Agenda

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

Date **Tuesday 11th February 2020**

Time **7.00 p.m.**

Venue **Old Town Hall, E15 4BQ, Stratford**

Contact: via Roger Raymond
Senior Scrutiny Policy Officer

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
Councillor Patrick Spence	London Borough of Hackney
Councillor Yvonne Maxwell	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

SUBSTITUTES:	
Common Councilman Christopher Boden	Substitute Member - City of London Corporation

Officers Usually In Attendance:	
Chris Kelly	London Borough of Newham
Roger Raymond	London Borough of Newham

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 PREVIOUS MEETING

The minutes of the previous meeting will be agreed at the June 2020 meeting.

4. SUBMITTED QUESTIONS (Pages 1 - 10)

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

5. NHS LONG TERM PLAN IN NORTH EAST LONDON (Pages 11 - 44)

INEL JHOSC is asked to note, comment and discuss the NHS Long Term Plan in North East London.

6. PATHOLOGY REVIEW UPDATE (Pages 45 - 52)

INEL JHOSC is asked to note, comment and discuss the Pathology Review Update.

7. INEL JHOSC WORK PROGRAMME (Pages 53 - 58)

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

8. DATE OF NEXT MEETING

INEL JHOSC meeting – Wednesday 24 June 2020, 1900-2100hrs, Old Town Hall, Stratford.

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

Report title	**SUBMITTED QUESTIONS**
Date of Meeting	Tuesday 11 February 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
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

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North East London Save Our NHS (NELSON)

QUESTIONS TO THE JOINT INEL AND ONEL JOSC ON 11th February 2020

1. Have members of the joint INEL & ONEL JOSC received a copy of the two-page NELSON response to the ELHCP draft LTP as one of the papers on the Agenda for this JOSC meeting?

2. In the light of the concerns raised in the NELSON response, is the JOSC satisfied that the draft LTP contains sufficient information as a basis for consultation with local residents on the major reconfigurations planned for ELHCP services?

3. Will the JOSC please give their own responses to the concerns raised by NELSON?

Carol Ackroyd on behalf of NELSON and member of Hackney Keep Our NHS Public
Carol.ackroyd@talktalk.net

24 October 2019

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North East London Save Our NHS (NELSON)

22 October 2019

NELSON response to East London Health and Care Partnership (ELHCP)'s draft Long Term Plan[1]

1. INTRODUCTION

What is this Plan?

On 3 October 2019, ELHCP published its draft response to NHS England's (NHSE's) Long Term Plan, setting out ELHCP's own long-term plans for North East London. Comments on ELHCP's draft plan must be submitted by the end of October, with ELHCP's final submission to NHSE required by 15th November.
The Plan outlines ELHCP's ambition to become an Integrated Care System (ICS) by 2021, comprising three local systems involving 7 local authorities: BHR (Barking and Dagenham, Havering and Redbridge), WEL (Tower Hamlets, Newham and Waltham Forest), and City and Hackney (C&H). Some community elements of the Plan have been developed jointly with local authorities.

What is NELSON?

NELSON is an umbrella NHS campaign group with members representing NHS campaign groups based throughout NE London.

NELSON's response to the Plan

NELSON has three fundamental areas of concern about the Plan which are set out below.

2. Lack of essential information about resources (on a per 1,000 population basis).

The Plan lacks essential information that would be the basis for genuine consultation. We know from previous analyses and population projections (eg TST) that our area needs many MORE beds, and more staff – but that ELHCP plans reductions in both. However, the draft plan does not include any details of resources (based on per 1,000 population) relating to:

- Historical, current and projected services to be provided on each site
- Historical, existing and projected client catchment areas for services – particularly when this involves proposed development of specialist services serving the wider ELHCP area – or NHSE-commissioned specialised services that may take patients from a much wider area.
- Historical and projected financial information for specific services
- Historical, existing and projected staffing structures and levels
- Historical, existing and projected bed levels and other service levels
- Much is made of services being provided *in the community* or *at home* as an alternative to hospital, however no detail is given of what additional services will be developed to achieve this.

Without this detailed information it is impossible to make a reasoned response to this consultation.

3. Absence of information about potential reduction in services available locally.

An effective local health service has to provide easy access for patients as well as safe and effective clinical services. Nelson and local ELHCP-area campaign groups have repeatedly raised concerns that ELHCP's proposals to concentrate specific services on a single (or limited number of) sites will mean reduced access for patients with longer and more complex journeys. Reduced transport will create further problems.
*(Of course, we recognise and accept the need for **complex and specialised services** to be delivered in specialist units. **We are tired of hearing this duplicitous justification given for all centralisation** -ignoring the fact that most routine procedures can be carried out equally safely and effectively in general hospitals.*

[1] https://www.eastlondonhcp.nhs.uk/ourplans/draft-response-to-the-long-term-plan.htm

Evidence from Healthwatch England

In October 2019, Healthwatch England, in association with AgeUK and Kidney Care UK, carried out a 'nationwide conversation', engaging with over 30,000 people across the UK[2]. The introduction to the report states that:

> the best long-term outcomes of treatment can be seriously affected by other real-world factors ……. one of the most common and basic issues people face is physically travelling to and from appointments….. We found that travel was a key issue, with nine out of 10 people telling us that convenient ways of getting to and from health services is important to them. Indeed, people put transport above other things, such as choice over where to be treated and improving digital access to services. ……communities told us they wanted more focus in local plans on improving the links between transport and health and care services.

