Information requested by the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC) – 28 January 2022

JHOSC Meeting (26 November 2021)

1.   Written response to questions asked at the JHOSC meeting on 26 November 2021.

Update on Mental Health (1 October 2021)

2.   NCL children and young people's mental health.
3.   Urgent mental health support for children.
4.   Children and Adolescent Mental Health Services referrals.
5.   NCL crisis line poster.
6.   NCL crisis line information sheet.

Digital Inclusion and Health Inequalities (1 October 2021)

7.   Inequalities Fund metrics and outcomes.

Deputation – Temporary Services Changes made in response to the Covid-19 Pandemic (25 September 2020)

8.   Taking forward digital inclusion across NCL.

LUTS Clinic (September 2019)

9.   Lower Urinary Tract Services Update from September 2021.

NCL responses to questions and actions raised at the last formal JHOSC meeting on 26 November 2021

NCL procurement process for APMS contracts

The NCL CCG APMS procurement process is conducted in accordance with the Public Contracts Regulations 2015 (the Regulations). The process is managed and overseen independently by the NEL Commissioning Support Unit (CSU), who also oversee and manage APMS procurements across the London Region. There are a range of points in the process which involve patient or public input, which are described below.

Procurements are published on a national e-procurement portal. Local NCL providers are notified directly through the CCG's communication routes, including information on when procurement opportunities will be published on the portal.

Prior to the publication of any procurement, the CCG carries out a period of patient and stakeholder engagement over a period of six to eight weeks, via a survey and discussions held in the practice. The survey is intended to capture patient views on the delivery of the service, and what patients would like to see in terms of future care and experience.

Patients are notified of procurements relevant to their practice via letter and text message, on the practice website, and via information displayed in the practice. Patients are also given the CCG's primary care team contact details should they choose to provide feedback this way.

The outcome of the patient survey is shared with all bidders. Bidders are required to respond as part of the procurement to demonstrate how they will meet patient need.

To ensure strategic local fit, in terms of demographics and population, bidders are required to provide a response to a range of questions. Headings of the Generic and Lot-specific questions have been included below for information.

Bids are evaluated by subject matter experts (SMEs), with a panel for each procurement. SMEs include clinicians (GPs and nurses, including an independent GP), patient representation, lay members of the CCG; and commissioner representation including quality, medicines management, finance, GPIT. SMEs also form an interview panel for bidders.

The outcome of the evaluation, notification of the successful bidder and description of the process carried out is referred to the NCL Primary Care Commissioning Committee (PCCC) to ratify and approve the notification of contract award. Once the letters have been issued to the successful and unsuccessful bidders, there is a period of 30 days for any challenge, prior to contract award.

After the procurement and signing of the contract, there is a six week mobilisation. During this phase the successful bidder is encouraged to meet with the practice Patient Participation Group. The new provider is also encouraged to meet with local

stakeholders including the Primary Care Network of practices, Clinical Director, and local councillors to ensure they understand the need of the local population and the immediate priorities.

The new provider is monitored regularly (quarterly and annually) against the contract key performance indicators, and broader quality reviews. The CCG monitors against a broad range of indicators which include clinical, access, patient satisfaction and complaints, operational and clinical governance, compliance with the contract and regulation. Any concerns throughout in terms of performance or contract compliance are referred to the NCL Primary Care Commissioning Committee.

APMS contracts are commissioned for 15 years, with a contract break every five years. Every five years, the CCG carries out a strategic and performance review to consider potential options for the contract; extend or allow contract to expired. The strategic and performance review includes, quality and performance, list size growth, patient views and complaints, value of the contract, premises considerations.

The Health and Social Care Bill published in July 2021 proposed changes for procurements under the provider selection regime and patient choice. These changes will allow for consideration of a competitive tendering process or direct award of a contract. The method of award will need to be based on the following criteria;

- Quality and innovation
- Value integration and collaboration
- Access
- Inequalities
- Service sustainability
- Social value

The National Regulations have not yet been updated yet to reflect the proposed changes in the Health and Social Care Bill (July 2021). In the interim, the CCG is reviewing the current procurement questions, including the patient and stakeholder survey, to ensure emphasis on the stipulated criteria (above) in order to inform future decision making for new contract award.

Procurement question headings

Generic questions	Lot-specific questions
Primary Care Network (PCN)	Access needs
Integrated Care System (ICS)	Health inequalities
Signposting	Patient experience
Support for carers	CQC rating
Preventative medicine and self-care	Clinical priorities
Prescribing	Continuity of care
Mental health	Clinical capacity
Medical emergencies and safety management	Contract mobilisation
Incidents	Social value

Clinical and integrated governance and quality assurance model	Digital offer
Change management	Premises proposal
Safeguarding	Financial model Template (FMT)
Business continuity	
Pandemic response	
Data management	
Information governance approach	
Workforce development	
Premises management approach	

Non-recurrent funding to support access to general practice in 2021/2022

The CCG has been able to allocate non-recurrent funding this financial year to support improved access to general practice and address health inequalities. There are two significant allocations, the Winter Access Fund (national) and the Targeted Investment Fund (regional).

Winter Access Fund

The Winter Access Fund (WAF) is intended to support primary care to improve access to general practice. The NCL allocation is £6.8 million non-recurrently, to improve same day and urgent access to GP appointments. NCL CCG worked with practices and other primary care stakeholders to develop a plan to boost capacity in primary care and in the wider system to support access to General Practice. Acknowledging the pressure that practices are currently under, and the need for them to focus on the Covid booster rollout, the CCG has also sought to make sure our plans pull in the wider health and care system to support practices as much as possible.

Practices will be able to access direct funding and support to make rapid improvements to patient access. This offer includes workforce development and capacity boosting schemes for health care assistants and administrators; funding for additional temporary practice staff including locums, to create appointments; development of a patient phone line which will support residents with administrative queries around appointments and referrals. This telephone line will integrate into practices' own telephone systems to ensure a smooth patient experience, reducing pressure on practice telephone systems for improved patient access. The CCG is also commissioning additional capacity in extended access services (evenings and weekends), a primary care presence in four of our most pressured hospital emergency departments, and in community pharmacy to support access to primary care in the wider health and care system.

We have identified practices for enhanced support based on those practices in our most deprived primary care networks, based on the success of the covid vaccination programme in NCL. Specific funding has also been allocated to community interventions to improve access across the rest of NCL, based on local community needs.

Targeted investment fund

The national targeted investment fund (TIF) was established to support recovery of elective activity in hospitals across the country. NCL secured non-recurrent investment for primary care in order to support patients who are waiting for elective treatment, ensuring they have the information they need about their appointments, and that their health and wellbeing are looked after whilst they wait.

Our primary care approach includes funding for:

- Proactive integrated teams pilots in each borough. These teams will work in primary care, using Healtheintent data to risk stratify patients on waiting lists, contacting them to offer support with their health and wellbeing whilst they wait for their hospital procedure. These pilots and the risk stratification approach they are taking was based on identifying and tackling health inequalities which may have been created or exacerbated by the Covid pandemic.
- Expanding the blood pressure at home (BP@Home) initiative which provides patients with equipment and support to self-monitor and self-manage their blood pressure. This will improve people's overall health whilst waiting for treatment and reduce the risk of people having cancelled operations due to high blood pressure
- Reviewing and redesigning 40 NCL clinical patient pathways to ensure they take into account both the best available evidence and the need to tackle health inequalities

An element of the TIF will be also used to upgrade all NCL practices' telephony systems to the latest cloud-based technology. This will improve patient experience of telephoning their GP practice, allow practices to implement better call management processes. It will also pave the way for primary care networks to work together to manage telephone calls and telephone triage.

Online consultations

North Central London CCG's journey with online consultation (OC) started in 2019 (pre-pandemic) and was being rolled out to interested practices. The arrival of the COVID pandemic in early 2020 greatly accelerated the original timeframe of introducing OC to practices and patients. At this time it became a requirement of the national pandemic response for practices to offer an OC solution to its patients. This determined the CCG's roll out approach and OC became the one of the main ways in which patients accessed their practice, along with traditional telephony, email and face to face methods. National and regional procurements secured eConsult as the online consultation provider for NCL in 2020. In 2020/21 there were 400,810 online consultations across NCL, compared to over 588,001 online consultations in the nine months of 2021/22.

Practices are now able to secure their own online consultation contract and there are currently five OC providers in NCL eConsult, accuRx, PATCHs, EMIS and Footfall.

Online consultations allow for individuals with primary care-type concerns to contact their practice via an online form with a series of questions about their condition. The responses in the form are sent to the patient's practice and reviewed in order to determine next steps for the patient. At the time of submitting the online consultation form, the patient is advised of the expected timeframe for response. The practice will then contact the patient and provide advice/ an appointment as necessary. Patients are also able to use online consultations for self-help and self-management advice.

NCL CCG works we work with the national and regional NHS teams to help centralise and standardise the OC approach. we meet regularly with the providers, as well as meeting with the NHS London team to drive development and improvements. We recognise that not everyone can or wants to use online consultations, and so want to make sure that no patient is disadvantaged in terms of their choices in accessing care.

NCL winter resilience campaign underway

Together with partners, this winter we are delivering an integrated system-wide programme of communications and engagement to build confidence in NHS services and support residents, patients, and health and care workers in North Central London (NCL) to stay well and access care in the right place at the right time.

Our winter resilience campaign objectives include:

- Raising awareness and driving use of NHS 111 online as the 'first stop' for non-emergency health advice.
- Contributing to the uptake of COVID-19 and flu vaccination, among relevant cohorts.
- Raising awareness and driving use of services and tools that enable residents to self-manage minor health conditions.
- Reducing inappropriate emergency department attendances.
- Encouraging local residents to register with a GP.

NCL messaging is aligned with national NHS campaigns such as Boost Your Immunity, Stay Well This Winter, and Help Us Help You, as well as our local operational priorities. Content is overseen by clinical colleagues. Activity to support each of the campaign priorities is underway, with a particular focus in December on amplifying messaging around COVID-19 vaccination uptake and use of NHS 111 online for urgent health needs. A wide range of communication channels are being utilised to reach far and wide into NCL's communities and include high profile outdoor advertising sites, targeted social media in various languages, search engine advertising, proactive media work, and targeted SMS activation.

To support the campaign, we are also delivering focused outreach and engagement with our most vulnerable communities and those who experience the greatest barriers to accessing our services. Through this work, we want to:

- support people to access the right care and help when needed
- gather insight to help us better understand any specific barriers to accessing services
- build confidence in the NHS
- help people to understand the importance of immunisation.

A trusted local organisation in each borough will lead this work, working with or subcontracting other local voluntary and community sector groups. This includes all five NCL Healthwatch organisations. The lead organisations are:

- Haringey – Bridge Renewal Trust
- Camden – Voluntary Action Camden
- Islington – Healthwatch Islington
- Enfield – Enfield Carers Centre
- Barnet – Barnet Together (a collaboration between Inclusion Barnet, Volunteering Barnet and the Young Barnet Foundation).

See also: Information on COVID-19 vaccination including boosters, flu vaccination, and services that can help residents to stay well this winter is available on the NCL CCG website

We have also just launched a how to guide for patients, which aims to provide clarity on how to access primary care services.

Work to support primary care capacity through the interface work

We know that the interface between primary and secondary care can be challenging. As part of our focused work looking at the interface, the CCG has developed work to support primary care capacity:

Triage Projects

o Extended waits: given the needs of patients on hospital waiting lists may have changed during the pandemic, a process is underway to contact patients on waiting lists to understand current needs. This started with seven hundred people waiting for ear, nose and throat hospital procedures. Thirty eight percent have responded and are being followed up. The remaining patients will be contacted by phone. This work is linked with NCL's Healtheintenet data in order to risk stratify as well as triage
o One thousand more ENT questionnaires are planned for early January 2022, then a potential similar approach for people waiting for trauma and orthopaedics, and dermatology
o Connected Care: Mega clinics have taken place and more to be rolled out, approx. 10% patients seen were then able to come off the Royal Free Hospital waiting list
o Proactive integrated care teams: Being established across five Boroughs, PMO lead identified (as above in targeted investment fund)

Pharmacy

- o Development of electronic platform for prescribing across NCL
- o Working group led by CCG Governing Body GPs to improve prescribing pathways: aim to reduce number of patients being discharged without medication and then having to make an appointment with GP – will pilot at UCLH

Consultant to Consultant referrals

- o Review of current NCL policy to reduce unnecessary referrals back to Primary Care - to NCL Clinical Advisory Group in January 2022

Implement a GP Consultant role

- o Draft job description developed with the aim of placing a GP in secondary care, starting with the Royal Free.

Work with RFH to develop a Single Point of Access for patients

Workforce recruitment and retention including additional roles working in primary care networks (ARRS)

The changing face of Primary Care is matched by a changing and rapidly expanding range of roles reaching far beyond the roles we traditionally associate with General practice

Our practice and primary care network (PCN) Teams are expanding and now include a range of new roles making up the General Practice workforce team including:

Pharmacy Technician	Clinical Pharmacist	Dietician	First Contact Physiotherapist	Occupational Therapist
Paramedics	Podiatrist	Physician Associate	Care Coordinator	Health & Wellbeing Coach
Social Prescribing Link Worker	Nursing Associates	Trainee Nursing Associates	Adult Mental Health Practitioner	CYP Mental Health Practitioner

Additional Roles Reimbursement Scheme (ARRS) within primary care networks

ARRS staff, working across groups of practices (in PCNs) already make up more than 20% of our clinical or direct patient care workforce in NCL. This is the biggest opportunity for growth in the workforce; PCNs are able to access funding for 15 new primary care roles.

