Public Document Pack

Inner North East London Joint Health Overview and Scrutiny Committee

Date: **TUESDAY, 28 FEBRUARY 2023**

Time: 7.00 pm

Venue: Council Chamber, Hackney Town Hall, Mare St

Members: David Sales

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

AGENDA

1. **INEL JHOSC - 28 FEB 2023**

(Pages 3 - 44)

Agenda

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

Date	**Tuesday 28 February 2023**
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/Fyr2lM2En4o Should you have technical difficulties the following is a back-up YouTube link: https://youtu.be/R82UPtuLRz8

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

City of London	Common Councilman David Sales	Independent
Hackney	Cllr Ben Hayhurst (Chair)	Labour
Hackney	Cllr Kam Adams	Labour
Hackney	Cllr Sharon Patrick	Labour
Newham	Cllr Susan Masters	Labour
Newham	Cllr Anthony McAlmont	Labour
Newham	Cllr Harvinder Singh Virdee	Labour
Tower Hamlets	Cllr Ahmodur Rahman Khan	Aspire
Tower Hamlets	Councillor Ahmodul Kabir	Aspire
Tower Hamlets	Councillor Abdul Malik	Aspire
Waltham Forest	Cllr Richard Sweden	Labour
Waltham Forest	Cllr Catherine Deakin (Vice Chair)	Labour
Waltham Forest	Cllr Afzal Akram	Conservative
Observer Member: ONEL	*Cllr Beverley Brewer (Redbridge)*	*Labour*

Agenda

No.	*Item*	*Contributor*	*Paper/ Verbal*	*Time*
1	Welcome and apologies for absence	Chair		19.00
2	Urgent items/order of business	Chair		19.01
3	Declarations of interest	Chair		19.02
4	**Understanding ICS staffing at Place level**	Zina Etheridge	Paper	19.03
5	**NHS North East London Health Updates** *Key performance data (high level) and current key issues at Barts Health/BHRUT, Homerton Healthcare and ELFT/NELFT*	Shane DeGaris Louise Ashley Paul Calaminus Jacqui van Rossum	Paper	19.45
6	**Additional hospital discharge funding in north east London**	Clive Walsh Zina Etherdige	Paper	20.15
7	**NEL Research and Engagement Network funding**	Dr Victoria Tzortziou Brown OBE	Paper	20.35
8	**Redevelopment of Whipps Cross -** update from Chair of Whipps Cross JHOSC	Cllr Sweden (Chair, Whipps Cross JHOSC)	Verbal	20.50
9	Minutes and matters arising		Mins	20.57
10	INEL JHOSC work programme 22/23		Work prog	20.58
11	Any other business			20.59

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

Item No **4**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**ICS staffing at Place level**
Date of Meeting	28 February 2023

OUTLINE

The Committee has had a number of items exploring the shape of the new ICS as it has developed. One of the issues which has raised some concern is how the staffing in NHS NEL will work vis a vis the old CCG system and in particular the need to preserve valuable local knowledge from 'Place' level in the new, more centralised, commissioning structure.

The final staffing structure is out for formal consultation.

We have invited **Zina Etheridge (CE, NHS NEL)** however to answer questions on how this is developing.

Attached please find a short briefing report to frame the discussion.

RECOMMENDATION	Members are asked to give consideration to the briefing.

North East London Health & Care Partnership

NHS North East London

Understanding staffing at place level

INEL JHOSC Feb 2023

Background

- We are nine months into a new organisation. We have established core governance with greater emphasis on place-based decision-making for all our seven partnerships. We see partnership, engagement and collaboration as underpinning all that we do.
- We have agreed – through our committee of local authorities, NHS and wider partners, our integrated care strategy for NEL and are working together on our five year forward plan
- We have been working with staff and partners on how we best align our staff to ensure we deliver on our commitments to ensure greater equity, and better integrate partnership teams (along the lines of those in City and Hackney and in Tower Hamlets)
- We plan to start a formal consultation with staff once we know the NHSE financial settlement for Integrated Care Boards for 2023/24

