Public Document Pack

Inner North East London Joint Health Overview and Scrutiny Committee

Date: **WEDNESDAY, 30 SEPTEMBER 2020**

Time: 7.00 pm

Venue: **VIRTUAL PUBLIC MEETING (ACCESSIBLE REMOTELY)**

Members: Chris Boden Michael Hudson

Enquiries: **Rofikul Islam**
Rofikul.islam@cityoflondon.gov.uk
Tel: 020 7332 1174

Accessing the virtual public meeting

Members of the public can observe this virtual public meeting at the below link:
https://www.facebook.com/newhamcouncil/

This meeting will be a virtual meeting and therefore will not take place in a physical location following regulations made under Section 78 of the Coronavirus Act 2020. A recording of the public meeting will be available via the above link following the end of the public meeting for up to one municipal year. Please note: Online meeting recordings do not constitute the formal minutes of the meeting; minutes are written and are available on the City of London Corporation's website. Recordings may be edited, at the discretion of the proper officer, to remove any inappropriate material.

John Barradell
Town Clerk and Chief Executive

AGENDA

1. **AGENDA PACK**

For Information
(Pages 1 - 84)

Agenda

Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC)

Date	**Wednesday 30th September 2020**
Time	**7.00 p.m.**
Venue	**This Meeting will be held remotely via ZOOM and broadcasted on Facebook Live**

Contact: via Roger Raymond
Senior Scrutiny Policy Officer

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

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

https://www.facebook.com/newhamcouncil/

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

Rokshana Fiaz OBE
Mayor of Newham

Althea Loddrick
Chief Executive

MEMBERSHIP:	
Councillor Winston Vaughan (Chair)	London Borough of Newham
Councillor Ben Hayhurst (Deputy Chair)	London Borough of Hackney
Councillor Gabriela Salva-Macallan (Deputy Chair)	London Borough of Tower Hamlets
Common Councilman Michael Hudson	City of London Corporation
Common Councilman Christopher Boden	Substitute Member - City of London Corporation
Councillor Patrick Spence	London Borough of Hackney
Councillor Peter Snell	London Borough of Hackney
Councillor Anthony McAlmont	London Borough of Newham
Councillor Ayesha Chowdhury	London Borough of Newham
Councillor Kahar Chowdhury	London Borough of Tower Hamlets
Councillor Shad Chowdhury	London Borough of Tower Hamlets
Councillor Nick Halebi	London Borough of Waltham Forest
Councillor Richard Sweden	London Borough of Waltham Forest
Councillor Umar Ali	London Borough of Waltham Forest

OBSERVER:	
Councillor Neil Zammett	London Borough of Redbridge

Rokshana Fiaz OBE
Mayor of Newham

Althea Loddrick
Chief Executive

Agenda

1. Welcome Apologies and Introductions

2. Declarations of Interest

This is the time for Members to declare any interests they may have in any matter being considered at this meeting having regard to the guidance attached to the agenda.

3. Minutes of the Previous Meeting (Pages 5 - 22)

The Committee is asked to agree the accuracy of the minutes of the previous meeting.

4. Submitted Questions (Pages 23 - 28)

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

5. Covid-19 update for INEL JOSC (Pages 29 - 54)

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

6. Directors of Public Health - INEL (Pages 55 - 58)

INEL JHOSC is asked to note, comment and discuss the evidence provided by the Directors of Public Health.

7. Overseas Patients and Charging (Pages 59 - 74)

INEL JHOSC is asked to note, comment and discuss overseas patients and charging.

8. Hosting of the INEL JHOSC (Pages 75 - 78)

INEL JHOSC is asked to note, comment and discuss the hosting of the INEL JHOSC for the next two years.

9. INEL JHOSC Work Programme (Pages 79 - 84)

INEL JHSOC is asked to comment, discuss and approve items on the work programme.

10. Date of the Next Meeting

INEL JHOSC meeting – the next meeting will be held on 25 November 2020.

This page is intentionally left blank

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

Meeting held on 24th June 2020
Zoom Virtual Meeting

Present:

Councillor Winston Vaughan (Chair, London Borough of Newham)

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

London Borough of Newham:
Councillors Ayesha Chowdhury and Anthony McAlmont

London Borough of Hackney:
Councillors Peter Snell and Patrick Spence

London Borough Tower Hamlets:
Councillors Kahar Chowdhury and Shad Chowdhury

London Borough of Waltham Forest:
Councillor Richard Sweden

In Attendance:

Councillor Neil Zammett Chair, Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JHOSC), London Borough of Redbridge
Jane Milligan, Accountable Officer, North East London Commissioning Alliance and Senior Responsible Officer, East London Health and Care Partnership (ELHCP)
Marie Gabriel, Independent Chair, North East London Integrated Care System
Selina Douglas, Managing Director, Waltham Forest, Newham and Tower Hamlets (WEL) CCGs
Dr Sam Everington, Chair of Tower Hamlets CCG
Dr Muhammad Naqvi, Chair of Newham CCG
Dr Ken Aswani, Chair of Waltham Forest CCG
David Maher, Managing Director, City and Hackney CCG
Alwen Williams, Chief Executive Officer, Barts Health NHS Trust
Tracey Fletcher, Chief Executive, Homerton Hospital NHS Foundation Trust
Paul Calaminus. Chief Operating Officer and Deputy Chief Executive at East London Foundation Trust
Marie Price, Director of Corporate Affairs, NELCA
Zoe Anderson, Communications, ELCHP

Jarlath O'Connell, Scrutiny Officer, London Borough of Hackney
Jilly Szymanski, Scrutiny Co-ordinator, London Borough of Redbridge
Roger Raymond, Senior Scrutiny Policy Officer

Apologies: London Borough of Waltham Forest:
Councillor Umar Ali

1. WELCOME AND INTRODUCTIONS

1.1 The Chair welcomed Members, witnesses and members of the public to the meeting.

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest.

3. MINUTES OF PREVIOUS MEETING

3.1 The accuracy of the minutes of the meeting held 27th January 2020 were considered.

3.2 The accuracy of the minutes of the meeting held 11th February 2020 were considered.

RESOLVED:

That the minutes of meetings held on 27th January 2020 and 11th February 2020 were agreed as a correct record.

4. SUBMITTED QUESTIONS

4.1 The question submitted by Frances Cornford on behalf of NELSON is contained in Appendix A.

4.2 The answer for this question is contained in Appendix A.

4.3 The question submitted by Rosamund Mykura, on behalf of NELSON is contained in Appendix A.

4.4 The answer for this question is contained in Appendix A.

4.5 The question submitted by Carol Saunders on behalf of Tower Hamlets Keep Our NHS Public is contained in Appendix A.

4.6 The answer for this question is contained in Appendix A.

4.7 Committee Members asked supplementary questions, related to overseas charging at Barts Health NHS Trust, the payment of outstanding fees and contacting the Home Office in terms of eligibility for free NHS treatment. There was also a question on whether there was a possibility that fees for overseas patients were deterring patients from receiving treatment from the NHS. Alwen Williams, Chief Executive Officer, Barts Health NHS Trust responded and agreed to provide responses to these questions in the briefing for the 30 September 2020 meeting.

It was RESOLVED that the Committee:

i. Noted the questions; and
ii. Agreed that written responses would be provided to Frances Cornford, Rosamund Mykura and Carol Saunders.

5. NHS INEL RESPONSE TO THE CORONAVIRUS PANDEMIC

5.1 The Chair thanked Jane Milligan, Senior Responsible Officer, East London Health and Care Partnership (ELHCP) for attending the meeting and looked forward to hear from her. The Chair noted that there were a number of senior NHS officials and officers attending the meeting to support Jane Milligan. The Chair invited Jane Milligan, to make some brief introductory remarks on the NHS response to the Coronavirus Pandemic.

5.2 Jane Milligan told the Committee that a background paper had been produced by NHS partners that gave the Committee a comprehensive overview of the north east London NHS response to the Coronavirus Pandemic. Jane Milligan said that the Coronavirus Pandemic has had a disproportional effect on communities in East London. She praised how all the elements of the heath service and social care system had come together so quickly to respond to the emergency. Partners across north east London had worked together to respond to the pandemic initially dealing with the peak and as coronavirus patients as the numbers increased in the community. The second phase has been to focus on a safe recovery plan, which will continue for a considerable period. The third stage will involve retuning to some form of normality in service provision in line with new infection control procedures – while planning for possible local outbreaks, or a second wave.

5.3 Jane Milligan commended the integrated way that the health and social care system had delivered services in the Coronavirus Pandemic. She informed the Committee that services had been clinically-led and supported by strong teams. The North East London area had been able to take advantage of strong relationships had already been developed at council and neighbourhood-level. All sectors within the health service and social care system had put at a premium the need to support their staff during this period.

5.4 Jane Milligan told the Committee that the next stage of the system wide recovery would involve bringing together the qualitative and quantitative data that had been gathered while managing the first phrase of the Coronavirus Pandemic. She also told the Committee that key areas of recovery phrase for North East London had been:

- Primary Care
- Community-based Services
- Social Care and Care Homes
- Mental Health
- Elective Care
- Critical Care
- Urgent Care
- Health Inequalities

5.5 Alwen Williams gave an introduction for the Committee in respect of acute care. She expressed her condolences to all of those had been effected by coronavirus. There is a deep understanding of this within the health service and social care system, with many members of staff acquiring coronavirus and some who have sadly passed away. Many members of staff had also been redeployed to other areas to support the NHS response, showing their versatility in a crisis and acknowledging that staff had been able to perform to a very high standard under the challenging circumstances brought on by the Coronavirus Pandemic.

5.6 Alwen Williams told the Committee that there was concern at the beginning of the Coronavirus Pandemic, as reports began to come in from other European countries about the strain the Coronavirus Pandemic had put on their health services. Another early concern was the need to implement visitor restrictions due to the infection control measures needed. During this time, hospital staff supported communication with family and friends using electronic devices such as IPads and smart phones and phone updates.

5.7 Alwen Williams told the Committee that the peak of the Coronavirus Pandemic had now passed, and hospitals could begin to perform more elective care and surgery, in a safe and phased way and with the appropriate infection control measures. Some of the challenges for Barts Health NHS Trust going forward involved planning for Coronavirus patients as well as caring for other patients. Barts Health NHS Trust and other hospital trusts also needed to plan for the potential of a Second Wave of the Coronavirus Pandemic.

5.8 Tracey Fletcher, Chief Executive, Homerton Hospital NHS Foundation Trust told the Committee that she concurred with the remark from Alwen Williams. She informed the Committee that all those within the City and Hackney system has worked closely. There had been excellent collaborative working across North East London area. One of the priorities for the Homerton Hospital NHS Foundation Trust to ensure that all patients were safe and could attend their

appointments at the more appropriate place. One of the challenges going forward would be to build on the partnership working that had been established in the Coronavirus Pandemic and ensure it was maintained beyond the current emergency situation.

