Waltham Forest Town Hall
Forest Road
E17 4JF

Inner North East London Joint Health and Overview Scrutiny Committee Agenda

Members of the Committee are summoned to the above meeting. Supplementary Items will be added to the agenda only if the Chair considers them urgent.

Linzi Roberts-Egan
Chief Executive

Meeting date and time:	Wednesday, 24 April 2024 7.00 pm The meeting can be viewed online on the Council's Civico site.
Venue:	Council Chamber - Waltham Forest Town Hall
Enquiries to:	democraticservices@walthamforest.gov.uk
Membership	
Voting	
Chair:	Councillor Richard Sweden
Vice-Chair:	Councillor Susan Masters
Councillors:	Councillor Afzal Akram, Councillor Jennifer Whilby, Councillor Claudia Turbet-Delof, Councillor Sharon Patrick, Councillor Ben Hayhurst, Councillor Ahmodur Khan, Councillor Ahmodul Kabir, Councillor Amy Lee, Councillor Rita Chadha, Councillor Danny Keeling and Common Councilman David Sales

Access to Meetings

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

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

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

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

Employment, office, trade, profession or vocation

Any employment, office, trade, profession or vocation carried on for profit or gain.

Sponsorship

Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a member in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992

Contracts

Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority—
(a) under which goods or services are to be provided or works are to be executed; and which has not been fully discharged; and
(b) which has not been fully discharged.

Land

Any beneficial interest in land which is within the area of the relevant authority.

Licences

Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.

Corporate tenancies

Any tenancy where (to the member's knowledge)—
(a) the landlord is the relevant authority; and
(b) the tenant is a body in which the relevant person has a beneficial interest.

Securities

Any beneficial interest in securities of a body where—
(a) that body (to the member's knowledge) has a place of business or land in the area of the relevant authority; and
(b) either—
    (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

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

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

General Dispensation

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

The grounds for the dispensations are that:

- Granting the dispensation is in the interests of persons living in the authority's area(s33(2)(c)) of the Localism Act 2011) by allowing their elected representatives to participate and vote on the Council's budget and council tax setting: and
- It is otherwise appropriate to grant a dispensation (s33(2)(e))
  in that the dispensation will allow members to fully represent their constituents in respect of these important matters.

Monitoring Officer's guidance on bias and pre-determination

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

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

Predisposition

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

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

Pre-determination / Bias

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

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

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

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

Agenda

1. Apologies for absence and substitute members

2. Declarations of interest

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

3. Minutes of the previous meeting (Pages 7 - 18)

To approve the minutes of the meeting held on 23 January 2024.

4. Public participation

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

5. Health Update - April 2024 (Pages 19 - 62)

- Health Update, April 2024
- Finance Overview
- Provider Updates:
  - Barts Health NHS Trust
  - Homerton Healthcare NHS Trust
  - East London and North East London NHS Foundation Trusts
- Mental Health Urgent and Emergency Care

6. Committee Action Tracker and Forward Plan (Pages 63 - 70)

Please note that the agenda is available in electronic format on the council's Democracy website.

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Waltham Forest
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E17 4JF

Inner North East London Joint Health and Overview Scrutiny Committee

Minutes of
23 January 2024 at 7.00 pm

Present:

Chair:	Councillor Richard Sweden, LB of Waltham Forest
Vice-Chair:	Councillor Susan Masters, LB of Newham
Committee Members:	Councillor Jennifer Whilby, LB of Waltham Forest Common Councilman Michael Hudson, City of London Councillor Danny Keeling, LB of Newham Councillors Ahmodur Khan and Ahmodul Kabir, LB of Tower Hamlets Councillors Sharon Patrick and Ben Hayhurst, LB of Hackney

Others in Attendance:

Daniel Elkeles	Chief Executive Officer, LAS.
Ben Evans	Associate Director of Operations for North East London.
Jacqui Niner	Director of Integrated Urgent & Emergency Care.
Zina Etheridge	Chief Executive, NHS North East London
Shane DeGaris	Group Chief Executive, Barts Health
Lorraine Sunduza	Interim Chief Executive, ELFT
Bas Sadiq	Deputy CEO, Homerton Healthcare
Roger Dunlop	Group Chief of Staff, Barts Health NHS Trust
Rt Hon Jacqui Smith	Chair in Common for Barts Health and BHRUT

Officers in Attendance:

Holly Brogden-Knight	Democratic Services Officer
Rosie Whillock	Scrutiny Policy Assistant

20. Apologies for absence and substitute members

Apologies for absence were received from Cllr Afzal Akram and Cllr Claudia Turbet-Delof.

21. Declarations of interest

None.

22. Minutes of the previous meeting

The minutes of the meeting held on 01 November 2023 were approved as a correct record.

23. Public participation

None.

24. London Ambulance Service update

Consideration was given to a report of the Head of Stakeholder Engagement, London Ambulance Service (LAS) NHS Trust. Daniel Elkeles, Chief Executive Officer LAS, introduced the item and spoke to the presentation outlined in the agenda pack. Mr Elkeles discussed the three main themes of the new London Ambulance five-year strategy, which was published in September 2023, and the work that was being done towards these themes, such as increasing staff and vehicles to improve response times. Mr Elkeles also discussed the LAS London Lifesavers (LLS) school programme which had the ambition to train as many 12-year-olds as possible in CPR, to improve heart attack survival rates in London Boroughs.

Ben Evans, Associate Director of Ambulance Operations, discussed the improvement journey the service had been on, in terms of category two response times and increased staffing levels, and discussed how, through changing ways of working, in both ambulance operations and as a wider system within NE London, they had been able to drive down ambulance handover delays, but there was still work to be done.

Jacqui Niner, Director for Integrated Urgent Care within London Ambulance Service, spoke to the work of the 111 and clinical assessment service and discussed the level of demand the service saw in North East London, with on average 4000 calls per day answered. Ms Niner also discussed the work being done around what the future of the service would look like.

The Committee discussed the 45 minute handover times and asked what the norm used to be, and when it would go back to that level. Mr Evans answered that the national target set by NHS England was 15 minutes, but that over previous years that hadn’t been reached and by implementing the 45 minute target, the LAS had been able to save time for ambulances to go back onto the road to treat patients, but added that there was more time to be gained. Mr Evans discussed partnership working at a system level to try and free up space and ensure only patients that needed to go to hospital were being taken and discussed the implementation of different pathways to access healthcare within NE London, that didn’t involve attending A&E departments.

The Committee asked about the LLS school programme and whether the mission to make London healthier could potentially be a blurring of the role of the LAS with that of public health and take away focus from its core work. Mr Elkeles explained that the LLS project came out of LAS strategy work, and engagement with Healthwatch, to make London a healthier place to live and was being funded through the LAS charity, which enabled staff to spend their own time teaching CPR to children, and so would not be at the expense of core work and would add a lot of value.

The Committee noted that category one attendance times were improving but expressed concern about the lower categories which had much higher wait times. Mr Elkeles respond that they were very cognisant that people making lower priority calls could be disadvantaged and discussed that that was partly why they had so many alternative pathways available, such as cars with community nurses to attend to the frail and elderly. He added that across London, there was a mean response time of 55 minutes to category three calls, against a standard of two hours.

The Committee discussed the impact of Right Care, Right Person on increased mental health calls to 111, and how this was being logged and affecting workload. Mr Elkeles answered that work had been done with the Metropolitan Police on this before it was launched, and it had been identified that 111 was the most useful place for these patients to be directed. There was a triage system in place that worked, and people were receiving better care than they had when it was being dealt with by the police alone. Whilst this had obviously increased workload, it had been planned for with regards to capacity and workforce.

The Committee asked whether systems were in place to put people in touch with appropriate local mental health services if needed. Ms Niner answered that there were established networks with mental health crisis lines, which patients could be directly transferred to, and there was also a national directive called ‘111 press 2’ which could take people directly through to crisis teams without even speaking to a 111 call handler, which had been done in collaboration with mental health trusts.

The Committee had a query around an upcoming review of the 111 service and what the timescale and direction of that might look like. Ms Niner answered that in North East London, the 111 contract was due to expire in 2025, and there was currently work to look at what the future model may be, and around the fact that originally 111 was meant to replace out of hours services but had since become a 24/7 service. She added that there was work with primary care services to look at bringing confidence back to general practice, to get patients to contact them first rather than 111.

The Committee asked what the interaction with the London Air Ambulance was, and how decisions were made to engage them or not in a situation. Mr Elkeles praised the London Air Ambulance, which was a charity hosted by Bart’s, and discussed how decisions were made in real time in the control centre and calls were screened by a paramedic from the air ambulance, alongside an advanced paramedic in critical care and advanced paramedic in urgent care.

The Committee discussed how ambulances were dispatched to locations where a

post code was not able to be provided. It was discussed that location was one of the first pieces of information a call handler would try to ascertain, and there were many resources at their disposal to be able to do that, for example tracing where a mobile or landline was being called from to having instant access to OS maps which automatically pinpointed a caller's location.

The Committee asked what happened to calls that were initially, incorrectly, sent to the police, whether patients were being asked to call back rather than being put through, and if this was audited in any way. The Committee also discussed the number of calls that would be put through to a clinician, and if there were any plans to increase this in any redesign. Mr Elkeles discussed that a series of questions had been agreed on with police call handlers that would be asked to work out if the call should be transferred to the NHS. He was confident this was working and described how, during the first two weeks of implementation, there had been clinicians in the police control room to ensure the right questions were asked. He added that if they triaged it as a health related it would be transferred and the patient would not have to make another call. It was discussed that 20-30% of calls would be with a clinician, and while it was hoped this would improve, the challenge was the workforce capacity available, so calls would still need to be filtered.

The Committee queried if there were resource implications for the LAS for greater support of primary care, and if they were adequately resourced to help fulfil that function. Mr Elkeles discussed the percentage of NHS budget allocated to primary care, and the challenge around it costing the NHS more if a patient ends up in an A&E process. Mr Elkeles described how the LAS would break even for the services they currently provided, but there would need to be a rethink around resources if they increased support to primary care.

The Committee asked if there was any learning that could be gained from Homerton Hospital regarding handover times. Mr Evans recognised that Homerton were consistently one of the best hospitals at ambulance handovers in London and had been for a sustained period and that as a system they wanted to learn from them. Mr Evans discussed the improvements seen at King George's hospital after collaborative work with BHRUT colleagues and adoption of concepts used by Homerton, which had seen over 500 ambulance hours saved and a 50% reduction in lost time when comparing 2022 and 2023 data. He added that, comparing the handover data from 2022 to 2023, every site in North East London had seen a reduction so figures were heading in the right direction, but it would take some time, strong partnership, and proactive work to achieve better figures.

The Committee asked how the LAS were using their position to contribute to promoting overall health of the capital as part of the 2023-28 strategy. Mr Elkeles discussed the work of the LLS and CPR training young people as one of the biggest parts of this work, but also touched on work to upskill staff to have specialist skills to deal with different types of patients, such as those with autism, so that they get care right for as many people as possible.

The Committee had queries regarding what specific actions had been outlined in the strategy to reduce health inequalities, especially areas that experienced higher demand and deprivations. Mr Elkeles discussed changing the diversity of the LAS

workforce to include more ethnic backgrounds as a priority, putting public access defibrillators in community settings and members of LAS staff conducting life-saving skills training in community settings as part of the London Life Savers programme.

There was discussion regarding category two calls and concern was expressed about response times to them, which were quite a long way off the target of 18 minutes. Cllr Beverly Brewer, LB of Redbridge, discussed a personal experience where, due to capacity in the 111 service rather than clinical need, she had been sent to an A&E department. Mr Elkeles stressed that the LAS wanted to get to everybody as quickly as possible and discussed the difference in response time over the last year, which had improved by 15 minutes. He added that category two did make up a lot of calls, but he was confident that the clinicians were triaging correctly. Ms Niner apologised for the delay that Cllr Brewer had experienced and discussed how 111 had options as to where they could send people and would generally use primary care first but that once those limited slots were filled, if a patient was assessed as needing to be seen, they would be sent to an out of hours hub, an urgent treatment centre or to A&E. She explained that these services were often on the same site, so while it may seem that you were being sent to A&E, there were three different services there that you could be referred to and booked into by the 111 service.

There was discussion around the percentage of abandoned calls and regarding how quickly patients using 111 who needed repeat prescriptions could be dealt with. The Chair asked for answers to these to be provided in writing.

Decision:

The Committee noted the report and recommended the following:

- That officers inform the Committee of the percentage of abandoned calls.
- That officers inform the Committee how quickly those calling 111 can successfully access their repeat prescription.
- That the LAS consider ways to best support primary care, considering existing resources.

25. NEL Health Update

Consideration was given to a report of the Chief Executive, NHS North East London. Zina Etheridge introduced the item and spoke to the presentation in the agenda pack. Ms Etheridge explained that the pack covered both COVID and flu vaccination data but did not mention measles which was becoming a concern to public health especially considering MMR uptake in North East London was lower than ideal. Ms Etheridge discussed how there had been two recent periods of industrial action which had a significant knock-on effect on planned care. There had been significant progress in improving the overall performance on urgent and emergency care and Ms Etheridge explained that this had been recognised in the NHS grading system, and the partnership had been upgraded to a higher tier. She added that there was still further progress needed but performance trajectories were going in the right direction.