This is extremely important information – a national survey stressing that easy access to services is patients' top priority. It reinforces the messages that NELSON has repeatedly given. Despite this, ELHCP (along with the majority of other STPs) has failed to include any information in its LTP to inform local residents:

i) What services can residents of each borough expect from their local hospital (or community facility)
ii) Where will they need to travel to in order to access other routine and specialist services?
iii) Impact assessment of changes in travel to routine and specialist appointments & services.
iv) Impact assessment regarding reduced co-ordination with local social care (especially for elderly patients, those with mental health issues or people requiring ongoing rehabilitation support).

Such information is CRITICAL to enable local residents to make a reasoned response to service reconfiguration and transport changes.

Reduced training opportunities for staff: reduced generic provision in general hospitals will also have major implications for medical training and potentially poses problems of lack of generic skills required to support A&E departments.

4. Moves towards an Integrated Care System (ICS) and (ultimately) and Integrated Care Provide (ICP)

The Health and Social Care Act of 2012 demanded an aggressive pursuit of market competition in NHS services, resulting in fragmentation and difficulty achieving collaboration between NHS bodies.
We are happy that ELCHA clinicians and managers have worked hard to move away from this and towards a welcome collaborative approach involving networking and developing client pathways across providers. We applaud these moves towards a more streamlined and well-co-ordinated system across hospital, GP and community NHS services in North East London, including collaboration with local authority community and care services.

However, the longer-term intention, as set out in NHSE's Long Term Plan, is that **all ICSs across the UK should develop into Integrated Care Providers (ICPs),** ie unitary organisations with a single management structure encompassing all the health (and, potentially social care) bodies in the area. NHSE intends that ICPs will then be procured through long-term, £multimillion commercial contracts, on similar lines to US-style Accountable Care Organisations (ACOs).
NELSON strongly opposes this longer-term goal which will be the final nail in the coffin of the NHS as a national, publicly run service. We want an end to commercial procurements. We wish to see the NHS managed directly as a National public body, with local accountability on lines set out in the NHS (Reinstatement) Bill.

Report prepared by: Carol.ackroyd@talktalk.net

On behalf of NELSON.

[2] https://www.healthwatch.co.uk/report/2019-10-02/there-and-back-what-people-tell-us-about-their-experiences-travelling-and-nhs

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

Report title	**NHS Long Term Plan in North East London**
Date of Meeting	Tuesday 11 February 2020
Lead Officer and contact details	**Simon Hall** **Director of Transformation for the East London Health and Care Partnership** 020 3688 2537 / simonhall2@nhs.net
Report Author	**Roger Raymond** **Senior Scrutiny Policy Officer** DDI: 020 337 36779 / roger.raymond@newham.gov.uk
ELHCP Long Term Plan Link	https://www.eastlondonhcp.nhs.uk/ourplans/
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest

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

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East London Health & Care Partnership

The Long Term Plan for north east London

Presentation to
Inner North East London Joint Health Overview and Scrutiny Committee

and

Outer North East London Joint Health Overview and Scrutiny Committee

11 February 2020

This presentation covers:

East London Health & Care Partnership

- Background to the Long Term Plan
- Focus on selected workstreams as requested by the committees
- Developing an integrated care system for north east London and how the ICS will support us to deliver the Long Term Plan
- Role of the acute collaborative group
- Delivery and next steps

