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NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

FRIDAY, 18 JANUARY 2019 AT 10.00 AM
COMMITTEE ROOMS 1 & 2, HARINGEY CIVIC CENTRE, HIGH ROAD, LONDON
N22 8LE

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MEMBERS

Councillor Alison Kelly (London Borough of Camden) (Chair)
Councillor Tricia Clarke, London Borough of Islington (Vice-Chair)
Councillor Pippa Connor, London Borough of Haringey (Vice-Chair)
Councillor Huseyin Akpinar, London Borough of Enfield
Councillor Alison Cornelius, London Borough of Barnet
Councillor Lucia das Neves, London Borough of Haringey
Councillor Clare De Silva, London Borough of Enfield
Councillor Val Duschinsky, London Borough of Barnet
Councillor Julian Fulbrook, London Borough of Camden
Councillor Osh Gantly, London Borough of Islington

Issued on: Thursday, 10 January 2019

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 18 JANUARY 2019

THERE ARE NO PRIVATE REPORTS

AGENDA

1. APOLOGIES

2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Members will be asked to declare any pecuniary, non-pecuniary and any other interests in respect of items on this agenda.

3. ANNOUNCEMENTS

4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

5. DEPUTATIONS (IF ANY)

6. MINUTES

(Pages 7 - 14)

To approve and sign the minutes of the meeting held on 30th November 2018.

7. NORTH LONDON PARTNERS MENTAL HEALTH PROGRAMME

(Pages 15 - 62)

This report is to update JHOSC members following North London Partners' updates to the committee in April and September 2017.

It aims to provide an overview of the STP's mental health programme including its background, scope, aims, achievements and priorities.

8. NORTH LONDON PARTNERS MATERNITY PROGRAMME UPDATE

(Pages 63 - 84)

This report is to update JHOSC members on the progress against the maternity priority theme within the STP, including milestones, risks and issues.

9. UPDATE AND DISCUSSION TO PLAN FOR MOORFIELDS CONSULTATION

(Pages 85 - 108)

This report summarises the proposal to create a new centre to provide world class eye care for people who live in London, across the UK and internationally.

This is to support discussion with JHOSC to ensure:

- best practice public involvement
- service changes in the best interests of our patients and communities

10. ELECTRONIC PATIENT RECORDS

(Pages 109 - 114)

Members are asked to note a briefing on the implementation of the Royal Free London's new integrated electronic patient record and the changes this will enable for patients and staff.

11. WORK PROGRAMME AND ACTION TRACKER

(Pages 115 - 124)

This paper provides an outline of the 2018-19 work programme and action tracker of the North Central London Joint Health Overview & Scrutiny Committee.

12. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

13. DATES OF FUTURE MEETINGS

Dates of future meetings of the Committee:

- Friday, 15th March 2019 (Islington)
- Friday, 21st June 2019 (Barnet)
- Friday, 27th September 2019 (Camden)
- Friday, 29th November 2019 (Enfield)
- Friday, 31st January 2020 (Haringey)
- Friday, 13th March 2020 (Islington)

AGENDA ENDS

The date of the next meeting will be Friday, 15 March 2019 at 10.00 am in Committee Room 1, Islington Town Hall, Upper Street, London N1 2UD.

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THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 30TH NOVEMBER, 2018** at 10.00 am in Conference Room, Enfield Civic Centre, Silver Street, Enfield EN1 3XA

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Tricia Clarke (Vice-Chair), Pippa Connor (Vice-Chair), Huseyin Akpinar, Alison Cornelius, Lucia das Neves, Clare De Silva and Val Duschinsky

MEMBERS OF THE COMMITTEE ABSENT

Councillors Julian Fulbrook and Osh Gantly

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. APOLOGIES

Apologies for absence were received from Councillor Julian Fulbrook. Apologies for lateness were received from Councillors Lucia das Neves and Pippa Connor.

2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Connor declared that her sister worked as a GP in Tottenham.

3. ANNOUNCEMENTS

There were no announcements.

4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no notifications of urgent business.

5. MINUTES

Consideration was given to the minutes of the meeting held on 5th October 2018.

With regard to the reference to a pending Moorfields item in the minutes, members said that they had been advised that the Moorfield item could not go to the Camden and Islington joint committee as it was not in its terms of reference. They wished those authorities to amend the terms of reference so that committee could consider it. If this was not possible, then the item would have to go to JHOSC.

RESOLVED –

THAT the minutes of the 5th October 2018 meeting be approved and signed as a correct record.

6. DEPUTATIONS

LUTS deputation

A deputation was received from Dr Kate Middleton and Kate Dwyer on behalf of the LUTS patients' group.

They welcomed the fact that new adult referrals were taking place, but were concerned that there were limitations on the number of new referrals and said they felt there had been poor communications with the patients' group. A scheduled meeting had been postponed to February 2019.

With regard to child patients, they said that Great Ormond Street had not been referring child patients to the LUTS clinic. They said patients who had not been cured by existing treatments should be referred to the LUTS clinic as it had greater expertise with these types of cases. They said that paediatricians had not been able to successfully treat these patients but they might be able to benefit from Dr Malone-Lee's treatment in the LUTS clinic. They said they had raised the matter with the CCGs but not had been able to get them to progress referrals.

Jennie Williams, Director of Quality and Nursing (Haringey & Islington CCGs), led on the response from health officers. She said that health bodies were trying to work in a co-ordinated manner on the LUTS issue.

She noted that the wait for adult patients was too long and hoped that the capacity of the clinic could increase as the new doctor recruited settled into her role.

With regard to the child patients, Ms Williams noted that Dr Malone-Lee was not a paediatrician and that the Royal College report had recommended that children be seen by a paediatrician in LUTS cases. As such, Great Ormond Street hospital was the tertiary provider for these cases and the staff there had to use their clinical judgement as to whether to refer children onto the LUTS clinic. Ms Williams said the CCGs would not wish to interfere with the clinical judgement of paediatricians in these cases.

Members noted the deputation and the response. They welcomed the progress being made in adult LUTS cases. They noted the disagreements around the approach to be taken to child patients, but highlighted that the JHOSC was not in a position to recommend a course of treatment. They asked that liaison with NHS England and NHS Improvement continue in order to find a beneficial solution to the patients involved.

ACTION: CCGs and Great Ormond Street Hospital

NHS Watch estates deputation

A deputation was received from Alan Morton and John Lipetz. They expressed discontent with the paper at Item 8 and said it did not answer the questions that they as members of the public had about the future of NHS estates in the sub-region.

They wanted to be clear on what percentage of revenue from sales was going towards revenue spend. They said the national level was two-thirds and wanted to know if it was higher locally.

They said that 50% of publicly owned land had been sold since 1979 and they felt that a focus on disposals was meaning that organisations were becoming too keen to identify land and buildings for sale rather than considering how to make the best use of their facilities.

They added that the provision of match funding by NHS England meant that organisations were being incentivised for disposals.

They asked that there be oversight at the London-wide level of property disposals taking place in the health service. They argued that, given the growing population of London, and an increase in the number of elderly people who might have more demand for health services, there was more need for land and property for medical purposes in the future.

7. ADULT ORTHOPAEDIC SERVICES REVIEW

Consideration was given to a presentation on the Adult Orthopaedic Services review.

Rob Hurd and Anna Stewart introduced the item to the committee. They highlighted that there were 11 sites which provided orthopaedic services at the moment. The aim was to consolidate and improve services to patients.

Mr Hurd said that they were at Stage 1 of the process so far, so no definitive proposals were being made.

Ms Stewart added that health officers had heard from colleagues from Manchester and from South-West London and wanted to learn from their experiences.

They added that they were communicating with residents from an early stage. Ms Stewart said that they had been sharing information on social media and via email lists. She noted that there had been concerns voiced about travel times to hospitals.

Members made a number of points in discussion:

- They wanted to see responsiveness to the needs of those with learning disabilities.
- They were concerned about the poor quality of outcomes reported for some private hospitals
- There were concerns about the quality of implants and members wanted to ensure that there was good record-keeping as to which exact type of implants had been used for patients.
- They wanted to see a transport analysis if there were plans to relocate services. Members had particular concerns about transport to Chase Farm.
- Members asked that account be taken of the projected growth of population in the sub-region
- They wanted to ensure that there was co-ordination with the 5 local authorities and their health and social care functions.
- They were concerned about a gap in east Barnet and west Enfield where there were no institutions providing orthopaedic treatment.

Officers said they were liaising with the lead members for health in the five North-Central London boroughs. In terms of concerns about private hospitals, members said that they were used for 'overspill' provision in situations where there were more patients that needed to be treated than NHS hospitals had capacity for. They said there might be poor outcomes in some cases where institutions had a relatively small caseload – as doctors were less likely to have experience in treating that particular kind of work. They wanted to see more operations carried out in larger centres.

Members asked if they could have more statistics about the cancellation of operations and measures being taken to reduce the number of cancellations. They also asked that an update come to the Committee in spring 2019.

RESOLVED –

- (i) THAT the presentation and the comments above be noted.
- (ii) THAT information be provided to members about the number of cancellations and measures being taken to reduce this.
- (iii) THAT a report come to the Committee in Spring 2019 updating members on the review.

ACTION: North London Partners

8. FINANCIAL UPDATE: ESTATES

Consideration was given to a presentation on NHS estates.

Members expressed disappointment at the lack of information available in the papers. Health officers said that land owned by NHS foundation trusts could be disposed of by those trusts, subject to the agreement of NHS Improvement.

What foundation trusts did with the revenue from sales was a matter for them, not for the STP – as the STP was not a statutory body. As such, the detail of how profits on disposals were used was held by the trusts.

Officers said that there were £102m in gains on disposal which had been made in 2017-18. Figures for 2018-19 were not yet available. Members asked STP officers to request the relevant information from the Trusts and to agree the wording of this request in advance with the Chair. .

Members said that they wanted to see more transparency on estates and their disposal.

A member said that there had been a lack of consultation on the estates strategy for the St Pancras site, something that members on the Camden and Islington joint committee were now trying to remedy.

Members suggested that there needed to be scrutiny at the GLA level, since many estates issues were pan-London and not confined to the sub-region.

RESOLVED –

THAT the presentation and the comments above be noted.

9. GENERAL PRACTICE AS THE FOUNDATION OF THE NHS: A STRATEGY FOR NORTH-CENTRAL LONDON

Consideration was given to a presentation on the GP strategy.

Dr Katie Coleman introduced the item. She highlighted the drive in North-Central London to tackle unwarranted variation in health care and deal with the sub-region's changing demographics and patient demand.

Members highlighted the desire of patients to see GPs promptly and the long waits some patients had before they could see a doctor. One member suggested that greater use of hubs could help, as it would enable people to receive medical attention without having to specifically wait for a GP appointment slot to be available.

Members and the attendee from Enfield Healthwatch urged North London Partners to be proactive in engaging in the public on the GP strategy. They wanted them to be receptive to patients' views.

Councillors Cornelius and Duschinsky cited good practice from the Care Closer to Home Integrated Networks (CHINs). CHINs in Barnet grouped together a network of GP practices. They could then focus on what were the most significant problems in their area – they cited an example of one focussing on diabetes and one on frailty.

Councillor Akpinar noted the figures on the physical condition of GP practices on page 71 and asked if information could be provided on the condition of Enfield GP practices.

ACTION: North London Partners

Members noted the piece of work on the GP strategy would be a very large one, and wanted to see an update on it in the summer of 2019.

RESOLVED –

- (i) THAT the report and the comments above be noted.
- (ii) THAT a report come to the JHOSC in the summer of 2019 updating members on the progress with the GP strategy.

ACTION: North London Partners

10. FINANCIAL UPDATE: ROYAL FREE HOSPITAL

Consideration was given to a presentation on the Royal Free London Trust's finances.

Peter Ridley and Caroline Clarke addressed the Committee on behalf of the Royal Free. They explained that they were working to reduce their underlying deficit and the reference costs of the Trust had fallen. The Trust had reduced a £123m deficit to £95m. By 2021-22, they were aiming to eliminate the deficit.

With regard to questions about capital receipts, the officers informed the JHOSC that the revenue from asset sales had been invested in the rebuilding of Chase Farm.

Officers mentioned projects underway which would result in savings, such as electronic patient record-keeping and opening a combined decontamination unit by the North Circular.

Councillor Connor noted that the spend on agency workers had fallen but had recently started to rise again. Councillor Cornelius expressed concern about the lack of collection of money owing for NHS treatment from non-EU citizens who were not entitled to NHS treatment and may since have left the UK. Officers said that they did have methods to try to recover treatment costs from those who were not entitled to free treatment, and that visa policies for non-EU workers now required them to have insurance or to pay a healthcare surcharge.

Members asked about the confidence officers had in future estimates and projections. Ms Clarke assured members that the projections in the report were robust and that they had to submit them to the NHS regulator on a monthly basis.

RESOLVED –

THAT the report and the comments above be noted.

11. WORK PROGRAMME AND ACTION TRACKER

Consideration was given to the work programme and action tracker.

Members noted that there were a large number of items on the work programme. They decided to focus on the mental health and maternity themes for the January meeting and remove the other items. They agreed to add a care homes item to the March agenda and redesignate the social care STP update as Integrating Health & Social Care.

With regard to the items for January and March, Councillor Connor was to lead on mental health, Councillor Kelly on maternity and care homes items, Councillor Clarke to lead on ambulance services, and Councillor das Neves to lead on integrating health and social care.

RESOLVED –

THAT the work programme be agreed, subject to the amendments above.

ACTION: Strategy and Change (LB Camden)

12. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no other business.

13. DATES OF FUTURE MEETINGS IN 2018-19

It was noted that the dates for future meetings in 2018-19 are:

- Friday, 18th January 2019 (Haringey)
- Friday, 15th March 2019 (Islington)

14. PROPOSED DATES FOR MEETINGS IN 2019-20

It was noted that the proposed dates for JHOSC meetings next municipal year (2019-20):

- Friday, 21st June 2019
- Friday, 27th September 2019
- Friday, 29th November 2019
- Friday, 31st January 2020
- Friday, 13th March 2020

The meeting ended at 1pm.

