



Our Healthier South East London Joint Health Overview & Scrutiny Committee

Informal Meeting

Wednesday 30 June 2021, 6.30 pm

Membership

Councillor Judi Ellis (Chairman)
Councillor Mark James (Vice-Chairman)
Councillor Marianna Masters (Vice-Chairman)
Councillor Gareth Allatt
Councillor Rezina Chowdhury
Councillor Richard Diment
Councillor Liz Johnston-Franklin
Councillor Chris Lloyd
Councillor John Muldoon
Councillor David Noakes
Councillor Nick O'Hare
Councillor Victoria Olisa

INFORMATION FOR MEMBERS OF THE PUBLIC

PLEASE NOTE: This is an informal virtual meeting and members of the press and public can see and hear the Joint Committee by visiting the following page on the Bromley Council website:

<https://www.bromley.gov.uk/councilmeetingslive>

Live streaming will commence shortly before the informal meeting starts.

Contact Graham Walton on 0208 461 7743 or graham.walton@bromley.gov.uk

MARK BOWEN
Director of Corporate Services
London Borough of Bromley

Date: 22 June 2021

Our Healthier South East London Joint Health Overview & Scrutiny Committee

Informal Meeting – Agenda

Wednesday 30 June 2021, 6.30 pm

Order of Business

Item No.	Title	Page No.
1	APOLOGIES	
2	DISCLOSURE OF INTERESTS AND DISPENSATIONS Members to declare any interests and dispensations in respect of any item of business to be considered at the meeting.	
3	CCG PRESENTATIONS (A) Integrated Care Services (B) Vaccination (C) Recovery of Elective Surgery	1 - 30
4	WORKPLAN	

Update on ICS Development

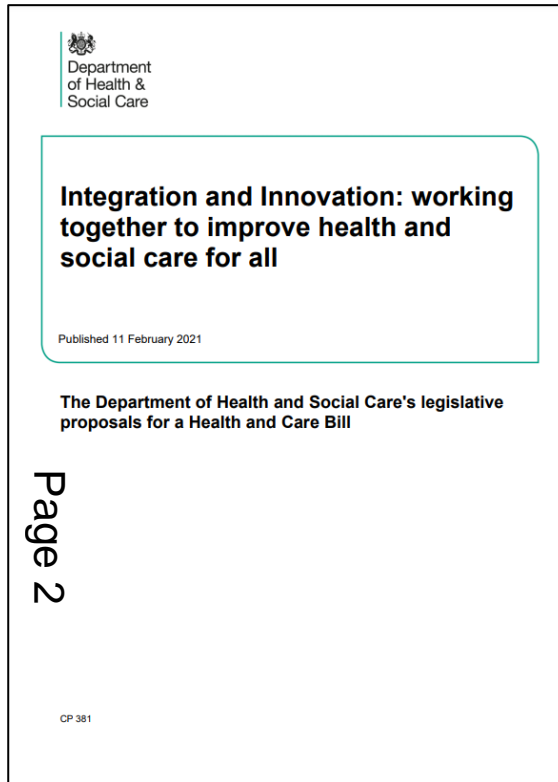
SEL Joint Oversight and Scrutiny Committee

June 2021
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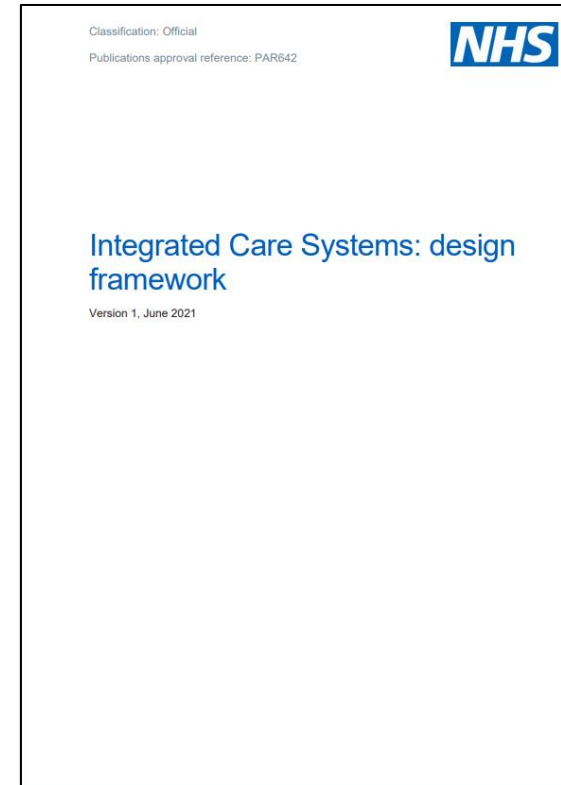


Agenda Item 3

The Integrating Care White Paper and the ICS Design Framework



- Statutory ICSs to be vehicle for addressing healthcare challenges
- Broad cross-system partnerships and new ICS NHS bodies
- Stronger place-based partnerships to join up care
- Provider collaboratives to combine resources and work together to transform care
- Commitment to subsidiarity
- More strategic and less transactional commissioning
- Removing market regulation



- Common features of ICSs and minimum requirements
- Membership, roles and operation of boards and bodies
- ICS role in workforce development, digital, and other areas
- Involving patients and the public, VCSE and other sectors
- Employment commitment for CCG and other staff
- Timescales for establishing new governance arrangements

Over the last few months, we have been developing our thinking on strategic priorities and design of our integrated care system

Our aim is to consolidate the model of partnership working we have developed between health, local authority and other organisations in South East London over the last five years, and relied on during the Covid 19 pandemic, in preparation for legislation placing ICSs on a statutory footing in 2022.

In the next twelve months, we will need to make some changes to our governance and institutions in preparation for the new legislation. However, our ICS is not a new set of administrative arrangements or a new NHS body. Instead, it is a partnership bringing together the full range of health and care organisations in South East London. It's shorthand for working together to improve health and wellbeing for our population, in particular through reaching shared decisions on our priorities and combining our skills and resources to deliver them.

We are determined not to create a new, top-down hierarchy to oversee our system. While senior leaders will come together in a partnership group and on the board of our new NHS body to set direction and oversee the system, our objective is to 'invert the pyramid' of traditional hierarchies – ensuring that partnerships within our system, and staff within our services, have the power, authority and autonomy to drive change.

Our local care partnerships, which bring together health and local authority services in our boroughs, will be at the very centre of our system, with the authority to reshape core primary, community and care services for their communities. Our provider collaboratives will be the engine room for driving improvements in access, quality and efficiency of health services across South East London. We are committed to ensuring that skills and resources are located at the right levels in our system so that partners can fulfil these roles autonomously. The counterbalance to autonomy is openness. As a system, we will operate transparently, and consult partners on issues that affect them, to avoid creating new institutional silos.

Our plan describes our priorities, operating principles and seventeen areas of work to prepare for transition to the new system, focusing in particular on the cultural and organisational infrastructure needed to work in partnership and deliver improvement and innovation. These are not the CCG's, or the future ICS NHS body's work programme. Instead, they are currently, and will continue to be, ICS projects, led and delivered by our partnership.

Our draft system development plan sets out the high level design of our integrated system

Our ICS is a partnership. It's our shorthand for south-east London working together to improve health and care for our communities.