The CCG, working with the NCL Training Hub, is also providing direct support to PCNs with recruitment in terms of:

- Workforce Planning

- Joint Recruitment

- Showcasing new roles

- Building a Multidisciplinary Team

Supporting PCNs and practices to expand their workforce through:

- **Promotion & expansion of clinical placements in NCL** - attracting clinicians in to primary care as part of their placements
- **GP and GP Nursing (GPN) Fellowship and Mentoring Scheme** - supported transition into primary care for newly qualified GPs and GPNs with mentoring and opportunities to develop a Fellowship portfolio role
- **Expansion & promotion of apprenticeship roles in Primary & Social Care** developing our future workforce and providing a stepping stone into a career in primary care

Retention & Development

- **Primary Care Flexible Staff Pool** launching in early 2022 to better connect and meet the needs of our practices and locum workforce when pairing around flexible working
- **12 Local GP Retention Schemes** focused on the support, retention and development of mid-career GPs to meet the changing needs of Primary Care and to also expand our Fellowship offer to newly qualifying GPs.
- **Delivery of GPN initiatives for preceptorship, wellbeing, masterclasses, leadership development** retaining and developing our GP Nurses and making Primary Care Nursing a first destination career
- **Wellbeing Pilot** providing in-reach support to Primary Care workforce following the challenges of the past 18months

NCL Children and Young People's Mental Health – JHOSC response

December 2021

JHOSC CAMHS request

CYP Mental Health is one of the most significantly impacted areas of the NHS caused the pandemic. Data outlining the increase in demand for CAMHS services has been included in the slides that follow.

Since the beginning of the pandemic, across all our boroughs we have:

- Rolled out Crisis Hubs during the pandemic so families can get support outside of hospital and an Out of Hours Service, based in the North and South of NCL
- Implemented a 24/7 Crisis telephone line
- Increased paediatric liaison capacity
- Increased capacity in our Eating Disorders Intensive Service (EDIS)
- North Central and East London Provider Collaborative have reduced the number of inpatient admissions by 34%, Out of Area placements by 73%, length of stay by 43% and admissions for CYP with Autistic Spectrum conditions down 50%.
- Introduced Transforming Care Prevention and Support services (TCaPS), providing support for families and young people with Learning Disabilities, autism and/or challenging behaviour

To address the rising demand;

- We have increased number of CAMHS staff and clinics and access points to meet demand and reduce waiting times
- We have increased capacity in the specialist Eating Disorders (ED) Service, expanding to evenings and weekends
- We are developing our new ED community pilot service, increasing the ED skilled workforce in the community who will also be able to share skills and resources with those working closely with CYP with eating disorders (in community settings such as schools). Whilst in development we will continue to share resources/good practice across NCL
- In addition to our Mental Health schools teams coverage and plans to increase capacity to meet mild to moderate levels of mental illness within the school population, there is a wide range of work undertaken by schools at borough level related to mental health awareness and resilience, such as suicide prevention programmes, whole school resilience approaches and emotional wellbeing peer education
- There has been a increased push on communications for CYP and families outlining our local CYP MH crisis services to reduce unnecessary emergency department admissions
- Our CYP Emotional MH and Wellbeing Transformation Plan has been published which gives more detail on local work
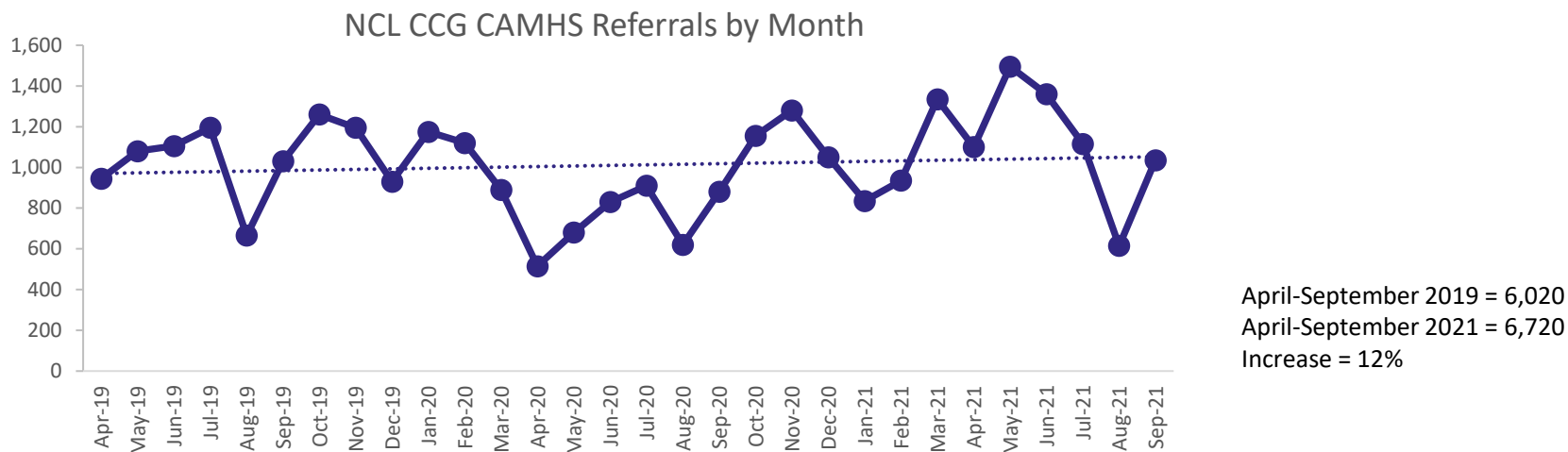
CAMHS referrals

Across the system we have seen:
- ❖ Record rates of referral to crisis services;
- ❖ Significant referral rates and acuity into CYP eating disorders services (171% increase since 2020)
- ❖ 1349 CYP were currently waiting for a first appointment within CAMHS services (September 2021)

The data below is the latest (September 2021) Mental Health Services Data Set for NCL referrals into CAMHS services. The data demonstrates that despite seasonal variations (eg expected reductions in referrals over the school holidays, there remains an increase in referrals compared to the pre pandemic period).

We have significantly invested in our community CAMHS workforce, increasing the number of staff, introducing additional clinics and introducing digital services across NCL to reduce waiting times to access services.

NCL CCG CAMHS Referrals by Month

April-September 2019 = 6,020
April-September 2021 = 6,720
Increase = 12%

Source: MHSDS Sept 2021

Performance – CYP Eating disorders

- There were significantly more referrals (N=130) in Q1 21/22, compared to Q1 of 2020/21 (N=51), **an increase of 155%.**

- There were significantly more referrals triaged as urgent (N=30) compared to last year (urgent n=15).

- This is undoubtedly a result of Covid and the lockdown, which has led to a nationwide increase in people presenting with ED. This is in line with research evidence demonstrating the negative impact of lockdown on individuals with ED (Castellini et al. 2020). We have seen a steep and consistently rising rate of referrals and caseloads since October 2020.
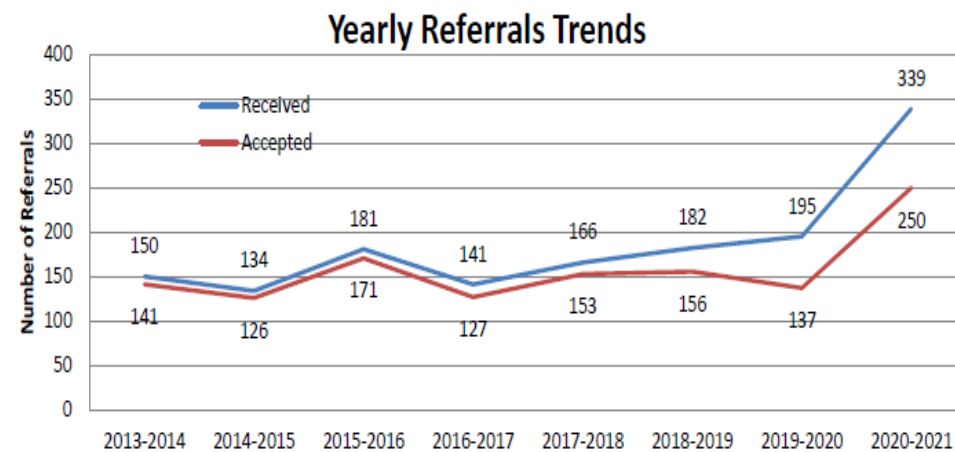

Yearly Referrals Trends

Table 1&2. Children and Young People Eating Disorder Performance – Urgent and Routine Quarterly

% Children and Young People with an Eating Disorder
Royal Free London NHS Foundation Trust - Urgent Cases (Rolling 12 Months)

% Children and Young People with an Eating Disorder
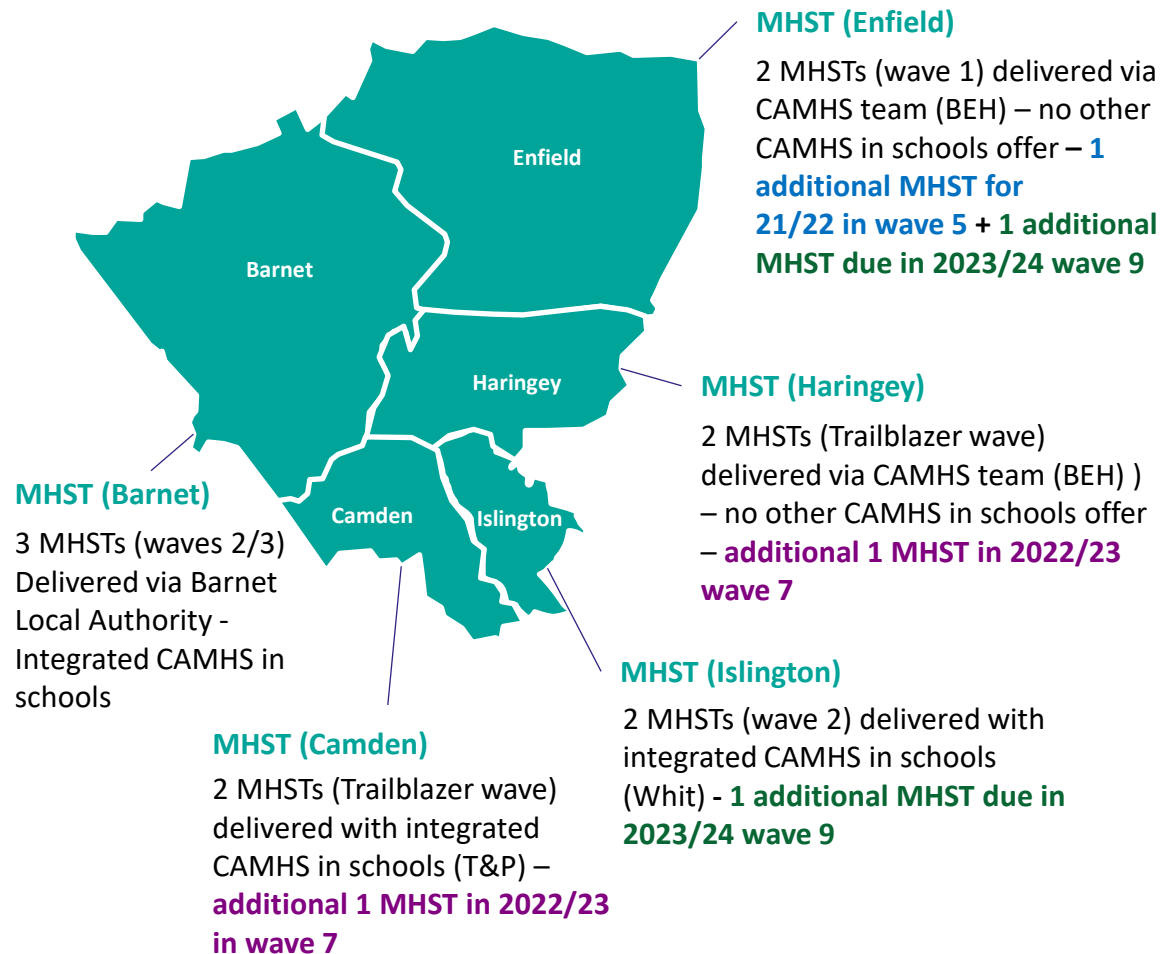Royal Free London NHS Foundation Trust - Routine Cases (Rolling 12 Months)

Mental Health Support Team Modelling
Integration with schools

Black = mobilised in 2020/21
Blue = new service for 2021/22
Purple = new service for 2022/23
Green = new service for 2023/24

MHST coverage progressing well, *44.4% coverage by 23/24. More information on what has been undertaken in schools has been detailed in NCL CYP emotional wellbeing and MH transformation plan.

