East London Health & Care Partnership

East London Health and Care Partnership

Covid-19
- Managing the emergency
- Setting a road to recovery

June 2020

Our principles

East London Health & Care Partnership

- **Equalities** will be woven through all aspects of work
- **Clinical leadership**, supported by managers, is paramount
- **Local populations** will be involved in shaping local changes
- **Health and social care** services will be given equal focus
- The existing East London Health and Care Partnership plan underpins our approach to recovery, with strategic planning across north east London, and delivery more locally
- The **recovery structure** will draw on experience from Covid planning to maintain momentum, agility, clinical leadership and a focus on patients
- The focus will be on the **population** and what they need rather than institutions
- **Staff** are key to recovery and will be supported and fully engaged in defining and embedding new ways of working
- Clear effective, responsive and diverse **communications** is critical
- Decisions will be based on **data, evidence and analysis**

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Phase 1

The initial emergency

Overview

- Covid-19
  1. Build capacity
  2. Prevent infection
  3. Developed a flexible workforce
  4. Put patients and staff first
- Covid cases and deaths
- Equality
- Equality – BAME Groups

Covid-19

Covid is a dangerous disease. It hasn't just been the very old impacted, the effect has been felt in all age groups, young and old. It has hit hard in east London where we have a high proportion of Black, Asian and Minority Ethnic communities – some of which have a high prevalence of underlying health conditions such as diabetes; and many people are living in deprivation and in densely populated housing.

Staff went above and beyond in responding to the coronavirus. We owe it to them to not just reset services; but to build a stronger system so they do not need to go through this again.

The **joint working between health and social care** organisations in this crisis has been exceptional. We need to build on these partnerships.

Together we have tackled the emergency in four ways:

1. **Built capacity**
2. **Prevented infection**
3. **Developed a flexible workforce**
4. **Put patients first**

1. Built capacity

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Built the necessary capacity to cope by:

- Developing a **capacity tracker** to predict daily demand for, and supply of, intensive treatment beds, oxygen supplies, mortuary space etc
- **Expanding intensive care** (around 300 extra beds plus Nightingale capacity) and other step-down/alternative bed capacity (e.g. 117 beds at Goodmayes)
- **Minimised hospital stays** e.g. enhanced multi-disciplinary teams
- Moved all but the most essential **face-to face** planned, cancer and outpatient care to telephone/online, with some services suspended
- **Consolidating some specialist services**

2. Prevented infection

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Working together we have separated Covid and non-Covid patients; and urgent and planned work, to reduce cross-infection. We have:

- **Improved 24/7 phone advice** for potential Covid patients to reduce visits
- Improved **sharing of systems** to support patient appointment bookings
- **Identified, and provided services for those most likely to visit hospital** e.g. learning disability virtual reviews; online counselling for children and young people
- Improved **services in the community** e.g. 24/7 crisis service for mental health patients; and electronic prescription service
- Provided **services in homes** for people self isolating e.g. monitoring and nursing team visits
- Introduced **virtual by default** e.g. virtual ward rounds in care homes
- **Separated places** to treat Covid patients in each borough (hot hubs), with separate facilities in some GP practices

3. Developed a flexible workforce

We have supported new ways of working by:

- Enabling **remote working**
- **Upskilling people** to work in different areas and specialties
- Creating **new and virtual multidisciplinary teams**, and enabling fast movement of staff between organisations
- **Sharing approaches and facilities** between different organisations, in different boroughs, for different communities e.g. for staff testing
- Developing a Covid **GP Intranet** and bi-weekly bulletin to keep GPs and primary care colleagues up-to-date with the fast changing professional guidance. The site has been viewed around 6,500 times a week.

4. Put public and staff first

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All our efforts to keep the public safe and save lives have been shaped by **listening to staff, the public and stakeholders**.

We have introduced virtual patient/public engagement groups when possible and been at the forefront of supplementing the national offers on testing, getting PPE to staff, end-of-life care and supporting care homes.