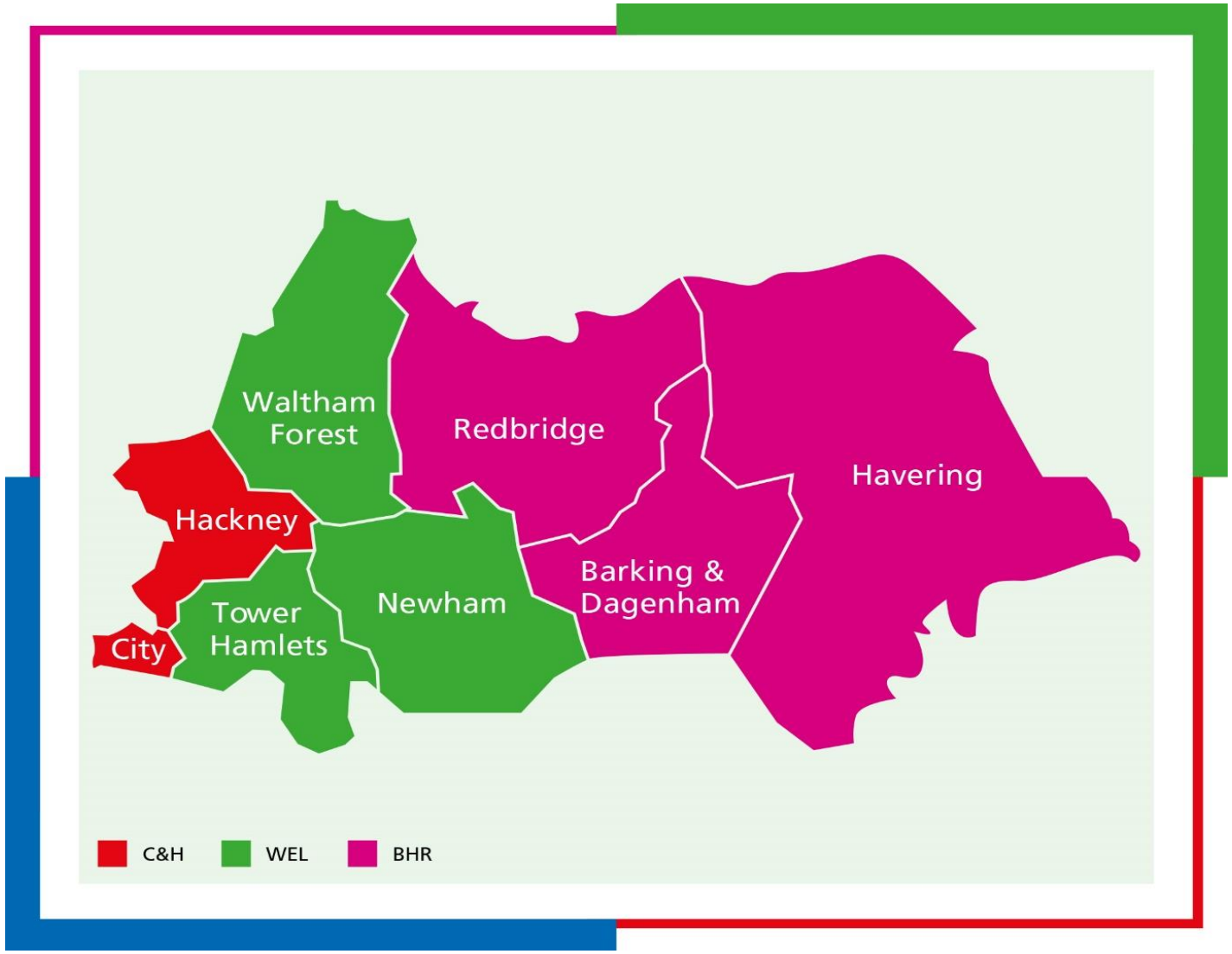
How we work together

East London Health & Care Partnership

Our basic principle is that decisions about health and care take place closest to local people as possible, and only where there is good reason to do so will programmes operate at NEL level.

Reminder: our three local systems

East London Health & Care Partnership



What we've achieved by working together: some highlights

East London Health & Care Partnership

- NEL-wide integrated clinical assessment services (CAS) for NHS111 has been rolled out across NEL. This involves a multidisciplinary team of GPs, pharmacists, dentists, nurses, paramedics, and health advisors providing expert advice over the phone
- a system wide estates strategy has been developed with a prioritised capital investment programme
- the East London Patient Record has been rolled out across WEL and C&H and is underway in BHR. Usage has doubled in one year (currently 112,000 views per month)
- delivery of an electronic records programme and paper switch off achieved for outpatient referrals to hospitals across NEL
- £5.2m secured for the first rapid access diagnosis centre in England
- significant improvements in the CQC ratings for our hospitals and GP practices.

Reminder: The NHS Long Term Plan

East London Health & Care Partnership

- The NHS Long Term Plan was published in January 2019 and sets out an ambitious vision for the NHS over the next ten years and beyond.
- It outlines how the NHS will give everyone the best start in life; deliver world-class care for major health problems, such as cancer and heart disease, and help people age well.
- In north east London we have developed our own draft LTP setting out what we'll do locally to transform health and care.

Update as of February 2020

East London Health & Care Partnership

- Final draft of north east London's response to the NHS Long Term Plan was submitted to NHS England on 15 November 2019 with the following text:

Note: this final draft document is being submitted to NHS England during a pre-election period, when the ELHCP is bound by purdah conventions. This has meant that we have been unable to discuss the document in public forums as originally planned. As such, this is a 'final draft' and will be shared with partners, but not published when it is submitted on 15 November 2019.

- Final draft is now on our website: www.eastlondonhcp.nhs.uk
- We are presenting on the LTP at partner meetings – trust boards, health and wellbeing boards, joint health overview and scrutiny meetings etc – for review and discussion before the LTP is finalised.
- Intend to publish the final LTP in March 2020, subject to NHS England/Improvement approval.
- Marie Gabriel has been appointed as our new chair, and starts on 1 April 2020.

In north east London, our LTP means:

East London Health & Care Partnership

- Greater emphasis on preventing ill health, and empowering local people to take more control over their health and lifestyle choices (prevention and personalisation)
- Ensuring the health and care services we do provide are integrated, joined up and appropriate for people's needs (integrated care)
- Rapidly modernising local approaches to health and care provision, utilising the academic and research base we have in north east London for the good of our local population (modernisation).

Reminder: our challenges

East London Health & Care Partnership

- Substantial population growth (from 2.02m to 2.28m by 2028, 13% growth over the next 10 years).
- Significant variations in clinical quality and outcomes across our health and care economy that need to be tackled in order to make a real impact on health inequalities.
- Significant workforce challenge across health and care services and our population growth will exacerbate demand for services if we continue to deliver them in the same way.
- Demand is projected to outstrip our resources and capacity which means we need to look at how we provide care and our financial models and systems. These challenges span both health and social care, and mean we need to agree a different way across all our partner organisations to manage financial risk.