Our six system-wide priorities for improving care:

In practice this means building on the significant changes we have made in how we work together

Our 'operating principles' to guide how we manage our system:

As an ICS we are being more systematic about the cultural and organisational infrastructure needed for faster change

Our approach to building cultural and organisational infrastructure:

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▶ Preventing ill-health and supporting wellbeing

▶ Compassionate, whole person care, delivered in community wherever possible

▶ Rapid access to high quality specialist services when people need them

▶ Joined up care across health and other public services

▶ Addressing health inequalities

▶ Building resilient communities

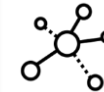
Partnership by default



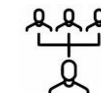
A single SEL pound



Combining our resources



Respecting subsidiarity



Ensuring sustainability



Formalise a new way of working



Establish a new system architecture



Support our staff to work as a system



Focus on innovation and improvement



What we believe success should look like

We have known for some time that we need to fundamentally change how we deliver services to reflect the needs of our diverse communities. Recent work amongst ICS partners confirms these priorities, and the need to use our resources more systematically as anchor institutions to strengthen community resilience.

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▶ Preventing ill-health and supporting wellbeing	A shift from treating people when sick to preventing ill-health and supporting wellbeing, rooted in primary and community care and neighbourhoods but across our system
▶ Compassionate, holistic care, delivered in the community wherever possible	Building meaningful relationships with our service users and delivering whole person care that reflects people's physical health, mental health and social needs
▶ Rapid access to high quality specialist services when people need them	Ensuring that people can quickly access outstanding specialist services without long waits or unjustified variation in the care they receive
▶ Joined up care across health and other public services	Working together so that people experience joined-up support when they rely on multiple services and seamless care when they move from one service to another
▶ Addressing health inequalities	Delivering care in ways that reduce health inequalities between different population groups and communities, including care that better reflects the needs of deprived groups.
▶ Building resilient communities	Using our resources and working in partnerships to strengthen the economic and social resilience of our communities, in how we hire, procure, support our staff and other areas

What we mean by operating as an integrated system

Operating as a system means a different way of working and a different approach to service development: pooling our knowledge and insight, making collective decisions, allocating and using resources differently, and a partnership model for transforming our services.



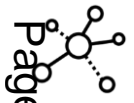
Partnership by default

Each of the partner organisations in our system will have a voice at the table at the appropriate level in collective decision-making. We will hold ourselves collectively to account for improving care. We will build strong partnerships with citizens, other public services and the VCSE.



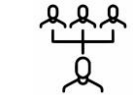
A single SEL pound

Each year, we receive a limited allocation of funding to meet the needs of our communities – there is a ‘single SEL pound’. We work together to make best use of this funding, allocating money where it will have greatest impact rather than fighting for resources to the detriment of our population.



Combining our resources

As common practice, we will work in partnership to address major challenges in our services: we will combine strengths and pursue new opportunities for innovation – spotting ways to fix problems through cross-system action as well as within organisations.



Respecting subsidiarity

We will ensure that our local care partnerships, our provider collaboratives and leaders and staff closest to communities are responsible for shaping their services, inverting traditional hierarchies.



Ensuring sustainability

We will work together to ensure the sustainability of our system and individual partners within our system, maintaining financial balance and securing efficiencies so we can invest in better care.

How we will build the capabilities and infrastructure to deliver faster change

Since the creation of our partnership, and during the pandemic, we have developed new ways of working that are helping us deliver change. We want to maintain and develop these ways of working as we move to a statutory ICS.

	Formalise a new way of working	Continuing to develop effective ways of working based on trusting relationships, reducing bureaucratic controls, respecting autonomy, ensuring openness and transparency.
	Establish a new system architecture	Developing our new system architecture to support our ways of working, for example empowering our local care partnerships and provider collaboratives, developing an ICS NHS Body with capabilities to convene, connect and build consensus across our system.
	Support our staff to work as a system	Supporting our staff to play effective leadership roles across our system, enabling team-working, developing shared standards and exchanging learning on how we can improve staff wellbeing, diversity and inclusion.
	Focus on innovation and improvement	Developing our capabilities and infrastructure to lead more widespread innovation and improvement, with a focus on improvement in partnership across organisations

As part of these changes, we will continue to build a new system architecture based around key partnerships

The architecture of our system needs to support our new ways of working, for example enabling local decision-making rather than creating institutional bottlenecks, while supporting system-working rather than creating new silos



Formalise a new way of working



Establish a new system architecture

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Support our staff to work as a system



Focus on innovation and improvement

Local care partnerships	Our local care partnerships will be at the centre of our system, bringing bring together leaders and staff from NHS, local authority and the voluntary sector to shape core primary, community and social care services.
Provider collaboratives	Our provider collaboratives will be a driving force for improving care across South East London. They will benchmark performance, share best practice, combine resources and work together on improvement to improve patient care.
The new ICS NHS body	From Spring 2022, staff in our CCG will transfer to a new NHS ICS body. We see this body as a connector and enabler within the system, helping to convene system partners, build consensus on strategic direction and system planning, support transformation, and support the ICS NHS Board in its role in overseeing system performance.
Supporting infrastructure	We will continue to develop key supporting infrastructure to enable system-working including intelligence on improvement opportunities, data systems to support population health and IT systems to better enable information sharing across services.

We will also need to implement some changes to the high level governance of our system by end of 2021

Establish a partnership of senior leaders from health, local authorities and other organisations to:

- ▶ Bring together organisations to improve health / wellbeing
- ▶ Develop an integrated care strategy
- ▶ Enable joint action to improve health and care services
- ▶ Facilitate faster action on social determinants of health
- ▶ Support broader social and economic development

Establish a new system-wide board for the NHS ICS Body bringing together partners to:

- | | |
|-----------------------------|---------------------------------------|
| ▶ Allocate resources | Develop plan for services |
| ▶ Enable joint working | Ensure collective accountability |
| ▶ Arrange service provision | Deliver people plan |
| ▶ Develop digital and data | Oversee performance |
| ▶ Support improvement | Support social / economic development |

The next phases in our development

Over the next few months, we will need to focus attention on some of the key governance and institutional arrangements for our system, as we prepare to become an ICS with statutory responsibilities in Spring 2022.

We will pursue this work alongside and without distracting from arguably even more important parts of our development programme: developing our ICS operating model, establishing effective ways of working, building system architecture to enable subsidiarity and system working, and investing in leadership, learning and innovation.

Key priorities for the next 12 months

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Establishing new overarching governance arrangements for our system by Autumn 2021

Completion of our immediate development workstreams on the roles of different partnerships in our system by Autumn 2021.

Developing the governance and infrastructure to support our local care partnerships in our boroughs and our provider collaboratives.