CHAIR

Contact Officer: Vinothan Sangarapillai

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E-Mail: vinothan.sangarapillai@camden.gov.uk

MINUTES END

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|---|--|
| <p>North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)</p> | <p>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</p> |
| <p>REPORT TITLE: North London Partners Mental Health Programme:</p> <ul style="list-style-type: none"> • Programme update • Dementia update | |
| <p>REPORT OF: Chris Dzikiti, Mental Health Lead, NCL STP Will Huxter, Director of Strategy, NCL CCGs</p> | |
| <p>FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee</p> | <p>DATE: 18th January 2019</p> |
| <p>SUMMARY OF REPORT</p> <p>To update JHOSC members following our updates to the committee in April and September 2017.</p> <p>To provide an overview of the STP’s mental health programme including its background, scope, aims, achievements and priorities.</p> <p>Contact Officer:</p> <p>Henry Langford Senior Policy and Projects Officer London Borough of Camden henry.langford@camden.gov.uk 020 7974 5118</p> | |
| <p>RECOMMENDATION</p> <p>The committee is asked to consider and comment on the update.</p> | |

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NORTH LONDON PARTNERS
in health and care

North Central London's sustainability
and transformation partnership



Joint Health Overview & Scrutiny Committee: 18 January 2019

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NCL STP Mental Health Workstream update

- Chris Dzikiti, NCL STP Mental Health Lead
- Will Huxter, Director of Strategy, NCL CCGs

Purpose of paper

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- To update JHOSC members following our updates to the committee in April and September 2017.
- To provide an overview of the STP's mental health programme including it's background, scope, aims, achievements and priorities.



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What is NCL STP role?

- NHS organisations and local councils across England developed shared proposals to improve health and care. These proposals were called sustainability and transformation plans. These organisations then came together as sustainability and transformation partnerships (STPs) to deliver these proposals.
- The mental health element of our STP comprises commissioning and provider NHS organisations and local councils representatives who lead and support a way to use existing services more effectively, easing demand on hospital care and to improving the quality and safety of care across the system.
- The partnership between our organisations is ensuring that commissioners and providers work together more effectively as an integrated care system to best meet the needs of patients and avoid duplication of work.
- For 2019/20 our Mental health STP plan has 5 main priorities; acute care pathway, mental health liaison, children and adolescent mental health services (CAMHS), primary care including improving access to psychological therapies (IAPT) and mental health workforce. Other elements of mental health care continue to be commissioned by CCGs.

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What are CCGs doing

- CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of healthcare services for their local area. Our 5 CCGs lead on commissioning most of the mental health services in NCL.
- Our CCGs will be able to provide more details on some of the transformation work they are leading and commissioning via each local Health Overview and Scrutiny Committee (HOSC)

What are mental health providers doing?

- We have 3 mental health providers in NCL; Tavistock and Portman NHS Foundation Trust, Camden & Islington NHS Foundation Trust and Barnet, Enfield & Haringey Mental Health NHS Trust.
- They are responsible for delivering mental health services for NCL population.



- STP has been a powerful catalyst for joint working on mental health across NCL with a shared vision for the development of services. With strong senior engagement across the workstream.
- Positive assessment of STP mental health plan
- Mental health has a good voice within the overall STP and key to other work streams: care closer to home/urgent and emergency care.
- Good engagement with stakeholders and investment in the voice of lived experience (Expert by Experience Board in Place).
- Overall financial pressure in the sector has impacted on the pace of investment in transformation.
- Good delivery on funded programmes e.g. women's psychiatric intensive care unit (PICU), mental health liaison and perinatal service.
- Taking opportunity to review priorities in light of experience.



Progress and some achievements



- Opening of female PICU unit – previously women requiring psychiatric intensive care had to travel long distances to receive treatment. The majority of women can now be treated locally.
- Integrated Improving Access to Psychological Therapies (IAPT) service live in Haringey and Islington covering Chronic Obstructive Pulmonary Disease (CoPD) and diabetes.
- Specialist community perinatal service operational – first pan-NCL service meaning that pregnant women needing mental health support can now receive this in the community.
- Agreement for outline business case for the re-development of St Ann's and St Pancras inpatients provision. Once complete, this work will mean that local residents requiring inpatient mental health care will be provided in modern facilities.
- Development of agreed approach to mental health liaison services across NCL – we are rolling out a single service across all NCL hospitals which will provide 24/7 mental health care (in A&E and on wards).

Mental Health STP – basis for scope of programme

- Areas which are key to sustainability or transformation
- Areas of work which are best done in all or part at the STP level
- Areas of work where implementation is local but there is a case for common standards/sharing of practice
- Areas of work where we are being held to account for performance at a STP level



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Case For Change & Model of Care and Support

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Slides 7-8



Why we need to change



Health and Wellbeing Gap

- Across NCL the numbers diagnosed with severe mental illness is high, and lies in the bottom quartile nationally
- There is significant unmet need – only ~72k of the est. ~194k with common or severe mental illness are known to GPs.
- Life expectancy gap for people with serious mental illness, 18.5 years for men, and 15 years for women
- People with mental health conditions are more likely to have a lifestyle that may lead to poor physical health. e.g., almost 50% of adults with severe mental illness are smokers, compared to less than 25% of people without a severe mental illness.
- It is well established that people with a mental illness often also have poor physical health.
- There is also a high rate of psychoactive substance use in people with mental illnesses.

Care and Quality Gap

- Higher rates of people subject to the Mental Health Act than the London and national average, also higher rates for inpatient admissions
- Variation in service provision across the patch
- Most of the liaison psychiatry and Children and Adolescent Mental Health Services (CAMHS) in hospitals in NCL do not see children within one hour at weekends and overnight
- Nearly a third of people with dementia across NCL are thought to be undiagnosed
- In 2017 NCL STP was considered to be the 10th highest STP to place people in Out of Area Placements (OAPs)

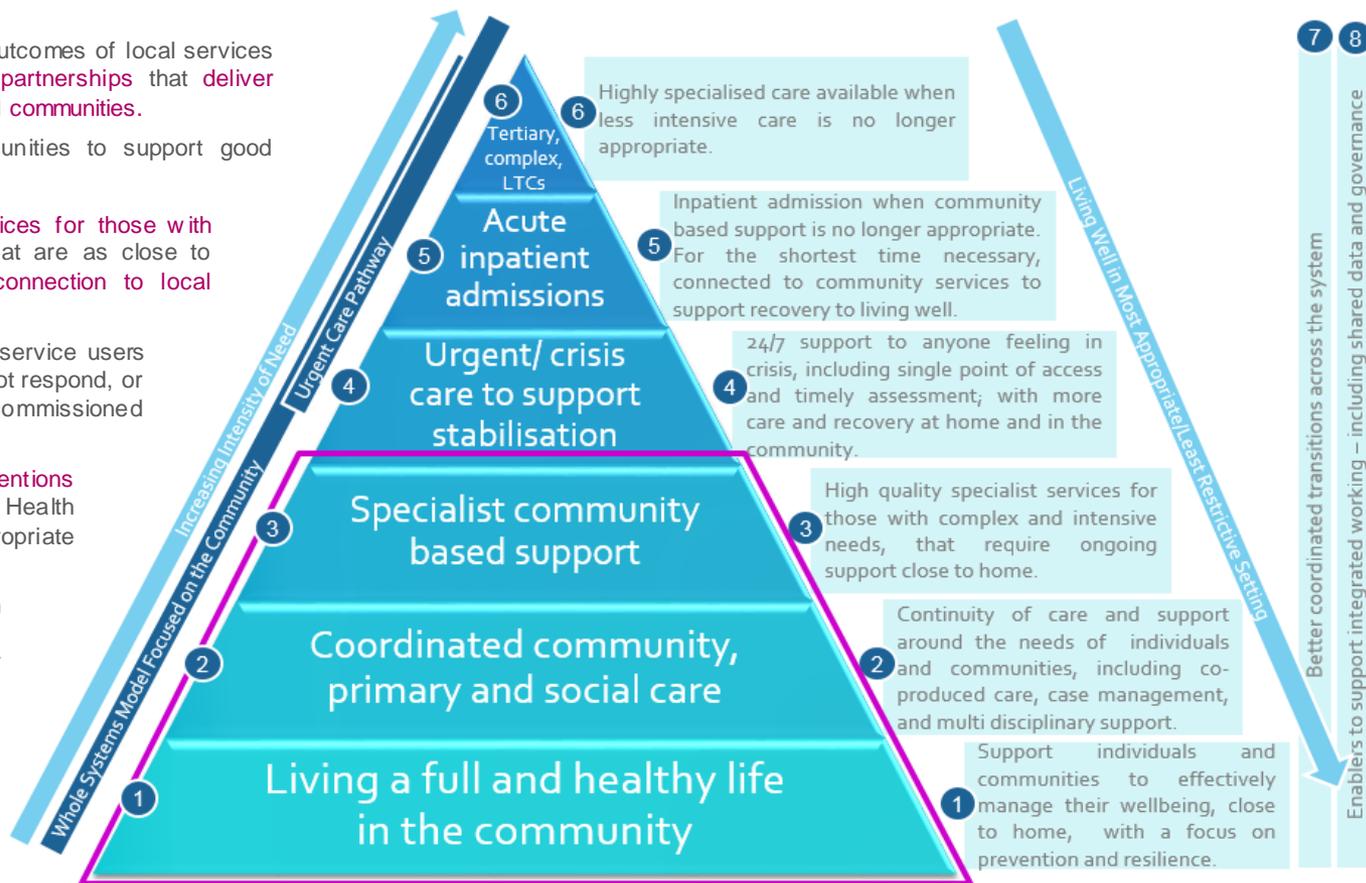
Finance and Efficiency Gap

- Funding increases in NCL of £269m over the 5 year life of the STP will not meet the likely increases in population and hence growth in demand for health services of £426m, plus increases in the cost of delivering health care of £461m.
- This means that there is a substantial financial challenge facing health organisations in NCL. The “Do Nothing” scenario will result in NCL health commissioners and providers with a deficit of £876m by 2020/21.
- For mental health, if the model of care and support is not modified, by 2020/21 across NCL we will have a shortfall of 129 mental health inpatient beds, requiring an additional £20m to be spent on inpatient care

Our Model of Care and Support

Ambition

1. Transform the nature, value and outcomes of local services close to home, through building **partnerships** that **deliver around the needs of individuals and communities**.
2. Work with individuals and communities to support good Mental Health **resilience**.
3. Build high quality **specialist services for those with complex and intensive needs**, that are as close to home as possible, and allow **connection to local community services**.
4. Develop **alternative responses** for service users with Mental Health needs who do not respond, or prefer not to engage with current commissioned services.
5. Develop systems of **early interventions** which ensure people with Mental Health crises receive a prompt and appropriate response
6. **Breakdown barriers between mental and physical health** in a way which delivers better outcomes for patients and better value to the system.
7. **Workforce training** to better equip health and social care workers to support patients with Mental Health needs.





NCL Sustainability and Transformation Partnerships Mental Health Priorities

High level objectives

We will support more people to access high quality care, and mitigate the need for additional mental health inpatient beds. This includes:

1. Support community resilience
 - I. Increase MH basic awareness, **reduce stigma** and increase MH self-awareness
 - II. **Support at risk population to stay well**, including **suicide prevention**
2. Provide **more accessible mental health support** delivered at locality level, supporting the delivery of **holistic care** and **IAPT** standards
3. **Increased alternatives to admission and support for discharge** to enable more people to live well in the community, with **better crisis support**, including meeting **EIP** standards. **For those who do require acute inpatient admission, for them to be able to receive this care in NCL.**
4. **Eliminate the need for inappropriate out of area placements for people who require mental health services.**
5. Improve CAMHS and perinatal care, aligned with Children and Young People (CYP) Local Transformation Plans (LTPs)
 - I. **Ensure more women have access to specialist perinatal mental health services**
 - II. **Ensure more children have access to mental health support**, and meet waiting time standards including for **eating disorders**
 - III. Unless highly specialised care is required, to **eliminate out of area placements for children requiring inpatient support**, and to **reduce Length of Stay (LoS)** through improved community support
6. More people in A&E and on physical health inpatient wards to have their mental health needs supported through **Core24 mental health liaison**
7. For NCL to become more dementia friendly, meeting **dementia diagnosis rates**, and enabling **more people to remain at home for longer**

We will look to evaluate all the work we do and share this learning

Scope

Priorities:

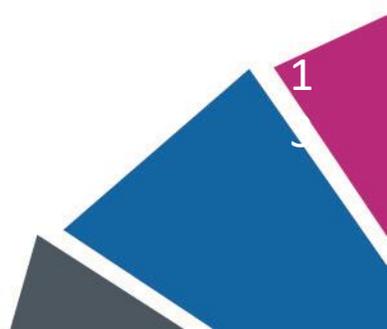
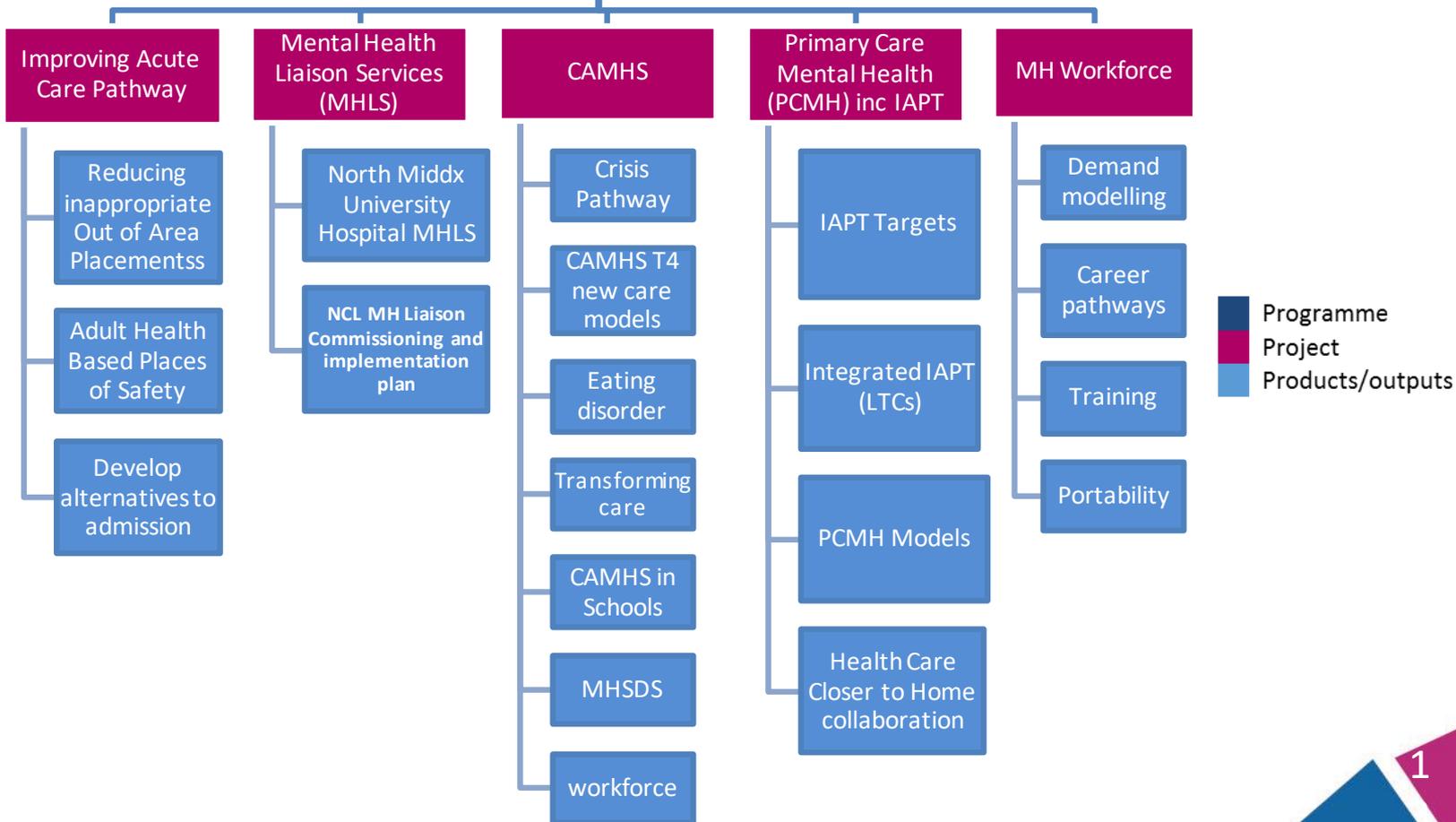
1. **Improving Acute Care pathway – including Health Based Places of Safety (HBPoS), Out of Area Placements (OAPs), alternatives to admission, Early Intervention in Psychosis (EIP) & Crisis Resolution & Home Treatment Teams (CRHTTs)**
2. **Mental health liaison services**
3. **Child and adolescent mental health services (CAMHS)**
4. **Primary care mental health**, including IAPT and physical health care for people with Serious Mental Illness (SMI)
5. **Mental Health Workforce**

Other areas of focus:

1. Perinatal Mental Health
2. Dementia
3. Community resilience



Mental Health Workstream





Transformation milestones and successes

Slides 13 - 20



Transformation milestones and successes : 1/5



Mental Health Liaison Service (MHLS):

- MHLS provide mental health assessment and treatment for people who are inpatients in general hospitals or for those who may go to an A&E department and are in need of a mental health assessment.
- Successful in national bid for funding for Core24 for UCLH in 2017/18, and North Middlesex University Hospital in 2018/19.
- We have agreement from the STP and Urgent & Emergency Care Board to develop a core approach to commissioning and delivering Mental Health Liaison Services.
- We have completed some mapping work to understand the investment required as well as what we collectively need to do to deliver a Core24 model across the NCL footprint

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Next Steps

- We are in the process of developing MHLS across NCL by 2021/22 which meet the minimum Core 24 standard but with a flexible workforce and deliver the NHS FYFV target that at least 50% of hospitals will meet this standard by 2020/21
- We are moving towards a standardised specification, key performance indicators and a collaborative commissioning and contracting approach for MHLS.
- We need to commit and protect current financial resourcing in place for MHLS for 19/20 and consolidate the current funding to achieve improved quality and efficiency for MHLS
- Prioritise targeting available resources in 2019/20 in a way, which makes the biggest difference to patient outcomes, patient experience and A&E performance across the NCL STP footprint.
- Agree the proposed commissioning principles for 2019/20 and beyond which enable collaborative commissioning arrangements as well as the move towards a standardised long-term approach that will improve system stability across NCL.



Transformation milestones and successes :2/5



Female Psychiatric Intensive Care Unit:

We have opened the Women's Psychiatric Intensive Care Unit at Camden & Islington NHS Foundation Trust on 13th November 2017. This will ensure that women that require intensive care in NCL are not placed out of area as a first response to their crisis and need for intensive care.

- 11 bed unit with an additional extra care facility.
- Successful in eliminating Out of Area placements.

Next Steps

- Review impact of service on Out of Area Placements (OAPs)
- Review savings from re-patriating out of area private sector placements.
- Review feedback from service users and carers.

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Primary Care Services

- Two new models of care have been implemented in Barnet and Islington, and are proposed for evaluation by the London Mental Health Programme. Working together to agree a shared set of holistic primary care MH outcomes for use across NCL.

IAPT

- The Integrated IAPT pilot service for long term conditions (COPD and Diabetes) in Islington and Haringey went live in October 2017, following some initial teething problems with recruitment.

Next Steps

- Diabetes and Respiratory/COPD are established pathways with cardiac rehabilitation and musculoskeletal conditions being developed currently for implementation in 2018/19.



Improving Community Resilience:

Workplace wellbeing

- Funding was identified from Healthy London Partnership to commission Rethink Mental Illness to deliver bespoke training across health and care sector in the north central London. This initiative developed mental health champions across wider workforce in order to support peers with identifying mental health problems, cope with stress and challenges and assist peers to seek appropriate help, when and where needed.

Individual Placement Services (IPS)

- IPS supports people with severe mental health difficulties into employment. We mapped IPS services across NCL. In Dec 2018 we submitted a funding bid to NHS England to expand IPS services in NCL.

Next steps

We passed the first assurance process and we have been invited to make a second stage bid in mid-Feb 2019.

Suicide prevention

NCL-wide workshop was held end of 2017 and all LAs, three mental health trusts and other wider partnership (such as police, Samaritans, service users, London Thrive and Public Health England) attended the workshop. It was interesting to note that suicide rates vary significantly across NCL with Haringey and Islington having one of the highest rates in London (top ten) while Enfield has lowest suicide rates in London. Therefore, approach to suicide prevention at local level varies according to population needs. The main aim of this workshop was to identify areas for joint work across NCL and these were emerging priorities:

- Working with coroners and the police to establish real time data sharing;
- Developing post-suicide pathway with bereavement services for families and wider communities;
- Workforce training across NCL – extending Samaritans training currently present at Camden and Islington NHS Foundation Trust.

Next Steps

- Business proposal developed for post suicide intervention service. Currently being discussed with directors of public health in NCL for funding for the service.



Acute Care Pathway

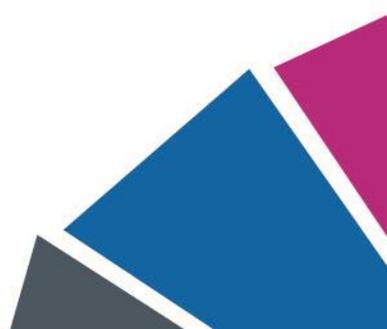
Health Based Place of Safety (Section 136 suite)

- Section 136 of the Mental Health Act (s136) allows for someone thought by the police to have a mental disorder, and who may cause harm to themselves or another, to be detained in a public place and taken to a safe place.
- Usually this is a health-based place of safety (HBPoS) where a mental health assessment can be carried out.
- In NCL we currently have one HBPoS in Chase Farm hospital with 2 beds.

Next Steps

We are building a HBPoS in Highgate Centre for Mental Health with 5 beds (3 beds to be initially commissioned)
Highgate service will be opened end of Q2 2019/20.

- As a result people detained on Section 136 will no longer be taken to Emergency departments.





Children & Adolescent Mental Health Services (CAMHS)

NCL Out of Hours Service

- NCL CAMHS Out Of Hours Crisis Service is commissioned to start from 1st April 2019 for a period of 12 months.
- This will be a nurse led service.
- We are also reviewing the on-call consultant rota which will support the nurse led service.
- This will mean we will have a 24 hour crisis service for Children and Young People in NCL.

This will result in:

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- Inappropriate admission prevention
- reduced length of stay
- supporting appropriate and safe discharges
- reduction of admission to acute paediatric beds across the NCL footprint

CAMHS Tier 4 New Care Models (NCM)

- CAMHS T4 NCM - local commissioning of Tier 4 CAMHS, with care delivered as close to home as possible.
- Our main objective is eliminate out of area placements for children and young people in NCL.
- NCL STP collaborating with North East London STP
- Funding will be transferred from NHS England to North Central East London providers.



- In NCL we have 2 boroughs (Camden & Haringey) selected to be trailblazers for mental health provision in schools.
- The sites will receive funding to commission new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help.
- Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.
- One of our site will also trial a four week waiting time for access to specialist NHS children and young people's mental health services.



- Business as usual pressures and overall sector financial pressures have significantly limited investment in transformation.
- Particular impact on acute care pathway work stream where limited progress has been made.
- Mobilising capacity where STP has been on top of day jobs.



- Female Psychiatric Intensive Care Unit completed
- Primary Care, Mental Health Liaison and Perinatal to continue as planned
- Review of acute care pathway: focus on system efficiency; Out of Area Placements placements & strengthen case for investment
- CAMHS – crisis and Tier 4 plus additional focus on waiting times
- Community resilience – focus on post suicide prevention and Individual Placement Support (IPS)
- Dementia – engage other work streams to identify where mental health can add value
- Include additional workstream on mental health workforce.

Expert by Experience Board

Slide 22

Overview of the EbyE Board

- Following feedback from a Stakeholder Workshop, the Mental Health Board decided to **recruit an experts by experience group** to support the programme, and to ensure the programme is developed through **genuine and meaningful coproduction** with service users and carers.
- In November 2016 the group was recruited. The group named themselves the **Expert by Experience (EbE) Board**, elected a Chair and two Vice Chairs.
- Members of the EbyE Board are paid **remuneration** for their coproduction work, and are supported by Public Voice (Healthwatch Haringey) to carry out their roles.
- The EbyE Board currently has **12 members, from across the NCL boroughs**; consisting of service users and carers.
- Since December 2016 the EbyE Board has **met monthly**.
- The **Chair and Vice Chairs attend the NCL STP Mental Health Board**.
- Members of the EbyE Board are part of all of the **implementation groups** for the mental health initiatives. For some implementation groups where specific experience is required, such as perinatal mental health, other experts by experience who are not part of the EbyE Board are involved.
- The EbyE Board support the mental health workstream to **engage with wider networks of experts by experience**, such as through public engagement events.



Re-development of St Ann's Hospital and St Pancras Hospital

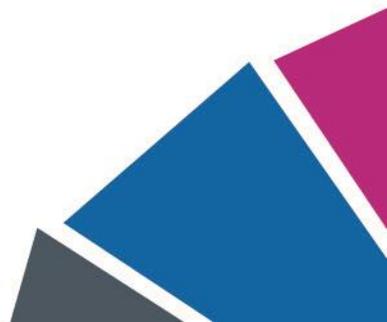
Slides 24



St Ann's & St Pancras Hospitals redevelopment



| St Ann's hospital redevelopment (Barnet, Enfield and Haringey Mental Health NHS Trust) | St Pancras Hospital redevelopment (Camden & Islington NHS Foundation Trust) |
|---|---|
| <p>The St Ann's redevelopment is focussed on improving the estate to provide both better quality inpatient care for those with mental health needs, and affordable accommodation for the community.</p> <p>The current site will be refurbished to replace poor pre-existing facilities with a new, fit for purpose, mental health inpatient unit across one third of the existing site.</p> <p>This has included stakeholder engagement across Haringey Council, providers and staff to create a state of the art mental health facility.</p> <p>Construction will begin in 2019, with the mental health unit to complete by 2021, and refurbishments to the remainder of the site by late 2022.</p> <p>During the redevelopment, the current services including the number of beds will remain the same with patients moving to a new improved facility once completed.</p> | <p>The St Pancras redevelopment will provide improved community and inpatient services, including 2 mental health community hubs.</p> <p>Following the outcome of public consultation, Inpatient C&I services currently provided at St Pancras Hospital will move to the Whittington Hospital site in 2021.</p> <p>During the redevelopment, the current services including the total number of beds will be the same with patients moving to a new improved facility once completed.</p> |





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Partnership work between CCGs and Councils

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Slide 26



During 2018/19, CCGs and Councils have worked together to deliver the following key priorities:

- Set up a primary care link worker pilot through the Better Care Fund to improve outcomes for people with MH issues accessing primary care
- Prioritised reducing Mental Health delayed transfers of care by establishing a System Resilience programme manager post that covers Enfield, Barnet and Haringey and introduced Discharge Navigators who work alongside Enfield's integrated Mental Health teams. These posts are funded through our Improved Better Care Fund.
- Prioritised reducing out of area placements by working together on our local complex care pathway to open a new inpatient ward in Enfield for people with complex care rehabilitation needs. The new facility opened in June 2018. We have worked together jointly to stimulate the local Provider Market to respond to the needs of people with complex care needs who also have substance misuse issues. This is by developing a small intensive supported accommodation based service with input by our integrated complex community Rehabilitation team and our community safety unit. We have initiated a joint procurement process to develop a 23-bed community rehabilitation supported accommodation service and a range of independent housing options within the borough by September 2019.
- Currently reviewing self-directed support options for people under joint Mental Health Act aftercare arrangements living in the community with a view to developing a system for improving the uptake of combined Personal Health Budgets and Direct Payments. We will do this by ensuring that people with mental issues have access to a range of support options to help them to self-direct and manage their own care whilst safeguarding their interests
- Mental health Crisis Café in Haringey.