MHST (Enfield)

2 MHSTs (wave 1) delivered via CAMHS team (BEH) – no other CAMHS in schools offer – **1 additional MHST for 21/22 in wave 5** + **1 additional MHST due in 2023/24 wave 9**

MHST (Haringey)

2 MHSTs (Trailblazer wave) delivered via CAMHS team (BEH)) – no other CAMHS in schools offer – **additional 1 MHST in 2022/23 wave 7**

MHST (Barnet)

3 MHSTs (waves 2/3) Delivered via Barnet Local Authority - Integrated CAMHS in schools

MHST (Islington)

2 MHSTs (wave 2) delivered with integrated CAMHS in schools (Whit) - **1 additional MHST due in 2023/24 wave 9**

MHST (Camden)

2 MHSTs (Trailblazer wave) delivered with integrated CAMHS in schools (T&P) – **additional 1 MHST in 2022/23 in wave 7**

MHST wave allocations to 23/24: by ICS

Allocation based on existing coverage within borough, deprivation, ethnicity and mental health need measures

ICS	Wave 5: 21/22	Wave 6: 21/22	Wave 7: 22/23	Wave 8: 22/23	Wave 9: 23/24	Wave 10: 23/24	Final borough total	Final ICS coverage
NCL	1	0	2	0	2	0	16	*44.4%
NEL	4	1	3	1	3	0	23	45.1%
NWL	3	0	1	0	0	2	22	44.0%
SEL	0	4	0	3	0	2	19	45.2%
SWL	0	3	0	0	0	0	16	44.4%
TOTAL							96	

Urgent mental health support - 24/7 crisis lines

NHS

Every mental health trust in London has put in place **a 24/7 crisis line** for people of all ages - children, young people and adults. The lines which are free to call can provide advice to those in a crisis. These crisis lines are supported by trained mental health advisors 365 days a year.

You can find the 24/7 crisis line numbers using the NHS Service Finder (link below) but the table provides all of the telephone numbers in London.

https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline

Area	Boroughs covered	24/7 crisis line number
North West London	Brent, Hillingdon, Harrow, Kensington & Chelsea and Westminster	0800 0234 650
	Ealing, Hounslow and Hammersmith & Fulham	0800 328 4444
North Central London	Barnet, Camden, Enfield, Haringey and Islington	0800 151 0023
North East London	City & Hackney	0800 073 0006
	Newham	0800 073 0066
	Tower Hamlets	0800 073 0003
	Barking & Dagenham, Havering, Redbridge and Waltham Forest	0300 555 1000
South West London	Kingston, Merton, Richmond, Sutton and Wandsworth	0800 028 8000
South East London	Croydon, Lambeth, Lewisham and Southwark	0800 731 2864
	Bexley, Bromley and Greenwich	0800 330 8590

Urgent and other support available

shout 85258

Shout offers confidential 24/7 crisis text support for times when immediate assistance is required
Text "SHOUT" to 85258 or **visit Shout Crisis Text Line**

SAMARITANS

Samaritans 24/7 365 days a year - they are here to listen and provide support
Call: 116 123 or **email: jo@samaritans.org**

Crisis Tools

Crisis Tools helps professionals support young people in crisis - short accessible video guides and text resources
Sign up for free resources here

PAPYRUS PREVENTION OF YOUNG SUICIDE

Papyrus provide confidential support and advice to young people struggling with thoughts of suicide, and anyone worried about a young person
Call: 0800 068 41 41 or **Text: 07860 039967** (opening hours 9am to midnight – 365 days a year)

childline ONLINE, ON THE PHONE, ANYTIME

Childline confidential telephone counselling service for any child with a problem
Call: 0800 1111 anytime or **online chat with a counsellor**

Good Thinking

Good Thinking is London's digital wellbeing service and provides a range of resources for young people to help improve mental wellbeing including free NHS-approved apps

THE MIX Essential support for under 25s

The Mix provides free, confidential support for young people under 25
Call: 0808 808 4994 (11am – 11pm every day) or **Email**

Beat Eating disorders

Beat provide support to help young people who may be struggling with an eating problem or an eating disorder
Call the Youthline (under 18's) 0808 801 0711 or **Studentline 0808 801 0811** (9am – 8pm during the week and 4pm – 8pm on weekends and bank holidays)

kooth

Kooth is a free, safe and anonymous online mental wellbeing community including live chat with the team, discussion boards, magazine with helpful articles and a daily journal a magazine

NCL Children and Young People's Mental Health – JHOSC response

December 2021

JHOSC Question

Councillor Tomlinson asked if any data surrounding the significant increase on demand could be circulated to the committee. He also asked if schools were being worked with to help address eating disorders and other mental health issues experienced by young people.

Data outlining the increase in demand has been included in the slides that follow. We have circulated communications for CYP and families on our local CYP MH crisis services over the lead up to Christmas (see comms attached).

We have increased capacity in the specialist Eating Disorders (ED) Service, expanding to evenings and weekends and we are developing our new ED community pilot service, increasing the levels of ED skilled workforce in the community. It is hoped that the ED community service would be able to share skills and resources with those working closely with CYP with eating disorders (in community settings such as schools) and whilst the service is being developed we can look at what has been done in individual boroughs and share resources/good practice across NCL.

Slide 9 outlines our Mental Health schools teams coverage and future plans to increase capacity to meet mild to moderate levels of mental illness within the school population, this slide does not include the wider work undertaken by schools on Mental Health and good practice related to mental health awareness and resilience.

Children and Young People's Mental Health Summary

CYP Mental Health is one of the most significantly impacted areas of the NHS caused the pandemic.
As part of the NCL Pandemic response the CYP MH system rallied to deliver significant change to services, supporting CYP to be seen in hubs instead of A&E, to consolidate specialist support to Paediatrics and to ensure that those CYP who urgently needed support, had the highest acuity and were most at risk were able to access the care they required, whilst bringing forward some LTP plans.

CAMHS Snapshot
- At November 2021 our current position is challenged, we have seen:
  - ❖ Record rates of referral to crisis services;
  - ❖ Significant referral rates and acuity into CYP eating disorders services (171% increase since 2020)
  - ❖ 1349 CYP were currently waiting for a first appointment within CAMHS services (September 2021)

- Whilst in NCL we continue to meet our LTP target for Access and have established the 24/7 crisis line, there are a range of LTP targets we are not currently meeting, such as:
  - ❖ implementation of the home treatment team model
  - ❖ access rates for liaison and crisis assessment
  - ❖ Expansion of support in the community for eating disorders (ARFID)

The following slides show the referral rates and the mental health teams that are in schools support and further roll out .

Impact of the Pandemic

The Covid 19 pandemic caused disruption and uncertainty for all. Children and young people were particularly affected from the changes to education, socialising and access to services. We know there will be longer term impacts for our children, young people ad families which will require a system wide approach to address:

- **Modelling** predicts increases in new cases **of moderate-severe anxiety depression** in adults with an almost 20% rise in depression in the **under-25s[4]**;

- NHSE Benchmarking shows an increase in MH conditions in under 18's increasing from 1 in 9 to 1 in 6 young people over the past year

- **Young people are worried** about their education, finances and future. **Young children were** responding to the **uncertainty** around them and **worry** about their family members. **Parents** were concerned about **children's mental health and wellbeing[3]** and **feel overwhelmed** by financial insecurity, childcare and home schooling**.**

- Mental health had deteriorated somewhat or a lot for **70%** of **LGBT+ residents[2]**.

- For **people with learning disabilities**, there was a gap in services around emotional wellbeing, and accessing suitable information around Covid-19 and support has been a particular difficulty[3].

- **Some people have suffered more from Covid-19's effects on mental health and wellbeing**. The wider determinants of health, including but not limited to ethnicity, gender, family and employment status, have an influence. Levels of **depression and anxiety** are **still highest[1]** among, for example: **women**, **young adults**, **people who live alone or with children or in urban areas**, or are from **Black, Asian and Minority Ethnic (BAME) backgrounds**.

1 UCL Covid-19 Social Study Results Release 25. Nov 2020
2 Camden & Islington Stakeholder meetings, Nov-Dec 2020, and stakeholder survey

3 Covid-19 resident engagement. Camden and Islington Public Health team, Oct 2020
4 Centre for Mental Health Forecast Modelling Toolkit, Nov 2020 – full results available on request

Performance – CYP Eating disorders

- There were significantly more referrals (N=130) in Q1 21/22, compared to Q1 of 2020/21 (N=51), **an increase of 155%.**

- There were significantly more referrals triaged as urgent (N=30) compared to last year (urgent n=15).

- This is undoubtedly a result of Covid and the lockdown, which has led to a nationwide increase in people presenting with ED. This is in line with research evidence demonstrating the negative impact of lockdown on individuals with ED (Castellini et al. 2020). We have seen a steep and consistently rising rate of referrals and caseloads since October 2020.
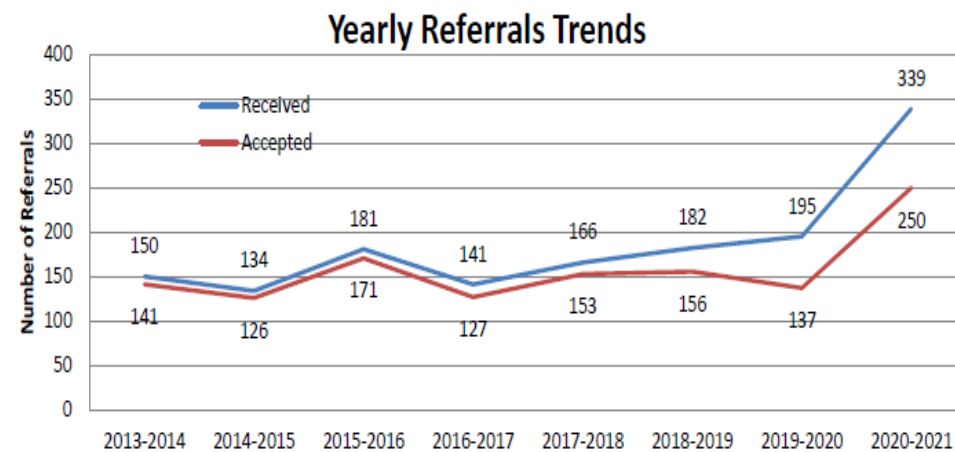

Yearly Referrals Trends
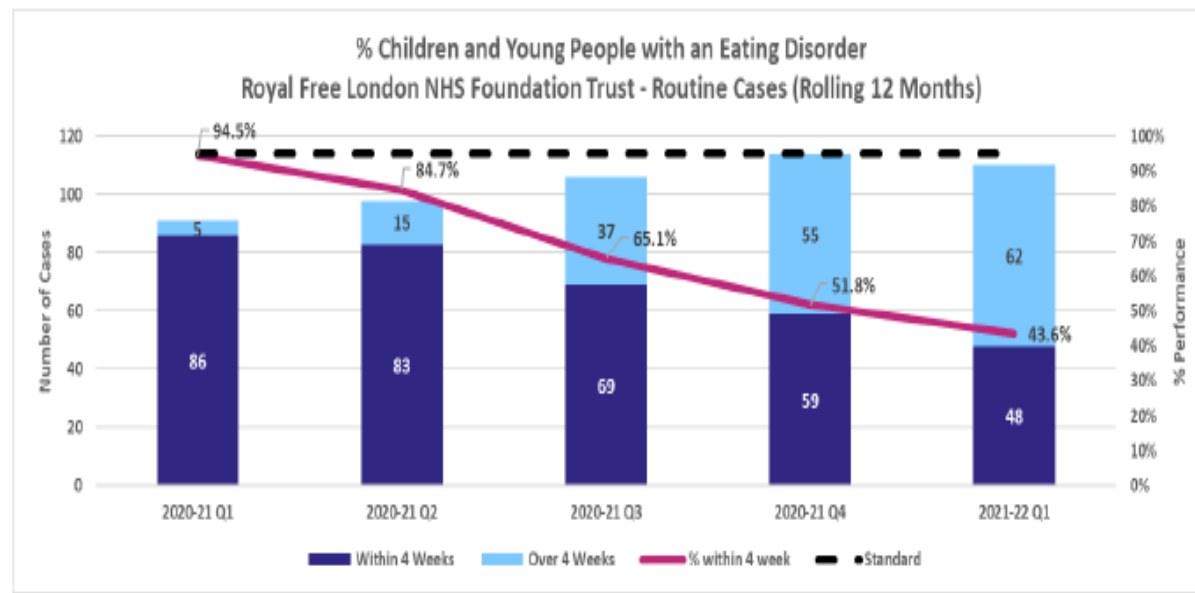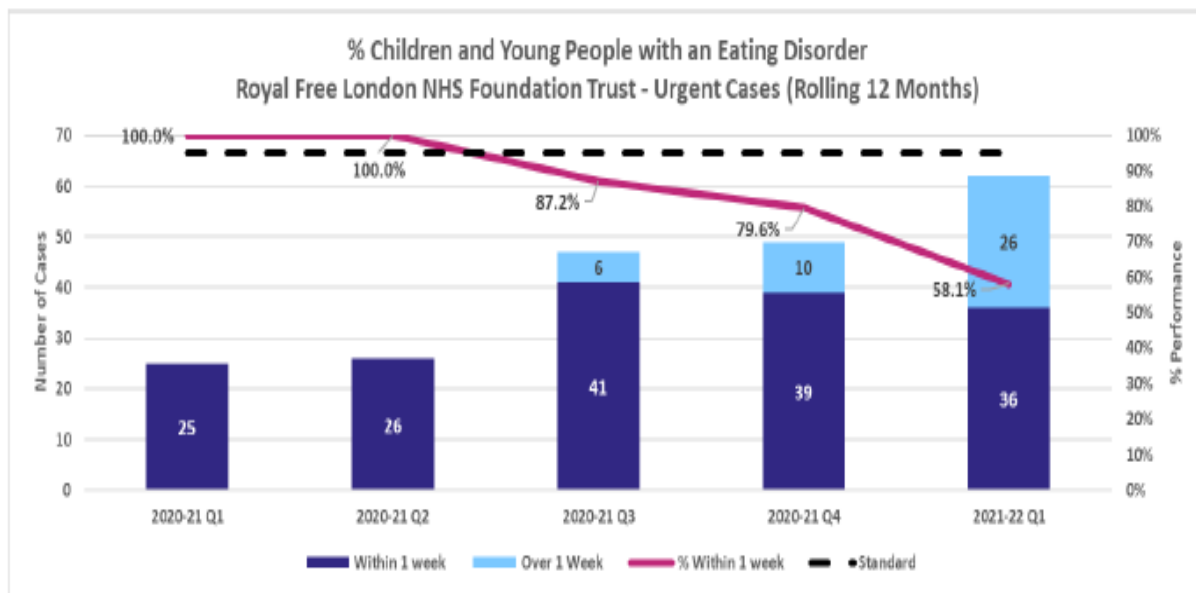
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% Children and Young People with an Eating Disorder
Royal Free London NHS Foundation Trust - Urgent Cases (Rolling 12 Months)