5.9 Paul Calaminus. Chief Operating Officer and Deputy Chief Executive, East London Foundation Trust told the Committee that their patients had helped to develop new services during the Coronavirus Pandemic. For example, there was now a 24-hours walk-in service and a new phone-line services for mental health patients in crisis.

5.10 Responding to Committee Members' questions regarding the patients visitors policy, Alwen Williams told the Committee that as Coronavirus patients began to escalate, the national NHS policy was one visitor per patient, which was then modified in response to the coronavirus to no visitors, to control the spread in hospital. Hospital Trusts understood the upset that this caused to patients, families and friends. Staff worked to keep channels of contact between patients, families and friends in different circumstances for example with I-pads.

5.11 Responding to Committee Members' questions on the Nightingale Hospital in Newham and whether it could have catered for all Coronavirus Patients, Alwen Williams told the Committee that the planning for the Nightingale Hospital began in earnest as the Lockdown was brought in across the UK on 23 March 2020. Once the Nightingale Hospital was operational on 7 April 2020, London had begun to hit the peak of the Coronavirus Pandemic, so it would not have been possible for all patients to be treated here. All hospitals adapted quickly to ensure they could care for patients. Sam Everington of Tower Hamlets CCG also told the Committee that the Nightingale was in place to treat about 20% of Coronavirus patient with particular respiratory issues, so would not have been suitable for all Coronavirus patients.

5.12 Responding to Committee Members' questions about Care Homes, Selina Douglas, Managing Director, Waltham Forest, Newham and Tower Hamlets (WEL) CCGs told the Committee that North East London Commissioning Alliance had provided testing for all staff because that they recognised that this might be a challenging area. This was put in place before National Testing system. Once the national system was brought in, North East London Commissioning Alliance supported staff in accessing the drive-in sites. They were also looking to offer antibody testing to all social care and care home staff, including those employed by third sector agencies. In term of care and isolation techniques, webinars were held weekly with social care and care homes staff with over 100 members now taking part. The North East London Commissioning Alliance also piloted a system of testing all patients and staff in a care home in Newham.

5.13 Responding to Committee Members' questions on attending GPs surgeries, Dr Muhammad Naqvi, Chair of Newham CCG told the Committee that there was a rapid transformation of GP services to ensure that GPs could continue

to treat patients. The messaging relayed by GPs to the public was that GPs surgeries were open, but where possible, GPs would deliver services and appointments remotely. He also wanted to give a big thank you to all the local groups, for example schools and companies that had provided PPE to NHS staff. Muhammad Naqvi noted the loss of GP Dr Yusuf Patel who sadly passed away due to Coronavirus, and who was a partner at his GP surgery. He wanted to continue Dr. Patel's work to tackle health inequalities in North East London. Dr Ken Aswani Chair of Waltham Forest CCG also told the Committee that multi-disciplinary work by staff had increased in the Coronavirus Pandemic and would be an important asset in the future. He also noted that all care homes had a clinical lead that could do remote walkarounds and there a close relationships with GPs and 111 where necessary.

5.14 Responding to Committee Members' questions, Jane Milligan told the Committee that North East London Commissioning Alliance was the description of the relationship that brought all the CCGs together. The ELHCP brings together CCGs, NHS bodies and local authorities together. Responding to Committee Members' questions around testing, tracking and contact tracing, Sam Everington told the Committee that clinical colleagues were working with public health colleagues at council level to get to a place that GPs could provide testing for coronavirus and antibody testing. To help with testing – beyond coronavirus – all GP surgeries would have facilities to perform phlebotomy testing. Selina Douglas told the Committee that testing was available for all social care and care homes staff with symptoms. North East London Commissioning Alliance was waiting for advice on testing for asymptomatic staff. Committee Members hoped to move to position that testing would taken place every one-2 weeks for asymptomatic staff.

5.15 Responding to Committee Members' questions on BAME disparity of outcomes in terms of coronavirus, Sam Everington told the Committee that all staff had been re-assessed for risk in terms of coronavirus. When national advice was issued to NHS bodies, it focused on ethnicity, but it was wider than this. More research needed to be done to assess suspected risk factors such as diabetes, obesity, hypertension and Vitamin D. North East London Commissioning Alliance was in the possess of compiling a comprehensive real-time data set across North East London to aid their ability to pinpoint possible outbreaks of coronavirus which they could apply alongside nationally-compiled data. North East London Commissioning Alliance was planning to maximise the use of vaccinations for flu because the combination of coronavirus and flu in winter could be problematic. Jane Milligan said that it was possible to share the data compiled my North East London Commissioning Alliance with local authorities.

Suspension of Rule 9 of Part 4.1 of the Council's Constitution

To suspend rule 9 (Duration of meeting) of Part 4.1 of the Council's Constitution in order to extend the meeting for up to half an hour beyond 9.00p.m.

5.16 Responding to Committee Members' questions on the death of Dr. Abdul Mabud Chowdhury who wrote to the Prime Minister regarding PPE, Tracey Fletcher told the Committee that it was believed that Dr. Chowdhury's correspondence about PPE supplies was not referring specifically to the Homerton Hospital, which did not run out of PPE equipment. Responding to Committee Members' questions on acute bed and NHS funding, Tracey Fletcher told the Committee there were pressures regarding nurse ratios on hospital wards for example, but there was less pressure on the amount of beds in the Homerton Hospital. In general, hospitals try to lessen the amount of time patients spend in hospital beds as it's quite detrimental for elderly patients. Sam Everington told the Committee that the NHS was trying to as much as work it could in a manner that lessened the amount of time patients spent in hospital.

5.17 Responding to Committee Members' question regarding the new critical care unit at the Royal London Hospital, Alwen Williams told the Committee that the new unit, which opened on 11 May 2020, had increased critical capacity across North East London and has 176 beds. Thankfully, the unit was now receiving less patients as the country moved further away from the peak of the Coronavirus Pandemic. However, the facility will remain in place in case it is needed in the future. Responding to Committee Members' questions on possible pressures on local authorities' Adult Social Care Departments, Jane Milligan told the Committee that there was a close working relationship local authorities and their NHS partners and hoped this could flag up early any possible pressure points in terms of local authorities' service delivery.

5.18 Dr Muhammad Naqvi responded to questions regarding Newham's death in respect of Coronavirus. He told the Committee that ELHCP/North East London Commissioning Alliance had set up a workstream to address health inequalities and facilitate research. Marie Gabriel, Chair, North East London Commissioning Alliance agreed to provide a briefing to the Committee on the work being carried out in terms of health equalities. The Committee noted that the disparity of outcome for those of the Jewish Faith regarding coronavirus.

The Committee RESOLVED to:

a) Note the update; and

b) Write to the Accountable Officer, ELHCP with the amendments they had proposed to the Long Term Plan.

The Chairmen thanked those present for their attendance and contributions to the discussion

6. CORONAVIRUS PANDEMIC SCRUTINY IN THE LOCAL BOROUGHS

6.1 The Chair informed the Committee that that Scrutiny Officers from the 6 boroughs had provided some background information on the local scrutiny approaches to the Coronavirus Pandemic. He also informed that Committee that there was a background paper from Councillor Neil Zammett (Redbridge) in the Supplementary Agenda that was presented to Redbridge's Health Scrutiny Committee this month. This also looks to address some issues that have arisen due to the Coronavirus Pandemic regarding scrutiny and oversight.

6.2 The Chair noted that the Scrutiny Officers would continue to keep the Committee updated on the scrutiny approaches being taken in their boroughs regarding the Coronavirus Pandemic.

The Committee RESOLVED to:

Note the report.

7. WORK PLAN

7.1 The Committee discussed the Work plan and suggested amendments

7.2 The Committee agreed the following items for its September meeting:

- ELHCP - AO update;
- Invite the Directors of Public Health for City&Hackney, Tower Hamlets, Newham and Waltham Forest;
- Overseas Patients and charging - Barts Health NHS Trust / Homerton University Hospital NHS Trust.

7.3. The Committee also discussed the rotation of the lead local authority in 2021-22. Councillor Hayhurst told the Committee that Hackney would be willing to become the next lead local authority, however there need to be more discussion about how the other boroughs would provide support their scrutiny officers in carrying out this important function.

7.4 There was also a discussion around whether if the Committee wanted to consider an similar arrangement to the Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JHOSC), which has a permanent lead local authority.

The Committee RESOLVED that the INEL JHOSC agree the amended Work plan.

8. DATE OF NEXT MEETING

It was noted that the next scheduled meeting of the Committee was 30 September 2020.

Chair: ……..

Date: ……

This page is intentionally left blank

Appendix A

Responses to Public Questions – 24 June 2020

QI) How has the Long Term Plan been affected by Covid 19?

1. The Recovery Plan states that between May and July 2020:

'We will engage with patients, public and stakeholders to gather evidence of the impact of recent and changes made to meet the challenges of the current emergency to ensure the changes deliver the intended benefits. We will seek to refine them to ensure the best outcomes for everyone'

Could the committee comment on what consultation has taken place so far?

2. The plan includes a welcome and necessary increase in critical care beds, yet the direction of the plan still seems to be toward a reduction in beds overall. If critical capacity beds are increased, does this mean a concomitant reduction in other beds? Is the ELCHP planning for an increase in the use of private sector beds?

3. The emphasis in this plan and in the ELCHP Strategy Plan is on minimising hospital stays and moving people into the community as soon as possible. This seems similar to the strategy used during the first wave of Covid-19 of discharging people as quickly as possible, which has been a contributory factor in the deaths of c 15,000 people in care homes. Will the full impact of minimising hospital stays be evaluated as a strategy before it is pursued?

4. Has the ELCHP undertaken an Equality Impact Assessment on all its plans?

Frances Cornford

NE London Save our NHS (NELSON)

The umbrella group for community NHS groups in NE London boroughs

Answer 1:

- The Committee thanks Frances Cornford for her question. The Chair would like to note that the Committee scrutinised the Long Term Plan alongside the Outer North East London Joint Health Overview Scrutiny Committee on 11 February 2020. The Committee wrote to the Accountable Officer of East London Health and Care Partnership (ELHCP) on 27 February 2020 with some suggested amendments to the Long Term Plan. These amendments had been raised at the meeting and accepted by the Accountable Officer.

