Open Agenda

South East London Joint Health Overview & Scrutiny Committee

Tuesday 25 March 2025
6.30 pm
THB-06, Lambeth Town Hall, Brixton Hill, London SW2 1RW

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Date: 17 March 2025

Agenda Item 1

@LBLdemocracy

SOUTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Date: Tuesday 25 March 2025
Time: 6.30 pm
Venue: THB-06, Lambeth Town Hall, Brixton Hill, London SW2 1RW

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Members of the Committee

Councillor Suzanne Abachor, Felicity Bainbridge, Councillor Christine Banton, Councillor Mark Brock, Councillor Lauren Dingsdale, Councillor Annie Gallop, Councillor Dominic Mbang, Councillor Maria Linforth-Hall, Councillor Lisa Moore, Councillor Aliya Sheikh, Councillor Janice Ward-Wilson and Councillor Carol Webley-Brown

Further Information

If you require any further information or have any queries please contact, Roger Raymond, Email: rraymond@lambeth.gov.uk.

Published on: Monday 17 March 2025

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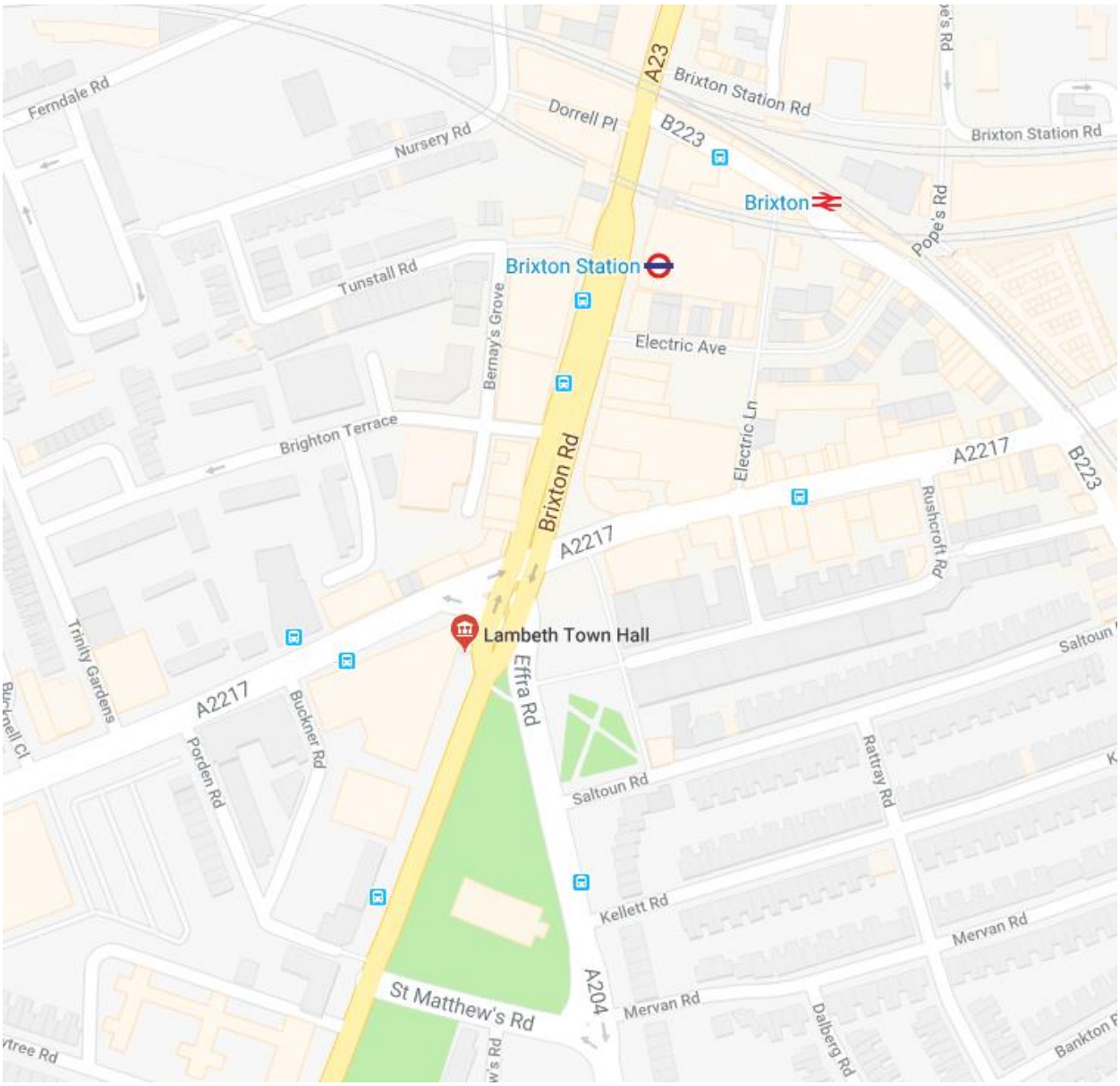

Members	
Councillor Janice Ward-Wilson	London Borough of Bexley
Councillor Lisa Moore	London Borough of Bexley
Councillor Mark Brock	London Borough of Bromley
Councillor Felicity Bainbridge	London Borough of Bromley
Councillor Dominic Mbang	Royal Borough of Greenwich
Councillor Lauren Dingsdale	Royal Borough of Greenwich
Councillor Christine Banton	London Borough of Lambeth
Councillor Annie Gallop	London Borough of Lambeth
Councillor Aliya Sheikh	London Borough of Lewisham
Councillor Carol Webley-Brown	London Borough of Lewisham
Councillor Suzanne Abachor	London Borough of Southwark
Councillor Maria Linforth-Hall	London Borough of Southwark

AGENDA

Please note that the agenda ordering may be changed at the meeting.

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MINUTES OF THE SOUTH-EAST LONDON JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE (SEL JHOSC) MEETING

Thursday, 1 February 2024 at 7:30pm

IN ATTENDANCE: Councillors Chris Best - Chair (LB of Lewisham), Mark Brock (LB of Bromley), Christopher Taylor – Vice-Chair (LB of Bexley), Carol Webley-Brown (LB of Lewisham), Rachel Taggart-Ryan (RB of Greenwich), Suzanne Abachor (LB of Southwark) Maria Linforth-Hall (LB of Southwark)

ALSO PRESENT: Ailsa Willens (Programme Director and Joint SRO, NHS England- London Region), Fiona Gaylor (Consultant, Transformation Partners in Health and Care NHS England), Graham Walton (Democratic Services Manager, LB of Bromley), Matthew Duckworth (Scrutiny Committee Officer, LB of Bexley) and Nidhi Patil (Scrutiny Manager, LB of Lewisham)

ALSO PRESENT VIRTUALLY: Simon Barton (Medical Director for Specialised Commissioning – NHS England, London Region); Rachael Reeve (Director of Marketing and Communications- The Royal Marsden); Sarah Cottingham (Director of Planning, NHS South East London ICB); Professor Nicholas VanAs (Medical Director- The Royal Marsden); Catherine Croucher (Consultant in Public Health, NHS England- London region); Sabahat Hassan (Head of Partnerships and Engagement, South East Commissioning Directorate, NHS England); Wendy Binmore (Senior Democratic Services Officer- LB Lambeth)

8. Apologies for Absence and Substitute Members (Agenda Item 1)

Apologies had been received from Councillor Felicity Bainbridge (LB of Bromley), Councillor Lisa-Jane Moore (LB of Bexley), Councillor Clare Burke McDonald (RB Greenwich) and Councillor Christine Banton (LB of Lambeth).

9. Minutes of the last meeting held on 6th July 2023 (Agenda Item 2)

RESOLVED: that the minutes of the last meeting be agreed as a true record.

10. Declarations of interest and Dispensations (Agenda Item 3)

None.

11. Items of Late Business (Agenda Item 4)

None.

12. Reconfiguration of Children's Cancer Principal Treatment Centre (Agenda Item 5)

The Committee received a presentation from NHS England which provided a recap of the process thus far; an end of public consultation update (key

findings of the public consultation taken from the independent report); a decision-making update; and next steps.

The following key points were noted:

12.1. The Consultation ran for a 12-week period, starting on 26th September 2023 and concluding on 18th December 2023; views were sought on the strengths and challenges of both options consulted upon, and views were also sought on how some of the challenges could be overcome.

12.2. The consultation was open to all, however specific key stakeholders included: Groups directly impacted (children and young people with cancer or who have experienced cancer (and their families and clinical and non-clinical staff from the hospitals involved); professional bodes; children, young people and their families with related experience; and communities with specific protected characteristics.

12.3. Overall, there were 2669 formal responses to the consultation which included those that had completed the survey (online and in hard copy) as well as face to face conversations and organisational responses. NHS England were happy with the number of responses.

12.4. There was an active petition that received over 10,000 signatures and comments. It was launched by a group of people with experience or family experience of care at The Royal Marsden. The petition advocated for a different model for the future of the service, where an element of care continues at The Royal Marsden, with those at low risk of intensive care being treated there and those at higher risk of requiring intensive care being treated at St Georges. NHSE reiterated that the purpose of the consultation was to get feedback on the two options presented for the future location of the Principal Treatment Centre and that the national service specification was the driver for the change as specialist children cancer services are required to be on the same site as the children's intensive care unit.

12.5. There was good reach to affected clinical and non-clinical staff; during the consultation NHE England heard from 155 Royal Marsden staff and 216 St George's Hospital staff which represented a good proportion of staffing who provide the current service.

12.6. In terms of hearing from those with direct experience, around 16% of respondents were either children & young people who have been affected by cancer or family members and advocates of children and young people who have been affected by cancer. While ideally NHS England would have liked to have heard a little more from children and young people, the reported that they nonetheless had rich feedback from play specialist sessions on wards.

12.7. 16% of all respondents to the consultation were from the South East London ICB area, with a greater level of response coming from South West London. This response rate was reported to roughly align with the proportion of people who currently use the service.

12.8. Many of the SEL responses were from affected clinical and non-clinical staff and NHSE reported that they were happy with the reach into ethnic groups in SEL. There was a slight skew in the age of

respondents with most being between the ages of 41-60, it was reported however that there was still a good proportion of responses from children and young people. The Committee were assured that the patient cohort who responded to the consultation was representative.

12.9. In terms of the themes of general feedback from the consultation, the following were highlighted from the independent consultation report:

- There was a desire to have all or most specialist services located in a single location
- Specialist knowledge of children's cancer care was highly valued
- People wanted a convenient location particularly in terms of car access
- People wanted a location with strong research facilities and a track record

People also wanted:

- A child-friendly hospital
- To preserve the welcoming family friendly atmosphere of The Royal Marsden
- En-suite accommodation and good facilities for parents
- Car park access/dedicated parking

12.10. In terms of feedback for the Evelina option, comments with regards to the strengths included:

- It is a purpose-built children's hospital which has a range of other specialisms including heart and kidney care.
- It has a large children's intensive care unit with the perception that this would mean that there is capacity for intensive care for children with cancer.
- It has good public transport links given its Central London location
- It is well located for access to local amenities
- It is located close to University College Hospital, if a child or young person needs to travel for radiotherapy.

In terms of strengths raised by NHS staff:

- Staff at the Evelina already work with some children with cancer and children's cancer services through their existing work
- There are links to adult cancer services through Guy's and St Thomas' NHS Foundation Trust
- It uses the same IT system for patient records as The Royal Marsden which would help ensure a smooth transition

12.11. In terms of comments made with regards to challenges for the Evelina option, these included:

- A lack of experience and expertise in children's cancer care and children's cancer
- It does not provide neurosurgery
- It does not conduct research in paediatric cancer

- It is perceived that it may face significant recruitment issues as it would be heavily reliant on retaining experienced staff from The Royal Marsden
- Concern that staff may not want to work and travel to central London
- It would be difficult for families to access Evelina by car which is a preferred method of transport as well as costly and time consuming
- Family accommodation at Evelina is considered as not being close to the hospital. Eligibility for and the availability of accommodation may not be guaranteed.

Challenges raised by staff included:

- Recruitment to Evelina could have a potential negative impact on the recruitment and retention of staff for other nearby NHS services due to competing demand.
- There is a perception that Evelina lacks space to take on the service.

12.12. In terms of feedback for the St George's option, comments with regards to the strengths included:

- It is part of a well-established Principal Treatment Centre, with services and pathways already on place.
- It has existing links with The Royal Marsden
- Some neurosurgery is offered on site and a well-established children's cancer surgery service
- Easy access by car
- Lots of private rooms with ensuite facilities and family accommodation nearby.