% Children and Young People with an Eating Disorder
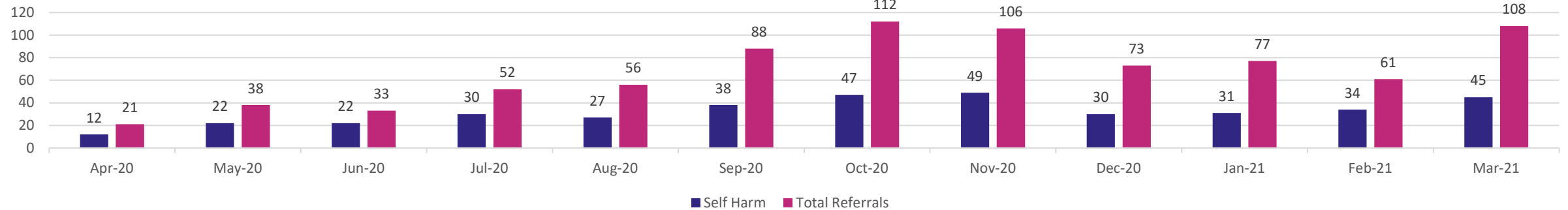Royal Free London NHS Foundation Trust - Routine Cases (Rolling 12 Months)

Performance - CYP in Crisis Data

More children and young people are being referred for mental health crises.
Referrals have increased from 21 in April 2020 to 108 in March 2021.
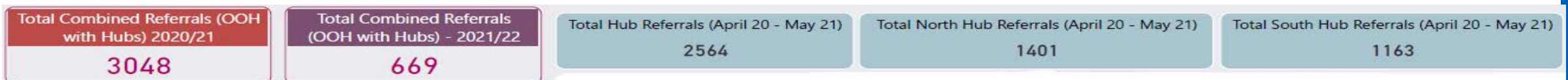
NCL CYP MH Crisis Service Summary Apr20 – Mar21

Total Referrals 20/21 (excluding hubs)	No. of Local CAMHS	No. of Hospital Locations	No. of Females	No. of Males	No. of Intermediate	Community	Known to CAMHS
825	7	7	628	169	28	587	136

CYP Crisis Out of Hours Referrals by Month (excluding hubs) Apr20 – Mar21

Self Harm / Total Referrals by month:

Month	Self Harm	Total Referrals
Apr-20	12	21
May-20	22	38
Jun-20	22	33
Jul-20	30	52
Aug-20	27	56
Sep-20	38	88
Oct-20	47	112
Nov-20	49	106
Dec-20	30	73
Jan-21	31	77
Feb-21	34	61
Mar-21	45	108

■ Self Harm ■ Total Referrals

NCL CYP MH Crisis Helpline Summary Jan21 – May21

Total Calls	Further Action Required	Calls (Mon-Fri)	Calls (Sat-Sun)	Call Duration (<15 mins)	Call Duration (15-29 mins)	Call Duration (30-59 mins)
291	196	199	92	51	100	50

NCL CYP MH Crisis Hubs Summary Apr20 – May21

Total Combined Referrals (OOH with Hubs) 2020/21	Total Combined Referrals (OOH with Hubs) - 2021/22	Total Hub Referrals (April 20 - May 21)	Total North Hub Referrals (April 20 - May 21)	Total South Hub Referrals (April 20 - May 21)
3048	669	2564	1401	1163

NORTH LONDON PARTNERS in health and care

NORTH LONDON PARTNERS in health and care

Some of our children and young people will need intensive and specialised support from across the system to meet their needs. Since the pandemic, we have seen the number of children experiencing a mental health crisis grow. We have also seen a sharp rise in the number of children and young people with eating disorders. Conversely however, fewer young people are entering inpatient CAMHS – and our ambition is to reduce this even further, ensuring children and young people have timely access to practitioners and services skilled to meet their individual needs, including;

- 24/7 support for children experiencing a mental health crisis
- Risk Support available for CYP with high needs who are not currently in a space to actively utilise treatment to ensure they stay connected and the integrated networks of professionals and family/carers are clear on the plans to mitigate risk and pathways to escalate
- Access to Positive Behaviour Support/Non violent resistance training for professionals within health and social care
- Good paediatric liaison to coordinate between hospital, social care and CAMHS
- Support for children and young people with particular needs such as disordered eating concerns or conditions

Since the beginning of the pandemic, across all our boroughs we have:
- Rolled out Crisis Hubs during the pandemic so families can get support outside of hospital and an Out of Hours Service
- Implemented a 24/7 Crisis telephone line
- Increased paediatric liaison capacity
- Increased capacity in our Eating Disorders Intensive Service (EDIS)
- North Central and East London Provider Collaborative have reduced the number of inpatient admissions by 34%, Out of Area placements by 73%, length of stay by 43% and admissions for CYP with Autistic Spectrum conditions down 50%.
- Introduced Transforming Care Prevention and Support services (TCaPS), providing support for families and young people with Learning Disabilities, autism and/or challenging behaviour

Crisis, Liaison and Home Treatment Support

Blue = new provision in 2021/22

Purple = Transitioning service in 2022/23

Green = new service for 2023/24

Home Treatment Team pilot - Barnet (Hospital @ Home) – Intensive home treatment to avoid T4 admission and improve outcomes
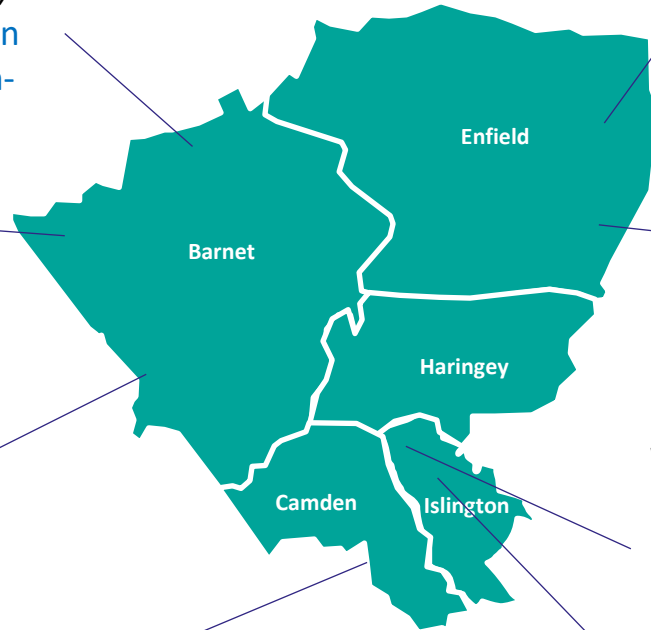
Safe haven– Diversion from A&E for crisis assessment and bedded site for 72 hour admission

NCL Out of Hours team – Crisis response out of hours in NCL. Increase to support 2 x diversion hub sites

BGH - Paediatric liaison on wards, Psychiatric liaison in paediatrics (in-hours)

Edgware Community Hospital (North Hub) – Diversion from A&E for crisis assessment and treatment – transforming into home treatment teams

UCLH - Paediatric liaison on wards, Psychiatric liaison in A&E (in-hours)
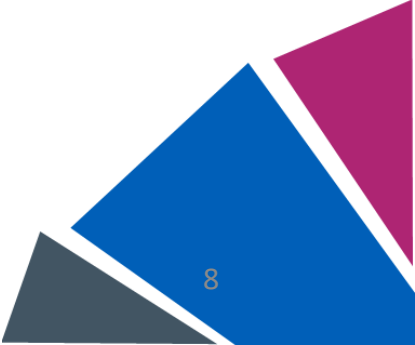
NMUH – Paediatric liaison on wards, Psychiatric liaison in paediatrics (in-hours)

Home Treatment Team pilot - Enfield (Hospital @ Home) – Intensive home treatment to avoid T4 admission and improve outcomes

Whittington Health - Paediatric liaison on wards, Psychiatric liaison in A&E (in-hours)

Northern HC (South Hub) – Diversion from A&E for crisis assessment and treatment – Transforming into home treatment teams
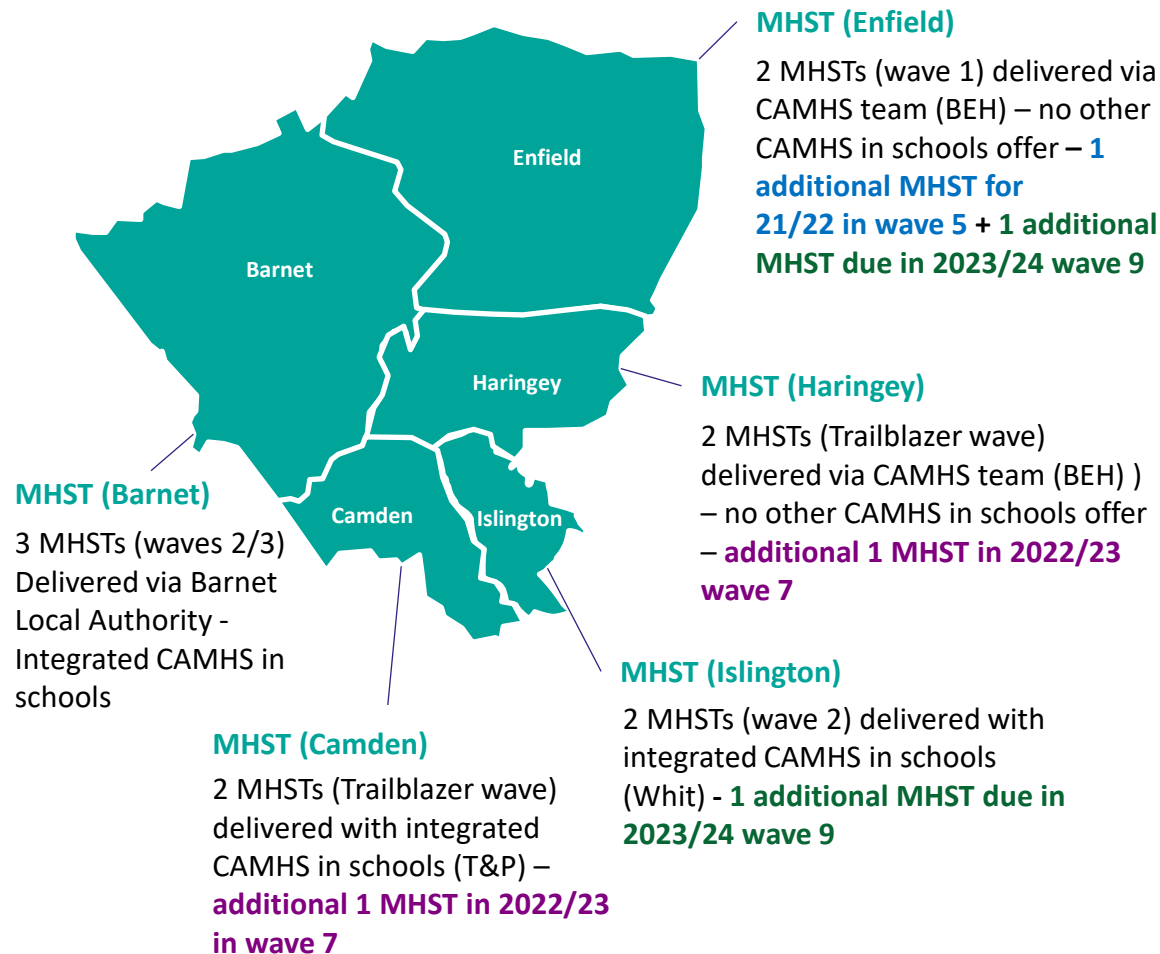
Enhanced NCL 24/7 Crisis Line – Crisis line for all CYP in NCL. Additional CYP specialist clinician to upskill team on CYP advice and support (Increase 9-12am, 7 days per week)

Enfield

Barnet

Haringey

Camden   Islington

Mental Health Support Team Modelling
Integration with schools

Black = mobilised in 2020/21
Blue = new service for 2021/22
Purple = new service for 2022/23
Green = new service for 2023/24

MHST coverage progressing well, *44.4% coverage by 23/24.