Place partnerships – principles

- Will be responsible for the health and wellbeing of their local populations and will convene a range of partners to enable their contribution to the delivery of integrated local care based on smaller neighbourhoods, reflecting the local system and community assets
- Staff structure design principles in the Participation and Place Department are:
  - People at the centre of what we do (co-design, local people, involvement and communications)
  - Equity (reducing inequalities; improving health and wellbeing
  - Subsidiarity (place partnerships will share the work of all partners)
  - System and Place are one (each place-based team will include people from the ICB working alongside people from local partner organisations, including through collaboratives. Corporate ICB teams will provide embedded resources or business partnering, with a clear understanding that working at Place means working physically from a Place at least part of the week)
  - Integration (the goal is to develop more integration – where integrated arrangements already exist these will not be undone but will be sustained and developed

Staffing

- The Chief Participation and Place Officer ‘s leadership team comprises seven directors of partnership impact and delivery (one for each Place); and a director of communication and involvement
- Each Director of Partnership Impact and Delivery will lead a local team that is different in each borough depending on the needs of the local community, discussions with local partners, and the current ways of working/direction of travel. So some Places may want to have more integrated teams, but it may take some time to reach that goal with all partners.
- Each Director will lead a fully embedded team within the local Place, along with a team of staff which, while also part of NEL-wide teams, is fully focused on Place delivery. Together, working at Place, with local authority, health and care providers, community and voluntary sector leads, Healthwatch and residents, these teams develop integrated strategic plans and ensure delivery for responsibilities, which are set to increase over time as the ICB and partners delegate more.
- To ensure we meet our commitment to greater equity, Place teams are planned to be arranged around ‘starting well’, ‘living well’ and ‘ageing well’; along with teams for primary care; and operations, finance and resourcing.

Item No **5**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**NHS North East London Health Updates**
Date of Meeting	28 February 2023
Attending	Shane DeGaris, Group Chief Executive, Barts Health/BHRUT Louise Ashley, Chief Executive, Homerton Healthcare Paul Calaminus, Chief Executive, East London NHS Foundation Trust Jacqui Van Rossum, Chief Executive, North East London NHS Foundation Trust Zina Etheridge, Chief Executive Officer, NHS North East London
OUTLINE	This is a regular briefing which brings together current issues from the key local trusts: Barts Health, BHRUT, Homerton Healthcare, ELFT and NELFT and the system. Attached please find a briefing note on the headline issues entitled *NHS NEL Health Updates.*
RECOMMENDATION	Members are asked to give consideration to the briefing.

North East London Health & Care Partnership

North east London Health update

28 February INEL JHOSC

Barts Health update - February 2023

North East London Health & Care Partnership

Winter pressures and operational performance

- Like most other trusts, we experienced high bed occupancy levels and intense pressures in our emergency departments over winter, though this is showing signs of easing from the January peak. The sharp rise we saw in flu has subsided for the time being, and covid rates are steady with continuing trends of non-severe illness.
- Performance against the 4 hours standard has recovered to the 70% mark having dipped to low 60s during the most challenging period. Despite this we compared well to other London trusts with a ranking of 8th out of 16 London Trusts at the end of January
- We continue to see challenges with discharging medically fit patients, with between 115 and 140 people awaiting discharge in our hospitals at any one time, many of whom require social care or other community support. This includes a large number of 'out of borough' patients, who sit outside the North east London patch.
- For planned care, our longest waiters of 2+ years are now almost cleared. A small number of cases remain due to complexity or patient choice to delay treatment
- We have made strong progress on 78 week waiters; this was almost 4,500 in August '21 but we are forecasting this to be less than 300 by the end of March and are working through options to further reduce this, including through additional mutual aid within the system.