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Dementia Update

Slides 28-37

Dementia... NCL are delivering best practice

- This project forms part of NHS England's and the Alzheimer's Society selection of best practice across England.

Best practice;

- Camden and Islington: Diagnosis Rates
- Barnet, Camden and Islington: Referral – Diagnosis timescales
- UCL specialist hospital and dementia training
- Models of Care: Specialist dementia teams
- Dementia - Best Practice in Care Homes



Dementia Prevalence

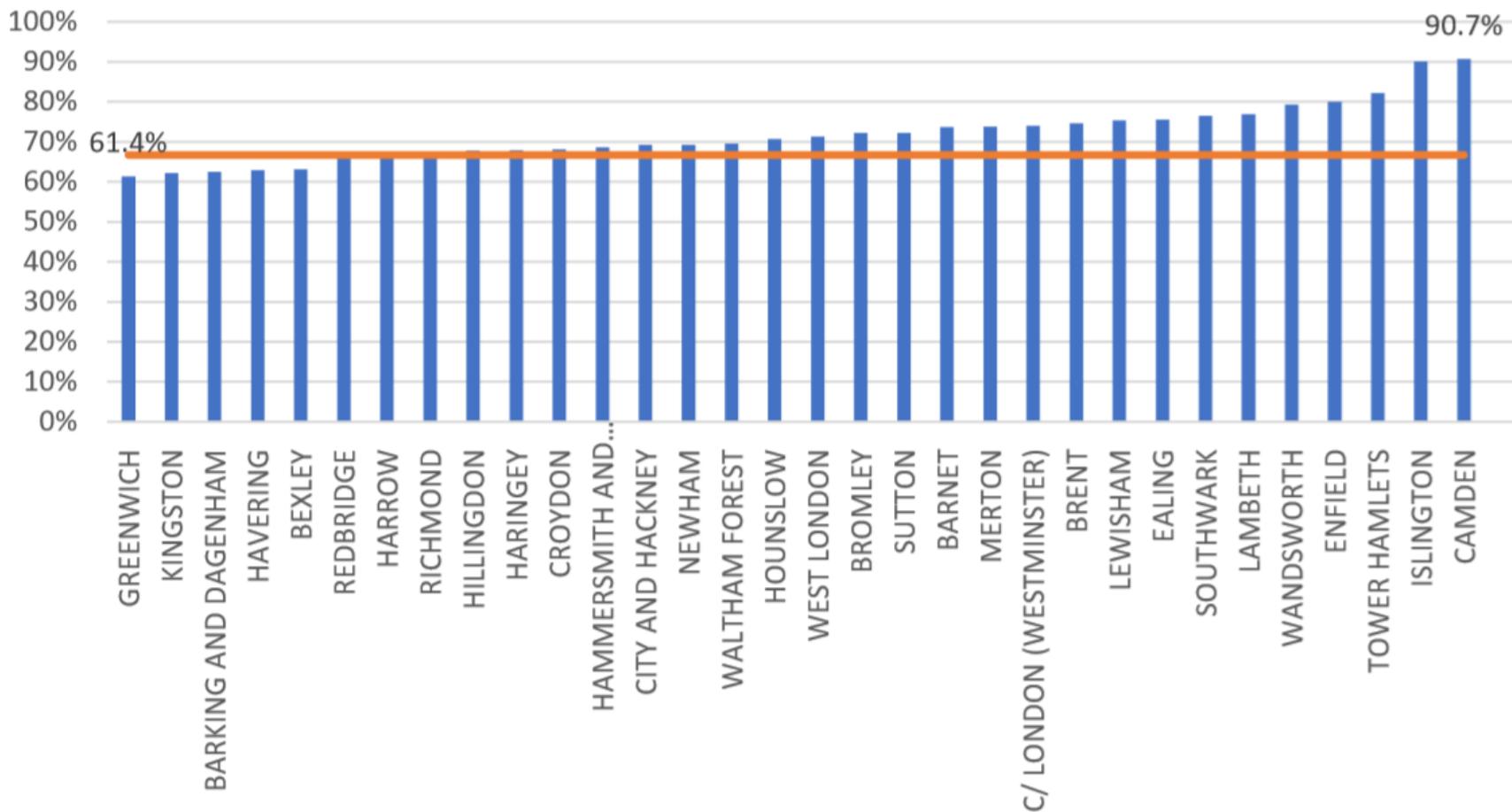
| CCG | Sum of Dementia Registers (65+) Numerator | Estimated Dementia Prevalence (65+) Denominator | Dementia: Estimated Diagnosis Rate 65+ (%) | Diagnoses required to reach 100% |
|---------------------|---|---|--|----------------------------------|
| LONDON TOTAL | 48,796 | 68,286 | 71.5% | 19,490 |
| BARNET | 2,807 | 3,808 | 73.7% | 1,001 |
| CAMDEN | 1,416 | 1,562 | 90.7% | 146 |
| ENFIELD | 2,093 | 2,617 | 80.0% | 524 |
| HARINGEY | 1,251 | 1,843 | 67.9% | 592 |
| ISLINGTON | 1,143 | 1,268 | 90.1% | 125 |
| TOTAL NCL | 8,710 | 11,098 | 80% | 2,388 |

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Source: NHS England Dementia Diagnosis Rate Report, November 2018.



London Dementia Diagnosis Graph - November 2018





STP Analysis

| Name | Number of patients with dementia ages 65+ | | Diagnosis |
|----------------------|---|-----------|-----------|
| | Recorded | Estimated | % Rates |
| North West London | 12,279 | 17,254 | 71.2% |
| North Central London | 8,710 | 11,098 | 78.5% |
| North East London | 8,695 | 12,882 | 67.5% |
| South East London | 9,934 | 14,060 | 70.7% |
| South West London | 9,064 | 12,866 | 70.5% |
| Total | 48,682 | 68,160 | |

Page 6 of 9

Dementia in Care Homes.

- 70% of people living in care homes have dementia.
- ¼ of hospital beds are occupied by an older person with dementia at any one time¹
- People with dementia in hospital stay more than twice as long as their counterparts without dementia aged over 65¹.
- People with dementia represent a quarter of delayed discharges and 10% of re-admissions within 30 days¹
- Of those who are admitted to hospital from their homes, over a half are then discharged into residential care.

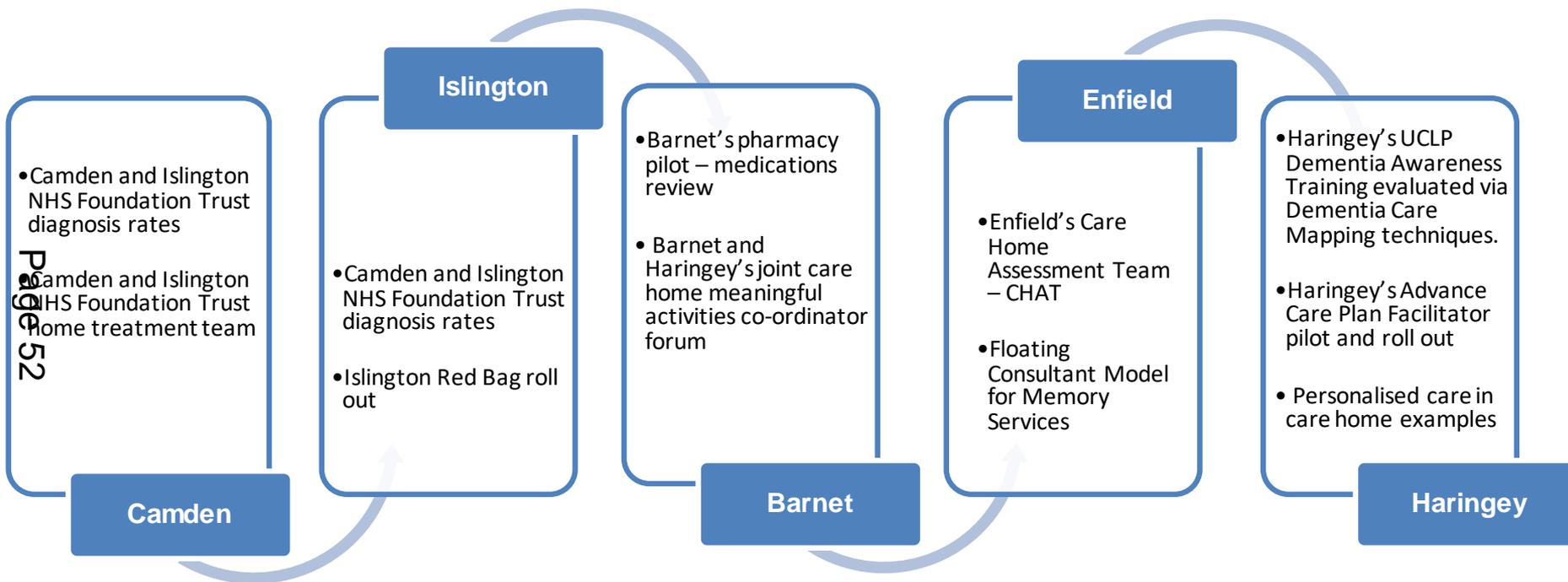
¹<https://www.alzheimers.org.uk/sites/default/files/2018-05/Dementia%20the%20true%20cost%20-%20Alzheimers%20Society%20report.pdf>

NHS England's Dementia Initiatives.

NHS England's Dementia quality improvement initiatives for care homes

1. Identification of dementia
2. Dementia Care Mapping
3. Old Age Mental Health teams / Memory Services and Dementia Advisors
4. Medication Review
5. Advance care plans
6. The silver box – memory / personalisation box
7. The red bag – care home to hospital transition

Project deliverables



Models of Care.

- Evidence the impact of specialist Older Peoples Mental Health teams on emergency admissions and length of stay in hospitals across North Central London.
- Camden and Islington NHS Foundation Trust – Home Treatment Team
- Barnet, Enfield and Haringey Mental Health NHS Trust – Care Home Assessment Team



Young Onset Dementia Prevalence

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| CCG | Number of people with YOD (PHE Count) | Estimated YOD prevalence (9%) | Difference between diagnosed and expected YOD |
|----------------------|---------------------------------------|-------------------------------|---|
| London Region | 1,840 | 4421 | 2,581 |
| Enfield | 57 | 186 | 129 |
| Haringey | 57 | 109 | 52 |
| Barnet | 47 | 257 | 210 |
| Camden | 27 | 119 | 92 |
| Islington | 52 | 109 | 57 |
| Total | 240 | 780 | 540 |

Source: A. NHS Digital: 'Recorded Dementia Diagnoses, April 2017'. B. 9% of 'Dementia QOF prevalence, April 2017' (all ages) - Available from [<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>].

Scanning

- London target: **85%** of people with dementia, receives a diagnosis and starts treatment within **6** weeks of referral.
- We recognise that access to diagnostic scanning can influence those timescales.

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Training

- Behaviours that challenge training seems to be a gap.



Appendix: summary of the main STP projects

Slides 39-43



| Priority Summary | Summary of Products / Outputs |
|---|---|
| <p>To deliver local provision of inpatient services for people requiring mental health services whilst reducing the need for using inappropriate OAPs. This will enable patients to remain close to their communities, with a more streamlined and effective pathway ensuring a focus on recovery. As part of the acute care pathway the STP aims to ensure that:</p> <ul style="list-style-type: none"> • There is an effective acute care pathway that ensures admission to hospital is appropriate and purposeful and that discharge from hospital is timely managed. <p>Discharge from hospital is supported by high quality community services that are fully engaged in discharge planning from the point of admission.</p> <p>Inpatient services focus on the needs of the individual service user and provide care that is personalised and promotes recovery and social inclusion.</p> <ul style="list-style-type: none"> • Service users and carers are involved in care planning, in how mental health services in NNCL STP are run and in operational and strategic planning, evaluation and development. <p>Priority will also be given to modernising acute inpatient services within wider service development programmes and strategic plans and partnerships (e.g. the development of St Pancras hospital and St Ann's hospital sites).</p> <p>FYFV priority – <i>Eliminate inappropriate acute Out of Area Placements by 2021.</i> <i>CRHTTs resourced to operate in best practice, delivering 24/7 community based crisis response.</i></p> | <p>Elimination of Out of Area Placements (OAPs) by expanding CRHTTs and delivering alternative models for community support. This will be achieved by a whole NCL STP system priority on intensive focus on patient pathways, LoS, bed management and patient flow.</p> <p>Launch of adult HBPoS in NCL, not within A&E department -NCL STP is committed to responding to people in crisis 24/7 and the delivery of effective section 136 practice. The HBPoS initiative is paramount to our local access and urgent care services. The development of environmental facilities within C & I at Highgate Mental Health Centre will enhance our s136 delivery for the STP.</p> <p>Develop alternatives to admission & strengthening CRHTT provision - A key aim of mental health care in NCL STP has been on supporting people to live more independent lives through better care and treatment in the community. There may be a link between inadequate RHTT provision and high OAP activity. These teams are a crucial component of a well-functioning local acute mental health system, and areas that have successfully eliminated OAPs have achieved this in part by ensuring their CRHTTs are adequately resourced to provide a 24/7 emergency response and alternative to inpatient admission where appropriate.</p> <p>This initiative will also drive strengthening core community mental health services by:</p> <ul style="list-style-type: none"> • Ensuring a system-wide approach to 24/7 crisis and HTT services that interface with key external stakeholders, particularly A&E, police and ambulance. • Investing in alternatives to admission through innovative models such as crisis recovery cafes and intensive home-based services • Working with other stakeholders to ensure that well resourced, personalised social care packages are in place. • Ensuring that housing, including specialist supported housing for mental health service users. |



| Priority Summary | Summary of Products / Outputs |
|---|---|
| <p>Scale up 24/7 all age comprehensive liaison to more wards and emergency departments, ensuring that more people in Emergency Departments and on inpatient wards with physical health problems have their mental health needs assessed and supported.</p> <p>We will also seek to address areas where NCL has higher activity compared to England as identified by the NHS E integrated mental and physical health analysis, including frequent attenders. We will learn from the evaluation of the MH suite in Whittington A&E which is going live end of April 2018.</p> <p>The mental health workstream proposes to build on the evaluation of the UCLH pilot funded by NHS England in 2017/18 and the NMuH pilot funded in 2018/19, to more fully evaluate the benefits of liaison services and develop a more detailed clinical and business case for a constant model across NCL. This would ensure the benefits of specific initiatives are effectively rolled out and that both the provision and commissioning of liaison services are more consistent across NCL.</p> <p>FYFV priority - <i>By 2020/21, NHS England should invest to ensure that no acute hospital is without all-age mental health liaison services in emergency departments and inpatient wards, and at least 50 per cent of acute hospitals are meeting the 'core 24' service standard as a minimum.</i></p> | <p>NMuH MHLS - launching and reviewing the NMuH MH liaison pilot and evaluating of the impact. The extended service will begin from 2018/19 at a cost of £0.5m per year. The extended service funded by the successful bid at NMuH will pilot the use of peer support workers in the ED on a 24/7 rota. The NMuH pilot aims to significantly improve response times and patient experience and reduce pressure on the liaison team and ED team staff dealing with challenging and complex mental health patients. NLP will work together to develop a sustainable solution to MH liaison service funding with a goal of reaching Core 24 in all sites across the patch.</p> <p>Develop a clear NCL MH Liaison Commissioning and implementation plan: NCL Commissioners are keen to evaluate the models in NCL including the evaluation completed for UCLH, before developing longer term commissioning intentions to ensure that we benefit from learning. Evaluation of quality, safety and cost efficiency outcomes must determine the commissioning and contracting models going forward (i.e. a clear methodology for determining whether we commission through acutes under 'Invest to Save' funding models of care or through MH commissioning budgets with MH Trusts directly. This will result in the development of an implementation plan which will support specific 2019/20 commissioning intentions.</p> |