Establishing new approaches to support clinical and professional leadership and system-wide innovation and improvement

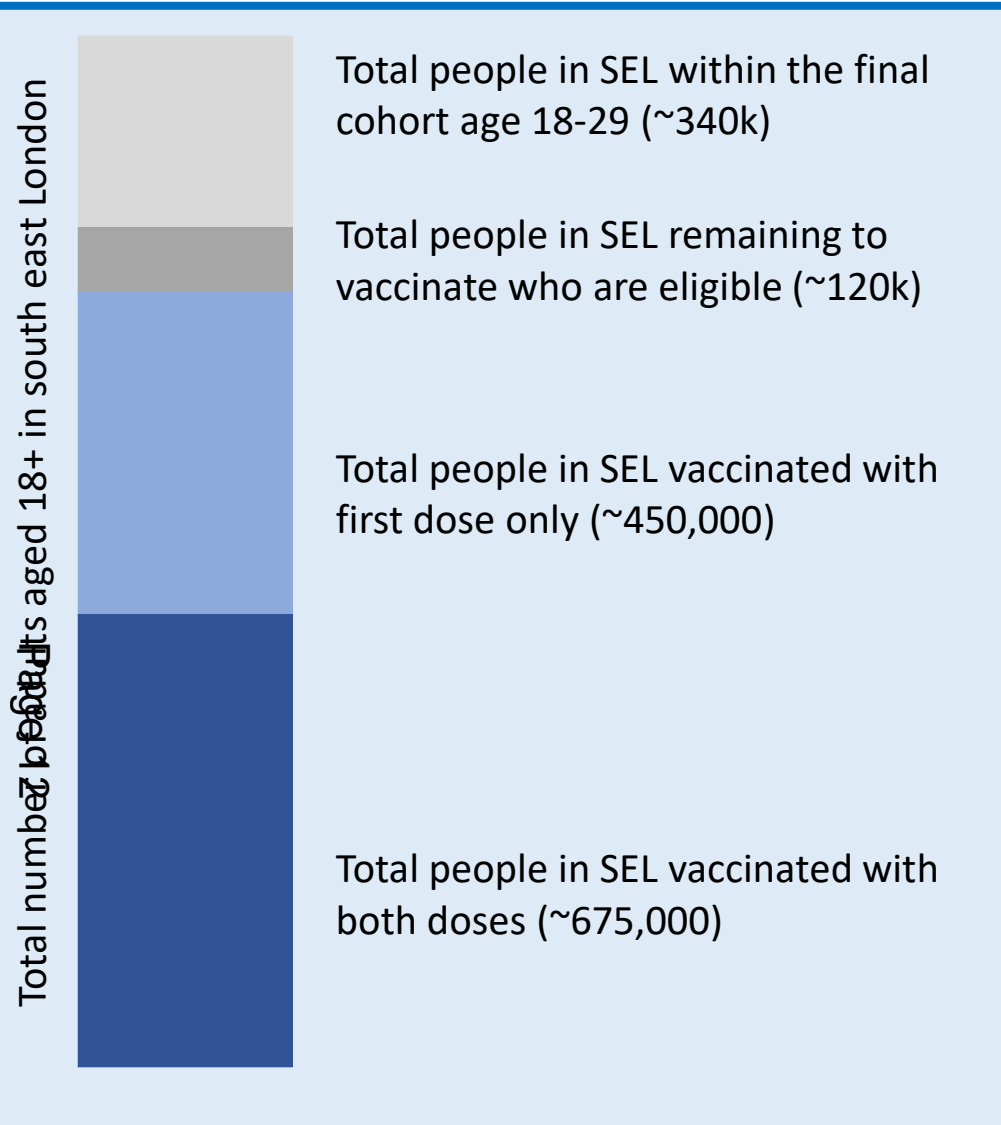
Closure of our CCG and transfer of staff to a new ICS NHS body, under an employment commitment, in Spring 2022.

South East London COVID-19 Vaccination Programme Update

South East London JHOSC briefing

Wednesday 30th June 2021

Covid vaccination programme delivery highlights



Headline numbers

- ✓ Total vaccinations given in SEL have now reached 1.9 million, with over 1.1 million people now having received at least one dose
- ✓ 100,000+ vaccinations have been given over each of the previous five weeks, and we are on track to do so again this week
- ✓ Second doses account for around half of the total weekly jabs at the moment, and second dose compliance has generally been good despite some AZ hesitancy
- ✓ The 18+ year old age cohort opened last week, so all adults in the country will now be eligible for their first dose
- ✓ The new deadline for offering all adults in the country at least their first dose is now 25th July, in line with the new Step 4 'opening up' date

Cohort coverage progress to date

Up to 18th June 2021

Cohorts	2a	3	4a	5	7	8	9	10a	11
	80+	75-79	70-74	65-69	60-64	55-59	50-54	40-49	30-39
Bexley	96%	95%	94%	93%	91%	89%	87%	79%	61%
Bromley	95%	95%	93%	91%	90%	87%	85%	79%	63%
Greenwich	91%	90%	88%	85%	83%	80%	77%	68%	54%
Lambeth	81%	81%	80%	76%	73%	70%	68%	60%	50%
Lewisham	83%	84%	83%	80%	77%	73%	70%	64%	53%
Southwark	82%	83%	82%	79%	77%	74%	71%	62%	50%

1a	1b	2b	4b	6a	6b
Care home residents	Care home staff	H&SC staff	CEV	At risk conditions	Carers (DWP only)
96%	81%	86%	91%	84%	75%
96%	79%	88%	91%	84%	75%
95%	79%	80%	84%	76%	70%
88%	72%	80%	76%	68%	59%
89%	77%	78%	78%	69%	63%
92%	71%	80%	79%	70%	64%

SE	90%	89%	88%	85%	82%	79%	76%	68%	54%
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93%	77%	81%	82%	75%	67%
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90% and over
85-89%
80-84%
75-79%
Below 75%

All data is as of Friday 18th June and comes from NIMS, except for care home resident and care home staff uptake data, which is up to Monday 14th June comes from Capacity Tracker.

THE LATEST REFRESHED DATA WILL BE MADE AVAILABLE AT THE JHOSC MEETING ON 30TH JUNE.

Covid vaccination programme delivery highlights



**Get yourself
vaccinated
in Lambeth**

This is a mobile clinic.
Look out for the bus.



Tuesday 22 June
9am - 3pm
Cowley Estate
Gosling Way
SW9 6LTS
(in front of Woodchurch House)

Wednesday 23 June
Thursday 24 June
Friday 25 June
9am - 3pm
156 Loughborough Road
SW9 7LL
(in front of the shops)

For people age 40+

No appointment needed.

No proof of address, NHS number or immigration status required.



Further info:
nhsselondonvaccinefacts.com



Coverage of patient groups

- Vaccination of homeless people has increased by 6%pts up to 50% of the estimated homeless population during May
- Vaccination of care home staff continues to rise by 1% per week, now at 77%. The Government confirmed this week mandatory Covid vaccinations for care home staff within 16 weeks.
- Uptake within each of the SEL hospital trusts has now reached a minimum of 80% at every trust, and primary care uptake stands at 88%. The Government is now out to consultation on mandating NHS staff Covid vaccinations.
- The gap is closing between uptake amongst the various BAME groupings compared with White British uptake – but at variable rates. For example, the Black African uptake gap compared with White British is narrowing faster than the gap between White British and Black Caribbean uptake

Covid vaccination programme delivery highlights

Delivery models

- All GP practices remain signed up to the vaccination enhanced service, delivering from 25 sites as well as a schedule of ongoing and one-off pop ups such as at Charlton Athletic and Bexley Civic Centre.
- All Vaccination Centres continue to operate from Guy's, St Thomas', Lewisham, Queen Elizabeth and Denmark Hill hospitals, as well as Bromley Civic Centre. South East London has the highest number of community pharmacies delivering vaccinations, at 32 sites. Many are now offering walk in appointments.