- An explicit undertaking should be made stating that any former 'hospital service' being delivered by local authorities should continue to be funded by the NHS. It should not be a mechanism for moving costs toward hard-pressed local authorities.
- An explicit undertaking that if there is any reassignment of property or new building developments, consideration should be given to providing new accommodation for NHS staff.
- An explicit undertaking to continue to ensure that access to mental health services by all routes should be as 'friction-less' as possible especially via criminal justice and A&E. Whilst welcoming the laudable aspiration that no one should access mental health treatment through the criminal justice system or A&E for want of an earlier intervention, it is accepted that this may be inevitable in a large number of cases, therefore it is essential that efforts should also be made to improve communication and referral mechanisms between mental health services, A&E, the police and other arms of the criminal justice system.

  The ELHCP also noted that they will meet all their legal engagement and consultation obligations regarding any long-term changes that might be necessary after the immediate management of the current pandemic.

  The ELHCP have

  - engaged with patient participation groups and patient experience groups

  - engaged with a range of community groups and their representatives such as Healthwatches

  Here are couple of examples of engagement that the ELHCP have been involving in recently:

  - in City & Hackney this has involved Clinical Commissioning Groups (CCG) *Personal and Public Involvement* (PPI) Committee and care workstream representatives, City and Hackney Older People's Reference Group, Hackney migrant and refugee forum, Hackney Refugee Women's Forum, Hackney multi faith forum, NHS Community Voice, Hackney Council for Voluntary Service (HCVS), Neighbourhood conversations, Mutual Aid groups

  - engagement with the Somali community looking at mental health outcomes. ELHCP working with LB Tower Hamlets, they have identified a need to engage with the Somali community, which currently has low access to mental health services. ELHCP had a rich discussion with a wide-ranging group from the Somali community were, which identified mental health awareness and support as an area that was severely lacking. We have since committed to investing a programme of awareness raising materials and to lead a group to better understand the needs of this community. A detailed conversation with this working group including some very valuable insights, for example:

    - Impact of expectations on Somali youth from within the community and externally;

- Challenges with the criminal justice system and a long-term history of experienced racially-motivated behaviours from the police, reflecting on recent global events;
- Stigma surrounding mental health services;
- Lack of trust in mental health services and particularly the criminal justice system;
- Lack of opportunities at school and outside of school during the pandemic, particularly to those families that were shielded or safeguarding issues prominent
- This engagement opportunity has founded a commitment towards understanding and addressing the cultural context of the Somali community in Tower Hamlets. The links with this community has since allowed for several other opportunities with the Somali community, and the community has been vocal about how inequalities in the system has affected its health outcomes.

On top of this, ELCHP has undertaken engagement with community representatives in their role on a number of health committees. They have also gathered evidence from more than a dozen surveys being carried out by groups such as Healthwatches, councils, Councils for Voluntary Services and charities. They also developing a number of surveys of our 2,500 strong Citizen's panel – we will soon be surveying panel members on their experiences of accessing their GP, specifically online triage and remote consultations, during the Coronavirus Pandemic.

In terms of critical care beds, ELHCP and partners noted that the number of beds needs to reflect the population need. The capacity planning needs to take into account both the type of bed provided and where treatment will take place in future (for instance where they have seen an increase in care provided at home which requires no health or social care beds). Therefore an increase in critical care beds does not automatically necessitate a reduction in other beds.

They will use beds in the private sector as necessary to manage the Coronavirus Pandemic emergency. Beds have been used in the private sector during this Pandemic to save lives and reduce the chances of cross-infection as we needed to separate COVID-19 and non-COVID-19 (and therefore acute and planned) care.

In terms of out of hospital care, ELHCP state that it is incorrect to say that the emphasis in this plan is on moving people into the community as soon as possible.

a) The plan is multi-faceted. The plans specifically details a range of plans including consolidating a number of specialist services; increasing critical care capacity; preventing infections by separating urgent and planned care; integrating social and health care.

b) The section on minimising hospital stays focuses on keeping people out of hospital (piloting Think 111; developing improved testing and support for care homes; strengthening multi-disciplinary teams in the community) rather than discharging patients quickly from hospital.

c) We challenge the assertion that discharging people quickly in NEL has contributed to deaths in care homes - We have seen no evidence that the strategies used by our

administrative, medical and social care teams have led to increased deaths. If NELSON has such evidence we would urgently ask it to provide the data.

d) the direction of travel of minimising hospital stays (whether that is by reducing the need to go to hospital; providing more day surgery; or providing more community beds and services at home or in the community) has been agreed both nationally and locally in a range of previous plans. Whilst we are continually evaluating the actions we take and looking to improve outcomes, we will continue to ensure we minimise cross-infections; help people to recover quickly so they can get on with their life, minimising disruption.

ELHCP will regularly testing their plans with a broad range of patient representatives, patients, the public and the community to understand the equality impacts of our proposed actions. They will review these actions to test whether the expected positive and negative impacts occur; and we review any mitigations.

In all the preparations and service changes that they have needed to make, they have endeavoured to remove or minimise disadvantages suffered by anyone with a protected characteristic and taken steps to meet the needs of people who have a protected characteristic

They state that they will continue to meet our obligations under the Public Sector Equality Duty and the NHS Act.

QII) Request to INEL JHOSC re Covid-19 to make a health inequalities statement on NHS patient charging, following the call from Simon Stevens (9th June 2020), "More intentional action is needed to deliver on the moral basis of the NHS – the pursuit of high quality care for all."

https://www.england.nhs.uk/2020/06/personal-message-from-sir-simon-stevens-on-black-lives-matter-and-health-inequalities/

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

INEL JHOSC Covid-19 Health Inequalities Statement on NHS patient charging.

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

charging, and they know about the Windrush Generation. This is a public health policy problem and we call on NHS England and NHS Improvement to demand the end of the Hostile Environment and patient charging in the NHS."

Notes 1-3:

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

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

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

Answer 2:

- Question on the Committee thanks Rosamund Mykura for her question. The Committee would like to ensure Rosamund and the public that it takes the matters raised in the question very serious. The issue of Overseas Patients Charging has been a long-standing item on the work programme for this Committee. The Committee had hoped to hear witnesses from Barts on this matter at its meeting on 27 January. Unfortunately, this had not been possible. Bart NHS Trust provided a short paper to the 27 January 2020 meeting about its policy on overseas visitors, as requested. However due to prior commitments which made it difficult for the appropriate senior officers to attend on that occasion, we agreed that Dr Alistair Chesser, Chief Medical Officer, would give a fuller update in person at the next available meeting.

It was agreed that the Committee would hear from witnesses at the 24 June 2020 meeting. In the meantime, the Coronavirus Pandemic began to spread around the world. Barts NHS Trust has been responding to the Coronavirus Pandemic and ensuring that the NHS locally can cope with patients suffering from Coronavirus as well as managing its other services at the same time. In light of this, it was deemed appropriate to move this item to the 30 September 2020 meeting and concentrate on the NHS response to the Coronavirus Pandemic at this meeting.

The Committee would like to discuss this matter further before making a decision on whether it would like to make an Inequality Statement on NHS Patients Charging. It would be more appropriate to hear directly from NHS officials at the meeting on 30 September 2020 before making that decision. This meeting would attend by Dr Alistair Chesser, Chief Medical Officer (Barts Health NHS Trust).

The Barts Health Group of hospitals noted that it serves one of the most diverse communities in the country with a catchment of around 2.5 million people living in east London. They take pride in providing quality care for all our patients, and do not wish to deter anyone from seeking treatment. Like all NHS hospitals, they have a legal duty to recover costs from patients who are not entitled to NHS treatment. However, those who need care that is clinically deemed urgent or immediately necessary - including all maternity care - will always be treated promptly, even if a patient indicates that they cannot afford to pay. The diagnosis and treatment of Covid-19 is free to everyone to protect the wider public health.

They are committed to ensuring their hospitals are consistent, clear and equitable in applying the national eligibility and charging rules around overseas visitors, and have a well-established, experienced Overseas Visitors Team in the Trust to provide advice and support to patients. They have worked with community and patient groups to understand their concerns and share information about our how Barts will apply the regulations, and have used the feedback received to make a number of improvements to better support patients and their communities. A comprehensive written briefing on the Overseas visitors and NHS treatment was provided to all of our local scrutiny chairs in March 2020, and information on how Barts patients can access support is available on their website. They welcomed the opportunity to discuss this further with the committee at the agreed meeting date of 30 September."

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

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

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

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

Answer 3:

- "The Committee thanks Carol Saunders for her question. Her question referred to what the individual boroughs are doing to address these matters. In terms of community testing and contact tracing, the question would best put the individual boroughs regarding the work being carried out to support the test-and-trace service.

The Directors of Public Health across North East London are leading on this work. Jane Milligan, Accountable Officer for North East London Commissioning Alliance, would pass on the points made in the question of the Directors of Public Health for the Inner North East London boroughs.

Jane Milligan, also informed the Committee that the boroughs are looking at how they can ensure there is a system in place which fits in with the national system and best meets the needs of individual boroughs. The Committee are assured that the NHS partners are willing to provide support where they can, and work closely with the Directors of Public Health. We need to ensure that our local arrangements work operationally with the national scheme in order that residents to have a coherent message. All boroughs are working together to share good practice – and provide some cross resilience. Work needs to be done with the boroughs and in support of the national Test and Trace system not in competition. For example, GPs can be very effective working to help trace locally, but some contacts could be outside of the borough/outside of a GP's area.

The boroughs' local arrangements for Test & Trace would be part of the Outbreak Management Plans they are required to have in place by the end of June 2020. The national system is already up and running and the North East London Commissioning Alliance wouldn't expect any borough can operate a stand-alone system from the national and London framework. The boroughs will hope to draw on the best of a targeted, local approach including in Public Health, primary care and the wider community sector.

As the Chair of the INEL JHOSC, representing the London Borough of Newham, I can ensure Carol that the boroughs in NEL are working together on issues of testing, looking to align capacity with testing need and develop local initiatives. For example, Newham work closely on responses to complex cases with the London coronavirus response centre LCRC run by Public health England.

Newham, also works closely with other local government and NHS colleagues to ensure proactive and reactive Covid-19 management in our complex settings like schools, care homes and other settings.
Since May, Newham has been a member of the Good Practice Network, a group of local authorities working nationally to refine the best way of managing COVID-19 locally. Work includes thinking around testing and tracing as well as our lead areas: supporting vulnerable communities.
Newham's local activity in this area includes a very successful hyperlocal walk up test site in East Ham, running a primary care wrap around supported testing initiative with pre-test tracing prompts; a helpline run with the voluntary sector to support people to be able to safely isolate and our 200 COVID-19 community champions ensuring accurate appropriate information reaches all sections of the community. Also, via #HelpNewham our food delivery a befriending service we have been ensuring that those who are isolating are not isolated.

