Public Document Pack

Inner North East London Joint Health Overview and Scrutiny Committee

Date: **MONDAY, 25 JULY 2022**

Time: 7.00 pm

Venue: **HACKNEY TOWN HALL**

Members: tbc

Enquiries: **jarlath.oconnell@hackney.gov.uk**

AGENDA

1. **AGENDA PACK FOR INEL JHOSC ON 25 JULY**

For Decision
(Pages 3 - 90)

Agenda

Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC)

Date **Monday 25 July 2022**

Time **7:00 PM – 9:00 PM**

Venue Council Chamber, Hackney Town Hall, Mare St,

London E8 1EA

The press and public are welcome to join this meeting remotely via this link: https://youtu.be/Xd5nno84IeY

(there is also a back-up link: https://youtu.be/-yWFx-iHp_0)

Should you have technical difficulties the following is a back-up YouTube link:

Contact: Jarlath O'Connell, Overview & Scrutiny Officer
jarlath.oconnell@hackney.gov.uk 020 8356 3309

Should you have any accessibility requirements which we need to consider please contact the officer above

Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC)

MEMBERSHIP as at 15 July 2022**:**

City of London	tbc (after 21 July)	Independent
Hackney	Cllr Ben Hayhurst (Chair Designate)	Labour
Hackney	Cllr Kam Adams	Labour
Hackney	Cllr Sharon Patrick	Labour
Newham	Cllr Susan Masters	Labour
Newham	Cllr Anthony McAlmont	Labour
Newham	tbc	Labour
Tower Hamlets	Cllr Ahmodur Khan	Aspire
Tower Hamlets	tbc	tbc
Tower Hamlets	tbc	tbc
Waltham Forest	Cllr Richard Sweden	Labour
Waltham Forest	Cllr Catherine Deakin	Labour
Waltham Forest	Cllr Afzal Akram	Conservative
Observer Member: ONEL	*Cllr TBC (will be confirmed on 28 July)*	*tbc*
Substitute Member: City of London	*Common Councilman TBC*	*Independent*

Agenda

No.	*Item*	*Contributor*	*Paper/ Verbal*	*Time*
1	Election of Char and Vice Chair for 22/23	O&S officer		19.00
2	Welcome and apologies for absence	Chair		19.01
3	Urgent items/order of business	Chair		19.01
4	Declarations of interest	Chair		19.02
East London Health and Care Partnership updates				
5	**Implementation of the NHS North East London ICS**	Zina Etheridge Marie Gabriel Henry Black	Paper	19.03
6	**East London Health and Care Partnership Updates**	Zina Etheridge Hardev Virdee, Rt Hon Jacqui Smith, Diane Jones Alison Goodlad William Cunningham-Davis, Nicholas Wright Ann Hepworth	2 papers	19.40
Service improvement updates – planning and transformation				
7	**Proposed changes to access to fertility treatment for people living in north east London**	Diane Jones Dr Anju Gupta	Paper	20.40
8	**Redevelopment of Whipps Cross - update from Chair of Whipps Cross JHOSC**	Cllr Sweden (Chair, Whipps Cross JHOSC)	Verbal	20.55
9	Minutes and matters arising		2 papers	20.59
10	Suggestions for INEL JHOSC work programme 22/23		2 papers	20.59
11	Any other business			21.00

Note: Any 'Submitted Questions' or Petitions will be dealt with under the relevant agenda item.

Item No **5**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Implementation of the NHS North East London ICS**
Date of Meeting	25 July 2022
Attending	Zina Etheridge, Chief Executive Officer, NHS North East London, supported by: Marie Gabriel, Chair, NHS North East London Henry Black, Chief Finance and Performance Officer, NHS North East London
OUTLINE	The Committee has been receiving regular updates on the development of the new NEL Integrated Care System which went live on 1 July. Attached please find a briefing paper on *Update on the NEL Health and Care Partnership.*
RECOMMENDATION	Members are asked to give consideration to the briefing.

North East London Health & Care Partnership

Update on North East London Health and Care Partnership

Joint Health and Scrutiny committees

July 2022

North East London Health & Care Partnership

Introduction and overview

- The following slides provide an update on the latest developments across the North East London Health and Care Partnership including:
  - A reminder of the North East London Health and Care Partnership, its formal governance as of 1 July and its purpose, priorities and principles
  - An overview of the establishment of NHS North East London on 1 July including board membership, executive leadership and governance
  - An overview of the approach to a financial strategy for North East London
  - An overview of the NEL HCP people and communities strategy

North East London Health and Care Partnership (NEL HCP)

NEL HCP - the Integrated Care System

- The North East London Integrated Care System is known as North East London Health and Care Partnership and is chaired by Marie Gabriel and with Zina Etheridge, ICB CEO, the system convenor.

- NEL HCP is a formal alliance of partners with a role in improving the health and wellbeing of our residents. Together we set the overall strategy that will guide our collective work and hold the wider health and care system to account for how services are delivered in a more joined up way.

- As of 1 July the governance of the NEL HCP will be via the Integrated Care Partnership, a core statutory component of the system. In north east London partners have agreed that we will establish an inclusive ICP, including all local authorities, and with wide membership across our partnership. It was agreed that a smaller 'steering committee' would be established to plan and coordinate the business of the ICP. The proposed membership of the ICP 'steering committee' includes the ICB Chair, two elected members – inner and outer, two NHS trust chairs – acute and mental/health, the ICB chief executive, a VCSE collaborative nominee, a Healthwatch group nominee and a primary care collaborative leader

North East London Health and Care Partnership purpose, priorities and principles

Our purpose:

"We will work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity."

We will design and operate the NEL ICS in a way that:

- improves quality and outcomes
- secures greater equity
- creates value
- deepens collaboration

NEL's flagship priorities

- Children and young people – *to make NEL the best place to grow up*
- Mental health – *to improve the mental health and well being of the people of NEL*
- Employment and workforce – *to create meaningful work opportunities for people in NEL*
- Long-term conditions – *to support everyone living with a long-term condition in NEL to live a longer, healthier life*

NHS North East London

The establishment of NHS North East London

- In April 2022 the Health and Care Act achieved Royal Assent. As a result on 1 July CCGs were disestablished and replaced by Integrated Care Boards (ICB). Our ICB is known as NHS North East London (NHS NEL).
- NHS NEL is led by Marie Gabriel CBE, Chair and Zina Etheridge Chief Executive as well as a newly appointed board and team of senior executives.
- We have moved from the governing body of the CCG, made up of primary care leaders and lay members, to an integrated Board that retains an important role for primary care but includes a broader range of other members from our Trusts, local authorities and the voluntary, community and social enterprise sector.
- We have an agreed constitution which can be accessed online: https://www.england.nhs.uk/wp-content/uploads/2022/06/8-nhs-north-east-london-icb-constitution-010722.pdf

NHS North East London Integrated Care Board members

NHS North East London

2x NHS Trust partner members

2x primary care partner members

Marie Gabriel
Chair

Zina Etheridge
NHS NEL CEO

Shane DeGaris
Barts/BHRUT Group CEO

Paul Calaminus
ELFT CEO

Dr Jagan John
GP

Dr Mark Rickets
GP

1x VCSE* partner member (TBC)

3x non-executive members

Henry Black
Chief Finance & Performance Officer

Diane Jones
Chief Nursing Officer

Paul Gilluley
Chief Medical Officer

Rajiv Jaitly
Audit

Imelda Redmond
Quality

Diane Herbert
Remuneration & workforce

2x local authority partner members (TBC)

*VCSE refers to the voluntary, community and social enterprise sector

NHS
North East London

NHS North East London executive leadership team

Zina Etheridge
Chief Executive Officer

Paul Gilluley
Chief Medical Officer

Diane Jones
Chief Nursing Officer

Henry Black
Chief Finance and Performance Officer

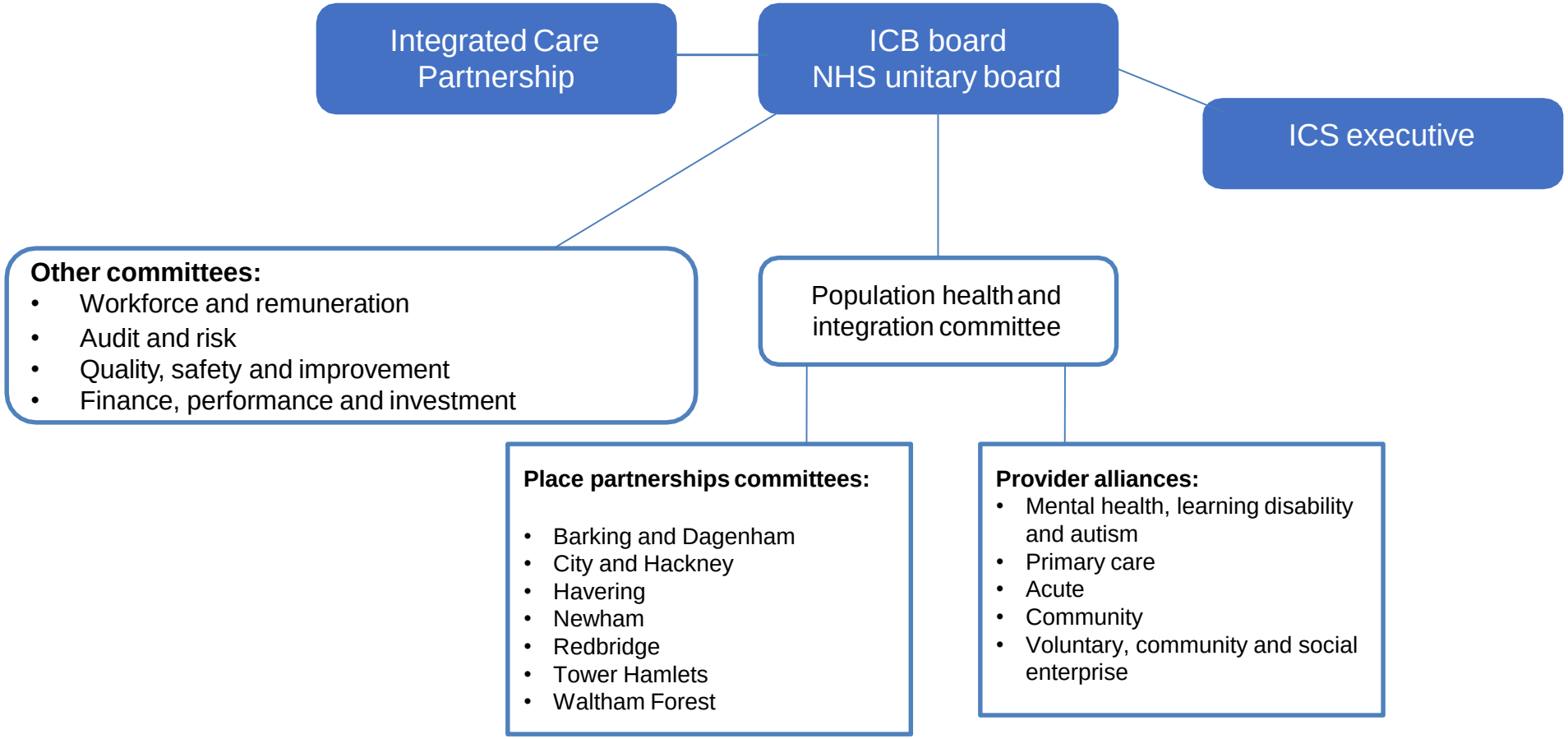
Charlotte Pomery
Chief Participation and Place Officer

Francesca Okosi
Chief People and Culture Officer

Johanna Moss
Chief Strategy and Transformation Officer

Shared decision-making within NEL

North East London Health & Care Partnership



North East London Health & Care Partnership

NEL Financial strategy

We have developed a set of eight objectives for the future financial regime within north east London, aligned to our overall system design principles

North East London Health & Care Partnership

Improving quality and outcomes

1. **1.Incentivise transformation and innovation** of clinical practice to improve quality.
2. 1.Support delivery of **care closer to patients' homes**, specifically to invest resources in services that take place outside of the hospital environment, to ensure patients have the opportunity to be treated and cared for in their own home for as long as clinically safe and feasible.

Securing greater equity

3. 1.Refocusing the system and how it spends its money **to focus on population health**, including proactive investment in measures that make people healthier
4. **Increase investment in prevention**, earlier intervention and the wider determinants of health, including environmental sustainability
5. **1.Level up investment** and address any historic anomalies in funding distribution.

Creating value

6. 1.Support our providers to **reduce transactional costs, improve efficiency** and reduce waste and duplication.
7. **1.Support the financial stability** of our providers and underpin a medium term trajectory to financial balance for all partners.

Deepening collaboration

8. 1.Underpin the **integration of health and social care** for people living with long term or chronic health conditions who currently receive care from multiple agencies.

We expect our financial regime will iterate over time as we 'learn by doing', but we will use these objectives to set our direction and to help us course correct

Background and context

A new legislative environment

NHSE requires ICBs to spend within their allocations and that ICBs with their partner trusts ensure that they are delivering a balanced financial system.

This will need to be set out in financial plans for the system that describe how we intend to manage resources within our allocationfor the financial year, including plans to manage any risks identified.

There is also a duty on all NHS organisations to consider the wider impact of their decisions and in reference to the NHS triple aim.

