

Questions and answers from East London Health and Care Partnership event – Old Town Hall, Stratford, 6 June.

Air quality and climate change

Q. Air quality in north east London. Can this be improved?

A. Yes, it is all of our responsibility to take positive actions to improve the air quality where we live and work and there are many ways in which we can all contribute to improving the air quality in north east London.

Everyone can help improve air quality by driving their vehicles less, and turning off your engine when stationary. You could also consider carpooling or commuting by bike or bus and support the move towards electric vehicles.

All north east London boroughs have localised plans in which they set out how they plan to support the Mayor's London wide plan and bold steps to clean London's air.

To help improve air quality, the Ultra Low Emission Zone (ULEZ) was launched in central London on 8 April 2019. In addition to that the London Mayor's pollution and air quality improvement programme supports an extensive array of workstreams and programmes, to improve the air quality, including the following areas:

- Air quality audits to reduce emissions and exposure to air pollution
- An Air Quality Fund has made £22 million of funding available
- A new air quality management system.
- Clean Air Route Finder to reduce exposure to air pollution by choosing the cleanest route to your destination.
- Infrastructure to prepare London for an increase in electric vehicles.

For further information and more detail on the London Mayor's pollution and air quality improvement programme please follow the link

<https://www.london.gov.uk/what-we-do/environment/pollution-and-air-quality>

Q. Air pollution is a problem in east London. What can we realistically do as a partnership to improve air quality?

A. As an extensive programme has been set out by the London Mayor and each of the north east London borough programmes should support how we can deliver this at a local level. Please see answer to previous question for more details.

Q. Concerned about levels of toxic air in NEL. Can mayors please pledge that they will formally write to Michael Gove on this?

A. This would be a decision for each Mayor. Each local authority's website has details about their clean air strategies, plans and actions:

Barking and Dagenham

<https://www.lbbd.gov.uk/report-air-quality-issues>

City of London

<https://www.cityoflondon.gov.uk/business/environmental-health/environmental-protection/air-quality/Pages/default.aspx>

Hackney

<https://hackney.gov.uk/air-quality>

Havering

https://drive.google.com/file/d/1bUUa5NIWmgdPw368Rex0WoaNpxVvR3_-/view

Newham

<https://www.newham.gov.uk/Pages/Services/air-quality.aspx>

Redbridge

<https://www.redbridge.gov.uk/business-and-regeneration/environmental-health/pollution/>

Tower Hamlets

https://www.towerhamlets.gov.uk/lgn/environment_and_waste/environmental_health/pollution/air_quality/Breathe_Clean.aspx

Waltham Forest

<https://walthamforest.gov.uk/content/air-quality>

Q. Could the STP have role in tackling climate change?

A. The Sustainable Development Unit <https://www.sduhealth.org.uk/about-us/what-we-do.aspx> which is funded by, and accountable to, NHS England and Public Health England works across the NHS, public health and social care system to help organisations across health and care embed and promote sustainable development in order to reduce emissions, save money and improve the health of people and communities. It states this on its website:

“The NHS long-term plan includes the NHS' commitments towards sustainability.

- A commitment to the carbon targets in the UK government Climate Change Act (2008), reducing carbon emissions (on a 1990 baseline) by 34% by 2020; 51% by 2025 and 80% by 2050.
- The NHS is committed to improving air quality by cutting business mileage by 20% by 2023/24; ensuring that at least 90% of the NHS fleet uses low-emissions engines (including 25% ultra-low emissions) by 2028; and phasing out primary heating from coal and oil fuel on NHS estates.
- The NHS will ensure that all trusts adhere to best practice efficiency standards and adoption of new innovations to reduce waste, water and carbon, in addition to reducing single-use plastics.

The idea of prevention and more efficient working is threaded throughout the plan, e.g. by promoting earlier detection of illness. Preventing illnesses from happening in the first place is the best possible way for the NHS to become the most sustainable health and care system it can be.”

The Sustainability and Transformation Partnership (STP) will have to consider how its response to the LTP meets these targets.

Q. Can active and sustainable travel (walking, cycling and public transport be promoted to and by staff and patients to achieve prevention, wellbeing, air quality?

A. Local campaigns are already taking place and will continue to be promoted and supported.

Prevention

Q. Shouldn't prevention be the number one priority? If we do that well, we reduce the need for everything else.

A. In addition to East London's Health and Care Partnership's (ELHCP) dedicated workstream on "Prevention", it also features significantly as a key item in every other workstream. It is the only workstream which will work jointly with the others to deliver a Prevention agenda. Therefore in many ways you could say that it is the number one priority across the system.

Q. Why isn't healthy weight on list of workstreams? While prevention is key, it's feels as important to address in those of middle age

A. Healthy weight specifically does feature across the workstreams; for example for adults under the diabetes and diabetes prevention work programme. Public Health across the STP also addresses childhood obesity under the local borough schemes for children and young people. Furthermore, plans for supporting and encouraging healthy living features across all of the STP to support a reduction in long term conditions, improved health and wellbeing as well as improved mental health.

