

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

**SUPPLEMENTARY AGENDA ITEM(S)
PACK No**

Wednesday 25 November 2020

This Meeting will be held remotely via ZOOM and broadcasted on Newham YouTube

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

Due to the above we are advising Members of the Public to watch via Newham YouTube using the following link:

<https://www.youtube.com/LBNewham>

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

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

4. Notes of the Last Meeting (Pages 3 - 20)

Notes of the last meeting held on 30 September 2020.

6. Covid-19 update (Winter Preparedness) for INEL JOSOC (Pages 21 - 48)

INEL JHOSOC is asked to note, comment and discuss the Covid-19 Update.

Contact Officer: Roger Raymond, Senior Scrutiny Policy Officer

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Notes – INEL JHOSC 30 September 2020

Attendance:

Councillors: Winston Vaughan (Chair),
Councillor Ben Hayhurst (Vice-Chair, London Borough of Hackney)
Councillor Gabriela Salva-Macallan (Vice-Chair, London Borough
of Tower Hamlets)

City of London Corporation:

Common Councilman Michael Hudson

London Borough of Newham:

Councillors Ayesha Chowdhury and Anthony McAlmont

London Borough of Hackney:

Councillors Peter Snell and Patrick Spence

London Borough of Waltham Forest:

Councillors Richard Sweden and Councillor Umar Ali

Jane Milligan, Accountable Officer, NECLA and SRO, ELHCP

Selina Douglas, Managing Director, WEL CCGs

David Maher, Managing Director, City and Hackney CCG

Dr Ken Aswani, Chair, Waltham Forest CCG

Dr Mark Ricketts, Chair, City and Hackney CCG

Alwen Williams, Chief Executive Officer, Barts Health NHS Trust

Dr Alistair Chesser, Chief Medical Officer, Barts Health NHS Trust

Tracey Fletcher, Chief Executive, Homerton University Hospital NHS Trust

Paul Calaminus, Deputy Chief Executive, ELFT

Henry Black, Chief Finance Officer, NELCA

Simon Hall, Director of Transformation, ELHCP

Jason Strelitz, Director of Public Health (Newham)

Sandra Husbands, Director of Public Health (City and Hackney)

Somen Banerjee, Director of Public Health (Tower Hamlets)

Joe McDonnell, Director of Public Health (Waltham Forest)

Apologies

Councillor Kahar Chowdhury - London Borough of Tower Hamlets

Councillor Shad Chowdhury - London Borough of Tower Hamlets

ITEM 2 - Declarations of Interest

Councillor Peter Snell – Chair of The Lodge Care Home.

ITEM 3 – Minutes

The minutes of the previous meeting will be agreed at the next meeting.

ITEM 4 – SUBMITTED QUESTIONS

Public Questions:

Carol Saunders, Tower Hamlets Keep Our NHS Public
Rosamund Mykura, on behalf of North-East London Save our NHS (NELSON)
Christopher Sills – Hackney Resident

Key points raised in the discussion:

1. The Directors of Public Health of INEL discussed issues raised in the question by Carol Saunders in terms of testing, contract tracing and public messaging. The Committee would provide a written response to Carol's question.
2. Rosamund Mykura gave a statement to supplement her written question. The Committee thanked Rosamund for her statement and question on a subject that the Committee will discuss further later in the meeting. The Committee will receive a presentation from Dr. Alistair Chesser, Group Chief Medical Officer, Barts Health NHS Trust on Overseas Patients and Charging. The Committee would provide a written response to Rosamund's question.
3. The Committee received a further written question from Christopher Sills on the Redevelopment of Whipps Cross Hospital. The Committee discussed the proposals. Alwen Williams, Chief Executive Officer, Barts Health NHS Trust told the Committee that she happy to arrange for the Committee to receive an update on Whipps Cross Hospital.

Appendix A – Public Questions

Appendix B – Responses to Public Questions

ITEM 5 – Covid-19 update for INEL JOSOC

Led by: Jane Milligan, Accountable Officer, NECLA and SRO, ELHCP and supported by colleagues from across the system.

Key points raised in the discussion:

1. Jane Milligan, Accountable Officer, NECLA and SRO, ELHCP gave an update of the ongoing joint NHS response to the Coronavirus Pandemic, supported by a detailed background paper, which had been provided to Members in advance. She thanked all the partners involved for their continued efforts, and outlined how the NHS and health services were working closely with Local Authorities colleagues in North East London. Jane Milligan also gave an overview on the developing integrated care system and that there would shortly be GP vote on the proposals to form a single CCG for north east London.

Selina Douglas, Managing Director, WEL CCGs provided the Committee with an overview of key local updates, which included the enhanced support being provided to social care as described in more detailed at the last meeting in June 2020. This included some of the partnership work she is leading with Colin Ansell, Corporate Director of Adults and Health (Newham) around infection control and support to care homes.

2. It was reiterated that NHS services remain open and people should continue to attend for their appointments and get the care they need. Officers told the Committee about the roll out of the Flu Immunisation Programme across NEL and the priority to vaccinate 'at-risk' population groups and people over-65. Simon Hall, Director of Transformation, ELHCP addressed some matters related to test and trace. Responding to questions on antibody tests, Simon Hall told the Committee that the antibody test was initially offered to NHS staff from May to July 2020. The offer was expanded to social care staff and ends on the 30 September 2020, as advised by Government. In response to a question from the Committee, Dr. Alistair Chesser noted that it was not clear if a positive antibody test gives immunity to individuals and that we still need to follow all Government guidance on self-isolation, social distancing and good hygiene.
3. Alwen Williams, Chief Executive Officer, Barts Health NHS Trust briefed the Committee on key updates from Barts Health NHS Trust and informed the Committee that planned surgery had now restarted in hospitals. She also noted some of the changes that were made to support services during the Pandemic. For example, St Bartholomew's had provided London-wide cardiothoracic services during the first peak, and speciality hubs have now been established across north east London to make sure patients received their care quickly, reduce the numbers waiting for surgery and to minimise the risk of infection. She explained hospitals would continue to deliver elective work, whilst being prepared the impact of a potential second wave.
4. Tracey Fletcher, Chief Executive, Homerton University Hospital NHS Trust told the Committee that all hospitals trusts were working collaboratively over this period and were preparing to manage seasonal pressures, based on past experience and the response to the Pandemic peak. She briefed the Committee on the urgent care plans across North East London and explained the infection control measures in place including for A&E. She also provided an overview of introducing alternative pathways, such as NHS 111, which stream patients to the right place before they turn up at hospital.
5. Committee Members asked questions about the support provided to care homes and infection control measures in the light of a possible second wave. Selina Douglas updated the Committee on the partnership plans to support care homes and the coordinated work across north east London. Responding to Committee Members' questions on the plans to form a single CCG for the North East London and the management of budgets, Jane Milligan told the Committee that they would maintain local budgets. Henry Black told the Committee that the single CCG would receive the budget, but the expectation was that 98% will still be cascaded down and maintained at the local borough level. This would allow the local CCGs to deliver their current plans as described in the Long-Term Plan. Concerns from some Committee Members were raised about the plans for a single CCG.