MHST (Enfield)

2 MHSTs (wave 1) delivered via CAMHS team (BEH) – no other CAMHS in schools offer – **1 additional MHST for 21/22 in wave 5** + **1 additional MHST due in 2023/24 wave 9**

MHST (Haringey)

2 MHSTs (Trailblazer wave) delivered via CAMHS team (BEH)) – no other CAMHS in schools offer – **additional 1 MHST in 2022/23 wave 7**

MHST (Barnet)

3 MHSTs (waves 2/3) Delivered via Barnet Local Authority - Integrated CAMHS in schools

MHST (Camden)

2 MHSTs (Trailblazer wave) delivered with integrated CAMHS in schools (T&P) – **additional 1 MHST in 2022/23 in wave 7**

MHST (Islington)

2 MHSTs (wave 2) delivered with integrated CAMHS in schools (Whit) - **1 additional MHST due in 2023/24 wave 9**

MHST wave allocations to 23/24: by ICS

Allocation based on existing coverage within borough, deprivation, ethnicity and mental health need measures

ICS	Wave 5: 21/22	Wave 6: 21/22	Wave 7: 22/23	Wave 8: 22/23	Wave 9: 23/24	Wave 10: 23/24	Final borough total	Final ICS coverage
NCL	1	0	2	0	2	0	16	44.4%
NEL	4	1	3	1	3	0	23 *	45.1%
NWL	3	0	1	0	0	2	22	44.0%
SEL	0	4	0	3	0	2	19	45.2%
SWL	0	3	0	0	0	0	16	44.4%
TOTAL							96	

Distressed or in crisis?

Are you aged under 18 or a parent or carer of someone aged under 18? Do you live in Barnet, Camden, Enfield, Haringey or Islington?

Call our 24 hour mental health crisis line

0800 151 0023

Reproduced with kind permission from South London and Maudsley NHS Foundation Trust

How to get help in a mental health crisis

What is a crisis?

Having a mental health crisis means different things to different people.

You might feel so distressed that you want to harm yourself, or someone else.

You might hear unpleasant voices, or feel that people are watching you or trying to hurt you.

It could help to tell someone you trust, maybe a family member or a friend. They can be with you and help you decide what to do. They can also contact services on your behalf.

If you are in contact with a mental health service:

Check your care plan, if you have one, and:

During office hours contact your care coordinator or the duty number for the team that is supporting you.

Out of hours call 0800 151 0023 to speak to our crisis line for patients aged under 18 and their carers.

If you need urgent help:

Call 111 to speak to the free NHS helpline for anyone with an urgent healthcare need. Tell them if you need a translator.

Call 0800 151 0023 to speak to our local NHS crisis line for patients aged under 18 and their carers.

If you are with someone who has attempted suicide, call 999 and stay with them until the ambulance arrives.

> 24 hour mental health crisis line 0800 151 0023 for young people aged under 18 living in Barnet, Camden, Enfield, Haringey and Islington.

Inequalities Fund metrics and outcomes

The previous paper provided to JHOSC (1 October 2021) included an overview of the metrics that will be collected to demonstrate impact and outcomes as an appendix.

The metrics will be different for each scheme as they are so wide ranging – for example the metrics for preventing serious youth violence are quite different to addressing high impact users in A&E. There's over 60 schemes being funded and we have provided below an example of one set of metrics for a project in Haringey:

Project in Haringey - Engaging our most vulnerable Haringey young people with mental health support through creative arts and sports

Expected KPIs will include:

- Increase in BAME young people/ those living in top 20% deprived communities accessing mental health support – 250 young people
- Autistic young people supported into activities – 35 young people
- Increase in access to child and adolescent mental health services - 20 young people
- Reduced exclusion from school and therefore reduced opportunity for offending – 10% of participants
- Patient Reported Outcome Measures (PROMS) for the direct therapeutic work done at different time intervals and in line with CYP IAPT and NHS Digital requirements.

Other benefits include:

- Reduced cost pressure on Social Care/Police/ CCG Complex Individualised Commissioning
- Reduction in number of young people who can no longer live with their families or live in the local area due to safety (one placement alone can be more than £300k per annum across the Integrated Care Partnership)

We are still in the mobilisation stage so these are the metrics that will be collected rather than what we have at the moment.

Overarching evaluation

We're also agreeing an overarching evaluation with Middx Uni that will focus on the degree to which co-production is taking place, and three main elements:

1) The extent to which residents feel control over their life and care
2) The extent to which crisis is avoided
3) The rate of recovery from crisis

We will do this via interviews with staff and residents, but this won't start until next year. I think the issue is we don't have metrics to report on as it's too early to be measuring that, so all we have is examples from individual schemes.

This is also about measuring things differently, and not expecting an immediate return – realistically it will be next year before we start to have meaningful data and we are very happy to provide an update to the JHOSC at that point.

Purpose

- Describe the current issues and services associated with digital approach in across NCL partners and the importance of improving digital inclusion

- Reflect on the emerging findings of the EQIA/Review Report into Digital Inclusion including some of the specific groups for whom digital inclusion is likely to be an issue

- Propose a framework to understand how partners might address digital inclusion

- Consider how this framework could be used to understand and address digital inclusion issues across a range of partners, including recommendations in Review Report

- Consider how partners could work together and with communities to establish a joint plan

Background

The NHS and North London Partners were moving towards a more digital approach to delivering services prior to the pandemic, with programmes such as Digital First, in line with the NHS Long-Term Plan.

The requirement to reduce face-to-face contact, including in planned health and care services, to reduce the risk of infection in the pandemic led to an accelerated deployment of digital solutions

This means more consultations and care are being delivered across all health and care services remotely, through telephone, video or virtual applications.

Whilst there's evidence these solutions are likely to benefit the majority of residents and patients, partners are mindful that the move towards digital solutions needs to be well-managed and inclusive in NCL.

Whilst there's evidence these solutions are likely to benefit the majority of residents and patients, partners are mindful that the move towards digital solutions needs to be well-managed and inclusive in NCL.

For example, Ofcom estimates 5m people in the UK never go online and 11m people lack the basic digital skills to use the internet. We know there are groups of individuals amongst the population who find it harder to engage with digital solutions.

NCL has discussed developing a **NCL Digital Inclusion Action Plan** to address these issues. To help inform this Plan, a review report/EQIA was commissioned to inform:
- Who could be affected by potential digital exclusion in NCL;
- Issues, methods and approaches associated with digital care delivery;
- Recommendations to address potential exclusion

This packs builds on recommendations of report (Appendix 1)

Digital First in NCL

Innovative digital projects to improve patient care & experience – scope in primary care

NHS
North Central London
Clinical Commissioning Group

Enabling and empowering GPs and primary care **clinicians** and **improving access** to healthcare, **health outcomes** and **patients' experiences** through accelerator projects funded by NHSE/I and NHSX.

The aims of Digital First priority projects for 2020/21					
Online and video consultation	**Improving text messaging and website design**	**Remote monitoring in care homes**	**Digitalising social prescribing**	**GP Connect and patient pathways**	**NHS App beacon site**
The use of online and video consultation is **embedded** and **normalised** across NCL by both patients and GPs.	GP surgery websites are clear and easy for patients to **understand** and find the information they need. Text message campaigns are **coordinated** and **effective**.	Care Homes are **enabled** and **supported** in using digital technology to support patient care and speed up communications with primary care providers.	There is a **single Directory of Services** across NCL for social prescribing schemes, with GPs and Link Workers **confident** in the data provided.	GPs, 111 and UEC services have **access** to the same information and can share patient data safely and **securely**.	For patients in NCL to use the NHS App as the **front door** into the NHS's digital services.

The Digital First Board
The Board is comprised of **commissioners, clinical leads, GPIT experts and SME/PMO experts**. The Board evolves and changes depending on the projects that that come within the Digital First portfolio. Working together, the Board agree **how to prioritise and approve the funding** to meet the needs and digital aspirations of the five boroughs in north central London.

Primary care clinicians

Patients

Dependency on **core IT and infrastructure projects** (WiFi, internet, hardware) are seen as the **key enablers** to implement Digital First initiatives

What sorts of digital solutions?

NHS North Central London Clinical Commissioning Group

- List not comprehensive but gives a flavour of the sorts of digital health & care solutions we're describing.
- These solutions are relevant to different sectors in health & social care, e.g. primary, secondary, community care and Councils

Patient Communication

Messaging	Consultations
• 2-way messaging • Batch messaging • Scheduled messaging • Photo attachments	• Messaging • Phone • Video

Online services

Online review questionnaires	Self - & remote management	Prescriptions management
• LTCs • Health and lifestyle	• Self-management/help • Remote Monitor/Alerts • Signposting to services	• Acute • Repeat

Integration and access

Interoperability	Access routes
• EMIS • NHS app/applications • Patient view of integrated records	• NHS app/applications • Websites

Workload flow and management

Workload management	eHubs
• Patient-completed or semi-automated workflows/ scheduling in specific systems, e.g. eConsult	• Virtual eHubs for practices/PCNs to process eConsults • Out of hours eHubs

Promoting Digital Inclusion in NCL: Improving patient access to NHS digital appointments

To develop an NCL specification for improving patient access, boroughs undertook a common baseline questionnaire to determine what digital inclusion initiatives are currently being delivered across NCL (results in Appendix 2).

From this, NCL derived 11 themes to address digital inclusion

	Themes / focus areas	Borough/s
1	Support vulnerable patients to navigate and access digital services and appointments	Barnet, Camden, Haringey & Islington
2	Train staff groups and unpaid carers to support patients / residents.	Barnet, Camden, Haringey and Islington
3	Enable patients to access services more productively	Barnet, Camden, Haringey and Islington
4	Enable primary care staff to search for, identify and code 'digital isolated' patients	Haringey
5	Enablers and pathways	Barnet, Camden, Haringey and Islington
6	Improving digital skills and confidence	Barnet, Camden, Haringey and Islington
7	Identifying digitally excluded residents to target interventions	Barnet, Camden and Haringey
8	Ensuring council services are accessible to all and residents have a clear view of all the support on offer	Haringey and Barnet
9	Improving digital connectivity and affordability of connections	Barnet
10	Providing jobs and employment support through and within digital infrastructure	Barnet
11	Providing devices to support residents to get online	Barnet and Haringey

What are some of the groups who may be at risk of digital exclusion?

Digital exclusion occurs when people and groups in society are unable to exploit the benefits from technologies including the internet or devices. At an individual level, digital exclusion is a combination of a number of contributing factors reflecting an individuals' access to, use and engagement with digital technology.

The gap between those who are excluded and those who are able benefit from technology is known as the **digital divide.**

Digital inclusion is an approach for overcoming the barriers to opportunity, access, knowledge and skills for using technology (Gann 2018).

We also need to understand the scale of the digital divide – at a reasonably granular level to inform targeted responses to address this divide

Health inequalities are systematic differences in health outcomes for people occupying unequal positions in society, known as health inequalities (Graham 2010). The 'digital divide' therefore has the potential to extend these inequalities.

The EQIA suggested some of the following groups will be at particular risk of digital exclusion:
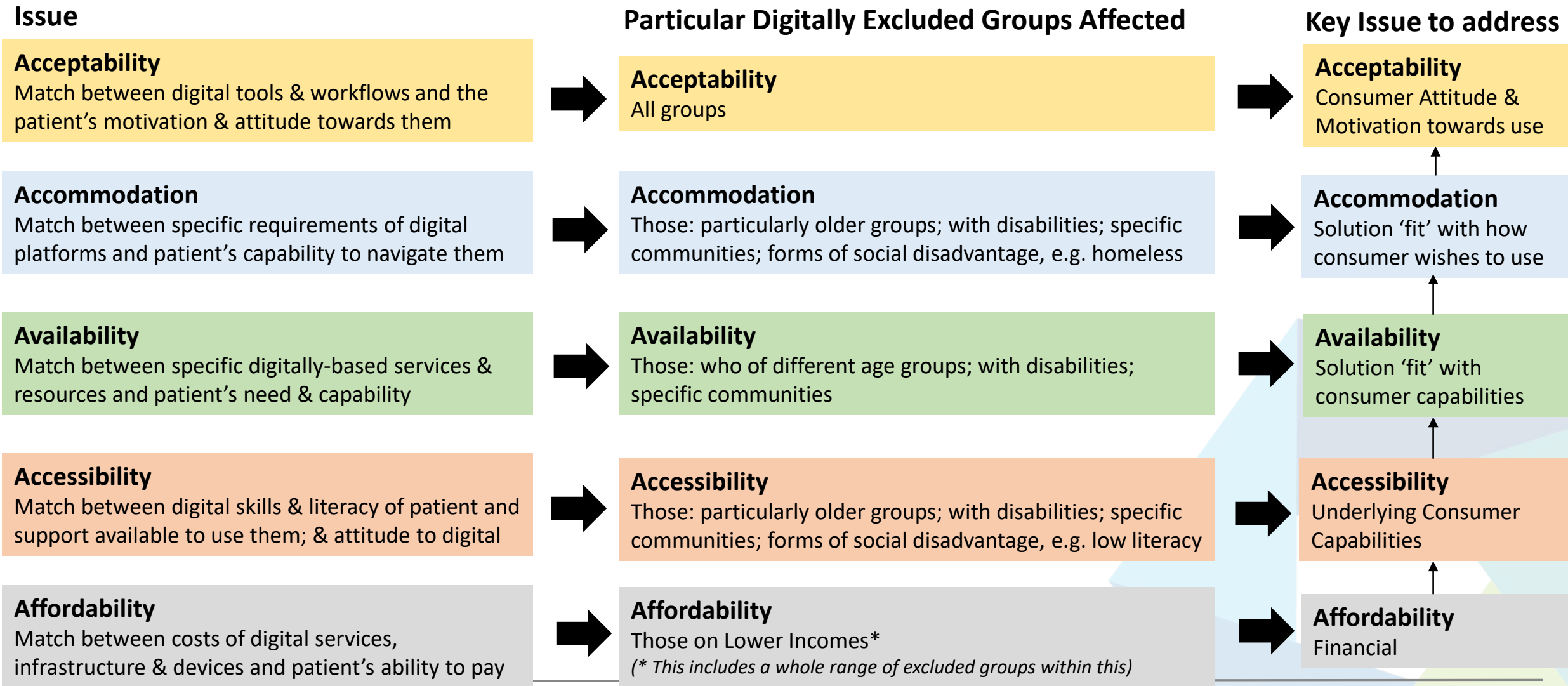
- Those who are socially or economically disadvantaged, e.g. those with low incomes or who are homeless

- Different age groups, but particularly those who are older

- Those with people with disabilities or who have disabling conditions

- Different ethnic groups in the population, e.g. Bangladeshi residents appear to use the internet less than other groups

What Framework can be developed to Promote Digital Inclusion?