Contact tracing needs to be carried out in partnership with Public Health England (LCRC) who are the data controllers for individual level contact tracing data arising from tests

carried out and processed in any UK lab under the notification of infectious diseases legislation.

In terms of tackling issues such as protecting more vulnerable population groups in North East London, Newham's Director of Public Health is taking forward work on this critical area of Covid-19 and BAME disproportionality through the establishment of a sub-group of the Newham Health and Wellbeing Board workstreams are carried forward in partnership with a range of local Voluntary, community NHS and Borough partners. Newham are also leading pan-London work as part of a national good practice network overseen at ministerial level on engagement with BAME communities in test, track and tracing.

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

Report title	**SUBMITTED QUESTIONS**
Date of Meeting	Wednesday 30 September 2020
Lead Officer and contact details	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Report Author	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest • Redbridge

Recommendations:

INEL JHOSC is asked:

- to note
- to respond to questions submitted by the public.

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

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)

This page is intentionally left blank

INEL JHOSC (virtual)Sep 30th 2020Agenda Item: NHS Patient Charging.

Submission from North-East London Save our NHS (NELSON), the umbrella group for NE London borough-based NHS community campaign groups.

NELSON thanks INEL JHOSC for deciding to discuss further on 30th September 2020 whether the committee would like to make a statement on NHS Patient charging.

We call on INEL JHOSC to state its opposition to NHS charging, since no mitigation can overcome this hostile environment, which makes the existing health inequalities worse, a situation that is likely to deteriorate further, as Covid-19 and Brexit come together.
During the pandemic our council leaders/mayors and our MPs identify, for example, that 'widespread immigration insecurity' is a factor in health inequalities. (5th May 2020)
This inequality is morally wrong, because more deaths of ethnic minority people result.

External evidence from three linked sources.
1. The parliament Public Accounts Committee says the 'Home Office “has no idea” of the impact of immigration policies.' Report on 'Immigration Enforcement' Sep 18th 2020.

2. The patients who are invoiced remain hidden out of fear, but as local authorities supporting residents with no recourse to public funds (NRPF) who are undocumented, our councils know that some have entitlement to remain in the UK, which is not evidenced.

3. The MP for East Ham, Stephen Timms, wrote to Barts Chief Executive in March 2020, "... in many cases I see, the Home Office seems to me mistaken in denying the families concerned leave to remain."

Recent months.
4.NELSON thanks Barts Trust for their tremendous efforts in caring for staff and patients during the Covid-19 pandemic. Planning is ongoing. Grievous loss has been suffered.

5.NELSON welcomes the Barts July 29th report, 'Co-creating a truly inclusive organisat-ion: informed by the lived experiences of racial inequality.' This important document says Black Lives Matter, and aims to tackle the racism experienced within Barts NHS Trust.

6. But Barts NHS patient charging is excluded from this new work. At Barts AGM on 16th September the board's message was, "We work for the NHS. It is not our role to comment as a trust on patient charging.' It appears that NHS top-down command-and-control culture has normalised the inequalities arising from immigration enforcement in the NHS and the Windrush scandal. This normalisation is a feature of institutional racism. So is the 'burden of proof' when turned on to individuals, which Barts described on 9th Sep.

NHS Charging Facts
7. NHS patient charging is not Barts choice. It is required by the regulations. However, Trusts are not banned from speaking about it, eg if the Barts new 'Inclusion Observatory' decides to investigate the impact of institutional racism on NHS patient charging.

8. Barts are correct to say they never turn anyone away from care that is clinically necessary or immediately necessary. This includes Covid care and maternity care.

9. But, Barts do turn away hundreds of patients from *free* NHS care, as part of hostile immigration enforcement, eg 739 women were invoiced to have a baby in Barts hospitals. Hundreds of our residents are also invoiced wrongly by Barts, who later change their mind and send patients a 'credit memo.'

10. Barts do not know how many patients delay, or do not attend, for fear of NHS charging, NHS debt, and being reported to the dysfunctional Home Office.. END

Rosamund Mykura, for NELSON

This page is intentionally left blank

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

Report title	**Covid-19 update for INEL JOSC**
Date of Meeting	Wednesday 30 September 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	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest • Redbridge

Recommendations:

That INEL JHOSC is asked to:

- 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

East London Health & Care Partnership

Covid-19 update for INEL JOSC

- Managing the Emergency
- Next Steps – London/National Context
- Phase 3 – NEL Actions

Wednesday 30 September 2020

Contents

East London Health & Care Partnership

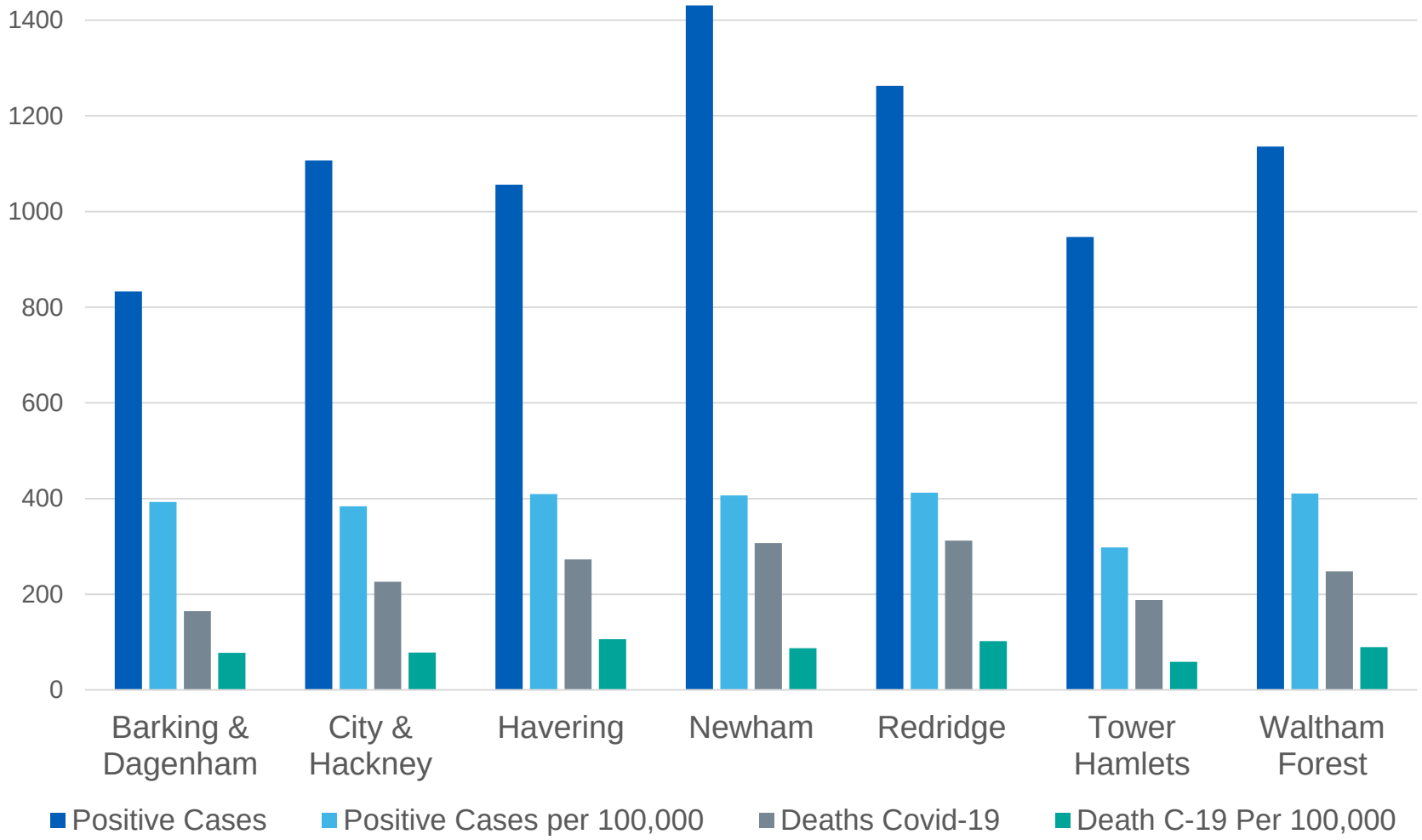
East London Health & Care Partnership

Managing the Emergency

Covid cases and deaths

Cases to 24 August; Deaths to 24 June 2020 (latest official figures)

East London Health & Care Partnership



Covid cases

East London Health & Care Partnership

Calculated through Pillar 1 and 2 testing. 7 day rolling total cases as per methodology in PHE Centre Daily Covid-19 report (Period 15-21 August)

Place	7 Day Total	7 Day Rate / 100,000	Cumulative Total	Cumulative Rate / 100,000
Hackney and City of London	65	23	1140	395
Barking and Dagenham	21	13	848	400
Tower Hamlets	29	10	970	305
Waltham Forest	19	10	1149	415
Havering	22	10	1072	416
Newham	20	9	1446	411
Redbridge	22	8	1269	418
NE London	198	9.9	7894	393
London	815	11.6	35543	433
England	4913	11.3	285155	508

Socio-demographic risks

East London Health & Care Partnership

Headlines	Socio-demographic risk factors on hospitalisation, critical care and mortality following a diagnosis of Covid-19 (Tower Hamlets, Newham and City and Hackney C-19 logistic regression). Data used outcomes of 1,673 confirmed C-19 cases, August 2020.
Gender	Compared to females, males were more likely to end up in hospital
Age	Compared to younger adults, people aged over 50 were more likely to be hospitalised and/or die following a diagnosis of Covid-19. Age has the most significantly increased odds of all risk factors, especially for those age 70+ who had the highest odds of dying compared to all other risk factors (between 11 and 23 times more likely to die compared to adults under 50)
Ethnicity	People of Black and Asian ethnicity had greater odds of ending up in hospital, and those of Asian ethnicity were significantly more likely to be in critical care or die following, compared to people of White ethnicity.
Learning Disability	People with Learning Disabilities were around five times more likely to die than people without learning disabilities, and the difference is statistically significant.
Long-term conditions	People with certain LTCs (cancer, kidney disease, diabetes) had some greater odds of ending up in hospital compared to people without any diagnosed underlying conditions.
Obesity	People who were obese had greater odds of hospitalisation and requiring critical care, and those who were morbidly obese had a greater likelihood of death, compared to those of a healthy weight.