We have also:

- Supported **patient and public involvement and engagement groups** to use video conferencing and met with them online
- **Developed information**: internet pages, videos, media releases and printed leaflets for the public; newsletters, video calls and intranets for staff, GPs and stakeholders
- Held **meetings virtually in public** to enable scrutiny
- Developed a range of measures to **protect staff**
- Taken a united approach between **health and care partners to reduce inequalities**

Covid cases and deaths

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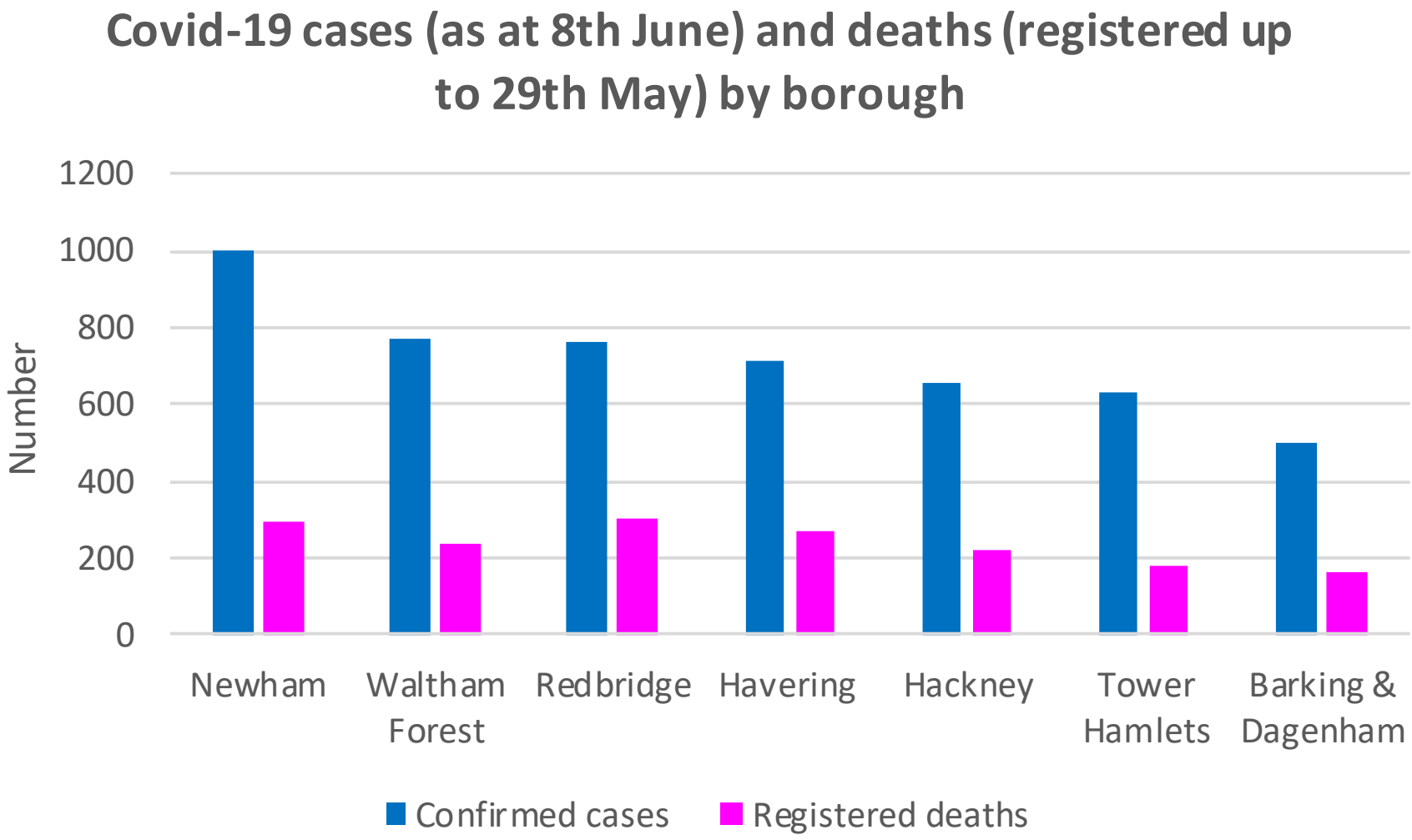

Equality

Covid has **not affected everyone equally**. The partnership has worked with a range of agencies to develop services for the most vulnerable. We have also prioritised researching the causes of inequity so that we can take preventative action to better protect e.g.: **low-paid workers, carers, staff and Black, Asian and Minority Ethnic** communities. But we know we **must do better.** We have:

- Provided comprehensive information for **shielding** patients advising them on health, social care, housing and debt
- Established a programme to improve our **organisations' positive impact** in the community e.g. in procurement and employment.
- Provided services to keep people out of hospital, often in their own homes with nursing team visits (e.g. people with **learning disabilities, people with mental health** challenges and those with **Covid**)
- Provided care for **people in care homes** including webinars for staff
- Provided **advice in a range of formats** (e.g. meetings with faith leaders, videos and text messages) to support safe religious events