Covid vaccination programme delivery highlights

Outreach and inequalities

- Large scale vaccination events ('surge vaccinations' or 'super pop ups') have been organised over coming weeks to increase population coverage and second dose uptake as far as possible
- Particular outreach to the unregistered, young adults and other populations that most benefit from walk-in approaches




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Get yourself vaccinated

at The Bexley Civic Centre

Tuesday 15 June
8.30am – 7pm

2 Watling Street, Bexleyheath DA6 7AT

We will be providing the first dose of the AstraZeneca vaccine. This is a walk-in clinic. No appointment is necessary.

You may attend if you are aged 40+ or if you are 18+ and in an 'at-risk' group, and have not yet had your COVID-19 vaccination.

If you're not registered with a GP, temporary registration can be arranged.

Got questions about the AstraZeneca vaccine?
www.tinyurl.com/AZfacts

Find out more here:
www.nhs.uk/south-east-london-vaccine-facts.com



South East London
Clinical Commissioning Group

Penge Covid Vaccination and Health Event

Where: Penge High Street, Empire Square SE20 7EX

When: 12 to 4pm, Tuesday 25th May 2021

Book: 020 8175 0473



Get your Covid vaccine

If you are over 45, a carer or clinically vulnerable you can get your first vaccine dose. A clinical team from Covid Crisis Rescue Foundation and local GPs will be offering the Oxford AstraZeneca vaccine. Book on 020 8175 0473 or walk-in on the day. We also welcome homeless, rough sleepers, asylum seekers, or those living in emergency accommodation.

How do I get to the Vaccination Site?



Vaxi Taxi service – Get your jab in the cab

We are offering our free Vaxi Taxi service. You can get a lift to the event and the injection inside the Vaxi Taxi if you wish. To book this service, please call 020 8175 0473.

Other health services on the day

Clinicians will be offering health checks including:

- ☒ Blood pressure
- ☒ Diabetes
- ☒ Hepatitis C free testing
- ☒ GP registration. You do not need proof of address, immigration status or identification.

Free food, drink and goodie bags provided

No NHS number needed

FIRST DOSE ONLY

Please keep safe to COVID rules and do not attend if you have COVID symptoms or should be self isolating or quarantining

Radiate Festival Windrush

19 & 20 JUNE 2021

CRYSTAL PALACE PARK, SE19

COMMUNITY POWERED 2 DAY FESTIVAL
EXPLORING CARIBBEAN CULTURE
& CELEBRATING NATIONAL WINDRUSH DAY





COMMUNITY x FAMILY x LEGACY

DANCING | FOOD | MUSIC | MURALS
MARKETS | EXPERIENCES

A GRASSROOTS EVENT

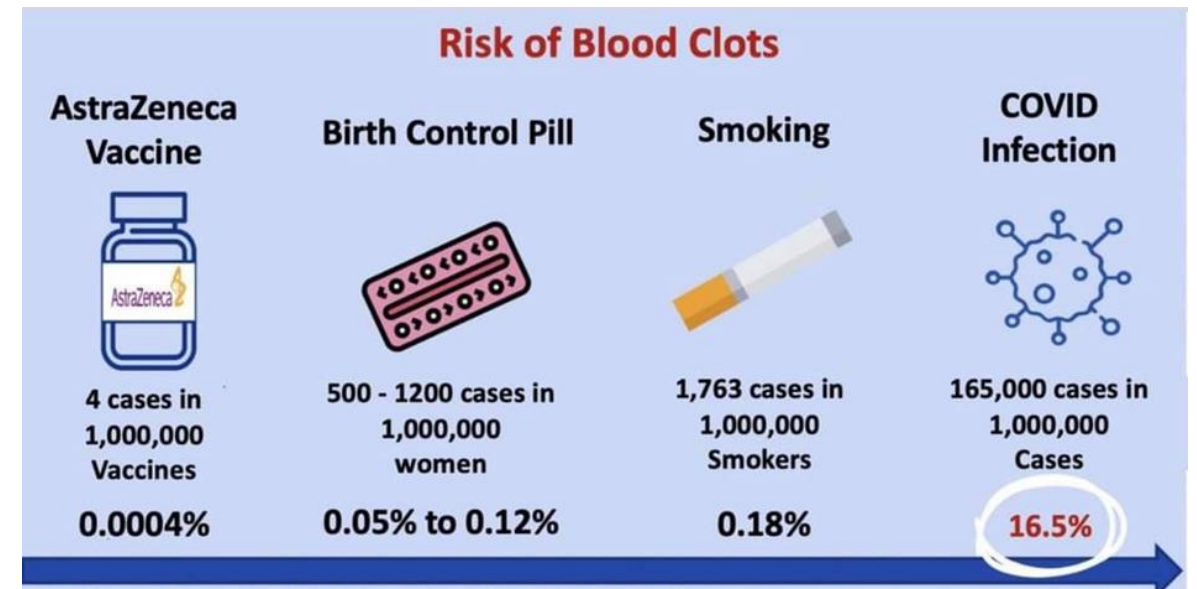
#TogetherWeRadiate
2 Days in Our Place : Our Space : Our Culture

Contact Info:
@radiatefestival
info@radiatefestival.com

Tickets & Contact:
www.radiatefestival.com

Vaccination programme challenges and risks

1. Urgency of reducing the spread of the 'Delta' variant, including bringing forward second doses to eight weeks
 2. High rate of 'Do Not Attends' at many sites, mostly of AZ appointments as AZ hesitancy continues including for some second doses
 3. Maintaining outreach and our progress with reducing inequalities as we distil down to the 'hardest yards', with limited vaccine supply
 4. Increasing anti-vaxx activity, including protests at SEL sites
- Getting into the best possible position ahead of the 19th July new date for 'opening up', by maximising first and second dose delivery of all available vaccines, and then meeting the Government target to offer all adults a first dose by 31st July



Activities during June and into July to maximise Covid vaccinations

- ❑ Large scale 'super Saturday'-type events, promoted through hard copy GP letters, text messages and social media, available for newly eligible or those who needed more time to decide
 - ❑ Guy's and St Thomas' Hospitals, Sun 13th June
 - ❑ Bexley Civic Centre, Tues 15th June
 - ❑ Radiate Festival, Crystal Palace Park, Sat 19th June
 - ❑ The Waldron in New Cross, Sat 19th June
 - ❑ Charlton Athletic FC, Sat 19th and Sat 26th June
- ❑ Moving to offering any time 'walk-ins' at some of our larger sites so that no person is turned away, including at Lewisham Hospital, all Guy's and St Thomas' sites and Montgomery Hall in Oval, as well as some of our pharmacy vaccinations clinics
- ❑ Ongoing pop ups and satellite outreach to our communities at very local (LSOA) level
 - ❑ Lambeth vaccination bus launched on 22nd June
 - ❑ Other buses and Vaxi Taxis available across SEL



