



## RESPONSE TO JHOSC QUERIES

### NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Contact: Fiona Rae / Robert Mack

Friday 25 June 2021, 10:00 a.m.  
MS Teams

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**Councillors:** Alison Cornelius and Linda Freedman (Barnet Council), Lorraine Revah and Paul Tomlinson (Camden Council), Christine Hamilton and Derek Levy (Enfield Council), Pippa Connor (**Chair**) and Khaled Moyeed (Haringey Council), Tricia Clarke (**Vice-Chair**) and Osh Gantly (Islington Council).

**Support Officers:** Tracy Scollin, Sola Odusina, Claire Johnson, Robert Mack, and Peter Moore.

**Quorum:** 4 (with 1 member from at least 4 of the 5 boroughs)

### AGENDA

#### 11. WORK PROGRAMME (PAGES 1 - 18)

This paper provides an outline of the 2020-21 work programme for the North Central London Joint Health Overview and Scrutiny Committee.

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Wednesday, 22 September 2021

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## Responses to queries raised at the JHOSC briefing on 25 June 2021

### Long Covid

We have one specialist clinic in NCL – this is at UCLH. This is for the most complex patients in NCL who require advanced diagnostics or other support.

We also have established five borough based multi-disciplinary teams who are a key part of the pathway, and can support residents closer to home. The teams provide a joint response from our IAPT (NHS psychological therapies) and Community Health teams.

### General Practice Data for Planning and Research (GDPR)

This is a national programme of work led by NHS Digital and there has been a further delay to the extraction of data for GDPR. This will no longer happen in September.

The Secretary of State confirmed that, while they are continuing to work on the infrastructure, and communication for the project, **and are not setting a specific start date for the collection of data**. Instead, they commit to start uploading data only when the following is in place:

- the ability to delete data if patients choose to opt-out of sharing their GP data with NHS Digital, even if this is after their data has been uploaded.
- the backlog of opt-outs has been fully cleared.
- a Trusted Research Environment has been developed and implemented in NHS Digital.
- patients have been made more aware of the scheme through a campaign of engagement and communication.
- More information is here: <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research/secretary-of-state-letter-to-general-practice>

### Covid-19 Pandemic Update

Attached to this response is a paper for JHOSC on the evaluation of the temporary changes to paediatrics.

In relation to oxygen resilience: In NCL, we had been completing weekly resilience reporting to the London Oxygen Resilience meeting, but this has been stood down from the beginning of September. To date, the NCL's weekly reporting has not raised any significant issues.

Going forward, we will maintain a monthly review of oxygen resilience at the NCL Critical Care Network. We do manage supply across sites, tracking levels and ensuring access to additional supply, with mutual aid as a back-up. We aren't anticipating any issues with oxygen supply.

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**NORTH LONDON PARTNERS**  
in health and care

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# Evaluation of temporary changes to Children, Young People's services over autumn and winter 2020/21

JHOSC written update September 2021

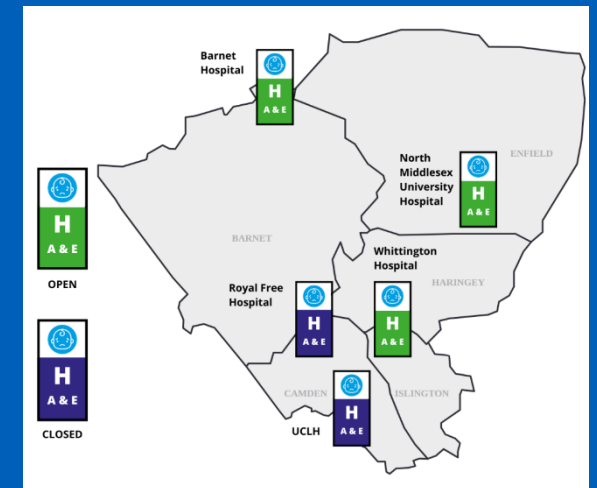


# Context

- **The Covid-19 pandemic has put the NHS under unprecedented pressure**
- **In response, health and care systems across England rapidly adjusted service delivery**
- In summer 2020 collaborative planning began to temporarily configure Children and Young People's (CYP) services in a way that could sustain services through a second wave of Covid-19, winter pressures and continue to meet the needs of children and young people.