- One model is to use a framework of 5 'A's to identify the issues in using technology for healthcare that need to be promoted*
- Particular groups for which each 'A' may be a particular issue are identified – and a set of solutions identified
- Together these 'A's form a 'pyramid' that need to be addressed – some people will have more than one of the 'A's to address

Issue

Particular Digitally Excluded Groups Affected

Key Issue to address

Acceptability
Match between digital tools & workflows and the patient's motivation & attitude towards them

➡️

Acceptability
All groups

➡️

Acceptability
Consumer Attitude & Motivation towards use

Accommodation
Match between specific requirements of digital platforms and patient's capability to navigate them

➡️

Accommodation
Those: particularly older groups; with disabilities; specific communities; forms of social disadvantage, e.g. homeless

➡️

Accommodation
Solution 'fit' with how consumer wishes to use

Availability
Match between specific digitally-based services & resources and patient's need & capability

➡️

Availability
Those: who of different age groups; with disabilities; specific communities

➡️

Availability
Solution 'fit' with consumer capabilities

Accessibility
Match between digital skills & literacy of patient and support available to use them; & attitude to digital

➡️

Accessibility
Those: particularly older groups; with disabilities; specific communities; forms of social disadvantage, e.g. low literacy

➡️

Accessibility
Underlying Consumer Capabilities

Affordability
Match between costs of digital services, infrastructure & devices and patient's ability to pay

➡️

Affordability
Those on Lower Incomes*
(This includes a whole range of excluded groups within this)*
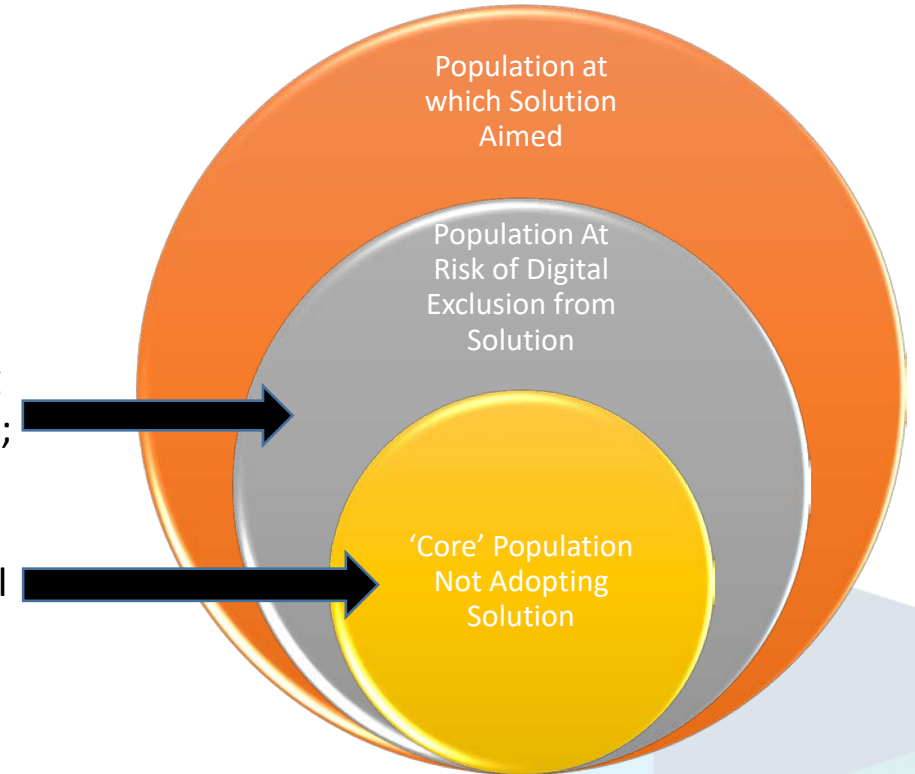
➡️

Affordability
Financial

Sieck, Cynthia J., et al. "The Five A's of Access for TechQuity." *Journal of Health Care for the Poor and Underserved*, vol. 32 no. 2, 2021, p. 290-299. *Project MUSE*, doi:10.1353/hpu.2021.0064.

8

How Can This Framework Be Used?

There's an argument that we need to:

- Address Affordability & Accessibility with specific groups – this focusses on the underlying issues around digital take-up
- Availability & Accommodation means best-fitting digital solutions to *patient needs, capabilities and preferences*
- This informs Acceptability because patients' attitude towards specific solution is sufficient; and they are motivated – though there are non-digital barriers to address in this space too

- What we are seeking to do is to *reduce* the number of people *not* able, willing or motivated to use digital solutions in population, even if mediated by others;

- But we should acknowledge there will remain a core of people who can or will not be able to use the specific solution – and we need to decide how to respond to their equivalent needs to reduce the risk of the digital divide exacerbating variations in access, outcomes and experience

Population at which Solution Aimed

Population At Risk of Digital Exclusion from Solution

'Core' Population Not Adopting Solution

The framework can be used in practical terms to:
- Explore 'population-wide' issues to understand how to address Affordability & Accessibility across NCL groups – and the scale of the issues
- Explore 'solution-specific' issues in the other 3 'A's for & with groups in development, roll out, implementation or mitigation
- Work with organisations to explore how they can use this framework to test solutions and digital inclusion, and address issues identified
- Building on the work of all of these organisations, develop an NCL Action Plan including incorporating relevant EQIA recommendations
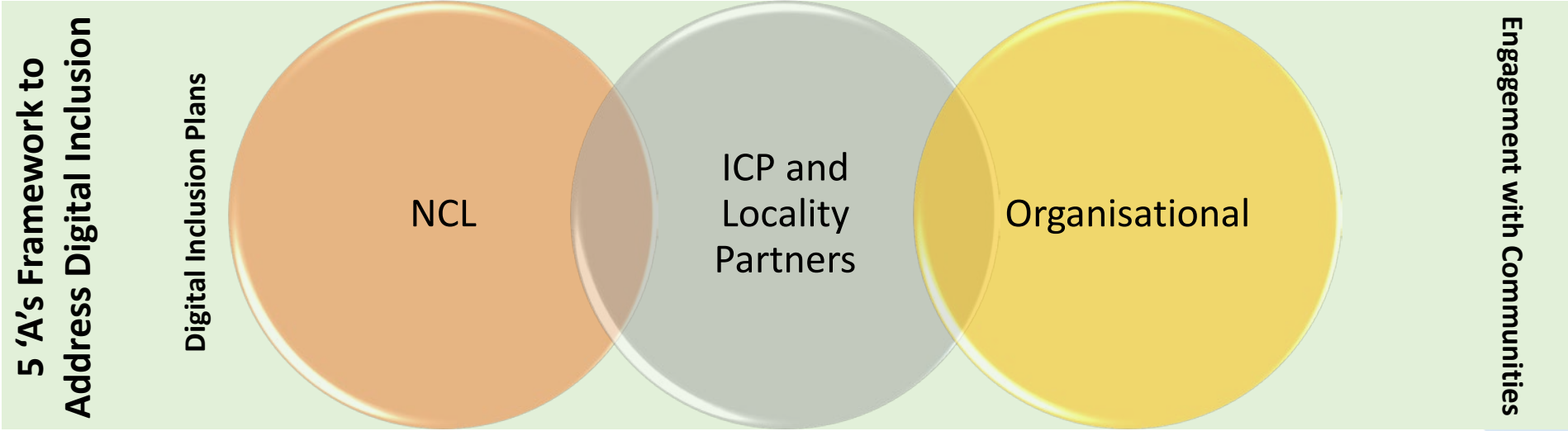
An NCL Digital Inclusion Action Plan

- Potential to develop an NCL Action Plan for Digital Inclusion using the 'A' Framework intelligently linked to organizational and Borough existing plans on issues

- Actions associated with 'Affordability' likely to be already progressing in individual ICPs and Councils (e.g. offering devices on loan, access to free or inexpensive Wi-Fi etc.). Similarly, individual organisations are likely to have their own priorities for digital access – useful to share practice

This will ensure that an NCL ICS Plan adds value in several ways:

- Potential to create a mutually supportive and inter-linked plan of 'Set of Digital Inclusion Plans': an NCL-wide one, individual ICP Plans and Organisational Plans

- Understand and build on what each organisation and ICPs are doing to address digital inclusion – and engagement with residents/patients - and spreads learning

- Ensures we can adopt some common principles and approaches and some of these 'common actions' (e.g. about Affordability) could be coordinated across NCL

5 'A's Framework to Address Digital Inclusion

Digital Inclusion Plans

NCL

ICP and Locality Partners

Organisational

Engagement with Communities

Project & Plan Framework

NHS
North Central London
Clinical Commissioning Group

Steps	Output

Strategy Set-up, Enablers and Impact

- **Establish Digital Inclusion Project** and its structure & governance with NCL Digital Board
- **Engage with stakeholders**, including patients and residents, to agree approach, scope and priorities
- **Hold 'Inclusion Shaping Workshop'** with primary, secondary & community care providers/commissioners and Councils to build consensus on approach, share good practice, identify priorities to address
- **Finalise Project & plan**, inter-dependencies with other projects/plans and anticipated impact/cost-benefits
- Ensure Plan has **good 'fit' with Borough/organisational digital inclusion plans/actions**

- Jointly owned NCL Digital Inclusion Project/Action Plan which is a good 'fit' with organisational and Borough-level plans

Affordability: Improving digital connectivity & affordability of connections

- Work with Boroughs to **develop/expand on existing schemes to loan IT equipment** to residents/patients
- **Expand Haringey pilot GP EMIS** search to identify patients/residents potentially at risk of digital exclusion
- Work with Boroughs to **promote awareness and access to low-cost/GLA commercial internet services**
- Work with organisations in all sectors to ensure **staff know & promote loans/low-cost services available**
- Work with partners to make access & utilisation of **tele-monitoring solutions** more systematic & better fit
- Explore potential for priority **NHS sites to be made accessible via smartphones without data charges**

- Increase number of people on lower incomes who are digitally enabled, particularly amongst under-served groups

Accessibility: Improving digital skills & confidence

- Work with Boroughs to **segment positions of groups in population to digital** & explore needs with them
- Work with Boroughs to understand role & limitations of **mediated access** to digital by others for individuals
- Work with Boroughs to provide, or connect residents/patients with, **tailored digital enablement scheme**s
- Work with Boroughs to promote/support **digital coaching schemes** including via staff
- Work with organisations to ensure NHS/LB e-solutions meet/well-supported to meet **Accessibility Standards**

- Increased number of identified people & number on schemes
- Increase number, confidence & satisfaction, of people from under-served groups who are better able to utilise digital
- Improved accessibility

Project & Plan Framework

NHS
North Central London

Steps	Outputs

Accommodation and Availability: Improving 'fit' of specific solutions for intended users

- Work with organisations to **review digital maturity v. core capabilities in Digital Aspirant standards** to identify strengths/improvements/ good practice in light of transition of primary & secondary care to digital working
- Work with organisations to compile and progress **Digital Aspirant related improvements** and identify common themes/areas of good practice across partners
- **Work with partners to develop or refine policies** to ensure change to NHS booking & digital appointments planned, managed & communicated consistently well to particular groups at risk of exclusion

- Identify key NHS e-solutions & provide **support opportunities tailored to groups**, including via voluntary sector
- Work with organisations to ensure new **key e-solutions co-designed & piloted with patient groups**, including potentially under-served groups; existing e-solutions reviewed. This includes e-booking & appointment systems
- Consider setting up **local NHS Digital Helpline** to assist people to navigate priority NHS web-sites/systems
- Work with partners to promote **patient access to NHS e-solutions**, inc. via staff, and help & options available
- Work with partners to provide **staff with awareness of, and training in, access to e-translation services**, including role of voluntary sector, and promote these opportunities to particular communities

- Work with partners to expand **Digital Inclusion initiatives**, e.g. Haringey Care Home/Community model
- Work with voluntary sector to **tailor and promote e-digital solutions to people with mental health solutions**
- Work with organisations to consider **needs of users segmentation and match solutions to capabilities**, e.g. use of Alexa for patients in care homes or those with dementia or **extending remote monitoring of vital signs**
- **Continue to work with care homes on access to digital equipment and solutions** as part of EHCH model