Moving from…

Separate, opposing roles for providers and commissioners

Competition between providers

Moving to…

Collective stewardship of resources as a partnership

Mutual accountability for maximising value for money

Pressures and challenges

North East London Health & Care Partnership

Pressure on budgets increasing:

- Covid allocation (the money we were given to manage through the pandemic) – is being reduced from £184m to £79m (**reduction of £105m,** c.57%)
- Allocation growth for 22/23 is £112m c.3.5%; Mental Health Investment Standard uplift 4.77%, £16m –to be funded from core allocation

•Growth allows for 2.8% inflation –**current forecasts circa 7-10%**

What are we doing to manage this?

Driving efficiencies across a range of areas in parallel by:

improving the profile of investment

- Increasing resources for prevention and doing fundamentally different things

•Redistributing funding to reduce inequalities

Reorganising care pathways and improving outcomes

- Increasing early intervention
- Integrating services (in particular for those with multiple LTCs)

•Reducing the need for health and care through work with community partners

Technical efficiency (doing the same things at a lower unit cost)

- Cost improvement programmes (CIO)
- Productivity programmes (theatres, OP, etc)
- Procurement
- Bank and agency rates
- Back office consolidation

Overview of proposed approach to financial allocations and shared planning

North East London Health & Care Partnership

Allocations

- Funding received from NHSE is allocated out across the system.
- Allocations – alongside associated savings targets – are made once through a central process to Place Committees, trusts, or to be held centrally by the ICB.
- Funding supports system priorities, recognising the joint goals of improving health; reducing health inequalities and maintaining financial sustainability.
- Allocations made by NHS North East London Board take into account: Historical spend (as a proxy for the cost of current care provision); expected population growth and demographic changes; any equalisation of resource required between different populations/boroughs or services; savings targets; system-wide priorities; and the expected impact of shared transformation & savings plans.

Partnership working and developing shared transformation & savings plans

- Partners take collective stewardship of resources, operating virtual budgets that are based on the aggregate spend/totality of budgets from relevant partners
- Decisions to do something different with collective resources are made through agreement and based on demonstrable evidence (rather than a unitary commissioning decision)
- All partners have equal status in determining priorities, agreeing actions and collectively living with the consequences

The Transformation Cycle workstream is expected to support system agreement on the **coordinating partner**, responsible for bringing together partners to create shared transformation & savings plans for different care types

Further work required

We still need to consider how best to:

- **Manage our (limited) capital** as a system.
- **Support the formal ICB governance** to ensure that decision-making is based on the best available data and analysis and informed by the experience and views of system partners.
- **Attach conditions/requirements to budgets.** We need to be clear what budgetary responsibility means and that each of our budget holders are in a position to take that on.
- **Develop shared plans**, focused on our populations, describing how we will transform services and pathways, that we can use as the basis for future revenue (re-)allocations.
- **Support effective (financial) decision-making at place**. Agree what information we want to report at place, to support effective discussions between partners.

North East London Health & Care Partnership

Agreeing our approach – the financial principles

- **Principle one: Trust partners (NELFT, ELFT, Barts Health, BHRUT, Homerton and LAS) should hold and manage budgets for the care they provide and should receive "block payments" directly from the ICB to cover this.**
- **Principle two: For non-trust budgets the default assumption is that Place Committees (on behalf of PbPs) hold budgets, unless coordination/planning for the services concerned is best done over a larger footprint.**
- **Principle three: All partners will take collective stewardship of resources, ensuring that we plan, transform and operate services to maximise the impact of the NEL £.**

North East London Health & Care Partnership

North East London Integrated Care System

Working with People and Communities Strategy

2022-2025

About the strategy

- Sets out our vision to ensure participation is at the heart of everything we do
- Describes our commitment as a partnership to work with local people to develop health and care services which meet our communities defined needs and aspirations
- We want everyone to feel part of this strategy and recognise we have more to do to make this happen
- By working in partnership, we will build on existing great practice locally and work up new solutions together, to ensure that people in north east London can participate in all that we do
- The strategy was developed through the NEL participation and engagement working group which brings together engagement and participation leaders from health and care organisations across NEL.
- Through the development of the strategy there were 40 local patient and public meetings, a range of focus groups, a NEL residents panel survey, a survey across colleagues and discussions with local Healthwatch.
- The working group have agree a set of standards for participation. These are a proposed shared way of how we will work together in a meaningful way, in partnership with our local communities:
    - Commitment
    - Collaboration
    - Insight and evidence
    - Accessibility
    - Responsiveness

How the strategy embeds the participation standards:

North East London Health & Care Partnership

Commitment: we are **committed to putting people participation at the heart of our work** from the earliest opportunity.

- Developing an infrastructure of participation and co-production within our governance and leadership
- Truly listening to people and providing opportunities for local people to be involved in planning and decision-making in a wide variety of ways
- Ensuring we give something back to people who are involved in our work. This could include training, acknowledgement, new skills, credit vouchers or payment
- Developing a culture of honesty and transparency, committing to evaluation and learning from our mistakes
- Providing our staff with the skills and knowledge to listen and act upon feedback from local people to ensure that participation and co-production is part of the culture and individual staff development of the ICS
- Developing mechanisms for our people and communities to hold the ICS to account for its commitment to participation

Collaboration: We will talk to each other and **identify where we can work together** to achieve a high standard of participation with the communities we serve.

- Building on the collaborative work we have already undertaken to integrate care, manage population health, tackle health inequalities and ensure productivity
- Ensuring that all partners are brought together to plan at the earliest possible opportunity, including Healthwatch and the community and voluntary sector
- Developing joint priorities and messaging, and avoiding duplication
- Sharing best practice and championing innovation
- Finding common solutions to collective challenges
- Developing how our joint standards will be delivered, resourced and evaluated

Insight and evidence: We will **share insight and produce plans based on evidence and feedback** from our local people.

- Using a range of insight gathering tools including the NEL Community Insight System, commissioned from our local Healthwatch and using a wide range of existing and bespoke insight from local people and the NEL Citizens Panel
- Identifying where we have common priorities and coordinating the sharing of relevant insight for example around our agreed flagship priorities
- Having structures in place which ensure we build and develop our work based on existing feedback and insight
- Making sure we are asking the right questions when we seek insight and experience from local people
- Using insight and evidence to identify communities most impacted by health inequalities and those seldom heard to target, encourage and enable participation

How the strategy embeds the participation standards:

North East London Health & Care Partnership

Accessibility: We will **ensure participation is accessible to all local people.**

- Exploring together how as organisations from across north east London we collectively remove barriers to participating in engagement activities
- Providing transparent access to all the relevant information and giving people the tools they need to participate, the support and training available and how they will be rewarded
- Proactively seeking to remove barriers to participation, utilising community development approaches and reducing inequity in our participation activities
- Purposefully seeking to hear from and involve a diversity of local people and communities
- Ensuring that we are actively using the Accessible Information Standards and providing information in community languages and plain English
- Ensuring our spaces and venues are easy to access for all
- Ensuring people are supported to use online platforms and technology and provide training where required
- Ensuring children and young people are involved and catered for where appropriate

Responsiveness: We will be **responsive to the local voice.**

- Asking local people how they would like to be involved to ensure we are hearing their voice in a meaningful way
- Being clear about the way in which our communities can influence design and decisions, then following through and implementing change based on their influence
- Keeping local people informed about the way we have implemented change as a result of listening to what they told us
- Sharing responses in a timely manner and ensuring that where people have fed in their thoughts and experiences they are kept informed about outcomes
- Understanding that the diverse communities we serve will experience services differently, and tailoring our approach to be responsive to their respective needs
- Providing clear evidence of the impact of individual and collective participation, providing ongoing feedback
- Supporting people and communities to evaluate participation and developing mechanisms for their oversight of implementation

People participation and quality improvement

North East London Health & Care Partnership

- People participation is integral to improving the quality of care of our services and the health outcomes of our population
- We intend to co-create a common approach to quality across our ICS in partnership with local people and will build on successful participation approaches to ensure our residents are helping us improve services
- We will also work with service users of all ages, and use personal stories to improve our services and reduce inequalities and inequity
- To support these priorities, we have established a System Quality Group with an inclusive membership including people with lived experience and Healthwatch colleagues

Quality improvement in action: local residents shape Mile End Early Diagnosis Centre

Participation was at the heart of the development of Mile End Early Diagnosis Centre, which provides capacity for an extra 16,500 vital procedures annually for local residents across north east London.

Patients were involved from the very start of the project, and they have provided invaluable input into both the design of the building and the patient pathway itself, to ensure the patient journey was right from day one.

Since opening in March 2021, the centre has received 100 % positive feedback from service users.

Read more about one service user's experience here and watch another service user introducing the centre in this video here. Our ambition is for all new developments to begin with participation at the outset.

Examples of how we are embedding participation in our four flagship priorities

North East London Health & Care Partnership

Babies, children and young people

By working with young people on projects such as the 'All About Me for the Benefit for Everyone' conference, developing a 'Youth Heath Champions' programme and with the programme board co-chaired by a young person, we ensure that our work is always considering the needs of children and young people, helping develop and improve services with those who use them.

Long Term Health Conditions

A health equity audit for cardiac rehabilitation will begin in May 2022 to enable the system to understand how health inequalities impact on the quality of life for patients eligible for cardiac rehabilitation in NEL. Understanding what living with an LTC means for our local people, how it impacts on their ability to live a happy life and how best we can make support accessible, is absolutely central to this programme of work.

We are developing an LTC participation and engagement plan which includes:

- Embedding co-production in the development of resources and the planning of services
- Using feedback and lived experience to inform future programme planning
- Developing effective public facing communications of health messages and support available such as structured education and annual reviews

Mental health

- The programme benefits from the incredible coproduction work that takes place within our two main providers of mental health services – East London Foundation Trust and North East London Foundation Trust – and the way they empower service users to act as full partners in the delivery of care, and in the improvement of services.
- Since 2018, we have held **three Mental Health Summits**, which have brought service users, carers, and community and faith organisations together with providers of health and care services
- **Our next Summit, planned for Summer 2022,** aims to take this one step further. This time, service users will shape and lead the event from beginning to end, signalling our programme's shift from co-production to patient leadership in all aspects of its design and delivery.

Employment and workforce

Through our positive partnership working we secured £250k from the Mayor's Academies Programme (MAP) to establish a Health Hub in NEL, working with employers to remove barriers and blockers to recruitment for local residents. Through the hub, we will support 750 individuals from underrepresented groups to find work.
In addition to this, we have grown a network of over **150 Health and Social Care Ambassadors**. In partnership with Care City, a locally based community interest company we have established a **young persons' panel** to check and challenge our plans and strategies.

Next steps

North East London Health & Care Partnership

Embedding a culture: ensuring participation is everybody's right and everybody's responsibility

Equipping and enabling staff through training, lunch and learns and establishing a community of practice as well as ensuring colleagues are supported to undertake meaningful equality and quality impact assessments.

Participation in our formal governance

Participation is embedded through our formal governance via membership of the VCSE and Healthwatch at key decision making fora, patient stories, participation embedded within all reports, ensuring the patient/resident/carer voice is at the heart of everything

Monitoring and evaluation

This will take the form of:

- An annual review
- Abig conversation with patients, service users, residents and carers to evaluate our first year and identify priorities
- Through the ICB partners will hold ourselves mutually to account and be advised on progress
- Scrutiny committees

Continuing the development of this strategy

We will be proactively seeking ongoing feedback on the content of the strategy over the next year
We will be running a series of workshops with local people to design a mechanism for involving people at a NEL-wide level
We will be developing delivery plans to sit alongside the strategy and an easyread version
For more information: Amy Burgess, Senior Engagement Manager amy.burgess7@nhs.net

Item No **6**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**East London Health and Care Partnership updates**
Date of Meeting	25 July 2022
Attending	Zina Etheridge, Chief Executive Officer NHS North East London, supported by: Hardev Virdee, Group Chief Finance Officer, Barts Health Rt Hon Jacqui Smith, BHRUT and Barts Health Group Joint Chair Diane Jones, Chief Nursing Officer, NHS North East London Alison Goodlad, Deputy Director Primary Care, NHS North East London William Cunningham-Davis, Director of Primary Care Transformation Nicholas Wright, NHS North East London Diagnostics Programme Director Ann Hepworth, Director of Strategy and Partnerships
OUTLINE	This is a regular briefing which brings together current issues from East London Health and Care partners. The briefing covers: Acute Provider Trusts; Covid-19; Cancer; Continuing healthcare policy; Highlights from the Winter Access Fund; Enhanced access to primary care; Operose Health; Community diagnostic centres; Development of acute specialities and clinical services across North East London and Targeted Investment Fund Bids. In addition, there's an update on Whipps Cross re development. Attached please find: a) NEL Health update b) Update on Whipps Cross redevelopment
RECOMMENDATION	Members are asked to give consideration to the briefing.

NHS
North East London

NHS North East London – Health Update

July 2022

Presentation to North East London Joint Health Scrutiny and Overview Committees

Contents

Acute Provider Trusts (as at June 2022 unless otherwise stated)

- Our trusts continue to work towards restoring elective care services back to pre-pandemic levels. By the end of March this was close to 90% with plans to increase this further.
- Innovative ‘blitz’ weeks and ‘super clinics’ to target certain specialties with long waiting list have taken place to support restoring routine planned services
- There has been a focus on treating patients waiting over one and two years for treatment. We have reduced the 52 week wait for treatment month on month.
- Performance against the 18 week referral to treatment standard was 61.2% (February).
- The diagnostic waiting list has grown. Growth is being seen in the overall patient tracking list (PTL) mainly in the non-admitted pathway.
- We are providing patient care in the most appropriate setting and avoid unnecessary outpatient appointments through our Advice and Guidance services which are currently used for approximately 21% of patients compared to the national requirement of 12%.
- GP practices are delivering above 60% of all appointments face-to-face whilst maintaining progress with digital access for those who prefer it. Work is underway to level up investment and achievement of quality and patient outcomes across general practice.
- Mental Health performance remains challenged as a result of increased demand due to the pandemic.