Equality – BAME Groups

Following *Disparities in the risk and outcomes of COVID-19*, Public Health England have produced an additional report: "*Beyond the data: Understanding the impact of COVID-19 on BAME groups*". Key themes emerging from their stakeholder engagement are:

- **Longstanding inequalities and pre-existing health conditions which are more common in BAME group increase the risk of disease severity.** BAME groups tend to have poorer socioeconomic circumstances which lead to poorer health outcomes. Economic disadvantage is also strongly associated with the prevalence of smoking, obesity, diabetes etc.
- **Increased risk of exposure to and acquisition of Covid** could be the result of factors associated with ethnicity such as occupation (e.g. key/ essential workers), population density, use of public transport, household composition and housing conditions.
- **Racism, discrimination, stigma, fear and trust**. Racial discrimination affects people's life chances and the stress associated with being discriminated against affects mental and physical health. For many BAME groups lack of trust of NHS services and health care treatment resulted in their reluctance to seek care on a timely basis.

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Phase 1

The initial emergency

Details

- BHRUT
- Barts Health
- Homerton
- NELFT
- ELFT
- Primary Care
- PPE
- Testing
- Care homes
- End of life
- Mental health
- Lessons learned

BHRUT

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- Five fold increase in **critical care** capacity from 24 to 120 beds
- **Elective care:** Moved thousands of clinics to the phone. Postponed most face-to-face appointments (except cancer and urgent) until the end of June. Moved urgent surgeries to independent sector
- Most **chemotherapy patients** treated at private hospitals; treated small number at Queen's e.g. radiotherapy and critical leukaemia patients
- **Paediatric emergency** services at King George provide assessment. Patients needing further care are transported and seen at Queen's
- Developed **discharge pathways** with NELFT and community partners
- **Blood tests** at KGH and Queen's suspended (except maternity and cancer); reprovided in the community
- More at: https://www.bhrhospitals.nhs.uk/our-services-during-covid-19

"Listen Hear" established to help all BHRUT staff an opportunity to "drop in" to psychological support, seven days a week, without committing to a course of therapy. Staff don't need to go through or disclose anything to their manager; they simply send an email to the service whenever they feel they are struggling, if they have anxiety, or would like someone to talk to.

Barts Health

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- Increased **intensive care** capacity across the Trust from 118 to over 400 beds, including 176 beds on the 14/15th floors of The Royal London
- Closed the Urgent Care Centre at **St Bartholomew's Hospital** to created a Covid-free environment for urgent radiotherapy and chemotherapy services; emergency cardiac surgery for London and for ECMO treatment for North London (where a machine pumps and oxygenates a patient's blood outside of the body).
- Postponed **elective** surgery (except cancer treatment and life-saving operations) and endoscopy – phased restart from 8 June. Switched outpatient appointments to virtual; postponed non-urgent appointments
- Improved discharge arrangements
- More information at https://www.bartshealth.nhs.uk/coronavirus

Each hospital created temporary well-being areas in libraries and dining rooms for staff to unwind, get refreshments, and access professional support (like mental health first aid or psychological services). Funded by the Barts Charity we plan to develop permanent well-being hubs, refurbish rest rooms, and install changing rooms with showers / secure bike storage

Homerton

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- Increased **critical care** capacity from 13 to 30 beds and created 8 Covid wards
- Created '**ward comms teams**' to help bring patients and relatives together, often using donated i-pads
- Suspended most **planned surgery, endoscopy/diagnostics** – phased restart 8 June.
- Postponed some non-urgent **outpatient appointments** and switched others to virtual appointments. c70% outpatient capacity operational in June, the vast majority of appointments being delivered virtually
- Enhanced **multi-disciplinary** teams developed within neighbourhoods, involving community nursing and rapid palliative care services to provide out of hospital care in City & Hackney
- Reached out to the **Orthodox Jewish community** with advice and support. The Hatzola team helped maintain contact between patients and their relatives and provided transport and support for early discharge home.

We held staff webinars to discuss our Covid response, health & wellbeing resources and to hear how we can better support our BAME staff. We provided staff with psychological first aid and talking therapies; and created a Wobble Room for them to take time out with refreshments. We introduced a Covid risk assessment that takes into account ethnicity as well as age, gender and underlying health conditions.