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Children & Adolescent Mental Health Services (CAMHS)



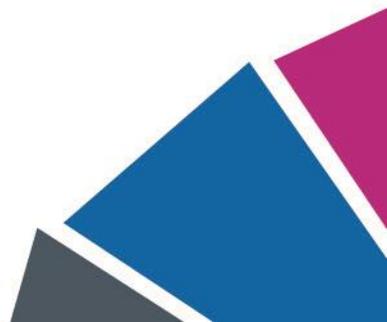
| Priority Summary | Summary of Products / Outputs |
|---|---|
| <p>Improve CAMHS offer in NCL STP which is aligned with CYP LTPs whilst ensuring that more children have access to mental health support, and meet waiting time standards including for eating disorders. Unless highly specialised care is required, to eliminate out of area placements for children requiring inpatient support, and to reduce LOS through improved community support</p> <p>EYFV Priority <i>Eating Disorders: Make further progress towards delivering the 2020/21 waiting time standards for children and young people's eating disorder services of 95% of patient receiving first definitive treatment within four weeks for routine cases and within one week for urgent cases.</i></p> | <p>Crisis Pathway (Out of hours service) - Develop an NCL crisis pathway that includes 24/7 urgent and emergency mental health service for children and young people with care delivered as close to home as possible for children in crisis, this includes, and review of S136 provision</p> <p>CYP HBPoS – this initiative is the development of a dedicated NCL wide CYP HBPoS at Highgate Mental Health Centre. The initiative forms part of the NCL wide acute care pathway and will be working alongside the development of the out-of-hours crisis team and crisis suite.</p> <p>CAMHS T4 NCM - local commissioning of Tier 4 CAMHS with care delivered as close to home as possible</p> <p>Eating disorder – Review intensive eating disorder service provided by Royal Free hospital for NCL</p> <p>Transforming Care -Supporting children and young people with challenging behaviour in the community, preventing the need for residential admission</p> <p>CAMHS in School - Offer to be a trailblazer site. Ensure CWP are in schools across the STP undertaking similar work</p> <p>MHSDS - Ensure data collected across STP is comparable for CAMHS</p> <p>Workforce - Planning for a workforce that meets the mental health and psychological well-being needs of children and young people in NCL, including CYP IAPT workforce capability programme</p> |



Increasing Access to Primary Care Mental Health Services

| Priority Summary | Summary of Products / Outputs |
|--|---|
| <p>Delivering parity of esteem for mental health services includes a patient-centred focus on reducing the stigma associated with having, or receiving treatment for, mental health conditions. Increasing the provision of mental health assessment and treatment alongside other primary care services is a key element.</p> <p>The PCMH models used in NCL are not uniform nor uniformly available and need to reflect the local service provision (including IAPT services) so there is a complete offer that meets the population's needs.</p> <p>Expansion of IAPT services, including the introduction of Integrated IAPT for people with LTCs will see more people with 'common' mental health conditions able to access appropriate support.</p> <p>FYFV priority: <i>IAPT Services to Meet 25% of population need, 75% treatment within 6 weeks, 95% treatment within 18 weeks & 50% recovery rate.</i></p> | <p>Collaboration on PCMH at STP level to:</p> <ul style="list-style-type: none"> • Agree shared outcomes and KPIs for monitoring impact of services in each borough. • Benchmark each service against published guidance on PCMH models to inform future commissioning. • Embed these principles within the development of care closer to home integrated networks (CCHINs). <p>Collaboration on IAPT at STP level to:</p> <ul style="list-style-type: none"> • Commission services to meet the access target of 19% by Q4 2018/19, and 25% by 2020/21. • Evaluate pilots and implement services that meet the needs of patients with LTCs. • Use high-quality service models that meet recovery target of 50%, and sustain recovery rates for different populations. |

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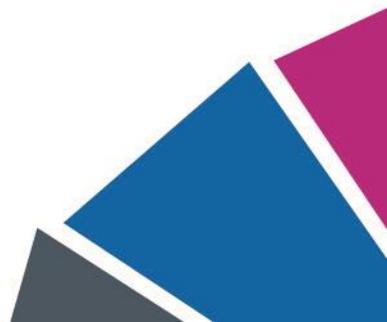




Mental Health Workforce

| Priority Summary | Summary of Products / Outputs |
|--|--|
| <p>Delivering the FYFV priorities on mental health requires an expanded Mental Health Workforce, including new roles, that can work across additional organisational and care setting boundaries.</p> <p>Provision of mental health support is expected to be done from and by non-traditional services with a far greater range of staff requiring the skills to deliver care.</p> <p>FYFV priority: <i>3,000 new mental health therapists will be co-located in primary care, Reduction in SMI life expectancy gap & SMI physical health checks.</i></p> | <p>Demand modelling to highlight the investment required to deliver necessary workforce to meet this.</p> |
| | <p>Ensure deliverables within STP Workforce Programme reflect the needs of Mental Health Programme e.g.. portability.</p> |
| | <p>Improve mental health skills of physical health staff.</p> |
| | <p>Utilise broad range of clinical opportunities within NCL providers to develop better career pathways e.g.. clinical psychologists and IAPT therapists.</p> |

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| | |
|---|--|
| <p>North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)</p> | <p>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</p> |
| <p>REPORT TITLE: North London Partners Maternity Programme Update</p> | |
| <p>REPORT OF: Kaye Wilson, Head of Maternity Commissioning, NCL CCGs Rachel Lissauer, Director, Wellbeing Partnership, Haringey and Islington</p> | |
| <p>FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee</p> | <p>DATE: 18th January 2019</p> |
| <p>SUMMARY OF REPORT</p> <p>To update JHOSC members on the progress against the maternity priority theme within the STP, including milestones, risks and issues.</p> <p>Contact Officer:</p> <p>Henry Langford Senior Policy and Projects Officer London Borough of Camden henry.langford@camden.gov.uk 020 7974 5118</p> | |
| <p>RECOMMENDATION</p> <p>The committee is asked to consider and comment on the report.</p> | |

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**NORTH LONDON
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Maternity Programme Report

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Joint Health Overview & Scrutiny Committee
18 January 2019

- Kaye Wilson, Head of Maternity Commissioning - North Central London CCGs
- Rachel Lissauer, Director - Wellbeing Partnership Haringey and Islington



Maternity within North Central London



There are c20,000 births per year for residents within North Central London



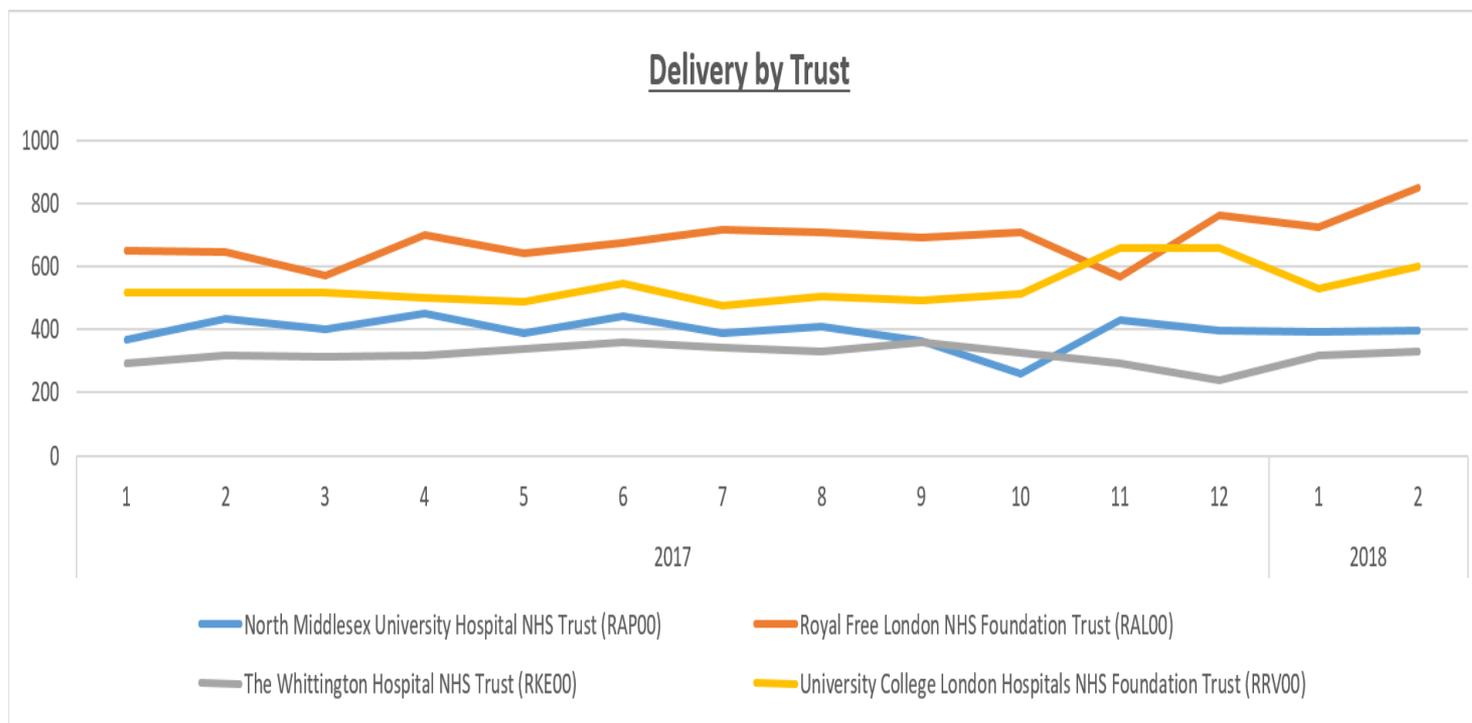
The budget for maternity across North Central London is over £115 million per annum

Maternity services are provided on six sites. Five obstetric units with connected midwifery units as well as the Edgware Birth Centre which is a free standing midwifery unit.



Births by Trust 2017-18

RFL – 8726 (RFH – 3091; BH - 5635), UCLH – 6547, NMUH – 4704, Whittington - 3831



The Royal College of Midwives (RCM) suggests that units undertaking up to 6,000 births per year are more personal and more woman-friendly, however there is little evidence to underpin a recommendation for the optimum size of a maternity unit and no definitive guidance has been produced.

Quarterly Breakdown of Caesarean Section Rates by Trust 2017-18

The Maternity Dashboard rates for total emergency caesarean section based on London HES Data 2016-17 are:

| |
|---------------|
| ≤ 18.1% |
| 18.2% - 19.9% |
| ≥ 19.9% |

The rates for NCL 2017-18 are as follows:

| Trust Name | Q1 | Q2 | Q3 | Q4 |
|-------------|-------|-------|-------|-------|
| Barnet | 17.9% | 19.1% | 20.3% | 18.5% |
| Royal Free | 15% | 18.3% | 24.2% | 18.5% |
| UCLH | 18.6% | 18% | 16.6% | 18.2% |
| Whittington | 17.1% | 18% | 20.8% | 17.1% |
| NMUH | 19.8% | 16.3% | 19.4% | 20.2% |

Audits undertaken at the request of the CQC identified no issues with the rationale for CS. Quality Improvement measures are in place at RFL and NMUH which aim to reduce the number of emergency CS. They are monitored quarterly at the Clinical Quality Review Meeting (CQRM).

CQC Maternity Inspection

The Maternity Services at all four NCL Trusts are rated GOOD by the CQC.

| | OVERALL | Safe | Effective | Caring | Responsive | Well-led |
|---|-------------|----------------------|-----------|--------|----------------------|----------|
| Whittington 28/02/2018 | GOOD | Requires Improvement | Good | Good | Good | Good |
| NMUH 14/09/2018 | GOOD | Requires Improvement | Good | Good | Good | Good |
| Royal Free 15/08/2016 | GOOD | Good | Good | Good | Requires Improvement | Good |
| UCLH 11/12/2018 | GOOD | Requires improvement | Good | Good | Good | Good |

Action plans are in place to address elements identified as requiring improvement and they are monitored quarterly at Maternity Clinical Quality Review Meeting (CQRM).