Barts Health

- Covid pressures have eased at our hospitals since March and there is an encouraging decline in Covid-19 case rates. Our focus is now on reducing waiting lists.

- **Elective recovery:** In line with national commitments, we remain on track to clear 104-week waiters by July 22, and 78-week waiters by April 23, with a cancer 62-day backlog reduction to pre-pandemic levels by March 23.

- Recent projects to tackle the backlog include a new AI tool to help detect heart disease faster, which was commended by Nickie Aiken MP during her visit to St Bartholomew's, and ENT and Urology 'booster weeks' at Whipps Cross to generate extra surgery theatre sessions by seeking out unused surgery slots in other specialities.

- **A&E 4 and 12 Hour Performance:** In April, the Trust recorded the highest volume of A&E attendances of any trust in England. In terms of performance against the 4-hour standard, the Trust was ranked 8th best performing out of 16 trusts reporting data in London and was the best performing of the top 10 English trusts (by volume of attendances)

- **Vaccinations**: the programme for flu vaccination had now closed with 43% of staff having received their flu vaccination (as compared with an average of 46% across London trusts). In terms of Covid-19 vaccination, discussions are underway to transfer the outreach service currently provided on behalf of NEL to East London Foundation Trust over the summer months, at which point the vaccination service within Barts will close.

- **Monkeypox:** guidance for staff, visitors and patients was published across our website, intranet and social media channels

- The Trust published our operational plan for 2022/23 which you can find here

North East London Foundation Trust (NELFT) and East London Foundation Trust (ELFT)

- ELFT and NELFT are continuing their approach to collaborative working across both mental and community health.
- Improvements to children and adolescent mental health services at ELFT and NELFT are in development following the successful bid of 2 additional non-recurrent funding schemes

  1) which will create an intensive pathway for young people who have an eating disorder as an alternative to admission

  2) the early partial implementation of the Child & Adolescent Mental Health Services (CAMHS) Crisis Home Treatment team – initially focused in Newham which again will offer young people in crisis intensively for a short period of time an alternative to admission.

- The recruitment process for a joint chair for ELFT and our neighbouring trust, North East London NHS Foundation Trust (NELFT) has been delayed and will recommence later this year. In the meantime, Eileen Taylor will continue in her role as Acting Chair for ELFT.
- Innovation continues to drive improvements to our services. ELFT is working with local partners to deliver a digital recovery platform for severe mental illness in City & Hackney. This helps people with severe mental illness to plan and manage their own care, supported by a digital platform that brings all the tools together in one place.
- The North Central East London (NCEL) CAMHS Collaborative have 60 children and young people (CYP) currently in inpatient units, compared to 100 in August 2020. Currently have 6 CYP in ‘Out of Area’ units, with 1 in Out Of Area(OOA) General Adolescent Unit (GAU) compared to 26 in August 2020. The current average length of stay for GAU and Psychiatric Intensive Care Unit (PICU) is 87 days, compared to 189 days in August 2020.

Covid-19

- We continue to deliver the vaccine programme, and demand continues to fall across London.
- Current perceptions are impacting uptake of the vaccine. This includes public views that Omicron is milder than other variants; family members are fully vaccinated so less personal responsibility; restrictions removed so no longer a threat.
- Outreach vaccinations and health and wellbeing events are taking place in lower uptake areas for homeless and rough-sleepers, asylum seekers, sex workers and traveller communities.
- For 5-11 year olds at risk and clinically extremely vulnerable we are working in partnership with Starlight to facilitate a playful approach to vaccinations with colourful centre branding, boost bags for children, information for parents, distraction toys and training for vaccination staff.
- A key challenge for 5-11 and 12-15 year olds remains the high number of children who have tested positive for Covid-19 and the three month gap required between a positive test and having a vaccine.
- Some vaccination sites are pausing over the summer and will reopen in the autumn.
- We continue to target specific activities through our borough teams focused on broader health and wellbeing and targeted in areas of greater deprivation and higher likelihood of comorbidities.

Cancer

- Recent national data on cancer standards from NHS England and NHS Improvement shows that North East London is the top performing alliance in the country in six out of 10 cancer waits standards.
- This builds on positive results from earlier this year, which showed North East London as the top performing cancer alliance out of 21 across England when it comes to achieving the Faster Diagnosis Standard.
- Innovations underway to improve early diagnosis include:
  - **The Mile End Early Diagnosis Centre**: providing an additional 16,500 diagnostic procedures a year. Phase 2 will include a new MRI suite.
  - **Cytosponge**: a ‘sponge in a pill’ tool to test for signs of cancer
  - **Colon Flag**: blood analysis to help spot bowel cancer sooner
  - **Transnasal esophagoscopy (TNE):** a safe and inexpensive way to examine the esophagus for patients at risk of esophageal cancer and other disorders, without the need for sedation
  - **Targeted Lung Health Check**: a free lung health check for those at most risk of lung cancer aged 55-74 (a new pilot started in Barking and Dagenham and Tower Hamlets in July 2022)
  - **AI Tech project:** pan trust collaboration with UCL Partners, to pilot Artificial Intelligence chest X-ray reporting products – aimed at prioritising abnormal chest x-ray workload

Cancer (continued)

A number of projects are taking place to reduce inequalities in north east London, raise awareness of the signs and symptoms of cancer and increase uptake of cancer screening programmes:

Project	Summary
It's Not a Game – bowel, lung and prostate cancer awareness	An awareness project aimed at men over 45 in the more socio-economically deprived areas, working mainly in partnership with Leyton Orient Football Club.
No Time for Cancer – breast screening	An out of home and social media campaign to encourage women of screening age to make an appointment for breast screening when they receive their invitation.
Best for my Chest – breast screening	A campaign to increase uptake of breast screening by LGBTQI+, working with Live Through This and Opening Doors charities.
Muslim Sisterhood – cervical screening	A cervical screening awareness campaign to increase coverage of cervical screening in young Muslim people with a cervix, working with the Muslim Sisterhood
Jo's Trust training – cervical screening	Training for non-clinical practice staff by Jo's Cervical Trust charity to increase their confidence to discuss cervical screening with women.
Faith placed awareness – bowel cancer and screening	Delivery of a bowel cancer awareness intervention in mosques by people who are known and respected in the local community.
Womb cancer awareness (with the Eve Appeal)	An outreach project to increase awareness of signs and symptoms of womb cancer, focussing on Afro-Caribbean women.

Cancer (continued)

- We also continue to support patients living with cancer to make improvements to their quality of life. For example:
  - **Quality of Life Survey**: increasing the uptake of responses to a national patient survey which can help us make service improvements locally.
  - **Personalised stratified follow-up pathways (PSFU):** The implementation of PSFU improves patient experience and quality of life for people following treatment for cancer, as well as making services more efficient and cost-effective.
  - **Psychosocial support**: working on a programme of comprehensive mental health support for cancer patients.
  - **Prehabilitation** (the the process of improving an individual's functional capacity to enable them to withstand a forthcoming stressor, eg; major surgery, radiotherapy or chemotherapy): project underway to provide support and funding to enhance prehabilitation in north east London.

Proposed changes to healthcare – continuing healthcare policies

- We are asking anyone who lives, works or visits north east London or the surrounding area to comment on our proposals to ensure our Continuing Healthcare (CHC) and Children's Continuing Care policies are clear and fair. The overriding aim is to improve patient and carer experience, access and outcomes.
- NHS Continuing Healthcare and Children's Continuing Care is a package of care including both health and social care for:
  - Adults with significant on-going health needs or who are at the very end of their life.
  - Children and Young People's needing health and social care support for needs arising from disability, accident or illness that cannot be met by existing services alone.
- The policies have been reviewed as we know that individuals and families and carers are confused about the way in which the system work and perceived inequalities in the way people are treated. These policies are designed to positively impact on existing and new claimants, helping them navigate the system and get the right support they need, understand their rights (and responsibilities). There is no plan (and we don't expect) to make any budgetary savings, nor do we believe any individuals will be negatively affected.
- Four policies have been looked at and revised:
  - **Continuing Healthcare Placements Policy**. Describes NHS NEL's approach when placing and supporting patients in the community.
  - **Joint Funding Policy for Adults.** Describes NHS NEL's and local authorities' approach to jointly funding a package of care for a patient in the community, when a patient doesn't meet the criteria for other elements of NHS Continuing Healthcare but still requires funding for a health need that can't be met with existing services.
  - **Dispute Resolution Policy and Protocol for Adults**. This describes the approach taken to resolve a dispute when health and social care staff can't agree to a recommendation on a patient's eligibility for Continuing Healthcare funding.
  - **Respite Policy for Continuing Healthcare Eligible Adults Receiving Care at Home.** Describes the approach and amount of respite that NHS NEL' will fund for a patient's carer to take a break.

The public consultation on these proposals is anticipated to close in mid-September.

Primary Care winter access fund

In November 2021 North East London committed their winter access fund (WAF) made available by the Government to improve access for patients and support general practice during the increased pressures brought by winter. Our project focused on:

- Making funding for the recruitment of additional workforce and expansion of existing clinical capacity over the winter months of 2021/22.
- By investing and funding several schemes targeting the recurring issues that negatively impact access to general practice.

Highlights:

- Enabled practice to have additional capacity to have sufficient resilience to cope with the significant demands of diminished capacity endured through the Omicron wave during the winter of 2021/22.
- We reviewed demand and capacity across primary care, NHS 111 and our emergency departments. It showed all three experienced peak levels of capacity, so our investments into increasing primary care capacity are expected to positively impact the capacity of all providers.
- Enabled us to accelerate both local quality improvement and digital first projects ensuring that new software was not introduced in isolation, but integrated into the ongoing data strategy.
- Working together with partners such as Healthwatch to understand and compare data from local surveys and The General Practice Patient Survey (GPPS) to inform the development of patient communication and engagement programmes.
- Building on learnings from the WAF, as part of north east London's Digital First programme there are plans to create a project that will investigate the options, both in terms of how new cloud-based phone systems will be procured, what the specification will be and at what scale they should be implemented.

Enhanced access to primary care

- Primary care networks (PCNs) will take on responsibility to offer patients a new 'enhanced access' model of care, which will see GP practices open from 9am-5pm on Saturdays from October 2022.
- This replaces the current Extended Hours and Extended Access services and marks a shift in the way out-of-hours non-urgent services are provided across north east London
- There is a need for commissioners to ensure that PCNs are preparing for this transition, and that they have undertaken good engagement with existing providers to enable the service from October 2022.
- In preparation for introducing the new Enhanced Access service, PCNs and commissioners have been asked to produce and agree a plan outlining how they will develop and implement the enhanced access services in line with the local population need.
- The plan should include how the PCN will engage or has engaged with its patient population and will or has considered patient preferences, including consideration of levels of capacity and demand.
- PCNs are required to submit their plans by 31st July 2022.

Enhanced access – patient engagement

- As per NHS England recommendations, NHS North East London ran a north east London-wide patient survey from 27 June to 18 July to assist with the first requirement.
- PCNs will be provided with local breakdowns of the survey results which they can use to help inform their plans. The survey does not replace any other engagement or known local insight.
- NHS North East London will also providing PCNs with a toolkit to help organise patient engagement meetings and slides to use at the meetings.
- The level of engagement necessary to comply with legal requirements very much depends on the extent of changes to the services in the local area. Discussions on patient engagement are ongoing and will help to provide assurance that the PCNs have complied with both the requirements on patient engagement on Enhanced Access and also the core GP contract requirements on patient participation.

Operose Health

- Change of control of AT Medics Ltd, who run some GP practices in north east London, transferred from the directors of AT Medics Ltd to Operose Health Ltd in 2021 following CCG approval, which is the same rules and guidance as we apply to all our GP contracts and any decisions taken were informed by legal and national guidance. A High Court judge upheld the approval of transfer of all contracts in February 2022.

- Performance against GP contract is monitored by NHS North East London, under delegated responsibility from NHS England. In addition, the Care Quality Commission regulates general practice services, ensuring quality and safety of care.

- There have been a number of meetings with Operose Health and we have undertaken an assurance process with them in relation to the contracts they hold in north east London, following up key lines of enquiry and asking for evidence in relation to clinical governance arrangements and their operational model. These are currently being reviewed by clinicians and will highlight if there are any areas that need to be investigated further.

- The intention is to use this as the basis for the development of an assurance framework, for use with other practices, particularly in relation to the clinical supervision of new workforce roles, such as Physicians Associates, being developed across as the country as part of a multi-disciplinary team approach to primary care.

Proposed changes to healthcare – community diagnostic hubs

- Over the next three years the NHS in North East London expects to receive £39 million from central NHS funds to build and run Community Diagnostic Centres (CDCs).
- CDCs would be able to carry out imaging (such as x-rays and MRI scans), pathology (e.g. taking blood samples to check for diseases) and physiological measurements (such as heart rates). Our proposal is that medium-sized CDCs don't include endoscopy (using a camera on a flexible tube) at the moment as we have sufficient capacity.
- It is possible that North East London may receive further funding, however this is not guaranteed.