The Committee asked if enough was being done to protect primary care in the budget balance and expressed concern over primary care teams losing 30% of their clinical oversight leadership. Ms Etheridge responded that the latest monthly financial position, in the agenda pack, demonstrated how challenging this issue was and explained that there were two budgets at play, first the ICB staffing budget and as part of that the budget for local clinical leadership, and the investment into provision of primary care across NE London. Ms Etheridge explained that the clinical and professional leadership being cut was not explicitly from primary care, as people could come into those roles from a range of backgrounds but added that the overall ICB core staffing budget had had to be reduced by 30% across the system. She added that a huge amount of work was being undertaken through the clinical advisory group and other place-based partnership forums, and there was a real focus on collaboration to ensure the best possible use of the resources available whilst still recognising the very strained financial circumstances.

The Committee had a question around the AT Medics/Operose update and what due diligence was being conducted around the proposed change in ownership and asked when there would be a public meeting held to discuss this matter. Ms Etheridge answered that she didn't have an update on when the meeting would be held but would come back with this information and was happy to provide, in writing, more information on the due diligence being undertaken.

The Committee queried what criteria would be applied when considering the Operose change of controls. Ms Etheridge explained it was a very legally constrained process that needed to be followed carefully and had a controlled set of issues that could be considered, and she would be happy to set out in writing more detail on how the process worked so that members were clear what the constraints of that process were. It was discussed that the primary care contract subgroup was the proper decision maker for this and would meet in public as it was recognised that there was significant interest in the issue. There was not a date for this yet, but the Committee would be updated on details of how to attend and access it when this was confirmed.

The Committee requested details of the percentage of people not up taking their seasonal vaccinations and for the figure of children vaccinated against measles. Ms Etheridge confirmed that that they could provide a breakdown of those figures in writing.

Barts Health update

Shane DeGaris,Group Chief Executive of Barts Health, introduced the Barts update and spoke to the slides in the agenda pack. Mr DeGaris discussed that a same day emergency care unit had opened at Whipps Cross Hospital, which provided capacity for an extra 112 patients, as well as an increased number of virtual beds which meant patients could be monitored remotely post discharge to enable them to get out of hospital more quickly. Mr DeGaris discussed improvements in the reduction in numbers of patients who were waiting 78+ weeks for treatments but added that industrial strikes had had an impact and forced cancellations of a significant number of outpatient appointments and long waiting surgeries and therefore those waiting times were likely to go up. He reported that there had been good performance

against cancer diagnosis standards and discussed the workforce and the focus on reducing temporary staff usage and appointing more substantive staff. He stated that this was going well as was the continued psychological support for staff that had been put in place during COVID. Mr DeGaris also noted that the trust had received several national recognition awards, six in the national Chief Nursing Officer awards, their Chief Finance Officer won the Finance Director of the Year, and Professor Tom Powell, Director of the Bart's Cancer Centre, had been featured in the scientific publication Nature as one of the top ten scientists in the world. The Chair and Committee offered their congratulations to those who had received awards.

The Committee discussed the reduction of handover times by an hour and asked what had been done specifically, which could be picked up by other services, to achieve this. Mr DeGaris discussed the LAS work and how teams worked together to ensure patients were getting the right care in the right place, for example not being conveyed to hospital unnecessarily, and having flow through the hospital. He also discussed learning best practice from other hospitals and taking those lessons forward.

The Committee asked for further understanding around why the average length of stay for mental health patients was now more than one day. Mr DeGaris explained that pressure on mental health services was a problem across London, and often patients were being brought to A&E departments who either did not have physical symptoms, or the physical cause or aspect could be eliminated quickly, but they still had significant mental health needs and A&E was seen as a place of safety. He discussed staffing pressures and not having, as a system, the mental health capacity to allow those patients to move on quickly, but this was something being worked on as a partnership across all of London.

The Committee asked how the Cancer Alliance planned to achieve 75% early cancer diagnosis by 2028 and what initiatives were in place to improve access to cancer scanning and personalised care for residents and to ensure equal access. Mr DeGaris explained that there had been a lot of investment into capacity within cancer diagnostics to achieve a faster diagnostic standard, from having more equipment available to conduct tests, to staffing and ways of working that would be more productive and get more patients through the kit that was available. With regards to equal access, Mr DeGaris explained that the Cancer Alliance across NE London was made up of a number of partners, across primary and secondary care, and had the hospitals working as an Acute Provider Collaborative (ACP) which allowed the network to forge together to ensure focus on, particularly, the faster diagnostic aspects as enough capacity had to be there to make sure that all patients could access the right services.

There was discussion around same day emergency care and elderly patients, and whether there was confidence that there hadn’t been inappropriate discharge due to the enthusiasm for same day discharge. Mr DeGaris expressed apologies for any negative discharge experiences. He explained that there was substantial evidence that showed being admitted to hospital overnight actually carried risk, and the older and frailer you were, the more you were prone to those risks. He added that the risk was balanced and calibrated carefully by a multidisciplinary team of consultants, nurses and therapists working in the same day emergency care environment, but

that sometimes the balance would not be correct. It was further discussed that all patients who were readmitted to the hospital within a certain period after being discharged, were tracked to check that they were receiving the correct care. Mr DeGaris added that he was certainly happy to pick this issue up with the relevant teams but stressed that they did discharge hundreds of patients safely every day from each hospital.

Homerton Healthcare NHS FT update

Bas Sadiq, Deputy Chief Executive Homerton Healthcare, spoke to the Homerton update report, and briefly highlighted that performance at the Homerton continued to be strong despite issues around industrial action and discussed the Homerton's new elective centre development and the second phase of the Critical Care unit build, which were well underway.

The Committee asked, as the Homerton historically had a very strong track record on breaking even, why was it now falling into deficit. Ms Sadiq answered that, after adjustments made by NHS England around things like industrial action, the current deficit forecast was about 1.25 million. She added that it had been a very challenging year regarding industrial action and its impact in terms of recovering lost activity, and there had been significant challenges around cost improvement programmes and delivering savings in general, but that there was now a good cost improvement programme in place and a commitment to trying to recover all of those lost activities.

The Committee commended Homerton on their liaison with community services and the position that on 23 October 2023 100% of people seeking IAPT referrals were seen within 18 weeks.

NELFT and ELFT update

Lorraine Sunduza, Interim Chief Executive of ELFT, spoke to the NELFT and ELFT update and highlighted work around Right Care, Right Person, which had launched on 1 November 2023 and was generally working with no major concerns, and the Patient and Carer Race Equality Framework (PCREF). ELFT was one of the pilot trusts within the PCREF and Ms Sunduza described the co production work with communities and voluntary organisations that had gone into the process and discussed how it was being used to help understand how culturally competent the organisations were to support people within all the communities they served, especially regarding mental health. Ms Sunduza clarified for the Committee that the Crisis cafes were open and the opening times for the one in Waltham Forest was Thursday to Sunday until 7.30pm. The Hackney, Tower Hamlets and Newham crisis cafes were open from to 5-9pm.

The Committee expressed concern that acute inpatient beds ran routinely at 100%+ capacity and therefore required access to additional inpatient capacity from the private sector and asked for information about this and if the situation was likely to improve. Ms Sunduza answered that this was an issue nationwide and was possibly a hangover from COVID in terms of increased numbers of people presenting with mental health issues, as well as other social problems impacting people like cost of living. Ms Sunduza also discussed another national issue, which was that there were

a number of patients who were clinically ready for discharge, but this was being delayed due to their needs, such as accommodation issues, or step down placements not being available for those who could not live independently. She added that this was a real pressure, and they were speaking to organisations that may be able to help increase step down capacity within the system. These issues were the two biggest challenges and were obviously having an impact in terms of the numbers of people on wards and length of stays.

There was discussion around NE London Children and Adolescent Mental Health Service (CAMHS) and the rolling out of a seven day extended hours service and when this would be implemented. Ms Sunduza clarified that this had already started to be rolled out, but that the data as to what its impact had been, was not yet available, but she would be happy to feedback when it was.

The Committee asked for details on work with the children and young people's mental health improvement network. Ms Sunduza responded that, as part of the North Central and East London collaborative, there had been lots of work with young people and their parents to co-produce the things wanted in the mental health space. Ms Sunduza discussed neighbourhood teams working collaboratively with primary care and discussed mental health support available within school teams and stated that the main aim was to try and stop young people being admitted with mental health issues, and if they were admitted, ensuring there was a support link back into the community. She added that when working with children and young people, support was provided to their families and their parents as well, and that primary care services were the first point of support for people in terms of how young people could be supported while at home.

Testicular Cancer

The Committee asked if they could be provided, in writing, with some more information regarding testicular cancer rates, specifically around why this was seen more in white and younger men and why it was more common in the least deprived populations.

Decision:

The Committee noted the report and recommended the following actions:

- That officers confirm when the public meeting discussing AT Medics was taking place.
- That officers explain the process behind considering whether to consent to the change of control of AT Medics/Operose.
- That officers provide data for the percentage of the eligible population who were not presenting for vaccination.
- That officers provide the percentage of eligible children who had received their MMR vaccine.
- That officers confirm if the North Central East London CAMHS Provider Collective rolled out the 7-day service in December 2023.
- That officers provide further information regarding the prevalence of testicular cancer being higher in young, white men in more affluent areas.

26. Joint Forward Plan 2024/25

Due to time constraints, the Chair made the decision to postpone this item to the next meeting.

27. Barts Health/BHRUT closer collaboration

Consideration was given to a report of the Group Chief of Staff, Barts Health NHS Trust. The Rt Hon Jacqui Smith, Chair in Common for Barts Health and Barking, Havering, and Redbridge University Hospitals (BHRUT), introduced the item and spoke to the presentation in the agenda pack, discussing the collaboration between Barts Health and BHRUT and work with Homerton Healthcare as the North East London Acute Provider Collaborative (APC). It was discussed that a third of trusts were now sharing chairs or CEOs, so working collaboratively was the general direction of travel for much of the NHS. Ms Smith described how the idea of collaboration had come from the positive changes that had happened through engagement during the pandemic, and discussed the objectives and the benefits of collaboration, both direct clinical benefits such as faster, more equitable access to treatment, and indirect benefits such as better value for money, improved productivity, and stronger leadership. Ms Smith focused on collaboration in the acute sector but added that there was also collaboration in mental health and primary care and discussed areas such as digital capacity and shared electronic patient records, and reducing reliance on temporary staff by looking at opportunities for working across the two trusts.

Ms Smith talked about the APC and discussed how they were looking to scale the work between Bart’s and BHRUT to develop delivery of acute services and help deliver national acute targets. Ms Smith discussed the decision to pause some suggested governance changes, particularly relating to joint executive roles, to focus on how to take forward work through the APC. She highlighted some areas of clinical improvement that were being focussed on, as well as the development of a clinical strategy across the three acute providers to ensure the very best possible care was more easily accessible to people wherever they lived across NE London.

The Committee welcomed the pausing of the governance changes to focus on clinical areas and asked if this was something that other ICSs were also doing or was it something specific to this collaboration in NE London. The Committee had a query on how, if hospitals had individual focus on specific clinical areas through APC work, this would be balanced to ensure they could continue to work viably as separate hospitals with functioning A&E departments. Ms Smith explained that as ideas around APCs developed, there had been more focus, both in London and nationally, on working through the APCs rather than through smaller groups of hospitals, which had been the reason in NE London for the focus on acute work. This was not to say that important work that had been started as part of the Bart's BHRUT collaborative on back office services would not be continuing - it would and where possible would be expanded into the APC, particularly digital improvements. A clinical strategy was in development, which would answer questions on challenges in improving services whilst maintaining viability of individual hospitals and was

something that would be clinician led to ensure that services built across NE London were robust, and no sites or services were endangered. Ms Smith stated that when conclusions had been come to around movement of services, she would be very happy to come back and explain in more detail.

The Committee asked about collaboration with One Public Estate and around potential shared premises with local authorities. Shane DeGaris, Group Chief Executive of Barts Health, answered that it wasn't currently integral to the collaboration, which was focussed on clinical pathways and some administrative functions, but added that he was very conscious of the point being made, as the NHS had a huge number of estate building assets and that work with colleagues within One Public Estate, to maximise value and service for the taxpayer, would be undertaken.

The Committee discussed how some local authorities had used shared services, but were now moving away from those, due to issues that had arisen, and queried if there had been any engagement with local authorities to discuss lessons learned. The Committee also asked how clear leadership lines would be ensured and how hospital autonomy would be protected. Ms Smith responded that they were very keen to learn from places where corporate services had been brought together successfully or unsuccessfully as it was something that was happening more widely across the NHS and staff were very enthusiastic about, and local government was obviously a good place for that learning to happen.

The Committee discussed specialisation consolidations and the risk that services may be subsumed. Ms Smith described how one of the major tasks for the APC was to develop a clinical strategy across NE London, and that where that would involve moving or consolidating services, there would be consultation and engagement with the people it would affect, as it was understood there were certain services that people felt very strongly about and she highlighted the importance of ensuring that people had access to expertise and specialist services.

