chemo/RT	Other
Lung cancer services to be delivered to a defined service spec	STT to CT and ambulatory Biopsy standard practice. "Find out faster" standard consistently met, by 2020	Overall resection rates are in the upper quartile across all providers	Molecular diagnosis and tissue subtype/mutation for targeted chemo is standard practice (R38)	Active treatment rates in the upper quartile for all trusts. All CRG quality metrics to be in upper quartile
Colorectal cancer services to be delivered to a defined service spec	STT is standard practice across all providers. "Find out faster" standard consistently met by 2020	Laparoscopic surgical rates in the upper quartile nationally across all providers. All emergency surgery at presentation is carried out by core members of the CRC MDT	Molecular diagnosis and tissue subtype/mutation for targeted chemo is standard practice (R38)	Lynch syndrome testing at diagnosis(R38)- Under 50. All CRG quality metrics to be in upper quartile
Breast cancer services to be delivered to a defined service spec. To include a metastatic pathway spec when available(R46)	All referrals seen in a one stop diagnostic service "Find out faster" standard consistently met by 2020.	% of cases conducted as a day case % of patients undergoing immediate reconstruction % of patients who can access onco-plastic services locally All in services in upper quartile nationally	Molecular diagnosis and tissue subtype/mutation for targeted chemo is standard practice (R38). Chemo delivered in a community setting where appropriate.(R33)	BRCA1 and BRCA2 testing at diagnosis(R36). To include Ovarian cancer Chemoprevention prescribed consistently across primary care for high risk early invasive breast cancer(R6) All CRG quality metrics to be in upper quartile
Quality				
All surgical specialties Royal colleges, NCIN and CQC develop a range of surgical subtype quality metrics(R28)		All trusts will have outcomes in the top quartile nationally.		
All specialties All MDTs to audit and review on a monthly basis deaths within 30 days of active treatment.(R39)				All trusts to present quarterly reports on lessons learned from monthly reviews

Work stream 5: Living with and beyond Cancer (LW&BC)

Aim: To support the people of NEL living with cancer as a long term condition with 95% of patients with an agreed after treatment plan and a completed recovery package.

Recovery Package:

- To deliver the Recovery Package including all four main interventions. Holistic Needs Assessment and Care Planning, Treatment Summary, Cancer Care Review, and Health and Wellbeing Events
- Transformation funding has been approved for Pan London implementation of the recovery package. ELHCP will be advised by the Pan London LW&BC board and supported by UCLHCC and TCST to deliver these interventions for the residents of NEL.

Stratified follow up:

- In line with planning guidance and the task force strategy ELHCP will ensure local delivery of stratified follow up.
- Transformation funding has been approved for Pan London implementation of the recovery package. ELHCP will be advised by the Pan London LW&BC board and supported by UCLHCC and TCST to deliver these interventions for the residents of NEL.

Managing the consequences of treatment:

- ELHCP will work with UCLHCC and TCST to identify service gaps and look to support people in NEL living with the consequences of their treatment. By March 2018 ELHCP will have a baseline of current services and plan through 2018/19 to fill gaps and provide equitable provision

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