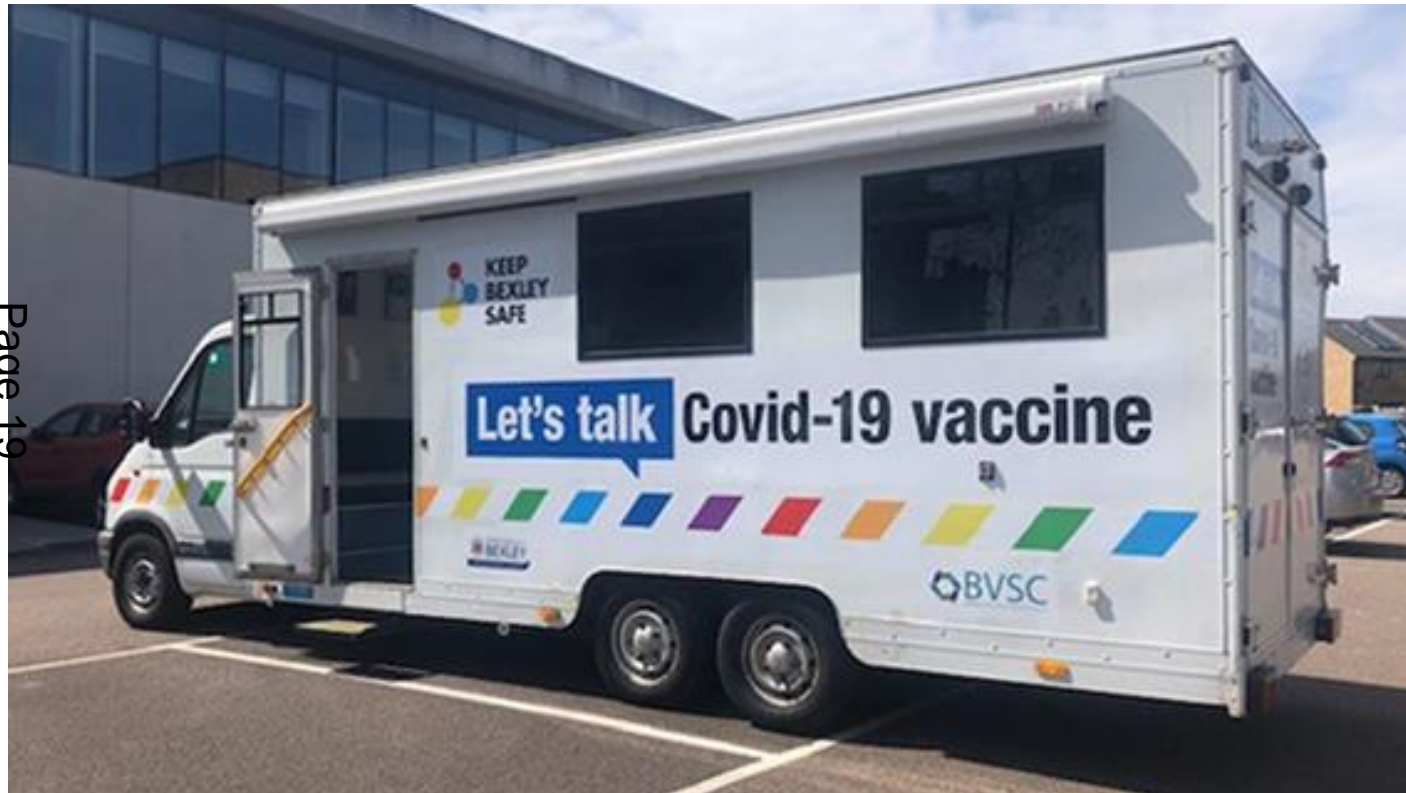
A red poster with white and yellow text. The main title is 'VACCINATION AT THE VALLEY' in large, bold, sans-serif font. Below it, in a smaller font, is '26 June, 8am to 8pm, Pfizer'. At the bottom, there are four logos: 'GH GREENWICH HEALTH', 'NHS South East London Clinical Commissioning Group', 'CHARLTON ATHLETIC' (a circular logo with a torch), and 'ROYAL BOROUGH OF GREENWICH' (a circular logo with a crown).



Let's talk

about the vaccine

Look out for our Vaccine Champions



Activities during June and into July to maximise vaccinations

- ❑ Mass door-knocking campaigns in Greenwich, Southwark and Bexley to encourage people to go that day to 'hyper-local' vaccination pop ups
- ❑ Door-to-door leaflet dropping in areas of low uptake and mainline stations, directing people to hyper-local sites
- ❑ Bringing forward second doses to eight weeks as far as possible, with recall being led by GP practices, and pharmacies and mass vaccination sites now also calling people forward after eight weeks
- ❑ Setting up a telephone call centre to telephone everyone who is eligible and unvaccinated or now due a second dose after eight weeks
- ❑ Moving AstraZeneca into pharmacies to offer more National Booking System slots

Activities during June and into July to maximise delivery



**ALL ADULTS
IN ENGLAND**
can now book
their **COVID-19** jab

Have you had your COVID-19 vaccine?

Join the 80% of people within higher risk cohorts in South East London who have already been vaccinated. Protect yourself, your family and your friends by getting your jab.



If you are age 40+ or an adult of any age with certain medical conditions that increase your risk of complications from COVID-19 you can visit one of these walk-in services to get your vaccine.
No appointment necessary.

LOCATION	DATE AND TIME
Burfoot Court Room at Guy's Hospital, Great Maze Pond, London SE1 9RT	Monday-Saturday to end of June, 8am-6pm
Gassiot House at St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH	Monday-Saturday to end of June, 8am-6pm
Lewisham Hospital, Lessof auditorium, accessed via the Blue Zone	Every Friday in June, 8am-4pm
Charlton Athletic Football Club, The Valley, Floyd Rd, London SE7 8BL	Saturday 19th June, 8am-8pm
Radiate Festival, Crystal Palace Park, Thicket Road, Crystal Palace SE20 8DT	Saturday 19th June, 12pm-4pm
Waldron Health Centre, Amersham Vale, London SE14 6LD	Saturday 19th June, 2pm-5pm



These clinics will offer the AstraZeneca COVID-19 vaccine. All approved COVID-19 vaccines are safe and effective and give you the best protection against coronavirus. You do not need proof of address, immigration status, ID or an NHS number. If you can't make any of these dates, find out how you can book an appointment near you at www.nhs.uk/ondemandvaccinefacts.com

- ✓ Ongoing workforce development and support to primary care, pharmacies and hospitals, including through the GSTT staff bank, St John's Ambulance, Army and access to volunteers to ensure we are doing as much as possible, as soon as possible
- ✓ Ongoing communications and patient engagement activities to engage with and listen to hesitant or otherwise unvaccinated people

Vaccine Facts highlights



Feedback from the Facebook research group:

*My thought- I have watched the two videos. I was drawn towards *how vaccines are made so quickly*. It looks credible and I like the fact that it linked to another BBC video of how vaccines gets approved. That has been able to answer some of my questions. However, I would appreciate if there's a link or document, to the researches and clinical trials carried out during the pandemic to get factual information. The information on NHS site looks credible, am just worried that we are being used in the clinical trial without even realising it."*

Complete: Wave one out of home advertising

Currently live: Colourful radio partnership, Google display advertising, Spotify advertising, local newspaper advertising, paid for social media, wave two of out of home advertising.

As of 14th of June:

- There have been 7,700 users of the microsite since launch
- Most frequent events (user interactions with content) on the microsite were and 'find a pop up clinic in south east London' and 'find your nearest centre and book your vaccine'
- Since launch, the Google Display ad has been displayed 24.8 million times, with 83,000 clicks
- Since launch, Google Search 'vaccine facts' has been displayed to users 2,900 times



Thank you for listening.