PCR (Swab) tests for public, health and social care staff

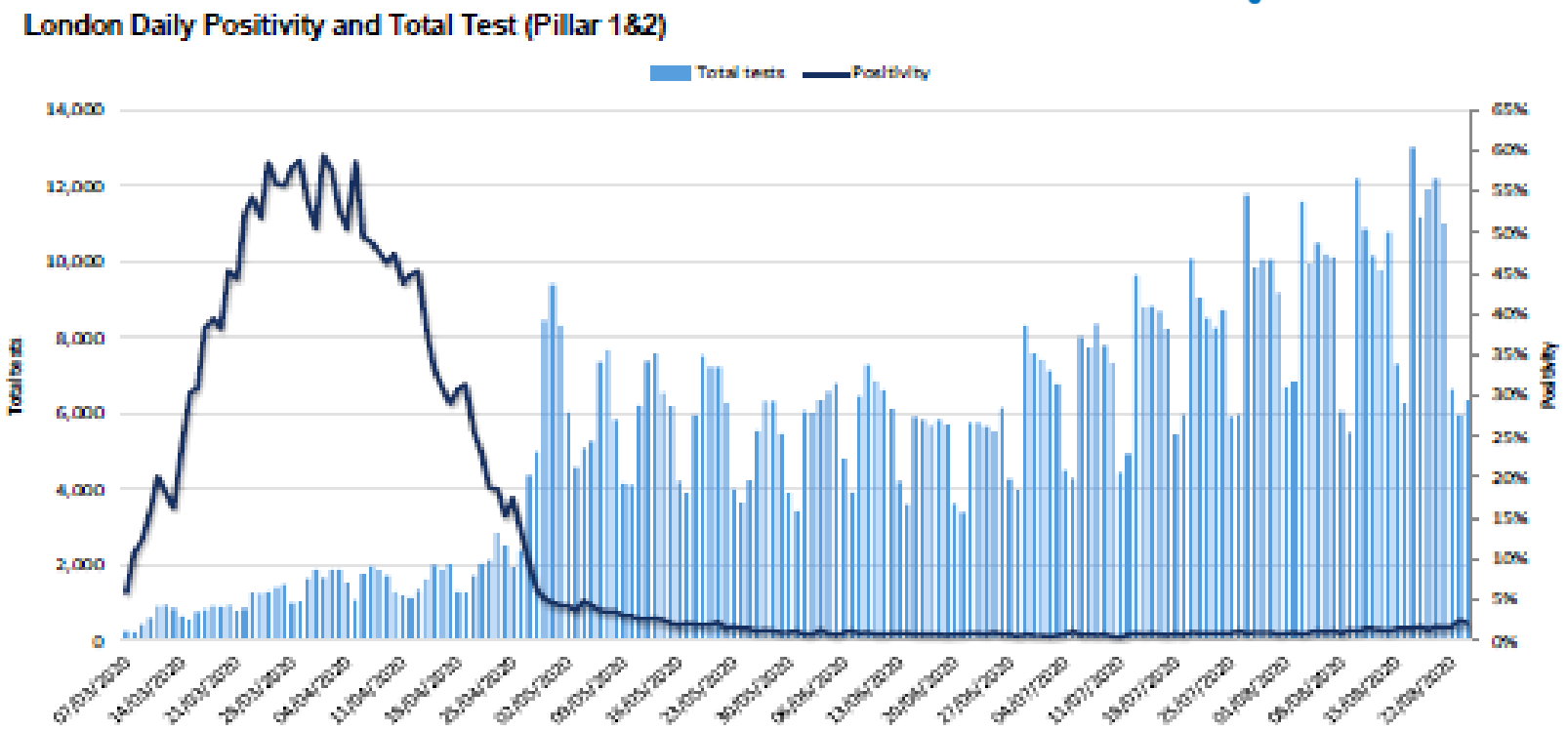
East London Health & Care Partnership

Pillar 1	**Local NHS supply** (Max. 1600 tests per day) to cover testing of patients, health and care staff and their families; responding to local outbreaks in care homes, supported living and extra care providers; and research studies.
Pillar 2	**National scheme** for testing anyone who has COVID-19 symptoms and regular testing of care homes.

- **Weekly meets with key leads and Directors of Public Health to manage local outbreaks and ensure test and trace is working**. This has included responding to suspected outbreaks at two care homes in Havering (all 274 staff/residents tested), two supported living sites in Hackney (150 tests) and a site in Redbridge (14 tests)
- Working with the Trust pathology labs and NHSE/I to resolve current capacity issues and increase Pillar 1 capacity to 3,000 tests per day
- Worked with Directors of Public Health to agree a prioritisation framework to enable access to finite Pillar 1 capacity to support the testing of residents and staff in care homes and supported living sites if they can't access testing from the national scheme
- In a UK-first, the ELHCP worked with Queen Mary University of London to trial a **new portable rapid PCR testing machine** that was shown to deliver results in 30 minutes. The test is cost-effective and its proven technology will be critical in responding to local outbreaks

Tests vs Positivity

East London Health & Care Partnership



Borough	Pillar 2 tests in 7 days up to 25 Aug	% that were positive
City of London	967	3%
Hackney	932	3%
Barking and Dagenham	550	3%
Havering	862	1%
Redbridge	865	1%
Newham	616	2%
Tower Hamlets	724	2%
Waltham Forest	799	1%

Test and Trace Antibody Tests

East London Health & Care Partnership

- New **NHS Test and Trace** app is being trialled with residents in Newham over three weeks. Residents receive unique codes to give them early access to download the app via email and post to monitor performance and identify improvements ready for national launch.
    - https://www.gov.uk/government/publications/nhs-test-and-trace-app-privacy-information/the-nhs-test-and-trace-app-early-adopter-trial-august-2020-data-protection-impact-assessment
- From May to 23 August we offered the **antibody test** to over 38,773 NHS and social care staff at a range of sites across North East London.
    - Because we don't know if someone with antibodies can still pass the virus on or get re-infected, anyone with a positive test result still has to follow all Government guidance on self-isolation, social distancing, correct use of PPE, good hygiene etc. So the test is used to keep the Coronavirus under surveillance
    - Testing has now stopped for NHS staff and from 4 August has been offered to social care staff. As of 27 August we have provided 491 antibody tests to social care staff.

Next Steps – London/National Context

Phase 3

East London Health & Care Partnership

- From 1 Aug 2020 NHS Emergency Preparedness, Resilience and Response (EPRR) incident level moved from **Level 4 (national) to Level 3 (regional) control**
- **London priorities** (a NEL plan is required by 21 Sept 2020). Acting in a way that takes account of lessons learned, and utilises beneficial changes; systems are required to accelerate the return to near-normal levels of non-Covid health services before winter, with a focus on:
  - Restoration of community and acute services
  - Mental health
  - Inequality actions
  - Patient Initiated Follow Ups (PIFUs). This means patients can request follow up appointments when they think it is most appropriate for their personal condition, rather than using a service-agreed fixed timescale
  - Workforce

We are the NHS: People Plan 2020/21 – action for us all

East London Health & Care Partnership

- In June 2019 NHS England, NHS Improvement and Health Education England published the Interim People Plan Covid-19 has changed things, but the central themes; **more people, working differently, in an inclusive and compassionate culture** – are even more important now than they were then.
- The plan commits to:
  - **Looking after our people** – ensuring they are safe and healthy, physically and mentally well and able to work flexibly
  - **Belonging in the NHS** – ensuring the NHS is inclusive and diverse and a place where discrimination, violence and bullying do not occur. We will overhaul recruitment practices to improve representation; have health and wellbeing conversations; empower staff to use their voice to inform learning and improvement and further develop inclusive, compassionate leadership
  - **New ways of working** – being flexible and making the best use of skills and experience; upskilling staff; expanding multi-disciplinary teams; supporting volunteers and expanding routes into health and care careers; and supporting staff development
  - **Growing for the future** – capitalising on the interest in NHS careers and higher numbers of applications to education and training by recruiting into entry-level clinical and non-clinical roles; encouraging return to practice; new training places in shortage professions; international recruitment; and retaining more people in the service

https://www.england.nhs.uk/ournhspeople/

Our NHS People Promise

East London Health & Care Partnership

- Our NHS People Promise published alongside the People Plan, urges all staff to make a firm commitment to improve the experience of working in the NHS.

- We are developing our own People Plan (draft ready by end of Sept) to supplement the national work.

Obesity Plan

East London Health & Care Partnership

- New campaign to encourage people to achieve a healthier weight with evidence-based tools and apps and advice on how to lose weight
- Expanding NHS weight management services and the Diabetes Prevention Programme. Primary Care Networks will be offered training to be healthy weight coaches
- Public consultation to gather views and evidence on the ‘traffic light’ label
- New legislation to require large hospitality food businesses, e.g. restaurants and takeaways with more than 250 employees, to add calorie labels to food
- Consulting on making companies provide calorie labelling on alcohol
- Legislating to end the promotion (online and in high streets) of foods high in fat, sugar or salt (HFSS) e.g. by restricting buy one get one free
- Banning the advertising of HFSS products on TV and online before 9pm and holding a consultation on introducing a total HFSS advertising restriction online
- Looking at ways to support:
  - disabled people eat healthily: part of National Strategy for Disabled People
  - employers ensure people are able to be healthier whilst at work

https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives

Phase 3 – NEL Actions

Winter preparedness

East London Health & Care Partnership

- **A&E numbers fell sharply earlier in the year, but are steadily rising** (to about two thirds of pre-pandemic rates). We are reassuring the public that the NHS is open for business; whilst maintaining high standards of infection control; and encouraging people to use services appropriately.
- To create a Covid-free zone **at Mile End Hospital we have relocated the inpatient dementia assessment services to the purpose-built East Ham Care Centre. This will** improve the quality of care by consolidating all cognitive impairment specialist dementia beds at EHCC. Family and carers will be able to access travel assistance if this is an issue.
- NEL hospitals recently received **£13.2 million prepare for winter**
  - **£4.1million for Queen's Hospital Emergency Department** to provide blood tests in A&E rather than a laboratory, meaning results are immediately available; and to increase the number of patients who can be assessed at the same time in A&E; and get patients the care they need more quickly, whilst ensuring social distancing.
  - **£6.4million for Barts Health. £3m for Whipps Cross; £1.8m at Newham and £1.6m at Royal London** to segregate Covid and non-Covid patients in A&Es, support social distancing, and ensure services are relocated where A&E is taking up more space
  - £**2.7million for Homerton**
- In primary care we are zoning practices and developed 'hot hubs' to separate Covid and non-Covid symptomatic patients which can be used flexibly to adapt to changing situations

Flu

- The flu vaccination programme is a key priority as we push hard to vaccinate 75% of ‘at-risk’ population groups and people over 65. We will deliver on these ambitions in partnership across NEL through:
  - population modelling to ensure there is enough vaccine for the new patient cohorts
  - a North East London marketing, communications and engagement campaign
  - PPE planning to provide the vaccine safely to patients and staff during Covid-19
  - mutual aid plans for vaccine sharing and underwriting costs of any excess vaccines
- Key focus on health and social inequalities; in light of the disproportionate effect of Covid-19 on Black, Asian, minority ethnic and older populations.
- Developing innovative models of service delivery such as doorstep vaccinations targeting whole streets of eligible people; ‘drive through’ vaccination services; and working with Covid-19 volunteers as ‘flu fighters’ to encourage vulnerable people to get flu jabs), as well as collaborating closely with local pharmacy partners.
- Developing a joined-up approach (between CCGs, Trusts, local authorities and key community groups such as Healthwatch, National Childbirth Trust and interfaith groups) to managing communications and engagement to pool knowledge and resources and ensure a clear consistent message
- People aged 50-64 will be eligible for the free flu vaccine from mid-November, ensuring those in the normal ‘at-risk’ groups are seen first. We are working with GP practices and pharmacies to manage any interest prior to November.