The Committee asked, with the uncertainty around the redevelopment of Whipps Cross Hospital, how services would be affected. Ms Smith answered that confidence regarding the new hospital was improving, and that although there was still some uncertainty, they were in a good a place in relation to the new hospital programme. Notification of the broad allocation for the redevelopment of Whipps Cross had been received and they had been given the ability to develop the enabling works around the car park to ensure there was the space to develop the hospital along the lines wanted, so while there was uncertainty about the whole of that programme, as much progress as possible was being made.

Decision:

The Committee noted the report.

28. Committee Action Tracker and Forward Plan

Consideration was given to a report of the Scrutiny Policy Assistant. Rosie Whillock introduced the item and explained that there were currently 18 outstanding actions and recommendations, but that she would follow these up with the relevant officers and get responses to the Committee as soon as possible. There was a quick discussion of the forward plan and the Committee looked forward to seeing the GP Assurance Framework at a future meeting.

The meeting closed at 9.07 pm

Chair's Signature _____

Date _____

London Borough of Waltham Forest

Report Title	Health Update, April 2024
Meeting / Date	INEL Joint Overview and Scrutiny Committee 24 April 2024
Report author/ Contact details	Zina Etheridge, Chief Executive NHS North East London
Public access	Open
Appendices	None
Implications	None
Background information	None

NHS
North East London

Health Update – April 2024

NHS North East London: Update

Driving equality for north east London

We have developed an outline of the challenges we face in driving equality for people of north east London. The population of north east London is very fast growing and has many existing health inequalities. This results in very high levels of demand for health services. Alongside this high demand, north east London has the lowest capital allocation in London (money allocated from NHS England to invest in the local NHS) making it difficult to invest in the improvements needed to really challenge the health inequalities we see locally. That's why we are working to challenge the systemic barriers that are currently impeding our progress and secure additional investment and have set out our position to NHS England. We will provide a detailed briefing in the near future.

Specialised services commissioning

NHS England currently commission all specialised services; however, in December 2023 the NHS England Board approved plans to fully delegate commissioning of appropriate specialised services to Integrated Care Boards (ICBs) by April 2025. Specialised services are a diverse portfolio of around 150 services generally accessed by people living with rare or complex conditions. These include services for people with physical health needs, such as cancer, neurological, and genetic conditions and some mental health services too.

Joint commissioning will take place from April 2024 to support a smooth transition of commissioning responsibility (Delegation) by April 2025. Moving to ICB-led commissioning supports a focus on population health management across whole pathways of care, improving the quality of services, tackling health inequalities and ensuring best value. These plans, which were first set out in the Roadmap for Integrating Specialised Services within Integrated Care Systems, have been developed in close collaboration with NHS England's regional teams, ICBs and specialised service providers. They represent the outcome of a thorough assessment of ICB system readiness, and a comprehensive analysis of services to determine their suitability and readiness for more integrated commissioning.

NHS North East London: Update

People and Culture Strategy

We have developed a People and Culture Strategy following extensive engagement with system stakeholders and with consideration of our Interim Integrated Care Strategy, Joint Forward Plan, and national directives and plans.

We need a radical new approach to how we work as an integrated care system to tackle what we are facing today and secure our sustainability for the future. The strategy outlines our challenges and how we plan to overcome them, recognising our role as an ‘Anchor Institution’ in tackling issues relating to employment, health and wellbeing and diversity. It also acknowledges that we must be flexible to respond to emerging demands and population health needs.

It identifies four core people and culture pillars, focusing on how we attract, retain, innovate and lead.

Our focus also aligns to wider national people directives and plans, such as the NHS People Plan. Our strategy will be underpinned by a detailed delivery plan (to be developed as part of the next steps with partners) whereby the priorities for the next five years will be considered and agreed upon.

An overview of our focus for the five years, and in particular, the first twelve-month priorities and actions are detailed in the strategy. The details of the full five years will be scoped and captured within the detailed delivery plan.

NHS North East London: Update

People and Culture Strategy - Priorities

Attract (the offer)

Helping our local populations to choose to work in Health and Social Care, (H&SC) supporting their entry into tailored roles and apprenticeships, giving them the best start in employment to enable them to become valued members of our workforce and to thrive in successful careers that are meaningful to them.

First year priorities

1. Attraction - We will work with partners to **understand the barriers** to employment in health and social care for our local residents, exploring existing **support programmes, further potential** and developing **innovative attraction** mechanisms to support key areas of workforce shortage across the system.
2. Recruitment - We will **identify differences and barriers** in our **recruitment processes** and **simplify the application** process across NEL.
3. Plans – We will collaboratively create **attraction, recruitment and induction plans** across NEL.

Retain (best place to work)

Helping our NEL partners to become 'employers of first choice' for our diverse NEL Health and Social Care workforce by creating work environments with safe, inclusive, and empowering cultures which enable all staff to progress and maximise their potential.

First year priorities

1. Career pathways – We will focus on developing **open and transparent career pathways** (from temporary to permanent employment) for all NEL Health and Social Care (H&SC) employees, supported by clear, agreed performance objectives and individual training and development plans that promote life-long learning.
2. First choice - We will focus on developing an **employment offer** that supports our current and future staff to **balance their working and personal lives**.

Innovate (new ways of working)

Working in a collaboration across the NEL system to develop joined up solutions and to establish the right cultures, protocols and systems to enable the pro-active planning, development, management and deployment of a productive 'One Workforce for NEL' that will deliver excellent services to our residents.

First year priorities

1. System OD and Culture Programme – we will build a **programme** for all NEL Health, Social Care and Voluntary Sector leaders to build bridges and **develop a system-wide culture of shared values**, including trust, relationship building, collaborative and seamless working, open and transparent information sharing, and to agree how leaders will come together to address their common challenges.
2. Pathways - in collaboration with Employers and Higher Education Institutions, we will **develop education and career progression pathways** to support the needs and advancement of **young people, women, carers and other targeted under-represented groups** who will join the Health, Social Care and Voluntary Sector across NEL.

Lead (leadership orientation)

Building a compassionate, equitable and inclusive leadership collectively across NEL Health and Social Care that reflects the diverse communities it serves, leads by example supported by developed talent pipelines to maximise our staff's potential and develop the next cohort of leaders.

First year priorities

1. Leadership behaviours and framework - We will promote system-wide implementation of the upcoming National **Leadership Competency Framework**.
2. Training and development - We will implement an essential **system-wide package** of EDI, Cultural Sensitivity, Anti-Racist, Compassionate and Inclusive Leadership and Unconscious Bias **training for all in leadership positions** including aspiring leaders.

NHS North East London: Update

People and Culture Strategy – Next Steps

NHS North East London: Update

Homerton Healthcare Fertility Unit

- The Human Fertilisation and Embryology Authority (HFEA) has suspended the license until May 2024 as a result of their concerns about three incidents
- Homerton is continuing to work alongside the HFEA and is investigating the incidents. Each person affected by the incidents has been contacted by the unit's clinical team
- People who are currently undergoing treatment will continue to be treated there to complete it, however, the unit is unable to accept new patients.
- We have provided local GPs with guidance on what this means for people currently undergoing treatment at Homerton and for those who have not yet been referred for treatment
- We are working with the HFEA and NHS England to support the Homerton and to ensure that we implement any recommendations that come out of the external investigations.
- We are working with other fertility treatment providers to manage capacity across north east London and will endeavour to ensure all eligible people receive treatment in a timely manner.

London Borough of Waltham Forest

Report Title	Finance Overview
Meeting / Date	INEL Joint Overview and Scrutiny Committee 24 April 2024
Report author/ Contact details	Henry Black, Chief Finance Officer NHS North East London
Public access	Open
Appendices	None
Implications	None
Background information	None

NHS
North East London

Finance Overview

Meeting name: INEL JHOSC

Presenter: Henry Black, Chief Finance Officer

Date: 24 April 2024

Finance summary

Surplus / (Deficit) - Adjusted Financial Position

	YTD Surplus / (Deficit)			Full Year Forecast Surplus / (Deficit)		
	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
North East London ICB	14.1	5.8	(8.3)	15.4	14.4	(1.0)
Providers	(17.3)	(61.7)	(44.4)	(15.3)	(51.3)	(35.9)
ICS Total	**(3.2)**	**(55.9)**	**(52.7)**	**0.0**	**(36.9)**	**(36.9)**

- As has previously been reported, we are facing very significant financial challenges as an ICB and as a system.
- The ICS submitted an updated forecast position to NHSE moving the system forecast from a break-even position to a deficit of £36.9m
- This includes a small surplus in the ICB to offset deficits within other partners.
- The £36.9m comprises a £25m agreed deficit and a further £11.9m unfunded costs of industrial action for the period December 23 to February 24.

ICS Month 11 Year-to-Date and Forecast Position

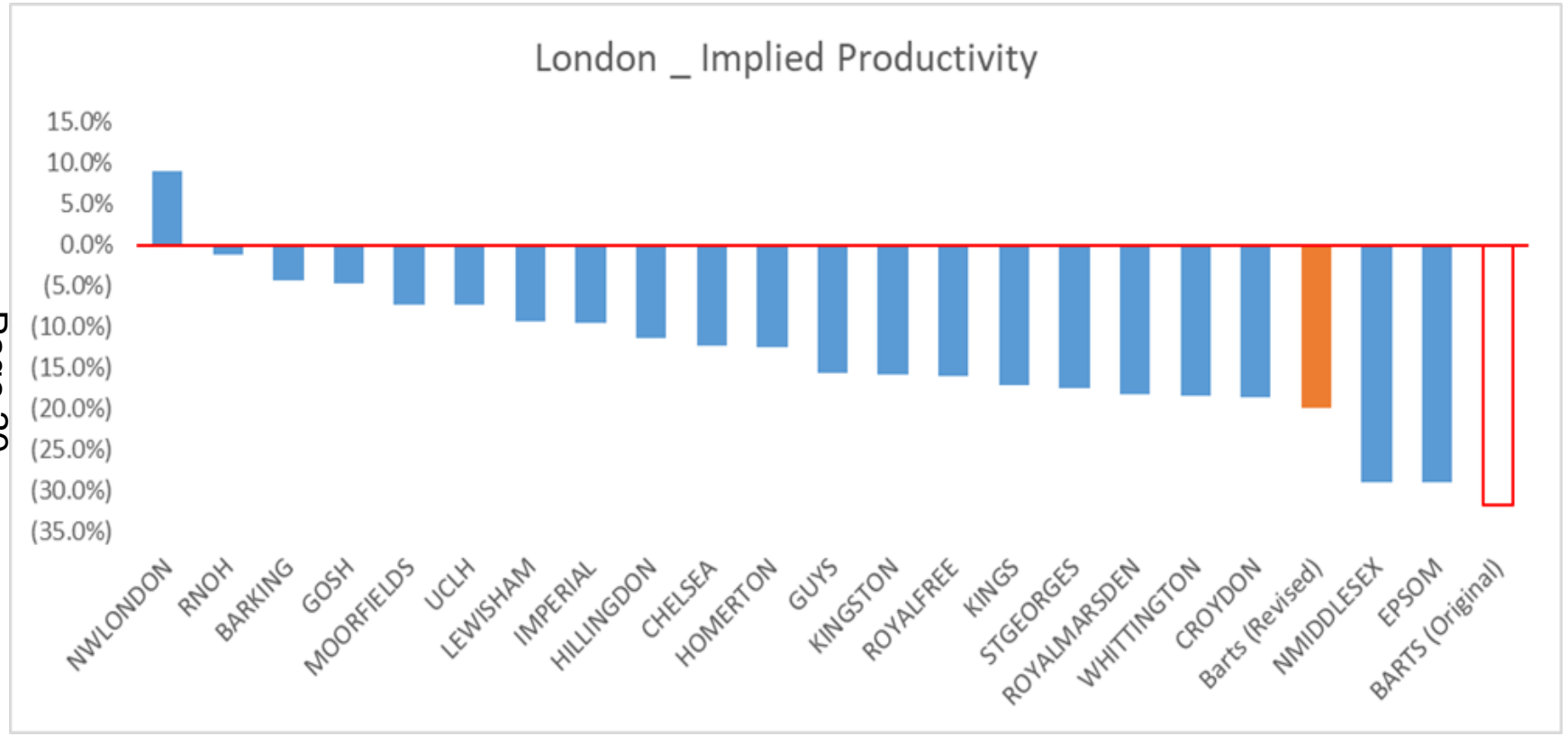
The ICB financial position is driven by the following:

1) **Continuing Healthcare** – there is pressure relating to undelivered efficiencies, volume growth and prices increases.
2) **Prescribing** – a combination of efficiency, price and activity pressures means prescribing is overspent by £31m at month 11 with a forecast overspend of circa £34m. There is a risk that the prescribing position could deteriorate further once data is available for the final quarter of 23/24.
3) **Mental Health** – there is a pressure on mental health and learning difficulties in relation to activity driven, high cost adult placements, section 117 and female PICU placements.

NEL providers are reporting a year-to date deficit of £61.7m which is a variance to plan of £44.4m.The key drivers for overspends at a provider level are as follows:

1) **Industrial action** – December to February strike days
2) **Efficiency and cost improvement plans** – providers reported slippage against the year-to-date and forecast position.
3) **Inflation** – excess costs of inflation higher than planned levels, particularly in relation to unfunded pressures from 2021 – 2023 which were funded non-recurrently
4) **Payroll costs** – providers have reported pressures in relation to pay, including agency staffing.