We welcome any questions, comments and ideas.

Acute Services

Elective services – restoration and recovery

The Joint Health Overview and Scrutiny Committee
July 2021

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A partnership of NHS providers and Clinical
Commissioning Groups serving the boroughs
of Bexley, Bromley, Greenwich, Lambeth,
Lewisham and Southwark, with NHS England

Overall priorities as we restore and recover services

We have since the second wave of Covid sought to ensure we can manage the following priorities:

- Ensuring covid pathways remain in place for covid positive patients
- Ensuring we are able to meet urgent and emergency care demand safely and effectively
- Restoring elective capacity - across diagnostics, outpatients, day cases and inpatients - safely and effectively
- Prioritising the treatment of our urgent elective patients - both cancer and non cancer
- Making inroads in to the elective backlogs that have built up and reducing the number of long waiters

Covid demand

- We have seen a low level of Covid related demand within our hospital services since the second wave, with continued reductions in the number of patients in critical care and general and acute beds since mid March and a plateauing over the late spring/early summer.
- There has been a slight increase in demand during June but to date this remains at low and manageable levels
- We track demand on a daily basis and also scenario plan based on latest community prevalence information
- We have also been undertaking planning at a south east London and Regional level to anticipate and ensure we have a robust plan to support the management of any potential increase or surge in Covid demand

In any future surge we would again work collaboratively across the acute sector, utilising mutual aid approaches as required to enable each hospital site to manage demand, with the objective of ensuring on going access to other services too

Non Covid urgent and emergency care demand

- Non Covid demand continued throughout the second wave of the pandemic but at lower levels than we would usually see
- As the second wave has abated we have seen significant increases in demand
- This includes demand across all areas from urgent care through to acute emergency presentations, including a material increase in mental health related demand
- Our Emergency Departments and wider services have therefore been operating under significant and sustained demand pressure over recent weeks

Increasing our capacity

- We have been working over the last few months to ramp up our elective (planned care) capacity.
- This has been and continues to be an incremental process, in the context of a standing start from extreme low levels of available capacity and a staff, theatre, bed and outpatients roadmap which factored in staff recovery, the decompression and recalibration of capacity and the impact of infection and control requirements.
- We have made positive progress in restoring capacity but have further work to do to get back to and then ideally exceed pre pandemic levels of capacity - in mid June SEL was operating at 86 % of pre pandemic capacity for outpatients, day cases and inpatients (91% for high volume low complexity activity) and over 100% for diagnostic capacity.

Encouraging referrals

- Referral demand reduced during the pandemic and we have been keen to see a recovery of referral rates to ensure that patient's needs are being met in a timely and effective way.
- We have seen a positive bounce back in referrals over recent months.
- Whilst positive this does exacerbate our capacity challenge as we have to manage front of pathway increased demand alongside back of pathway long waiters within our constrained capacity base.

Prioritisation of available capacity

- We have been managing elective activity on the basis of consistently applied clinical prioritisation – ensuring that the most clinically urgent patients are able to access the treatment.
- We managed to reduce our average ‘clearance rate’ – the length of wait for clinically urgent patients – early on in our recovery to the ideal threshold of 4 weeks and have been able to maintain that position since.
- We have further reviewed all patients who have been waiting more than 40 weeks for treatment and are now prioritising long waiters within our remaining capacity.

Pathway improvements

We are taking forward and testing a number of care pathway improvements as part of our recovery plans. These include:

- An enhanced Advice and Guidance offer for GPs and their patients – this enables GPs to seek rapid advice from hospital consultants and reduces the number of referrals then required for a specialist opinion.
- Expanding our community based services in key specialties to provide a consistent offer across SEL e.g. community dermatology in Lewisham and Lambeth.
- Testing Patient Initiated Follow Up (PIFU) and remote monitoring in a number of specialties.
- Driving productivity and efficiency improvements within our hospitals, including theatre utilisation and day case rates.
- These initiatives will be evaluated to inform future approaches and potential roll out and aim to ensure that we can provide the right service at the right place at the right time for our residents and make the most effective use of available capacity.

Collaborative approach to the utilisation of capacity

- Our waiting times, number of long waiters and available capacity differs across our hospital sites – this differential will continue resulting in inequitable waits across our services and sites for residents if we do not address it.
- We have therefore been seeking to adopt collaborative approaches to the utilisation of available capacity to improve equity of access across SEL and mitigate the impact of differential available capacity and waiting lists on a temporary basis
 - We have been increasingly focussing our non complex day case and inpatient activity at our Lewisham and Greenwich Trust, Princess Royal, Orpington and independent sector sites through activity hub approaches, plus concentrating our complex activity at Guy's and St Thomas and Denmark Hill.
 - We have been undertaking by procedure operating lists to maximise throughput.
 - We will also be opening additional capacity to enhance our ability to reduce our backlogs – new theatres are opening at Queen Mary's Sidcup and will provide a SEL resource for general surgery and gynaecology.
- Some patients are therefore being offered treatment at a different hospital site to the one they were originally referred to in order to expedite their treatment
- There remains a significant choice offer for residents with services available across multiple sites

Waiting times and long waiters

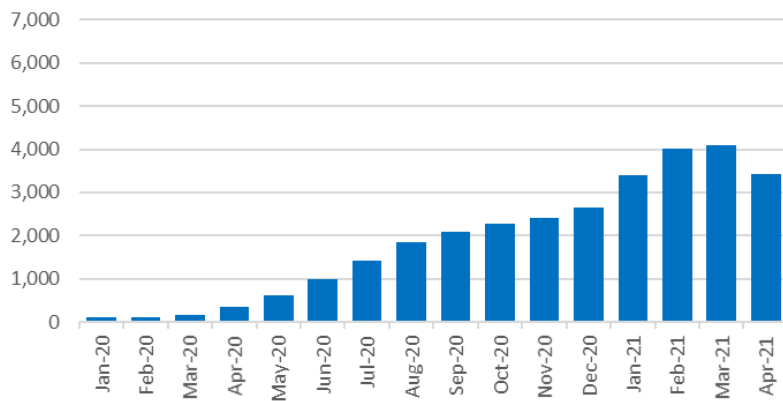
- The pandemic – both the first and the second wave – had had a very significant impact on our waiting lists.
- Whilst the overall number of patients waiting has decreased due to reduced overall referrals, the number of over 18 and over 52 week waiters increased very significantly and we are faced with an unprecedented number of long waiters split across admitted (inpatient and day case) and non admitted (outpatient) waiting lists.
- Our recovery plans have sought to assess the impact our activity ramp up will have on these longest waiters, noting the waiting list is not static but dynamic with daily removals and tip ins – and we have sought to incrementally reduce the number of longest waiters focussed in the the first instance on our over 52 week waiters
- We have made very positive progress to date and since end March 2021 have reduced the number of over 52 week waiters from 13,915 to 8,232 (unvalidated mid June information) – this is significantly ahead of our year to date plan which had forecast 13,947 long waiters at this point.
- Whilst positive the scale of the challenge means however that we anticipate a lengthy programme of backlog reduction to clear the waiting list that has built up. Routine patients are likely to wait significant periods of time for treatment until we are able to get to a more balanced demand and capacity position.