12.13. In terms of comments made on the challenges for the St George's option, these included:

- The current estate was described in some feedback as being outdated and facilities as poor.
- Perceived lack of privacy on the ward
- Perception that the research proposition is not strong, with lack of experience in running clinical trials for children with cancer
- Difficult for families to access including by car. Costly and time consuming for families to travel and there is not enough family accommodation.

Challenges raised by staff included:

- Perceived financial constraints at St George's Hospital
- Disentangling existing relationships to set up the new PTC could be challenging.
- It does not use the same IT system for patient records as The Royal Marsden which could negatively effect the transition.

12.14. Comments made about the strengths of the Radiotherapy proposal which included:

- There are benefits associated with consolidating radiotherapy expertise and services in one location.
- There is existing knowledge and experience of staff at University College Hospital
- Other treatments are available there (e.g. proton beam therapy)

In terms of the challenges of the radiotherapy proposal, comments included:

- Challenges of transport of very sick children into central London
- Some families would face longer journey times to UCH to receive radiotherapy treatment, when compared to The Royal Marsden
- Concerns about the capacity and resourcing of UCH to take on the service.
- Potential negative experience of disjointed care.

12.15. A range of other ideas were put forward through the consultation including some alternative proposals. These included a risk-adapted model that retains the PTC at Royal Marsden and St George's; a 3 stage solution; and the utilisation of the new hospital to be built in Sutton, next to The Royal Marsden.

12.16. Some respondents across the stakeholder groups also expressed some criticism of the consultation itself which included:

- The perception that the consultation was biased or the result had already been decided as a preferred option had been identified.
- A feeling from a few parents, carers and advocates that their feedback has not been listened to (during pre-consultation)
- A feeling of doubt from some parents, carer and members of staff that their feedback could actually affect the decision-making process.

12.17. Detail was provided on the planned decision-making process noting that activity is underway within NHS England to consider the themes from the consultation feedback. NHS England provided an outline of arrangements for decision making with the detail of when the decision to be confirmed. They also outlined some of the areas of focus after decision-making. It was noted that NHS England will look to return to the JHOSC when a decision has been made.

12.18. It was reported that service will not move until the end of 2026 and there is a lot more work that will be done in the meantime including more detailed plans on the environment of the hospital; travel and access; as well as a focus on maintaining research and looking after staff in the service.

The Committee then proceeded to make a number of queries and comments with regard to the consultation feedback and the proposals in general. The key points from this discussion included:

12.19. Concern was expressed over the affordability of travel costs and accommodation, particularly if families need to find nearby hotels if they cannot use the nearby accommodation or require additional rooms for example, if they have other children they need to bring with them. It was reported that in terms of family accommodation, both potential locations already have the ability to have families stay if receiving treatment, but there are nuances to consider including the facilities on offer and how close they are to where children are being treated. It was explained that consideration will also need to be given to what additional capacity might be required. It was reported that the costs of accommodation could be subsidised if the usual accommodation is not available.

12.20. Concern was expressed about the additional expected travel costs by road, in light of the anticipated charges for both the Blackwall and Silvertown tunnels which will impact South East London residents (in addition to the ULEZ and congestion zone charges which had been discussed previously.)

12.21. It was noted that analysis into additional travel costs has been done and continues which has been focussed on the costs of driving as well as having examples of potential increases in public transport costs. It was reported that further analysis will be available in the next iteration of the impact assessment. It was noted that there will be a travel and access working group, which both potential options have committed to setting up.

12.22. It was reported that reimbursement schemes are already in place for people receiving cancer services, and it is highly likely that families will be eligible for reimbursement but there may be some work required to help people understand what is available and how to access it.

12.23. It was noted that shared care units (POSCUs) were also part of the service specification for Paediatric Oncology that was published in November 2021. It was explained that significant changes and investment are planned, to increase the level of care that children receive closer to home. It was reported that this work should ensure that only the patients with the greatest need would need to go to the Principal Treatment Centre for very specialist care. It was noted that both options for the future location of the PTC would meet the national service specification.

12.24. An update was sought on the provision of free hospital transport further to previous discussions; it was reported that where people do not drive or cannot use public transport, there is non-emergency hospital transport available. It was explained that this is dedicated transport, provided by the hospitals which collect and take children to their appointments. It is a scheme that all hospitals have in place with eligibility criteria; it was reported that children with cancer are likely to

meet that criteria. The Chair commented that such transport will be needed particularly for people in more remote areas.

12.25. Updates were also sought on plans to provide dedicated parking spaces; it was noted that both potential options are reviewing the car parking in the whole of their estate. Both options plan to provide a level of dedicated car parking at least equivalent to that available at The Royal Marsden. It was reported that during the implementation period, plans will be worked up for mobility volunteers or hospital staff to make sure children are safe in that environment.

12.26. The Medical Director at The Royal Marsden reported that the two consulted options – Evelina and St Georges cannot physically replicate the arrangements that are in place at The Royal Marsden in terms of car parking and access via car such as being able to drop people at the front door for example. It was reported that it was clear from the consultation that access and easy vehicle access was very important to people.

12.27. Concern was expressed about discontent among health professionals in recent times, and particular concern was expressed about nurses for the service if they are required to drive to a new location and what can be done to ensure they can afford to do that.

12.28. Concern was also expressed about car parking for staff which can be difficult and expensive.

12.29. A Member commented that they would not want to see the workforce diluted with support staff and that the high excellence of care currently provided at The Royal Marsden needs to be maintained. It was commented that a package of wraparound support needs to be provided for staff.

12.30. NHS England reported that they want to give certainty to staff about the future of the service and to make a decision in a timely way to allow more detailed planning work to take place. Specifics for staff and packages/support that can be made available will be worked through.

12.31. In terms of travel costs for staff, NHS England advised that there will be protections for staff carried over in this area for a period of time after a move. It was recognised that not everyone will want to transfer over, and that during the transition period, the chosen hospital would need to plan and work on any gaps that exist.

12.32. The Medical Director at The Royal Marsden reported that 60% of their staff live local to Sutton and others tend to live outside of the M25. It was reported that 80% of their paediatric staff either drive to work or live close enough to work to cycle or use a local bus; it was commented that a high proportion of staff from the service will not move due to their own circumstance and will not commute into central London. It was commented that not all staff will move from The Royal Marsden for either option.

12.33. Concern was expressed by Members about the potential for competition with other nearby hospitals/Children’s hospitals such as Great Ormond Street if the future location of the PTC service is to be in Central London, given the high density of hospitals.

12.34. NHS England reported in response to a query that they will be supporting the hospitals concerned in communicating with staff over the coming period. It was acknowledged that change can create anxiety and work with hospitals is being prioritised; there was work with Trusts in the run up to the publication of the consultation report and it was explained that this work will continue with Trusts up to and after a decision is made.

12.35. The Chair proceeded to summarise the key points/comments the Committee would like to include in their formal response to the proposals, that will be submitted to NHS England; this included comments made at the meeting with relation to:

- Travel and other incidental costs (e.g. ULEZ, Congestion Charges and tolls for river crossings, accommodation for families)
- Workforce Concerns including concerns about capacity and which staff would move as well as the potential for competition with other hospitals in Central London.
- The local support offer (POSCUs)

12.36. It was also commented that in terms of comments the Committee had made previously about the delivery timescale, that the Committee would want to hear from NHS England again after a decision has been taken and that certainty for patients and staff would be welcome.

12.37. The Committee went onto consider whether they had a preferred option of the two being consulted upon. A Member of the Committee expressed an alternate view and a preference for services remaining at the current sites of The Royal Marsden and St Georges given the excellent service delivered currently and the good links already in place between the two hospitals and commented on the importance of the quality of treatment. As a result, the Committee's conclusion was non-unanimous, however in terms of the two options presented, by significant majority and based on the evidence presented and considered, the Committee's recommended/preferred option was for Guys and St. Thomas' NHS Foundation Trust's Evelina London Children's Hospital to be the future location of the Principal Treatment Centre.

RESOLVED:

- That the presentation be noted
- That the comments made under the item with relation to: Travel and other incidental costs (e.g. ULEZ, Congestion Charges and tolls for river crossings, accommodation for families); Workforce Concerns; and the local support offer (POSCUs) be included in the Committee's formal response to NHS England on the proposals.
- That the Committee's preferred option of Guy's and St Thomas' NHS Foundation Trust's Evelina London Children's Hospital to be the future location of the Principal Treatment Centre to be included in the formal response.

- That NHS England be invited to come back to the Committee once a decision has been made.

13. Management Cost Reduction (MCR) Update (Agenda Item 6)

Sarah Cottingham (SEL ICB) presented this item to the Committee. The following key points were noted:

13.1. The Committee were reminded that the ICB had undergone a detailed review process and there was a focus on minimising impact and there has been an acknowledgement that there cannot just be a sole focus on restructuring given work with wider partners.

13.2. There were 6 stages to the Management Cost Reduction process, and that the ICB was now in the implementation stage. It was reported that there had been a good response to consultation with staff.

13.3. It was reported that the ICB were managing some changes but had published the final revised structure in December and they are now undertaking a job matching process.

13.4. The overall saving was reported to be £15.2m and 25% of WTE equivalent.

13.5. The recruitment process will be completed at the end of March.

13.6. Following a Member query it was reported that with regards to the staff consultation the vast majority of questions related to individual HR questions or understanding the HR process or to think about ways of working. Changes were made as a result of comments around job changes and job roles. Concern was expressed about meeting short term requirements in a reduced capacity- so some changes were made in a couple of areas.

13.7. It was reported that there is no guarantee that the £15.2m saving will be reinvested in South East London but it will be reinvested into patient care. Although the process was noted to be difficult for staff it was stressed that the reductions do not affect staff in front line services.

13.8. In terms of borough differentials- it was reported that there was a 30% target in overall terms which has been applied differentially which was related to work about core functions and responsibilities. It was recognised within the ICB that there are 6 borough based teams as well as SEL teams; it was reported that the SEL teams have had a bigger savings target than the borough-based teams. Some boroughs have historically had a greater level of management resource than others so that has been addressed.

RESOLVED: That the report be noted

14. Urgent & emergency Care and Discharge (Agenda Item 7)

Sarah Cottingham (SEL ICB) presented this item to the Committee. The following key points were noted:

14.1. The national expectation with regards to performance standards specifically in terms of A&E waiting times is that there is a target to

achieve by March 2024 of 76% of patients who attend A&E are to be seen and discharged within 4 hours of arrival.

14.2. There has been a huge emphasis on hospital handover with the London Ambulance Services (LAS). A handover protocol regarding a maximum wait for ambulances of 45 minutes had been implemented as a pilot and is now business as usual. This has helped improve overall turnaround times.

14.3. A lot of work had been done on overstay and discharge with investments made through the better care fund. There has also been ongoing development and expansion of community services, for example, virtual wards.

14.4. The ICS had been working on alternatives to admission within hospitals with a programme on expanding pathways for same day/emergency care units; supporting discharge rather than admittance to hospital.

14.5. There has been a lot of focus on how to support an improved Mental Health crisis offer to help reduce pressure on emergency departments. Since autumn 2023, there has been a roll out of an NHS 111 service/route for specific Mental Health concerns as well as increased bed capacity with more beds coming online for March 2024.

14.6. Despite those efforts the system remains in a challenged position. There were positive improvements in quarter 1 within UEC which was followed with more challenges and deterioration in performance which then stablished. It was reported the system is currently some way off where they want to be in terms of UEC performance. Real push in coming weeks to get as close to the 76% target at year end as possible. An improvement in January had been seen compared to December.

14.7. There had been lot of periods of industrial action- which had impacted on continuity –with priority being given to safeguarding UEC during industrial action.

14.8. In terms of discharge it was reported that a percentage of patients that are ready for discharge remain in beds while medically fit for discharge; it was explained that there are challenges which can vary day to day. On average the system are discharging 50% of people on the day they are determined to be medically fit which highlights the challenges with flow but also the opportunities for improvement.

14.9. There was a discharge summit which agreed a number of objectives including agreement on investment to support improvement in discharge processes and more funding into transfer of care hubs. There has also been additional money into capacity of intermediate care or nursing home beds. The ICS are trying to make sure use they use money wisely and have more sophisticated approaches to demand and capacity planning.

14.10. A number of discharge improvement initiatives had been agreed which were Borough related initiatives – each borough will have their own nuances. The ICS run a SEL discharge group so they have an

overview of what is happening- to share best practice and learning; they are also part of regional groups.