LTP in summary and our work programmes

East London Health & Care Partnership

Our top priorities	✓ Improving quality of care delivery and reducing unwarranted variation – working together with our communities to create an integrated care system that will improve the quality of care they receive and make it much more joined up and person-centred ✓ Invest in local integrated primary and community infrastructure – help people stay well for longer and support them at home when they need it ✓ Population Health management and intelligence – using the information we have to direct resources and action where it is most needed and maximise our impact ✓ Digital revolution – taking advantage of advances in technology to radically change the way we access and provide care (e.g. information technology, artificial intelligence) ✓ Workforce transformation – changing how we work, the skills we need, what we offer our workforce so that we can attract the workforce we need, and developing new roles that are more relevant to 21st century health and care provision

Improving population health	System change and integration	Priority areas for improving outcomes	Enablers (supporting work programmes)
• Prevention • Health inequalities • Wider determinants of health e.g. housing, poverty • Personalised care	• Primary/community care • Urgent and emergency care • Improving planned care and outpatients • Provider collaboration • Mental health	• Cancer • Learning disabilities and autism • Children and young people • Maternity • Medicines optimisation • Major long term conditions • End of life care	• Workforce • Digital • Estates • Demand and capacity – business intelligence • Research and innovation

Focus on population health management

East London Health & Care Partnership

- Population health management is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population
- Our health and care needs are changing: we are living longer and increased incidence of multiple long term conditions. Much of this is down to lifestyle factors and where we live rather than the health and care services treating us. Population health management (PHM) can help us better understand and predict future health and care needs. This will allow improved targeted support, making better use of resources and reducing health inequalities.
- Providers will not just be responsible for the people they treat but have a collective responsibility for the whole population's health alongside commissioners
- Underpinning PHM is the accompanying cultural shift required to put population health data at the heart of decision making across an ICS.
- There is a key role for directors of public health to drive this forward.

Urgent and emergency care

East London Health & Care Partnership

- Moving away from relying on urgent and emergency care services (UEC), freeing them up to concentrate on the most serious and urgent cases and look at how at how primary and secondary care services can support UEC.
- NHS 111 clinical assessment service involves a multidisciplinary team of GPs, pharmacists, dentists, nurses, paramedics, and health advisors providing expert advice over the phone
- Stronger pathways of care with enhanced access to mental health services
- Ambulance handover pathways remain a challenge

Primary care networks

There are 48 geographically aligned PCNs in NEL, supported by their local GP federations.

Barking and Dagenham	6	**City and Hackney**	8
Havering	4	**Tower Hamlets**	8
Redbridge	5	**Newham**	10
		Waltham Forest	7

They are at varying levels of maturity in terms of leadership, organisational development, population health management and partnership working. All PCNs will be supported to work towards at-scale to ensure economies of scale and high-quality primary care.

We are already seeing benefits from the establishment of PCNs, with the end of half-day closing and improvement in extended hours. There are now an additional **271** hours of extended access appointments a week in NEL and no practices close for half a day.

PCN development

East London Health & Care Partnership

2019/20	2020/21	2021/22
Focus on formation, support for sustainability and building relationships with providers. NEL allocated £1.5 million a year for PCN development. PCNs starting to implement plans to meet their development needs PCNs starting to recruit to new supplementary roles: • Clinical pharmacists Social prescribing link workers	Focus on programme of primary and community services alignment. Five new national service specs will be rolled out: • Structured medication review and optimisations • Enhanced care in care homes • Anticipatory care • Personalised care • Early cancer diagnosis PCNs to recruit to new roles: • Physiotherapists Physician associates	Focus on progress evaluation Two more national service specification to be introduced: • CVD prevention and diagnosis • Tacking neighbourhood inequalities PCNs to recruit to new roles: • Paramedics

Cancer

The new North east London Cancer Alliance will 'go live' on 1 April 2020. It will drive delivery of three broad objectives:

Continue our improvements in one year survival and rates of earlier diagnosis

- Screening uptake and coverage
- HPV for primary screening/HPV self sampling project/FIT test for bowel cancer detection
- Rapid Access Diagnostic Centre at Mile End opens summer 2020

Maintain high performance in times to treatment and achieve the new faster diagnosis standard

- 28 day faster diagnosis standard
- Time to treatment - overall strong performance at Barts Health and Homerton, achieving the 85% target consistently, ongoing work with BHRUT to improve and sustain performance
- Rapid Access Diagnostic Centres

Ensure excellent patient experience and personalised care for patients throughout their pathway

- All trusts have in place, or are developing, stratified follow up pathways for breast, prostate and colorectal cancers
- Piloting different models of support for people living with cancer, including cancer navigators.