Sustainable solutions

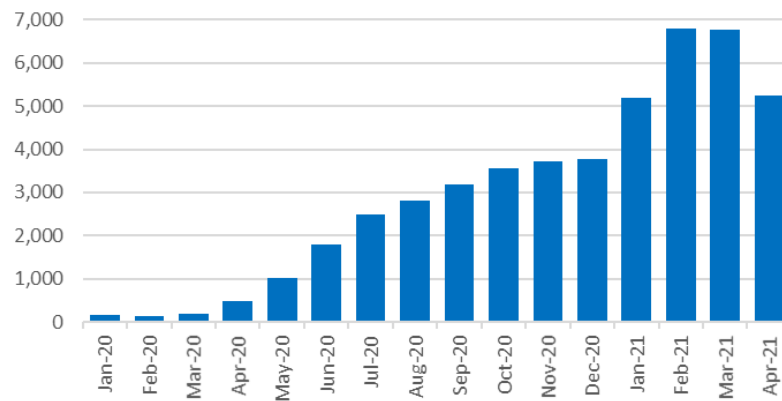
- We have been taking a system approach to the management of available capacity to ensure equitable access for patients and to support treatment in line with a consistently applied clinical prioritisation process.
- We continue to ensure optimal out of hospital support and in hospital productivity and efficiency alongside developing new models of care and care pathway improvements.
- We have also started to think about medium term sustainability - how we will ensure that we have the capacity required to provide timely and equitable access for patients who need elective care on an on going basis, recognising that the SEL system faced a number of capacity constraints pre pandemic.

Referral to Treatment (RTT) 52+ Week Waiting Time Trends – Last 16 months

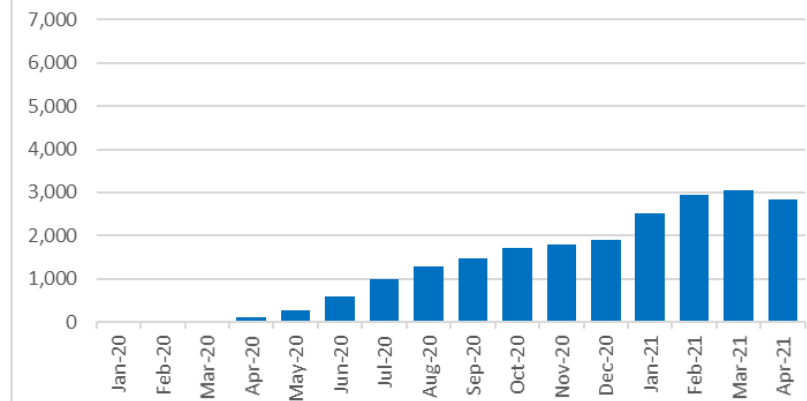
GSTT Trusts - Number waiting over 52 weeks



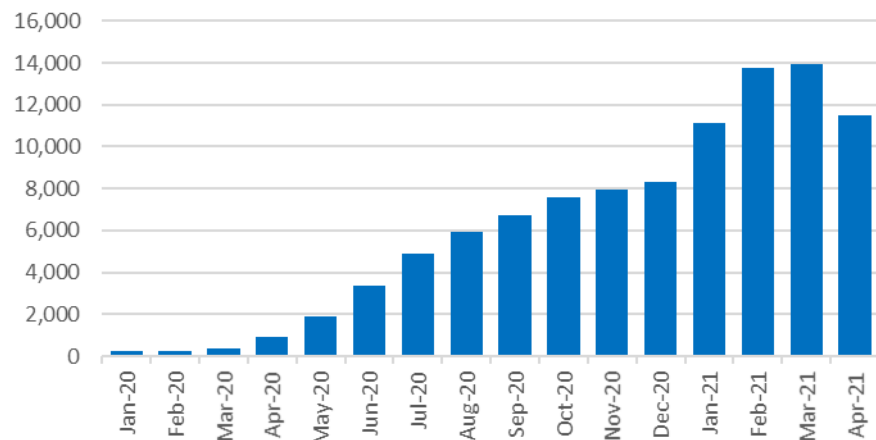
KCH Trusts - Number waiting over 52 weeks



LGT Trusts - Number waiting over 52 weeks



SEL Trusts - Number waiting over 52 weeks

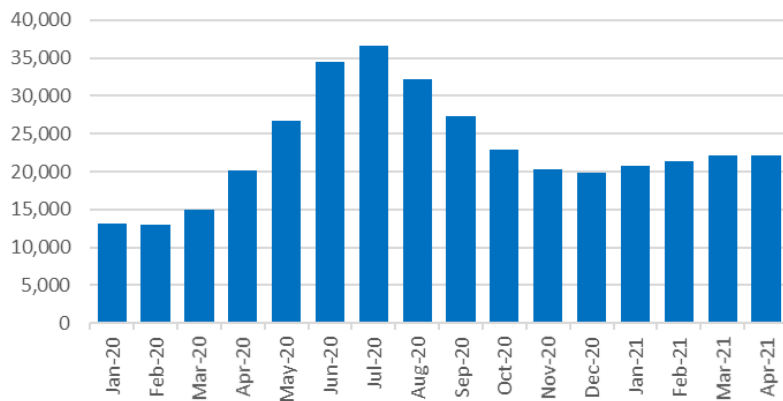


Waiting over 52 weeks

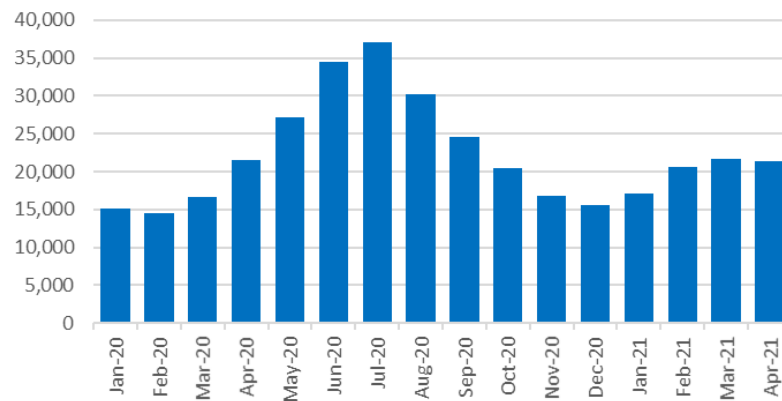
	Apr-20	Apr-21	Variance
GSTT	346	3,430	3,084
KCH	482	5,233	4,751
LGT	95	2,845	2,750
SEL Trusts	923	11,508	10,585
SEL CCG	718	7,969	7,251

Referral to Treatment (RTT) 18+ Week Waiting Time Trends – Last 16 months

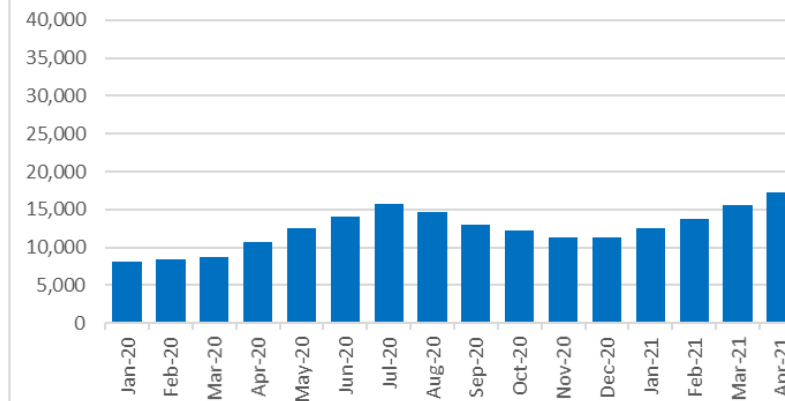
GSTT Trusts - Number waiting over 18 weeks