This year we propose to:

- Expand the two existing diagnostic sites at Mile End Hospital and Barking Community Hospital to become medium-sized CDCs.
- Look at the feasibility, costs and benefits of developing other sites in the next few years. We are looking in particular at King George Hospital in Ilford and/or St George's Health and Wellbeing Hub in Havering, St Leonard's Hospital in Hackney and on the Whipps Cross Hospital site.
- We may also look at developing smaller centres in shopping centres – for example Canary Wharf, Westfield Stratford and Liberty Romford.
- CDCs are extra facilities that would provide patients with quicker, simpler, easier, more integrated and more personal service; improve health outcomes; reduce inequalities; and improve efficiency. Patients would still be able to get tests in hospital and at GP surgeries.

The public consultation on these proposals is anticipated to close in mid-September.

Development of acute specialities and clinical services across North East London

Context

- The three Acute Trusts in North East London are developing changes and improvements to acute services, which cover a wide range of specialities. These range from how patients interact with the hospitals to how and where services are provided. They also involve clinical support services.
- These proposals vary in scope and scale with a number of them long-standing (for example, development of the East Wing at Homerton; establishment of Centres of Excellence; and alignment of day-case activity to King George's). Some of these are trust specific; others involve all or two of the hospital groups.
- Additionally, various initiatives have also arisen directly as a result of the public health emergency of the last two years and the resulting focus on recovery, including how to optimize and expedite patient access so that this is equitable for all patients across North East London (rather than at any one hospital or Trust). Some of these initiatives are the result of national policy; developed for local circumstances and needs of our population.

Developing proposals

- Formally, in terms of clinical strategies, and the various proposals referenced above, the three Trust positions are all at different stages of development. Additionally, the Acute Trusts across NEL plan to do further work together on an aligned system wide strategy, the development of which was impacted as a result of the pandemic.
- In response to the current reorganisation of NHS services and establishment of Integrated Care Systems an Acute Provider Collaborative has been created, involving Barts Health, BHRUT and Homerton. Through this, the three organisations will work to agree a single approach to service development proposals. This is to ensure that these improve outcomes in healthcare, respond to population health needs and improve inequalities in patient experience and access across the system.

Communicating developments

- The North East London Acute Provider Collaborative is meeting in July at which point this work will be commissioned formally. It is expected that a first overview of the above proposals that all three Trusts can support, including plans for engagement and consultation on these proposals, will be developed for late autumn.

Targeted Investment Fund (TIF) bids

The TIF is a £700m national fund to enable elective recovery. We have made the following bids for funding for north east London:

- **Newham University Hospital (two schemes)**
  - Refurbish two mothballed theatres to increase elective theatre capacity
  - Construct a two-storey modular build to provide additional critical care and general adult beds.
- **Homerton University Hospital**
  - Develop day stay unit into elective centre with addition of two theatres, 10 bed short-stay ward, an endoscopy procedure room, interventional diagnostic hub, gynae outpatient and staff facilities.
- **King George Hospital**
  - Extend current theatre suite from five to seven theatres.
- **St Bartholomew's Hospital**
  - Add 14 intensive care beds and 22 cardiac elective surgical beds.
- **Moorfields Eye Hospital**
  - Develop an ophthalmology centre in Stratford including outpatient, diagnostic and day stay theatre facilities.

Decisions on TIF bids are not likely to be made until August 2022. We will keep the committee updated about the outcome and next steps, including engagement where appropriate.

NHS
North East London

Whipps Cross Redevelopment update

July 2022

Presentation to North East London Joint Health Scrutiny and Overview Committees

We are ready to deliver…

Over the past year we have:

- **completed a draft Outline Business Case** (OBC) in the Summer of 2021
- **completed phase 1 of our enabling works** in March 2022, demolishing the old nurses' accommodation block and other buildings and creating a new temporary car park – we have a clear site to build the hospital once the second phase of enabling works is complete
- **received outline planning approval for the hospital**, and for the development of the wider site, both from the Local Planning Authority and the GLA. We also **received full planning approval for the construction of a multi-storey car park**, which is a key part of phase 2 of our enabling works
- in early March 2022, a Trust-endorsed business case for phase 2 enabling works was submitted for national approval and funding. This includes construction of the multi-storey car park and other site-wide infrastructure works
- **created an Integrated Delivery Framework**, with system colleagues, focussed on service transformation that supports the redevelopment
- **continued to strengthen local stakeholder support** for the redevelopment of the hospital
- **planned our activities to refresh and finalise our OBC,** in anticipation that we will be asked to submit during 2022.

Future Whipps

NHS Barts Health NHS Trust

2018-2019
Development of the Strategic Outline Case (SOC) for the redevelopment following public engagement

2020-2021
Two phases of pre-planning application consultation where early designs were shared

April 2021
Demolition works begin

May 2021
Planning applications submitted for the hospital and wider site

November 2021
Planning application approved

Autumn 2022
Potential start of carpark construction

Autumn 2023 - 2027
Construction of the new hospital

2028
Release of surplus land for development

Item No **7**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Proposed changes to access to fertility treatment for people living in NE London**
Date of Meeting	25 July 2022
Attending	Diane Jones, Chief Nursing Officer, NHS North East London, supported by: Dr Anju Gupta, GP and clinical lead at NHS North East London
OUTLINE	At the previous meeting the Committee considered an emerging proposal from NHS NEL to harmonise fertility policies across the 8 NEL boroughs. The new policy has been published and is out to consultation (see below). Members have raised concerns about aspects of the plan. This clinical policy is intended to support individuals and couples who want to have a baby, but who have a clinical problem which means that they are potentially infertile. The policy sets out the assisted conception treatments funded by NHS NEL and the eligibility criteria patients need to meet to access these. The public can find out more at www.northeastlondonccg.nhs.uk/fertility and can read the engagement document, proposed new policy and supporting documents, and to fill in our online survey by 22 August 2022. Attached please find a briefing report.
RECOMMENDATION	Members are asked to give consideration to the briefing.

NHS
North East London

NHS help to try to have a baby - proposed changes for people living in north east London

July 2022

Presentation to North East London Joint Health Scrutiny and Overview Committees

Introduction

- We are proposing a new single, updated policy on what NHS treatment we fund for those with fertility problems in north east London.
- The aim of the new policy is not to reduce the treatments that we fund or who is eligible to have them.
- Depending on where you live, what we are proposing is likely to increase the amount of treatment you can have, and improve access to some treatments. We want to make it so that wherever you live in north east London, you are able to have the same fertility treatment if you need help getting pregnant
- We need to make best use of NHS money given the increasing needs of our population and competing demands for resources. The proposals will require increased investment, but we believe the policy addresses inequities across north east London and is fairer.

Introduction continued

- Given we do not have an unlimited budget, our priority for NHS treatment is for those who have a medical problem.
- We have used the latest national clinical guidelines from National Institute for Health and Care Excellence (NICE), research and best practice to develop the proposed policy.
- Clinicians including GPs and fertility experts have also helped to shape it.
- We used feedback from stakeholders and residents to shape the engagement communications and approach. Including ensuring the information was inclusive and accessible, that the changes between the current policies and the proposed policy were clear, and that information about mental health support was included.

Areas covered in the proposed policy:

1. **Eligibility criteria for assisted conception –** this is who can get NHS funded help to get pregnant
2. **Number of IVF cycles and embryo transfers - ** How many IVF cycles you can have at what ag**e**
3. **Age limit for fertility treatment**
4. **Funding of intrauterine insemination (IUI)** – a type of artificial insemination for certain patient groups
5. **Funding of donor eggs/sperm based on certain criteria**
6. **Fertility preservation** – how long eggs/sperm/embryos are stored and age criteria
7. **Ovarian reserve criteria** – the number and quality of eggs remaining in the ovaries which is measured by tests to predict how many eggs might be produced during IVF.

1. Who can get NHS funded help to get pregnant

- For assisted conception treatments, unless otherwise stated, you need to meet eligibility criteria.
- This includes how long you have been trying to get pregnant, and things like not being too over or under weight, if you or your partner have a child already, your age, and if you smoke.
- Most of these criteria in our proposed policy are the same as the existing fertility policies, however **we want to increase the upper age limit for treatment** to 43 years old – this means more people will be eligibile for NHS help.
- In the existing policies this was aged 39 or 41 depending on where you lived in north east London.

2. How many IVF cycles you can have at what age

Proposed policy:

- **Increase to three ‘full’ IVF cycles** for eligible people trying to get pregnant aged 39 and under.
- **Increase to one ‘full’ cycle** for eligible people trying to get pregnant who are aged 40, 41 and 42.
- **Reduce** the number of unsuccessful cycles of IUI needed for people are trying to get pregnant through artificial insemination (IUI) before IVF will be offered to six cycles if the woman or person trying to get pregnant is aged 36 or over. Twelve cycles of IUI are required if aged under 36. Six of these could be funded by the local NHS if you are eligible.

The proposed policy **increases** the amount of treatment available to give people more chances to get pregnant, as well as making treatment the same across all areas of north east London.

The proposed policy is the same as NICE guidelines.

3. Funding of intrauterine insemination (IUI)

Proposed policy:

Increase to fund up to six cycles of IUI for the following, where eligible:

a. individuals and couples trying to get pregnant using donor insemination who have fertility problems.

b. some people with social, cultural or religious objections to IVF.

c. people with physical disability or psychosexual problems who have fertility problems.

d. people with a condition that means you need IUI as part of your fertility treatment.

The proposed policy **increases** who is eligible for NHS funded IUI in north east London.

The proposed policy is consistent with NICE guidelines.

4. Funding of assisted conception treatments using donor eggs/sperm

Proposed policy:

- **Increase** funding to cover the costs of the donor eggs and IVF for eligible people with conditions recommended by NICE.
- **Increase** funding to cover the costs of the donor sperm and IUI/IVF for the following, where eligible:
  a. people with conditions recommended by NICE.
  b. individuals and couples trying to get pregnant using donor insemination who have fertility problems.

This means we would pay for the donor eggs or sperm that are used in some NHS funded assisted conception treatments for people with fertility problems or certain conditions. The existing policies do not provide this funding.

Our proposed policy is the same as the NICE guidelines.

We are asking for views, suggestions and feedback on how we could approach funding of donor eggs and sperm. We will then use this as a basis for local NHS guidelines on this.

5. Fertility preservation

Proposed policy:

- **Increase** storage of eggs, sperm and embryos for people with conditions or who need a treatment that can cause infertility to:
  - Up to 10 years storage for people aged 32 and over. For people aged under 32 years, storage is funded up until their 43rd birthday.

The storage time in our proposed policy is longer than NICE recommends in some cases.

Those eligible for fertility preservation in our proposed policy is the same as NICE guidance.

6. Ovarian reserve criteria

Proposed policy:

To be eligible for assisted conception treatment, regardless of your age, there should not be evidence of low ovarian reserve measured by two or more of the three NICE recommended tests.

Our proposed policy is not the same as NICE guidelines which recommend that for women or people trying to get pregnant aged 40-42 only, there should be no evidence of a low ovarian reserve. Our proposed policy, and current policies, include ovarian reserve criteria for people of all ages.

With limited NHS budgets we have to make sure we're funding treatment where it is also likely to result in a person becoming pregnant, which is why we are using ovarian reserve criteria but increasing funding for IVF cycles in our proposed policy.

How to have your say - survey closes on 22 August

- We have sent the engagement information directly to around 230 stakeholders and community groups, and had articles in local media.
- We are hosting public events in July and August for people to ask questions and have their say. We will publish a recording of this on our website.
- Please encourage residents in your areas to read the information about the policy or join an event – and submit their views via our survey.
- The feedback will then be analysed and reviewed by the clinical review group, alongside other information, to create the final policy.
- The policy will be taken to NHS North East London's board for decision in the autumn.
- We will ensure the new policy is promoted to stakeholders, GP and clinicians, and the public.

Item No **8**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Update on work of Whipps Cross JHOSC**
Date of Meeting	25 July 2022
OUTLINE	In the past this Committee has received reports on the redevelopment proposals for Whipps Cross hospital. A special **Whipps Cross Joint Health Overview and Scrutiny Committee**, comprising councillors from Waltham Forest, Redbridge and Essex County Council was created for this purpose and has been meeting for over a year now. Its Chair, Cllr Sweden, is also a member of this Committee and has undertaken to give regular updates on their work. They last met on 23 March minutes here and are scheduled to reconvene on 12 September.
RECOMMENDATION	Members are asked to note the report and ask questions of Cllr Sweden, Chair of the committee, if necessary. Further inquiries can be made to DemocraticServices@walthamforest.gov.uk

Item No **9**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Minutes of the previous meeting and matters arising**
Date of Meeting	25 July 2022

OUTLINE

Draft minutes of the meetings held on 16 December 2021 and 1 March 22 are attached.

MATTERS ARISING

The matters arising from 16 December were responded to in a tabled document at the meeting on 1 March. The matters arising from 1 March are these:

Action at 4.3

ACTION:	*HB to include in the ICS update to the 29 June (now 25 July) meeting a diagram on the changes to funding flows (system vs place-based) comparing the 5 CCGs to the new ICS with the aim to understand how, apart from the significant slice going to the Acutes, the other budget lines will map across in the new ICS and which will end up 'system' level and which will remain place-based.*

This has been included under the report in item 5.