Mental health

- Committed to putting mental health care on a level footing with physical health services
- Committed to improving and widening access for adults needing mental health support
- Significant investment in mental health services, especially in children and young people's (CYP) mental health services
- Historically across north east London there has been an imbalance of investment in CYP mental health – this is changing and we working to redress the balance.
- Support London priorities for mental health which include:
  - No child starts school unable to learn or leaves school unable to work
  - No one takes their own life
  - No one accesses mental health treatment and care through A&E or the criminal justice system for want of an earlier intervention

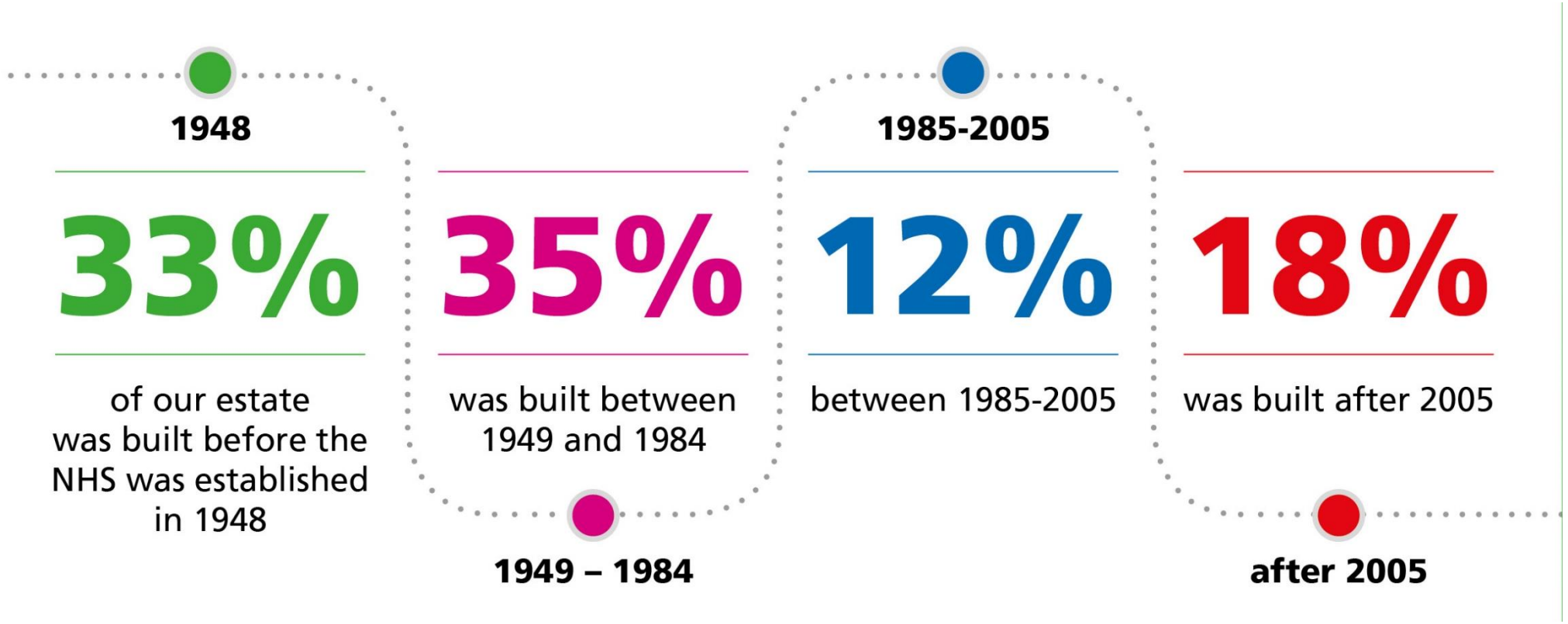
Workforce

East London Health & Care Partnership

- Continue to focus on recruitment and retention in order to meet the demand of our growing population
- Varying vacancy rates with some good progress (e.g. midwifery) and ongoing challenges (1800 adult nurse vacancies) and significant social care vacancies
- Grow our primary care workforce over the next five years to be able to deliver care outside of hospitals.
- Recruit and retain a new primary care workforce with roles like physician's associates, social prescribers and physiotherapists and work closely with Health Education England to provide support
- Developing a workforce of north east London residents through working closely with schools and colleges
- Offer an attractive career pathway – flexible working, training and development opportunities etc

Our estate in north east London

East London Health & Care Partnership



Managing our estates

East London Health & Care Partnership

- Care needs to be delivered in modern, fit for purpose buildings
- Poor estate means poorer patient experience and poorer working conditions for staff
- We are investing in our estate and prioritising investment – Whipps Cross Hospital redevelopment, St George's Health and Wellbeing Centre
- Acute estate makes up 59% of our footprint, but we need to move activity out of hospitals
- Working with PCNs and local authorities to look at how and where care is provided
- In process of revising our 2017 estates strategy
- Recent examples:
  - Wellington Way Health Centre in Bow – redevelopment funded by S106 monies
  - Health and Care Space Newham - joint venture between LB of Newham and ELFT

Delivering by developing an ICS

East London Health & Care Partnership

In the Long Term Plan, we have committed to working together in a collaborative way to deliver improved local health and care services. In order to deliver this, we need to change the way commissioners, providers, clinical leaders, GP members, local authorities, partners and voluntary organisations work together by developing an integrated care system for north east London. The ICS will help us do this through:

- driving forward more partnership working in a truly integrated way
- enabling commissioners and providers to share responsibility for the way finances are managed and contracts delivered, as well as manage population health for the benefit of local people
- reducing the statutory burden to free up resources at a local level
- providing the resources to support challenges across the whole of north east London, such as population growth and homelessness.

Working together as an ICS

East London Health & Care Partnership

We want to make some changes to how we are organised to provide better and more joined-up services as an ICS. This will include:

- all GP practices working together in primary care networks
- seven place-based partnerships drawing together all the NHS organisations in a given area and working more closely with local authorities
- Three local systems looking more strategically at what makes sense to be provided across a wider geographical area
- a single commissioning group for north east London, led by local health professionals, to take a bird's eye view and look at where we can tackle shared challenges together, such as cancer and mental health

These changes support the commitments set out in the NHS Long Term plan.