## Temporary changes from October 2020 – March 2021

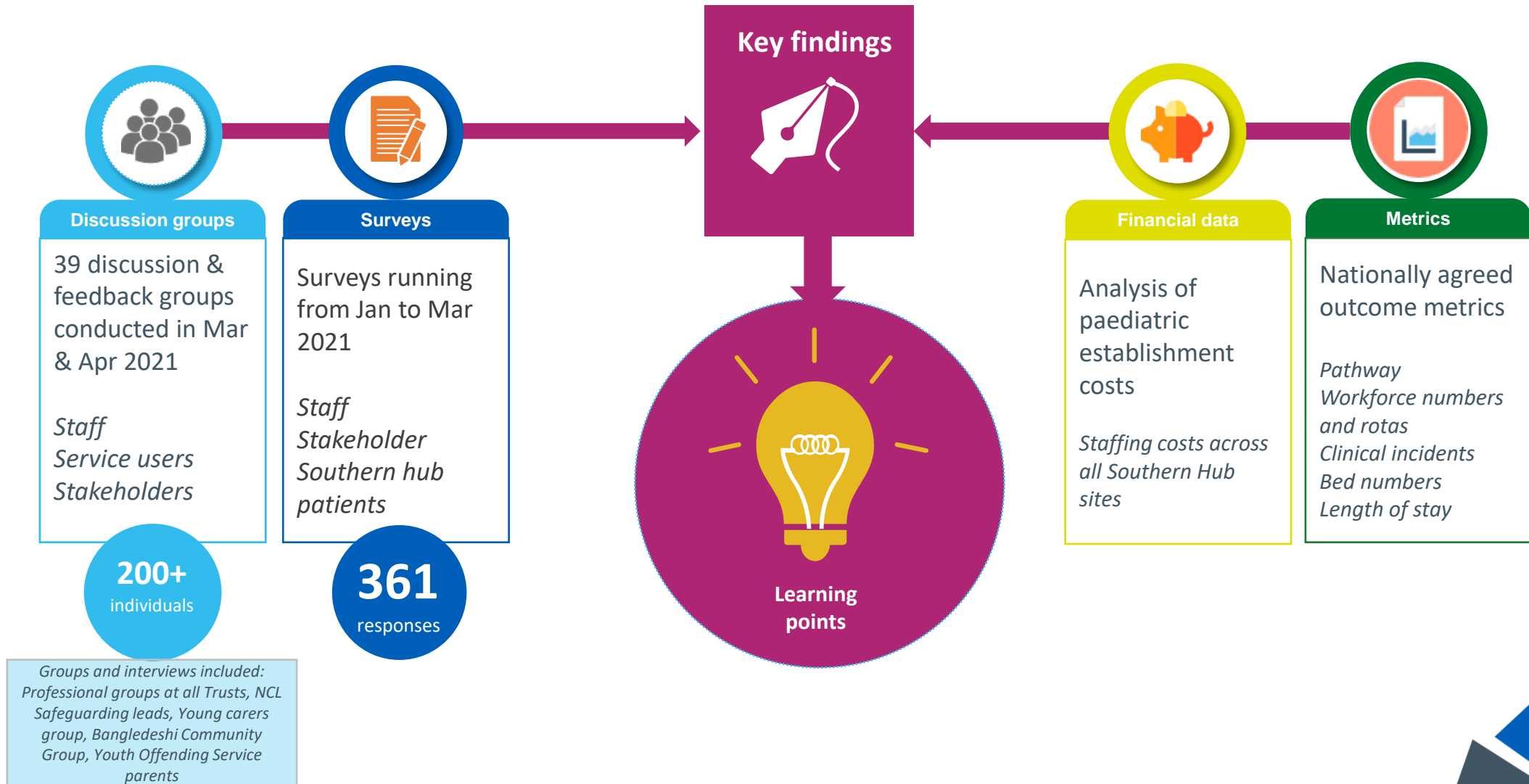
- CYP Southern hub created at the Whittington Health
- CYP emergency and inpatient services temporarily closed at RFH and UCLH
- UCH specialist inpatient and day-case services remained open
- GOSH provided more room for urgent elective inpatient and some day surgery



# About the evaluation

- We made difficult decisions quickly to maintain the safety of our services for local patients and we committed to reflect on and learn from these changes
- The evaluation was a reflective exercise to capture key findings and learning that have emerged from the temporary changes exercise
- We want to acknowledge feedback and concerns, build on what did work well and capture any learning
- Due to the specific pandemic circumstances it is not possible to draw firm conclusions regarding how well the temporary model performed compared to existing models, nor how it would perform in 'usual' times.
- UCLPartners worked with us to analyse the data , drawing on all the available information, and draft the report which aims to present the key findings and learnings that have emerged and describing the context of the changes.
- We have now published a summary report and full report here:
  - <https://conversation.northlondonpartners.org.uk/paediatrics-evaluation-reports>