Action at 6.8

ACTION:	*DJ to take on board in the engagement proposal the need to offer Advocacy, where appropriate, in relation to CHC. Noted that the determination of who is eligible for CHC is a defined area and one must have expertise in it to be able to advocate properly.*

NHS NEL responded “The request has been passed to the CHC team developing the engagement. We can certainly consider this request as part of the engagement”.

Action at 6.12

ACTION:	*DJ to provide a list of VCS orgs across NEL who are being consulted as part of the consultation on Continuing Healthcare harmonisation.*

A full list of the VCS orgs consulted has been sent to Cllr Masters. It's available on request.

Action at 7.10

ACTION:	*DJ to ensure that both consultation documents (CHC and Fertility) be sent to the Committee as soon as they are available.*

This was done and both consultations are now live.

Action at 10.2

ACTION:	*HB asked if the Health update to the 29 June (now 25 July) meeting could include an overview of the specialist hubs/centres of excellence which are being developed across NEL, with a map to illustrate which specialisms are moving where.*

NHS NEL responded that "we will share the latest update on any reconfiguration proposals at the next meeting and/or in our proposed induction for members".

RECOMMENDATION	Members are asked to AGREE the minutes and note the matters arising

Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC)

Minutes of the proceedings of the INEL JHOSC held from Council, Chamber, Hackney Town Hall, Mare St, London E8 1EA

Date of meeting: Tue 1 March 2022 at 7.00pm

Chair	Councillor Ben Hayhurst (Hackney)
Members in attendance	Councillor Kam Adams (Hackney) Common Councilman Michael Hudson (City of London) Councillor Susan Masters (Newham) Councillor Peter Snell (Hackney) Councillor Richard Sweden (Waltham Forest)
Members joining remotely	Councillor Neil Zammett (Chair, ONEL JHOSC, Chair of Redbridge Health Scrutiny Committee (Observer at INEL)
All others in attendance remotely	Marie Gabriel CBE, Independent Chair, NEL ICS Zina Etheridge, CEO Designate, NEL ICS Henry Black, Acting Accountable Officer for NEL CCG and SRO East London Health and Care Partnership Rt. Hon. Jacqui Smith, Chair in Common, Barts Health and BHRUT Dame Alwen Williams DBE, Group Chief Executive, Barts Health Tracey Fletcher, Chief Executive, HUHFT Paul Calaminus, Chief Executive, ELFT Jacqui von Rossum, Acting Chief Executive, NELFT Prof Sir Sam Everington, Clinical Chair for Tower Hamlets, NEL CCG Dr Ken Aswani, Clinical Chair for Waltham Forest, NEL CCG Dr Mark Rickets Clinical Chair for City & Hackney, NEL CCG Siobhan Harper, Director of Transition for TNW, NEL CCG Diane Jones, Chief Nurse and Caldicott Guardian, NEL CCG and ICS Sandra Moore, Deputy Director of Continuing Healthcare, NEL CCG Matthew Norman, Continuing Healthcare Prog. Manager, NEL CCG Alison Glynn, Head of Commissioning & Contract Management, NEL CCG Dr Anju Gupta, Clinical Lead for Fertility Services, NEL CCG Mark Gilbey-Cross, Director of Nursing, NEL CCG Cllr Chris Kennedy, Cabinet Member for Health, Social Care and Leisure, Hackney Council Chris Lovitt, Deputy Director of Public Health, City and Hackney Don Neame, Senior Communications Consultant, NEL CCG Marie Price, Director of Corporate Affairs, NEL CCG Roger Raymond, Scrutiny Team, Newham Jill Szymanski, Scrutiny Team, Redbridge Jarlath O'Connell, Scrutiny Team, Hackney

Member apologies:	Councillor Faroque Ahmed (Tower Hamlets) Councillor Shah Ameen (Tower Hamlets) Councillor Ayesha Chowdhury (Newham) Councillor Gabriela Slava-Macallan (Tower Hamlets)
YouTube link	The meeting can be viewed here:https://youtu.be/tNaJs-pRnzU
Officer contact:	Jarlath O'Connell 020 8356 3309 jarlath.oconnell@hackney.gov.uk

---

1. Welcome and apologies

1.1 The Chair welcomed everyone and stated that the meeting was being recorded and live-streamed for public and press access. Apologies were received from Cllrs Salva-Macallan, Ameen, Ahmed and Chowdhury.

1.2 The Chair welcomed Zina Etheridge, the Chief Executive Designate of NEL ICS to her first meeting and the Rt Hon Jacqui Smith the Chair in Common of Barts Health-BHRUT. ZE thanked the Chair and talked about her plans for the role and stated that as a previous chief executive of a local authority she looked forward to being able to strengthen the partnership working between the NHS and the councils as well as with VCS organisations and Healthwatches.

1.3 On behalf of the Committee, the Chair thanked two of the senior NHS leaders in East London who are stepping down from their roles. Tracey Fletcher was moving on from Chief Executive of HUHFT to a role in East Kent and Dame Alwen Williams had announced her retirement as Group Chief Executive of Barts Health. He thanked both for their invaluable contributions not just to their organisations but to the community in east London. It was clear from the reactions of their staff that they would both be greatly missed, he added. Dame Alwen thanked the Chair and reflected on her 40 years in the NHS and her optimism for the future of integrated care now that the ICS were coming in.

2. Urgent items/ order of business

2.1 There were none and the order of business was as on the agenda..

3. Declarations of interest

3.1 It was noted that Cllr Masters was employed as Director of Transformation by HCVS (Hackney Council for Voluntary Services) in a post funded by NEL CCG, that Cllr Snell was Chair of the Trustees of the disability charity DABD UK and that Cllr Sweden was a Trustee of Leyton Orient Trust who deliver health services in inner London.

4. Implementation of ICS Structure

4.1 The Chair welcomed for this item:

Henry Black (HB), Acting Accountable Officer, NELCCG/Acting SRO NEL HCP
Marie Gabriel CBE, Independent Chair of NEL ICS

Zina Etheridge, CEO Designate of NEL ICS
Rt. Hon. Jacqui Smith (JS), Chair in Common, Barts Health-BHRUT

4.2 Members gave consideration to a briefing paper *NEL Integrated Care System Update.*

4.3 Marie Gabriel thanked Henry Black for stepping up for 10 months as the Acting Accountable Officer and leading the sector through the difficult period of the pandemic. She also welcomed the change from NHSE to allow elected members to sit on ICSs.

4.4 HB took Members through the briefing paper. He reported that elected members would now be able to sit on the ICPB and that the new live date for the ICS would be 1 July. Zina Etheridge had started as Chief Executive Designate the previous week and the focus now was on recruiting to the next top 6 executive roles. These comprise 3 statutory roles: Finance & Performance, Nurse and Medical Officer and 3 additional roles covering: People & Culture, Development and Participation. There would also be recruitment for 3 non executive board members. On the issues of finance flows he stated that the new model would ensure that partnership plans deliver the objectives. From this they would then work out the governance and the funding flows required. The ICS was fully supportive of the principle of subsidiarity and the working assumption was to only retain at NEL level what is best done at that level. The 'place based' partnerships would retain the level of flexibility they currently enjoy.

4.5 The Chair asked for a diagram on changes to funding flows for June mtg which would outline where funding would flow vis a vis the previous structure to make clear what would be system based and what would be place based.

4.6 The Chair asked how the 'Payment By Results' system, which drives Acute Trusts, was consistent with the new approach to joint working. HB replied that a purely activity driven payment system has not served us well in tackling inequalities. The new system would help deliver the backlog by being better able to flex capacity and deliver results in a more coordinated way. Some sites might be able to do more activity in the future than they do now. The core funding mechanism was based on population but additional activity based targets on top of that would be required to help clear backlogs but there would be no return to the old PbR system.

4.7 Cllr Adams asked who exactly the two Local Authority reps on the Board would be - members or officers? Marie Gabriel replied that local authority colleagues had been asked to decide on that and they were expecting a common approach.

4.8 Cllr Snell asked about the transition from local jointly commissioned services. HB explained how this gave the ICS the opportunity to build on the excellent model as in C&H, for example. The structure of 3 committees, which sit jointly, should be continued at each 'place level' e.g. C&H. They would be reinforcing and retaining all placed based structures.

4.9 Cllr Masters asked whether the new ICS would end up cost neutral in terms of the cost of its structures. HB said they will absolutely focus on this, the aim was that it would not cost more than currently. The ICB would have a running cost allowance and the legacy CCGs historically underspend their individual running cost allowances and they expected the cost of the new structure to be the same.

4.10 Chair asked about the duration of new budget settlement for each ICS and how long north east London has until there is a new budget settlement. HB replied that the national funding process was still within the emergency funding regime. He added that we know that the current settlement will be c. 0.7% higher this year. They don't know yet the precise way it will be allocated and he offered to bring this back to the next meeting once it is clear. HB added that under the Long Term Plan their financial settlement had been for 5 years but this year they've only got the 2022/23 allocation clarified because of the emergency situation.

4.11 The Chair asked about the impact of the national 'levelling up' agenda on London councils' budgets and how London might lose out as a consequence of NHSE using a different approach to the formulas and the local weightings. HB replied that this will be a matter for ICB to consider very carefully as their overarching requirement will be to reduce health inequalities and they will have to try and achieve this in a way that minimises financial instabilities.

4.12 Common Councilman Hudson commented that he was very sceptical that these changes won't increase management and administrative costs.

4.13 The Chair thanked officers for their paper.

ACTION:	**HB to include in the ICS update to the 29 June meeting a diagram on the changes to funding flows (system vs place-based) comparing the 5 CCGs to the new ICS with the aim to understand how, apart from the significant slice going to the Acutes, the other budget lines will map across in the new ICS and which will end up 'system' level and which will remain place-based.**

RESOLVED:	**That the reports and discussion be noted.**

5. Partnership updates

5.1 The Chair welcomed for this item:

Henry Black (**HB**), Acting Accountable Officer, NEL CCG
Rt. Hon. Jacqui Smith (**JS**), Chair in Common, Barts Health-BHRUT
Dame Alwen Williams DBE (**AW**), Group CEO, Barts Health NHS Trust
Tracey Fletcher (**TF**), Chief Executive, HUHFT
Paul Calaminus (**PC**), Chief Executive, ELFT
Jacqui von Rossum (**JvR**), Acting Chief Executive, NELFT
Professor Sir Sam Everington, Deputy Clinical CCG Chair/Clinical Chair Tower Hamlets, NEL CCG
Dr Ken Aswani (**KA**), Clinical Chair, Waltham Forest, NEL CCG
Dr Mark Rickets, Clinical Chair, City and Hackney, NEL CCG
Siobhan Harper, Director of Transition for TNW, NEL CCG

5.2 Members gave consideration to two papers:
a) NEL Health update
b) NEL Covid-19 vaccination programme and flu immunisation programme data pack

5.3 JS provided a verbal update on the succession plan for the new Group Chief Executive and the need to make progress on the joint collaboration between the two trusts without unnecessary organisational change. She explained the move towards having a joint CE for Barts Trust and BHRUT so that it could be a strong voice for north east London. Both Trusts will remain separate statutory organisations with their own Boards. Much work was being done to strengthen the site based leadership and she was also recruiting Vice Chairs, one for each of the Trusts.

5.4 The Chair asked whether the Department of Health was dictating direction of travel here, insisting on one large acute trust in each ICS area. JS replied that this trend was increasing across the country. What had driven the local decision however was the view that this was the most appropriate way to drive the necessary collaboration that was needed while maintaining the leadership in each Trust. It was not mandated but they felt it was in the best interests of their patients and built on existing close working relationships.

5.5 Paul Calaminus (CE of ELFT) described what was driving the similar plan for joint ELFT-NELFT Chair. He illustrated some successes coming out of joint collaboration. He explained that there had been a significant increase in the mental health needs of children and young people since the pandemic and with the two trusts working together in borough partnerships they'd been able to sharpen the approach. Some of this work had led to more appropriate hospital admissions and fewer young people going into hospital. This had resulted in a 40% reduction in length of stay and then being able to reinvest those savings in for example a new resource/service for treatment of eating disorders across the 8 boroughs. He added that NEL was the only ICS area in London not sending adults out of the area for mental health treatment. There were many examples to take forward which were about consolidating joint working which was in turn improving outcomes.

5.6 AW gave an update on waiting lists in the acute hospitals. The issue of long waiters was predominantly a Barts Health issue but they'd successfully worked in collaboration with HUHFT and BHRUT to give mutual aid to support Barts with their backlog. They were always balancing capacity and workforce to target the very urgent category. The focus now was on the 104 and 52 week backlog lists. They had achieved a 50% reduction in the 104 wk list (1800 in Jan, now down to 900). There was now a national elective policy and all 104 wk waits would need to be eliminated by July. In terms of 52 wk wait they had reduced this to just over 8000 which was a 54% reduction over the past 6 months. In terms of national 'ask' the refining their elective recovery plan for 22-23. Nationally the aim would be to eliminate all 52 wk waits by March 2025. She also described the use of surgical centres of excellence which focused on high acuity but low volume. She was very conscious that given the scale of the challenge this configuration of surgical centres successfully used during the pandemic would endure. She concluded that there was a strategic element to all this too given the future demands of a rising population.