Productivity Update



Finance planning for 2024/25

- Despite delivering efficiencies, one-off benefits and using reserves, there is still a significant underlying financial deficit as we head into this financial year.
- Our Financial Recovery Plan continues to develop and as we move into the new financial year.
- Our operational arrangements will be supported by a detailed programme of work setting out how we will work with our partners to ensure we manage our financial resources within limits agreed with NHSE and for the best value.
- All ICBs are mandated to deliver break even at the end of this financial year (March 2025). There is national recognition that this is enormously challenging.

NHS
North East London

Provider Updates – April 2024

London Borough of Waltham Forest

Report Title	Provider Updates – Barts Health, April 2024
Meeting / Date	INEL Joint Overview and Scrutiny Committee 24 April 2024
Report author/ Contact details	Shane DeGaris, Group Chief Executive Barts Health NHS Trust
Public access	Open
Appendices	None
Implications	None
Background information	None

NHS
North East London

Barts Health NHS Trust

Meeting name: INEL JHOSC

Presenter: Shane DeGaris, Group Chief Executive

Date: 24 April 2024

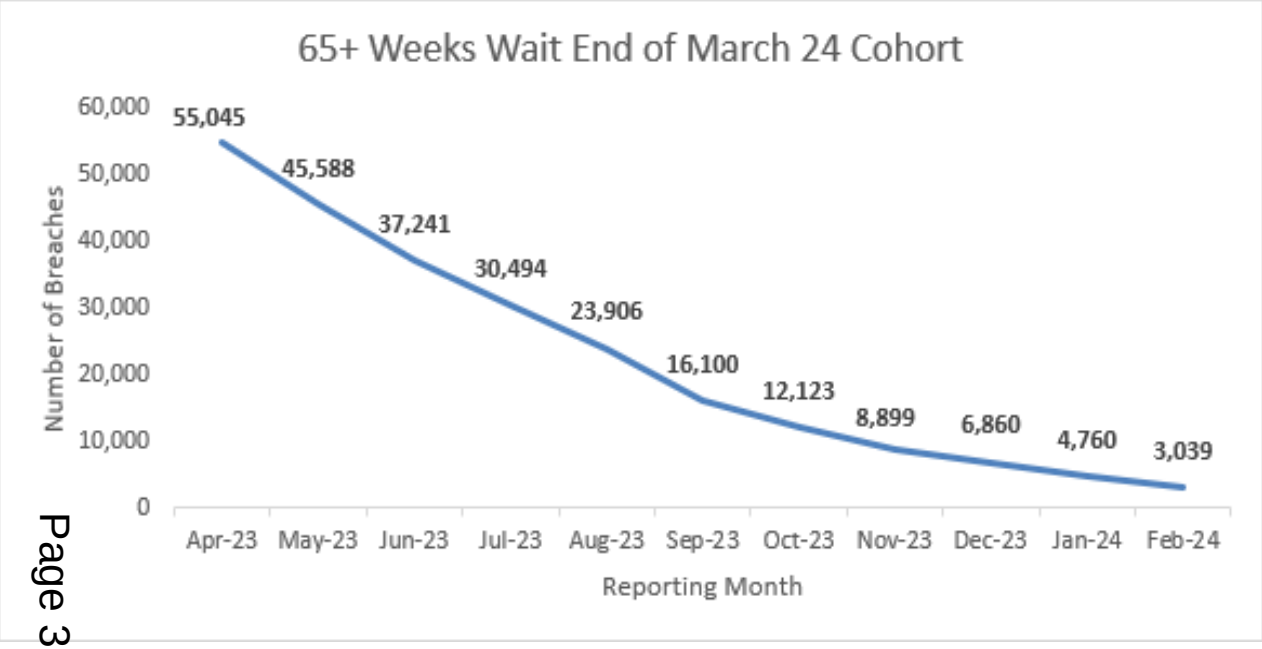
Strategic Updates

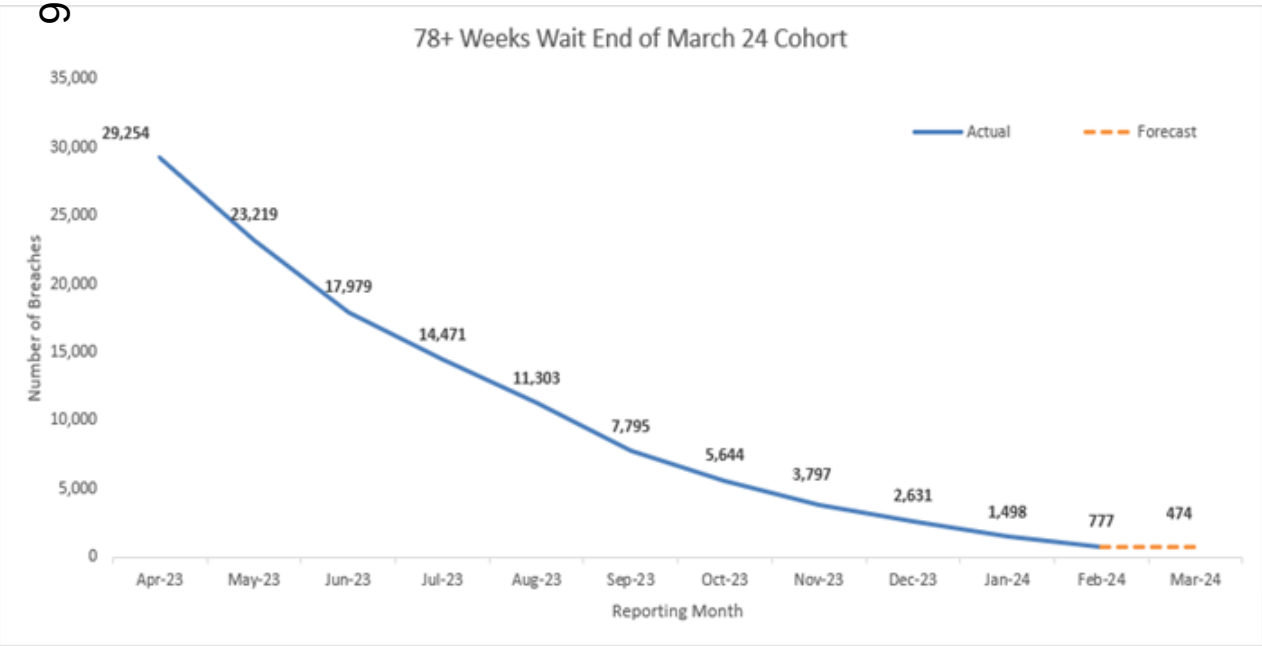
- **Whipps Cross Hospital redevelopment:** Our full business case for the car park construction has been approved by government and NHS England. This means that we can now finalise designs, with construction starting this summer and the new car park aiming to be complete in 2025.
- **Barking community birth centre:** Our midwife-led centre reopened for births in February, with four babies born to date**.** There continues to be a national shortage of midwives so depending on staffing pressures, so we are monitoring this closely to ensure it remains safe.
- **Top marks in CQC maternity survey:** Results from a recent CQC survey of our maternity services found that nine out of ten mothers giving birth at our hospitals were satisfied with their care, had confidence in our staff, and said they are treated with kindness and compassion.
- **First new treatment for lung cancer in 15 years:** Together with Queen Mary University of London, our researchers have developed the first new treatment for mesothelioma, a type of lung cancer, in 15 years. The trial is the culmination 20 years of research at the Barts Cancer Institute.
- **New dental clinic:** We have opened the new Kenworthy Road Dental Clinic. The £3.2 million investment is a partnership between Barts Health NHS Trust, Queen Mary University of London and Community Health Partnerships, and will provide free dental services to NEL patients with over 7,000 appointments a year.
- **Patients Know Best:** Over 110,000 patients have signed up to our online patient platform, Patients Know Best. Patients can now access their blood test results online, along with hospital letters and appointments.
- **Delivering our financial position:** We're on track to deliver our revised financial plan for 23/24 but will face an equally challenging financial year from April. We are continuing to focus on reducing temporary staffing and productivity as a way to achieving a more sustainable financial position
- **Improving staff survey results:** We saw improvements across all nine domains, including increasing numbers of staff recommending Barts Health, both as a place to receive care and as an employer

Urgent & Emergency Care

- Our ED wait times have improved over the last month – we are now regularly seeing over 70% of patients in four hours or less, and have hit the 76% target on several occasions.
- Our operational performance continues to be impacted by industrial action. Despite this and pressures in urgent care, all our hospitals were able to run more elective activity than in previous periods of industrial actions focusing on our P2, cancer and long wait cases.
- We continue to work with system partners to tackle the high numbers of medically fit patients in our hospitals, and to manage the number of mental health patients we are caring for in our EDs.

Elective Recovery





- We've reduced our patients waiting more than 65 weeks by 75,000 since April, despite the disruption from Industrial Action
- We are on track to reduce this to 1,500 patients by the end of March, with just 150 78 week waiters, as agreed with NHS England.
- Collaborative Capacity across NEL is helping to reduce waits and provide more equitable access to treatment

London Borough of Waltham Forest

Report Title	Provider Updates – Homerton, April 2024
Meeting / Date	INEL Joint Overview and Scrutiny Committee 24 April 2024
Report author/ Contact details	Bas Sadiq, Chief Executive Homerton Healthcare NHS Trust
Public access	Open
Appendices	None
Implications	None
Background information	None

NHS
North East London

Homerton Healthcare NHS Trust

Meeting name: INEL JHOSC

Presenter: Bas Sadiq, Chief Executive

Date: 24 April 2024

Homerton Healthcare NHS FT

Operational performance

- **ERF Performance** achieving **106.7%** against plan for **first 9 months (Apr'23 – Dec'23).** The source of the data is ERF achievement published by NHS I.
- **Elective care performance** Trust's **Feb'24** PTL position is **31, 136** .**174** patients waiting over 52 week at end of **Feb'24**.The number of pathways transferred from other NEL trusts – c. **9,141** pathways to-date.
- **Cancer** – **Jan'24** 62-day treatment performance was below target (**70.8 % in Jan'24**); 2ww referral performance is below target (**85.9 %** for **Feb '24**). 2ww wait performance is primarily impacted because of the Breast Surgery position due to Radiology staffing capacity.
- **4-hour emergency care performance** in **Feb'24** is **81.1 %** compared to **84.0 %** in **Jan'24**. However, the performance is above the target of 76%.
- **Community services:** IAPT position for **Feb'24** is **98.6%** seen within 18 weeks against a target of 95 % and a performance of **61.4 %** against the **recovery rate** (Target 50%).

Corporate activity

- In February **Bas Sadiq was appointed as Chief Executive** of Homerton Healthcare and Place-based Leader of the City & Hackney Health and Care Partnership. Bas will be taking over from Louise Ashley at the beginning of May.
- **Reducing our spend on agency staff** – the Trust spent £9,421,027 less on agency in YTD 23/24 vs projected agency spend (based on 22/23 activity for the same period)
- The Trust has added additional support to our **Financial Wellbeing programme for staff;** a staff hardship fund was created and the Trust has signed up to Wagestream – which allows access earned wages and financial education and support. Both were made available in January.
- **Vacancies** - in Feb' 23 reduced its vacancy rate by a further 0.68 % compared to Jan'24 and its time to hire for January 24 is 66 days .