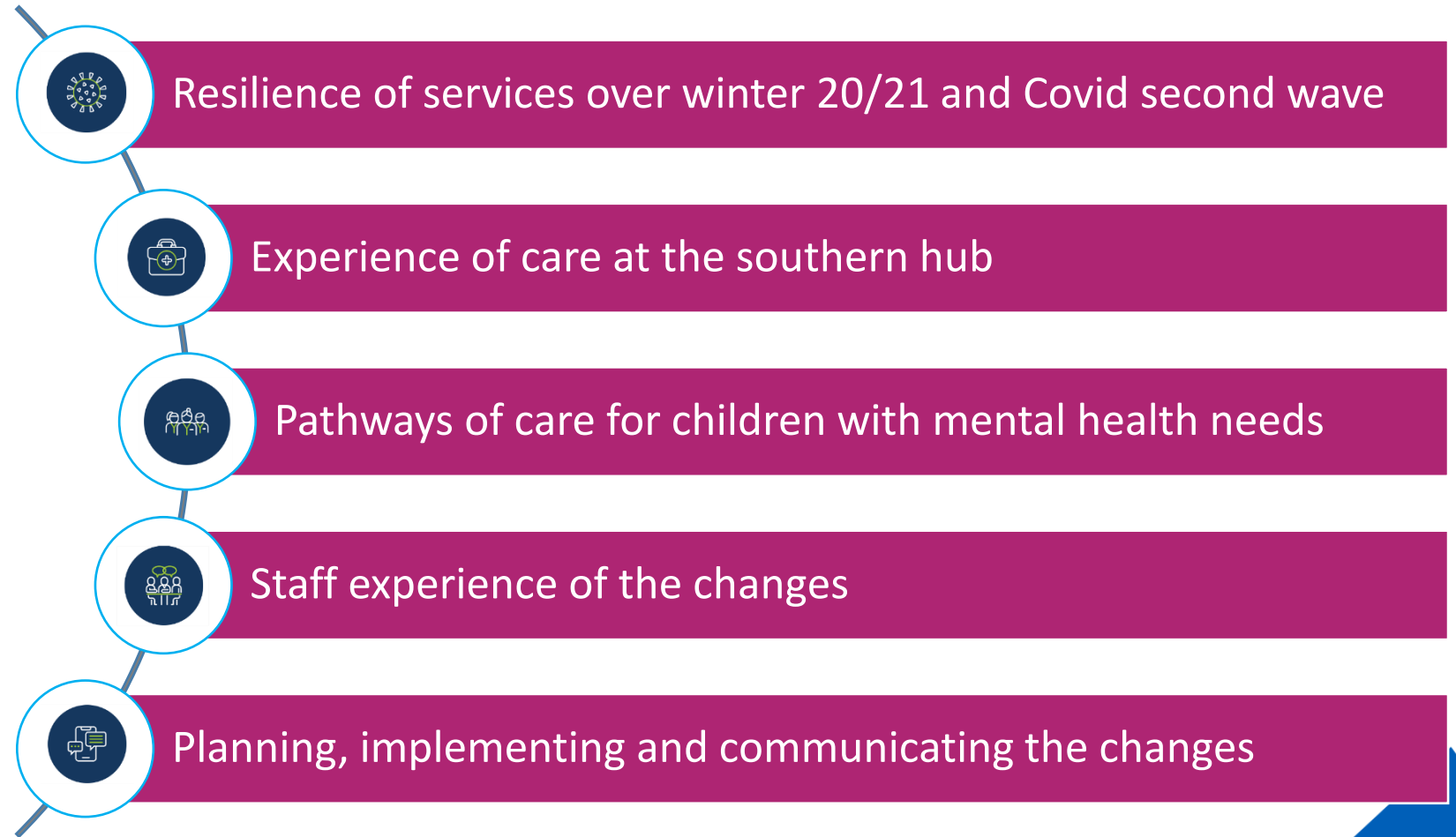
# Where did the information come from?





# Findings were grouped under five themes

## Key findings





## Resilience of services over winter 2020/21

- Overall, services remained resilient, with adequate capacity to assess CYP at the Southern Hub, however, paediatric emergency attendances across London were far fewer than would be expected, so it is not possible to say how this model would perform in non-pandemic times.
- Some CYP patients continued to present to the closed emergency departments on a daily basis throughout the period.
- Overall across NCL, the fall in emergency department presentations was more marked in more deprived children, although the reason for this is not clear.
- Interdependent services across multiple sites and trusts had not all been sufficiently identified prior to the changes and posed challenges for existing staffing rotas, contributing to increased staffing costs of the Southern Hub.
- This was exacerbated by the need for continued assessment of walk-in presentations at the closed emergency departments and increased staff absences throughout the pandemic.