5.7 TF gave an update on waiting lists at HUHFT and on current priorities. They were below national thresholds. Their priority with Barts Health was to try and establish which patients can most easily transfer into them either directly or indirectly so that the overall system can tackle this huge elective challenge. Such mutual aid joint working between St Barts and the Homerton had existed for many years. There was a need to get back on top of the backlog. Pre Covid there had been many conversations about demographic pressures but now, collectively, there was a need to think again about possible impacts. Planning on a NEL scale wasn't easy but they practised it over the past two years of the pandemic and they now needed to establish it on a planned footing rather than on a crisis footing.

5.8 Cllr Snell asked how extra capacity was being created to clear the backlog and what were the other ways of working that allowed us to get people through the system more quickly. AW described the high volume-low acuity surgical centres. The outpatient pathways would remain local, she added. It was usually a staircase surgery approach with HUHFT for example specialising in gynae and general and Newham in orthopaedic. This means they can treat more patients more quickly in these centres because the clinicians have come together. They were also planning with the Independent Sector and were working separately to secure capital investment to expand capacity in NEL. In June they would have completed the planning round and would be able to report more. One of key constraints was that they still had to segregate patients because of covid and this was having an impact on how many patients they can have in a theatre each day. They were also looking at pathways of care linking into community care and innovative work was taking place at this level.

5.9 Cllr Masters expressed a concern that the public was being led by a political narrative that the pandemic was over, in order to drive up activity, while the risk remained. AW replied that very stringent infection control measures were still in place in all sites. The numbers were much lower and severity was very much lower but there was still a need to reduce transmission. They would abide strictly by clinical control of infection advice but with a degree of relaxation happening they would be able to treat more patients.

5.10 Cllr Sweden thanked AW for her service and asked whether there was sufficient bed capacity in acute mental health. He also asked about greater use of community treatment orders. He also asked whether they had sufficient capacity to drive up cancer diagnostics. PC replied that they had 90-94% acute capacity in mental health. There were big differences between rates for male vs female and as between different boroughs. On the reduction in use of ‘community treatment orders’ there had been a reduction overall in their use and instead more and different crisis offers were being put in place, as well as enhanced use of crisis lines. AW replied on further investment in cancer diagnostics stating that further investment was being made. MIle End Early Intervention Centre had opened last year, a similar centre had opened at Barking Hospital and more were on the way. Because of the Mile End Centre they had cleared the endoscopy backlog really effectively.

5.11 Cllr Hudson on what the relative cost of independent vs NHS care was. He also asked about the rate of loss of staff. AW replied that the same NHS tariff was used in the independent sector for outer NEL and they had extricated themselves from the use of inner London providers. In terms of recruitment and retention, broadly there was a degree of stability but this masked that a lot of recruitment was being done, turnover was high and so they needed to increase the workforce.

5.12 The Chair asked whether there was an evidence base that governance was more effective when you consolidated trusts and spread it across a large number of organisations and how we were judging quality and effectiveness. PC replied that there were approaches to areas of collaboration where we can really demonstrate better outcomes. This was very much about how we really support organisations to collaborate well. This has been about the experience over the last two years and trying to continue that.

5.13 Jacqui van Rossom (NELFT) replied on the advantages of joint governance. The focus was on improving outcomes by building on the existing collaborations. NELFT had worked closely with partners in Essex for some time. The issue then was how to give support to a joint Chair and to add capacity so that they don't dilute the Chair's presence and effectiveness. This approach helps not only in east London but also in the other geographical patches they both work in.

5.14 Cllr Adams asked whether an NEL system pathway for Long Covid existed. Dr Ken Aswani explained the system treatment pathways that were in place for Long Covid across NEL. The GPs assess the patients and refer them to specialists. If however a more multi disciplinary approach is required they are referred into a Long Covid pathway and an individual plan is built around the patients needs so as to support them with, for example, rehabilitation.

5.15 Cllr Masters asked about the challenges of uniting different cultures in inner and outer in these collaborations. JS replied on the need to optimise capacity across the 2 trusts with a strong strategic leader at the top while maintaining some stability in the leadership at each site. Organisational development work would be done to bring the leaders together and they were beginning to see some progress on sharing of learning e.g. on Equality, Diversity and Inclusion or on Sustainability and Net Zero. She commented that she didn't necessarily agree that there were two different 'cultures'.

5.16 The Chair thanked the officers for their detailed report and attendance.

RESOLVED:	**That the reports and discussion be noted.**

6. Harmonising Continuing Healthcare policies

6.1 The Chair welcomed for this item:
Diane Jones (**DJ**), Chief Nurse and Caldicott Guardian, NEL CCG and ICS
Sandra Moore, Deputy Director of Continuing Healthcare, NEL CCG
Matthew Norman (**MN**), Continuing Healthcare Programme Manager, NEL CCG

6.2 Members gave consideration to a briefing paper '*NEL Continuing Healthcare Harmonisation of Policies - communication and stakeholder engagement plan'*.

6.3 Diane Jones (Chief Nurse, NEL CCG) took members through the briefing paper.

6.4 The Chair asked whether Adult Social Care heads were co-designing this with the NHS. DJ replied they were and it was also being developed with communities. They wanted to create new policies across the system.

6.5 The Chair asked whether the end game here was fully pooled budgets for these services. DJ replied that the Better Care Fund and Section 75 agreements had already moved partnership working along on this and potentially they wanted to explore with councils options on expanding possible pooled funding.

6.6 Cllr Snell asked about CHC assessments being nationally mandated and whether an audit was being done here to underpin this harmonisation. DJ replied that given that CHC was under her leadership it was absolutely about an individualised assessment of individuals needs and not the budget envelope. They needed to look at who can provide the best care to meet an individual's needs. They have processes in place to assure themselves that the care packages are cost effective and meet people's needs. Part of what they were doing was looking at the benefits of services and looking at the best care provided across the boroughs.

6.7 Cllr Sweden asked about how seldom heard groups were being engaged and whether provision of advocacy would be considered as part of this. He had a concern that the articulate and sharp-elbowed would do well here. He asked whether an advocacy service could be commissioned as part of this for those who will need it. DJ replied they will engage with families but also advocacy groups. When an individual doesn't have family members to support then advocacy services would be needed.

6.8 Cllr Sweden commented that because the determination of who is eligible for CHC is a defined area, you must have expertise in health funded continuing care in order to be able to advocate in the first place. DJ replied that the intention was that they would make advocacy services available to those who required it. It was not routinely provided but they would take this point away. Cllr Snell added that there was an advocacy service in C&H supported by Mind and it was critical that we don't lose any of these services and this needs to be part of the broader analysis here.

ACTION:	**DJ to take on board in the engagement proposal the need to offer Advocacy, where appropriate, in relation to CHC. Noted that the determination of who is eligible for CHC is a defined area and one must have expertise in it to be able to advocate properly.**

6.9 Chair asked whether the driver of harmonisation was just cost related. DJ replied that this was truly about getting consistency in the pathway across NEL and they acknowledged that some people would have been on a painful journey in securing CHC and would have had to challenge decisions etc. The aim here was to go on this journey with families and not to be adversarial.

6.10 The Chair expressed concern that greater budgetary pressure is not put on Social Care because of this, given that council budgets have been dramatically slashed over the past 10 years. It was a job for those carrying out this consultation to ensure that Directors of Social Care are happy with this process and that this doesn't have a budgetary knock-on effect on other council services.

6.11 The Chair asked about ensuring that the consultation was as wide as possible. DJ replied that they were using all social media platforms and they had an engagement plan. Matthew Norman detailed how they were using Healthwatches, using surveys, publishing on websites and distributing various leaflets and pamphlets across a variety of settings.

6.12 Cllr Masters asked about the need with this consultation to go deeper than just Healthwatches in order to reach those not in touch with the system. DJ said they certainly were looking at the range of voluntary groups they could reach out to as they wanted it to be as far reaching as possible. They also asked for suggestions from Members which they would follow up on. Cllr Masters requested a list of VCS organisations being consulted.

ACTION:	**DJ to provide a list of VCS orgs across NEL who are being consulted as part of the consultation on Continuing Healthcare harmonisation.**

6.13 The Chair thanked the officers for their report and their attendance.

RESOLVED:	**That the reports and the discussion be noted.**

7. Harmonising of Fertility Services policies

7.1 The Chair welcomed:

Diane Jones (**DJ**), Chief Nurse and Caldicott Guardian, NEL CCG and ICS
Alison Glynn (**AG**), Head of Commissioning & Contract Management, NEL CCG
Dr Anju Gupta, Clinical Lead for Fertility Services, NEL CCG

Mark Gilbey-Cross, Director of Nursing, NEL CCG

7.2 Members gave consideration to a briefing paper '*NEL CCG development of a single fertility policy*'. The Chair asked that if there were plans to reduce the number of IVF cycles or the age parameters involved this must be made explicit as part of this consultation.

7.3 Diane Jones took Members through the briefing paper.

7.4 The Chair asked whether the changes here will be cost neutral. DJ replied that they need to complete the engagement first to see what the final policy would look like but this initiative was not a cost saving one.

7.5 Common Councilman Hudson asked if the cost was more, how would it be funded. DJ replied that they would have to look at other areas of service provision. There would need to be a financial impact assessment and an EIA. Both would go through due process to ensure they can meet the needs of the policy.

7.6 Cllr Snell stated that the proposals would need to be discussed with 'critical friends' in order to improve them and he asked about Stonewall's concern re services for gay couples. Alison Glynn (NEL CCG) described the engagement plans adding that they had already engaged with clinicians in all the local trusts and were contacting relevant patient groups. They were also talking to Public Health colleagues across NEL on sexual health services. They had also engaged with LGBTQ and BME groups internally to begin with. There would be wider engagement in the summer and she asked Members to suggest groups that should be added to their stakeholder mapping.

7.7 The Chair asked if there would be a needs assessment to support the policy development. AG replied that they had used an independent health policy support unit who had reviewed 5 of their policies against NICE guidelines. They had also undertaken a large mapping exercise on impact, cost and capacity and clinicians were examining that. The Needs Assessments would come up from the next round of engagement.

7.8 The Chair asked what variation there was currently across NEL. AG replied that in BHR they offered 1 embryo transfer, up to age 40. In the INEL boroughs they offered up to 3 embryo transfers up to age of 40 and 1 up to age of 42, and this inequity was why there was a need for harmonisation.

7.9 The Chair asked about the cost implications of applying the current Inner policy in Outer NEL. AG replied that it was difficult because they looked at different parameters in each. What they provide in INEL was only up to age 42 whereas NICE guidelines includes 42 yr olds. It was difficult therefore to segregate what the additional costs would be. It would be in the low millions if they went for a full change. There were other areas also not in line with NICE guidelines. It was not just about age and number of embryo transfers.

7.10 The Chair asked whether NICE guidance recommended how many cycles there should be. AG replied that it recommended 3 cycles and you can have more transfers within that but it depended on the individual. The Chair asked that the Committee sees both consultation documents when ready. He also requested that the consultation needs to be clear about specific planned changes adding that it would be counterproductive to white wash over a possible reduction in one area within a broader vague consultation about the service, as this would lead to great distrust. They must be as open and candid in these consultation documents as possible.

ACTION:	**DJ to ensure that both consultation documents (CHC and Fertility) be sent to the Committee as soon as they are available.**

7.11 The Chair thanked the officers for their paper and their attendance.

8. Special Whipps Cross JHOSC update

8.1 Members gave consideration to a briefing note from Cllr Sweden providing an update on the 26 January meeting of the Whipps Cross JHOSC.

8.2 Cllr Sweden summarised the discussions and added that sustainability and flood prevention would be on the next agenda. He added that there appeared to be a delay in final sign off of some funding which had delayed the submission of the Outline Business Case but this was in hand. The JHOSC had recommended that they should continue to revise the bed capacity as long as additional information come forward which might affect it particularly as only outline planning consent had been given. He added that the issue of calling for a full statutory consultation was still in the air.

8.3 The Chair asked about the argument in relation to the statutory consultation and if it was because this was not deemed a significant change to trigger one. Cllr Sweden replied that it was and the counter argument from the NHS was that it wasn't a substantial variation or a change of location. He added that the CCG and Barts Health were very cautious about getting embroiled in a matter of process that could postpone the start of building works. He added that there was unanimity that the new hospital was badly needed.

RESOLVED:	**That the reports and the discussion be noted.**

9. Minutes of previous meeting

9.1 The Chair stated that as there was no member from Tower Hamlets present the Committee was inquorate and the minutes from 16 Dec would be agreed with the minutes of this meeting at the next meeting of the Committee on 29 June.

10. INEL JHOSC future work programme

10.1 Members noted the updated work programme document. The Chair stated that the ICS would formally come into being two days after the next meeting and so they would wish for an update on that. There would also be a 'health update' and two slots reserved for issues which health leaders might wish to bring.

10.2 Cllr Snell asked for on overview of all the new specialist centres/hubs and asked for a map of these.

ACTION:	**HB asked if the Health update to the 29 June meeting could include an overview of the specialist hubs/centres of excellence which are being developed across NEL, with a map to illustrate which specialisms are moving where.**

10.3 Cllr Masters commented that these hubs had been previously mooted and the pandemic was being used to speed up their implementation. The Chair commented that a map of what is going where would be most helpful.

10.4 Common Councilman Hudson thanked everyone for the collaborative way in which the Committee had worked and wished everyone good luck in the upcoming elections.