The Committee proceed to make the following comments and queries, which are summarised below:

14.11. It was commented that there are challenges in discharge funding in the boroughs going forward and that some pathways have had to be paired back as in Bexley. In terms of funding and planning for 2024/25 it was reported that some additional discharge funding is expected nationally but it will be difficult to keep up with demand.

14.12. Concern was expressed about wait times, and about repeat attendees; it was thought more work could be done with such patients who are often mental health patients or those with Special educational needs and/or disabilities. Concern was also expressed about lost bed capacity in some boroughs for mental health patients. It was reported that regular attendees are tracked to identify and offer ongoing support packages but it was recognised that here are ongoing challenges. It was reported that there would be 26 extra mental health beds being provided this quarter and more beds are being commissioned.

14.13. It was commented that earlier discharges during the day are needed as there have been issues with late discharge and having their home ready for them which can affect flow.

14.14. In terms of emergency care, clarity was sought on how the NHS are working with on-site facilities for primary care to capture people who should be going to primary care but are attending A&E. It was noted that NHS111 does redirect people back into primary care or UTCs; it was noted that UTCs also have GPS doing GP sessions. It was recognised that there are challenges for people in accessing urgent and same day access.

RESOLVED: That the report be noted

15. <u>SEL JHOSC Work Programme</u> (Agenda Item 8)

15.1 The Committee noted their work programme report including the items proposed previously for the Committee's future work programme. It was hoped that the Committee's next meeting could be held in early Summer and be hosted in Greenwich, where possible.

RESOLVED: That the suggestions for the Committee's work programme be noted

The meeting ended at 9:40 pm.

Chair:

Date:

South East London Integrated Care System

Sickle Cell Services in SEL ICB

Dr Sara Stuart-Smith, Haematology Consultant & Chair of South East London Haemoglobinopathies Coordinating Centre

Martin Wilkinson, Director of South London Office of Specialised Services

Introduction and Context

- **Sickle Cell Disease** (SCD) is the most common genetic condition in England, affecting 17,000 people in England, mainly affecting Black African & Caribbean communities. It is a serious and potentially life limiting and causes episodes of severe pain, and requires lifelong management with specialist care.

- **South East London** has the **largest SCD patient population** in the UK (~3,000 people).

- People with sickle cell disease have **experienced longstanding health inequalities.** The All-Party Parliamentary Group on Sickle Cell and Thalassaemia and the NHS Race Observatory - **"No One's Listening**" report 2021 found that:
  - Lack of staff training leading to misdiagnoses and inadequate or delayed pain relief
  - People with SCD report negative attitudes often underpinned by racism. These failings have led to preventable deaths and eroded trust, leaving many patients "feeling scared to access hospitals"

SEL Sickle Cell improvement programme

Networked Approach to Community Services: Multi Disciplinary Team coverage and borough-specific services.

Peer Support & Patient Experience: How mentoring improves care and lived experiences.

Emergency & Urgent Care: ED bypass models & improved hospital pathways.

Workforce & Awareness: NHS staff training campaigns (ACT NOW) and co-produced e-learning module.

Future Developments: Funding, service expansion, and next steps.

Enhanced sickle cell community service

- This model **expands support for children and adults with SCD** by increasing **Community Nurse Specialists (CNS)** and adding **13 WTE staff** to a **broader multidisciplinary team (MDT) providing equitable access across South East London**.
- Patients now have **one-stop access** to a **dietitian, physiotherapist, and pharmacist** at **three SEL community clinics**, in person or via **remote consultations.**
- These specialists work alongside **psychologists, nurses, haematology teams**, and **welfare/legal advisors from Southwark Law Centre**.
- This **holistic, person-centred approach** rebuilds trust, offers **an alternative to hospital-based care**, and aligns with the **APPG's call for integrated, community-led solutions**.
- **Highly commended** in recent SEL ICS Equality, Diversity and Inclusion awards

Enhanced sickle cell community service

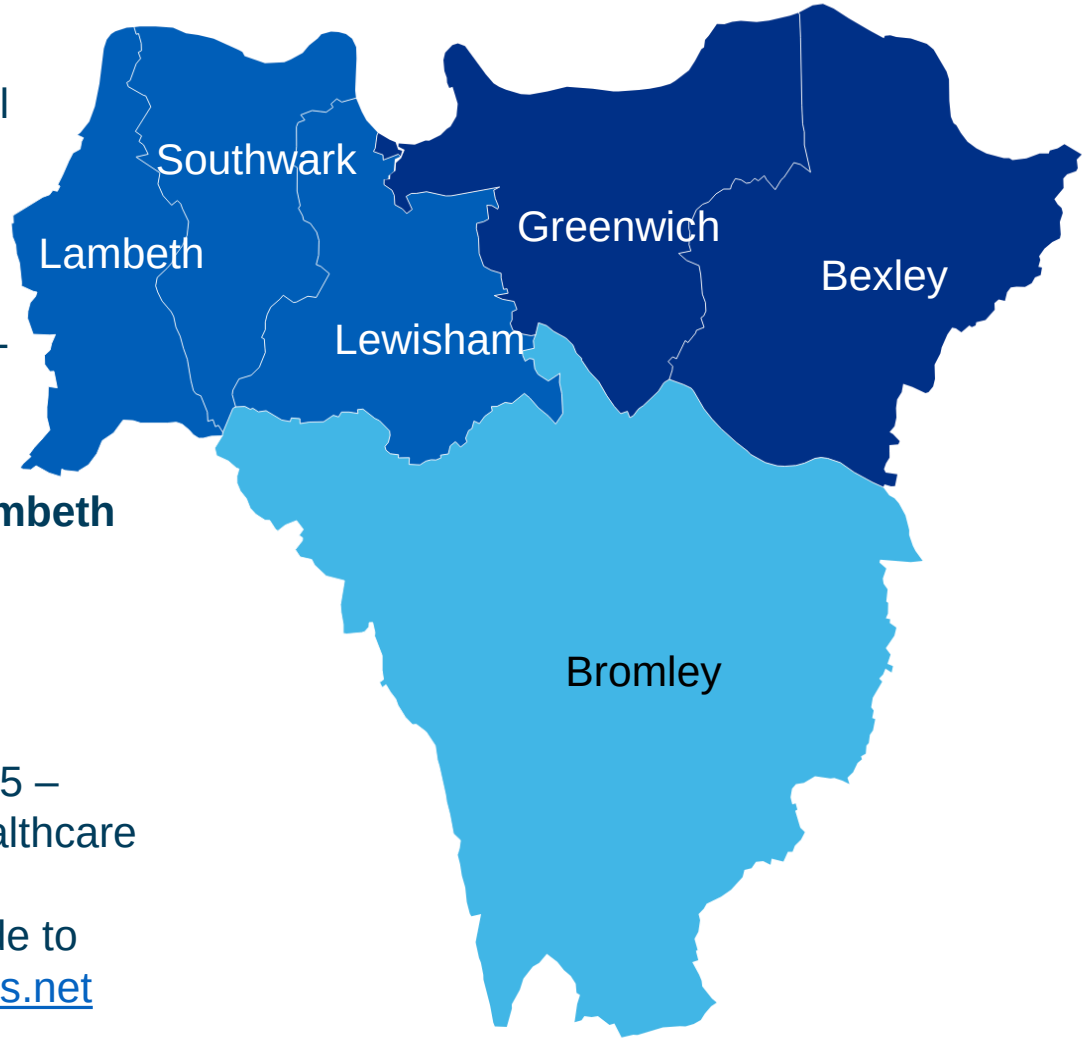
GPs can refer to the sickle cell community nursing teams via their team email address.

Bexley & Greenwich
MDT Clinic - Wednesdays - 9-5, 4 Wensley Cl SE9, Oxleas

Lewisham, Southwark & Lambeth
MDT Clinic - Tuesdays - 9-5
Tessa Jowell Centre, GSTT

Bromley
MDT Clinic - Thursdays – 11-5 –
Bromley Glades, Bromley Healthcare

General enquiries can be made to
gst-tr.selsicklecommunity@nhs.net



"The combination of a dietitian and a pharmacist in one session proved to be a game-changer for us. This new way of working is a huge step forward for families like ours. It offers us peace of mind and ensures that our children receive comprehensive, compassionate care." (Parent)

Peer Mentoring Programme

- Children and young people aged 10 to 24 can benefit from a peer mentoring programme run by the Sickle Cell Society.
- **Mentors with lived experience** provide guidance, emotional support and offer practical coping strategies.
- Helps with **managing the condition, moving from child to adult services and getting involved in the community**.
- Specific workshops are planned on welfare advice, neurodiversity and transition
- **Impact**: 86 mentees are on the programme in SE London

My mentor helped me set targets for myself to reduce pain and stress, and to help me improve mentally and physically

[Sickle Cell Society - Mentee poster]
[Sickle Cell Society Mentor Information]

Urgent and Emergency Care Bypass Unit

In London, 50% of patients report accessing A&E in the past 6 months. This fluctuates seasonally with lower temperatures associated with increased need.

- 45% of the UEC episodes are by patients in the most deprived CORE 20 population
- People aged 20-39 years account for 35% of patients but 46% of the UEC contacts.
- 60% of the UEC contacts are classified as requiring immediate, very urgent or urgent care

Lewisham and Greenwich ED Bypass:

- Fast-tracks SCD patients in crisis—particularly those with severe pain or complications like acute chest syndrome—to receive specialist input without delays.
- Aims to improve access to timely pain relief and build trust in emergency services.
- Service went live on 30th January 2024 and will be fully operational 24/7 from 1st April 2025.
- Plans to expand urgent care access to King's College Hospital & St Thomas' ED in 2025/26 (pending resource confirmation).

Acute Services:

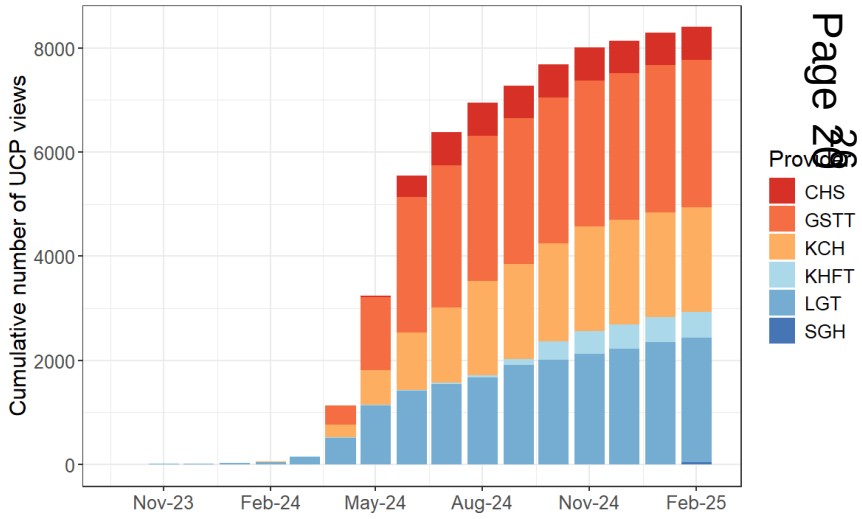
- Hospitals in SEL offer red cell exchange transfusions and inpatient care by specialist haematology teams.
- These acute teams work closely with enhanced community services to coordinate:
  - Pain management
  - Blood transfusions
  - Ongoing follow-up to ensure continuity of care and better patient outcomes.

Universal Care Plans (UCPs)

- A UCP is a digital tool that allows people with SCD and their doctor create a personalised plan for their sickle cell care.
- With a UCP, doctors, nurses, and paramedics across London can easily access care plans. This means they can make faster and better decisions about care, especially during an emergency.
- Care plans for all sickle cell patients are being uploaded to the UCP, enabling viewing and sharing digitally across London between patients and healthcare professionals (including LAS, Primary Care).