RESOLVED:

The Committee would receive a further update at its next meeting.

ITEM 6 – Directors of Public Health - INEL

Jason Strelitz – Director of Public Health (Newham)
 Sandra Husbands - Director of Public Health (City and Hackney)
 Somen Banerjee - Director of Public Health (Tower Hamlets)

Joe McDonnell - Director of Public Health (Waltham Forest)

Key points raised in the discussion:

1. Jason Strelitz – Director of Public Health (Newham) gave an overview of the collaborative work being the Directors of Public Health INEL. He also outlined the partnership work with Directors of Public Health in Outer North East London.
2. The Committee heard about the work the Directors of Public Health were doing to mitigate the effects of the Coronavirus Pandemic and help to support NHS colleagues.
3. The Committee heard about possible measures that Directors of Public Health were considering to introduce the limit of Coronavirus Pandemic in INEL boroughs. Somen Banerjee - Director of Public Health (Tower Hamlets) discussed some of the factors that had contributed to adverse effects of the Coronavirus Pandemic in North East London like deprivation, housing and health factors.
4. Responding to Committee Members' questions on testing, Joe McDonnell - Director of Public Health (Waltham Forest) told the Committee were told that London had become an areas of concern, so it now had more access to testing in North East London with mobile test centres and walk-in sites. As well as some laboratory issues in August 2020, there was also more demand for testing from schools and businesses so this had course some additional pressures. Some other initiatives were being developing like a mobile site for Queen Mary University.
5. Responding Committee Members on the Government's Self-Isolation Payments scheme, Sandra Husbands - Director of Public Health (City and Hackney) told the Committee that the Government had announced on 28 September 2020 that as there will be a legal duty for UK residents who test positive for COVID-19 (or told to self-isolate) to self-isolate a payment of £500 would be available. However, she noted that local authorities were awaiting additional. There was an acknowledgement that some a short delay in testing result might affect when the payment was made. Responding to Committee Members' questions on testing school bubbles in full, Sandra Husbands - Director of Public Health (City and Hackney) told the Committee that just like in other situations, all the contacts were not tested when they have come into contact with someone with Coronavirus. This was because some of the contacts may not be infected with Coronavirus (or some may show as positive straight away), so it would be appropriate them to self-isolate for 14 days.

RESOLVED:

1. The Committee thanked the Directors for Public Heath – INEL for attending the meeting and all the work in mitigating the effects of the Coronavirus Pandemic.

Overseas Patients and Charging

Dr. Alistair Chesser, Group Chief Medical Officer, Barts Health NHS Trust

Key points raised in the discussion:

1. Dr. Alistair Chesser, Group Chief Medical Officer, Barts Health NHS Trust noted earlier in the meeting that Barts Trust had a legal duty to recover costs from patients who are not entitled to free NHS treatment. He explained the national policy that any patient not entitled to free care must be charged for treatment they receive unless a medical or service exemption applies. Dr Chesser outlined some of the initiatives that Barts Trust had put in place to help overseas patients – for example providing advice and guidance to any patient based on their personal circumstances to provide clarity on charging matters. He also noted that the Trust are committed to being transparent, fair and equitable to patients in the implementation of the national policy. It was also important to note that some vulnerable patient groups including documented asylum seekers are entitled to free hospital care and may not be aware, and so early engagement enables Barts Trust to provide reassurance.
2. Committee Members asked questions about the amount of overseas patients charged in 2019/20 in comparison with 2018/19. The Committee asked for the figures to be supplied that exclude those under European Health Insurance and reciprocal arrangements.
3. Responding to Committee Members' questions on the treatment of children, Dr. Alistair Chesser told the Committee that all children were treated regardless as there were separate protocols for treating children. He also reiterated that any urgent care would be always be treated. Committee Members raised concerns that some hospitals might not be adhering to the spirit of the legal duty that those clinically deemed to be immediately necessary (including maternity or urgent care) will always be treated in a timely way.

RESOLVED:

1. The Committee to receive the figures for the amount of overseas patients charged in 2019/20 in comparison with 2018/19 excluding those under European Health Insurance and reciprocal arrangements.
2. The Committee to receive the regulations and protocols that apply to children of overseas patients

ITEM 8 – Hosting of the INEL JHOSC

1. The Chair noted that the Committee's Terms of Reference states that every two years the host borough must be rotated around the member boroughs.
2. The Committee proposed that the next host borough will be Hackney.
3. If the Committee agreed with this proposal, the official transfer of the hosting of this Committee will take place at the first meeting in February 2021.

ITEM 9 - INEL JHOSC WORK PROGRAMME

1. The Chair noted that the Committee had received an offer from Alwen Williams, Chief Executive Officer, Barts Health NHS Trust to have a presentation on the Redevelopment of Whipps Cross Hospital.

2. The Committee believed that it should receive another COVID-19 Update as were approaching winter.

3. The Committee agreed to have the following items for its next meeting:

- COVID-19 Update
- Redevelopment of Whipps Cross Hospital
- Estates Strategy (as agreed at the 24 June 2020 meeting)

ITEM 10 – DATE OF NEXT MEETING

The next meeting of the Committee will be on 25 November 2020.

The meeting closed at 9.15pm

APPENDIX A

Questions to our Public Health directors

1] We recognise and thank you for your dedicated work during this difficult period.

Given:

- the exponential rise in Covid case numbers reported by Whitty and Vallance on 21 September
- the well-publicised failures and kit shortages in the privatised national testing system
- the very poor performance of the privatised national contact tracing system, and
- the very high risk Covid represents to our BAME and disadvantaged communities

Will you now consider working with your local NHS, primary care and community partners:

- to take back control of testing – by reverting, when necessary, to symptom-driven diagnosis until more formal testing becomes available
- to ramp up direct local contact tracing – bypassing the 48-hour failure window currently built in to the central system.