Source: <https://www.cqc.org.uk>

CQC National Maternity Services Patient Survey – 2018

The table below shows the results of the CQC survey published in 2018. Action plans to address the areas where the experience was found to be worse when compared with other trusts are monitored each quarter at Maternity CQRM.

| Patient Survey – Compared with other Trusts | Whittington | NMUH | Royal Free | UCLH |
|--|--------------------|----------------|-------------------|----------------|
| Labour & birth | About the same | Worse | About the same | About the same |
| Staff during labour & birth | About the same | About the same | Worse | About the same |
| Care in hospital after birth | About the same | About the same | About the same | About the same |

Source: <https://www.cqc.org.uk/publications/surveys/maternity-services-survey-2017>

How we are organised



- Within NCL we have been working as a maternity network since 2010
- We have a single commissioner across the system
- We are now officially a Local Maternity System (mandated for each STP). We have a Board on which each Trust and CCG are represented and which is co-chaired by an obstetrician and senior midwife

We were selected as an ‘early adopter’ for the national maternity transformation programme – Better Births so we have had dedicated project management and clinical leadership

Better Births aims to drive up standards of care for our local residents while ensuring that maternity services provide good value for money. There are no plans to reduce or close services.

Challenges

The 2016 NCL STP “Case for Change” identified the following key health needs of our local population :

- People are living longer, but in poor health
- Different ethnic groups, but with different health needs
- There is population movement into and out of the area
- There are high levels of homelessness and housing
- Lifestyle choices put people at risk of ill health and early death
- There are poor indicators of health for children
- There are high rates of mental illness for adults and children
- There are differing levels of health and social care need

Our Case for Change

Complexity: More women are giving birth later and increasing numbers require complex care

Choice: More women would like to give birth in a midwifery-led unit than actually do
49% of women say that they would choose a midwife unit but only 16-21% of women within North Central London actually deliver in a midwife unit. 40% of women in North Central London say that they were NOT offered enough information to make an informed choice about where to have their baby.

Quality & Safety: Potentially avoidable variation in quality and outcomes existed across the system (stillbirths and neonatal deaths).

Continuity: A key factor that can reduce rates of complications is continuity of carer – ensuring that a woman is looked after someone who she knows and who know her well. Within North Central London (and nationally) very few women currently receive care from the same team before, during and after birth. Current working practices are not designed to support this.

Experience: Within NCL we have lower than national average scores for antenatal and intrapartum experience and perinatal mental health support

**Two key priorities are at the heart of our work:
Promoting safe and effective maternity care
Improving choice and personalisation**



How we are improving quality and safety



- All Trusts now participate in a clinically-led quality and safety group
- We have an agreed quality dashboard so that outcomes (caesarean section rates, stillbirth, neonatal deaths, neonatal admissions, maternal deaths etc.) can be viewed and compared
- There is a standardised way of reporting triggers, serious incidents and incidents
- This group reviews processes and procedures for consistency across sites and to promote best practice
- Every 3 months clinicians from all sites come together to learn and share from incidents and to share learning from safety initiatives
- The group monitors achievement of reductions in stillbirth, neonatal death, maternal death and brain injury



NHS Resolution Maternity Incentive Programme

NHS Resolution's maternity incentive scheme rewards Trusts meeting the following ten safety actions designed to improve the delivery of best practice in maternity and neonatal services:

1. Use of National Perinatal Mortality Review Tool
2. Submitting data to the Maternity Services Data set
3. Transitional Care services that support the ATAIN Programme
4. Effective system of workforce planning
5. Effective system of midwifery workforce planning
6. Compliance with all 4 elements of the Saving Babies' Lives care bundle
7. Patient feedback mechanism for maternity
8. 90% of each maternity unit staff group have attended in-house multi-professional maternity emergency training within the last training year
9. Trust safety champions meet bi-monthly with Board level champions to escalate locally identified issues
10. Reported 100% of qualifying 2018-19 incidents under NHSR Early Notification Scheme



NHS Resolution Maternity Incentive Programme

Nationally, **75 of 132 (57%)** NHS Trusts met all 10 criteria.

Page 76 **12 London NHS Trusts** met all 10 criteria.

3 of 4 (75%) NCL Trusts (Royal Free, UCLH and Whittington) **were successful**, meeting all 10 criteria and received a 10% rebate and a proportionate share of remaining funds. This is a significant achievement.

NMH met 9 of 10 actions and therefore did not receive the 10% rebate, but an action plan is in place and they will receive funding linked to the plan to enable them to meet the outstanding safety action.

There is good evidence that continuity of care is associated with improved outcomes

- ✓ Less likely to have an epidural
- ✓ Fewer episiotomies or instrumental births
- ✓ Increased chances of a spontaneous vaginal birth
- ✓ Less likely to experience preterm birth
- ✓ Lower risk of losing their babies
- ✓ Better uptake of important public health interventions

No difference in the number of caesarean births

No adverse effects compared with other models

Sources: Cochrane 2016 [Review of midwife-led continuity models of care compared with other models of care for women during pregnancy, birth and early parenting] and Birthrate Plus report



How we are improving continuity of care

- Increasingly, rather than working in a setting like labour ward or ‘the community’, midwives are working as a team offering care for a particular group of women and families throughout their birth experience. So the woman sees someone from within the same small team of midwives for her ante-natal and post-natal appointments and, wherever possible, for her delivery too. We have plans for 20% of women to experience this continuity by the end of 19/20.
- This approach is particularly focused on women who are vulnerable.
- We are even piloting an approach where we have set up a joint team between midwives from different Trusts who work within the same health centre so that they can, together, offer continuity for their most vulnerable women and bring together different services which operate within the community to a ‘hub’.
- We are evaluating this approach and will be interested to see outcomes for women experiencing continuity of care.



Supporting our skilled workforce

- We have developed a 'midwifery training passport' so that Trusts can be assured that the appropriate standard of training has been achieved by the passport holder and midwives can move flexibly across sites without duplicating training.
- An app is under development. It will offer a quick reference tool to highlight the differences in clinical guidance for midwives working across Trust sites.
- We have successfully bid for money to allow midwives in all Trusts to access training to support them in delivering continuity of care



"If the midwife I see at my antenatal appointments works at a certain hospital, and is wearing that hospital's name badge or uniform, I feel obliged to chose that hospital for my birth. I don't want to upset or insult her by choosing a different hospital"

What we are doing to improve choice and personalisation

- We want every woman to have a personal care plan which is referenced throughout her maternity journey
- An NCL personal care plan standard template has been developed. A schedule is now in use which sets out when conversations about choice should happen
- An online toolkit has been developed and shared to help midwives to support them to have good quality conversations about choice and personalisation
- We are developing a website to provide good and consistent information for women and families about having a baby in North Central London



How families in NCL are shaping the work

- 15 women have been recruited as participant researchers from across NCL and many from 'hard to reach groups'
- They have undertaken research with women and families to inform development of our plans
- Particular emphasis from their research on confusion with booking processes and feeling of alienation from vulnerable and people who don't have English as first language
- We now have a team of participants who can help us to test ideas



'In London every woman will have access to safe, high-quality and personalised maternity care, enabled through strong relationships between women, babies, their families and those who care for them'

London Maternity Partnership 2017

Continuity of Carer – 20% of women to be booked onto continuity of carer pathway by March 2019

Births in Midwifery Led Settings – Increase the number of women giving birth in midwifery led settings

Choice of Birthplace – All women are able to choose from 3 birth places to receive care: obstetric unit; midwifery led units; home.

NCL's ambitions are in line with, and report into, the ambitions of the National Maternity Transformation Programme.

Personalised Care Plans – Every woman should develop a personalised care plan with her midwife and other health care professionals

Safety – Reduce the rates of stillbirth, neonatal death and brain injury by 20% by 2020/21, 50% by 2025

Saving Babies Lives Care Bundle – Full implementation of the bundle by March 2019

Maternity Figures 2017-18 – By CCG

There is a national tariff for price for ante-natal care, delivery and post-natal care.

Ante-natal is £1,018 for no complications, £1,629 for some complications (e.g. social need, drugs/alcohol, high/low BMI), to £2,711 (e.g. twins)

Post-natal is £248, £313, £842

Delivery is £3,120 (with complications) or £1,819

There are also medicines and prescribing costs, costs for additional nights in hospital

There is very little up-to-date cost benchmarking information. The information below is very approximate.

| Borough | Births (2017) | Total maternity cost (2017) | Approx cost per birth |
|-----------|---------------|-----------------------------|-----------------------|
| Barnet | 5190 | 27,000,000 | 5202 |
| Camden | 2607 | 14,262,000 | 5471 |
| Enfield | 4778 | 24,957,000 | 5223 |
| Haringey | 3881 | 22,000,000 | 5669 |
| Islington | 2946 | 17,000,000 | 5771 |

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| <p>North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)</p> | <p>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</p> |
| <p>REPORT TITLE: Update and Discussion to plan for Moorfields Consultation</p> | |
| <p>REPORT OF: Will Huxter, Director of Strategy, NCL CCGs Denise Tyrrell, Programme Director, NCL CCGs</p> | |
| <p>FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee</p> | <p>DATE: 18th January 2019</p> |
| <p>SUMMARY OF REPORT</p> <p>This report summarises the proposal to create a new centre to provide world class eye care for people who live in London, across the UK and internationally.</p> <p>This is to support discussion with JHOSC to ensure:</p> <ul style="list-style-type: none"> • best practice public involvement • service changes in the best interests of our patients and communities <p>Contact Officer:</p> <p>Henry Langford Senior Policy and Projects Officer London Borough of Camden henry.langford@camden.gov.uk 020 7974 5118</p> | |
| <p>RECOMMENDATION</p> <p>The committee is asked to consider and comment on the report.</p> | |

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NORTH LONDON PARTNERS
in health and care

North Central London's sustainability
and transformation partnership



Oriel
Creating the centre for
advancing eye health



Update and discussion to plan for Moorfields consultation

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Report to North Central London Joint Health
Overview and Scrutiny Committee (JHOSC)

- Will Huxter, Director of Strategy – NCL CCGs
- Denise Tyrrell, Programme Director – NCL CCGs



Purpose

This report summarises the proposal to create a new centre to provide world class eye care for people who live in London, across the UK and internationally.

This is to support discussion with JHOSC to ensure:

- **best practice public involvement**
- **service changes in the best interests of our patients and communities.**

Where we are now

- Before completion of pre-consultation business case (PCBC)
- Wider involvement, listening and learning
- Opportunity to influence plans and consultation programme

What's in this presentation

- Vision
- Values
- The proposal
- Example drivers for change
- Potential benefits
- Part of the wider picture for North London
- **Listening and learning** - outline plan for consultation and involvement
- Examples of what people have told us
- Governance
- Timeline and next steps



Vision

Oriel

“We will create an environment for innovation to flourish, inspiring improvements in people's sight”

Moorfields
Eye
Hospital

“Our vision of excellence – working together to discover, develop and deliver best eye care”

- Pioneering patient-centred care with exceptional clinical outcomes and excellent patient experience
- At the leading edge of research
- Innovation by sharing knowledge and developing tomorrow's experts
- Collaboration to shape national policy

North
London
Partners
(STP)

“To transform North London into a place where no-one is left behind”

- Prevention and early intervention to improve health and wellbeing
- Service transformation to adapt to new technologies and meet the changing needs of our population
- Productivity
- Enablers – digital, workforce, estates and new ways of working

Values

JHOSC & North London Partners principles “The Moorfields’ Way”

- Needs of individual patients, carers, residents and communities truly at the centre
 - Local patients, carers, residents and communities are a resource for knowledge
 - Trust and empower local patients, carers, residents and communities to drive change and deliver sustainable improvements
 - Co-design, co-produce and co-deliver services and programmes with local patients, carers, residents and communities
 - Focus on building resilient patients, carers, residents and communities and on where resources have biggest sustainable impact
- **We are caring** – we care about our patients, our people and the health and care system
 - **We are organised** – we ensure we manage services well
 - **We are excellent** – we are a world leading eye care provider
 - **We are inclusive** – we are open and seek to involve a range of opinions



The proposal

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People's sight matters

– 88% people surveyed considered good vision vital for overall health and wellbeing

Sight loss an increasing reality for many people

– major eye diseases are expected to increase over next 15 years

Major advances bring new benefits

– diagnostics, treatments, information sharing, new ways of working, fewer hospital visits

Planning for the future

– current site in City Road outdated and overcrowded, hinders rather than supports innovation

We have an opportunity to build

– a new purpose-built centre to improve research, care and patient experience



The proposal



Oriel
Creating the centre for
advancing eye health

Oriel is our proposal to build a new facility at the site of St Pancras Hospital in Camden, subject to consultation. We would then relocate all services from Moorfields Eye Hospital on City Road and UCL Institute of Ophthalmology on Bath Street in Islington to bring together high quality eye care, leading-edge research and the world's best education in ophthalmology.



Example drivers for change

- **More patients will need treatment in the future** - need to adapt, treat at earlier stage, avoid unnecessary hospital visits, improve treatment pathway
- **New techniques and technology to diagnose and treat conditions** - e.g. smarter scans, more effective treatments, but ageing facilities constrain developments
- **Blocks in the system** – e.g. diagnostics at a distance from consultation, professionals limited in ability to interact
- **Patient feedback** - problems with overcrowding, privacy and dignity and long waits
Care Quality Commission (CQC) highlighted impact on patient experience
- **“Getting in Right First Time” and other guidance** – clinical evidence and service design tools need flexible space to offer greater care quality and efficiency
- **Potential benefits from new location** – e.g. emerging MedCity* knowledge zone, links to research, education and patient support / voluntary sector.

* MedCity London:, a collaboration between Mayor of London and London's health science centres of Imperial College London, King's College London and University College London.

Potential benefits

- Brings together eye care, research, education and links to the wider network of care and social support
- Partnership approach will ensure designs around patient needs and informed by communities of residents and professionals
- Would support greater collaboration between patients, clinicians, students and researchers

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Benefits for residents, patients and carers

Improved, easier and more comfortable patient experience
Better access to high quality care
Access to other care and support
Improved care pathway

Benefits for staff:

Better working environment to deliver best care
Attractive workplace will improve recruitment and retention
New pathways offer new job opportunities and career progression

Benefits for future research

New facilities would broaden scope and scale of research
Attractive to top talent
Research translated more easily into patient care.
Patients to join clinical trials

Benefits for training and education

Teaching facilities alongside UCL and service delivery would enhance and expand education and training.
Supports workforce development to meet future demands

Benefits for the NHS:

Greater operating efficiency to meet increasing demands
Support to developments in primary and social care.