89%

Uploaded in SE London*



*GSTT, Lewisham & Greenwich, King's College Hospitals

Staff Awareness Campaign and Training

Analgesia
Compassion
Tests & triggers
Notify
Oxygen
Watch & warm
and treat a
Sickle Cell crisis fast

NHSE ACT NOW pilot resources

- New e-learning course available to SEL health and care professionals on the KHP Learning Hub
- Training delivered to:
  - Evelina London Children's Hospital (part of Guy's and St Thomas's NHS Foundation Trust)
  - King's College Hospital (King's College Hospital NHS Foundation Trust)
  - London Ambulance Service UCP
  - Queen Elizabeth Hospital (Lewisham and Greenwich NHS Trust)
  - University Hospital Lewisham (Lewisham and Greenwich NHS Trust)
- Sickle Cell Society supporting public engagement

Community engagement

Let's Talk platform:

- We've created a dedicated page on Let's Talk, SEL ICS's patient engagement platform, specifically for the sickle cell community service.
- A survey has already been launched for patients to share their previous experiences with sickle cell services.
- The EQ-5D health related-quality of life survey has been launched

GiST magazine:

- We wrote an article with GSTT in July about sickle cell care at GSTT, and the SEL enhanced sickle cell community service. If you are interested in doing any local/organisational communications like this, we are very happy to support.

Sickle Cell Society X dietitian blog post:

- We partnered with Sickle Cell Society to write up a blog post for our new SEL specialist sickle cell dietitian for sickle cell awareness month.

ITV interview for SCS peer mentoring programme:

- We also secured an ITV interview for the Sickle Cell Society's peer mentoring programme for children and young people, which took place during Sickle Cell Awareness Month.

Future Plans and Next Steps 2025-6

2025-2026 Priorities:

- Expand Universal Care Plan adoption to ensure all SEL sickle cell patients have digital care plans.
- Evaluate the impact of community model and ED Bypass and opportunities to scale across other SEL hospitals subject to resources.
- Increase GP & community health awareness of sickle cell management.
- Develop funding proposals for long-term sustainability of the multi-disciplinary team.

South East London Integrated Care System

Questions

Children's Cancer Principal Treatment Centre: progress update

South East London Joint Health Overview and Scrutiny Committee Meeting

Tuesday 25 March 2025

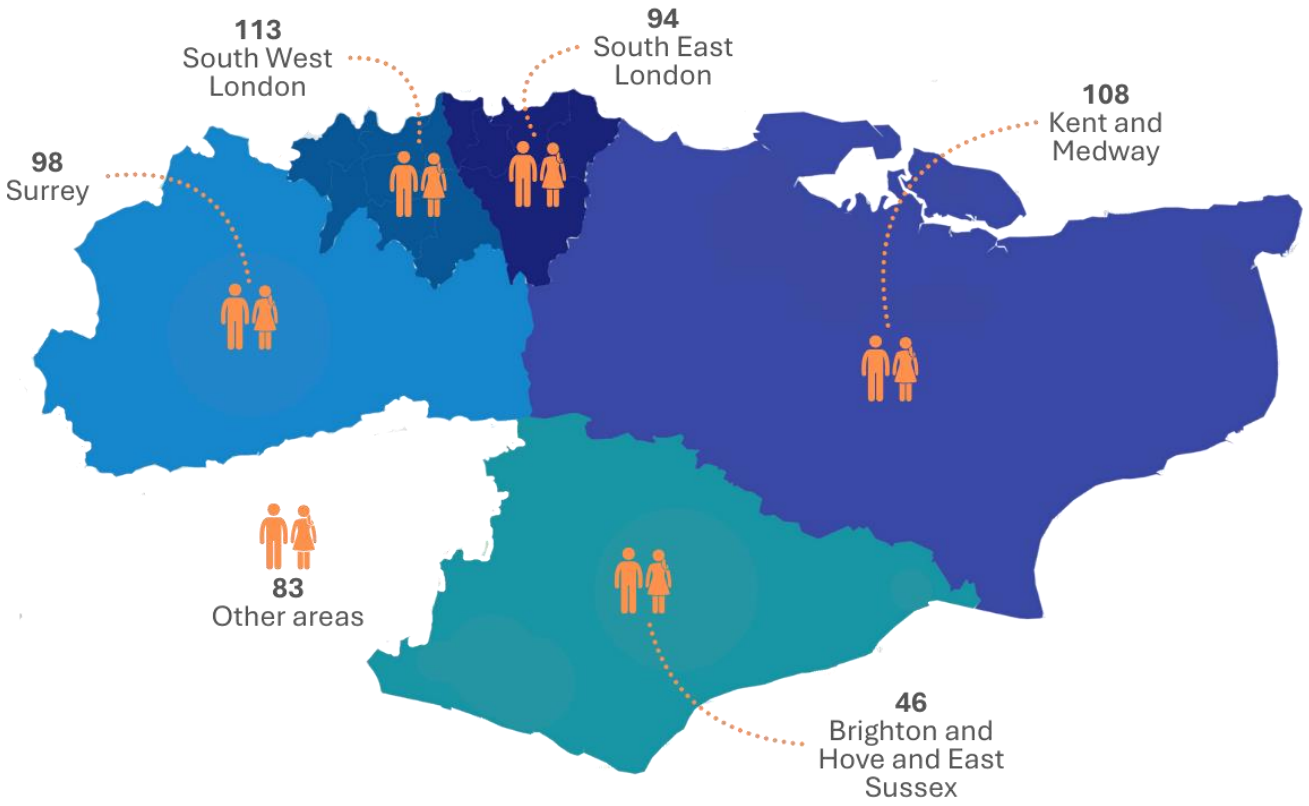
Context

Principal Treatment Centres are regional units that lead the diagnosis and treatment of children with cancer.

The Principal Treatment Centre (PTC) for children in south London and much of south east England provides diagnosis, treatments and coordination of care for about 1,400 children (most aged between 1 and 15) at any given time.

Just under 200 children aged between 1 and 15 in the PTC catchment area are diagnosed with cancer each year.

Almost two thirds (60%) come from outside London. 17% come from south east London.



Children also receive some of their care closer to home in local ‘shared care’ units. Work is ongoing to improve the range of care provided by these units in line with healthcare policy.

Map shows number of inpatients from across the catchment area (2019/20)

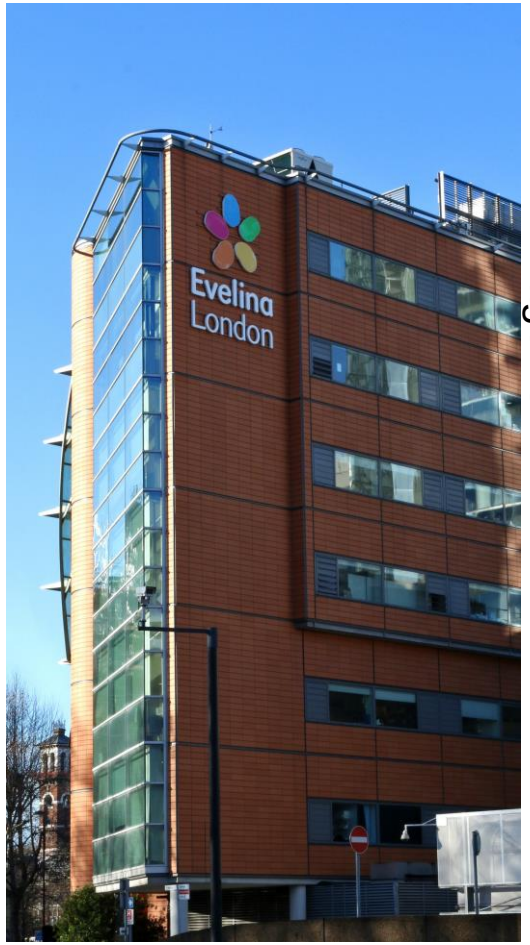
Background

- The current service is provided in partnership between **The Royal Marsden NHS Foundation Trust** at its site in **Sutton**, and **St George's Hospital** in **Tooting**, south west London. Under the current configuration, a small number of very sick children need to be transferred from The Royal Marsden to St George's Hospital for intensive care. This is done as safely as possible.
- The national service specification (which sets out standards and clinical requirements) states that **Principal Treatment Centres must be co-located with paediatric intensive care units.**
- The current Principal Treatment Centre **does not and cannot comply with the national service specification** which means very specialist paediatric cancer services currently provided on The Royal Marsden site need to move.
- NHS England (London and South East regions) led a rigorous process, including a public consultation to inform their decision on the future location of the service.
- In March 2024, a decision-making meeting was held to consider all relevant information. This determined that Evelina London, part of Guy's and St Thomas' NHS Foundation Trust should be the future Principal Treatment Centre with conventional radiotherapy to be provided at University College Hospital, part of University College London Hospitals NHS Foundation Trust in central London.

Further information on the public consultation and decision-making is available on the consultation website.

Benefits of the move to Evelina London

- Give best quality care by meeting the national service specification requirements.
- Bring together expert staff from the current service at The Royal Marsden and St George's Hospital with Evelina London's specialist teams who already care for children with complex and rare medical conditions.
- Be capable of offering cutting-edge treatments that need intensive care on site, ending hospital transfers, which add avoidable risk.
- Provide more care on the specialist cancer ward.
- Provide more services on the same site, supporting new kinds of research, and helping the future centre keep and attract new staff.
- Make it easier for different specialist teams, including specialist paediatric teams treating the same child, to work closely together and learn from each other.



Neither option for the future Principal Treatment Centre was able to provide all the services that children with cancer need due to the configuration of other expertise across London. Detailed plans are being developed to ensure that there are smooth pathways for these services. For Evelina London, this includes neurosurgery and radiotherapy (which was proposed to be provided by University College London Hospitals under both options we considered).

Timeline – Planning is on course for the safe and sustainable transfer of services

March 2025
Outline Business Case assurance process concluded and work begins on the Full Business Case

March - April 2025
RIBA* stage 3 design concluded and RIBA stage 4 begins

June 2025
Workforce strategy completion, data and planning

March – July 2025
Full Business Case development and assurance process

Summer 2025
Construction work begins

Autumn 2025
Training programmes and recruitment commence

Early 2026
Ongoing staff engagement and preparation for transfer

September – October 2026
Key GSTT dependency projects go live and construction completes

No earlier than October 2026
First patient

Clinical pathway and digital planning

Research integration and oversight

Travel, access and accommodation

Radiotherapy planning with UCLH

Ongoing patient family, and staff involvement

*The Royal Institute of British Architects (RIBA) stages are progressive design stages. Stages 3 and 4 look at the detailed architectural designs.

Roles and responsibilities

ICBs

NHS South East London
NHS South West London
NHS Kent and Medway
NHS Sussex
NHS Surrey Heartlands

&

Partner organisations

Patients and families

Staff and key stakeholders

Commissioners (NHS England with Integrated Care Boards (ICBs)) will oversee implementation of the reconfiguration. This includes the delivery of recommendations agreed at the decision-making meeting and advice from the Mayor of London to ensure that, in line with the objectives for the service change, the future centre:

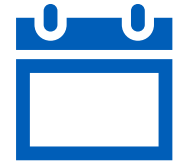
- **complies** with the national service specification with all the benefits that will bring
- **builds** on the many strengths of the existing children's cancer service
- **gives best quality care** to achieve **world-class outcomes** for children with cancer for decades to come.

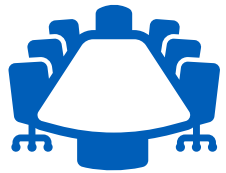
Guy's and St Thomas' NHS Foundation Trust will deliver the safe transfer of the Principal Treatment Centre to its future location, successfully integrating very specialist children's cancer services and clinical trials into its existing outstanding-rated children's services.

As part of this, it is working closely with partners, patients and families, staff and other key stakeholders to ensure that the future centre delivers the service change objectives.