2] Why is the public messaging being sent out by NE London councils still based on the original symptom list of fever, continuous cough and loss of smell and taste, when the well-respected C-19 symptom app shows that:

- fever is not even in the top five symptoms for adults (which are fatigue 87%, headache 72%, loss of smell 60%, cough 54%, sore throat 49%)
- 52% of under-18s who test positive have none of these symptoms (but one in six get a rash)
- the top five symptoms for children are actually fatigue (55%), headache (53%), fever (49%), sore throat (38%), loss of appetite (35%).

Carol Saunders

For Tower Hamlets Keep our NHS Public (part of the NE London Save our NHS umbrella group)

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Public Question for the INEL JHOSC: 30 September 2020

Please could you give me an update on the latest position of the re-development of Whipps Cross Hospital?

Christopher Sills
Hackney resident

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Appendix B

Response to Public Question from Carol Saunders, Tower Hamlets

Keep our NHS Public

– Directors of Public Health - INEL

On behalf of INEL JHOSC

The Committee would like to thank Carol for her question to the INEL JHOSC meeting on 30 September 2020. The Directors of Public Health - INEL have responded to her question via the Committee.

Please see the response below:

1. As local areas we are committed to make test, trace and support work as effectively for our populations as possible. We do not have the resource (both financial and technological) however to bypass the national system and many thousands of our residents are getting tests each week and reached through NHS Test and Trace. We are committed to trying to improve these through collaboration and advocacy as well as taking advantage of all opportunities that there are at a local level and significant work is taking place in East London to augment the national test and trace system. As the Pandemic response evolves such as with the roll out of rapid testing technologies the potential roll out of a vaccination that collaboration will become ever more vital.
2. COVID-19 is a new virus and understanding is developing all the time while we respond to the Pandemic. There is considerable work at a national level where academics and clinicians are feeding into Scientific Advisory Group for Emergencies (SAGE) and the Chief Medical Officer to set policy and guidelines that shape the response. Our communications around issues such as symptoms will remain linked to the guidelines which are set by the Chief Medical Officer.

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Response to Submission from Rosamund Mykura (NELSON)

- NHS Patient Charging

On behalf of INEL JHOSC

The Committee would like to thank Rosamund Mykura for her question and statement at the last meeting that addressed the matter of Overseas Patients being charged for NHS services. The Committee understands the strong feelings caused by this matter.

The Committee also heard evidence from Dr. Alistair Chesser on behalf of Barts Health NHS Trust. It is understood that the Trust had a legal duty to recover costs from patients who are not entitled to NHS treatment. Any patient not entitled to free care must be charged for treatment they receive unless a medical or service exemption applies. Dr. Alistair Chesser also told the Committee about measures that Barts had introduced to help and support overseas patients at a difficult time.

In light of this, the Committee had decided not to make a statement to state its opposition to NHS charging. The Committee would continue to keep the matter of overseas patients and charging for NHS services under review.

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Response to Whipps Cross Hospital question

Earlier this month, Barts Health published [‘Building a Brighter Future for Whipps Cross – Moving to the next stage’](#). This followed the Government’s endorsement of the Strategic Outline Case (SOC) for the redevelopment of Whipps Cross and offers a summary of the vision for the new Whipps Cross Hospital. The Government’s approval to proceed with the development of the Outline Business Case (OBC) for the redevelopment of the Hospital is great news for staff, patients and for all the communities that use the hospital and represents a significant milestone.

The vision for Whipps Cross, which is shared by Barts Health and local partners, is to build a brand new hospital and redevelop the wider site to benefit the local community with the opportunity for other health and care services, much needed new homes and other community facilities. The new Whipps Cross Hospital will continue to provide the same core services as today, including A&E and maternity services, but will improve the way these services are delivered, including faster and more convenient care for patients and in the very best facilities that are purpose built for modern healthcare delivery.

The SOC contains an initial set of assumptions on the size and shape of the new hospital and plans for the wider site. These are now being tested and developed further as part of the next phase of detailed planning and design work, with the support of key advisors. As part of plans to engage the public, three virtual public meetings are planned in October and November in Waltham Forest, Redbridge and Epping Forest to discuss the emerging plans with members of the community, to hear their views and to help inform the thinking (details for the events can be found: www.bartshealth.nhs.uk/future-whipps). It is anticipated that, subject to approvals, construction on a new hospital could begin in the autumn of 2022 and completed towards the end of 2026.

- [Barts Health NHS Trust](#)

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

Report title	Covid-19 update (Winter Preparedness) for INEL JOSC
Date of Meeting	Wednesday 25 November 2020
Lead Officer	Jane Milligan Accountable Officer for North East London Commissioning Alliance and Executive Lead for East London Health and Care Partnership
Report Author	Jane Milligan Accountable Officer for North East London Commissioning Alliance and Executive Lead for East London Health and Care Partnership
Witnesses	Jane Milligan
Boroughs affected	<ul style="list-style-type: none"> • City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest • Redbridge
<p>Recommendations:</p> <p>That INEL JHOSC is asked to:</p> <ul style="list-style-type: none"> • NOTE this update; • COMMENT on update. 	



Background

Key Improvements for Patients

- n/a

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

Covid-19 update for NEL OSCs

- One CCG/ the Integrated Care System
- Covid-19
- Managing the emergency – recovery and winter
- Patient and public involvement, insight and communications

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 - Inequalities
 - Primary care
- **Patient and public involvement, insight and public messages**
 - Patient Insights and key public messages

One CCG and the Integrated Care System (ICS)

- In October all [seven NE London CCGs passed the vote on our proposals](#) to form a new North East London CCG on 1 April 2021, with strengthened local partnerships. Merger approved by NHS&I subject to submission of a constitution and appointments to all statutory Governing Body roles
 - System focus on supporting frontline staff to deliver improved health and care outcomes, influence specialised commissioning and be efficient
 - Population-focused integrated care partnerships (ICPs): Barking and Dagenham, Havering and Redbridge (BHR); Waltham Forest, Tower Hamlets and Newham; City of London and Hackney will join up services and increase transparency for residents.
 - Vast majority of health and care delivery will continue to be delivered in partnership with local populations at a local place and borough level.
- We are progressing our discussions with NHSE&I to formally establish a North East London Integrated Care System

Covid-19

Overview



- North east London, in line with the rest of London, entered tier 2 restrictions but this was overtaken on 5 November by a [national lockdown](#).
- Slower rise in cases compared to wave one; but we are still in the growth phase in London. From 5 November 2020 NHS Emergency Preparedness, Resilience and Response (EPRR) incident level moved back from Level 3 (regional) to **Level 4** (national) control. The effects of lockdown will not impact for a few weeks, and may be reduced compared to wave one as the restrictions are less severe. Greatest concern now is staff shortages due to infections and self-isolation (but there are new staff testing regimes being rolled out) and the wish to continue other services.
- We are promoting the national campaign to encourage **pregnant women** to 'Help Us To Help You' as there are concerns women are reticent about engaging with maternity teams. Visiting restrictions have been challenging but now throughout INEL, birth partners are allowed at all stages of labour and on the postnatal ward. (with appropriate PPE)
- Reopening expanded capacity of **critical care beds**.
- Exploring a range of **community-based schemes** e.g. frailty services, discharge, community end-of-life care services and enhanced health in care homes which reduce the critical care bed requirement.