North East London Foundation Trust (NELFT)

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- **Critical services** are in operation (mental health and community), with 500 staff redeployed to help deliver them
- 24/7 **Mental Health Support line** continues to operate
- 117 step-down beds developed at **Goodmayes** site
- With UCLPartners and Care City, launched **Significant Care Tool** to help carers detect deterioration in those they care for, and make good decisions
- **Recovery and Restoration** Group created to support restoring non-critical services. Estates work is underway to ensure sites are Covid safe
- First phase of *Learning from the Pandemic to Inform our Future* work complete (surveys with staff, patients and carers)
- **Walk-In Centre at Barking Community Hospital** now using a booked appointment system to reduce cross infections
- *COVID-19 Our Journey So Far* film launched https://www.nelft.nhs.uk/news-events/covid19-our-journey-so-far-3882/

Over 3,000 staff accessed our staff wellbeing support website. We continue our weekly staff webinar to update on Covid along with regular briefings

East London Foundation Trust (ELFT)

- Improved **mental health crisis services** e.g. 24/7 phone lines; crisis cafes in Tower Hamlets/Newham; and crisis hubs separated from A&Es
- More-integrated **multi-disciplinary health & social care** teamworking
- **Integrated discharge hubs** supported rapid discharge of patients
- Reduced face-to-face contact; but developed new **online** services including speech and language therapies, carer support groups and Improving Access to Psychological Therapies (IAPT)
- Created a team to support the health and wellbeing of **homeless** people
- **Some services suspended** for new referrals e.g. Attention Deficit Hyperactivity Disorder services, memory clinics and Recovery Colleges and **Clozapine Clinics** continued but with revised clinical guidance.

The Chief Executive has personally phoned over 400 staff and teams to understand their experiences. Nearly 1,000 staff used our check-in app to record their experiences; and 200 staff used our staff support helpline. We supported staff by improving remote teamworking, accommodation for those unable to get home, free meals and distributed donated gifts

Primary Care

We have set up processes, systems and decision-making with clinical input to deliver high-quality and safe primary care, including:

- ✓ Triaging all patients by **phone, online, or video**; providing face-to-face consultations by exception
- ✓ **Hot hubs** (spaces where only Covid patients are seen) in each borough with hot and cold zones in some practices allowing other patients to be seen safely
- ✓ Increased **teamworking** between GP practices and between primary and secondary care and multidisciplinary care to share staff, and give mutual aid; to provide a more coordinated, flexible and responsible workforce
- ✓ **Home monitoring and visiting** service for Covid symptomatic patients
- ✓ **Virtual ward rounds in care homes**
- ✓ New processes for **childhood immunisations**, one of which has been used as a national best practice case study
- ✓ Regular, timely and effective **communications** to practices.

PPE

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- Sourcing Personal Protective Equipment (PPE) has been a top priority and we moved quickly to set up a NE London **emergency supplies system** to help keep staff safe during the pandemic.
- This was designed to provide organisations with PPE, if they had less than 36 hours of supplies.
- Since the end of March, the team has delivered over **330,000 of emergency PPE items** to over **280 organisations** including hospices, care homes, GPs, pharmacies, crematoriums and local authorities.
- As part of this process, through the **innovative use of technology**, we built a data capture system to monitor daily stock levels across organisations, to get supplies to where they were needed the most.

Testing

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- Testing has been **limited by a number of factors** e.g. availability of tests, reagent and safe test sites. Some of these factors are not under the control of NEL as the emergency is being managed nationally.
- However by working together in NEL we piloted and rolled out **drive-through** and **home testing** before anyone else; we provide **fast turnaround** of results and are now testing those in **residential** homes (which are not part of the national scheme).
- Anyone who has been experiencing Covid symptoms for no more than **five days** can get a test to see if they have the disease. Test and Trace is in place to follow up any positive tests.
- We have initially been allocated limited **antibody tests** and, as a positive result only indicates someone has had the disease, not if they can spread the disease or have immunity, we are not recommending patients are tested.
- **Care home testing:** Clinical Commissioning Groups and Directors of Public Health are working together to provide additional support to the Public Health England offer.
- Details at: https://www.eastlondonhcp.nhs.uk/ourplans/covid-19.htm

Care Homes

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- North east London's health and care system has consistently led the way in **local testing**; piloting drive-through, home, and care home testing before these were rolled out nationally. An online portal enables all care workers and residents (with or without symptoms) in care homes to be tested. In Newham, we piloted testing all staff and residents in a care home at the same time following up with tracking and tracing people known to have been in contact with Covid positive people. We aim to roll this out across the area
- There is a **named clinical lead** for each care home and we have 24 hour access to a GP within the NEL 111 clinical assessment service.
- We are offering a Covid **care home service** with weekly check-ins; pharmacy and medication support; and personalised care plans.
- NHS staff worked with social care colleagues to deliver **PPE** to local authorities for them to distribute (as well as supplying emergency PPE directly to homes).