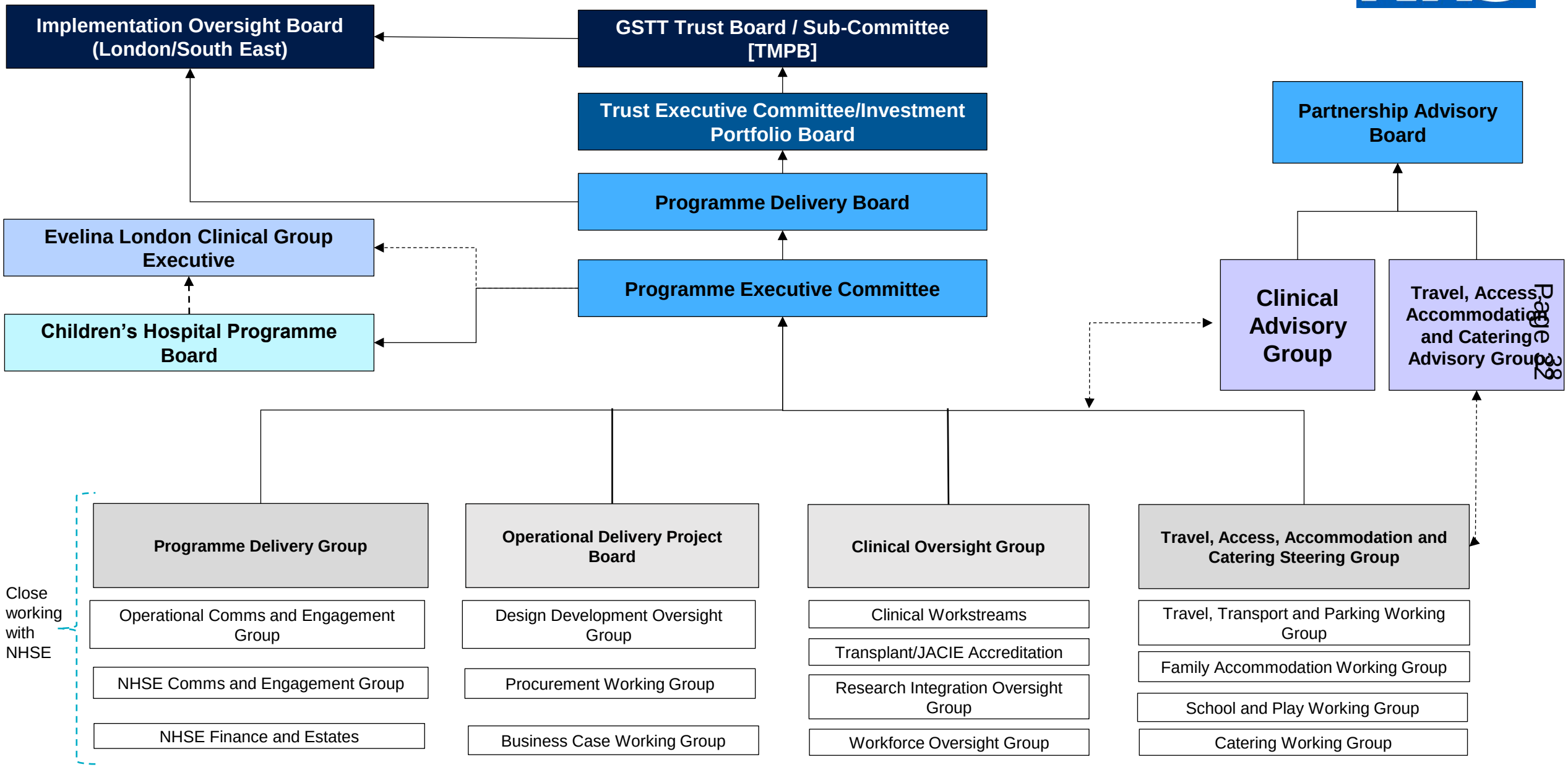
Ways of working

- Over the 2.5 year implementation planning period, governance will support monitoring and management of recommendations, risks, benefits and outcomes including those identified through NHS England's public consultation, the decision-making process and advice from the Mayor of London.
- Guy's and St Thomas' lead a Programme Delivery Board and associated sub-groups.
- A Partnership Advisory Board provides strategic advice to the programme about making sure patient/public voices are at the heart of this process.
- A commissioner-led Implementation Oversight Board has been established to monitor and assure delivery of the service transfer, and of associated risks.
- Patient/public and charity involvement is a key part of the programme with representatives sitting on boards and groups as well as providing feedback through a range of other more 'informal' routes.
- Delivery focussed working groups bring together, and are co-chaired by, staff from partner organisations.





Ways of working: governance overview



Programme update: travel and family support

- It is important that families feel supported with aspects outside of their clinical care.
- The views of patients and their families have been prioritised and represented by creating and recruiting to a number of forums to dedicate time to focused topics that were highlighted by families during the consultation.
- This will ensure their views are carefully considered and plans are being made with families front of mind. Key topics include travel, access, accommodation, catering, school and play.

Travel, Access, and Accommodation Steering Group

- Travel, Transport, Access and Parking Working Group
- Family Accommodation Working Group
- Catering Working Group
- School and Play Working Group

Engaged stakeholders

Led by GSTT, with involvement from The Royal Marsden, St George's and University College London Hospitals.

Identify, plan, and implement support for families requiring services at Evelina London Children's Hospital.

Working closely with charities including Young Lives vs Cancer, Ronald Macdonald House and other partners such as Transport for London (TfL) and the Greater London Authority (GLA).

Travel, Access, and Accommodation Advisory Group

Focused involvement opportunities

Engaged patients and their families

Led by patient representatives to provide guidance and influence decisions on support for families requiring services at Evelina London Children's Hospital.

Widely publicised opportunities for patients and families to get involved, particularly considering reach, diversity, and alignment with the Working Groups.

Key progress to date: travel and access

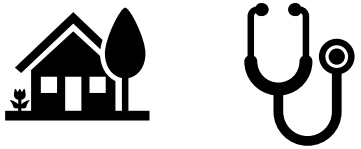
Access to transport vehicles and allocated parking

A dedicated care co-ordinator to reduce hospital visits

TfL & GLA working with GSTT on reimbursement offer

PTC floor plans include an increase in single rooms and pull-down beds and storage at every bedside

Capacity at Ronald McDonald House and on the St Thomas' site



Work in parallel to increase scope of treatment at shared care units to enable care closer to home

Care provided by shared care units

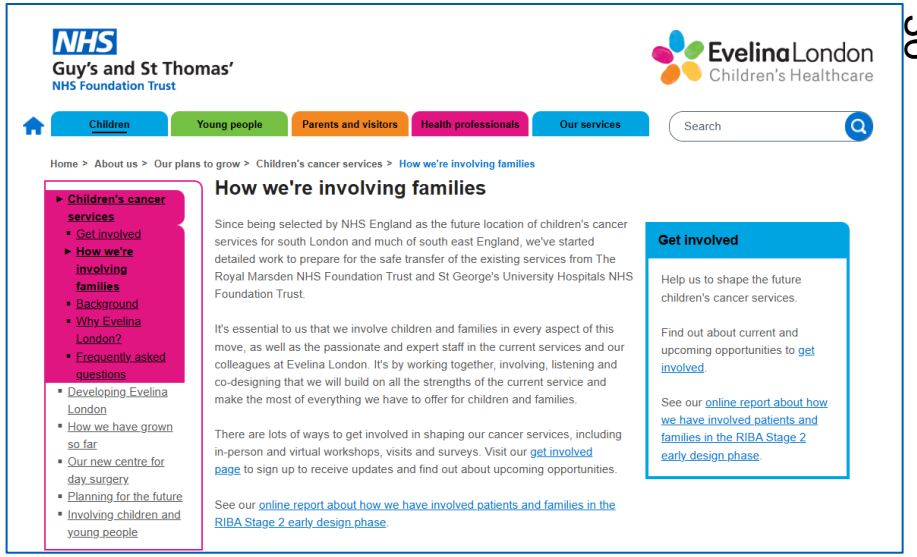
- Plans are in progress to improve local ‘shared care’ units (based in 15 hospitals across the catchment area) that work with the Principal Treatment Centre to care for children with cancer.
- Delivery of plans, including education and training, will increase the range of treatments available locally (e.g. types of chemotherapy). This will enable more care to be provided closer to home where it is clinically appropriate, reducing the amount of travel needed.
- Evelina London will use its experience of working closely with paediatric teams across the catchment area to help improve care within the shared care units.
- The shared care units in south east London are at King’s College Hospital in Denmark Hill and Queen Elizabeth Hospital in Woolwich.

Programme update: estates and business case

Working collaboratively with partners, a significant amount of staff and family involvement has taken place on the design of the future Children's Cancer Service. Engaging and involving children and families in designing the cancer care areas is crucial.

Read more about how we are involving families on the Evelina London website.

- The Royal Institute of British Architects (RIBA) Plan of Work outlines 8 stages to guide the design and construction of buildings. RIBA Stage 3 has now been completed. This included the development of detailed floor plans to show what will go where in the cancer ward, day treatment and outpatient areas.
- As well as shaping floor plans, this phase has helped guide the approach for the next RIBA stages to make sure that as many patient voices as possible contribute to creating a well-designed and supportive space.
- RIBA Stage 4 will focus on ensuring the technical aspects of the designs are in place and ready for construction. Work will also begin on designing the environment (including artwork)
- The Outline Business Case (OBC) has been completed and approved.
- Work is underway on the Full Business Case (FBC).



Programme update: workforce

A Workforce Oversight Group has been set up to ensure smooth transfer of staff under TUPE* regulations. The group will ensure plans are in place to build an integrated, skilled and motivated specialist cancer workforce at Evelina London whilst maintaining patient care standards through the period of transition.

Working groups are supporting this work, including:

Data-Driven Planning

Using workforce data from The Royal Marsden and St George's to inform recruitment, financial forecasting and capacity planning.

Staff engagement and communications

Collaborating with partner organisations to ensure staff and managers are updated in a regular and inclusive way. This will include hearing from staff about the personal impacts of the relocation and their professional ambitions.

Workforce planning (including TUPE)

Ensuring the GSTT Human Resources team work in partnership with the transferring organisations' TUPE processes and in line with legislation.

Retention and recruitment

Ensuring the retention of a skilled cancer workforce during a period of change, proactively addressing potential gaps in the workforce and attracting specialist talent.

Learning and development

Ensuring staff have access to training and resources that support their professional growth and enable them to continue delivering high-quality care.

Organisational development

Focussing on the integration of distinct organisational cultures whilst fostering a unified vision that incorporate Trust values.

**TUPE stands for Transfer of Undertakings (Protection of Employment) regulations. TUPE is the law that protects employees, and their benefits, when their employment changes hands.*

Programme update: clinical

A Clinical Oversight Group has been established to oversee delivery of all clinical workstreams and ensure patient pathways are developed for the transfer of care. Ensuring that models of care are appropriately captured and developed in line with key programme milestones and timeframes. The Group contains members and has representation from all organisations and workstreams.

The following priority workstreams started in January:

- Research
- Diagnostic pathology
- Surgery and interventional radiology
- Diagnostic imaging
- Transplant programme
- Pharmacy
- Digital and Epic
- Radiotherapy and radioisotope therapy (with UCLH)

Further workstreams will include, the Paediatric Oncology Shared Care Units (POSCU) network, transition to young adult services, plus others.

Programme update: research

Evelina London's Research Lead, Ming Lim, will be working with the research teams in all the partner organisations to ensure that existing clinical studies continue uninterrupted during the transfer and that we set ourselves up strongly so clinical research continues to sit at the heart of the Principal Treatment Centre.

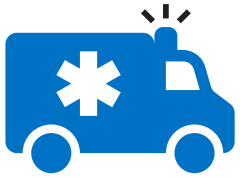
This includes leading a Research Integration Oversight Group supported by an Academic Collaboration Working Group and strategic advice provided by an External Advisory Board.

A key focus of this work is that every child continues to access available clinical trials.

Impact on other services

- All specialist children's cancer services will transfer from **The Royal Marsden** to Evelina London except for children's conventional radiotherapy, which will move to University College Hospital in central London. Teenage and Young Adult cancer services will continue to be provided at The Royal Marsden.

- Children's cancer surgery currently provided at **St George's Hospital** will also transfer to Evelina London. St George's children's cancer shared care unit, neurosurgery service, and children's intensive care unit will not move, and will continue to provide care for children who need it.



- Some inpatients will need to be transferred from Evelina London for treatment elsewhere, such as for radiotherapy at **University College Hospital**, or specialist surgery, including neurosurgery, at centres with specific expertise.

- We are working closely with all of these services to carefully plan and manage the complexities to ensure the best outcome for children. This includes mitigation of risks to services that may be impacted by the move.