A single CCG for north east London

East London Health & Care Partnership

- Removes the barriers to true integration through the opportunity of changing and improving governance structures so that key decisions can be made at a local level by local partners.

- Statutory and governance burdens can be undertaken at a single CCG level, rather than replicated seven times which will free up resources to meet the needs of local people and front line services.

- Will speed up decision-making in key areas.

- Opportunity for savings through more efficient use of back-office and administrative resources, freeing up budgets for frontline services, locally.

Ensuring accountability

East London Health & Care Partnership

- NEL ICS will operate a “federated” approach to organisation, with most of the activity and delivery being carried out within local systems.
- We need ensure good governance and decision-making is strengthened locally and across NEL. NEL ICS will be the vehicle for transformation funding, and therefore need a governance process to reflect this going forward.
- This is not about bolting on an additional layer of bureaucracy to existing arrangements, but an opportunity to redesign how we do things so that we are more agile, productive and effective.
- The ICS recognises the individual statutory responsibilities of its constituent members, but seeks to build a common set of goals and objectives that compliment individual responsibilities and a collaborative approach to delivery that focuses on delivering outcomes and solution and shares the risks and benefits so that we optimise our collective achievement.

Finances

East London Health & Care Partnership

- There is a requirement that as a minimum each NHS organisation plans to deliver efficiencies of 1.1% annually for each of the years of the LTP.
- We are planning to improve efficiencies by:
  - reducing the cost of purchasing health care, through reducing unwarranted activity
  - commissioning changes to clinical pathways to eliminate waste
  - changing contractual forms to reduce administration costs
  - reducing the operating costs of the providers to reduce the cost of commissioned health care
- In each year our plans meet the investment requirements for Mental Health Investment Standard and the Primary Medical and Community Services target in 2023/24, as required.
- We are investing in our hospitals, including the redevelopment of Whipps Cross, and are planning to invest £232 million in out of hospital and primary care over the life of the LTP.

What does the LTP mean for?

East London Health & Care Partnership

Local people	Health and care staff
don't notice organisational boundaries – it is all one health and care system working together to provide the best care	can easily talk to and share information with staff working in other organisations so they can provide the best care
are supported to stay well	support people to stay healthy, with a focus on longer-term health and wellbeing and prevention
can access the best care possible in modern, fit for purpose facilities	work in modern, fit for purpose facilities that make it easy to do their jobs well
can view their patient record online, and are confident it is stored securely	can easily and securely access patients records in order to provide knowledgeable, consistent care, and don't have to ask people to repeat themselves
access care provide by skilled, motivated, kind staff with a culture of continuous improvement	are supported to provide the best care by continually developing their skills and expertise and are offered training want to work in north east London because there are flexible, innovative roles with opportunities to develop
benefit from world class research and innovation which means earlier diagnosis and more effective treatments	can use research and innovation to provide the best care

Involving local people in delivering the Long Term Plan

East London Health & Care Partnership

- Embed engagement throughout the Long Term Plan workstreams
- Look at how we can involve local people with lived experience in the transformation of health and care services
- Some change may require a formal process – if significant change is required, a public consultation process would ensure further engagement opportunities for local people to be involved in developing the future model of care
- Establish an oversight group of experts to support change programmes
- Explore opportunities for co-design and co-production
- Involve Healthwatch and community and voluntary services
- Look at how we involve and inform critical friends – scrutiny committees and health and wellbeing boards.

Acute collaborative group

East London Health & Care Partnership

Barts, the Homerton and BHRUT working together

- Identifying opportunities to work in collaboration to support transformation priorities across north east London
- Looking at acute demand and capacity model
- Ensuring alignment of clinical strategies and working together to improve pathways
- Looking at clinical and estates interdependencies
- Delivering this vision requires partnership working across acute providers and their clinical teams.
- Barts Health is currently gathering the views of their staff, patients, commissioners and partner providers regarding a proposed creation of surgical centres of sub specialist expertise at the Trust. More information is available at www.bartshealth.nhs.uk/our-future-plans-for-surgery

Maternity and neonatal care: demand and capacity review

East London Health & Care Partnership

- Need to make sure we have the right maternity and neonatal capacity, in the right place, so local women and their families have the best possible maternity and neonatal outcomes.
- Currently undertaking a review of demand and capacity. This involves modelling maternity and neonatal demand and capacity for now and in the future to understand current capacity and what this means for future demand.
- Also looking at the models of maternity care and will be engaging with local women to find out where they chose to give birth and why.
- We already know there is increased demand for some birthing options as more women that live outside the catchment area are choosing to book and birth with our maternity services. As more women present with complications such as obesity and diabetes, demand for lower risk birthing options is reducing. The review will explore this and other areas and is envisaged to be completed by spring 2020.

Next steps: focus on delivery

East London Health & Care Partnership

- Finalise and publish the LTP
- Share LTP summary widely
- New chair starts 1 April 2020
- Agree an accountability framework with each part of the ICS so we are all clear on what is being delivered where
- Report annually on progress and what we've achieved.