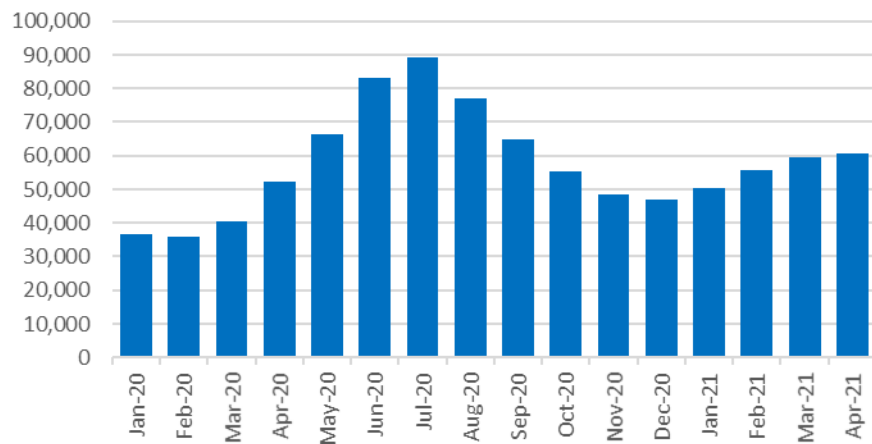
KCH Trusts - Number waiting over 18 weeks



LGT Trusts - Number waiting over 18 weeks



SEL Trusts - Number waiting over 18 weeks

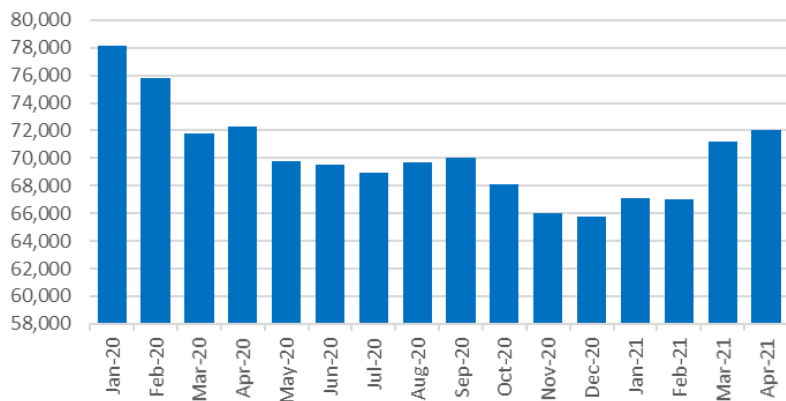


Waiting over 18 weeks

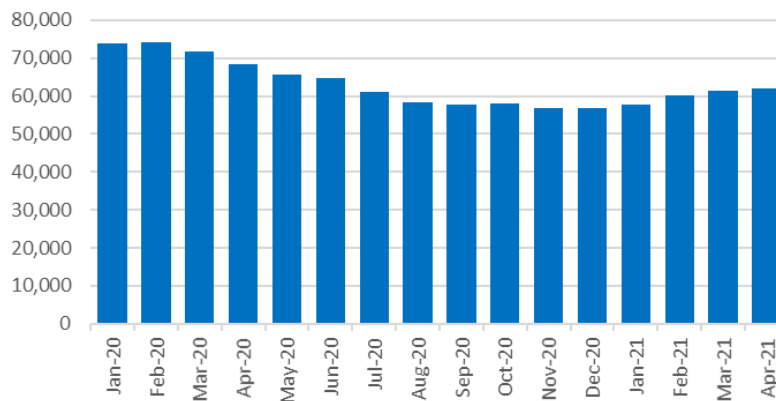
	Apr-20	Apr-21	Variance
GSTT	20,142	22,124	1,982
KCH	21,528	21,333	-195
LGT	10,694	17,216	6,522
SEL Trusts	52,364	60,673	8,309
SEL CCG	43,536	46,619	3,083

Referral to Treatment (RTT) Total PTL Time Trends – Last 16 months

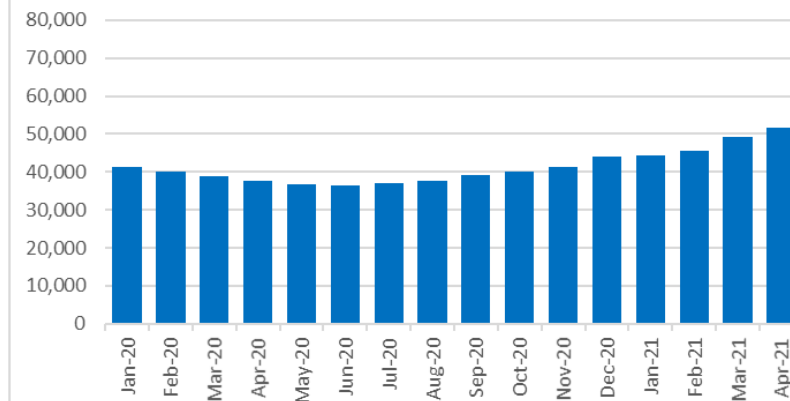
GSTT - Overall PTL Size (Waiting List)



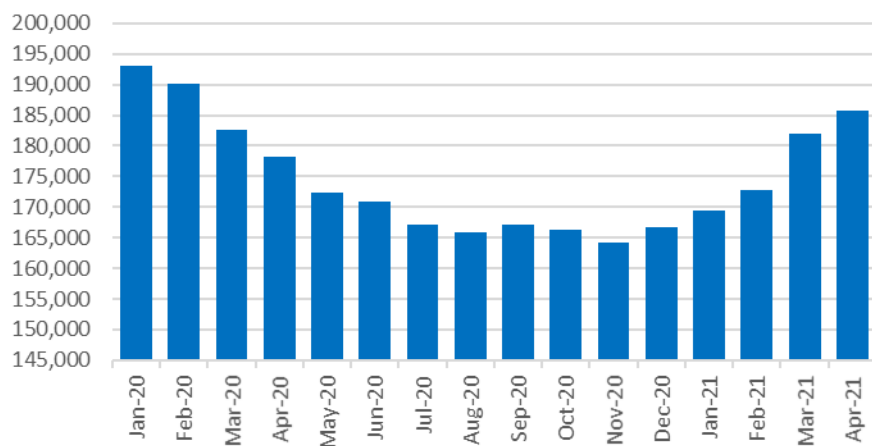
KCH - Overall PTL Size (Waiting List)



LGT - Overall PTL Size (Waiting List)



SEL Trusts - Overall PTL Size (Waiting List)



PTL size

	Apr-20	Apr-21	Variance
GSTT	72,303	72,018	-285
KCH	68,327	62,156	-6,171
LGT	37,535	51,520	13,985
SEL Trusts	178,165	185,694	7,529
SEL CCG	144,956	147,082	2,126