Contacts for further information

NHS England

england.ptcchildrenscancer@nhs.net

Evelina London, Guy's and St Thomas' NHS Foundation Trust

ChildrensCancer@gstt.nhs.uk

We would be happy to arrange a time for you to visit Evelina London and hear more about the plans

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South East London Integrated Care System

Oral Health Across South East London

Joint Health Overview and Scrutiny Committee

25th March 2025

Sam Hepplewhite

Director of Prevention and Partnerships
NHS South East London Integrated Care Board

Key Messages

- On the 1st April 2023 the ICB took delegated responsibility for the planning and contracting of dental services from NHS England. The delegation of dental services includes acute, community and primary care services.
- The commissioning responsibility for oral health promotion and prevention remains with the Local Authorities
- South East London has:
  - 193 primary care dental providers – all contractors have the same standard NHS dental contract and a historically agreed level of activity
  - 2 Community dental providers – Bromley Healthcare and Kings College Hospital
  - 2 Secondary care dental providers – Kings College Hospital and GSTT
- In 2024/25 NHS England required ICBs to ring fence their dental budgets. SEL ICB invested this resource in:
  - Additional units of dental activity (35k)
  - Investment in advice and guidance to support primary care clinicians to manage their patients closer to home
  - Additional investment to reduce waiting list for surgery for those children with complex needs
  - Funding to continue the 'tooth fairy' initiative which supports children and young people
- In 2023/24 SEL ICB dental practices delivered 94.3% of their contracted units of dental activity. If a practice delivers 96% or over then the remaining UDAs will be carried forward into the next year's contract value. Where a contractor delivers less than 96% this value will be recovered by the ICB and invested in the following year.
- The NHS dental contract is facing challenges, with concerns about access, workforce shortages, and the current contract's ability to incentivize both dentists and patients. A recent review by Lord Darzi echoed these concerns, highlighting the need for fundamental reform to balance activity and prevention, attract dentists, and address workforce issues

Primary Care Dental Service

Mixture of General Dental Services (GDS) and Personal Dental Services (PDS) agreements:

Contracted services

- General Dental Services (GDS) providers are primary care dental practices that deliver mandatory services; these contracts do not have an end date;
- Personal Dental Services (PDS) agreements are for a fixed period and allow for services to be re-procured on expiry. PDS are generally for advanced mandatory (e.g. Out of Hours or Specialist Services (e.g. Intermediate Minor Oral Surgery (IMOS)).
- GDS providers are High Street Dental Practices who contract with the NHS to deliver an agreed level of activity known as Units of Dental Activity (UDAs) for a fixed contractual sum.
- Part of the dental practices contractual income is derived from patient charges
- NHS Dental Practices do not receive reimbursement in respect of premises or staff costs
- Formal registration with NHS Dental Practices ceased on 31st March 2006 when the current contract was implemented. Patients although perceive they are ‘registered’ as they attend a practice regularly, however the obligation only extends to a course of treatment.

Primary Care Dental Service

2024/25
Contracted General Dental Services within South-East London ICB

Place	No. of Providers	Contract Value (£m)	Commissioned UDAs (k)	Average UDA Rate (£)
Bexley	26	10.3	293,044	34.78
Bromley	39	13.4	397,377	32.72
Greenwich	32	16.5	458,011	34.56
Lambeth	33	19.8	513,663	38.82
Lewisham	31	19.0	515,086	37.54
Southwark	32	18.5	473,495	38.82
SEL	193	97.5	2,650,676	36.11

Secondary, Community and Specialist Dental Services

- **Advanced mandatory dentistry delivered in both the primary and secondary care settings**
  - **Oral Surgery** (surgical extraction of teeth)
  - **Restorative Dentistry** (endodontics, periodontics & prosthodontics)
  - **Paediatric Dentistry** (all treatment options for children)
  - **Orthodontics** (correction of malpositioned teeth and jaws)
  - **Maxillofacial Surgery** (surgical treatment of face, jaw & mouth disorders)
  - **Dental Medicine** (soft tissue diagnostics and disease management)
  - **Special Care Dentistry** (adults with physical and / or mental disability)
  - **Sedation** (anxious patients and uncooperative children)

- **Service users**
  - Patients requiring complex dentistry
  - Patients with comorbidities requiring simple dentistry
  - Older people
  - Neuroatypical people
  - Vulnerable people
  - People with disabilities

Community Dental Services

- Five Community Dental Service (CDS) providers delivering 10 contracts across London
- SEL Providers: Bromley Healthcare; Contract Value £4m providing coverage across Bexley, Bromley and Greenwich and King's College Hospital; Contact Value £3.8m providing coverage across Lambeth, Lewisham and Southwark
- Providing services for:
  - Paediatrics (including Special Education Settings)
  - Special Care patients
  - Older people
  - Homeless (rough sleepers)
- CDS delivers Oral Health Promotion (OHP) on behalf of Local Authorities including:
  - Supervised Tooth Brushing
  - Fluoride Varnish
  - Distribution of tooth brushing packs
  - Training for care and nursing homes

Secondary/Acute Dental Services

- 17 Trusts across London delivering dentistry, four of which are dental teaching hospitals
- Providers in SEL; Guy's and St Thomas' and King's College Hospital, both of which are dental teaching hospitals
- 36 percent of total secondary care dentistry budget commissioned within SEL
- Large volume of patients imported to SEL from other London ICBs and home counties
- Due to both trusts migrating to Epic software, data quality for 2023/24 is limited
- Contract offers for financial year 2024/25 have not been finalised, therefore 2023/24 figures are used in the following slide

Secondary Care Dental Funding (2024/25)

ICB	Trust	Contract Value	Total Contract Value	Percentage of Total
SEL	Guy's and St Thomas'	£34,486,378	£74,606,015	49%
	King's College Hospital	£40,119,637		
SWL	St George's Healthcare	£9,191,372	£20,311,364	10%
	Croydon Health Services	£5,327,813		
	Kingston Hospital	£3,359,401		
	Epsom and St Helier University Hospitals	£2,432,778		
NWL	London North West University Healthcare	£16,070,418	£23,966,409	12%
	Chelsea and Westminster Hospital	£4,630,913		
	The Hillingdon Hospitals	£2,013,492		
	Imperial College Healthcare	£1,251,586		
NCL	University College London Hospitals	£29,814,165	£38,18,1017	21%
	Royal Free London	£8,366,852		
NEL	Barts Health	£22,746,890	£31,475,968	16%
	Homerton University Hospital	£4,732,164		
	Barking, Havering and Redbridge University Hospitals	£3,996,914		
Out of Region	Ashford and St Peter's Hospitals	£1,681,632	£2,008,693	1%
	The Queen Victoria Hospital	£327,061		
Total			£190,549,466	

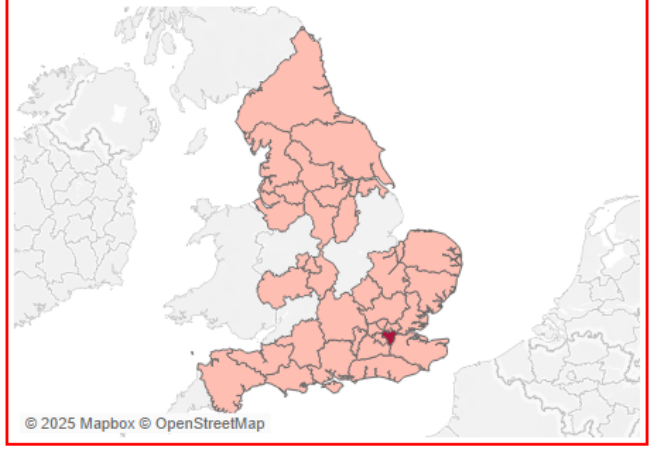
SEL residents accessing care in home ICB and elsewhere (2024/25)

ICB Secondary Dental Patient Flows - ICB of Patient

View Point: Patient's Resident ICB

Activity undertaken for the NHS South East London Integrated Care Board ICB, for patients treated in the ICB

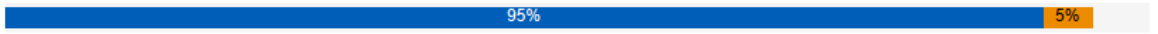
Breakdown of activity for the NHS South East London Integrated Care Board ICB to show patient flow where activity is not undertaken within the ICB's geographical footprint



In Area | Out of Area

Total Number of Activity undertaken by NHS South East London Integrated Care Board	Total Activity within the NHS South East London Integrated Care Board	Total Activity for patients from the NHS South East London Integrated Care Board, treated in other ICB's
123,145	117,478	5,667

Percentage of activity within the NHS South East London Integrated Care Board



Breakdown of total activity for patients from the NHS South East London Integrated Care Board, treated in other ICB's

NHS South East London Integrated Care Board	117,478
NHS North Central London Integrated Care Board	2,096
NHS North East London Integrated Care Board	1,678
NHS Sussex Integrated Care Board	887
NHS South West London Integrated Care Board	292
NHS North West London Integrated Care Board	229
NHS Birmingham and Solihull Integrated Care Board	84
NHS Kent and Medway Integrated Care Board	67

Provider Summary for all NHS South East London Integrated Care Board Activity

King's College Hospital NHS Foundation Trust	69,857
Guy's and St Thomas' NHS Foundation Trust	47,621
University College London Hospitals NHS Foundation Trust	1,850
Barts Health NHS Trust	1,529
Queen Victoria Hospital NHS Foundation Trust	859
Great Ormond Street Hospital for Children NHS Foundation Trust	151
St George's University Hospitals NHS Foundation Trust	139

- 123,145 attendances for SEL residents
- 117,478 of which delivered in SEL ICB footprint
- 5,667 attendances for SEL residents delivered in alternative ICBs
- 1,80 attendances delivered by UCLH
- 1,519 attendances delivered by Barts
- 859 attendances delivered by Queen Victoria
- 95% self-sufficiency as an ICB

Origin of patients receiving treatment in SEL (2024/25)

ICB Secondary Dental Patient Flows - Provider Landing

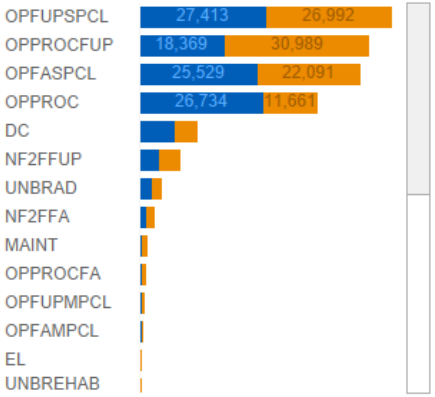
View Point: Host Provider

Provide

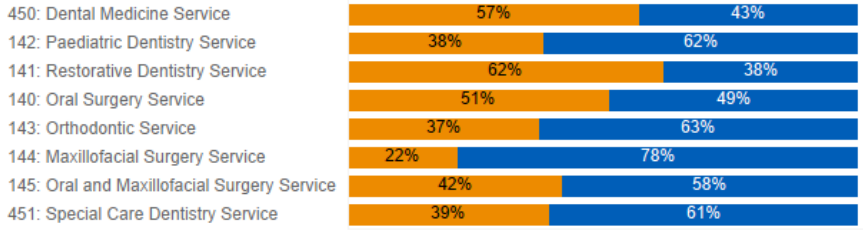
The map below displays Activity levels for NHS South East London Integrated Care Board providers, where patients accessing services within the ICB but are registered to a GP Practice outside of the ICB.

Total Provider flow for NHS South East London Integrated Care Board: All

Attendance Type Summary



Percentage of activity undertaken for in area patients vs out of area patients

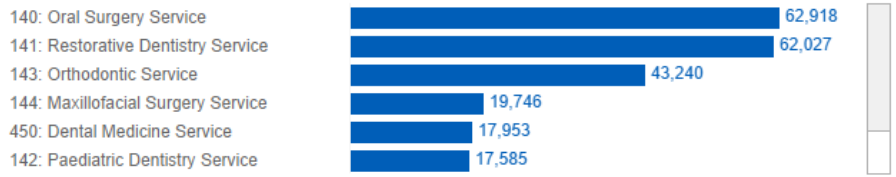


Out of Area In Area

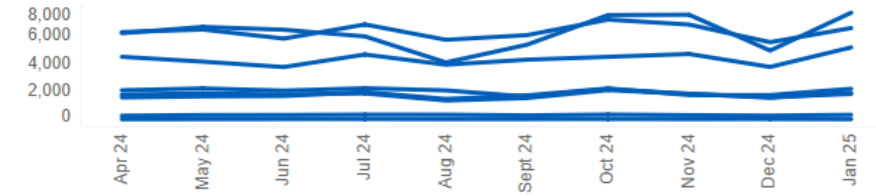
Provider Summary

Treatment Function Code (TFC) for all Activity

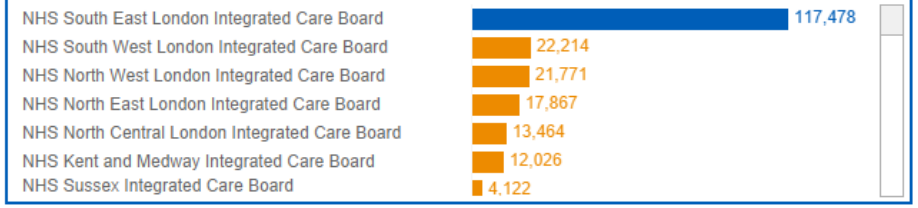
Select a TFC to highlight the monthly trend below



TFC Monthly Trend for all Activity



Patients coming into NHS South East London Integrated Care Board to Access Service



- 47,621 SEL resident attendances at GST
- 78,095 non-SEL resident attendances at GSTT
- 69,857 SEL resident attendances at KCH
- 31,367 non-SEL resident attendances at KCH
- 22,214 attendances for SWL residents
- 21,771 attendances for NWL residents
- 17,867 attendances for NEL residents
- 13,464 attendances for NCL residents

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Dental services in London

Post Pandemic Planned Recovery Phase

The transition intent has been focussed on a safe return to the provision of a full complement of dental care services, with a prioritisation for access to urgent care whilst optimising any remaining capacity to increase provision of routine dental care.