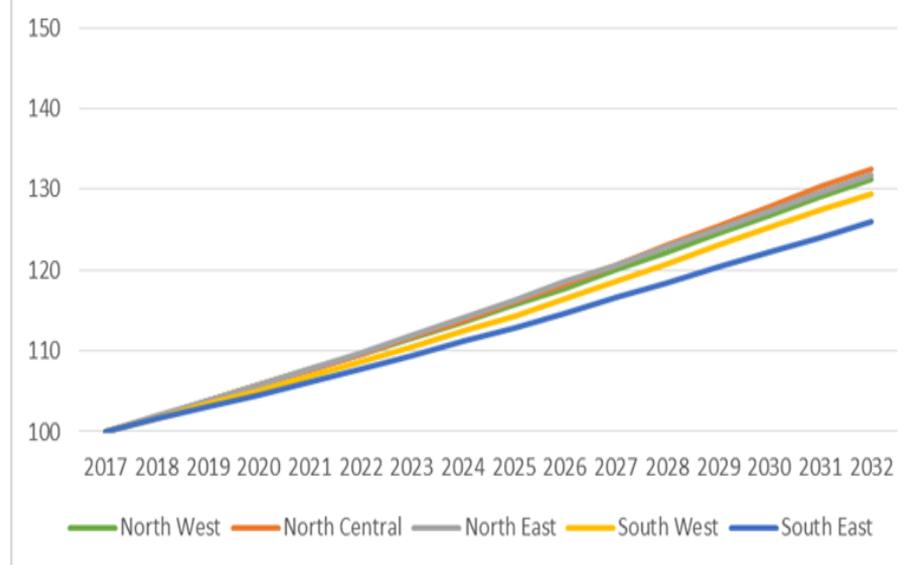


Where Moorfields patients come from

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| Locality | % City Road | % Other Moorfields |
|----------------------|-------------|--------------------|
| North east London | 27.7 | 13.9 |
| South west London | 4.7 | 40.4 |
| England | 23.3 | 9.8 |
| North west London | 11.4 | 26.4 |
| North central London | 21.4 | 5.7 |
| South east London | 10.5 | 4.7 |
| Other | 0.7 | 0.05 |
| Devolved nations | 0.3 | 0.05 |

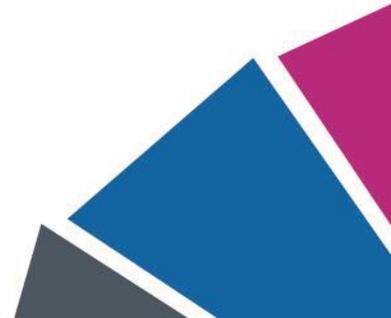
London demographic pressure by region





Part of the wider picture for North London

- **NLP seeks to improve the health and wellbeing of our population through reduced health inequalities**, addressing wider determinants of health and supporting care closer to home. When needed, hospital care takes place in high quality buildings in the right configuration
- **STP workstream is looking at ophthalmology** - how to improve patient and staff experience, deliver better inpatient and outpatient services, reduce variation
- **Estates is a core enabler**. NLP wants high quality, flexible and accessible estate, appropriately utilised. Estates can have a truly positive impact on physical and mental health and wellbeing of communities and staff





Part of the wider picture for North London

- **Services at St Pancras Hospital for Camden and Islington Mental Health NHS Trust would move to Whittington Hospital site, plus investment in community hubs.** Then long lease/sale of part of SPH site and construction of new clinical (outpatient) facility for the trust at SPH, along with development of Institute of Mental Health in partnership between Trust and University College London
- **Up to 2 acres of St Pancras site could be sold to Moorfields Eye Hospital (MEH)** for development of new eye care, research and education facility with UCL Institute of Ophthalmology (IoO) and Moorfields Eye Charity – proposal known as Oriel. MEH would partially fund the move from the release of the City Road site
- St Pancras Transformation Programme not reliant on Oriel, but Oriel is reliant on St Pancras Transformation programme



Working together

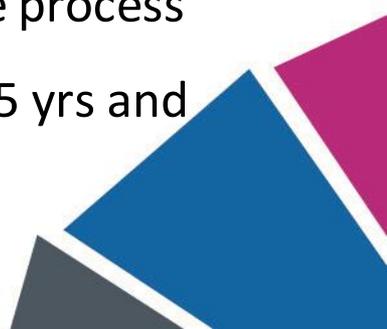
- Listening and learning with residents, local patients and people who access specialised services:
 - Earlier engagement and consultation phases
 - Wider involvement to identify implications and ideas e.g. access and transport is as major theme
- Developing clinical models with service users and providers such as optometrists and voluntary sector
- Working with NCL JHOSC
- Involving other LA HOSCs to agree joined up response
- Building on lessons from other North Central London and broader NHS developments



Listening and learning

Outline plan for consultation and involvement

1. Identifying range of interests and ways to meet varying comms needs, including those of vulnerable and seldom heard groups
2. Ensuring people are informed and involved at earliest possible stage, able to influence proposals and plans
3. Providing methods and channels to ensure range of perspectives inform key decisions e.g. priorities for patients and families, potential challenges
4. Improving public awareness and confidence in change
5. Strengthening relationships to support smooth-running change process
6. Building framework for sustainable involvement over the next 5 yrs and into future phases of planning and implementation





Listening and learning

Five phases of engagement leading to consultation

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Phase 1 (2012-2014) - Early discussions and consultation on the future of Moorfields

Phase 2 (2014-15) - Consideration of options for a future integrated centre for eye care, research and education

Phase 3 (2017/18) – Discussions to develop the design potential for a new centre

Phase 4 (2018/19) - Pre-consultation engagement

Phase 5 (2019) – Consultation

Listening and learning

Outline timetable for 2018/19

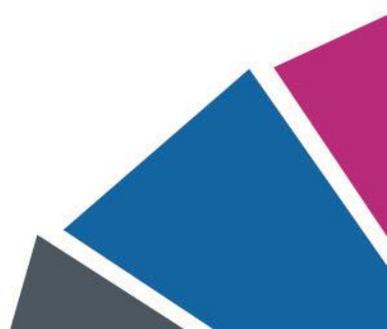
Action

Stage 1 – Shaping the plan

Awareness raising, including social media activity
Recruiting participants, including a People's Advisory Group
Information updates and briefings
Consultation with JHOSC
Programme of surveys, focus groups, drop-in sessions, meetings and discussions
Analysis of feedback to inform PCBC and consultation programme

Stage 2 – Wider involvement:

Oriel website and continuing social media, including video
Recruitment of local people to participate in future care pathways and building design plans
Further focus groups, drop-in sessions, meetings, discussions
Discussion and involvement with protected groups
Analysis of feedback to inform outline business case and consultation programme





Listening and learning

Outline timetable for 2018/19

Action

Stage 3 – Consultation

Publication of consultation document and supporting materials
Continuing recruitment of local people and representatives to participate in future care pathways and building design plans

Further sessions with JHOSC, as required

Consultation workshops, drop-in sessions, meetings, discussions and feedback

Consultation with protected groups

Analysis of feedback to inform the decision-making

Stage 4 – Outcome of consultation

Publication of outcome of consultation

Report back to JHOSC

Feedback and recommendations from JHOSC

Final report to inform decision-making business case for the proposed new hospital





Examples of what people have told us

We are concerned about access to the new centre – can we be involved in design?

Make sure there is light in the right places

Shorter waiting times in clinics, sometimes appointments can take all day

We want to be involved, we want to design our hospital

People should be able to take part in clinical trials to get the best of leading edge care

Work with local authorities to ensure good access by public transport



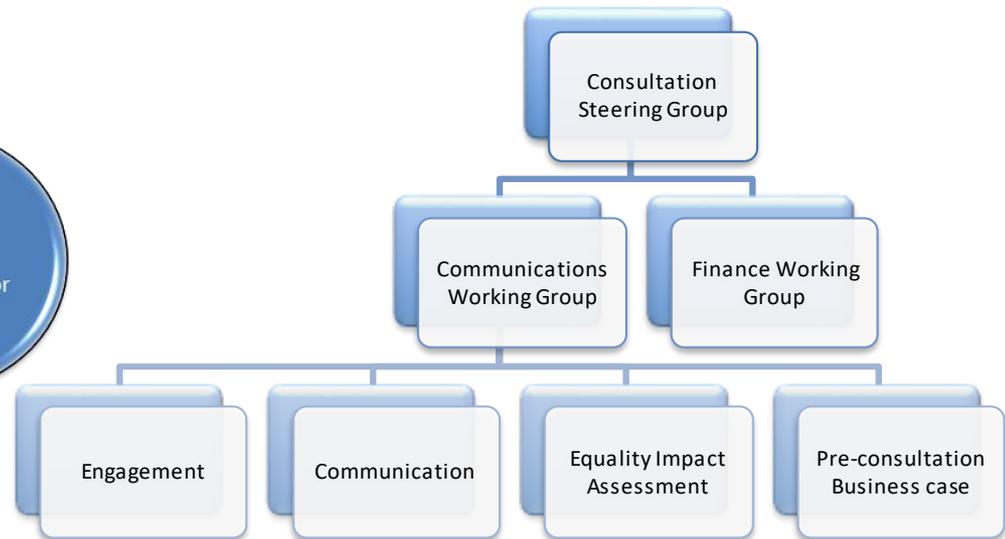
Governance

Leadership

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Workstreams



Key risks and mitigations

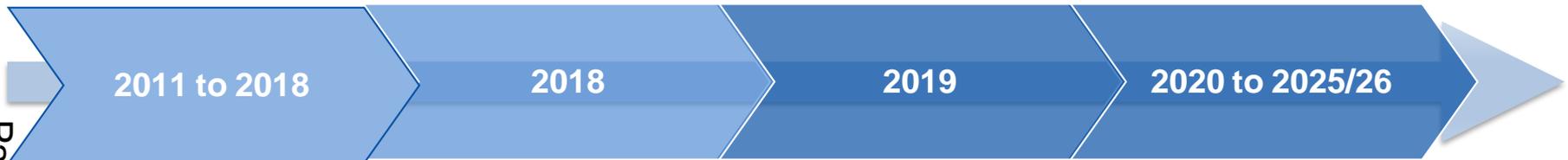
| Identified risk | Mitigating actions |
|---|---|
| Risk of delay to public consultation as a result of challenges to planning and timeline | The Consultation Institute to review approach and provide advice. Review Programme plan, risk workshop to identify risks, comprehensive engagement plan. |
| Risk of delay as a result of the complexity of 14 lead CCG Governing Bodies approving Committee in Common approach | Correspondence with all CCG Accountable Officers seeking support in principle, Pre-meet at NCL JCC Seminar to test approach, work with CCG Governing Body leads, paper to JCC or CCG governing bodies |
| Logistics of managing 14 lead CCG areas and national reach in pre-consultation engagement activities with multiple stakeholders | Engagement plan for residents, public and patients and key stakeholders. Robust programme management and clear audit trails. The Consultation Institute to review approach and provide advice. |

The programme team will work closely with partnership organisations and key stakeholders to identify challenges, implement mitigating actions.



Timeline and next steps

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Trust-led activities to initiate the proposed Oriel programme

Public and patient engagement to test potential options.

Strengthened programme leadership with commissioner involvement

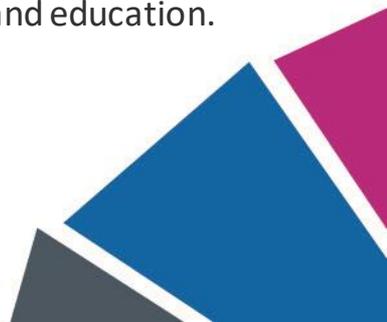
London Clinical Senate review that there is clear, clinical evidence for the proposals.

Strengthened patient public and stakeholder engagement

Consulting and involving a wide range of patients, local residents and national service users who use the specialist services, including them in developing the design criteria for the potential site.

Development of preferred option from engagement and consultation feedback

Subject to consultation outcome, implementation of proposed move to create a centre for eye care, research and education.



Timeline and next steps

The North Central London JHOSC is asked to comment on the approach to ensure:

- Best practice public involvement
- Service changes in the best interests of our patients and communities.

Next steps will include:

- Pre-consultation engagement with patients and residents, JHOSC, staff and others
- Consider with JHOSC whether to convene a committee of HOSCs in common
- Preparations for CCGs and JCC to run Committee in Common
- JCC Committee in Common to review evidence and consider views of JHOSC and others

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| <p>North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)</p> | <p>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</p> |
| <p>REPORT TITLE: The Royal Free London electronic patient record (EPR) – for information</p> | |
| <p>REPORT OF: Dr Chris Streather, chief medical officer and Glenn Winteringham, chief digital officer, Royal Free London group</p> | |
| <p>FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee</p> | <p>DATE: 18th January 2019</p> |
| <p>SUMMARY OF REPORT</p> <p>Briefing on the implementation of the Royal Free London’s new integrated electronic patient record and the changes this will enable for patients and staff.</p> <p>Contact Officer:</p> <p>Henry Langford Senior Policy and Projects Officer London Borough of Camden henry.langford@camden.gov.uk 020 7974 5118</p> | |
| <p>RECOMMENDATION</p> <p>For the committee to note the report.</p> | |

1. Summary

- 1.1 In September 2016, The Royal Free London (RFL) was selected to become a Global Digital Exemplar (GDE) to demonstrate how digitised health records can improve patient safety and deliver better patient outcomes and experience.
- 1.2 As part of the GDE digital transformation programme, RFL implemented its new electronic patient record (EPR) over the weekend of November 17-18 November 2018 at Barnet Hospital, Chase Farm Hospital, Edgware Community Hospital, Finchley Memorial Hospital and the Royal Free Hospital Maternity department. It will go live across the remainder of the Royal Free Hospital during 2019.
- 1.3 This single, integrated, paperless record is a major development and an important milestone in the RFL's strategy to become the most digitally advanced trust in the NHS by 2020.
- 1.4 The EPR will bring significant benefits for patients, staff and health and care partners. Replacing many of the systems previously used, it heralds the end of paper records and will enable the RFL to offer better, faster, safer care and a better experience for patients.
- 1.5 In addition, the move to electronic patient records is a key enabler for integrated care across North Central London and underpins the local health and care system's digital ambitions.