End of Life Care

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- We created a webpage as a **single source of information** for health and care professionals working in end of life care: https://www.eastlondonhcp.nhs.uk/endoflifecare

  This has the latest guidance and resources on topics such as advance care planning, verification of death, medicines management and care after death. It also includes useful information and support on Coordinate My Care, to assist with advance care planning.
- By working in partnership across north east London to **coordinate the provision of bereavement services** for adults and children, identify any gaps and ensure equality of access to services. We have produced a series of bereavement guidance packs, designed to help local people through very difficult times. Available at: https://www.eastlondonhcp.nhs.uk/bereavement.htm

Mental Health

Crisis Pathways (24/7 urgent care and crisis pathways providing alternative crisis services)

- ELFT, commissioners and crisis support charity Hestia opened crisis cafés in Newham and Tower Hamlets to provide face-to-face (with social distancing), phone and online support, adding to the one in City/Hackney

Common Mental Health Problems

- Promoted early support and Improving Access to Psychological Therapies services for anxiety, trauma and depression including podcasts launched in Redbridge – accessible across North East London
- Developed directories of children's mental services

Vulnerable Groups (care for people with severe mental illness)

- Wellbeing pack and crisis line contacts sent to those on the shielded list
- 6,000 texts and letters sent to all those on the Serious Mental Illness register in City and Hackney

Staff Mental Health and Wellbeing

- Provided resources, tools and psychological and wellbeing support for staff, including those working in care homes

Lessons Learned

Health and care staff, unpaid volunteers and carers, businesses, charities, individuals and large organisations have all made **extraordinary efforts**.

Nevertheless we will look closely at our performance and lessons we can learn, including:

- Whether we were sufficiently **prepared**
- Whether **different actions** would have saved lives
- Whether we could have done more to reduce **inequalities**
- How we can be better prepared in **future**

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Phase 2

Restoration and Recovery

- The Challenge Ahead
- The Challenge – Timeline
- Indicative Timeline
- Build Capacity
- Prevent infection
- A flexible workforce
- Put Public and Staff First
- Involvement
- Analytics
- Case Study: Cancer

The Challenges Ahead

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The impact of Covid has tested our health and care system to the limit

We are in an **emergency situation and may stay at this level for some time.** NHS England is coordinating the response.

We need to plan how we:

1. meet the **existing challenge** to provide Covid care; and prepare for **future Covid or other diseases** in a more effective and efficient, less disruptive, and safer way. Tackling Covid and Flu together in winter would be very challenging
2. **restart safe delivery of non-Covid care**, and clear the backlog of planned care. This is **much more complicated than putting them on hold.** We need to make conditions safe; patients need to have confidence they will be safe. Some of the patients most in need of treatment are also the most vulnerable
3. manage the impact of **interrupted care on long term conditions** and health
4. Manage the **effect on staff**