Urgent Dental Care Hubs have been procured, the procured services will continue to provide the service beyond 2024. Dental triage via 111 will continue working 24/7 (including access to hospital urgent dental care services).

Investment of additional £1.6m in 23-24 and £814k in 24-25, ensuring access across SEL was maintained;

Implementation of National Dental Recovery Plan; minimum UDA rate increased to £28; New patient premium (NPP) of up to £50, applied to patients not seen in the previous two years. NPP will be discontinued after 31/03/25

Supporting pilot programmes to deliver access and prevention to priority and inclusion health groups in support of the reduction of health inequalities for London.

Investment in 2024/25

- Invested in an additional 35,000 units of dental activity across all six boroughs
- Utilised dental resources to fund additional weekend activity at the Evelina to reduce the waiting list for children and young people with complex needs to have their oral surgery.
- Continued to fund the legacy ‘tooth fairy’ project which enabled the creation of three General Anaesthetic (GA) procedure rooms (not full theatres but suitable for the treatment required) at The Royal London and the staffing costs incurred by the extra activity.
- Funded an advice and guidance service across GSTT and KCH to support primary care dental contractors to avoid patients being referred and therefore treated in acute dental services. Reducing time and travel for patients and carers.
- Contributed funding to a pan- London Level 2 complexity endodontic (root canal) service which is delivered in a primary care setting by clinicians with enhanced skills. The patient pathway requires consultant led triage under the restorative dental speciality by specific trusts across London including GSTT and KCH.
- Invested in local place based population oral health initiatives such as the Bromley Health Inclusion pilot.

2024-25; Month 10 Dental Performance information

ICB	Contracted UDAs	UDA Delivered to date	UDA % Delivery	24/25 Expected UDA delivery based on M10 data	2023/24 Actual Delivery %
	FYE	M10	M10	FOT	
North-Central London	1,993,918	1,463,826	73.70%	91.40%	*93.82%*
North-East London	2,719,980	2,061,511	75.86%	94.07%	*96.51%*
North-West London	3,241,907	2,436,592	75.35%	92.65%	*96.33%*
South-East London	**2,819,029**	**2,070,378**	**73.33%**	**90.92%**	***94.31%***
South-West London	1,910,605	1,376,300	72.06%	89.40%	*95.17%*
London Wide	12,670,103.	9,408,609	74.06%	91.70%	**95.23%**

M10 Primary Care Dental Contract performance data shows a slower uptick in delivery when compared to the months prior to December. It is unclear why activity appears to have slowed; however, it is possible that multiple factors including treatment backlogs or lack of clinical capacity may be hampering practices efforts to deliver on contracts. The current forecast outturn across SEL at M10 is 90.92%, which is a 3.6 % reduction on the 2023/24 outturn, however it is expected that delivery by the year end will match last years delivery and possibly exceed it. Recently, it has been announced that the 'New Patient Premium' will be discontinued on 31st March 2025, however this is in the context of the directive that ICBs commission 'Urgent Dental Care' appointments as outlined in the 2025/25 operating plan. This is subject to ongoing discussion with NHSE at both National and Regional level, on the basis that London already has a comprehensive Urgent Dental Care delivery which provides appointment numbers way more than the baseline proposed by National.

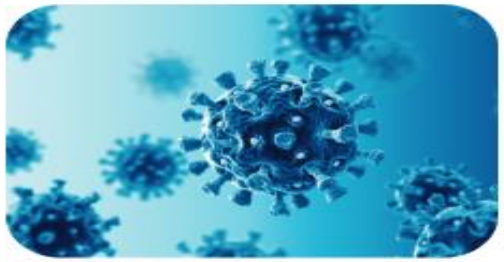
South East London Integrated Care System

NHS South East London

Current challenges faced by NHS commissioned dental services

Context

Access to oral health services



COVID-19

NHS Long-Term Plan

Dental workforce - Skill mix / numbers

High quality, safe, clinically-effective care

EU Exit

Integration of oral health into general health

System transformation

Acknowledgement – Slide modified from original slide from Office of Chef Dental Officer

South East London Integrated Care System

NHS South East London

Public Health Challenges

The status of oral health across the life course

Oral health - GOV.UK (www.gov.uk)

Dental decay is largely preventable, with modifiable risk factors for poor oral health common to wider systemic health and wellbeing. Risk factors include diet, stress, alcohol, tobacco, Diabetes, as well as the wider determinants of health.

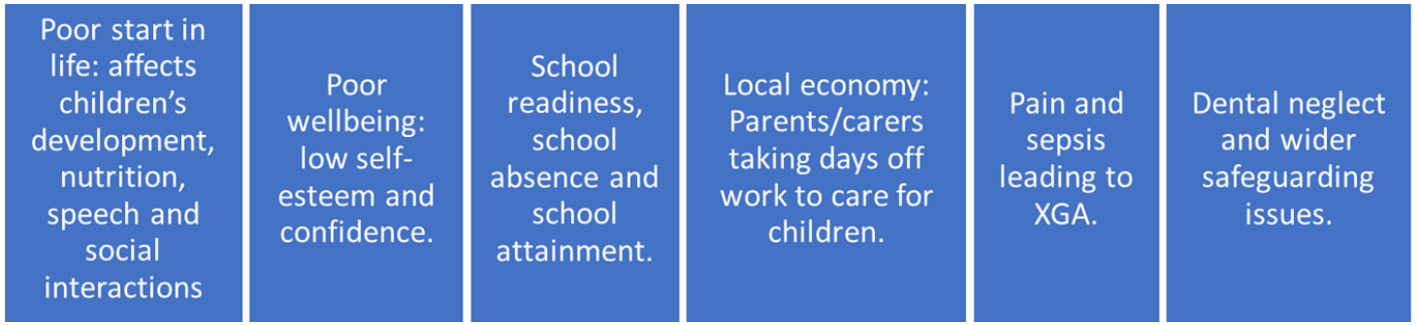
Nearly a quarter of 5 year old children have dentinal decay 23.9%, and nearer to 30% with decay in enamel, with each child having on average 3.5 teeth affected (OHID, 2022).

For those children at risk, it can happen early in life with 11% of 3 year olds have experience of tooth decay (OHID, 2020)

Tooth decay remains the most common reason for hospital admission in children aged 5 and 9 years, with those living in the most deprived communities nearly 3.5 times that of those living in the most affluent (OHID, 2023).

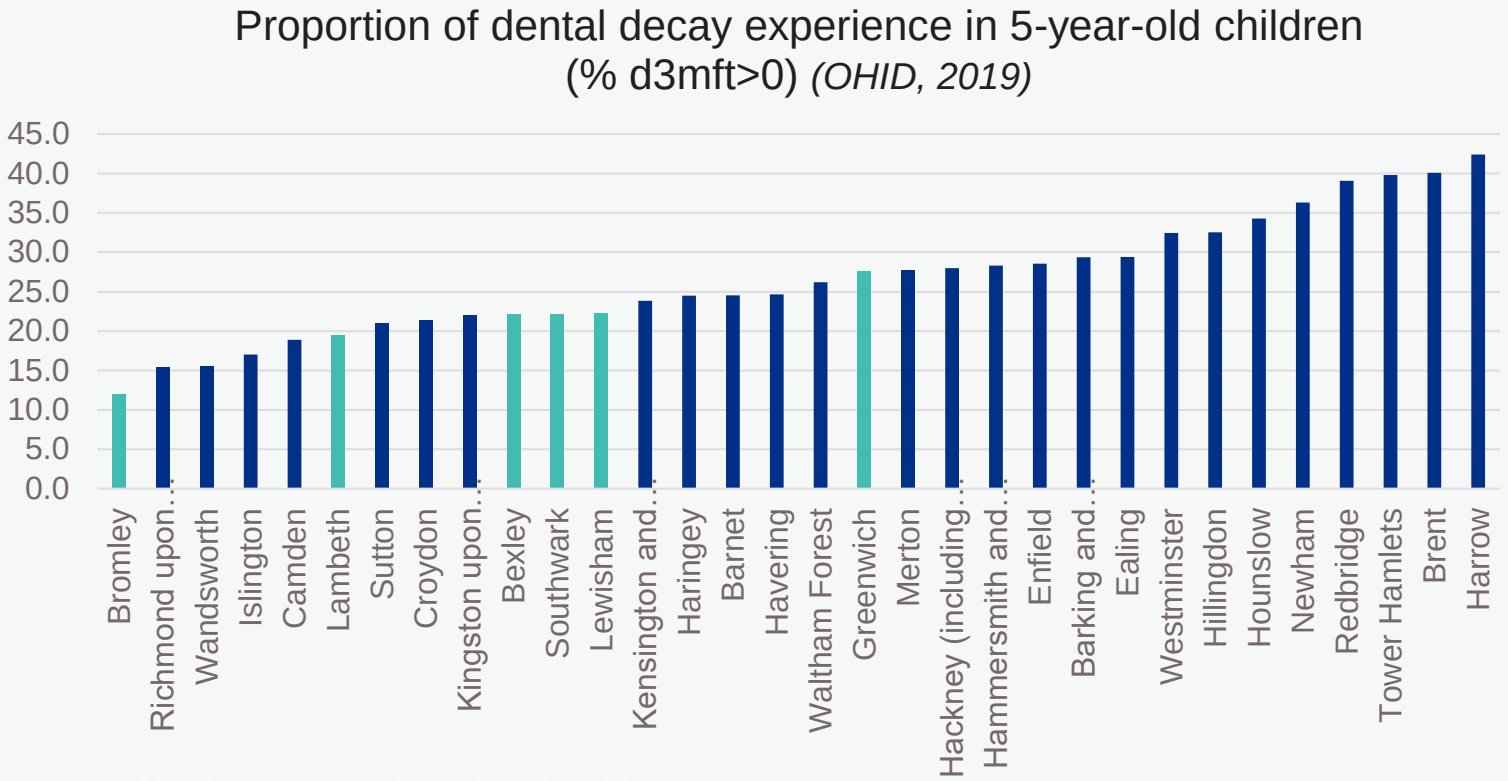
A survey of adults attending dental practices, reported 18% currently being in pain and the same number having experienced one or more impacts of poor oral health ‘fairly/very often’ in the previous year (PHE, 2018).

Poor oral health in older people can lead to poor general health and premature mortality though pain and discomfort, speech problems and reduced ability to smile and communicate freely, problems chewing and swallowing which limit food choices and can lead to impaired nutritional status, reduced self-confidence and increased social isolation, impaired well-being and mood.