2. What is EPR?

- 2.1 EPR is a single patient record that will be accessible across all the RFL's hospital sites, replacing paper records over the next 15 months. It combines the best functions of what was previously done through many different systems – and more – improving communication, documentation and care.
- 2.2 Staff are able to enter data and documents straight into EPR. Integrated medical devices, such as blood pressure monitors, upload automatically to the patient's record, reducing potential errors and freeing up clinicians' time. If a patient's observations and assessments are outside expected ranges, care staff are alerted and prompted with appropriate care plans to give the best treatment.
- 2.3 EPR provides an accurate and real-time view of a patient's care, using live data to create dynamic documents for clinical records and correspondence to GPs and patients. It means we will no longer have paper records at the patient's bedside. Instead, there will be computers or laptops to input information directly.

3. Patient benefits

- 3.1 EPR enables the RFL to offer patients safer care and a much better experience: Patients often complain that they need to provide their details multiple times to be entered on different systems and that will become a thing of the past.
- 3.2 With all information in one record, patients will no longer face delays or inconvenience because diagnostic results or medication histories are inaccessible.
- 3.3 Patients who have an electronic patient record are now able to view their hospital health records, manage hospital appointments and receive test results and messages from their hospital care team through a secure online patient portal.
- 3.4 In addition, patients can be confident that they are receiving the safest and most effective care in line with the latest clinically-evidenced pathways.

4. Digital care pathways

- 4.1 EPR will help to address unwarranted clinical variation and prompt healthcare teams to the best evidence-based treatments through the digitisation of clinical practice group (CPG) care pathways.
- 4.2 CPGs are clinically-led ways of working across several hospital sites. They aim to reduce variation and ensure patients receive the best standards of care, wherever they are treated across the RFL's group of hospitals. They are the glue that binds the hospital group together.
- 4.3 EPR is already having a significant impact on how we care for our patients, including supporting the implementation of our CPG pathways. Between 17th November and 3rd January the following volumes of patients were assigned to CPGs :
 - 558 Pre-operative assessments (POA) completed and another 131 completed on-line via the patient portal
 - 71 patients were put on the elective hip/knee pathway at CFH
 - 11 patients were put on the non-complex lap cholecystectomy pathway (right upper quadrant pain) at CFH
 - 437 mothers were put on the high-risk 'keeping mothers and babies' together pathway
 - 258 patients reviewed using the teledermatology pathway
 - 96 patients were put on the induction of labour pathway
- 4.4 Multidisciplinary teams are working together with patients to design pathways for specific conditions based on the latest clinical evidence of

what works. These will be digitised in the EPR so that when patients present with certain symptoms, the EPR will prompt clinicians to the best course of treatment.

5. Clinically-led digital transformation

- 5.1 To help the RFL meet its ambition of becoming the most digitally advanced trust in the NHS by 2020, the trust has appointed a team of 11 clinical staff from a breadth of specialties to lead the strategy, design, development and implementation of new clinical IT solutions.
- 5.2 The EPR has been built on Cerner's model content, which has been developed based on the experience of other NHS trusts, in line with national and local standards. Over 400 staff attended a series of EPR future state validation events in May 2018 to review and sign off the new clinical workflows. After the events, 80% of attendees were satisfied with how the new systems work. Subsequently, over 200 staff were involved in two cycles of end to end user acceptance testing (UAT) to check the functionality and workflows in the new EPR.
- 5.3 The roll-out was underpinned with new IT infrastructure and supported with funding from the national Global Digital Exemplar (GDE) programme. The RFL was one of 16 digitally advanced acute trusts chosen by NHS England to pioneer IT projects and received £10m, matched by the trust, bringing total funds to £20m.
- 5.4 EPR is just one part of the RFL's strategy to become the most digitally advanced trust in the NHS by 2020. The trust is also investing in new IT infrastructure and collaborating with partners to develop innovative new technologies and using technology to improve outpatient flow.

6. Patient safety always the first priority

- 6.1 Introducing EPR was a significant change. The RFL ran a major programme to ensure that at least 90% of staff were trained to use the new EPR before it went live. Intensive support was provided for staff in the four weeks immediately after go-live, with access to electronic quick guides, floor walkers, super-users, EPR champions and the clinical informatics team. Departments reviewed rosters, staff leave and non-EPR training requests in order to ensure that additional staff were available to provide support on the frontline.
- 6.2 During the weeks immediately after implementation, while staff were getting used to the new system, there was a chance some patient appointments might take a little longer than usual and we communicated with patients to apologise for any delays and explain why they may be experiencing them.

7. Next steps

- 7.1 Planning is underway to implement the new EPR across the rest of the Royal Free Hospital by March 2020 to create a single integrated patient record across RFL. As part of our GDE, and in partnership with all health and social care providers in NLCP STP, we will also be implementing a new population health management platform in 2019/20 to improve patient care.

8. Conclusion

- 8.1 The move to EPR is an exciting innovation, enhancing care and outcomes and heralding the end of paper records over the next 15 months. The RFL is proud to be taking this important step on its journey to becoming the most digitally advanced trust in the NHS.

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| NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE | London Boroughs of Barnet, Camden, Enfield, Haringey and Islington |
| REPORT TITLE Work Programme and Action Tracker 2018-19 | |
| REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee | |
| FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE | DATE 18 January 2019 |
| SUMMARY OF REPORT This paper provides an outline of the 2018-19 work programme and action tracker of the North Central London Joint Health Overview & Scrutiny Committee. Local Government Act 1972 – Access to Information No documents that require listing have been used in the preparation of this report. Contact Officer: Henry Langford Senior Policy and Projects Officer London Borough of Camden, 5 Pancras Square, London N1C 4AG 02079743219 henry.langford@camden.gov.uk | |
| RECOMMENDATIONS The North Central London Joint Health Overview & Scrutiny Committee is asked to: a) Note the contents of the report; and b) Consider the work programme for the remainder of 2018-19 | |

1. Purpose of Report

- 1.1. This paper provides an outline of the proposed areas of focus for the Committee for 2018-19. This has been informed by topics highlighted by the previous Committee and a review of key health and care strategic documents that impact on North Central London. Throughout the municipal year, as the Committee considers other areas of interest, these will also be added to the work programme, either for discussion in the current municipal year or in subsequent years.
- 1.2. The report also includes an action tracker for the Committee, Appendix B. This will be populated with actions from each Committee meeting. It is intended to help the Committee effectively track progress against recommendations and requests for further information.

2. Terms of Reference

- 2.1. In considering topics for 2018-19, the Committee should have regard to its Terms of Reference:
 - To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;
 - To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;
 - To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the areas of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;
 - The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;
 - The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and

- The joint committee will aim to work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people

3. **Appendices**

Appendix A – 2018/19 Work Programme
Appendix B – Action tracker

REPORT ENDS

18 January 2019 (Haringey)

| Item | Purpose | Lead organisation |
|---|---|-------------------|
| STP mental health priority theme update | <p>Update report on the progress against the mental health priority theme within the STP, including progress to date, milestones, risks and issues</p> <p>The report also to include an update on <i>Dementia Services</i> across the five boroughs, following on from a report to the committee in September 2017, as well as information on areas such as: joint working, update on care homes, a shared service specification and service monitoring.</p> <p>Also to provide an update on the <i>Child and Adolescence Mental Health Services (CAMHS)</i> following a report to the Committee in April 2017.</p> | NCL Partners |
| STP maternity priority theme update | Update report on the progress against the maternity priority theme within the STP, including progress to date, milestones, risks and issues. | NCL Partners |
| Moorfields Eye Hospital consultation | Consultation on moving services from the existing site to St Pancras | Camden CCG |
| Electronic Patient Records | For information | Royal Free |

15 March 2019 (Islington)

| Item | Purpose | Lead organisation |
|------------------------------------|---|-------------------|
| Integrating Health and Social Care | Progress update on integrating health and care across NCL and impact of national and regional developments, | NCL Partners |

| Item | Purpose | Lead organisation |
|-------------------------------|--|---|
| | including the London devolution agreement | |
| Ambulance service performance | Performance update report on response and handover times | London Ambulance Service East of England Ambulance Service |
| Care Homes | | NCL Partners |

Additional items to be scheduled

| Item | Purpose | Lead organisation |
|---|--|--|
| Update on the Estates Strategy | Update on public and councillor involvement in the Estates Strategy. | NCL Partners |
| Consultant-to-consultant referrals | Update on how this process is working in NC, especially the LUTS clinic and the new arrangements at GOSH. This to include hearing from the commissioners and the patient groups. | NCL Partners |
| Case for Change: North Middlesex and Royal Free Hospitals joint working | A further report to the Committee on the case for change underlying North Midds and Royal Free joint working | Royal Free and North Middlesex Hospitals |
| Adult Orthopaedic Services review | Update on the progress of the review (requested for spring 2019) | NCL Partners |
| STP health and care closer to home priority theme update | Update report on the progress against the care closer to home priority theme within the STP, including progress to date, milestones, risks and issues | NCL Partners |

| | | |
|----------------------------|--|--------------|
| Reducing A&E attendance | NHS, local providers and councils working together to reduce attendance at A&E | NCL Partners |
| Screening and immunisation | Update following a report to the committee in February 2017 | NCL Partners |

Appendix B: Action Tracker

| Item and Action | Action by | Progress |
|---|---|---|
| 30 November 2018 | | |
| <p>DEPUTATIONS</p> <p>LUTS deputation</p> <p>Members asked that liaison with NHS England and NHS Improvement continue in order to find a beneficial solution to the patients involved.</p> | <p>CCGs and Great Ormond Street Hospitals</p> | <p>The Director of Quality and Nursing (Haringey and Islington CCG) chaired a teleconference on Monday 17 December to enable the patient group to receive an update from Whittington Health regarding the long waits and progress was made.</p> <p>On Thursday 20 December Dr Vinod Diwakar Medical Director NHSE/NHSI chaired a system teleconference (WH, GOSH and the CCG) and a number of actions were agreed including that NHSE would write to the representatives of the LUTs patient group to invite them to a meeting with representatives from the key organisations.</p> |
| <p>ADULT ORTHOPAEDIC SERVICES REVIEW</p> <p>Information to be provided to members about the number of cancellations and measures being taken to reduce this.</p> <p>A report to come to the NCL JHOSC in spring 2019 updating members on the Adult Orthopaedic Services review</p> | <p>North London Partners</p> | <p>Further analysis on levels of cancellations and waiting times for orthopaedics will be included in the updated case for change, which will need to form a part of the pre-consultation business case. Officers are happy to share an update with the JHOSC as part of our next planned update to the committee.</p> <p>Added to the list of items to be scheduled. Committee dates for the new municipal year to be confirmed.</p> |
| <p>FINANCIAL UPDATE: ESTATES</p> <p>Further information to be provided about gains on disposals made by individual trusts. Members asked</p> | <p>North London Partners</p> | <p>NLP have requested exact wording of the request so that they can work with trusts to provide exactly the information requested, if available.</p> |

| Item and Action | Action by | Progress |
|---|-----------------------|---|
| STP officers to request the relevant information from the trusts and to agree the wording of this request in advance with the Chair. | | |
| <p>GENERAL PRACTICE AS THE FOUNDATION OF THE NHS: A STRATEGY FOR NCL</p> <p>A report to come to the NCL JHOSC in summer 2019 updating members on the progress with the GP strategy</p> | North London Partners | Added to the list of items to be scheduled. |
| 05 October 2018 | | |
| <p>DEPUTATIONS</p> <p>The Chair asked that the depute email her with information that could then form the basis of an email to the Great Ormond Street Chief Executive.</p> | Kate Dwyer/Cllr Kelly | Complete |
| <p>RISK MANAGEMENT: WORKFORCE</p> <p>That information be provided to members on the apprenticeship levy and its use.</p> | NCL Partners | <p>We have raised this at the London workforce board and we are working with Health Education England to get a view across NCL on the use of the apprenticeship levy across NCL.</p> <p>Jan 2019 update: Maximising levy use is being considered as a priority area for work in NCL in 19/20.</p> <p>Anecdotally, partners have said that current levy use is mixed. It is not currently reported on within providers so we have started work to map this to understand the uptake across the system.</p> |

| Item and Action | Action by | Progress |
|--|---------------------|--|
| <p>RISK MANAGEMENT: WORKFORCE</p> <p>The Committee recommended that there be a care workers' representative on the Local Workforce Board.</p> | <p>NCL Partners</p> | <p>This has been added to the next Local Workforce Board agenda for discussion at the next meeting.</p> <p>Update: January 2019:</p> <p>The Local Workforce Board has a skills for care representative. Skills for Care is the strategic body for workforce development in adult social care in England.</p> <p>In addition, the board also has officer members from Barnet and Islington councils who work to ensure care workers are considered in the workforce planning process.</p> <ul style="list-style-type: none"> • Matthew Kendall, Adults & Communities Director, London Borough of Barnet) • Jess McGregor, Service Director, Adult Social Care - Strategy & Commissioning, Islington Council |
| <p>PROCEDURES OF LIMITED CLINICAL EFFECTIVENESS (POLCE)</p> <p>Information is to be provided on Equality Impact Assessments of PoLCE recommendations.</p> | <p>NCL Partners</p> | <p>Equality impact assessments are being undertaken for all updated policies. The summaries of these will shortly be available on our website. These will be published on our website. We will notify the committee when they are available.</p> |
| <p>PROCEDURES OF LIMITED CLINICAL EFFECTIVENESS (POLCE)</p> <p>Information is to be provided on the financial implications of PoLCE recommendations.</p> | <p>NCL Partners</p> | <p>Future reports will include a financial impact assessment along with the Equality impact assessments.</p> |

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