Outputs:
- Updated Digital Aspirant Standards plans and policies across NCL
- Improved NHS booking & digital 'offers' designed with targeted users
- Increased number of staff/volunteering able to promote digital solutions
- Increase number, confidence & satisfaction, of people from under-served groups, including in care homes, utilising specific NHS booking/ appointment and remote monitoring solutions
- Improved health outcomes amongst under-served groups

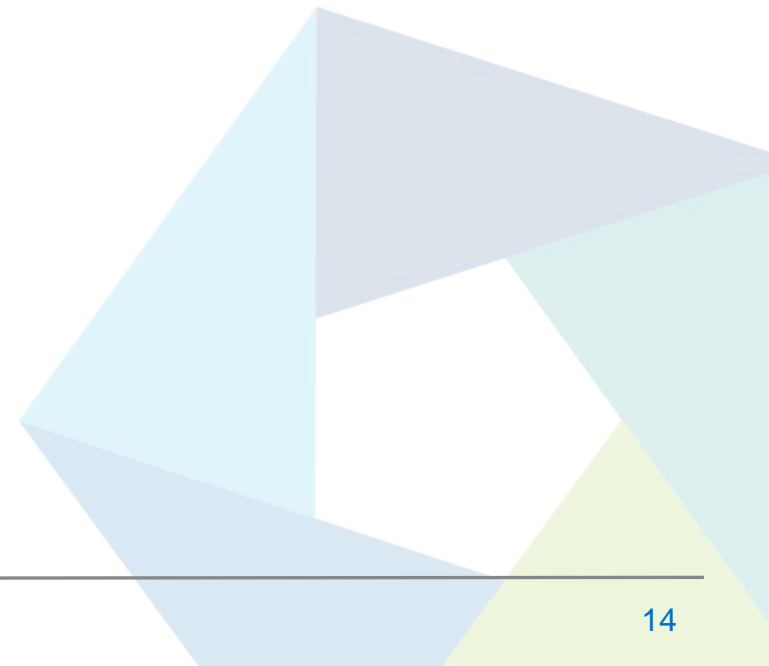**Acceptability:** Improving people's willingness & motivation to use solutions

- Work with partners to ensure **staff aware of patient problems in accessing e-solutions & how to support**
- Work with partners to identify & **promote NHS e-solutions to patient groups who professionals feel would benefit from, and those groups who are more anxious about, remote solutions**
- Work with organisations **to develop/review 'script'** for professionals on IG issues at e-appointments
- Work with partners to identify demand for, and **non-digital alternative arrangements to NHS booking & appointments for those unable to access solutions** (including telephone/F2F)
- **Consider e-campaign** to flag when people feel at risk as part of enhancing **safeguarding arrangements**

Outputs:
- Increase number, confidence of, outcomes for, people from under-served groups utilising e- solutions including safe-guarding solutions
- Identified non-digital alternatives to specific digital e-solutions

Potential Next Steps

Proposed that we could:

- Discuss with ICPs and Councils across NCL their existing plans and progress on engagement on digital inclusion and test the use of the framework and scale of the issue

- Hold an NCL workshop with providers and commissioners on digital inclusion to discuss their priorities, approaches and progress for digital/digital inclusion, and share learning

- Start to develop an NCL Plan Digital Inclusion Project and Action Plan using the multi-geographical footprint outlined in proposed approach

Discussion

Appendix 1: EQIA Proposed Recommendations

NHS
North Central London
Clinical Commissioning Group

Ref.	Domain	Action
1	Affordability	Make staff & community aware of low-cost internet schemes as affordable options.
2	Affordability	Explore if possible for priority NHS sites could be made accessible via smartphones without data-related costs to user
3	Skills	Consider setting local NHS Digital Helpline to assist people to navigate priority NHS web-sites/systems and provide support
4	Safeguarding	Consider safeguarding campaign similar to "Ask for Angela" campaign used in restaurants to indicate when people at risk
5	Digital Board	Develop loan/training scheme with VCS for under-served groups to access equipment, internet access & tele-health devices
6	Digital Board	Review digital maturity v. core capabilities in Digital Aspirant standards across NCL to identify areas of strength/improvements/good practice to share in light of rapid transition of primary & secondary care to virtual appointments
7	Digital Board	Improve information, promotion & communications on access to key NHS digital solutions, help available with solutions & issues, e.g. security to patients & staff
8	Digital Board	New digital solutions should be co-designed and piloted with different demographic groups, including under-served groups; and existing solutions reviewed
9	Digital Board	Develop policies to ensure change to NHS booking & digital appointments planned, managed & communicated consistently well with programme
10	Digital Board	Identify and sustain effective non-digital alternative arrangements to NHS booking & appointments for those unable to access solutions (including telephone & F2F)
11	Digital Board	Identify & promote NHS digital solutions to particular groups of patients at risk of feeling stigmatised who feel they would benefit from/anxious about remote solutions
12	Digital Board	Ensure all NHS online interfaces, including primary care, meet the Accessibility Standards. Ensure expertise is in place for those responsible for maintaining websites.
13	Local Trusts	Work with voluntary sector to promote digital solutions to people with MH issues

Appendix 1: EQIA Proposed Recommendations

NHS North Central London

Ref.	Domain	Action
14	Local Trusts	Ensure patient information & communications includes reference to what happens if patients miss digital appointments and what to do
15	Local Trusts	Provide professionals with training in utilising interpretation/translation services, provide patient information & communications about translation services & work with VCS to train people how to use digital services with interpreters
16	Local Trusts	Ensure healthcare professionals more aware of which groups of people in their locality likely to have problems accessing digital services & how they can address this, including different mediums available to specific groups
17	Local Trusts	Develop 'standard script' for professionals about IG/safeguarding issues at start of digital appointments & info recorded on notes
18	Local Trusts	Work with professionals to ensure remote consultations as similar as possible to F2F, e.g. tips to allow patient time to ask questions etc.
19	Local Trusts	Ensure design of digital booking & appointment systems co-developed & piloted with under-served groups to shape acceptability
20	Local Trusts	Encourage primary & secondary care to offer mix of e- & tele-booking appointments & monitor utilisation
21	Resident Engagement	Research anomaly in internet use in Enfield of lower estimated capabilities to go online but higher digital appointment take-up
22	Resident Engagement	Research how ethnicity, and particularly language needs, have impact on use of digital solutions in NCL, including key groups in population
23	Resident Engagement	Research equity of access to, experience of and outcomes for, patients utilising telehealth solutions in NCL, particularly amongst under-served groups
24	Resident Engagement	Research how to address issues in specific groups, e.g. older people and men, in accessing NHS digital solutions
25	Engage with Professionals	Conduct mapping exercise across NCL to share plans and progress, good practice, strategic and operational direction and areas for strength & improvement
26	Engage with Professionals	Identify & promote common NCL-wide aspects of training for healthcare professionals & voluntary sector on supporting people to access & use digital solutions
27	Engage with Professionals	Identify & promote common NCL-wide standards with regard to suitability of digital/non-digital solutions and what happens if digital appointment missed/cut-off

Appendix 2: Known Borough Digital Inclusion Initiatives

Digital Inclusion – Haringey pilot

NHS North Central London Clinical Commissioning Group

Supporting vulnerable patients to access digital NHS appointments			
Initiative	**Service description**	**Organisation/s and Contact person**	
Haringey digital inclusion pilot **(Digital Support Service)**	Healthwatch Haringey (Pubic Voice) commissioned to recruit and train volunteers to support patients to access appointments. Haringey council provided rooms in main libraries and community-based centres for patients to attend appointments in private. Smart phones with data available to be loaned. All NHS providers (BEH, NMUHT, WH, primary care) able to refer to the service. Information governance processes in place.	CCG/ Haringey Council/ BEH/ NMUHT/ WH/ Healthwatch (Public Voice) Philippa.newman3@nhs.net Mike.Wilson@publicvoice.org.uk	• Service up and running. • 70 referred patients to date. • Strong positive feedback from patients and providers. • Service to run to October and then to morph into NCL initiative.
Training care home staff/ unpaid carers / supported housing / residential home staff			
Haringey digital inclusion pilot **(Digital Support Service)**	Care Homes and supported housing: Public Voice and volunteers to train and up-skill staff groups to enable patients to engage with and access NHS health and care appointments and online services. Unpaid carers: to support to navigate and use health and care services to better manager own health and those they care for. Expected outcomes: increase confidence using tech / digital services and access to health appointments.	CCG/ Haringey Council/ BEH/ NMUHT/ WH/ Healthwatch (Public Voice) Philippa.newman3@nhs.net Mike.Wilson@publicvoice.org.uk	• Unified Care (4 x branches with residents with mental health and learning disabilities) nominated two staff as 'digital champions'. • Priscila Wakefield confirmed. • Training to commence and use as pilot sites. • Dedicated lead for this support offer. • Four more care homes have expressed interest.

Haringey continued

Training patients to access NHS services remotely			
Initiative	**Service description**	**Organisation/s and Contact person**	**Assessment of current position**
Rutland House/ Queens Avenue merger	Two practices merged into one will invite patients to attend training webinar/s to support them using AccuRX (Video consultation system). Expected outcome: increase access to digital appointments and practice productivity.	Healthwatch, Rutland House practice. Philippa.newman3@nhs.net	To use as pilot site with aim to share best practice and implement in other GP practices
Enablers and pathways			
EMIS search and code to identify digitally isolated patients	Dr Naz Akunjee (GP IT clinical lead) created a search which enables staff to search and code patients deemed 'digitally isolated' either requiring a referral to digital support service or loan of a smart phone.	CCG, F4H, primary care Philippa.newman3@nhs.net	so far, practices have identified and coded 130 patients as 'has no mobile phone'. 26 referrals made to digital support service and 30 patients currently on the 'digital isolation' register.
Loan of blood pressure machines and pulse oximeters	Practices can sign up to a LIS which provides most deprived and vulnerable patients who cannot afford to buy a remote diagnostic device themselves to better self-manage LTCs. F4H purchased 1500 BPs and 100 Pos.	CCG, F4H, primary care Philippa.newman3@nhs.net	So far, 192 patients loaned BP machines and 61 returned to GP practice after use. 93 pulse oximeters loaned and 31 returned after use.

Digital inclusion - Barnet

Identifying digitally excluded residents to target interventions

Initiative	Service description	Organisation/s and Contact person
Digital Inclusion Insight	Utilise data and insight to gain a stronger picture of where digitally excluded residents are	Council Service: Insight and intelligence
Customer Advocacy Model	Review customer advocacy model in CSG and ensure the data and model prioritise those most in need	Council Service; CSG Customer Services
Barnet Community Innovation Fund	Up to £150,000 is available to VCS groups for projects around digital inclusion for older residents.	Council Service: Strategy

Improving digital skills and confidence

Libraries Telephone Hotline	Telephone hotline for residents to ask about technical issues and libraries staff to support them	Libraries
Libraries Future Service Offer	Determine future libraries offer post-Covid and how this can support Digital Inclusion	Libraries
Future of Colindale Customer Services team	To determine the future of the Customer Services team based in Colindale to provide a new focus on digital inclusion and customer advocacy	Council Service: CSG Customer Services
Community Fibre Digital Ambassadors	Recruit Digital Ambassadors in areas where connections have been installed in council owned properties	Growth (delivered by Community Fibre
Getting Online Guide	Internal guide produced to help colleagues deal with residents in relation to getting online, learning about digital schemes or getting better broadband	Growth
Make It Click	Programme of courses and support offered by BOOST for any Barnet resident. Basic skill support, with access to higher level online training. Physical location is available for face to face support in future	Barnet Homes (delivered by BOOST)
Integrated Care Partnership	Follow up with Adults	Adults Team

Barnet continued

	Ensuring council services are accessible to all and residents have a clear view of all the support on offer	
Initiative	**Service description**	**Organisation/s and Contact person**
Digital Inclusion Portal	Create a portal that provides staff and residents with one place to access resources, support and help on offer both at the council and via its partners. The portal will also create pathways to digital enablement clearly linking different initiatives from equipment, to training and skills and support	Web Team
Digital Access for All	Ensure clear roadmap to provide accessible channels for all and link with the digital inclusion workstream to ensure council services are accessible to all. This could involve use of BSL Live service and ReciteMe technology	Web Team
	Improving digital connectivity and affordability of connections	
Gigabit Broadband Programme	Providing gigabit broadband to council properties. By 2023, all council properties will have gigabit broadband	Growth
Promotion of cheap broadband services	Communicating availability of low cost broadband services offered by BT and Virgin	Growth
	Providing devices to support residents to get online	
Repurpose laptops	Repurpose laptops from the corporate laptop refresh cycle to support digital inclusion	IT / CSG IT
GLA Digital Programme	Purchase and installation of IT to support online/remote learning at regeneration schemes (Grahame Park, West Hendon Estate, Dollis Valley). Awarded by the Mayor's fund targeting anyone trying to access engagement in education, employment or training	IT / CSG IT
Assisted Technology	Assisted technology in care homes to help vulnerable people and reduce isolation and loneliness, for example Amazon Alexa	Growth
	Providing jobs and employment support through and within digital infrastructure	
Staffing for Community Fibre rollout	As part of the Gigabit broadband rollout with Community Fibre, they are recruiting 4 employees from Barnet and 2 apprenticeships.	Growth (delivered by Community Fibre)
BOOST employment support	Regular employment support free for any Barnet resident. Advice and training can be tailored to digital skills.	Barnet Homes (delivered by BOOST)