Services remained resilient, with adequate capacity to assess CYP at the Southern Hub



## Experience of care at the Southern Hub

- Most service user respondents reported a good experience of care at the Southern Hub, and 59% who would have normally attended UCH or RHF found it to be to the same or better standard.
- Challenges in bringing together staff from multiple sites rapidly included the alignment of policies and procedures from different sites, and having infrastructure in place to meet the requirements of increased staff and patient numbers.
- Staff valued on-the-ground support such as increased senior presence, daily huddles and weekly quality and safety huddles.
- There was an increase in the number of reported incidents that result in no or low harm, with no corresponding increase in higher severity incidents. This is likely to reflect a proactive culture of incident reporting in the Southern Hub emergency department

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## Pathways of care for children with mental health needs

- The new CAMHS Crisis Services worked collaboratively with improved access to initial assessments as a result of hosting expertise in one place.
- Both the CAMHS out-of-hours Crisis Hub and the South Crisis Hub services were able to provide short term crisis support for new presentations and support admission avoidance. Without these services mental health related admissions at the Southern Hub may have been even higher.
- The temporary changes were accompanied by an increase in number of mental health presentations and an increase in numbers of children admitted.
- Challenges included managing the volume and complexity of patients on inpatient wards, and ensuring that staff were equipped with the skills and experience to meet their needs
- Care for the children with complex mental health needs required additional staff, many on a bank and agency basis, contributing to additional costs.

There were reports of improved access to initial assessments as a result of hosting expertise in one place



## Staff experience of the changes

- There was not a uniform view of the temporary changes both within teams and between teams. Some staff felt very strongly about the changes.
- Positive outcomes of the changes included useful sharing of different ways of working across units, developing new ways of working, and gaining skills in new clinical presentations from the expanded patient population.
- The changes were implemented when resilience of some staff had been adversely affected by the cumulative impact of multiple service changes, the wider pandemic context, and staff uncertainty regarding the permanence of the changes.
- The changes impacted on learning opportunities for staff in training posts.
- Some staff did not feel equipped to transition to the new model, despite the Organisational Development process put in place.

The changes were implemented when resilience of some staff had been adversely affected by the cumulative impact of multiple service changes



## Planning, implementing and communicating the changes

- Staff at all levels of NCL's health and care system worked rapidly and in partnership, in challenging circumstances, to implement the changes
- There was a variable experience of the internal communication of the changes. Staff felt that internal communication of the plans should have been more transparent, centrally coordinated and have greater consistency
- External stakeholders (particularly local authorities) reported they would have liked to be engaged earlier in the decision-making process.
- Communications regarding the change did not reach all presenting patients. It is noted that efforts were made to contact patients who attended impacted emergency departments on a frequent basis, and that there were site specific strategies in place to safely mitigate this risk.

Staff at all levels of NCL's health and care system worked rapidly and in partnership, in challenging circumstances, to implement the changes

# Learning and recommendations

Learning and recommendations are focused around a number of themes:

- **System-wide planning** – particularly the interdependencies between services
- **Public and stakeholder engagement** – both in an emergency response and longer term strategy
- **Internal and external communication of changes** – particularly for staff working in services
- **Implementation planning** – including lead in times for change, focus on interdependent services and scenario planning
- **Organisational development** – linked to staff experience and the emotional impact of change on staff, alongside importance of staff understanding and contributing to the vision for services
- **Inequalities** – continued importance in prioritising those with the greatest need and those who experience the greatest barriers to accessing services
- **Child and adolescent mental health** – including maximising any benefits demonstrated, the needs of children and young people with mental health needs on acute ward and understanding education and training needs
- **Policies, referrals and pathways between organisations** – continuing the focus on alignment within NCL
- **Discharge management** – to evaluate and review benefits of the model during Covid
- **Skills development** – maximise potential for cross organisational working

The detailed recommendations are shown in the three slides which follow

- Some learning can be acted upon within the short term
- Other learning offers wider insights for future strategic system developments across NCL
- Recommendations have also been made should the system need to respond rapidly again in response to further Covid waves or equivalent emergency situations (*these are shown in italics on the slides which follow*)



# Learning and recommendations

## System-wide planning

- Work to understand the interface and interdependencies between organisations and services when considering changes in services for CYP
- A partnership approach to scoping the potential impact of service changes with neighbouring areas, in particular north west London, to help consider the cross-boundary impact for communities
- A senior lead with strategic responsibility for safeguarding should be included in the planning as part of any future change work