Co-ordination



- NEL Directors of Public Health now have significantly more detailed information regarding cases, infection rates, geographical data etc and meet weekly to discuss and manage case data, outbreaks
- Summary data is now consolidated on government [websites](#) as is [testing data](#)
- We have stepped back up the NEL incident control centre to 8am to 8pm seven days a week
- A system chief execs group has started meeting again weekly to oversee matters within the health system – including local authority representation.

Testing

- NEL PCR swab test capacity is 1,931 tests a day. This is expected to increase over the next few weeks with additional testing machines coming on stream.
 - Positive swab test levels (infection rate) remains at 3-5%.
 - Did not attend (or did not return) test rate is c18%.
 - BHRUT is one of 34 national sites testing the roll out of **non-symptomatic testing of patient facing staff** using lateral flow swab tests. All trusts across NE London have now submitted information to receive their allocation. Additional information is shortly coming out as to how patient facing staff in primary care, community pharmacy, dentistry and other community health organisations can access lateral flow swab tests. Planning has also started to introduce Lateral Flow testing to support non-symptomatic testing of all NHS staff.
 - Working with Directors of Public Health to identify groups of the population who could benefit from the roll out of lateral flow swab test kits as part of the government's **mass testing programme**.
 - Working with Trusts to enable patients who are **residents in supported living and extra care settings to receive a PCR swab test on discharge from hospital**, in the same way that residents in care homes do.
 - We continue to press NHSE&I for additional PCR testing capacity at BHRUT
 - NEL local authorities are providing additional capacity and local expertise for the
- 7 | NHS Test and Trace programme

Care homes & Home Care Providers



- Joint co-ordination by NEL Care Homes and Home Care Domiciliary Oversight Group (Two subgroups – Communications and Digital). [London](#) and local resources provide guidance.
- Funding agreed (and work ongoing) to improve digital resources in care homes including connecting up records; remote monitoring; ipads etc.
- Clinical leads for care homes and regular virtual ward rounds
- Distributed Pulse Oximeters
- NHS 111 StarLine (which enables fast access to clinical advice) rolled out to home care providers as well as care homes so that there is equity in approach
- Working with care homes to translate [national guidance](#) to local advice on relatives/friends visiting. Local authority public health and social care teams will provide assessment on the suitability of different visiting regimes
- As at 16 November
 - 80% of residents have had a flu immunisation (20% not immunised or not known).
 - Only 28% of directly employed staff have had a flu immunisation
- Isolation facilities for Covid+ patient discharge to care homes are operational

Covid vaccines

- We don't expect a Covid-19 vaccine to be widely available until 2021 and we can't use any vaccines until they are approved by the Medicines and Healthcare Regulatory Agency but we are preparing with partners to be ready from 1 Dec 20
 - Governance, modelling, processes and systems; public communications etc
- Challenges:
 - Likely around storage and distribution (e.g. storage at v low temperatures)
 - A trained and available workforce if we are to continue other NHS services, especially if this coincides with a 2nd Covid peak. Many staff will come from primary care, but the DHSC has consulted on legislation to allow a wider group of staff, including physios and paramedics to become vaccinators (with training/supervision)
- The Joint Committee on Vaccination and Immunisation published [interim guidance on the likely priority groups](#) to be reviewed depending on the efficacy of vaccines on different age/risk groups, any safety issues etc. Proposed first cohorts based on age:
 - older adults' resident in a care home and care home workers and all those 80 years of age and over and health and social care workers
 - all those 75 years of age and over and those 70 years of age and over
 - all those 65 years of age and over and high-risk adults under 65 years of age
- Given the likely priority groups, we need primary/ community services/ community pharmacies to work together offering roving vaccine delivery services in people's homes or care homes. We will arrange large scale sites for population within 30-40 mins on public transport; and at least one community site in each borough.

Recovery and winter

We have published our [Phase 3 Plan](#)

This was described at previous JHOSC and focused on reducing inequalities; increasing mental health services; supporting our workforce; and recovering maximum elective activity including surgery, cancer, diagnostics etc.

Acute & emergency care



New ways of providing emergency care will reduce waiting times, support social distancing in waiting rooms, reduce the need for travel and enable patients to access the right care earlier. Successful trials are planned to be rolled out across the area in advance of winter and the expected most severe Covid pressures.