Thank You

East London Health and Care Partnership
2nd Floor | Unex Tower | 5 Station Street
London | E15 1DA

North east London's local authorities, NHS and community organisations working together to deliver sustainable health and care for local people.
www.eastlondonhcp.nhs.uk
Follow us on twitter @elhcp

East London Health & Care Partnership
Citizen's Panel

Join the East London Citizens' Panel and help us shape health services in north east London. Help create services that work for you and others in your area and get your voice heard.
enquiries@eastlondonhcp.nhs.uk

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

Report title	**Pathology Review Update**
Date of Meeting	Tuesday 11 February 2020
Lead Officer and contact details	**David Maher** **Communications Manager (Public Affairs)** **Barts Health NHS Trust** 0207 709 6507/ david.maher2@nhs.net
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
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

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Title	Pathology network development
Accountable Director	Director of Strategy
Author(s)	Director of Strategy
Purpose	Update the INEL/ONEL Joint Overview and Scrutiny Committee (JOSC) board on the development of a pathology network with neighbouring NHS providers

Executive summary

Barts Health NHS Trust, Lewisham and Greenwich NHS Trust, and Homerton University NHS Foundation Trust hospitals are working to develop a joint NHS pathology network in order to improve the quality, efficiency and sustainability of pathology services. The three trusts have agreed an Outline Business Case for the formation of a pathology network and work is underway on a Full Business Case and associated arrangements. The development of network offers significant opportunities for all three organisations to improve pathology services, however the formation of a network would not have a significant impact on the current organisation of clinical services or pathology services across the Barts Health hospitals. Barts Health is the proposed host for the network and the Royal London site is the proposed location for the 'hub' laboratory.

Legal implications/ regulatory requirements	None at this stage

Action required

Network partners to provide update to the INEL/ONEL Joint Overview and Scrutiny Committee (JOSC)

PATHOLOGY NETWORK DEVELOPMENT

INTRODUCTION

1. This paper describes the plans and progress for the development of a pathology partnership between, Barts Health NHS Trust (BH), Homerton University NHS Foundation Trust (HUH), and Lewisham and Greenwich NHS Trust (LGT).

2. The three Trusts came together out of recognition of common aims and in particular a shared ambition for an NHS partnership rather than an arrangement with a commercial pathology provider.

3. The Outline Business Case for the partnership has now been approved by all three trust boards through November and December 2019. Work has now commenced on the Full Business Case to be completed by end of March 2020.

PROPOSED CLINICAL MODEL AND BENEFITS

4. This is a critical time for NHS pathology services both nationally and locally. The changing needs of an ageing population combined with the emergence of new diagnostic tests and techniques are driving an increase in demand in an environment where critical resources are in short supply. There is therefore a clear expectation to realise the following benefits over time, which are in line with a well-established national evidence base for the benefits of pathology networks:

- Improved quality through concentration of expertise, opportunities for shared learning and encouragement of innovation.
- Faster response times and higher efficiency across the network resulting in cost savings for all parties.
- Reduced variation in standards across the network.
- Improvements in training opportunities and working conditions for staff across the network.
- Increased strategic alignment between partners, supporting exploration of other opportunities for partnership.
- Increased resilience and business continuity resulting from the greater scale of the network.
- Realisation of national policy objectives through the formation of a network.

5. The overarching clinical model is based on the creation of a network of laboratories, centralising laboratory testing where clinically appropriate. It has been agreed that the central hub laboratory would be at the Royal London

Hospital, which already acts as the hub laboratory for the four Barts Health hospitals. All hospitals in the network will retain a 24/7 on site laboratory service to ensure all urgent testing needs can be met.

6. Lewisham, Whipps Cross, Newham and St. Bartholomew's hospitals already operate local Essential Service Laboratories so there are no significant changes for these hospitals in the proposed clinical model.

Partnership arrangements

7. It is proposed that the partnership will take the form of an 'arms-length hosted organisation' with Barts Health acting as the host organisation. This means the partnership will be fully within the NHS and is a well-established model for pathology networks across the country. The partnership will be governed by a joint board with representation from the three trusts and an independent chair.

8. The commercial terms include three key mechanisms by which each Trust will continue to maintain control, creating in effect a "triple lock" on the future running of the partnership:

    - One of the agreed commercial principles is that each Trust will have equal voting rights with respect to the matters delegated to the partnership board.

    - Each Trust will be able to specify a list of 'Reserved Matters' these will be issues where a trust want to reserve a right of veto over partnership decisions, or to assert that for a specific issue they have sole decision making authority. It should be possible to identify most of these areas of concern prior to creation of the partnership agreement. There will also be a mechanism for additional reserved matters to be added at a later date.

9. The partnership will produce an annual business plan detailing the plans for the coming year. All three Trusts will agree this plan thus defining the specific parameters for the partnership for the year.

Financial Case

10. The formation of the partnership offers the potential to increase efficiency and realise financial savings which can be shared between the partners. The preferred option offers the potential for steady state annual savings of up to £8.7m following the completion of the transition period.

11. The total investment required in capital and transition costs to establish the partnership and realise these savings has been estimated at £10.7m, a significant amount of which will be attributed to the establishment of a new laboratory at Homerton University Hospital. This funding will be refined and finalised during the next stage of business case development.

Management Case

12. The decision on the development of preferred model up to FBC standard requires a clear governance structure and commitment by the teams. The management case provides details on how this would develop and sets the expectations for key members of the team that will be required to support the next phase, FBC and implementation / transition.