The NEL clinical senate is building clinical consensus on the approach

The Challenge – Timeline

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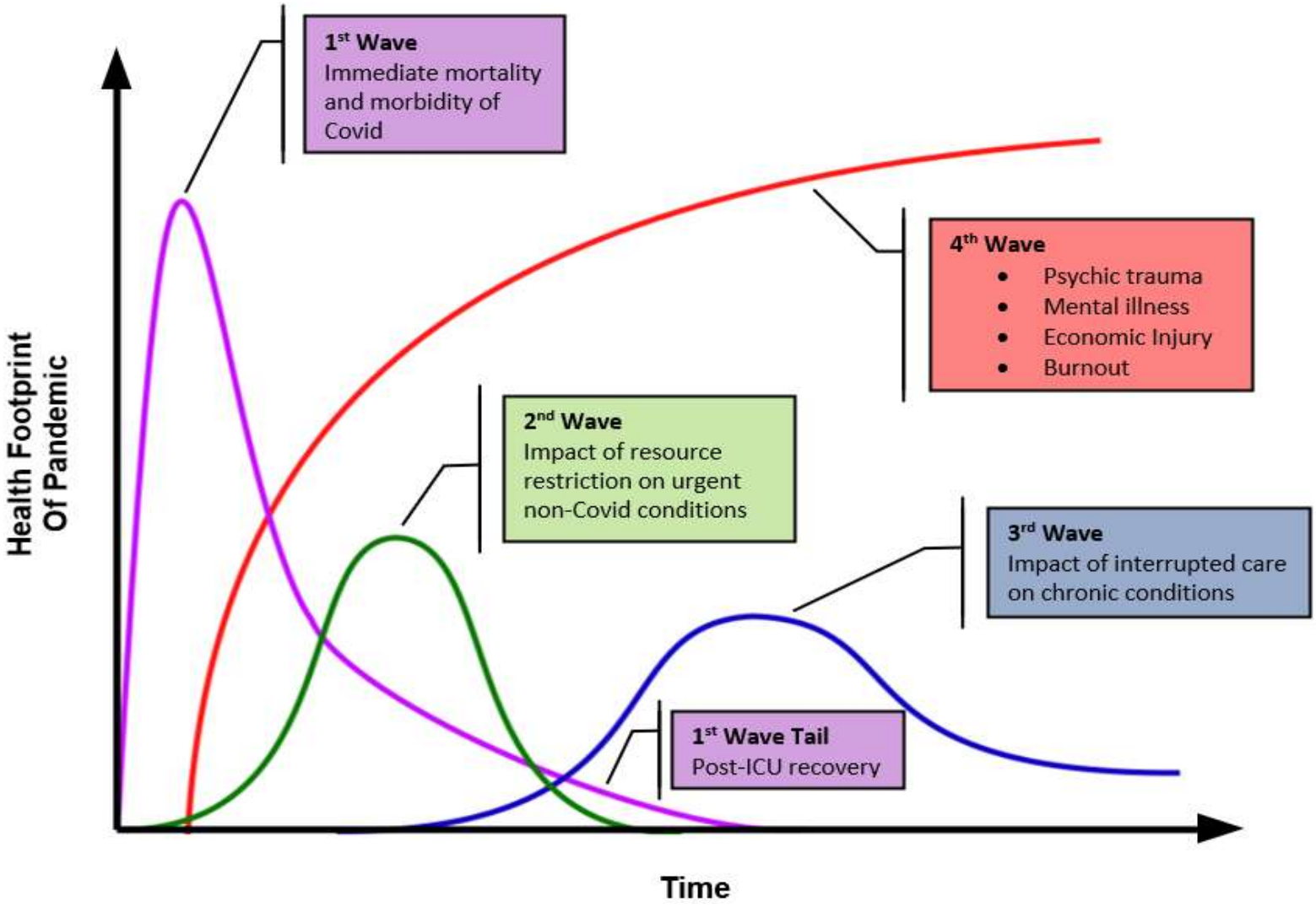

Source: from PHE London (adapted from Victor Tseng, University of Colorado)

Indicative Timeline

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Phase 1 Continue managing major national incident

Phase 2 Review / improve services for emergency

Quality improvement cycles, assess and adjust using patient and public involvement and insight

Approve Recovery Plan

Future Health and Care landscape

2020 **2021**

May - Aug | Sep - Dec | Jan – Apr | May-Aug | Sep - Dec

Phase 3 Develop new health and care service

Evaluate changes, discuss with stakeholders, and involve patient and the public

Engage scrutiny processes

Inform public on how to access services

Engage staff on safety, temp arrangements, working practices and the future

Build capacity
2020/21 Plan

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- Double the day-to-day **critical care capacity** from 183 to 366 beds and add surge capacity (available within 48 hours) – to total 507 beds. Consolidate extra capacity at the larger sites for workforce efficiency
- Strengthen **discharge** teams and **Multi Disciplinary Teams** working in the community; securing **more community beds** and improved support for **care homes**
- Progress pre-planned **consolidation** of: neuro-oncological surgery at Queen's Hospital; complex aortic surgery at the Royal London; and develop the principle of centres of excellence for specialist surgery
- Develop **mental health centres of excellence** for adults.
- Develop our estate to **create capacity at Homerton** Hospital to expand theatre capabilities and specialist rotas.
- Reconfigure and increase **capacity at Goodmayes**
- Improve **mental health bereavement** support services.
- Enhance **social prescribing/volunteering** services.