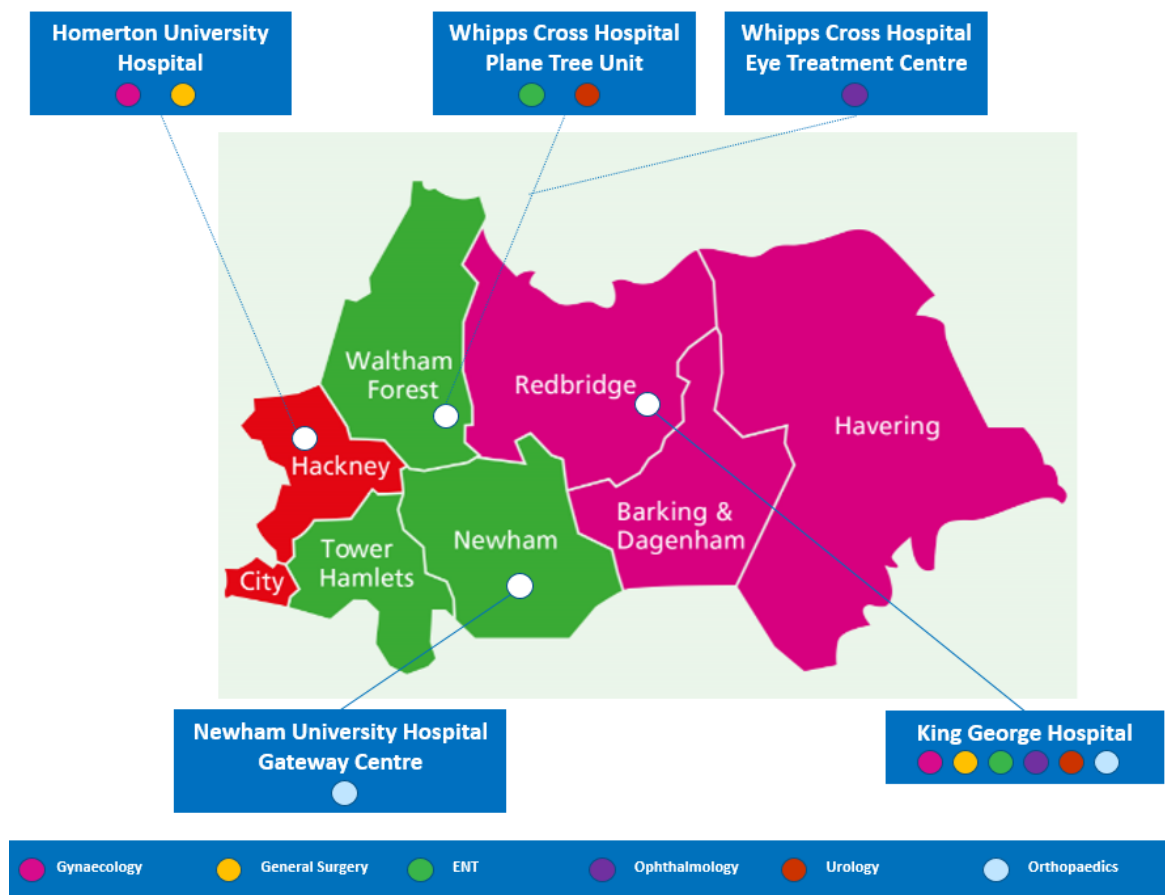
- **111 First** – Trialled at Royal London; available across London from 1 December. People who need urgent, but not life-threatening, care are asked to contact NHS 111 before going to A&E. NHS 111 can book appointments at an A&E if needed. This will reduce waiting times and support social distancing in waiting rooms.
 - GPs are open for phone, online, video and face-to-face appointments
 - If people make their own way to A&E, they will be seen but may be directed to an alternative service depending on their clinical need. Those needing emergency treatment will be prioritised.
- A same day emergency service for patients with priority conditions (including pneumonia, irregular heartbeat, blood clots, abscesses and falls) offers access to specialist advice and clinics within 24 hours.
- The BEACH (Barts Emergency Access Coordination Hub) scheme, which puts 999 and 111 responders in touch with an emergency care clinician to get specialist advice, could halve unnecessary ED patient attendances.
- A speedy clinical assessment for walk-in arrivals at Emergency Departments (trialled at Whipps Cross and Newham) is now live at The Royal London.

Elective care

- Widespread use of weekend and evening lists and targeted use of independents
- Every effort made to ensure patients attend for surgery
- Fast-track surgical hubs are boosting the amount of planned surgery that can be carried out; helping patients get routine procedures sooner. Patients will be treated by surgeons who perform the same type of surgery day in, day out which will help deliver better patient outcomes.

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The hubs are being established in phases, in Covid-secure environments – to minimise the risk of infection. There will be two dedicated hubs for each of six specialties that account for around half of the east London elective backlog.



Outpatients & Diagnostics



Infection control and prevention requirements mean we cannot recover 100% of pre-Covid activity whilst in the emergency. The aim is for 90%.

Outpatient transformation is being driven through the three local integrated care partnerships.

- Around 70-80% of appointments are now being provided virtually
- Positive progress on Patient Initiated Follow Ups (where patients choose the right time to book a follow up appointment (if at all), rather than be given a standard appointment at a standard length of time from their original procedure/care).
- Increasing the number of clinics in community estates to minimise the number of people attending one reception and waiting room
- Routine use of weekend and evening sessions to spread activity across the week

Diagnostics

- A virtual north east London acute alliance imaging and diagnostics hub has been established to ensure the highest quality restoration of services. The hub will share expertise and cross cover; and standardise approaches to clinical prioritisation, clinical harm reviews, performance monitoring and staffing
- Increasing capacity in Computerised Tomography (CT), Magnetic Resonance Imaging (MRI) and endoscopy

Cancer



- Detailed performance recovery plan in place, with numbers of patients waiting over 62 and 104 days+ continuing to reduce. 97% of patients on patient list proceeding as normal. Continuing to explore and use mutual aid to prepare for surge in covid cases and green, covid-protected zones in place to keep cancer services safe.
- Screening
 - Sending out bowel invitations at 191% of the pre-Covid rate to clear the backlog.
 - 100% of GP practices are taking cervical samples as services are fully restored. Samples received in the lab are 106% of pre-Covid numbers.
 - Work continues to restore breast screening to pre-covid levels, with a strong focus on BAME communities and people with learning disabilities.
- Diagnosis
 - Opening of Mile End Early Diagnostic Centre planned for Dec 2020, which will increase endoscopy and ultrasound capacity. Ultrasound already running and has seen over 750 patients between opening in August and the end of October .
 - Endoscopy services reducing backlog, with around 4,000 patients in October
- Patient and public communications
 - Working with local partners to reduce inequalities in access to services

Flu



- The flu vaccination programme is in full swing in order to achieve our aim to vaccinate 75% of 'at-risk' population groups and people over 65.
- Innovative models of service delivery such as drive through/ doorstep programmes. Six online events arranged to mythbust concerns of pregnant women, children aged 2-3 and people with long term conditions – promoted by partners, community and faith leaders. Also offering to attend existing groups (e.g. Somali Women's Group) with clinicians that are reflective of the community we are talking to.
- Key focus on health and social inequalities. BAME audiences are also key targets in social/digital ads going live this week, and outdoor placements around places of worship and early years settings.
- Community and spiritual leaders have been filming videos in a variety of languages e.g. Cantonese, Polish, Somali, Bengali, Gujarati, Filipino, Tamil and Hindi. The videos and other information and resources on flu are [here](#)
- Our 'Refusal rate' is one of the highest in London (and the country); this may be because some communities have low trust in Government-led programmes; conspiracy or cultural beliefs; historic bad experiences etc
- Nevertheless, our 'Uptake rate' is currently second only to SW London for Over 65s (58.7%) and under 65 at risk groups (28.2%). But our performance for pregnant women and 2&3 year olds is lower than the rest of London.

Homelessness



In 'Wave 1' ELHCP worked with the GLA and Health London Partnership (HLP) on the 'everybody in' campaign to step up a number of hotels to prevent infection and spread by ensuring homeless people had access to health care services.