Mental health

- Expanded crisis resolution home treatment teams and crisis hubs reduced demand for psychiatric beds in the pandemic. And new 24/7 mental health helplines continue to operate with an aim to move to a national service in the future if funding allows
- Expanding Children/Young People crisis services & Mental Health in Schools teams
- IAPT (Improving Access to Psychological Therapies) services to resume fully. Successful expansion of online delivery. IAPT services have given invaluable support to front line staff and a co-ordinated approach to bereavement services.
- Black, Asian and Minority Ethnic Working Groups established to identify and address the differential impact of Covid
- Proactive review of all CMHT (Community Mental Health Team) caseloads to ensure appropriate therapy/interventions are in place.
- Developing alternatives to inpatient settings/ treatment for people with a learning disability and ensuring Care and Treatment Reviews always take place
- We are ensuring patients/public are accessing services; but also expecting a surge in the need for services. We are increasing ward capacity and investing in the community e.g. crisis resolution teams, crisis hubs and alternatives to online support such as outdoor meetings
- NEL Mental health summit brought together over 200 people with lived experiences, Healthwatches, voluntary / statutory organisations to discuss building partnerships; reducing inequalities; experiences of services and how we can improve

Inequalities

- NEL Recovery and Restoration Inequalities programme led by Jason Strelitz, Director of Public Health, London Borough of Newham.
- **Three agreed health inequalities priorities:** 1. Epidemic response; 2. Economic recovery and Anchors. 3. Inequalities Analysis

Workstream	Workplan Progress / Examples	Next Steps
Epidemic response: Our residents frequently cross borough and city boundaries so we are collaborating to address issues quickly. Boroughs reviewed their Local Outbreak Response Plans, shared learning and discussed blind spots.	• Local Outbreak Control Plans regional peer review with Professor Kevin Fenton (PHE) • Sharing information /ideas e.g. community champions; walk-in and care home testing; education and schools; and winter planning.	• Working collectively on contact tracing approaches. • Planning prioritisation for immunisations and vaccinations using data on high-risk groups.
Economic recovery: Covid & Brexit will exacerbate health and social inequalities. To mitigate this we are using the anchor system approach focusing on: • Procurement and local supply chains • Local skills and employment • Environmental impact and sustainability • Social value; wellbeing/inclusion/equality	• Two engagement events organised (Sept and Oct) to bring together chief execs and directors to showcase local work, share learning and define opportunities for collaboration. • Sustainability framework for NEL to be launched.	• Baseline data collection at NEL level underway (economic and inequalities data) • Governance for the anchor system approach regionally.
Inequalities data: Data is collected and analysed by local PH departments, but in silos. Increased data sharing will inform work programmes and commissioning decisions.	• Weekly sub-group meetings. • Draft workplan has been put together, with two priority actions (1) Covid-19 risk stratification and (2) equity audits	• Delivering and tracking outputs • Covid risk stratification outputs Sept 2020 • GDPR and governance

Inequalities

To strengthen our delivery over the next 3-12 months NEL will be accelerating and embedding the programme by achieving the following eight steps;

	Delivery Priorities next 3-12 months	2020-21
1	Align strategy with NEL Long Term Plan goals and ensure progress is tracked against developing maturity and governance models.	Sept 2020
2	Deliver NEL analytics inequalities data workplan framework and baselines to support new segmentation and risk stratification models. NEL to align this work with national Wave 3 Integrated Care System Population Health Management Programme due to start Jan 2021	Sept 2020
3	Starting with general practice, prioritising groups at significant risk of Covid-19 in time for winter then Primary Care Networks with involvement from other providers and systems.	Sept 2020
4	Working with regional BI-Analysts and researchers to build and cleanse core data sources i.e. Acute, CEG, JSNA etc. – improve on LTCs data sets especially diabetes.	Oct 2020
5	Establish NEL anchor charter principles underpinned by the developing London kite mark to ensure stakeholders are working together under one framework.	Sept - Oct 2020
6	Supporting partners to implement Equality Impact Assessments framework i.e. Equity Audits in ELFT, Quality Improvement methodology, EDS2 regional assurance etc.	Jan 2021
7	Embed new ways of working across our workforce ensuring all staff are trained on population health approaches Each system will get dedicated analytical support (and tools) to produce data packs using local linked data.	Feb 2021
8	Designing and implementing proactive care models for key population cohorts identified through segmentation and risk stratification.	Mar - Aug 2021

Primary care

- We are using the window of opportunity between now and winter to resume primary care services and face to face appointments, with a particular focus on those that have potentially missed out – people with Long Term Conditions, people with a learning disabilities, those needing immunisations, cancer screening etc.
- CCG Chairs wrote to GPs in August to remind them it should be made clear to patients that all practice premises are open to provide care, with adjustments; that no practice should be communicating to patients that their premises are closed or redirect patients to other parts of the system unless necessary; and CCGs will be monitoring this and undertaking work locally to get feedback from patients on their ability to access services.
- CCGs and GPs have started public facing communications, in line with national messages and materials, to reassure people they will not be a burden and should contact their GP if they have any concerns about their health and to attend any appointments they are invited to.
- We have been surveying and engaging with patients on their experiences of primary care during lockdown and previous experiences of the flu vaccine to inform our recovery and communications efforts.

Involvement and Consultation

East London Health & Care Partnership

- Commissioned all eight Healthwatches in NEL and Healthwatch England to gain insight on improving services that have changed during Covid-19; and what lessons we have learned about the future structure of services.
  - Review all existing surveys and analyse c5-8k patient and public comments
  - In partnership with CCGs, providers and local councils, explore gaps in knowledge e.g. diverse communities; those not digitally connected. Analysis at local/NEL-level
- Engaging with specific condition/high risk/vulnerable/shielding groups particularly when we need to make urgent changes to cope with the pandemic or e.g. when services need to be recommissioned
  - e.g. DeafPlus, East London Motor Neurone Disease Support, Breathe-Easy, Age UK and the British Lung Foundation and with broader groups e.g. Youth Forums; women's experience network; faith groups etc
- National guidance is changing rapidly; however the clear direction of travel is to separate urgent and planned care to reduce infections
- We will develop our thoughts, taking into account learning from winter, to outline a list of changes we believe would be beneficial to make permanent. We will then discuss with stakeholders and OSCs before preparing a case for change and determining appropriate involvement and consultation in 2021

Developing our Integrated Care System and one CCG

East London Health & Care Partnership

- Direction of travel in NHS Long Term Plan is one CCG per Integrated Care System (ICS) by April 2021
- Took more time in NEL than other areas to ensure development of our local arrangements and wider ICS
- **80:20 principle** – Majority of decision-making is local and close to our populations through more integrated partnerships
- Shared our proposal *'The future of health and care for the people of north east London' in* early August and seeking views from now and through September
- Please read our document and respond:

https://www.eastlondonhcp.nhs.uk/ourplans/the-future-of-health-and-care-for-the-people-of-north-east-london.htm

Public messages

East London Health & Care Partnership

- The Integrated Care System partners have produced a public-facing bulletin that our community and other partners are invited to distribute. Initially we envisage this will be fortnightly. It is also on our website: https://www.eastlondonhcp.nhs.uk/elhcp-public-bulletins/health-and-care-news-from-across-north-east-london/115570
- Issue 1 contained links to patient stories and videos of their positive experiences, and advice on:
  - What to do if you have Covid symptoms
  - Wearing a face mask
  - Contacting a GP if you are concerned about your health
  - The infection control measures the NHS is putting in place
  - Advice for parents about getting car
- Issue 2 contains an update on local testing, the NHS is open and #AskaboutAsthma campaign, and mental health support services.


East London Health & Care Partnership

21 August 2020
Issue 1

Health and care news from across north east London

Welcome to our new bulletin, keeping local people informed about health and care services and how you can stay well and keep safe. This bulletin can also be found on our website.

Covid-19: Advice on what to do if you have symptoms

- If you have any of the main symptoms of Covid-19 you must stay at home (self-isolate) and get a swab test. Do no wait. Apply for a swab test as soon as you have symptoms. General advice on getting tested is on the national website.
- You can book a swab test either at a drive-through or walk-through site, or you can ask for a home test kit to be sent to your home. To get a test use the national testing site.
- If you are worried about your symptoms or not sure what to do, use the NHS 111 online coronavirus service, or speak to your GP surgery, hospital or pharmacy.
- Latest advice on all aspects of the coronavirus is on the Government website.

Inside this issue

About East London Health and Care Partnership (ELHCP)

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

Report title	**Directors of Public Health – INEL**
Date of Meeting	Wednesday 30 September 2020
Lead Officer and contact details	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Report Author	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Witnesses	Directors of Public Health – INEL: • City of London Corporation & Hackney • Newham • Tower Hamlets • Waltham Forest

Report	• East London Health and Care Partnership (ELHCP)/ North East London Commissioning Alliance (NELCA) comment on INEL Testing and Contact Tracing
	• Pilot work led by Newham's Director of Public Health (NHS Test and Trace app)
	• Overview from each Dir of PH:
	  ○ overview on testing
	  ○ contact tracing

Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest • Redbridge

Recommendations:

That INEL JHOSC is asked to:

- NOTE this update;
- COMMENT on update

Background

Key Improvements for Patients

- n/a

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

This page is intentionally left blank

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

Report title	**Overseas Patients and Charging**
Date of Meeting	Wednesday 30 September 2020
Lead Officer	**Alistair Chesser** Group Chief Medical Officer Barts Health NHS Trust
Report Author	**Alistair Chesser** Group Chief Medical Officer Barts Health NHS Trust
Witnesses	Alistair Chesser
Report	For Information
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest • Redbridge

Recommendations:

That INEL JHOSC is asked to:

- NOTE this update;
- COMMENT on update

Background

Key Improvements for Patients

- n/a

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

This page is intentionally left blank

INEL JOSC – 30 September 2020

Overseas visitors - eligibility for funded NHS treatment

1. This paper provides the Trust's position on the implementation of the national guidance in relation to overseas visitors.