Prevent infection (1)
2020/21 Plan

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- **Separate hospitals, buildings or floors, staff and equipment** (& separate critical care units) for planned and emergency patients.
- Improve **infection control, PPE and front line risk assessments**
- Review the small amount of **children's urgent care** moved from King George Hospital to Queen's
- Develop an **Elective Services Alliance** to consolidate care during the emergency
  - ✓ Complex surgery at St Bartholomew's, Royal London and Queen's hospital and bariatrics at Homerton
  - ✓ Simple surgery at King George, Newham, Whipps and Homerton with extra capacity at Royal London and the independent sector
- Consider how **maternity** sites can best see patients.

Prevent infection (2)
2020/21 Plan

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- Promote **virtual contacts, consultations and outpatient appointments**
- **Make services accessible at home** e.g. a digital recovery platform for people with a serious mental illness; extend home monitoring; and develop a Londonwide patient app for long term condition management. Evaluate **remote monitoring** tools (such as wearable devices) and ensure patients are supported to use new technology
- **Partially revert to face-to-face** for some conditions and vulnerable groups e.g. home phlebotomy and memory clinics

A flexible workforce
2020/21 Plan

East London Health & Care Partnership

- Develop **new workforce models** e.g. in critical care
- **Redeploy resources** impacted as consequence of new ways of working
- **Explore consolidating** some back office functions
- Expand the **shared pathology service** and explore opportunities for closer teamworking in e.g. diagnostic imaging and radiology
- Increase the support provided by community **pharmacies** for e.g. end of life care; and expand electronic prescriptions and home deliveries for those most at risk and in isolation
- **Protect staff at highest risk** of Covid-19 based on age, gender, ethnicity, existing health conditions etc
- Build on recently developed skills and develop a pool of staff '**reservists'**
- Build on **staff wellbeing** services and additional mental health capacity
- Gradually transition emergency group responsibilities to local **Integrated Care Partnership Boards.**

Put public and staff first
2020/21 Plan

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Recognising that communities are very different across the seven boroughs /city, and some people are seldom heard (e.g. those who are digitally secluded (they can be assisted to become online) or whose first language is not English) we will work with partners who have contacts and knowledge to:

- Develop **service information:** targeting those most at risk
- Explore innovations in **engagement** so we understand the views of all members of society
- Ensure there is sufficient **debate and scrutiny**
- Work with Health and Wellbeing Boards to **address inequalities** and discover why some people had resilience against Covid; and what effect the disease is having on e.g. BAME and deprived communities; diabetes and mental health patients; children's abuse and neglect
- Use our organisations to increase employment and local purchasing to **drive local economies,** reduce deprivation and develop healthy communities
- Improve **population health analysis** to prevent ill health and develop inclusive services; and increase access to local shared care records to ensure seamless patient care

Involvement

- We are **gathering insight** from the many surveys that are being carried out by Healthwatches, local government, the third sector and the NHS
- We will **commission further studies** to 'fill the gaps' through:
  - A core survey that can be used to understand the NEL view and local differences, as well as the views of often overlooked groups such as vulnerable people/homeless/digitally secluded/BAME groups
  - Our online NEL citizens' panel
- During this phase **we aim to find out** what could we have done better; what we could do now; and what we need to consider as we reintroduce services
- We will discuss the **findings** with key stakeholders
- We will bring **insight and data together** to ensure we constantly improve services, patient and staff experiences

As we become more able to socially interact we will use a wider range of patient and public involvement techniques e.g. exhibitions, focus groups, meetings, workshops, co-design, consultations and interviews

Analytics

A North East London analytics working group started in March in response to Covid and meets weekly. The group plan to:

- **Collaborate** to ensure decisions can be taken on the best information
- Gather **data on inequalities in real time**
- Conduct a **Health Inequalities Impact Assessment** to identify key health inequalities exacerbated by the pandemic.
- Analyse BAME data during the recovery phase, to assess the **shorter and longer-term impacts of Covid on the population**.
- Link deaths data with hospital and GP data for analysis, in particular for **analysis of suppressed healthcare demand** and where increased demand might come up.
- Identify evidence-based **innovative practices/interventions** at a population level

Case study: Cancer

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Background: Phase 1

- A ‘Cancer Hub’ led by NHS England and the Transforming Cancer Services Team ensured NHS hospitals and the independent sector worked together to maximise capacity. Cancer surgery that could not be delivered safely locally was temporarily moved to UCLH’s cancer surgical hub, while patients remained under the care of their doctor or nurse specialist at the trust where they were originally cared for.