- Commissioned ELFT, NELFT and the Partnership of East London Operatives (PELC) to provide community outreach nursing services in homeless hotels; offering triage and health checks; supported clients to e.g. register with a GP, access mental health and drug and alcohol services. A dedicated Covid-care hotel was set up in Newham to monitor homeless symptomatic patients.

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In 'Wave 2' the GLA is negotiating additional national funding to top up existing funds to commission a Covid-care facility in London.

- Continue to provide accommodation and support in GLA-funded hotels . A new triage hub service has been set up in Hackney providing a daytime central point where outreach teams can direct those newer to the streets for intensive support to help end their rough sleeping. As of 1st Nov, all GLA hotels in NEL, (except the Ibis Leyton) were closed. It is likely that more hotels will be stood up when needed.
- The Government is providing [further winter funding for protecting rough sleepers](#). This would help identify and support vulnerable and extremely clinically vulnerable group; long term rough sleepers who have previously refused accommodation and or engaged with services; as well as provide health and care for Covid+ people.
- The Home Office has commissioned six temporary Aylum Seekers hotels in NEL hosting approximately 450-500 clients. CCGs provide health input at these sites. A number of clients have very high complex needs with the associated trauma.

Mental health



Mental health and wellbeing support for staff:

- ELHCP has successfully bid for funding to build on our offer to provide mental health and wellbeing support to NHS and social care staff. The support will be easily accessible, culturally sensitive and provide a real time listening ear and fast-tracked referrals to services
- Staff support will also focus on providing outreach via BAME networks and developing health and social wellbeing champions to engage with our BAME colleagues to provide support that is culturally aligned and sensitive.

Children and Young People (CYP) mental health crisis and inpatient pathways:

- Page 39
- The [North Central East London \(NCEL\) Children and Adolescent Mental Health Service Collaborative](#), a partnership of CAMHS acute providers has secured funding as part of a London programme to strengthen CAMHS crisis and home treatment team responses into Emergency Departments to March 21. This increases:
 - ✓ staffing rotas at peak times (incl weekends) across assertive outreach, crisis response and home treatment teams, including where CAMHS staff are embedded in Emergency Departments.
 - ✓ capacity for clinical input into bed management and offer a greater range of options and alternatives to admission when a child or young person presents in crisis.

Accessing mental health services:

- Continue to monitor access to therapeutic care for adult and CYP as we recover to meet our long term plan deliverables. Covid plans are in place to ensure services are accessible and face to face appointments are offered where clinically warranted.
- Sent reminders to local people of our local mental health support services for both adults and children, including contact details and crisis lines.

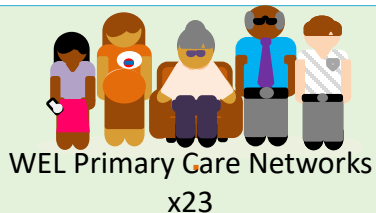
Increased joint working is developing and delivering an integrated primary and secondary care offer, bringing in additional national investment, and reducing out of area placements

Inequalities



Progress in each of the three agreed health inequalities priorities for NEL:

- 1. Inequalities analysis:** Produced data identifying groups at higher risk of Covid hospitalisation and death in NEL. Sharing timely data on who is testing positive to Covid (by age, gender, ethnicity and location) to support the epidemic response.
 - 2. Economic recovery and the anchor system approach:** Developing a set of principles to be included in an Anchor Charter for NEL, which focuses on the opportunities to reduce inequalities and support local economic recovery in our roles around employment and skills, procurement, buildings and land, and climate action. Sept and Nov events both attended by more than 80 people.
 - 3. Epidemic response:** Supporting discussions around advice and support for clinically vulnerable groups, and supporting primary care to protect vulnerable patients. Working in partnership with local organisations on the work they are doing to reduce health inequalities in light of Covid to enable progress and shared learning across NEL. Sharing information including barriers to self-isolation, contact tracing and vaccinations.
- We are supporting a range of other work to reduce inequalities across NEL and which include delivery against the eight national priorities. We are also engaging with the London Health Equity Group on action to reduce health inequalities at the regional level.



Our borough partnerships consider the inequalities impacts of every services we provide as well as focusing on addressing, the wider determinants of health, including housing, poverty and health literacy, to reduce inequity in each Borough. Our PCNs deliver care and support to those with the greatest needs and at most adverse risk from inequalities.

Newham

COVID has had a disproportionate impact on the BAME population, highlighting pre-existing inequalities within Newham. The Health and Wellbeing Board is now leading borough-wide work on redressing these inequalities

Tower Hamlets

Increasing digital access to services whilst continuing to provide support to individuals without digital technology at home
Delivering more care closer to home, reducing both the cost and time needed to travel to services

Waltham Forest

By focussing on initiatives that improve residents access to services and make it easier to receive advice from a broader range of health professionals Waltham Forest is working to reduce inequalities across the borough.

Our three borough partnerships

Workstreams being progressed within Borough Partnerships focusing on reducing inequalities:

- **Collecting ethnicity data** to know who we are treating and how we are performing in treating them
- Supporting those without **digital access** to ensure equal opportunities to access services and local health info
- Continued engagement with families to **co-produce services** to meet their needs and ensure they are made aware of any service changes which impact them
- Reviewing **how residents access services** to ensure that no one is unable to access help when they need it
- Prioritise those individuals who would have been **most disadvantaged during COVID**
- **Reduce the gap in diagnosis** for vulnerable groups for conditions such as asthma

WEL

Within WEL we have developed an **equalities framework** that enables us to **identify the equalities benefits** of our plans as well as to **mitigate against any unintended consequences** that could widen or exacerbate existing inequalities further. Through the development of the framework, we created the concept of an 'Inequality Statement' to help identify and **define the specific inequalities that exist within WEL population data sets**. We are now working to embed this within our commissioning cycle to ensure that combatting inequities is at the centre of all we do.

NEL ICS

The NEL inequalities programme works to **address inequalities as part of a wider strategy for embedding health equity** across the ICS. This is delivered through workstreams such as the **NEL Inequalities Insight Group** which develops and assess intelligence and insight with the aim of understanding and **predicting inequalities** across the NEL population. In addition, the **Anchor Institutions** public health workstream supports **job creation** for local people and fosters more **stable local economies**.