Digital inclusion – Camden

NHS
North Central London
Clinical Commissioning Group

Supporting vulnerable patients to access digital NHS appointments			
Initiative	**Service description**	**Organisation/s and Contact person**	**Assessment of current position**
Local patient survey on experiences of using digital services	Healthwatch Camden were commissioned to survey members of Age UK Camden's Older Peoples Advisory Group (OPAG) to find out about patient experience of using digital services to access health and social care.	CCG/ Healthwatch Camden Martin Emery	Survey findings summarised in the following report, which is used to inform commissioning and work with local PPG: https://healthwatchcamden.co.uk/blog/2020/11/19/older-residents-say-digital-healthcare-must-not-be-one-size-fits-all
NHsx Facebook Portal and Apple I-Pad Offers	During the Covid-19 Pandemic, NHSx were able to secure a large number of Facebook Portals and Apple I-Pads to be provided to care homes, to improve digital inclusion of residents by providing them with tools to stay in touch with friends and family and have NHS appointments virtually, at a time when they were shielding	NCL CCG NCL Local Authorities NHSx NCL Care Providers	In June 2020, 262 NCL care homes (residential, nursing, LD, MH, sheltered accommodation) were provided with a Facebook Portal In Q3 2020/21 approximately, 100 care homes were provided with an Apple I-Pad
Training care home staff/ unpaid carers / supported housing / residential home staff			
Virtual appointments for care homes	In Q1 and Q2 2020/21 the NCL Care Provider Digital Team competed a mapping exercise outlining the virtual appointment platforms that NCL GP practices were using and other on offer to the system. This was with a view to aligning care homes, with their named GP practice so that they could use the same platform and offer virtual appointments to care home residents as default, at a time when residents were shielding	NCL CCG NCL Local Authorities NCL GPs	The mapping was shared with GPs and care providers to aid conversations about which platforms they wanted to use to provide virtual appointments.

Camden continued

NHS North Central London Clinical Commissioning Group

Enablers and pathways			
Initiative	**Service description**	**Organisation/s and Contact person**	**Assessment of current position**
Digital requirements of the GP Contract (2019/20)	Dr Ehsan Alkizwini (GP IT clinical lead) has worked with practices, providing technical advice to ensure compliance against the digital requirements in the GP Contract (2019/20)	Digital requirements of the GP Dr Ehsan Alkizwini (ehsan.alkizwini@nhs.net) Contract (2019/20)	The majority of Camden practices are offering telephone and video appointments.
SITREP report to identify patients needing loaned remote diagnostic equipment (Blood pressure machines / pulse oximeters)	Clinical lead (Dr Dee Hora) has worked with Camden practices to ensure sufficient training and supply of pulse oximeters for patient use	SITREP report to identify patients needing loaned remote diagnostic equipment (Blood pressure machines / pulse oximeters) Dr Dee Hora (d.hora@nhs.net)	

Digital inclusion - Islington

NHS North Central London Clinical Commissioning Group

Supporting vulnerable patients to access digital NHS appointments			
Initiative	**Service description**	**Organisation/s and Contact person**	
Healthwatch Digital Champions	• Volunteers provide 1:1 support to residents to become more digitally confident. • Learn how to access health information, E-consult, activities etc. Referrals from any agency but limited from healthcare partners. • Started in person support, in local community centres. Remote in August 2020. Ready to deliver f2f when safe. Possible outdoor sessions. Option to access equipment through local partners.	Healthwatch Islington, Diverse Communities Health Voices, Funders (over the years have included): Clarion Futures Digital, Cloudesley, Awards for All, CCG, Independent Age. philippa.russell@healthwatchislington.co.uk	Started in 2017; Supported 500+ clients to date primarily from BAME backgrounds. • Remote service offer running since August 2020. • Have supported 270 (of 500+) residents remotely with high rate of client satisfaction, increased confidence and increased sense of 'being connected to others'. • Current funding until March 2021 for 85 - 100 further residents.
Digital Class	Online digital class every Wednesday, 4.30-5.30pm, for older people, in partnership with Islington Pensioners Forum.	Healthy Generations peter@healthygenerations.org.uk	Website here.
Support and training	AbilityNet's ITCanHelp volunteers provide free IT support to older people and people with disabilities of any age.	Ability Net	Website here.
Enablers and pathways			
Islington Tech Appeal	Provision of Digital Equipment and/or grants to purchase equipment, e.g. Phones or Laptos	Mer-IT, Islington Giving, YES Outdoors, Help on Your Doorstep, Islington Mind. John Warby (HOYD) or Mercedes: mercedes@mer-it.org	Over 100 laptops donated and redistributed to families in need in Islington. https://islingtongiving.org.uk/news-events/locked-down-and-locked-out/
Resource Pack for Digital Inclusion	Resource pack created to enable Islington people to access the Digital Inclusion support that they need, and help services to identify support for their clients. Support areas cover 7 key pillars.	Islington Council and listed service providers Pamela.Aristokle@islington.gov.uk Imogen.Resnick@islington.gov.uk	Resource pack created in 2020 and has been shared widely in Islington and in neighbouring boroughs. Additional work is required to maintain the resource pack and store it in a public-facing directory.
KMEWO Free tablets scheme	Provision of digital equipment and/or data to women who identify as Black, Minority Ethnic and/or Refugee (BAMER)	Kurdish and Middle Eastern Women's Organisation https://www.kmewo.com/kmewo-free-tablet-scheme-for-minoritised-women/	Progress not monitored by CCG.

Whittington Health, LUTS update: September 2021

This paper provides an update to the North Central London Joint Health Overview and Scrutiny Committee on the pathways in place for secondary care clinicians to refer adults and children for specialist treatment of lower urinary tract conditions. The specialist service at Whittington Health (WH) is commonly referred to as The Lower Urinary Tract Service or LUTS and has operated from the Whittington Hospital site since December 2020 (previously based at Hornsey Central Health Centre). The WH service is commissioned by NHS North Central London Clinical Commissioning Group (NCL CCG) for the treatment of chronic urinary tract infections in adults in accordance with the provisions of the NHS Standard Contract.

The service is now led by Miss Rajvinder Khasriya, a urogynaecologist, who is a joint appointment with UCLH and supported by a second substantive consultant. The service is further supported by 2 Clinical Fellows and a laboratory technician. Due to the demands of the service a third consultant is also being recruited.

Update on the WH LUTS Clinic for Adults

In June 2019 it was agreed by Haringey and Islington CCGs that GPs would be consulted to determine if commissioners required any further assurances on the LUTS treatment protocol implemented by WH in June 2019.

On 24 October 2019 GPs, senior medicines management colleagues and CCG officers met to agree the commissioners' position on the referral pathway, shared care, the LUTS protocol and future monitoring. Minutes of the joint Haringey and Islington CCG Quality and Performance Committee on 19 December 2019 confirm that the Committee was satisfied with the decisions made by clinicians on 24 October 2019.

WH and representatives of the LUTS patient group were informed of the decisions made by the CCGs on 15 and 16 January 2020 respectively. An outline of the key decisions agreed on 24th October 2019 and a September 2021 update is provided below:

> *1.* **Referral pathway**

24th October 2019 - Following a detailed discussion led by clinicians, it was agreed that due to the highly specialised nature of this tertiary service the current access criteria (i.e. referral via secondary care clinician) should remain in place.

9th September 2021 - There has been no change to the referral pathway since January 2020.

> *2.* **Shared care protocol**

24th October 2019 - CCG clinicians highlighted that for a shared care protocol to be in place, individual GPs would need to agree to manage the patient in accordance the LUTS protocol which included the prescribing regimen. Given CCGs cannot

mandate GPs to accept shared care protocols and GPs within NCL were unlikely to agree to deviate from NICE guidance and the local prescribing formulary, it was agreed that a move to shared care could not be supported at this time.

9th September 2021 update - This remains an area of concern for WH. There is no shared care protocol in place to allow the discharge of patients from the service into primary care. Raj Khasriya, Consultant Urogynaecologist is working with Sarah Humphreys, Medical Director to consider options and an acceptable solution.

3. LUTs prescribing protocol
24th October 2019 - It was agreed that queries relating to prescribing would be put to members of the WH Drugs and Therapeutic Committee by the CCG Heads of Medicines Management for consideration when the protocol was formally reviewed in Spring 2020.

9th September 2021 update – The formal service review did not take place in Spring 2020 due to the Covid-19 pandemic. WH Pharmacy manages the dispensing of prescriptions for the LUTS service. There are no changes in the prescribing protocols.

4. Monitoring of the contract during the remainder of 2019/20 and 2020/21
24th October 2019 - In relation to the level of support within the service to support psychosexual needs, the group recommended that the resource allocated was discussed with the Trust and revisited formally as part of the annual review of the contract in Spring 2020.

9th September 2021 update- As mentioned earlier, the annual review of the contract did not take place in Spring 2020 due to the Covid-19 pandemic. As the LUTS is a specialised service, the Trust would welcome a review to assess the rising number of referrals; the difficulties arising from the lack of a shared care plan with GPs to enable safe discharge; and the complexity of cases.

5. Recent Significant enquiries:
There have been three enquiries relating to referral pathways for children to access the LUTS service:
- 1x pre-claim for potential judicial review – legal challenge regarding lawfulness of paediatric oversight. Response sent by Trust solicitor 24/06/2021 – separate responses sent by GOSH & Oxfordshire CCG as also cited. Background advice received from NHSE/I Medical Director
- 2x requests to the service directly to discuss LUTS protocol with a Welsh paediatrician – one from the paediatrician, one from the child's mother
- 1x referral request to Chief Executive Officer via MP Priti Patel 22.06.2021 (Essex) – request for child to access LUTS service. Response based on Trust solicitor's response above

6. Recent engagement with the Patient group – As above, under judicial review response

7. **Service changes due to Covid** – The service has been impacted by Covid, some virtual clinics continued but many patients required face to face appointments which have had to be delayed. This has had a further impact on backlogs.

Update on pathways for Children and Young People with chronic urinary tract infections

Tertiary pathways for NCL children with chronic urinary tract infections are provided by Great Ormond Street Hospital (GOSH) although they do not offer 'like-for-like' clinic protocols as the adult WH LUTS Clinic.

Historically, a small number of children were treated at the WH LUTS Clinic, but since 2015, no new paediatric cases have been accepted and no children have received care at the WH LUTS Clinic since 2017.

In 2015 WH invited a review of the service by the Royal College of Physicians which was published on 19 October 2016. The report recommended that treatment of children at the LUTS Clinic should be undertaken only with supervision from a consultant paediatrician. The reason for this being there is little research evidence of the benefits of long term, low dose antibiotics for chronic urinary tract infections in children and as such there would be concerns about committing children to the adult treatment protocols without an individual assessment and the input of a multi-disciplinary team to give a holistic treatment plan which should include local services.

WH was unable to source supervision from within the cohort of paediatricians employed by the Trust, as they did not have the experience or expertise to supervise this specialist service. After the retirement of Professor Malone-Lee in 2017, responsibility for care of children with chronic urinary tract infections was transferred to tertiary/specialist children's hospitals such as Great Ormond Street Hospital.

The agreed 'health system' way forward was for children and young people with chronic urinary tract infections to be cared for by their local paediatric nephrologist and their paediatric MDT.

Plans in Q3/Q4 2021/22

NCL CCG will support WH with a LUTS service review prior to establishment of the NCL Integrated Care System in April 2022.

Responses to questions raised by Cllr Connor:

1. **Have the LUTS patient group been made aware of the latest update?**
   The LUTS patient group have not been made aware of the 'LUTS September 21 update' as this report was written specifically in preparation for the JHOSC agenda item very recently. WH have confirmed that as there has been no service review, there nothing yet to

update or involve the patient group with in regards to service provision. There is currently no future date in the diary for the LUTS Patient Group to meet.

2. **This implies stress* in the system. Is there a plan to address this whilst waiting for the review?**
<u>9th September 2021 update </u>- As mentioned earlier, the annual review of the contract did not take place in Spring 2020 due to the Covid-19 pandemic. As the LUTS is a specialised service, the Trust would welcome a review to assess the rising number of referrals*; the difficulties arising from the lack of a shared care plan with GPs to enable safe discharge; and the complexity of cases.

The Trust and CCG acknowledge the reported pressures on the LUTS service and the CCG will shortly set up a meeting with WH representatives to review the risks and mitigations and discuss planning and timelines for the proposed service review prior to April 22.

3. **I note the pre judicial review within the children services, when will this be heard?**
On 24/06/2021, a response was drafted by Whittington Health's solicitors, Bevans, stating that: "In summary, Whittington Health does not have a legal or contractual duty to accept a referral from a child to the Adult Chronic Urinary Tract Infection Clinic in respect of the Claimant." Therefore the action was denied by WH. Since the Trust's response was sent WH have not received any further correspondence from the Claimant's solicitors.

4. **Are children being referred to GOSH as part of a children's LUT's service or is it dependent on the child's Paediatrician?**
The pathway for NCL children referral to GOSH is: i) GP to refer to NCL paediatrician in local acute Trust, ii) paediatrician in local Trust is the gatekeeper to determine whether onward referral to local tertiary paediatric nephrologist (GOSH) and paediatric MDT is recommended course of action.