London Borough of Waltham Forest

Report Title	Provider Updates – East London and North East London NHS Foundation Trusts, April 2024
Meeting / Date	INEL Joint Overview and Scrutiny Committee 24 April 2024
Report author/ Contact details	Lorraine Sunduza, Chief Executive East London NHS Foundation Trust
Public access	Open
Appendices	None
Implications	None
Background information	None

North East London

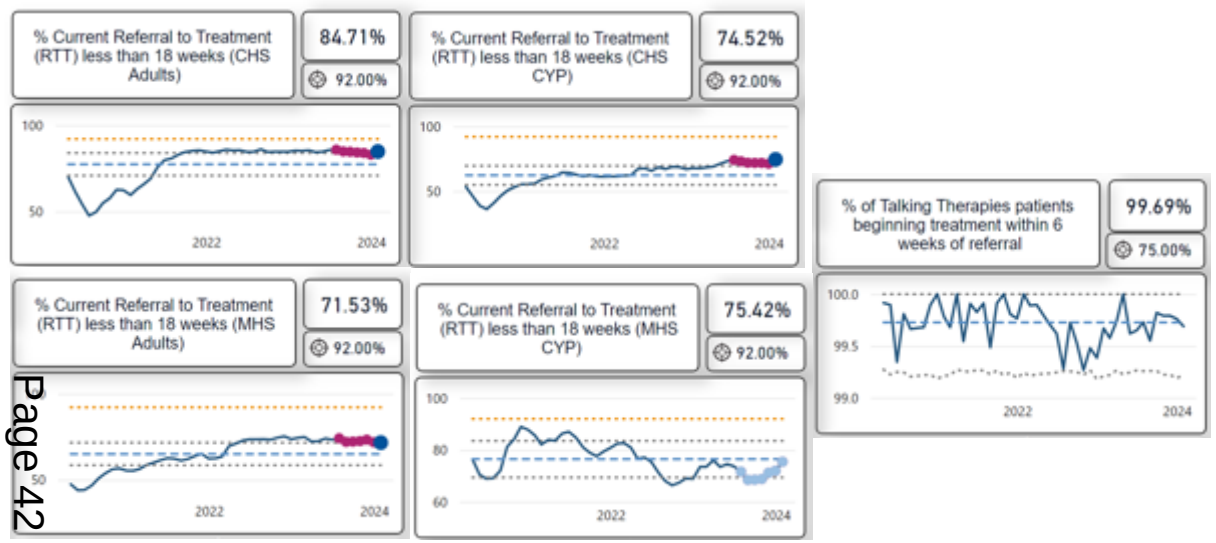
East London and North East London NHS Foundation Trusts

Meeting name: INEL JHOSC

Presenter: Lorraine Sunduza, Chief Executive, ELFT

Date: 24 April 2024

Headline service updates

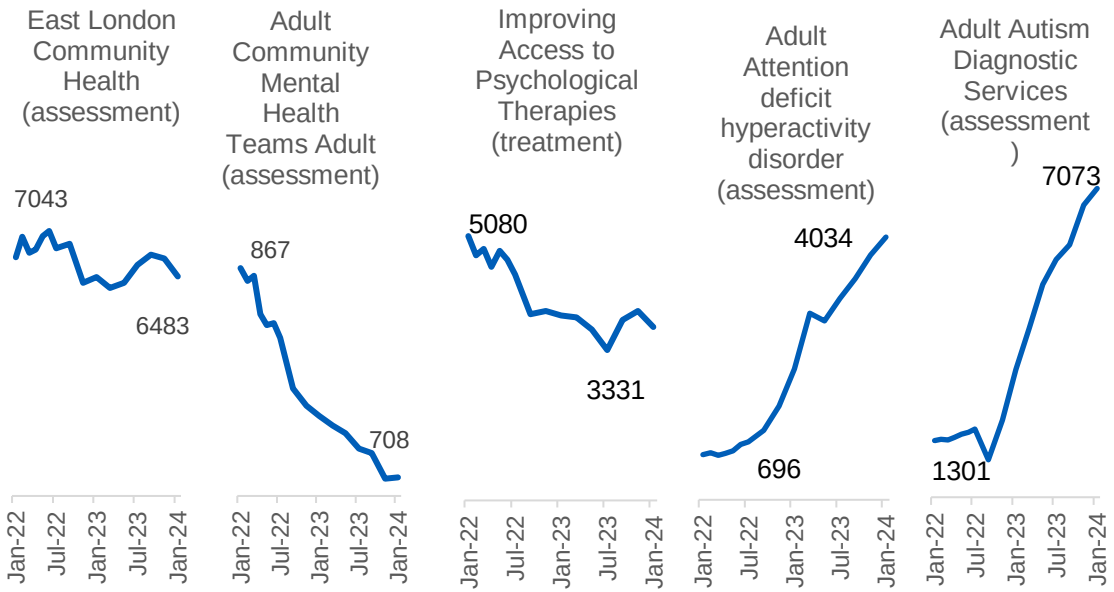


North East London NHS Foundation Trust (NELFT)

- In community health services, 85% of adults and 75% of CYP are starting treatment within 18 weeks of referral.
- In mental health services, 72% of adult and 75% of CYP MH referrals are meeting the 18 week RTT standard with all borough directorates showing a positive improvement.
- 99% of people referred to NELFT Talking Therapy services are starting treatment within 6 weeks.

East London NHS Foundation Trust (ELFT)

- Overall, the Trust has seen a decrease in waiting lists over the last two months, with the largest reductions observed in community health services, specialist children and young people services (SCYPS), and community mental health services.
- ADHD and Autism services continue to see growing waiting lists and work is ongoing to try to streamline the assessment pathway and develop support for people to ‘wait well’, including work by the Recovery Colleges to develop a series of pre-diagnostic courses for adults.



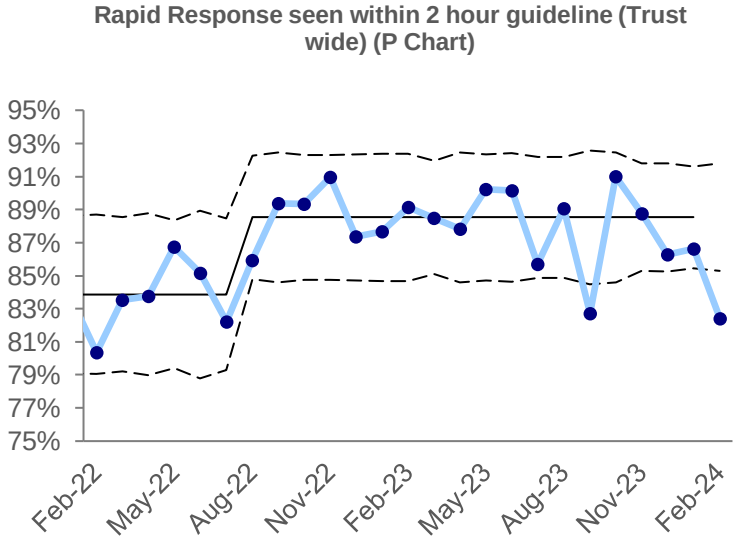
Urgent & Emergency Care: Community Health (1/2)

In INEL:

- 2 Urgent Care Response (UCR) Teams in Newham and Tower Hamlets provide rapid and falls response
- In-reach UCR embedded in Royal London Hospital. This is not commissioned in Newham, however key operational priority 24/25 is to increase presence at ED as part of admission avoidance
- Integrated Discharge Hub in reach to wards to increase discharge-to-assess (D2A) pathway and stepdown to P1, P2, P3.
- UCR activity variable during industrial action and during surge. Establishing 7 day working for therapies from Q1 24/25 to support D2A at weekends.
- Defining Unplanned Intermediate Care Team (ICT) models in Newham and Tower Hamlets to reflect population demand
- ELFT presence at provider Medically Optimised and Length Of Stay meetings to support virtual ward and D2A pathways

NEL collaboration

- A NEL-wide Rapid Response Improvement Network has been established as part of the NEL Community Health Services Collaborative and services will be working together over the coming month to focus on what more can be done to prevent acute hospital admission.

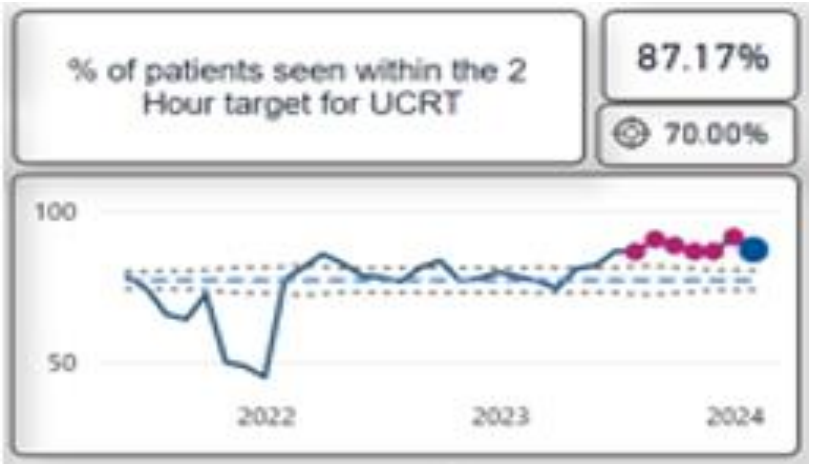


Urgent & Emergency Care: Community Health (2/2)

Rapid response services in ELFT and NELFT continue to exceed the target of 70% of patients being seen within 2 hours.

In ONEL:

- Patients / carers can self-refer
- Multidisciplinary 2-hour crisis response teams support individuals for up to 72h in their own homes
- 3 Community Treatment Team urgent response cars are jointly provided with LAS and manage an urgent response to fallers
- c350 patients / week are seen to support ED avoidance
- Respiratory virtual ward provided by NELFT is now in place supporting early supported discharge and step up.
- Frailty virtual ward delivered with BHRUT is in place.



Organisational updates

East London NHS Foundation Trust

- The City & Hackney health-based place of safety (HBPoS) has been closed for an 8-week period from 16 February so that essential maintenance can be carried out. Various mitigations are in place to enable this temporary closure, including extra capacity being created at Sunflowers Court in Goodmayes Hospital.
- Dr Mohit Venkataram, Executive Director of Commercial Development, will be leaving ELFT at the end of April to begin full time as the Deputy CEO at NELFT, having started on a part time basis in March.
- Dr Amar Shah, Chief Quality Officer, has been appointed (alongside his role at ELFT) as the first National Clinical Director for Improvement at NHS England. He will be leading on the adoption and application of quality improvement across England's health and care system.

North East London NHS Foundation Trust

- Three new Executive Directors have been appointed to the NELFT Board.
    - Brid Johnson was appointed as our Chief Operating Officer and started in her new role on 1 March.
    - Dr Mohit Venkataram has been appointed Deputy Chief Executive (as above)
    - Navin Kalia has been appointed as our Chief Finance Officer and will be starting at the Trust at the end of April from the Welsh Ambulance Services NHS Trust.
- NELFT has been selected to partner with the NHS England Digital Medicine Programme to support the development of a new Electronic Prescription Service (EPS) that will enable prescriptions to be sent electronically to community pharmacy and homecare dispensers. We will be rolling this out across our NEL services and facilitating learning across London.
- The Trust has been awarded the NHS Pastoral Care Quality Award by NHS England in recognition of our commitment to providing high-quality pastoral care to the internationally educated nurses (IENs) we have been so fortunate to welcome.

London Borough of Waltham Forest

Report Title	Mental Health Urgent and Emergency Care
Meeting / Date	INEL Joint Overview and Scrutiny Committee 24 April 2024
Report author/ Contact details	Lorraine Sunduza, Chief Executive East London NHS Foundation Trust
Public access	Open
Appendices	None
Implications	None
Background information	None

NHS
North East London

Mental Health Urgent and Emergency Care

Meeting name: INEL JHOSC

Presenter: Lorraine Sunduza, Chief Executive, ELFT

Date: 24 April 2024

Urgent & Emergency Care: Mental Health

- Since Summer 2023, we have seen reported bed-days for people who are clinically ready for discharge (CRFD) on our acute inpatient wards across ELFT and NELFT increase substantially. Throughout March, there have been c70 people CRFD. This group includes very often people with complex social circumstances, in particular people who are homeless or who have no recourse to public funds, or who have care needs that require enhanced levels of accommodation-based support at the point of discharge.

- The high levels of CRFD are resulting in high bed occupancy (routinely >95%), longer lengths of stay and therefore reduced flow through our acute mental health beds. This is consequently resulting in longer waits for admission (linked to long ED waits where admission is required) and high numbers of admissions ‘out of area’ to private sector beds (c80 at any one time during the first part of March). This situation, common across London, is desirable neither in terms of care quality and patient experience nor use of financial resources. The cost of a private sector bed is c£750/night.

- In January, 15.3% of the people attending A&E for a mental health-related reason waited for more than 12 hours (195/1,277 mental health attendances). This represented 3% of >12h ED waits overall (195/6,500).

Urgent & Emergency Care: Mental Health (2)

- On 19 March, due to sustained high levels of bed occupancy and other system-wide operational and service level pressures, ELFT declared internal critical incident status. Between 20 and 28 March, routine work was stood down to enable intense focus on creating capacity ahead of the Easter Bank Holiday weekend. The focus was on maximising the use of available resources to support people away from inpatient beds – both internal and private capacity – including enhanced focus on supporting service users clinically ready for discharge to progress to their next stage of care.

- ELFT and NELFT are working collaboratively on plans to ensure that we have safe, effective and more responsive discharge arrangements for people who are clinically ready for discharge, including with local authority and place-based partners, which we intend to finalise as part of our 2024/25 operating plans.