RESOLVED:	**That the update work programme be noted.**

11. Any other business

11.1 There was none.

Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC)

Minutes of the proceedings of the INEL JHOSC held from Council, Chamber, Hackney Town Hall, Mare St, London E8 1EA

Date of meeting: Thu 16 December 2021 at 7.00pm

Chair	Councillor Ben Hayhurst (Hackney)
Members in attendance	Councillor Gabriela Salva-Macallan (Vice-Chair) (Tower Hamlets) Common Councilman Michael Hudson (City of London) Councillor Susan Masters (Newham) Councillor Peter Snell (Hackney) Councillor Richard Sweden (Waltham Forest)
Members joining remotely	Councillor Kam Adams (Hackney) Councillor Anthony McAlmont (Newham), Councillor Neil Zammett (Chair, ONEL JHOSC, Chair of Redbridge Health Scrutiny Committee (Observer at INEL)
All others in attendance remotely	Henry Black, Acting Accountable Officer, NEL CCG and SRO for East London Health and Care Partnership (ELHCP) Rt. Hon. Jacqui Smith, Chair in Common of Barts Health and BHRUT Dame Alwen Williams DBE, Group Chief Executive, Barts Health Dr Ken Aswani, Clinical Chair - Tower Hamlets, Newham, NEL CCG Dr Mark Rickets Clinical Chair - City & Hackney, NEL CCG Siobhan Harper, Director of Transition, Tower Hamlets-Newham-Waltham Forest, NEL CCG Nicholas Wright, Programme Lead for Community Diagnostic Centres, NEL CCG Don Neame, Senior Communications Consultant, NEL CCG/ELHCP Carol Saunders, Member, North East London Save Our NHS
Member apologies:	Councillor Ayesha Chowdhury (Newham)
YouTube link for meeting	The meeting can be viewed here: https://youtu.be/c8_A5O3Xr_Y
Officer contact:	Jarlath O'Connell 020 8356 3309 jarlath.oconnell@hackney.gov.uk

1. Welcome and apologies

1.1. The Chair welcomed everyone and stated that the meeting was being recorded and live-streamed for public and press access. Apologies were received from Councillor Chowdhury and from Marie Gabriel.

2. Urgent items/ order of business

2.1. There were none and the order of business was as on the agenda..

3. Declarations of interest

3.1. Cllr Masters stated that she was employed as Director of Transformation by HCVS (Hackney Council for Voluntary Services) in a post funded by NEL CCG.

3.2. Cllr Snell stated he was Chair of the Trustees of the disability charity DABD UK.

3.3. Cllr Sweden stated he was a Trustee of Leyton Orient Trust who deliver health services in the Inner London Area.

4. Covid 19, winter pressures, elective recovery update

4.1. The Chair, on behalf of the Committee, thanked the NHS staff in attendance for all their work during this period of immense pressure. He welcomed for this item:

Rt. Hon. Jacqui Smith (JS), Chair in Common, Barts Health-BHRUT
Dame Alwen Williams DBE (AW), Group CEO, Barts Health NHS Trust
Henry Black (HB), Acting Accountable Officer, NELCCG and Acting SRO NEL HCP

4.2. Members gave consideration to two papers *NEL Health update* and *NEL Covid-19 vaccination programme and flu immunisation programme data pack.*

4.3. The Chair welcomed Jacqui Smith, the new Chair in Common of Barts Health NHS Trust and Barking Havering Redbridge University Trust, who provided a verbal update on the progress of the new 'provider collaborative' between Barts Health and BHRUT. She described the work supporting areas of operational pressure and improving elective recovery by using capacity across the two trusts more effectively, sharing managers in areas of operational pressure and working on joint recruitment and retention. She drew Members attention to the plan for resourcing the first stage of the collaboration, which had just been published.

4.4. The Chair asked whether a merged Trust would be the eventual outcome of the increased collaboration between these two large organisations. JS replied that what would drive it would be the success for patients and staff and it would depend on how that goes. There were no current plans for governance changes.

4.5. The Chair asked about the reintroduction of payment-by-results and if the response might be pooled funding arrangements between the two Trusts. JS replied that the financing referred to is about the delivery of some immediate priorities but there is a bigger piece of work going on across the ICS.

4.6. Henry Black (Acting AO for NEL CCG) introduced the briefing paper *NEL Health update* which covered: latest data on Covid-19; winter resilience and elective recovery including Barts outpatient appointment waiting lists, ensuring sufficient workforce, recovery in mental health and in primary care and next steps. He also drew members' attention to the *NEL Covid-19 vaccination programme and flu immunisation programme data pack* in the agenda papers.

4.7. The Chair asked AW about concerns about staffing levels generally due to Omicron pressures. AW replied that there were significant impacts and they were asking staff

to be flexible. They had just received updated government guidance on staff who aren't positive themselves but who have family or housemates who are. They are also redeploying permanent staff and bringing in temporary staffing and paying attention to staff wellbeing at this stressful time.

4.8. Cllr Masters asked about the lower levels of Omicron variant in inner vs outer London; about why no boosters appeared to have been distributed to the Roma community in Newham and Barking & Dagenham and about the messaging to those in the community who've not even had their first dose. HB replied that the data profile on lower cases in inner rather than outer had been superseded by omicron. He undertook to get back on the Roma issue. On the message to those who had not had the first dose, he reiterated that having one dose was very effective in terms of reducing impact and so it's a key priority for messaging.

4.9. The Chair asked about using new data on the new variant to shape messaging. HB replied that this was worth doing but there was a data collection challenge here and there was no national resource which they could tap into.

4.10. Cllr Snell asked about the shortage of Lateral Flow Tests. HB replied Test and Trace was nationally based not locally and this was a logistics issue not a supply one.

4.11. The Chair asked AW about whether there had been sufficient tests for staff. AW replied they had and deliveries were timely.

4.12. Cllr Salva-Macallan asked whether the use of pop-up vaccination centres had increased. HB replied that it had been difficult initially to get a huge amount of volume through these pop-ups but they were now being ramped up.

4.13. Cllr Adams expressed concern regarding the graph on ethnicity in the paper having 'British Bangladeshi' but neglecting British Caribbean or British African and on equalities implications of this. HB apologised for this and undertook to get back on it. He added these had been nationally prescribed categories and he noted their shortcomings.

4.14. The Chair asked AW about progress in reducing waiting lists. AW replied on the huge focus now on elective recovery and were on plan to eliminate the very long lists (104 wk waits). They would need to monitor this and also it was normal before Covid to do less planned elective work in January because of winter pressures. They were now down 8500 on the 52 week list and on target to clear it by Dec 2022.

4.15. The Chair asked about the new sites across the NEL footprint which would mean further to travel for many. AW replied that some patients were very happy to get access to care more quickly at other sites while others were deciding to wait a bit longer.

4.16. Common Councilman Hudson, in a follow up from the June meeting, asked about the length of time people were spending on reserve waiting lists before going onto the main one. AW explained how at the time they were restoring services and slots had not opened up and so a reserve list had been used. AW undertook to come back on this. The hospital and local GPs were working on advice and guidance so a conversation between GP and Clinician would take place to manage patient demand more effectively. Common Councilman Hudson requested data on management of outpatient referral waiting lists.

4.17. Cllr Master asked about high volume-low complexity surgical hubs and if they included private providers. AW explained that they were consolidating some services across the hospitals as well as relying on some independent providers to boost capacity urgently, as required.

4.18 Cllr Sweden asked about handling urgent cases who also present with covid. AW detailed the PPE and control of infection rules used in hospitals and explained the segregation of wards and how those in need of life saving treatment will get it regardless of their covid status.

4.19 Cllr Snell asked about Remote Emergency Access Coordination Hub (REACH) across Barts Health footprint. AW replied that this was a service they were piloting so A&E consultant triage was set up at Royal London. This was being re-launched and the plan was to extend that across NEL, but it would have to be done in phases because of the immense pressure currently on London Ambulance Service.

4.20 The Chair asked about numbers of Covid admissions across Barts' sites and was there an uptick because of omicron. AW replied that they were but it was not a huge increase and the ICU admissions were the delta variant. She explained that the increase was in general and acute bed admissions rather than in ICU for Covid. 25 patients were in critical care in Barts as of that day and all were unvaccinated.

4.21 Cllr Adams asked whether 'Super Saturday' clinics would be ongoing. AW replied that clinical staff volunteer to work at weekends in these in order to clear the backlog and they represented a huge effort among clinical staff..

4.22 Cllr McAlmont asked about ethnicity of the unvaccinated 25 patients currently in Barts ICU and what more can be done on vaccine hesitancy. AW replied she was open to Cllrs input on other locations for outreach vaccinations service. She added that she would share the latest generic data on ethnicity and age.

ACTIONS:	**Action 1 - NEL CCG to explain why there appeared to be no data in the pack on vaccinations given to Roma communities in Newham and Barking & Dagenham.** **Action 2 - NEL CCG to respond on why the data pack p.12 had ethnicity broken down by 'British Pakistani' or 'British Bangladeshi' for example but not British Caribbean or British African.** **Action 3 - Barts Health to provide clarification on the use of reserve lists in the management of outpatient referral waiting lists and for reassurance on the management of these lists.** **Action 4 - Barts Health to provide if possible data on the ethnicity of the 25 patients with Covid currently (16 Dec) in ICU at Barts Health or failing that to give a summary of more generic data re age and ethnicity of the Covid in-patients.**

RESOLVED:	**That the reports and discussion be noted.**

5. Plans for engagement and information on proposed service changes - Community Diagnostic Centres

5.1 The Chair welcomed for this item:
Henry Black (HB), Acting Accountable Officer, NEL CCG and Acting SRO for ELHCP
Nicholas Wright (NW), Programme Lead for Community Diagnostic Centres, NEL CCG
Dr Ken Aswani (KA), Clinical Chair for Waltham Forest, NEL CCG
Dr Mark Rickets (MR), Clinical Chair for City & Hackney, NEL CCG

5.2 Members gave consideration to a report, *NEL Community Diagnostic Centres.*

5.3 NW took Members through the presentation which covered: what is a CDC; how do we need to adapt to meet future needs?; analysis to date; what inequalities do we need to address?; year one and early adopters; future site types; CDC enablers; engagement to date

5.4 Cllr Sweden contrasted the waiting times for diagnostics in Waltham Forest vs Hackney and asked how this is being addressed. NW replied that tackling inequalities was a key part of the programme and there would be EIAs done for each site as they progressed.

5.5 Cllr Sweden asked for more detail on how the map on p.87 was achieved and how the diagnostics for Waltham Forest break down.

5.6 Cllr Masters asked whether the CDC plan was reflective of poor process rather than inequality. She asked what had emerged from the engagement thus far. She also asked who would deliver these CDCs and their qualifications. She asked how they fit in within the NHS and whether they will replace existing services. On the first question the Chair added if there was a reason why Hackney had better diagnostics. NW replied on the engagement process and delivery and undertook to come back with more detail. In terms of engagement, they had spoken to Healthwatches several times. This is new money for new services and won't replace existing services. They would be hosted by the relevant acute trusts in the borough they're in. Dr Aswani explained clinicians involvement in the development of the CDC programme and added that the aim was to target undiagnosed conditions and so achieve better outcomes.

5.7 Cllr Snell commended the maps and stated they should feed into JSNA analysis to spot the particular problem areas. The Chair commended that tackling disparities of provision and inequalities was the key driver here and asked for an update in 1 years time.

5.8 NW stated an overall aim would be to measure increases and decreases in the inequalities over time to assess impact and they would be happy to come back regularly to update the Committee on progress of the new sites which will add capacity over the next five years.

5.9 The Chair thanked the officers for their detailed report and attendance.

ACTION:	**Action 5 - Re slide on p.4 on *Diagnostic activity Median waiting days by LSOA*) NEL CCG to provide some of the Waltham Forest data which underlies this chart or a summary explanation as Cllr Sweden has concerns about the contrast between WF and C&H figures. Acton 6 - Update on CDCs to be added to work programme for Dec 2022.**

RESOLVED:	**That the reports and discussion be noted.**

6. NEL Integrated Care System - update.

6.1. The Chair welcomed for this item:

Henry Black (HB), Acting Accountable Officer, NEL CCG/Acting SRO for ELHCP
Carol Saunders (CS), Member North East London Save Our NHS

and thanked NELSON for their submission.

6.2. Members gave consideration to a briefing paper '*NEL HCP update*' on the development of the local ICS. HB took members through the presentation which covered: progress since September; new leadership for the ICS; clinical and care professional leadership; ICB and ICP membership proposals; defining the NEL partnership; design principles; flagship partnership priorities; working with people and communities; developing our place based partnerships; provider collaboratives and with appendices covering: employment and workforce; children and young people; long term conditions and mental health.

6.3. Members also gave consideration to a submission from North East London Save our NHS entitled *Statement to INEL JHOSC on the role of local councillors in developing the constitution for the NE London ICS.*

6.4. The Chair expressed concern that strong community links in the old commissioning structure would be lost when incorporated into the much bigger NEL wide system and asked whether for example the City and Hackney Place Based Partnership would retain funding to enable them to continue to commission a local GP Confederation. HB replied that all that work to determine the local model would be done at the place based level. The Chair also expressed concern that the local authorities representative on the ICB must be an officer and not an elected member. HB replied that this was still being debated nationally and it did appear that this might change.

6.5. Cllr Snell commended the presentation and asked how the draft structure differs from those in other ICSs. HB replied that he was not clear what exactly the other 41 ICSs were doing nationally but the guidance, generally, was permissive and added that the NEL ICS would be different from others in London. The local priorities too have been based on an extensive engagement as well as building on a decade of relational development and partnership working.