Tackling inequalities in City and Hackney



- Establishing and embedding a Health Inequalities steering group to advise, prioritise, authorise, coordinate and mobilise local action as part of a system-wide health inequalities plan for the City and Hackney

Mapping existing work across C&H on health inequalities (as well as relevant existing groups and programmes across partners organisation) and using this to identify gaps), across 3 broad, inter-related, areas:

Targeted coronavirus infection prevention and control

Mitigate disproportionate wider impacts of pandemic response

Proactive and preventative care and support for those at increased risk of severe COVID-19 disease

Developing a short-term action plan for the C&H system to prevent/mitigate health inequalities impacts of future outbreaks/second wave (including the work already underway/planned through the Health Protection Board and SOCG), that can also be shared and communicated with stakeholders

Steering group to scope and prioritise the longer-term action required to tackle wider health inequalities (not exclusively related to the current pandemic)

Output of this work will inform the development of two new Joint Health and Wellbeing Strategies for the City and Hackney, as well as a population health delivery plan for the City and Hackney integrated care system (coproduced with residents)

Using the Kings Fund 4 pillars of population health, as well as local principles of shifting balance of power, sharing responsibility and creating opportunities

- Defining tools to help embed health equity considerations into all policy and practice across the City and Hackney & work with relevant groups/partners to develop them

20 Working with programme leads across system to embed use of these tools

Primary and integrated care



Primary care focus has been on flu and preparing for vaccines; ensuring patients continue to use their primary care services and patients feel safe and supported

Huge range of developments continue across Waltham Forest, Tower Hamlets, Newham and North East London generally including:

- Increase Multi-Disciplinary Teams
- New carers support services to support wellbeing at home
- Specialist sites for clinics to support people with Covid symptoms
- Home monitoring services e.g. oxygen, blood pressure
- Expanding the integrated discharge hubs – providing rehabilitation services in the community, supporting timely and appropriate hospital discharge for patients who are medically fit.

In City and Hackney we have rolled out neighbourhood-based MDT working during Covid to support patients with complex needs. This includes monthly virtual MDTs established to support residents in each of our eight Neighbourhoods with services such as nursing, social care, therapies, mental health, navigation as well as connections into specialist support and wider council services.

Patient and public involvement, insight and communications

Patient insights



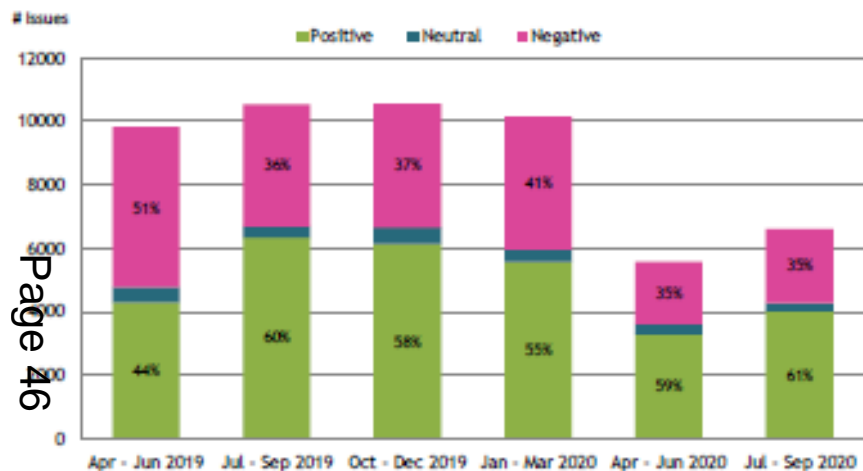
- First stage of our work with all NEL Healthwatch to review recent surveys is complete. Over 60,000 patient comments from more than 16,000 people have been collated which will provide us with detailed insight into patient views; in real time – so we can act on intelligence quickly and with precision.
- We continue to build the database; and we are integrating its use into the commissioning and quality cycles.
- Three initial reports focus on services for equality groups; emergency and urgent services; and GP services, particularly looking at the effects of Covid:
 - Positive experiences across most services during Covid, but with the worst experiences in mental health, maternity; for carers and people with disabilities
 - Overall satisfaction with urgent and emergency care has remained high during Covid; less so with maternity and bladder/bowel services. People's perception of access dropped between April and June, but has risen again.
 - The use of total triage, online booking systems, the availability of video conferencing and other remote consultations seems to be increasing access and satisfaction overall, but it would be good to specify when patients may get a call back; and more information is required to help patients have confidence in the new pathways. The benefits of these systems for the majority, needs to translate into improved services for those who are not digitally connected

Sample insights

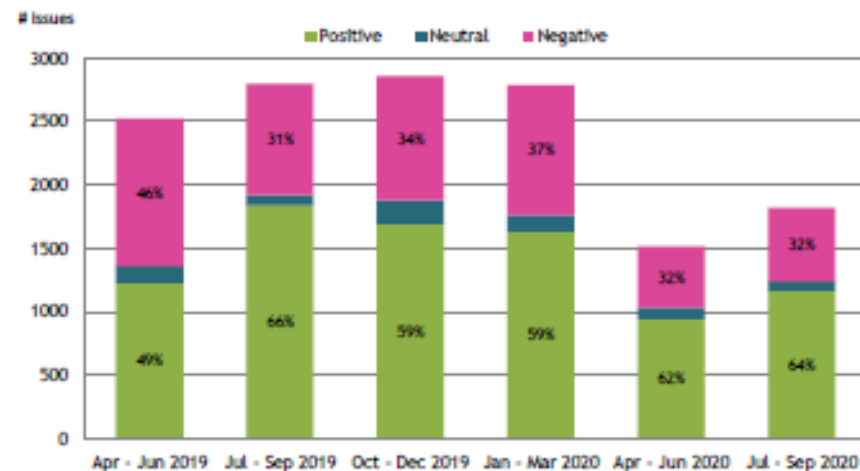
4. On the whole, how do people feel about Health and Care services?



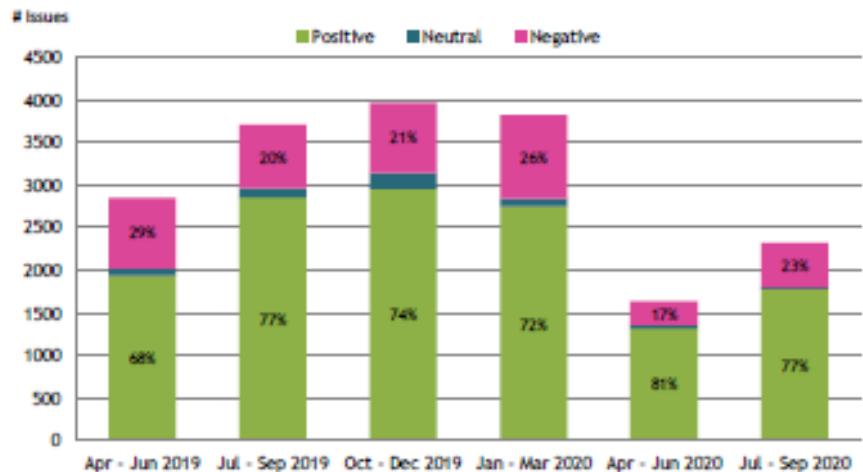
4.1 How do people feel about services overall?