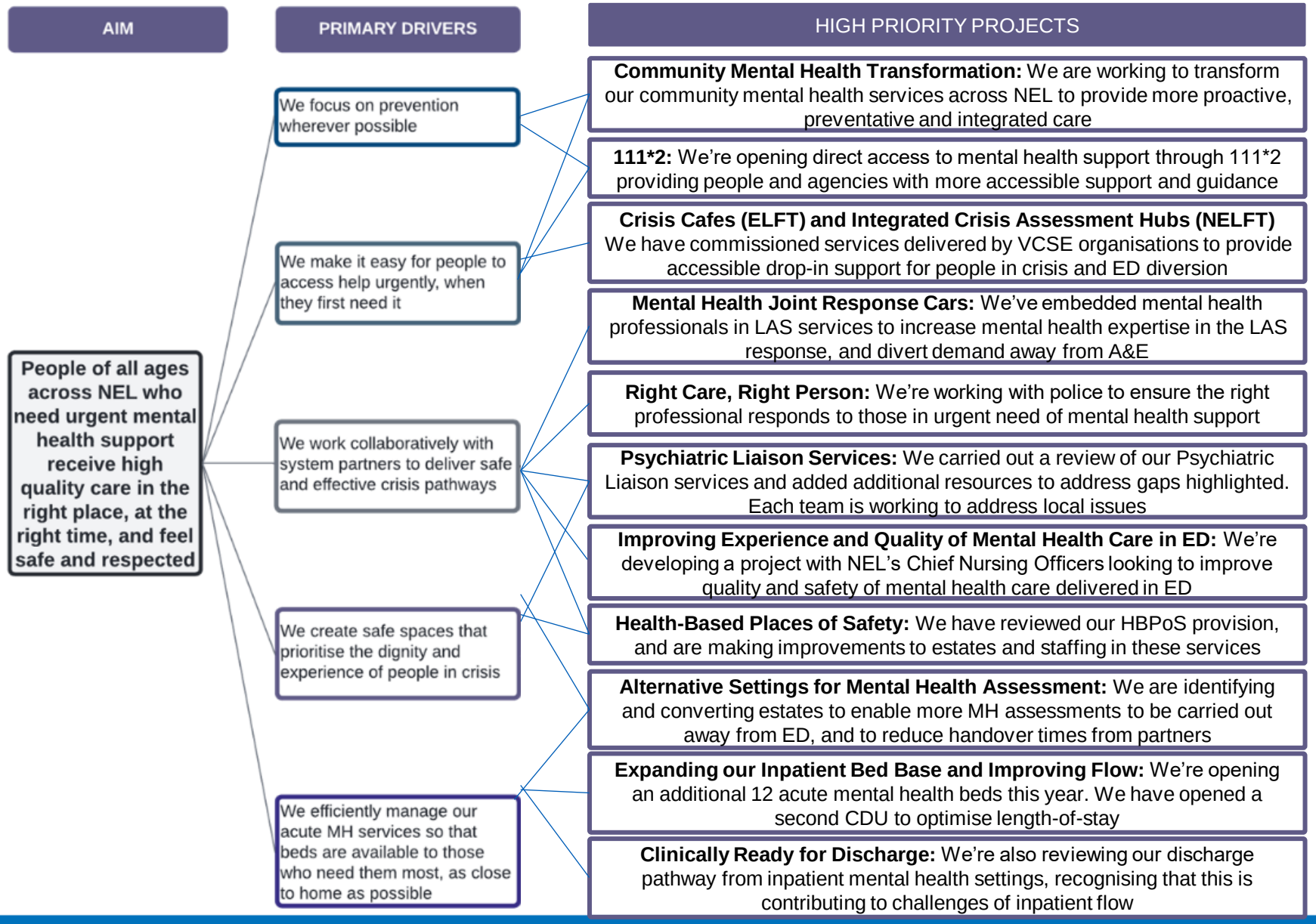
- This work forms part of our NEL-wide Mental Health Crisis/UEC and Inpatient Improvement Network programmes which are focused on improving quality and flow through the UEC pathway at multiple points. The high level of CRFD patients currently constitutes our biggest flow challenge and this will be our key area of focus going forward.

NEL Mental Health Crisis / UEC Improvement Network - Strategy

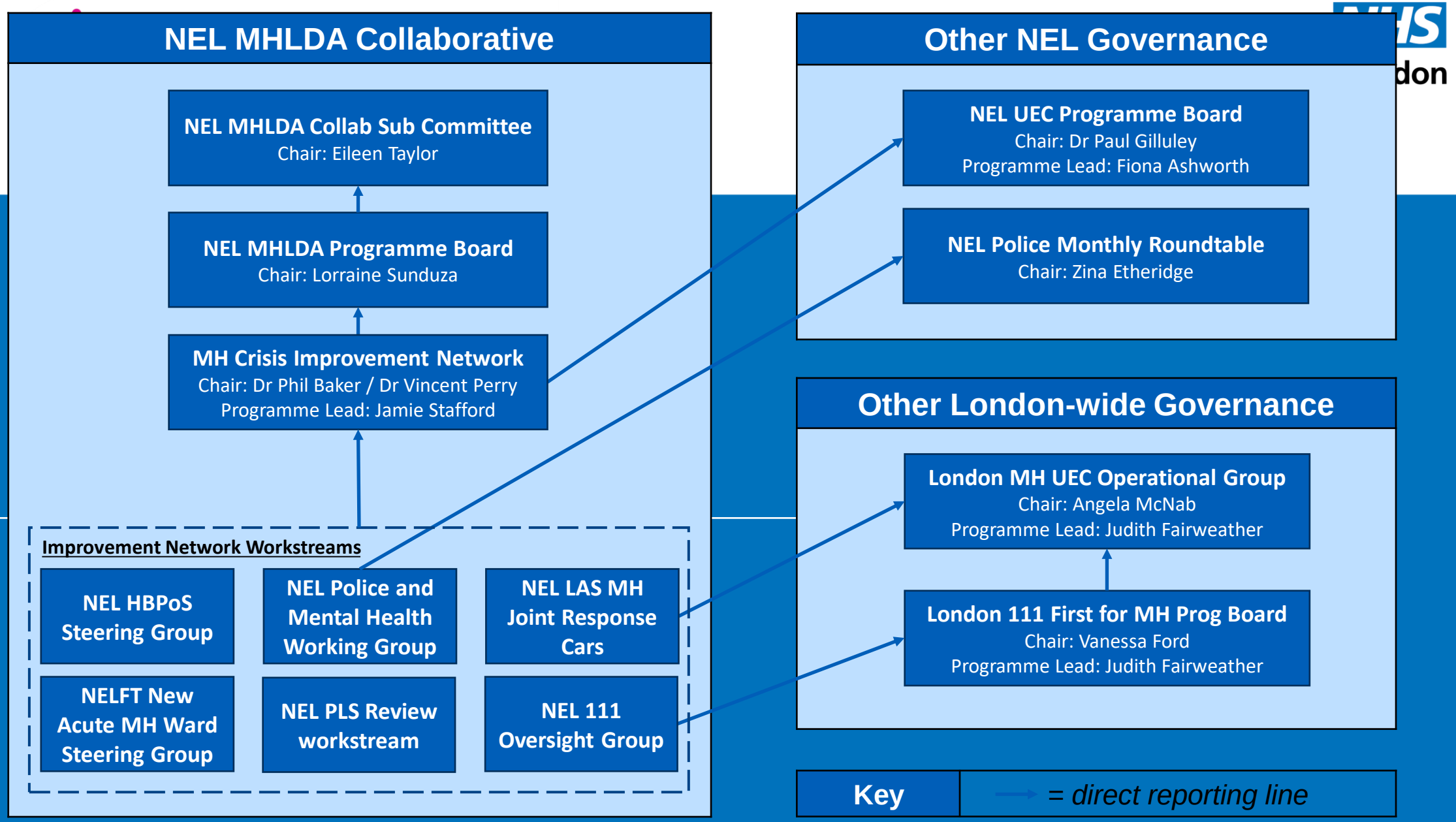
Mental Health Crisis Improvement Network

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

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



NEL Mental Health Crisis / UEC Improvement Network - Governance



NEL Mental Health Crisis / UEC Improvement Network – Status report

Developing Crisis Improvement Network

- NEL Crisis Improvement Network bringing together clinical and ops leadership across partners
- Programme of work aligned with NEL UEC Programme plan and reporting to UEC Board

Planning for 2023/24 & 2024/25

- UEC Capital bids for 2023/24 approved, MOUs in place, projects underway
- Bids submitted for 24/25 UEC capital

Other updates

- NEL moving to Tier 2 in UEC Recovery Programme – more comms coming soon
- A separate MH Inpatient Improvement Network has been launched to coordinate work across NEL
- Launch event held on 11th March, with 63 attendees good engagement across

Projects	Update	Impact
NHS 111*2	• 'Go-live' of NEL Integrated hub scheduled for 2 April 2024, delivered by ELFT • 22/27 posts recruited • Configuring clinical systems and telephony • Reporting agreement not yet finalised	• Modelling forecasts this will receive 85k calls/year in NEL
MH Joint Response Cars	• 3WTE Band 7 Mental Health Practitioners in place for working in NEL Mental Health Joint Response Cars, with contract in place for 23/24 • Options paper reviewed by Programme board, now going to MHLDA Committee	• Fluctuating activity in 23/24, review ongoing
Right Care, Right Person	• Met call handler protocols changed 1st Nov • S136 Support Hubs also opened across London to provide advice to officers via 0300 number	• Across London a 34% reduction in S136 detentions
Improving Quality and Safety of MH Care in ED	• Driver diagram developed with change ideas relating to workforce, care processes and environmental factors • Improvement projects underway at each site too, taking forward learning from: 1) PLS review 2) Case note audit 3) Flow event held 12th October • PLS Report led to additional investment for HUH and KGH teams	• Audit highlighted process delays from ED assessment to referral to PLS (9hrs average at Queens), others from DTA to bed availability (17hrs at Newham)
Crisis Resolution and Home Treatment Team review	• Scoping underway to carry out a review of CRHTTs across NEL to explore demand and capacity, performance, adherence to standards, and to better understand 'experience of access' as defined in service user priorities	• TBC

Projects	Update	Impact
Health Based Places of Safety	• Plan for 23/24: 1) Open third suite at Goodmayes – now live 2) Safety alterations to C&H suite – work underway 3) Public engagement of Newham suite – In design phase, likely to run summer 2024 • NEL HBPoS Steering Group overseeing and coordinating changes, inc. implications for CAMHS	• Main focus is improved safety and experience of care – but additional staffing aiming to improve flow too
S12 Solutions App	• Reviewed by ELFT Digital Solutions Board in Dec 2023, now approved for use. • Working with operational leads to plan go-live	• Reduced inefficiency in booking S12 Drs
Expanding Acute MH Bed Base	• Additional beds at Rodney Ward (previously Moore Ward) opened 11 March 2024. • Initially 7 extra beds, increasing to 12. • Increasing use of private sector provision, work underway to develop an exit plan for current private sector contract	• Additional 12 male acute beds forecast to reduce occupancy by 5%
Clinically Ready for Discharge	• Improved reporting across ELFT & NELFT, though data for NELFT not yet flowing externally • Statutory guidance on 'Discharge from mental health inpatient settings' published Jan 2024 • Planning for 24/25 Hospital Discharge Fund to be agreed with Local Authority partners • Work underway to improve place-based CRFD processes and mitigations	• Currently 21 people CRFD in NELFT and 53 in ELFT London beds • This is 13 fewer than last month in total
Crisis Assessment Centres	• 'Crisis Assessment Centre - Principles and Standards' document published by NHSE in Nov 2023 • Work underway to review ICAH • Similar review to be scoped for INEL	• Enabling more MH assessments to happen away from A&E

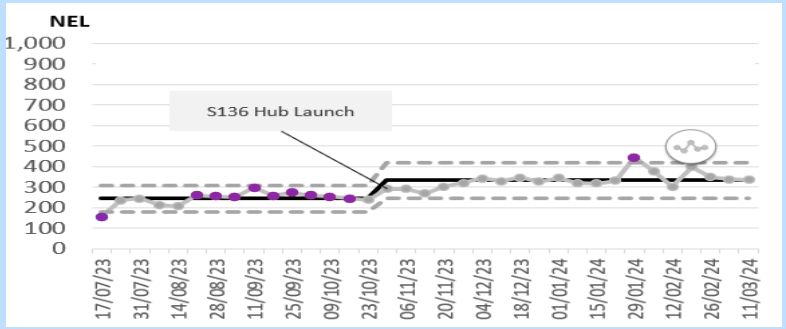
NEL Mental Health Crisis / UEC Improvement Network – Timelines

Area	Detail	Lead	Timeline						
			Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024
111 for MH	Implementation of business case	ELFT Ops / BDU			Trust sign-off of digital solutions	Recruitment / procurement of additional roles Testing and implementing of digital solution			**Go-live 02.04.24**
Increasing our bed base	Opening additional 12 beds on Moore Ward (2 specialist LD beds)	NELFT Ops / Clinical	Completion of estate works Recruit / redeploy MDT					**Go-live 11.03.24**	
Health-Based Places of Safety	Additional all-age S136 suite and staff (Goodmayes), estates improvements and safer staffing (Hackney), consultation in Newham	NEL HBPoS Steering Group	Estates works (Goodmayes) Recruit additional staff (GH & C&H) Design Newham consultation		**Additional S136 suite open – 22.12.23**	Plan engagement for proposed closure of Newham S136 suite	Estates works (Hackney)		
Psychiatric Liaison Service Review	Deliver recommendations of PLS review, deploy additional resources, hold learning events	NEL MH Crisis Improvement Network	**Flow event 12.10.23**					**Flow event Date TBC**	
			Deployment of additional staffing resource in Homerton and King George Hospital PLS teams						
Improving Quality of Care in ED	Scoping project work with CNOs focussed on improving quality of MH care in EDs	NEL Chief Nursing Officers		**CNO Planning meeting 03.11.23**	Improvement work on quality and safety – details TBC Review of Crisis Assessment Centres				
Right Care, Right Person	Implementing 4 elements of RCRP model, with parallel work to scope expanded Street Triage model and coordinate training provision	NEL MH & Policing Working Group, system roundtable, and ELFT & NELFT Ops	**New call handler criteria for welfare checks – 31.10.23** Audit of police welfare check activity	Compile training resources		Scoping and delivery of wider RCRP model (including conveyancing and reduced handover times) – timelines TBC			
Discharge pathway	Currently have stepdown beds in Newham (5) and Tower Hamlets (10)	ELFT Ops	**4 Hackney step-down beds 02.10.23**	Review of CRFD	Implement new CRFD processes, and design wider flow programme	Scoping with housing providers on expanding model for stepdown beds		Scoping 'discharge to assess' model for mental health	