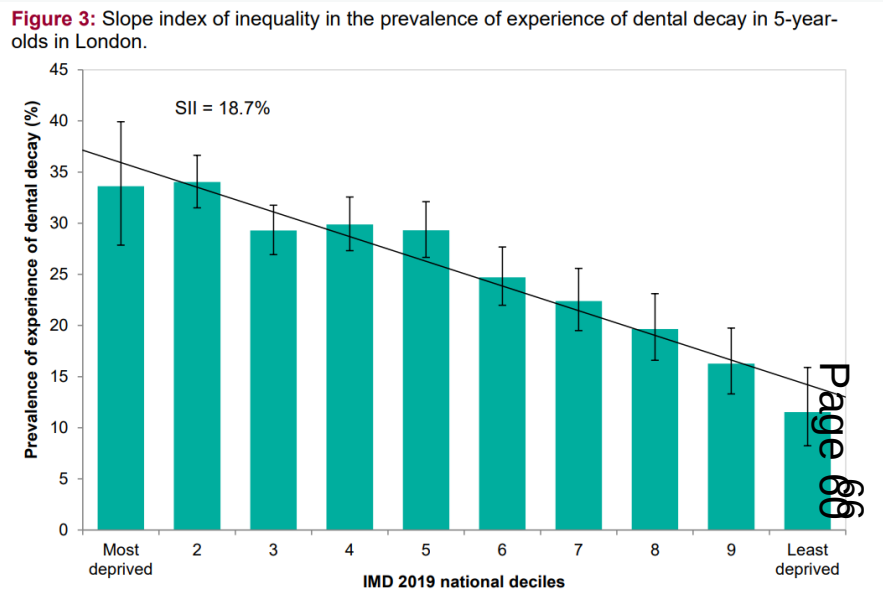


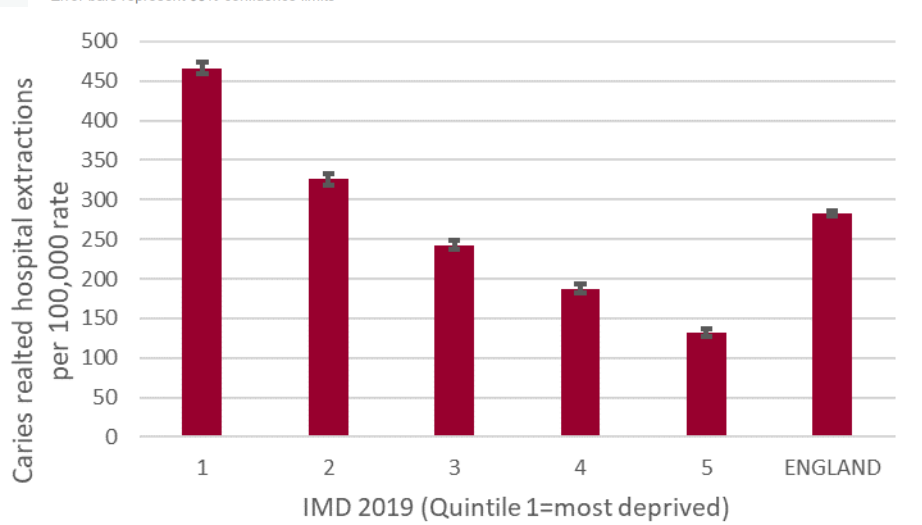
Oral health inequalities and population need

Inequalities in oral health in England - GOV.UK (www.gov.uk)



Source: PHE, 2017 http://www.nwph.net/dentalhealth/





Hospital tooth extractions in 0 to 19 year olds: 2023 - GOV.UK (www.gov.uk)

Understanding oral health needs of the local populations enables us to:

- address and plan for present and future oral health needs
- target areas/groups of inequitable access while providing universal access to all
- reduce impacts of poor oral health (OH), OH inequalities and improve quality of life

Charlotte.Klass1@nhs.net

South East London Integrated Care System

Thank you for listening

Any questions

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South East London Joint Health Overview and Scrutiny Committee Work Programme 2024-25

30 September 2024 (Informal)

Item/Topic	Aims/Objectives	Lead Officer	Witnesses	Recommendations
Arrangement for Chair and Vice-Chair	• Nominations for Chair and Vice-Chair	Nidhi Patil Scrutiny Manager (Lewisham)		
Topics for work programme	• N/A			Next meeting: (a) Maternity services; and (b) Early diagnosis and treatment of Cancer.

12 November 2024 (Informal)

Item/Topic	Aims/Objectives and recommendations	Lead Officer	Witnesses	Recommendations
Maternity services	• provide an update to the national and local picture regarding maternity and neonatal services	~~N/A~~	• Jacqui Kempen (Head of	

	• To receive a general update from NHS South East London (SEL) officers and Cllr Evelyn Akoto. The update will include the disparity in outcomes among different ethnic groups, particularly for Black mothers and babies.		Maternity SELICB) • Paul Larrisey (Chief Nurse SELICB) • Gina Brockwell LMNS co-chair (GSTT Chief Midwife) • Devi Subramanian LMNS co-chair (King's Consultant Obstetrician) • Cllr Evelyn Akoto, Cabinet Member for Health and Wellbeing (Southwark Maternity Commission)	
Cancer Diagnosis and Treatment	• To receive a general update from NHS SEL officers.		• Carl Glenister (Associate Director – Cancer & Planned	

			Care SELICB) • Sean McCloy (managing director Cancer Alliance) • Anthony Cunliffe (clinical Director Cancer Alliance) • Smitha Nathan (Deputy Managing Director Cancer)	

20 January 2025

Item/Topic	Aims/Objectives and recommendations	Lead Officer	Witnesses	Recommendations
London Ambulance Service (LAS)	• An understanding of the London Ambulance Service including what the services does and the development of any integrated urgent care service across South East London	Cathy-Anne Burchett KAM, Associate Director, Ambulance Operations, South East London		

	• To get an update on how the London Ambulance Service was doing to improve responses for emergency calls • To get an update on general performance issues • To get an update on workforce pressures • How the LAS have prepared for the winter pressures in the NHS			
Children and Young People's Mental Health and Wellbeing	• An update and discussion of work to address inequalities affecting children and young people in this area • Building on work conducted to brief the South East London Integrated Care Board (ICB)	Rupi Dev, Director – Mental Health, Children and Young People & Health Inequalities(NHS South East London)		
System Sustainability across SEL's Integrated Care System (ICS)	• Look at the priority areas for the SEL ICS	Neil Kennett-Brown (NHS South East London)		

25 March 2025

Item/Topic	Aims/Objectives and recommendations		Lead Officer	Witnesses	Recommendations

Reconfiguration of cancer treatment services for children in south London	To receive up on the plans to implement the reconfigure cancer treatment services for children in south London		Ailsa Willens, Programme Director NHS England – London Region/ Louise Moore, Programme Director (Governance and Risk), Children's Cancer Principal Treatment Centre Programme, Guy's and St Thomas' NHS Foundation Trust		
Sickle Cell and services to support better care	To review the services provided to support patients who were living with the sickle cell disorder		Martin Wilkinson, Director of the South London Office of Specialised Services (SLOSS) - SEL ICS		
Dentistry			Sam Hepplewhite		

	To review dentistry and access to services		Director, Dentistry - SEL ICS		

Issues for potential future scrutiny

1. London Ambulance Service (LAS)
2. Mental Health
3. Dentistry
4. System Sustainability across SEL's ICS'
5. Children's Cancer Care – Substantial Variation Update
6. Sickle Cell and services to support better care

South East London Joint Health Overview and Scrutiny Committee

South East London Integrated Care System

The South East London Integrated Care System (ICS), brings together local health and care organisations and local councils to design care and improve population health and healthcare, tackle unequal outcomes and access, enhance productivity and value and help the NHS to support broader social and economic development through shared leadership and collective action.

The Health and Care Act 2022 put the ICS on a statutory footing from 1 July 2022, making them responsible for planning and funding health and care services in the area they cover.

The ICS is a partnership of local health and care providers and local authorities responsible for collaboratively planning and commissioning health and care services for the South East London region, which covers the London Boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

The SEL ICS includes the South East London Integrated Care Board, which takes on the NHS planning functions previously held by clinical commissioning groups, and an Integrated Care Partnership, which brings together the NHS and local authorities as well as health and care providers and partners as equal partners to focus more widely on health, public health and social care and is responsible for developing an integrated care strategy, setting out how the wider health needs of the local population will be met.

TERMS OF REFERENCE

The Joint Health Overview and Scrutiny Committee is constituted in accordance with the Local Authority Public Health, Health & Wellbeing Boards and Health Scrutiny Regulations 2013 (the “Regulations”) and Department of Health Guidance to review and scrutinise any matter, including, when required, substantial reconfiguration proposals, relating to the planning, provision and operation of health services covering the Council areas within the South East London Integrated Care System. The ICS is a partnership of local health and care providers and local authorities responsible for collaboratively planning and commissioning health and care services for the South East London region, which covers the London Boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

The Joint Committee’s terms of reference are:

1. To carry out overview and scrutiny in relation to planning, provision and operation of health services that cross local authority boundaries in the SEL ICS footprint area. This does not prevent the appointing local authorities from separately scrutinising local health issues. However, there are likely to be

occasions on which this committee is the best way of considering how the needs of a local population, which happens to cross council boundaries, are being met.

2. To convene as, and to undertake all the functions of, a statutory Joint Health Overview and Scrutiny Committee (JHOSC) when required, in accordance with the Regulations and Department of Health Guidance.
   This includes, but is not limited to the following:

(a) To consider and respond to proposals for the substantial reconfiguration of health services in South East London

(b) To scrutinise any consultation process that relate to the six boroughs in the SEL ICB footprint, but not to replicate any consultation process

Local authorities' powers of referral to the Secretary of State have been removed from the 2013 regulations, changes to the regulations, allow room for the new Secretary of State call-in power and a call-in request process, which is open to anyone to operate, including Health Overview and Scrutiny Committees. The Department of Health and Social Care expects this only to be used in exceptional situations where local resolution has not been reached.'[1]

Membership

Membership of the Committee will be two named Members from each of the following local authorities:

London Borough of Bexley;
London Borough of Bromley;
Royal Borough of Greenwich;
London Borough of Lambeth;
London Borough of Lewisham;
London Borough of Southwark.

Members must not be an Executive Member.

PROCEDURES

Chair and Vice-Chair

1. The Committee will appoint a Chair and Vice-Chair at its first meeting, and at the first meeting of every new municipal year. The Chair and Vice-Chair should be members of different participating authorities.

Substitutions

[1] The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 ('the 2013 regulations') has been amended by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provision) Regulations 2024.

2. Substitutes may attend Committee meetings in lieu of nominated members. Continuity of attendance throughout a review is strongly encouraged however.

3. It will be the responsibility of individual committee members and their local authorities to arrange substitutions and to ensure that the lead authority is informed of any changes prior to the meeting.

4. Where a substitute is attending the meeting, it will be the responsibility of the nominated member to brief them in advance of the meeting

Quorum

5. The quorum of the meeting of the Joint Committee will be 4 members, each of whom should be from a different participating authority.

6. The meeting should start at the time stated on the agenda, but it is acceptable to wait up to 15 minutes for quorum to be achieved. If after 15 minutes there is still not a quorum present, the meeting shall terminate.

Voting

7. It is hoped that the Committee will be able to reach their decisions by consensus. However, in the event that a vote is required each member present will have one vote. In the event of there being an equality of votes, the Chair of the meeting will have the casting vote.

8. On completion of a scrutiny review by the Joint Committee, it shall produce a single final report, reflecting the views of all the local authorities involved.

Meetings

9. Meetings of the Joint Committee will normally be held in public and will take place at venues within South East London. The normal access to information provisions applying to meetings of the Overview and Scrutiny committees will apply. However, there may be occasions on which the Joint Committee may need to make visits outside of the formal Committee meeting setting.

10. Meetings shall last for up to two hours from the time the meeting is due to commence. The Joint Committee may resolve, by a simple majority, before the expiry of 2 hours from the start of the meeting to continue the meeting for a maximum further period of up to 30 minutes.

Local Overview and Scrutiny Committees

11. The Joint Committee will encourage its Members to inform their local overview and scrutiny committees of the work of the Joint Committee and any proposals contained within the SEL Integrated Care System.

12. The Joint Committee will invite its Members to represent to the Joint Committee the views of their local overview and scrutiny committees on the work of the SEL ICS and the Joint Committee's work.

Communication

13. The Joint Committee will establish clear lines of communication between the NHS, participating local authorities and itself. All formal correspondence between the Committee, local authorities and the NHS on this matter will normally be administered by officers from the same borough as the Chair.

Representations

14. The Joint Committee will identify and invite witnesses to address the committee and may wish to undertake consultation with a range of stakeholders.

Support

15. Administrative and research support will be provided by the scrutiny teams of the 6 boroughs working together.

Assumptions

16. The Joint Committee will be based on the following assumptions: -

    (a) That the Joint Health Scrutiny Committee is constituted to carry out overview and scrutiny in relation to planning, provision and operation of health services that cross local authority boundaries in the SEL ICS footprint area and to respond to the work of the Integrated Care System this includes, when required, to respond to any proposals put forward and any consultation carried out, as well as comment on the public and patient involvement activity in which the NHS has engaged in relation to this matter.

    (b) That the SEL ICS will permit the Joint Committee access to the outcome of any public consultation phase prior to the formulation and submission of the Joint Committee's response to such public consultations.

    (c) Efforts will be made to avoid duplication. The individual health overview and scrutiny committees of individual authorities shall endeavour not to replicate any work undertaken by the SEL ICS JHOSC.