Plan: Phase 2

- At the peak of the pandemic we saw a significant drop in the number of urgent cancer referrals across the country largely as a result of fewer patients contacting GPs. This is now starting to recover.
- We have ring-fenced diagnostic and surgical capacity for cancer, so that referrals, diagnostics and treatment can be brought back to pre-pandemic levels at the earliest opportunity to minimise potential harm and we have:
  - ✓expanded capacity through cancer hubs
  - ✓put in place arrangements to manage two-week urgent referrals
  - ✓encouraged people to contact their GP if they have worrying symptoms

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Phase 3

A New Health and Care System

- Public messages (June)
- Changing for the better
- Governance
- NHSE/I 12 Expectations

Public messages (June)

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- It is safe for anyone to seek help so don't delay if you need help. You can contact your pharmacist or GP during normal opening hours, or for urgent issues outside of these times NHS 111; unless it is a life-changing emergency
- We are still in a pandemic, so our buildings and services will look and feel different due to the precautions we are taking to protect our staff and patients
- Staff and visitors will need to wear facemasks, wash their hands often and maintain social distancing in order to maintain the highest standards of infection control. Those treating and caring for patients with Covid-19 will wear Personal Protective Equipment too.
- Our plan for this phase of the pandemic is to **restore** some services that were put on hold, **recover** some of the backlog created by concentrating on Covid-19, and **retain** innovations and improvements that have transformed the way we work.
- We are discussing the changes with staff, partners and patients.
- As we reinstate services that were suspended we will use telephone or video as much as possible to safeguard patients.
- As well as washing our hands and staying socially safe, we can all reduce our susceptibility to Covid by giving up smoking, taking exercise and losing weight.

Changing for the better

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This has been a wake up call; but the alarm is still ringing

This has been a hugely challenging time for everyone. Many people have had little contact with their family and friends and have seen their livelihoods disappear; large numbers of people have become infected with Covid, or become sick; and far too many have lost their lives.

Our world, our lives, our NHS and social care services have changed. Many of the ways of working we have developed have brought health and care services abruptly into the 21st Century.

By using our experience and the evidence we have gathered, and by involving patients and the public, we can build on these changes to improve them and make them fit for ourselves and for future generations.

Over the next year we have the opportunity to test, refine and evaluate these changes. We need to keep the patient benefits of new ways of working and must agree a more equitable, more robust, health and care system.

Governance

Responding to the Covid pandemic has demonstrated what we can achieve by working in partnership across a NE London **Integrated Care System** (ICS). A NEL wide **Recovery and Restoration Group** with social care and NHS leaders is overseeing the next phase of work as we recover.

But decisions about health and care and delivery need to take place as close to local people as possible, with patient and public involvement a key building block.

Integrated Care Partnerships (ICPs): We will continue to develop ICPs which span NHS, local authority and other partners in:

- City and Hackney
- Barking and Dagenham, Havering and Redbridge
- Waltham Forest, Tower Hamlets and Newham

CCG budgets/authority will be delegated through to these partnerships and enabled through the proposed merger of CCGs

Local **Borough Partnerships** (including through HWBBs) will provide a voice for local people; whilst budgets will continue to be devolved locally – mirroring what is currently forecast for each of the seven CCGs.

NHSE/I – 12 Expectations of future healthcare needs

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Build capacity	✓ A **permanent increase in critical care capacity** and surge capability, centred on tertiary sites ✓ **Minimise hospital stays** e.g. same-day emergency care; community-based rapid response ✓ Further **consolidation and strengthening of specialist services**
Prevent infection	✓ **Segregate the health and care system** between Covid and non-Covid; urgent and elective work especially by site ✓ **Virtual by default** unless good reasons not to be for e.g. primary care, outpatients, diagnostics, self-care ✓ **Single** 'talk before you walk' **points of access f**or all pathways ✓ New community-based approaches to managing **long term conditions (LTCs)**/shielded patients
A flexible workforce	✓ Consolidate **corporate services** and share **clinical support services** ✓ New integrated **workforce** and volunteer models and new incentives ✓ Further **alignment and joining together of institutions** within the ICS
Putting public and staff first	✓ Disproportionate **focus and resources on those with most unequal access** and outcomes ✓ A new approach to **consent** though systematic deliberative public engagement