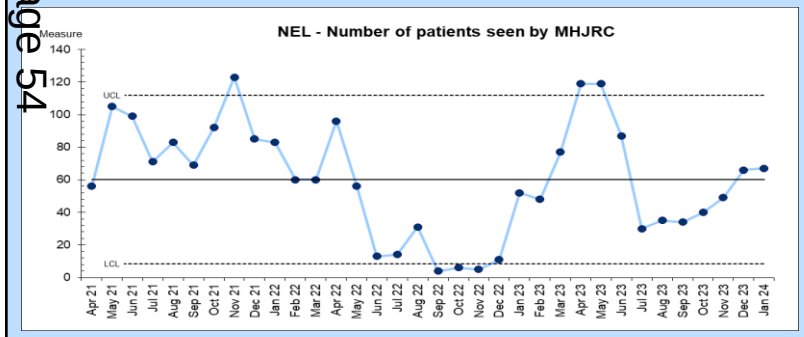
NEL Mental Health Crisis / UEC Improvement Network – Impact measures

Work with system partners

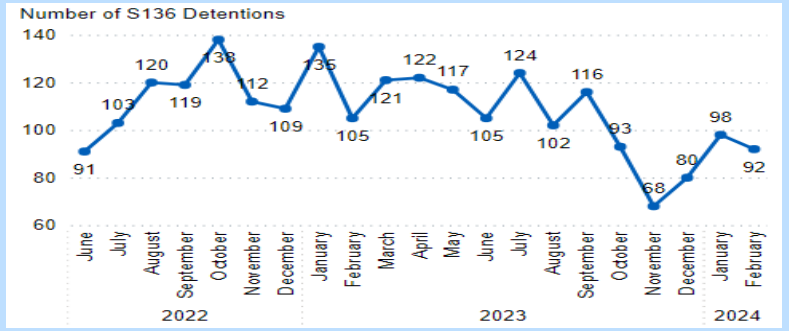
111 calls for MH need in NEL (IVR)



MHJRC activity in NEL (LAS reporting)

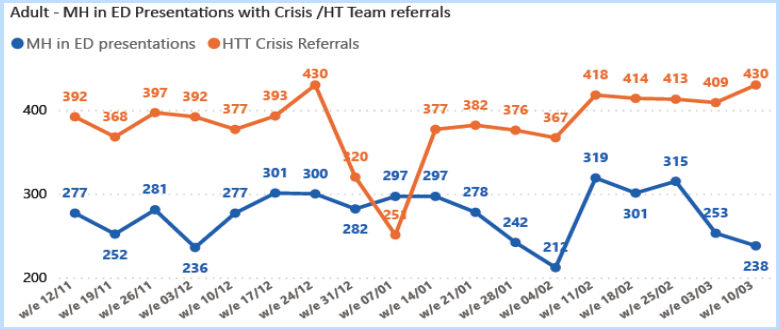


Number of S136 detentions in NEL

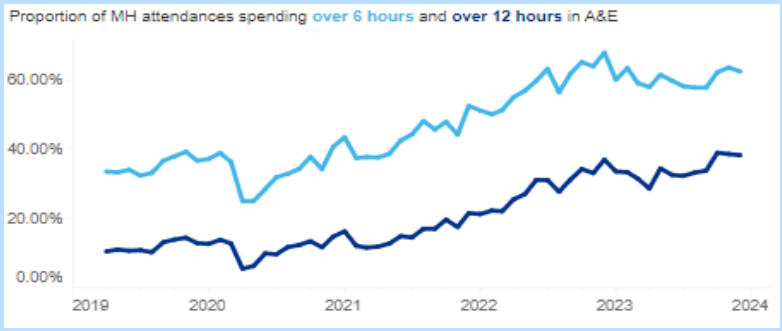


Mental Health care in ED

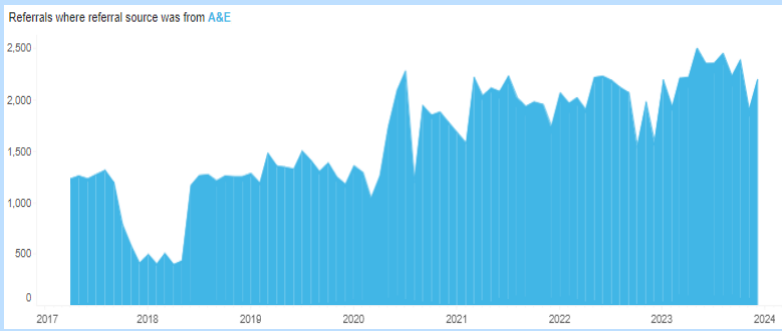
Number of MH attendances at ED in NEL



% 6hr and 12hr MH breaches in NEL

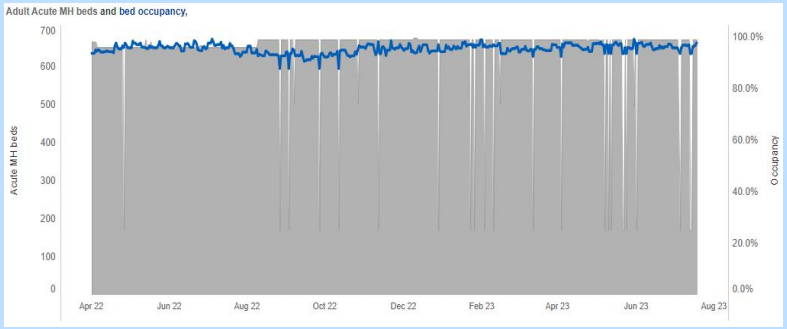


Referrals to PLS via ED in NEL (MHSDS)

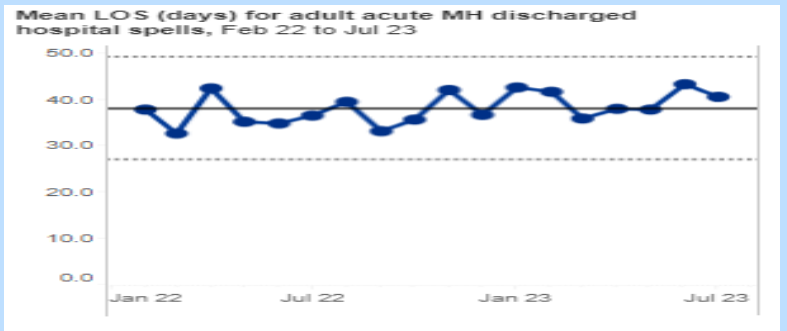


Mental Health admission

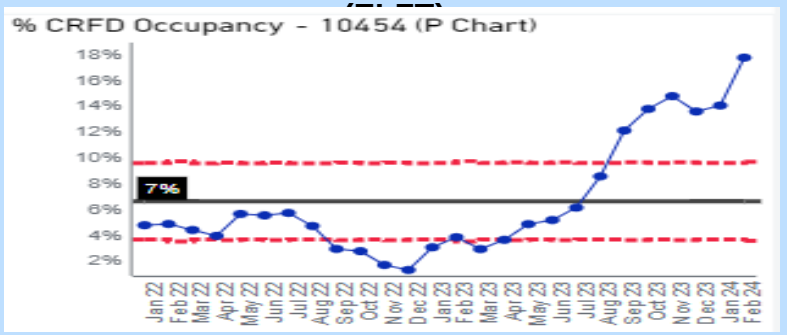
Mental Health bed occupancy in NEL



Mean LOS (days) for admissions in NEL



% Occupancy Clinically Ready for Discharge



NHS
North East London

London Ambulance Service

For information only

Date: April 2024

North East London performance report

- We have had **47,111 face-to-face responses** across the sector this year (1 January – 14 March).
- Response times for our sickest patients **(Category 1) have remained below 8 minutes** between December 2023 – February 2024 and **our Category 2 response times have fallen 30% (52.12 to 39.46)** over the same period.
- We continue to **work with our NHS partners in North East London** to reduce delays and safely release ambulance crews from hospitals and this is making a big difference for our medics and patients, freeing up our clinicians to attend to those who need the most urgent care.

  Introduction of **45-minute handover process** has reduced handover times at King George Hospital from an average of 50 minutes in the first three months of 2023 to 24 minutes by March 2024. At Queen's Hospital, the number of patient handovers taking more than an hour has fallen from 491 in February 2023 to 59 in February 2024.
- Our new **Teams Based Working** approach is empowering our frontline staff to choose their preferred way of working, shape their rotas and make sure they have better access to their managers and training days. Surveys show staff are happier, feel more part of a team and have more opportunities.
- NEL instigated the **Future Dispatch Model** at LAS, an initiative between the Clinical Hub and Emergency Operations Centre teams which means clinicians are co-located with the dispatch team. This enables calls to be clinically reviewed with decisions made jointly on the correct response or suitability for onward assessment and referral.

North East London performance report (2)

- We have **additional ambulances, response vehicles, control room staff and clinicians** who are able to advise patients who have called 999.
- We also continue to manage demand using some of our specialist resources including our **mental health cars** and our urgent **community response cars**, which mean patients can be treated in their own homes or referred to care in their community rather than having to go to hospital.
- We have a **frailty support line**, which helps crews convey patients to specialist frailty units for definitive care and contact specialists while on scene for advice and guidance for the patient and their family.
- We champion the use of **Alternative Care Pathways** within North East London to reduce unnecessary conveyances of patients to emergency departments and ensure our patients are getting the most appropriate care for their needs. This means NEL regularly has the lowest patients conveyed to Emergency Departments across LAS.
- **Training opportunities** in North East London are being used to discuss a range of topics, such as end-of-life-care and mental health. This has increased our crews' confidence in their decision-making and improved patient care, while increasing non-A&E conveyances.
- 2022/23 saw our biggest ever recruitment drive with **1,600 new starters**, including over 900 frontline ambulance staff and almost 400 call handling staff. As of December 2023, the number of staff hours on the road in emergency vehicles and caring for patients **increased by 10%** compared to this time last year. We are also supporting our clinicians on scene and maximising the number of solo responders we have available.

Our performance across NEL in numbers

Ambulance response times - December 2023 –February 2024

Source: NHS England

Month	NEL Cat 1 Mean	LAS-wide Cat 1 Mean	England Cat 1 Mean	NEL Cat 2 Mean	LAS-wide Cat 2 Mean	England Cat 2 Mean
Dec-23	00:07:59	00:08:00	00:08:44	00:56:12	00:52:06	00:45:57
Jan-24	00:07:36	00:07:25	00:08:26	00:40:06	00:36:50	00:40:06
Feb-24	00:07:36	00:07:21	00:08:25	00:39:46	00:37:01	00:36:20

Handover times: Jan 1 - Mar 14 2024 average

Emergency department	Average arrival-to-patient handover (HH:MM:SS)
Homerton	00:12:23
King George	00:24:01
Newham	00:33:06
Queens	00:32:41
Royal London	00:23:08
Whipps Cross	00:31:02

NHS
North East London

Barking, Havering and Redbridge University Hospital NHS Trust

For information only

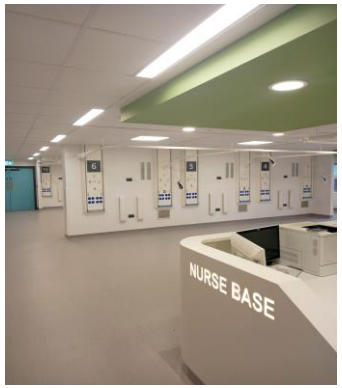
Date: April 2024

Urgent and emergency care

- 75.08% of patients seen and treated within four hours in A&E in February 2024 - our best performance in four years for all types
- Compared to February 2023, nearly 7,000 more patients seen and treated in our A&Es and Urgent Treatment Centres within four hours despite a more than 9% increase in attendances during this time
- Queen's saw the biggest increase in ambulances across London with 600 more, compared to February 2023.
- Type 1 performance improved by over 20% since January 2023; ended 2023 the most improved Trust in the country
- Initiatives that have helped: Same Day Emergency Care departments, virtual wards
- Despite the improvements, we know too many people are still waiting too long and we apologise for this
- We've begun preliminary discussions with NHSE about securing the estimated £35m we will need to redesign and improve the A&E department at Queen's – in the same way as we've done at King George Hospital.