6.6. Common Councilman Hudson expressed concern that the representative of the local authorities should be an elected member as LAs are Member led bodies. HB replied that his understanding was that the NHSE policy position on this was changing.

6.7. The Chair stated that in the old structure having local financial allocations provided stability but now all funding would go up to NEL level. He also expressed concern about the sustainability and viability of HUHFT in the new ICS system. HB replied that the Homerton was integral to the performance of the ICS as a high performing partner. He hoped that the ICS model would create a more coherent structure to improve delivery.

6.8. Chair asked Jacqui Smith whether her role on ICB would be to represent HUHFT as well. JS replied that it was and she had agreed with Sir John Gieve (Chair of HUHFT) to make this work so that in her role on the ICB she can be a voice for all the acute partners across NEL.

6.9. Cllr Masters expressed concern about the potential of forcing the creation of an umbrella body for all VCS bodies across NEL and asked for commitment on not having private providers on ICB. HB replied that there would be no private companies with members on the ICB. There are 8 VCSs and 8 Healthwatches but the NHS had no mandate to require an aggregation of them on the ICS unless it was something they themselves wished to initiate. Cllr Masters added that forcing the creation of such an umbrella body would not work.

6.10. Carol Saunders (NELSON) asked whether meeting papers for ICB and ICP would be made public and whether the public could attend and submit questions. She also asked how patient input could meaningfully be achieved with no patient reps on the board. She also flagged the poor quality of surveys issued by ICSs which seem skewed to get anodyne or specific responses e.g. the latest one on GP consultations. She added that having an umbrella group for an unquantified number of business groups on the ICP was troubling and would be likely to create conflicts of interests. She asked who these businesses are and could a rep of Operose Health for example be recommending a strategy for NEL's primary care system?

6.11. HB replied that all meetings will be held in public and the public will be able to ask questions. Re patient reps, he stated that Healthwatch and patient reps would be on the ICP and the Place Based Partnerships but not the ICB because, when making statutory decisions, it becomes difficult to then hold to ICB to account if those reps are also members of the Board making the decision. He acknowledged the shortcomings in the recent survey design but these had been produced by the regional team not the local one. On business involvement the idea was to include a broad group of local businesses around the anchor institutions who employed local people, not multinationals.

6.12. The Chair asked whether pharmacies could be included among the business groups. HB replied that potentially but they would need to work that through.

6.13. Cllr Masters commented on the lack of visibility of committee papers on the NEL CCG website. HB undertook to look into this and they would make them more prominent.

6.14. The Chair thanked all the officers for their papers and attendance.

RESOLVED:	**That the reports and the discussion be noted.**

7. Whipps Cross JHOSC update

7.1 Members gave consideration to a briefing note from Cllr Sweden providing an update on the first two meetings of the new Whipps Cross JHOSC.

7.2 Cllr Sweden (Whipps Cross JHOSC Chair) summarised the business of the first two meetings of the Committee. A key issue was 'end of life care' and the worry that the hospice facility - the Margaret Centre, would not be included in the new development. They were recommending a discrete hospice unit for the Whipps Cross catchment area. The next meeting would cover projected bed numbers and the fear that the reduction would be inadequate and the subsequent meeting would cover flood prevention and the hope is that it would take place on site with a site visit.

7.3 The Chair commended the scrutiny work that was being done here. Cllr Masters asked if the JHOSC had any power re. reducing beds. Cllr Sweden replied that they could refer the matter to the Secretary of State. He added that Redbridge colleagues on the JHOSC had also wanted it to go to a statutory consultation but he as Chair was adamant that no procedures the JHOSC might engage in would cause a delay to the actual delivery of the hospital and he would try to resolve the matter between the two parties.

RESOLVED:	**That the reports and the discussion be noted.**

8. Minutes of the previous meeting

8.1. Members gave consideration to the draft minutes of the meeting held on 13 September 2021.

RESOLVED:	**That the minutes of the meeting held on 13 September 2021 be agreed as a correct record and that the matters arising be noted.**

9. INEL JHOSC future work programme

9.1 Members noted the updated work programme for the Committee and that this was a working document.

RESOLVED:	**That the update work programme be noted.**

10. Any other business

10.1 There was none.

Date of next meeting noted as 1 March 2022.

Item No **10**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**INEL JHOSC work programme**
Date of Meeting	25 July 2022
OUTLINE	This is the first meeting of the re-constituted committee following the local elections in May. There has been a significant change in membership and so a new work programme is being developed with input from the Members and the stakeholders.
RECOMMENDATION	Members are asked to note the work programme and give consideration to items for future meetings.

INEL JHOSC Rolling Work Programme for 22-23 as at 14 July

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
Municipal Year 2022/23						
25 Jul 2022	**Implementation of NEL ICS**	Briefing	NEL ICS	Independent Chair	Marie Gabriel CBE	
			NEL ICS	CEO	Zina Etheridge	
			NEL ICS	Chief Finance Officer	Henry Black	
	East London Health and Care Partnership updates	Briefing	NEL ICS	CEO	Zina Etheridge	
			Barts Health-BHRUT	Chair in Common	Rt Hon Jacqui Smith	
			Barts Health-BHRUT	Chief Finance Officer	Hardev Virdee	
			ELFT	Chief Executive	Paul Calaminus	
	Proposed changes to access to fertility treatment for people in NE London	Briefing	NEL ICS	Chief Nurse	Diane Jones	
			NEL ICS	Director of Nursing	Mark Gilbey-Cross	
			NEL ICS	Clinical Lead	Dr Anju Gupta	
	Update on work of Whipps Cross JHOSC	Briefing	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
19 Oct 2022						
15 Dec 2022						
28 February 2023						

INEL JHOSC Rolling Work Programme for 2020-22 as at 1 March 2022

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
27 January 2020	**New Early Diagnosis Centre for Cancer in NEL**	Briefing	Barts Health NHS Trust	Clinical Lead	Dr Angela Wong	
			NCEL Cancer Alliance	Interim Project Manager	Karen Conway	
	Overseas Patients and Charging	Item deferred				
11 February 2020	**NHS Long Term Plan and NEL response**	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			Barking & Dagenham CCG	Chair	Dr Jagan John	
			East London HCP	Director of Transformation	Simon Hall	
			East London HCP	Chief Finance Officer	Henry Black	
	New Joint Pathology Network (Barts/HUHFT/Lewisham & Greenwich)	Briefing	Barts Health NHS Trust	Director of Strategy	Ralph Coulbeck	
			Homerton University Hospital NHS FT	Chief Executive	Tracey Fletcher	
	Municipal Year 2020/21					
24 June 2020	**Covid-19 update**	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			NEL Integrated Care System	Independent Chair	Marie Gabriel	
			Barts Health NHS Trust	Chief Executive	Alwyn Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
			East London NHS Foundation Trust	COO and Dep Chief Exec	Paul Calaminus	
			Newham CCG	Chair	Dr Muhammad Naqvi	
			Waltham Forest CCG	Chair	Dr Ken Aswani	
			Tower Hamlets CCG	Chair	Dr Sir Sam Everington	
			WEL CCGs	Managing Director	Selina Douglas	
			City & Hackney CCG	Managing Director	David Maher	
	How local NEL borough Scrutiny Cttees are scrutinising Covid issues	Summary briefing FOR NOTING ONLY	O&S Officers for INEL			
30 September 2020	**Covid-19 update**	Briefing	East London HCP	Senior Responsbile Officer	Jane Milligan	
			East London HCP	Director of Trasformation	Simon Hall	
			East London HCP	Director of Finance	Henry Black	
			Barts Health NHS Trust	Group Chief Executive	Alwen Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
			ELFT	COO and Deputy Chief Executive	Paul Calaminus	
			WEL CCGs	Managing Director	Selina Douglas	

			City and Hackney CCG	Managing Director	David Maher	
	Covid-19 discussion panel with the local Directors of Public Health	Discussion Panel	City and Hackney	DPH	Dr Sandra Husbands	
			Tower Hamlets	DPH	Dr Somen Bannerjee	
			Newham	DPH	Dr Jason Strelitz	
			Waltham Forest	DPH	Dr Joe McDonnell	
	Overseas Patient Charging - briefings from Barts Health and HUHFT	Briefing	Barts Health NHS Trust	Group Chief Medical Officer	Dr Alistair Chesser	
25 Nov 2020	**Covid 19 update and Winter Preparedness**	Briefing	East London HCP	Senior Responsbile Officer	Jane Milligan	
			NEL Integrated Care System	Independent Chair	Marie Gabriel	
			Barts Health NHS Trust	Group Chief Executive	Alwen Williams	
	Whipps Cross Redevelopment Programme	Briefing	Barts Health NHS Trust	Whipps Cross Redevelopment Director	Alastair Finney	
			Barts Health NHS Trust	Medical Director, Whipps Cross	Dr Heather Noble	
10 Feb 2021	**Covid-19 impacts in Secondary Care in INEL boroughs**	Briefing	Barts Health NHS Trust	Group Chief Executive	Dame Alwen Williams	
	Covid-19 Strategy for roll out of vaccinations in INEL boroughs	Briefing	East London HCP	SRO	Jane Milligan	
			City and Hackney CCG	Chair	Dr Mark Rickets	
			City and Hackney CCG	MD	David Maher	
	North East London System response to NHSE consultation on ICSs	Briefing	NEL Integrated Care System	Independent Chair	Marie Gabriel	
	Update on recruitment process for new Accountable Officer for NELCA/SRO for ELHCP	Briefing	NEL Integrated Care System	Independent Chair	Marie Gabriel	
Municipal Year 2021/22						
23 Jun 2021	**Covid-19 vaccinations programme in NEL**	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			NEL CCG	Director of Transformation	Simon Hall	
			NEL CCG	Managing Director of TNW ICP	Selina Douglas	
	Implications for NEL ICS of the Health and Care White Paper	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			NEL ICS	Independent Chair	Marie Gabriel	
			Barts Health	Group Chief Executive	Dame Alwen Williams	
	Accountability of processes for managing future changes of ownership of GP practices	Discussion item	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	

			NEL CCG	Director of Primary Care Transformation TNW ICP	William Cunningham-Davis	
			NEL CCG	Managing Director of TNW ICP	Selina Douglas	
			NEL CCG	Director of Corporate Affairs	Marie Price	
	Challenges of building back elective care post Covid pandemic	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			Barts Health	Consultant Cardiothoracic Surgeon and Chief of Surgery	Stephen Edmondson	
			Barts Health	Group Chief Executive	Dame Alwen Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
13 Sep 2021	**Whipps Cross redevelopment programme**	Update further to item on 25 Nov	Barts Health	Director of Strategy	Ralph Coulbeck	
	Structure of Barts Health and developing provider collaboration	Discussion	Barts Health	Group Chief Executive	Dame Alwen Williams	
	Implementation of North East London Integrated Care System	Discussion	NEL ICS	Independent Chair	Marie Gabriel CBE	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
				Group Chief Executive	Dame Alwen Williams	
	Covid-19 vaccination programme in NEL	Briefing	NEL CCG	Director of Transformation and NEL Covid vaccination Programme Lead	Simon Hall	
16 Dec 2021	**Covid-19, winter pressures, elective recovery update**	Discussion	Barts Health	Group Chief Executive	Dame Alwen Williams	
			Barts Health-BHRUT	Chair in Common	Rt Hon Jacqui Smith	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
	Plans for engagement and information on proposed service changes - Community Diagnostic Centres.	Briefing	NEL CCG	Community Diagnostic Centres Programme Lead	Nicholas Wright	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
				Clinical Director Waltham Forest	Dr Ken Aswani	
				Clinical Director City and Hackney	Dr Mark Rickets	
	NEL Integrated Care System - update	Briefing	NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
		Submission from public	North East London Keep Our NHS Public		Carol Saunders	
	Whipps Cross Redevelopment JHOSC	Brief update from Member	Whipps Cross JHOSC	Chair of the JHOSC	Cllr Richard Sweden	

1 March 2022	**Update on development of NEL ICS**	Briefing	NEL ICS	Independent Chair	Marie Gabriel CBE	
			NEL ICS/CCG	Acting AO	Henry Black	
			NEL ICS	Incoming CEO	Zina Etheridge	
			Barts Health-BHRUT	Chair in Common	Rt Hon Jacqui Smith	
	Health update from NEL Partnerhship	Briefing	NEL ICS	Acting AO	Henry Black	
			Barts Health-BHRUT	Group Chief Executive	Dame Alwen Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
			ELFT	Chief Executive	Paul Calaminus	
	Continuing Healthcare harmonisation	Briefing	NEL CCG/ NEL ICS	Chief Nurse	Diane Jones	
			NEL CCG	Deputy Director Continuing Healthcare	Sandra Moore	
			NEL CCG	CHC Programme Manager	Matthew Norman	
		Briefing	NEL CCG/ NEL ICS	Chief Nurse	Diane Jones	
			NEL CCG	Director of Nursing	Mark Gilbey-Cross	
			NEL CCG	Clinical Lead	Dr Anju Gupta	
	Update on work of Whipps Cross JHOSC	Briefing	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
	Note: Purdah begins 20 March in advance of Local Elections on 5 May. No meetings in this period.					
	Items to be scheduled/ returned to:					
	NEL Estates Strategy					
	Review of Non Emergency Patient Transport					
	Digital First delivery in NHS					
	Community Diagnostic Centres update in Dec 2022					