## Public and stakeholder engagement

- Processes for using insight from routine data collection of service user views should be established as part of the planning process with a small number of agreed metrics being fed back to delivery teams throughout.
- All local stakeholders including local authority partners, local politicians and voluntary and community sector partners should be engaged early and throughout the decision-making process
- A plan for proportionate rapid stakeholder and patient engagement should be developed for use during emergency response scenarios. This may need to maximise a range of media including virtual teleconferencing, and draw on the strengthened networks now established. This plan should include identifying and incorporating knowledge and insight from existing public and patient engagement activity. There should be transparent statements that describe how engagement will influence decisions and outcomes. Engaging groups who may be at risk from health inequalities should be prioritised

## Internal and external communication of the changes

- Greater coordination for internal communications
- Developing an ICS communications approach and mechanism for delivering change messages which would enable greater involvement of staff at all levels,
- A commitment to consistent, transparent, timely communications to staff, with a single agreed senior communications lead dedicated to this
- Clear lines of responsibility for communicating changes and a collective NCL approach



# Learning and recommendations

## Implementation planning

- Where it is possible, have longer lead-times to implement changes, that focus on the involvement of impacted services in all stages of the planning
- Recognising that work within the area of children and families often requires significant partnership working, develop a strategic and system-wide scenario planning approach to support any future emergency situation.
- Greater focus on the planning of linked and specialist services such as neonatal services, elective care and oncology

## Organisational development

- Ensure that all staff members, including front line clinicians and those in senior leadership positions, recognise and understand the NCL vision for paediatric services and their role in contributing to it
- Put staff planning and delivering services at the heart of any future changes to ensure that their hands-on experience is central to any implementation
- Recognise the excellent team working and clinical leadership that took place during the temporary changes and develop a more formal approach to cross-Trust planning and organisational development.
- Consider the emotional needs of staff when major change is implemented in extreme circumstances

## Inequalities

- Build a vision for equitable access to paediatric services across NCL, which draws on a population health approach, ensuring that communities with the greatest need and those with barriers to access care are prioritised
- Draw on the experiences of those working directly with these communities in building future provision, to ensure that the interventions that make the biggest difference become the focus
- Through existing strategic reviews in community services and mental health build an understanding of provision and inequity of service provision across the five NCL boroughs and develop a delivery plan to address this as a priority

# Learning and recommendations

## Child and adolescent mental health

- Continue exploring opportunities for changes to the delivery of these services to maximise the benefits realised by the Southern Hub for children with mental health needs
- Develop further links with the community mental health services to offer preventative and wrap around care
- Understand and address the needs of children and young people with acute mental illness or experiencing crisis, who are being cared for on general paediatric wards
- Understand the education and training needs for paediatric staff caring for young people with complex mental health needs, so that they feel fully supported in doing so

## Policies, referrals and pathways between organisations

- Ensure during temporary changes, that there is clear guidance on the adherence to the policies and procedures and the clinical governance related to these, including risk carried by individual clinicians
- Recognise the benefits for aligning policies across NCL, review existing policies with a view to identifying those that would provide a patient and system benefit in alignment.
- Expand mechanisms for sharing practice and learning to develop an NCL approach towards good clinical practice, drawing on best practice from each of the partners to achieve optimum safe care
- Improve mechanisms of communication of care plans between organisations in NCL to manage the care of individual patients with complex needs

## Discharge management

- Work closely with all partners involved to evaluate the changes to discharge arrangements to fully understand their impact both in emergency and longer term scenarios
- Explore the feasibility of retaining changes where maximum benefit can be derived. This should involve all partners in the process, (inside and outside acute settings) to optimise this process.

## Skills development

- Maximise opportunities for cross-organisation learning and development, bringing colleagues together to learn from each other
- Understand the impact and explore the development of networks or communities of practice, to maximise skills exchange or learning opportunities
- Engage with staff teams to learn from their experience and views of their preferred routes for development

# Sharing the evaluation and system learning

- The evaluation was published on Thursday 22 July 2021
- The full report is available to view on both the North London Partners and trust websites <https://conversation.northlondonpartners.org.uk/paediatrics-evaluation-report/>
- Accessible communication materials have been produced and opportunities created for staff within trusts, with their service leaders, to review and discuss the findings and provide additional feedback
- The findings were shared with the wide range of stakeholders who had taken an interest in the process of the temporary changes, including local authority partners, MPs and community groups



We would like to thank North Central London's communities for their support and understanding during these temporary arrangements and we are particularly grateful to colleagues in our children and young people's services for their flexibility, commitment and outstanding care throughout a challenging winter.