Q. What drives prevention should be people and communities. How do we better empower our communities, public and service users?

A. This is fully supported by Public Health leading the Prevention workstream and work is currently in progress to discuss and agree exactly how we best achieve this for instance by getting local ambassadors and champions in all areas to help drive forward a high level of interaction and engagement with local populations to impact and influence change and improvement.

Governance

*Q. How will the STP guarantee transparency in its decision-making?
How can we make ELHCP more accountable to the communities it serves?*

To strengthen governance arrangements and partnership working across north east London and to ensure effective links and communication between North East London Commissioning Alliance (NELCA) and the STP, it is proposed that an ELHCP Board is established that will meet in public, three times a year. The key functions of the board will be oversight oversight of a North East London strategy

(including a provider and commissioning strategy) and delivery of the Long Term Plan.

End of life

Q. How can we ensure child / youth End of Life Care is not missed when discussion this area of care?

A. The long term plan has outlined its commitment to improving End of Life Care for children and has identified funding to improve care in this area. As an STP partnership, we are planning to set up a programme around this which feeds into our existing end of life and children's programme. We will be working with all partners around how improvements can be made in the area and using the funding to enhance services whilst learning from patient and carer feedback'.

Finance

Q. What impact has the loss of Capital Bid submissions had on ELHCP plans?

A. Partnership organisations are proactively seeking alternative funding solutions to address the inevitable and significant issues caused by the decision. However there are limited options available to us to fund these crucial capital projects.

Personalisation

Q. What are we doing around personalisation across the STP e.g social prescribing and personal health budgets?

A. It is still relatively early days in the project, we have now set up a programme with individual workstreams encompassing the six key elements of personalisation as detailed in the Five Year Forward view.

All CCGs have drawn upon national Social Prescribing monies and are working upon developing individual Social Prescribing Offers. This is the focus of one of the workstreams.

We are working with local providers on a disaggregation process for block contracts to release funds for Personal Health Budgets in Community Mental Health Teams.

We are attending and feeding into the pan-London STP Personal Health Budget Network.

Workforce

Q. How do we tackle the issue of workforce?

A. Workforce has been recognised nationally as a challenge and it is one of our priorities in north east London. We are working with local, regional and national stakeholders, including hospital trusts, our primary care colleagues, Higher Education

Institutions, Health Education England, NHS England and other partners to develop innovative system wide approaches to address our workforce issues. More importantly we are working with and listening to our frontline staff to tailor our work with their needs.

One of our innovative approaches to recruitment is the GP SPIN scheme which allows our GPs the opportunity to work in a variety of specialties that they crave through working in primary care as well as secondary and acute care. This pilot scheme have received good feedback and is being rolled out across London.

We are also developing new roles, a recent example is our Physician associate program which is celebrated across the region and we have started a similar journey to develop and recruit Nursing associates.

We believe in the local talent and we are working to ensure that we train enough nurses, doctors and other professionals within our local community by interesting them and informing them about various career pathways and opportunities right from the early stages through working with schools and creating opportunities for coaching and mentoring. These opportunities are publicised on our website. <https://elhpcareers.co.uk/>

Q. What do we need to do to recruit and retain surgical staff?

A. We are working with Health Education England to ensure a good supply of trainees and working with providers to develop flexible attractive career options to recruit and retain staff. As a partnership we are also promoting East London as a place to train, live and work in order to attract trainees, staff and people who are committed to our area to improve our recruitment and retention.

Digital

Q. Online GP appointments: are they going to take over the majority of the face to face appointments? Is this going to affect the quality of the care?

A. Primary care online and digital appointments should complement face to face appointments and telephone consultations in primary care. As demand for primary care services grows year on year, online GP appointments should help provide a convenient access route for patients in addition to traditional ways of accessing primary care. Quality of care will not be compromised by online GP appointments, and the aspiration is to improve patient experience of accessing primary care through these digital initiatives.

Primary care

Q. How are our primary care networks evolving across East London?

A. From July 2019, all GP practices in East London are organised in primary care networks, covering populations of 30,000 to 50,000 (with flexibility to be larger where it suits local need).

Each network is currently in the process of appointing a Clinical Director as its named accountable leader, responsible for network delivery as well as the wider engagement with local integrated care leadership.

Networks will play a key role in taking on a range of national network service specifications. They will be expected to employ a variety of new multi-disciplinary roles (social prescribing workers, physician associates, clinical pharmacists, physiotherapists, community paramedics). Finally, they will be a key building block for integrated care, they will be the footprint around which integrated community-based teams will develop.

Q. GP appointment scheduling has become very difficult in Tower Hamlet for many patients. It needs major shakeup.

A. Tower Hamlets, like all other areas of East London, has GP extended hours services in place, which are designed to provide patients with appointments outside core general practice hours. There is also lots of work happening locally in Tower Hamlets with practices around their capacity and demand planning, as well as maximizing how online consultations and telephone triage are used to support accessing primary care. This work is being facilitated on a practice-by-practice basis through the local primary care quality improvement programme.