2. The Barts Health group of hospitals serves one of the most diverse communities in the country with a catchment of around 2.5 million people living in east London. We take pride in providing quality care for all our patients, and do not want to deter anyone from seeking treatment.

3. A report was submitted to the July meeting of the Trust Board that provided a full update on the charging of overseas visitors. This is attached as an annex to this paper.

4. As a Trust we have adapted our approach. Our expert staff support patients in demonstrating their entitlement to treatment. They have taken a pro-active and innovative approach, including earlier engagement with patients, which has led to increased patient responsiveness

5. The number of overseas visitors legally charged for treatment at Barts Health hospitals has more than halved in the last year.

6. The number of overseas visitors charged fell from 2,430 in 2018/19 to 997 in 2019/20, while the payments received from them increased from about £1m to £1,429,000. The number of invoices issued fell from 3,113 to 1,228.

7. We are committed to ensuring our hospitals are consistent, clear and equitable in applying the national eligibility and charging rules around overseas visitors. The Trust continues to develop and improve our processes to ensure our patients understand the national regulations, and are better informed, so less likely to be deterred from seeking the care they need. .

Legal obligations

8. The Trust has 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.

9. The national regulations stipulate that patients must be "ordinarily resident" in the United Kingdom to qualify for NHS-funded hospital care without charge. This means living here lawfully, with a settled purpose, for the time being. Nationals of countries

outside the European Economic Area (EEA) who have indefinite leave to remain in the UK are eligible for free care, but many British nationals who now live overseas may not be.

10. Those who need care clinically deemed immediately necessary, including all maternity care or urgent care will always be treated in a timely way and we do not turn such patients away. However, treatment is not made free of charge by virtue of being provided on an immediately necessary or urgent basis. Where charges apply the Trust cannot waive the fees in whole or part.

11. We have a well-established, experienced Overseas Visitors Team and do our best to help and support patients to understand their and our obligations around payment.

12. A number of the Overseas Visitors Team have language skills, which is beneficial in providing support to the local community. In addition where appropriate our Advocacy Service is available to support interactions for those patients whose first language is not English.

Working together with patients

13. Whilst the Trust has no discretion to waive charges due, if there are any patients who aren't entitled to free NHS treatment, but would find it difficult to meet payments, then they, or a friend or relative (with written authorisation), can contact our credit control department so every effort can be made to help and support them based upon their circumstances.

14. We can provide advice and guidance to any patient based on their personal circumstances to provide clarity on charging matters. It is 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 us to provide reassurance.

15. With improved processes and systems, and earlier, engagement, more patients are responding in a timely manner to demonstrate their entitlement to treatment.

16. We have also introduced a number of other initiatives to improve our effectiveness, including through the use of technology to identify inpatients in real-time and establish contact whilst they are still in our care. This greatly reduces the need for follow up enquiries with patients.

Working with local partners

17. Barts Trust Overseas Management Team invited colleagues at the Homerton Trust to join a bespoke training session to support their development in January 2020. The training delivered by both internal and external specialists covered children and adult safeguarding, modern day slavery and domestic violence. The session was well received by all those who attended and the Homerton extended their thanks for the invitation to their staff.

18. We are committed to the training and development of our staff with relevant knowledge and skills to support the diverse community which we serve. Increasing awareness of such issues ensures that we can support our patients and refer those in vulnerable situations to relevant specialists and support networks.

Public statements from local Save our NHS groups

19. We have worked closely with local Save our NHS groups in particular to address their concerns about the implementation of the national charging rules. We issued a statement in March 2020 that clarified the Trust's position.

20. We have consistently made clear that anyone requiring treatment that is clinically deemed immediately necessary or urgent – including all maternity care – is treated.

21. We would welcome the opportunity to discuss these issues in more detail with Save our NHS groups and others. Our door is always open and the Chief Executives of our hospitals are keen to establish a regular dialogue and review any evidence or concerns with local campaigners. We have also answered a number of questions from them at recent Board meetings.

22. We provided a short paper to the 27 January INEL JHOSC meeting about our policy on overseas visitors, as requested. We were asked to attend to speak to the paper, but agreed in advance with the clerk to the committee that Dr Alistair Chesser, our Chief Medical Officer, would give a fuller update in person at the meeting on 30 September. Plans for an update at 24 June meeting were revised due to the pandemic.

23. We have been open and transparent around the implementation of the policy and we strongly reject any charge of secrecy. We have answered all the questions asked by Save our NHS groups in writing and at board meetings. The latest full update to our July Board (attached) provides a comprehensive update on our overseas visitors numbers and charges. It is our intention to continue producing such comprehensive reports on an annual basis.

Maternity care

24. Campaigners raised concerns earlier in 2020 about the invoicing of patients for maternity care. We issued a statement that clarified some confusion around the charging.

25. All maternity care is treated as immediately necessary and no patients in need are turned away. The number of women invoiced for maternity care they received in 2019/20 was 104 at Newham, 12 at The Royal London, and 28 at Whipps Cross. Of those 144 women, invoices were later withdrawn through credit memos for 29 women at Newham, 3 at The Royal London and 3 at Whipps Cross. Therefore in total, 109 women were actually charged for the cost of maternity care at Barts Health because they were not eligible for free NHS hospital treatment in 2019/20. This compares to the figure of 739 women charged in 2018/19 the Board provided in earlier correspondence.

26. Subsequently, a large number of these invoiced patients got in touch with us at the point of receiving the invoice, and were subsequently able to provide supporting documentation which proved their eligibility for free NHS treatment after all.

27. We remain open to reviewing any of the outstanding invoices should a patient feel they have new or further information to support their eligibility for free NHS care at the point of treatment.

Institutional racism

28. We reject any claims that by implementing the policy we are supporting institutional racism. Such claims are unjustified and do not help our staff or patients in implementing what is a national policy.

29. We aim to offer an equitable service to everyone in the community we serve, whilst also being congruent to our legal obligations. Though it's not the position of Barts Health NHS Trust to comment on the policy itself.

Deterrent effect

30. Concerns have been raised regarding the administrative cost and burden of charging and the likely deterrent effect of patients not seeking the treatment they required. Whilst we record DNA data as a Trust, we don't have the detail behind why people have decided not to attend an appointment.

31. It is unclear from the did not attend (DNA) data we collect as to whether the possibility of charging has any deterrent effect. This is because the reasons for DNAs are complex. We have undertaken an Equality Impact Assessment to ensure access to our services were accessible as possible within the constraints of national policy and legislation.

32. Early engagement with our patients offers greater scope to give reassurance and support on eligibility for NHS treatment. Staff are offered enhanced training in our approach.

33. We find telephone calls with individuals are the most effective way of establishing eligibility to free NHS treatment, as it is more supportive to the patients and allows them to ask questions of us.

Home Office

34. We may contact the Home Office to confirm the immigration status of some patients to help establish their eligibility for treatment. For example, the Home Office can confirm a patient is a documented asylum seeker and therefore eligible for free NHS hospital treatment.

35. We are required to report outstanding debts which meet set criteria outlined in the national regulations to the Department of Health and Social Care. This information will be shared by them with the Home Office.

COVID-19

36. Our July report provides details of how we have cared and treated all patients with Covid-19. With the diagnosis and treatment of Covid-19 free to everyone in order to protect public health.

Next steps

37. We would welcome feedback as we continue to develop our approach to charging overseas visitors. When we do receive queries we thoroughly investigate and respond on concerns providing clarify and we appreciate any evidence that we are not performing our legal duties to the highest standards. .

Annex A

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 29 JULY 2020

ANNUAL UPDATE ON OVERSEAS VISITORS

INTRODUCTION

1. This paper provides an update on the Trust's implementation of the national guidance in relation to overseas visitors.

2. Like all NHS trusts, Barts Health has a legal duty to recover costs from patients who are not entitled to NHS treatment.

3. However, those who need care that is clinically deemed urgent or immediately necessary - including all maternity care - will always be treated promptly, even if a patient indicates that they cannot afford to pay.

4. The Barts Health group of hospitals serves one of the most diverse communities in the country with a catchment of around 2.5 million people living in east London. We take pride in providing quality care for all our patients, and do not want to deter anyone from seeking treatment.

5. We are committed to ensuring our hospitals are consistent, clear and equitable in applying the national eligibility and charging rules around overseas visitors.

LEGAL OBLIGATIONS

6. National regulations stipulate that patients must be "ordinarily resident" in the United Kingdom to qualify for free NHS-funded hospital care. This means living here lawfully, with a settled purpose, for the time being. Nationals of countries outside the European Economic Area (EEA) who have indefinite leave to remain in the UK are eligible for free care, but many British nationals who now live overseas may not be.

7. Any patient not entitled to free care must be charged for treatment they receive unless a medical or service exemption applies. Where charges apply, the Trust cannot waive the fees in whole or part.

8. Those who need care that is clinically deemed to be immediately necessary (including maternity or urgent care) will always be treated in a timely way. We do not turn such patients away. However, treatment is not necessarily free of charge simply by virtue of being provided on an immediately necessary or urgent basis.

9. With effect from October 2017, the Trust has a legal duty to recover the costs of clinically routine treatment from patients before treatment is given.

COVID-19

10. The diagnosis and treatment of Covid-19 is free to everyone in order to protect public health. No patient is denied treatment for Covid-19 on the basis of being unable to pay.

11. During the pandemic, and together with our local partners, we focused on supporting our patients, their families, and the wider community by providing as much information as possible. This includes assurance that NHS services continue to provide urgent and emergency care, and people should not delay seeking treatment or advice if they or a member of their family is unwell.

WORKING WITH OUR COMMUNITIES

12. We work closely with patient representatives and community groups to understand their concerns and share information about our how we apply the regulations. We use their feedback to inform our approach to information sharing, and have made a number of improvements to better support them:

    - Refreshing Trust policy in line with the latest guidance from the Department of Health and Social Care (DHSC) and undertaking our own Equality Impact Assessment.

    - Reviewing and amending our communications materials for patients, and commissioning a short film to show how the Trust implements the national regulations revising our patient-facing leaflet for distribution in each hospital, giving details of external agencies that provide independent patient support and guidance.

    - Redesigning the standard attendance form issued on arrival to all patients. This includes contact details for the Overseas Visitors Team and the option for a patient to name an advocate for communication purposes.