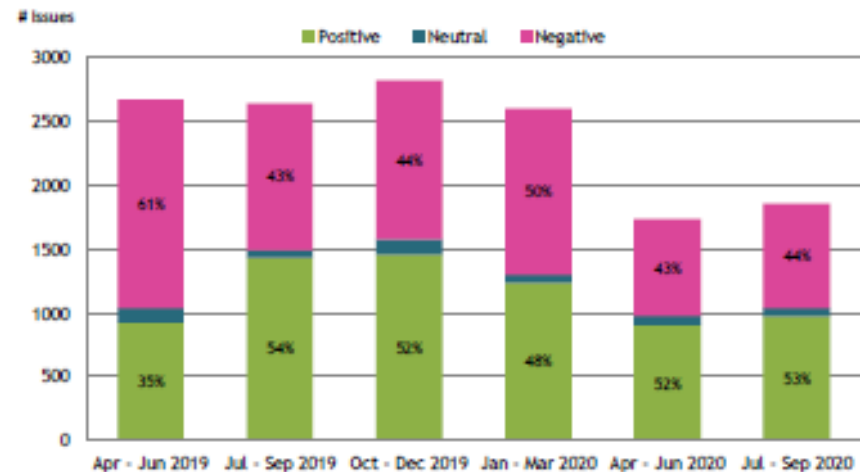
4.2 How well informed, involved and supported do people feel?



4.3 How do people feel about general quality and empathy?



4.4 How do people feel about access to services?



Sample insights



East London
Health & Care
Partnership



The bigger picture

healthwatch

Comparison: Apr 2019- Feb 2020 to Mar-Oct 2020

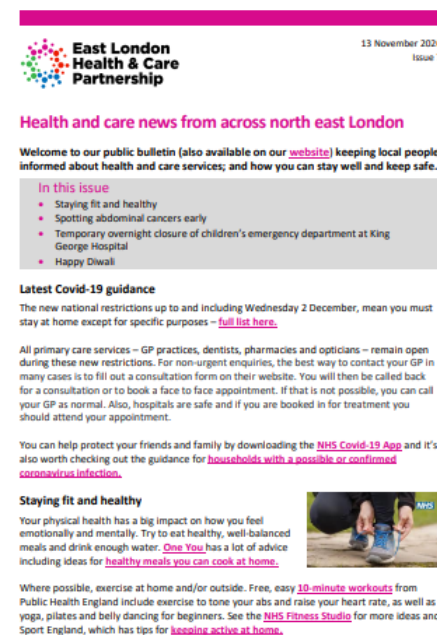
	Barking and Dagenham	City of London	Hackney	Havering	Newham	Redbridge	Tower Hamlets	Waltham Forest
Waiting for appointments	Improved	Improved	Improved	Improved slightly	Deteriorated slightly	Improved	Improved	Deteriorated slightly
Booking appointments	Improved	Improved	Improved	Improved slightly	Stayed the same	Improved	Improved slightly	Stayed the same
Access issues	Improved	Insufficient data	Improved	Stayed the same	Deteriorated slightly	Improved	Stayed the same	Deteriorated
Telephone	Improved	Insufficient data	Improved	Improved	Improved slightly	Improved	Stayed the same	Deteriorated
Communication- reception	Improved	Improved	Improved slightly	Improved	Deteriorated	Improved slightly	Stayed the same	Deteriorated slightly
Online systems	Improved	Insufficient data	Improved	Improved slightly	Stayed the same	Improved	Improved	Improved slightly
Attitude of reception staff	Stayed the same	Insufficient data	Deteriorated slightly	Improved slightly	Deteriorated	Improved slightly	Stayed the same	Deteriorated slightly
Communication- med staff	Deteriorated	Improved	Stayed the same	Stayed the same	Stayed the same	Stayed the same	Stayed the same	Deteriorated slightly
Quality of treatment	Deteriorated slightly	Improved	Stayed the same	Stayed the same	Stayed the same	Stayed the same	Stayed the same	Stayed the same
Quality of nursing	Deteriorated slightly	Insufficient data	Improved slightly	Improved slightly	Stayed the same	Stayed the same	Deteriorated slightly	Improved slightly
Attitude of med staff	Stayed the same	Improved	Stayed the same	Stayed the same	Improved slightly	Stayed the same	Stayed the same	Improved slightly
User/ carer involvement	Improved slightly	Insufficient data	Deteriorated slightly	Stayed the same	Stayed the same	Stayed the same	Stayed the same	Deteriorated slightly

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Public communications

- The Integrated Care System partners continue to produce a [fortnightly public-facing bulletin](#):
- We are encouraging people to use NHS services if they need to – call their GP, attend hospital and community appointments, go to A&E for emergency care when they need it.
- Different campaigns target different specific groups e.g. Developed a video to show it is [safe to attend cancer services](#) in hospital sites, a video asking people to [come in for treatment](#) and [patient stories](#).
- But the core theme remains:

The NHS is open for anyone to seek help when needed. All hospitals and surgeries have measures in place so staff can continue to care for patients safely while the coronavirus remains a threat.



The screenshot shows the top of a public bulletin page. At the top left is the East London Health & Care Partnership logo. To its right, the date '13 November 2020' and 'Issue 7' are displayed. Below the logo is the heading 'Health and care news from across north east London'. A welcome message follows: 'Welcome to our public bulletin (also available on our [website](#)) keeping local people informed about health and care services; and how you can stay well and keep safe.' A section titled 'In this issue' lists three items: 'Staying fit and healthy', 'Spotting abdominal cancers early', and 'Temporary overnight closure of children's emergency department at King George Hospital'. Below this is a section for 'Latest Covid-19 guidance' which states that new national restrictions mean people must stay at home except for specific purposes, and lists primary care services that remain open. It also mentions the NHS Covid-19 App and provides a link to guidance for households with a possible or confirmed coronavirus infection. A 'Staying fit and healthy' section begins with advice on physical health and includes a small image of a person exercising. The page concludes with advice on exercising at home or outside, mentioning 10-minute workouts, yoga, and NHS Fitness Studio.