Reducing our waiting lists

- End of February, 65,677 patients on our waiting list. 1,276 patients waiting more than a year – reduced by more than 500 since December 2022.
- 272 moved to us from Barts Health to help tackle their delays. Overall, 750 of their patients have transferred to us.
- Two new theatres at King George Hospital (KGH) will see us carry out 100 extra operations each week for patients across north east London. Last year, 7,613 operations took place at the KGH Elective Surgical Hub



Impact of industrial action

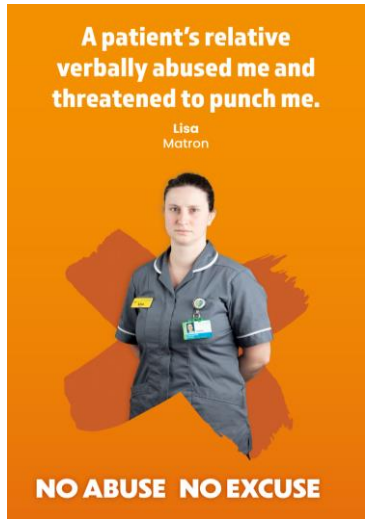
- 39 days of strikes
- 17,283 outpatient appointments and nearly 1,250 non-urgent surgeries rearranged
- Total cost was £2.4m this financial year after being significantly reduced by national funding support

Cancer targets in January

- 28-day Faster Diagnosis Standard met - patient should not wait more than 28 days from referral to diagnosis;
- Missed 96% target for 31 days (94.5%) - first treatment within 31 days of decision to treat for all cancer patients;
- And missed the 85% target for 62 day (67.6%) - first treatment within 62 days of referral or consultant upgrade
- Strikes, reporting delays, workforce issues and diagnostic capacity affected our performance
- New Community Diagnostic Centre in Barking will increase capacity - more than 60,000 tests and scans a year
- We’re using advanced technology to speed diagnosis and treatment for certain cancers
- Introducing blitz sessions to treat more patients faster.

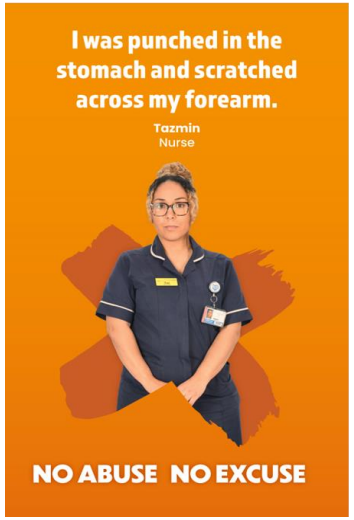
Patients with mental health needs

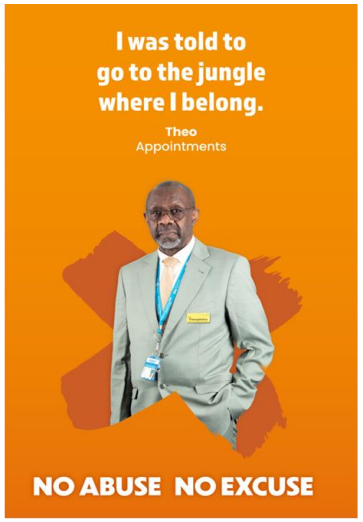
- 336 patients were referred to mental health services from our A&E in February. Average length of stay in A&E was 22.1 hours; 156 patients spent more than 12 hours there
- Under the Mental Health Act, a police constable has the power to detain in a place of safety in the interests of that person or for the protection of others, any person who appears to be suffering from mental disorder and to be in immediate need of care or control. KGH had the third highest of these (22 patients) in London in February
- We're continuing to work with our partners at NELFT, our local mental health and community trust, to address the problems so patients can access services more appropriate to their needs more quickly.



No Abuse No Excuse

- Incidents of violence and aggression towards our staff have more than doubled in three years – 36 in January 2021, rising to 75 two months ago
- We launched our No Abuse No Excuse campaign launched last month. We've also increased the use of body-worn cameras, made it easier to ban individuals and introduced de-escalation training so staff are better equipped to handle these incidents.





INEL JHOSC

Report Title	Committee Action Tracker and Forward Plan
Meeting / Date	INEL JHOSC 24th April 2024
Report author/ Contact details	Rosie Whillock Scrutiny Policy Assistant Rosie.whillock@walthamforest.gov.uk
Wards affected	All
Public access	Open
Appendices	Appendix 1 – Action tracker Appendix 2 – Forward Plan Appendix 3 – Action Tracker Responses

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Actions to be completed Actions completed

INEL - JHOSC Scrutiny Committee

Action No.	Meeting Date	Agenda Item	Action Request or Recommendation	Responsible Officer	Status	Due by
1	follow up		Monitoring new Assurance Framework for GP Practices		Under discussion with Chair's	
2	12/07/2023	5	A: NHS to provide response to Paul Atkinson's IAPT concerns	Don Neame	Mental health access, Response published in Nov 23 minutes	
3	12/07/2023	6	A: NHS will bring health care professional assistance back to the committee when the trend data for virtual clinics is available	Don Neame	NEL Virtual Wards programme – response published in Nov 23 minutes	
4	12/07/2023	7	A: Regarding efficiency savings target areas [Workforce Plan has recently been published with recruitment information listed there]: When these plans are more solidified NHS will bring these back to drill down into the numbers	Don Neame	Action items 4 and 5 have been merged.	
5	12/07/2023	7	A: Zina E will write to the committee to detail financial impacts of savings plan for Hackney and Tower Hamlets.	Zina Ethridge		
6	12/07/2023	10	A: That the Dispute Resolution Policy is brought back to the Committee at a later stage	Don Neame		
7	12/07/2023	7	A: Response from NHS on how many OTs/physio vacancies there are	Don Neame	Response published in Nov 23 minutes	
10	12/07/2023	10	R: The committee recommends that the care board build in additional flexibility for Councils to raise a dispute, as a deadline of 5 days does not leave enough time for good faith actors to take action	NHS NEL Officer		
11	01/11/2023	5	A: Officers to provide an updated slide on the Incomplete Pathways Trajectory Recovery graphs which include a key.	NHS NEL Officer	This has been updated in the Jan 24 papers	
12	01/11/2023	5	A: Officers to bring a quarterly item on Right Care Right Person to monitor progress, including a demographic comparison of London and Humberside, commencing January 2024.	NHS NEL Officer	Update on RCRP provided at Jan 24 meeting	
13	01/11/2023	5	A: Officers to provide the ICB staff structure to inform members of the workforce.	NHS NEL Officer	The structure chart is still not complete as the restructure is still underway. Once it's complete it can be shared.	
14	01/11/2023	5	A: Officers to bring an update on Centene position at the next meeting.	NHS NEL Officer	Included within the January agenda pack	
15	01/11/2023	5	A: Officers to provide a cost sheet which outlines the financial journey to the £16 million ICB overspend.	NHS NEL Officer		
16	01/11/2023	5	A: Officers to bring a future update demonstrating the financial outcomes of Trusts of a comparative size, age, and demographic.	NHS NEL Officer		
17	01/11/2023	7	A: Officers to bring an update on the role of Community Pharmacist Services in primary care to a future meeting.	NHS NEL Officer		
18	01/11/2023	7	A: Officers to bring a case study to a future meeting which demonstrates how a practice could reduce it's waiting time for non-urgent appointments to two weeks.	NHS NEL Officer	Item to be included within a future Patient access – primary care update.	
19	01/11/2023	7	R: NHS to report on performance monitoring data for those practices that have implemented new telephony systems.	NHS NEL Officer	Item to be included within a future Patient access – primary care update.	
20	01/11/2023	8	A: Officers to hold forward plan meetings outside of the Committee to jointly work on establishing future agenda items.	Scrutiny Officer	Meeting will be established over the summer.	
21	23/01/2024	5	A: Officers to inform the Committee of the percentage of abandoned calls.	LAS Officer (Jai Patel)	Response published in agenda pack	
22	23/01/2024	5	A: Officers to inform the Committee how quickly those calling 111 can successfully access their repeat prescription.	LAS Officer (Jai Patel)	Response published in agenda pack	
23	23/01/2024	5	R: The LAS to consider ways to best support primary care, considering existing resources.	LAS Officer (Jai Patel)	Officers agreed to consider the recommendation	
24	23/01/2024	6	A: Officers to confirm when the public meeting discussing AT Medics is taking place.	NHS NEL Officer	Complete	
25	23/01/2024	6	A: Officers to explain the legal process behind considering whether to consent to the change of control (in ref. to page 78 of the agenda pack).	NHS NEL Officer		
26	23/01/2024	6	A: Officers to provide data for the percentage of the eligible population who are not presenting for vaccination.	NHS NEL Officer		
27	23/01/2024	6	A: Officers to provide the percentage of eligible children who have received their MMR vaccine.	NHS NEL Officer		
28	23/01/2024	6	A: Officers to confirm if the North Central East London CAMHS Provider Collective rolled out the 7-day service in December 2023.	NHS NEL Officer		
29	23/01/2024	6	A: Officers to provide further information regarding the prevalence of testicular cancer being higher in young, white men in more affluent areas.	NHS NEL Officer		

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INEL JHOSC Forward Plan

Potential date	#	Agenda item	Added to agenda on/by:	Author/Presenter
July 2023	1	Community voice: Paul Atkinson re North East London Talking Therapies	Chair	Guest: Paul Atkinson
	2	Collaboratives • Mental Health, Disabilities and Autism Collaborative • Community Health Collaborative	From Feb 2023 meet	Paul Calaminus/Selina Douglas Sally Adams
	3	Health update including slides on: • NEL Big conversation and staffing structure • Financial environment and operating plan • Strike action and Trust updates (BH/ELFT/NELFT/Homerton)	Standing item	Zina Etheridge Henry Black Shane Degaris, Paul Calaminus/Jacqui Van Rossum, and Louise Ashley
	4	ICS Five Year Forward Plan	May 23 internal and external discussions	Johanna Moss
	5	System recovery and resilience • Place partnership mutual accountability framework • System recovery and resilience in Urgent and Emergency Care	From Feb 2023 and Dec 2022 meets	Charlotte Pomery Clive Walsh
	6	Continuing Healthcare policies	Request from NHS	Diane Jones / Don Neame
Nov 2023	1	Health update including: • Outcome of CHC consultation • ICS Five Year Forward Plan • NHS 111 across NEL • Centene GP sell-off update	Standing item Update Carry over From Feb 2023 meet at Chair's request	
	2	System Recovery, Resilience, and winter planning	Carry over	
	3	Recovering Access to Primary Care	Request from NHS	
Jan 24	1	Health update • Health outcomes for testicular cancer for GEM population		
	2	Joint Forward Plan 2024/25	Postponed until April	
	3	Barts Health/BHRUT closer collaboration		
	4	London Ambulance Service		

April 24	1	Health Update		

Items to be scheduled:

- NEL Estates Strategy from 21/22

Items put forward at 12.07.23 JHOSC member meeting:

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

INEL JHOSC Scrutiny Committee

Item 5 – London Ambulance Service update
Response to Recommendations on 23rd January 2024

Action 21:

- A: Officers to inform the Committee of the percentage of abandoned calls.

Response:

- NHS 111 data on call abandonment rates.
- A recent change to the call abandonment rate has resulted in high abandonment across 111 services nationwide. Changes are as detailed below:
  - Old abandonment was 5%. It was reduced to the new metric of 3%.
  - Call Answering old metric was 60 seconds and adjusted to the new metric of Avg 20 seconds.
  - Old abandonment was counted after 30 seconds, still prior to the 60-second timeframe to answer, however allowing 30 seconds for the caller to change their mind or select from the options offered to use online or take another pathway recommended on our messaging, without a negative impact on the service provider.
  - New abandonment is counted from 0 seconds, which has caused a large increase in abandonment as the majority of calls are abandoned within the first 30 seconds.
- There is a national review where the need for abandonment is measured to allow patient choice without portraying a negative performance, so the metric is more focused on quality.
- We are making consistent progress towards achieving the national target, with our improvement efforts showing promising results. By prioritising staffing levels, streamlining processes to reduce call handling times, and effectively managing staff absence rates, we are establishing a solid foundation for continuous improvement. The LAS team is already performing better than the national average. We remain committed to further refining our performance, confident that our ongoing efforts will align with the national benchmarks.

North West London Abandonment Rate (London Ambulance Service 111 Activity)											
Date	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Proportion of calls abandoned	9.70%	13.50%	14.10%	10.20%	9.30%	6.80%	5.33%	5.26%	10.70%	7.60%	8.20%
								23/24 YTD Mean			9.15%

Action 22:

- A: Officers to inform the Committee how quickly those calling 111 can successfully access their repeat prescription.

Response:

NHS 111 data on repeat prescriptions

- Please see the data below showing the number of repeat prescriptions requested.
- It may also be helpful for JHOSC members to be aware that 111Online https://111.nhs.uk/ provides access to emergency repeat prescriptions for your residents.
- The website allows you to input symptoms and enter how soon the medication is needed. Where needed, the system will allow you to select a local pharmacy. Having matched your demographics, a referral will be sent to the pharmacist, who can then access your GP notes to support issuing medication.
- Although everyone should be encouraged to plan and avoid needing to seek emergency supplies, this website is also useful for people who travel on holiday in the UK or stay with family and have forgotten/ lost their medication. They can then get their medication from the pharmacist local to where they are.
- I hope this is helpful and that the website option can be promoted to residents.

Month	Total Repeat Prescription Referred to the NELCAS	Prescriptions issued by NEL LAS Clinician after assessment	Average Handling Time (seconds) for these cases
2023-05	307	184	1736
2023-06	489	317	1660
2023-07	448	301	1521
2023-08	399	281	1685
2023-09	450	309	1636
2023-10	449	326	1616
2023-11	392	285	1748
2023-12	620	432	1626
2024-01	488	325	1550
2024-02	433	292	1584
Mean	448	305	1636

Jai Patel, Head of Stakeholder Engagement, London Ambulance Service

4th March 2024