13. In addition to supporting these key posts, another important input during FBC development and beyond will be a robust communications plans that ensures a clear and consistent message is shared with all stakeholders. Such a programme, which will evolve during development of the FBC, will include commitments to maintaining quality and a strict commitment that service changes will depend on quality gateways being achieved prior to any transition.

Programme Plan / Next Steps

14. In relation to the timeline for the completion of the FBC, it is expected that this would be completed by the end of March 2020. At which point the final approvals and transition period will start. The Management case provides a detailed Gantt chart with all the key actions required, however, the key milestones are:

15. In parallel, the OBC and FBC will require approval from NHSI/E and support from the wider health system. Further updates will be communicated to the trust boards prior to finalising the FBC regarding the detailed partnership arrangements, including the specific arrangements for each of the trusts.

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

Report title	**INEL JHOSC Work Programme 2019 – 2020**
Date of Meeting	Tuesday 11 February 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
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

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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	27-Jan-20	11-Feb-20	24-Jun-20	30-Sep-20	25-Nov-20
APOLOGIES	Cllr Rohit DasGupta Common Councilman Michael Hudson Common Councilman Chris Boden Cllr Eve McQuillan	Cllr Rohit DasGupta Common Councilman Chris Boden	**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					
		moved from 20 March 2019 due to Tower Hamlets Full Council meeting								
	AGENDA	**AGENDA**	**AGENDA**	**AGENDA**		**AGENDA**	**AGENDA**	**AGENDA**	**AGENDA**	**AGENDA**
STANDING ITEMS (20mins)	Chair's Announcement	Welcome and Introductions	Welcome and Introductions	Welcome and Introductions		Welcome and Introductions	Welcome and Introductions	Welcome and Introductions	Welcome and Introductions	Welcome and Introductions
	Welcome, Apologies and Introductions (inc substitutes)	Apologies for Absence	Apologies for Absence	Apologies for Absence		Apologies for Absence	Apologies for Absence	Apologies for Absence	Apologies for Absence	Apologies for Absence
	Declaration of Interest Register	Declaration of Interest	Declaration of Interest	Declaration of Interest		Declaration of Interest	Declaration of Interest	Declaration of Interest	Declaration of Interest	Declaration of Interest
	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting		Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting
	Submissions	Submissions	Submissions	Submissions		Submissions	Submissions	Submissions	Submissions	Submissions
	Work Plan	Work Plan	Work Plan	Work Plan		Work Plan	Work Plan	Work Plan	Work Plan	Work Plan
AGENDA ITEMS (100mins)		NELCA / ELHCP - AO update and NHS Long Term Plan - *Jane Milligan, Simon Hall*	NELCA / ELHCP - AO update	Election of vice Chair vote to include Observer Status for Redbridge Cllr updated Terms of Reference		ELHCP - AO update	ELHCP - AO update	ELHCP - AO update	ELHCP - AO update	ELHCP - AO update
				ELHCP - AO update on ICS and CCG status - *Jane Milligan*	ELHCP / NHS Long Term Plan in North East London - *Simon Hall / Jane Milligan*	Cancer Diagnostic Hub - *Tim Burdsey*	ELHCP / NHS Long Term Plan in North East London - *Simon Hall*	Review of Non-Emergency Patient Transport Service review - Ellie Hobart	Feedback from Healthwatch Consultation & Heathwealth scrutiny work across ELHCP - *CEO of Healthwatch Redbridge/David Burridge (LB Healthwatch)*	Cancer Diagnostic Hub - *Angela Wong/Karen Conway*
			Election of vice Chair vote to include Observer Status for Redbridge Cllr updated Terms of Reference	Review of Non-Emergency Patient Transport Service review - Ellie Hobart	Moorfields Eye Hospital - *Denise Tyrrell*	Overseas Patients and charging - *Barts Health NHS Trust / Homerton University Hospital NHS Trust*	Pathology Services update across NEL - Barts Health / Homerton Hospital / Barking, Havering and Redbridge	Mental Health - *David Maher*	Homelessness Strategy - *Simon Cribbens*	
	Election of Chair Election of vice Chair Terms of Reference / Membership / Protocols		Early Diagnostic Centre for Cancer - *Sarah Watson*	INEL System Transformation Board - *Ellie Hobart*				Digital - *Luke Readman*		
	NHS Long Term Plan - *Simon Hall / Alan Steward*	STP / ELHCP Estates Strategy - *Henry Black, Chief Financial Officer* *- Tim Madelin, Estates* *- Anamarie Icleanu, Estates* *- Marie Burnett, NELSON* *- ???, NHS Property Services*	Update on Moorfields Eye Hospital consultation - *Denise Tyrrell*	Moorfields Eye Hospital - *Denise Tyrrell*			c	Overseas Patients and charging - *Barts Health NHS Trust / Homerton University Hospital NHS Trust*		
	Patient Transport - *Ellie Hobart*		TO NOTE: INEL System Transformation Board - *Ellie Hobart (to discuss Sep2019)*							
ADDITIONAL INFO				**Deadline for papers:** **Friday 6 September 2019**	**Deadline for papers:** **25 October 2019**	**Deadline for papers:** **Thursday 16 January 2020**	**Deadline for papers:** **Friday 31 January 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		

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