- Putting more accessible information on our public website and staff intranet, including contact details for the Overseas Visitors Team.

- Enhancing the standard DHSC clinical assessment form to ensure clinicians alert the Overseas Visitors Team when patients are treated for exempt medical conditions.

- Developing a comprehensive training package to increase knowledge and awareness among reception and administrative staff, ensuring all new patients are asked about their residency status. This is being rolled out to form part of our statutory and mandatory training requirement for all frontline staff.

- Working with NHS England and Improvement, local Trusts and others partners to further improve the services we offer in this area.

OVERSEAS VISITORS TEAM

13. We have a well-established and experienced Overseas Visitors Team. It provides advice and support to patients to help them understand their and our obligations around entitlement and payment.

14. Several of the team are multi-lingual. In addition the team can draw on the language skills of our Advocacy Service to help communicate with patients whose first language is not English.

15. Patients can contact the Overseas Visitors Team directly or via the Patient Advice and Liaison Service (PALS). Further information, including how patients can access guidance and support, is available on the Trust website.

ADAPTING OUR APPROACH

16. We recognise that charging is a sensitive issue and are committed to being transparent, fair and equitable to patients and staff in fulfilling our statutory obligations.

17. We listen to the views of our patients and engage with the community to address their concerns in order to provide the best possible care.

18. Early engagement with our patients offers greater scope to give reassurance and support on eligibility for NHS treatment. Staff are offered enhanced training in our approach.

19. Towards the end of 2018/19 we recruited an extra five members of staff to the Overseas Patient Team to improve the quality and frequency of our interaction with patients who may not be eligible for free treatment. We actively engage with individuals to check their eligibility, normally by telephone as this is the more effective than written correspondence. Experience has shown that reaching out proactively to patients and being able to answer their queries informally has improved relationships.

20. We also put extra checks and balances into our processes to reduce the need for reminder letters. Sending someone a bill for treatment is now an action of last resort, in those cases where we are either sure the individual is not eligible for free treatment or (despite our best efforts) have been unable to ascertain their status. We also offer patients their option of staged payment plans to spread out the cost of care.

21. The upshot is that we are now more efficient in our billing and income recovery. During 2019/20 we billed far fewer patients than we had invoiced during the previous year, yet we substantially increased the amount we recovered.

22. We continue to identify effective and innovative ways of working, consolidating our administrative processes and adopting best practice as part of an ongoing programme aimed at improving our effectiveness.

23. We have found that patients are responding in a positive manner to improved communication at a personal level and our positive approach to managing relationships with them. We believe the introduction of a *'Notice of Charge'* (as confirmed to the Board in March) has also contributed to increase the levels of patient response.

FINANCIAL INFORMATION ON OVERSEAS PATIENTS CHARGES IN 2019/20 AND COMPARISON WITH 2018/19

24. In line with our approach to helping patients establish whether they are entitled to treatment or not at an early stage, we have reduced the numbers of invoices we send out.

25. With improved systems, and earlier, engagement, we are more expert in ensuring patients can demonstrate their entitlement to treatment before any invoice is sent. Other factors may include:

    - Pro-actively evaluating waiting list information, leading to earlier patient contact to establish entitlement to free NHS secondary care;

- Using technology to identify inpatients in real-time and establish contact whilst they are still in our care, greatly reducing the need for follow up enquiries with patients;
- Utilising patient notes and information on the NHS spine to assist in assessing chargeable status;
- Reducing the backlog of cases.

26. Under the EU reciprocal healthcare agreements, the Trust can reclaim the costs of emergency treatment for EU citizens from Clinical Commissioning Groups and the Government. We have become more efficient in collecting this income, which requires minimal involvement with patients once their status as EU citizens is clear.

27. The following table shows overseas patients charges in 2019/20 in comparison with 2018/19.

2019/20

Sites	Number of invoices	Number of patients invoiced	Payments received £000s
Newham	306	262	**326**
Royal London	518	383	**500**
St Bartholomews	182	151	**449**
Whipps Cross	222	181	**155**
Total for overseas patients	**1,228**	**977**	**1,429**
Including European Health Insurance and reciprocal arrangements			

2018/19

Sites	Number of invoices	Number of patients invoiced	Payments received £000s
Newham	874	691	**328**
Royal London	1525	1154	**441**
St Bartholomews	297	229	**159**
Whipps Cross	417	357	**144**
Total for overseas patients Including European Health Insurance and reciprocal arrangements	**3,113**	**2,430**	**1,072**

Note: Due to the nature of financial reporting, payments received can include invoices raised in previous years.

RECOMMENDATION

28. The Trust Board is asked to note the report.

This page is intentionally left blank

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

Report title	**Hosting of the INEL JHOSC**
Date of Meeting	Wednesday 30 September 2020
Lead Officer and contact details	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Report Author	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Witnesses	n/a
Report	For Information
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest • Redbridge

Recommendations:

That INEL JHOSC is asked to:

- NOTE this update;
- COMMENT on update

Background

Key Improvements for Patients

- n/a

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

This page is intentionally left blank

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

Report title	**INEL JHOSC Work Programme 2019 – 2020**
Date of Meeting	Wednesday 30 September 2020
Lead Officer and contact details	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Report Author	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest • Redbridge

Recommendations:

That INEL JHOSC is asked to:

- COMMENT on the work programme;
- APPROVE items on the work programme.

Background

Key Improvements for Patients

- n/a

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

This page is intentionally left blank

Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (JHOSC)

Meeting: Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (JHOSC)
Chair: Cllr Winston Vaughan (Newham) **vice-Chair** Cllr Ben Hayhurst (Hackney)
Support: Robert J Brown, Senior Scrutiny Policy Officer
Venue: Old Town Hall, Stratford, 29 Broadway, LONDON E15

Dates of meetings:
1900-2100hrs

13	*Feb-19*	18	Sep-19
3	*Apr-19*	30	Oct-19
19	*Jun-19*	27	Nov-19

	13-Feb-19	03-Apr-19	31-Jul-19	19-Sep-19	06-Nov-19
APOLOGIES	Cllr Rohit DasGupta Common Councilman Michael Hudson Common Councilman Chris Boden Cllr Eve McQuillan	Cllr Rohit DasGupta Common Councilman Chris Boden moved from 20 March 2019 due to Tower Hamlets Full Council meeting	CANCELLED	moved from 18 September 2019	this meeting will now be the joint INEL / ONEL JHOSC meeting to discuss STP-wide issues, commencing at 7pm - this was rescheduled due to the NHS LTP deadlines for responses
	AGENDA	AGENDA	AGENDA	AGENDA	
STANDING ITEMS (20mins)	Chair's Announcement Welcome, Apologies and Introductions (inc substitutes) Declaration of Interest Register Minutes of Previous meeting Submissions Work Plan	Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	
AGENDA ITEMS (100mins)	Election of Chair Election of vice Chair Terms of Reference / Membership / Protocols NHS Long Term Plan - *Simon Hall / Alan Steward* Patient Transport - *Ellie Hobart*	NELCA / ELHCP - AO update and NHS Long Term Plan - *Jane Milligan, Simon Hall* STP / ELHCP Estates Strategy *- Henry Black, Chief Financial Officer* *- Tim Madelin, Estates* *- Anamarie Icleanu, Estates* *- Marie Burnett, NELSON* *- ???, NHS Property Services*	NELCA / ELHCP - AO update Election of vice Chair vote to include Observer Status for Redbridge Cllr updated Terms of Reference Early Diagnostic Centre for Cancer - *Sarah Watson* Update on Moorfields Eye Hospital consultation - *Denise Tyrrell* TO NOTE: INEL System Transformation Board - *Ellie Hobart (to discuss Sep2019)*	Election of vice Chair vote to include Observer Status for Redbridge Cllr updated Terms of Reference ELHCP - AO update on ICS and CCG status - *Jane Milligan* Review of Non-Emergency Patient Transport Service review - *Ellie Hobart* INEL System Transformation Board - *Ellie Hobart* Moorfields Eye Hospital - *Denise Tyrrell*	ELHCP / NHS Long Term Plan in North East London - *Simon Hall / Jane Milligan* Moorfields Eye Hospital - *Denise Tyrrell*
ADDITIONAL INFO				**Deadline for papers:** **Friday 6 September 2019**	**Deadline for papers:** **25 October 2019**

	27-Jan-20	11-Feb-20	24-Jun-20	30-Sep-20	25-Nov-20
APOLOGIES					
	AGENDA	AGENDA	AGENDA	AGENDA	AGENDA
STANDING ITEMS (20mins)	Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan
AGENDA ITEMS (100mins)	ELHCP - AO update Cancer Diagnostic Hub - *Tim Burdsey* Overseas Patients and charging - *Barts Health NHS Trust / Homerton University Hospital NHS Trust*	ELHCP - AO update ELHCP / NHS Long Term Plan in North East London - *Simon Hall* Pathology Services update across NEL - Barts Health / Homerton Hospital / Barking, Havering and Redbridge c	ELHCP - AO update INEL Response to the Coronavirus Pandemic	ELHCP - AO update (Covid-19 update for INEL JOSC) Overseas Patients and charging - *Barts Health NHS Trust / Homerton University Hospital NHS Trust* Directors of Public Health for City&Hackney, Tower Hamlets, Newham and Waltham Forest Hosting of the INEL JHOSC 2021-22	ELHCP - AO update Estates Strategy - NELCA/ELHCP Cancer Diagnostic Hub - *Angela Wong/Karen Conway* Review of Non-Emergency Patient Transport Service review - Ellie Hobart Digital - *Luke Readman* Feedback from Healthwatch Consultation & Heathwealth scrutiny work across ELHCP - *CEO of Healthwatch Redbridge/David Burridge (LB Healthwatch)* Mental Health - *David Maher (City & Hackney)* Homelessness Strategy - *Simon Cribbens*
ADDITIONAL INFO	**Deadline for papers:** **Thursday 16 January 2020**	**Deadline for papers:** **Friday 31 January 2020**	**Deadline for papers:** **Tuesday 16 June 2020**	**Deadline for papers:** **Tuesday 22 September 2020**	**Deadline for papers:** **Monday 16 November 2020**

CoLC	City of London Corporation	C&HCCG	City & Hackney CCG
ELHCP	East London Health Care Partnership	NCCG	Newham CCG
LBH	London Borough of Hackney	NEL	North East London
LBN	London Borough of Newham	THCCG	Tower Hamlets CCG
LBTH	London Borough of Tower Hamlets	WEL	WF and East London
NELSON	North East London Save Our NHS	WFCCG	Waltham Forest CCG
RBR	London Borough of Redbridge		

This page is intentionally left blank