Staffing

- The contingency plans we put in place for the recent London Ambulance Service & Physiotherapists strikes meant that patients continued to receive the care they needed, with limited impact on routine care. We are capturing lessons learnt ahead of other union ballots and potential strike action.
- Our insourcing of facilities management services continues; In February, we welcomed the second cohort of 270 porters who were previously employed by Serco into the Barts Health family, with the next tranche due to transfer in May.
- We welcomed Rebecca Carlton as Group Chief Operating Officer

Trust developments

- We introduced a virtual ward for cardiology at St Barts, allowing clinicians to monitor patients remotely rather than keep them in hospital. We are also developing frailty virtual wards that will help to reduce pressure on hospital beds.
- In December, we announced that construction has started to create a permanent unit for cancer patients who become unwell during their treatment at St Bartholomew's Hospital. The unit, which was temporarily established at the start of the pandemic, helps to keep patients across north east London who are vulnerable to infection away from busy emergency departments, and means they are supported by specialist staff, should they have side effects from chemotherapy or radiotherapy.
- We successfully extended our REACH programme to BHRUT from 10 January, helping to divert suitable patients away from EDs across both Trusts to more appropriate treatment provision – a great example of the benefits we can deliver to NEL patients as a result of our collaboration programme.
- Annual plan for 2023/24 – in line with NHS England's priorities and planning guidance released in January, we are building our annual plan which will be operational from the 1st April. The national targets include reducing bed occupancy to 92% and ensuring 76% of patients meet the 4 hour A&E target.
- Our Emergency Departments at the Royal London and Newham Hospitals were featured in the Times and the BBC this month, as well as stories on the Physician Response Unit and REACH.

Homerton Healthcare NHS FT

North East London Health & Care Partnership

Operational performance

- **Daycase and elective activity** achieving 96.99 % against plan YTD (Apr'22 – Dec'22) with Dec'22 achieving 85.95 % against plan.
- **Outpatient first appointment activity** achieving 103.72 % against plan YTD (Apr'22 – Dec'22) with Dec'22 achieving 95.27 % against plan.
- **Elective care performance** Trust's Dec PTL position is 24,962. The number of pathways transferred from other NEL trusts – c. 6,118 pathways to-date. 54 patients waiting over 52 week at end of Dec'22.
- **Cancer** – currently below 62-day treatment target (79.1% in Dec'23); achieving 2ww referral target (93.0% for Jan'23)
- **4-hour emergency care target** in Jan'23 is 82.93 % compared to 72.1 % in Dec'22.
- **Community services:** IAPT position for Jan'23 is 99.47% seen within 18 weeks with strong performance against the recovery rate also (over 50%). Waiting times for community physical therapies vary across services but remain below the 5-week waiting time target and below the pre-pandemic performance.

New facilities

- A new pathology laboratory was opened in Homerton hospital as part of the NHS East and Southeast London Pathology Partnership. The Essential Services Laboratory concentrates on urgent tests requiring a quick turnaround in areas such as the hospital's Emergency Department and specialist areas such as ICU, children's intensive care and maternity.
- Phase 1 of our critical care redevelopment transforming the old surgical centre into a purpose built Critical Care Unit has been completed. The unit has 3 bays of 4 beds with the ability to surge to 6 beds in each bay. Phase 2 will begin in the next few weeks and will redevelop the old ITU to create a modern Critical Care Unit with 6 isolation rooms.

Corporate activity

- The Trust launched a comprehensive Winter wellbeing campaign for staff; including discounts on hot meals and senior leadership visibility through regular visits with trolleys (with free drinks and snacks and health and wellbeing info) to every area of the Trust.
- Vacancy and turnover update: we have reduced our overall vacancy rate by 2.5% and reduced our turnover by 1% since September.

NELFT and ELFT

Joint Chair for ELFT & NELFT Appointed

- Eileen Taylor is the new joint Chair across East London NHS Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT). Eileen took up the role on 1 January 2023 and leads the Boards of both NHS trusts, with a combined budget of £1billion and over 12,000 staff providing mental health, community health and primary care services for more than 6 million people in north east London, Bedfordshire and Luton, Essex and Kent.

System resilience

- To help manage the increase in activity experienced on strike days services have collaborated through escalation huddles and have mobilised additional step-down beds to assist flow in the system.
- Non-clinical staff have moved to support clinical teams and where necessary, WFH has been revised. A community presence at EDs front door has helped to expedite discharges and admission avoidance.
- Rapid mutual aid support has been established in order to support across localities for any shortages in equipment.
- Systems have been established so as to identify opportunities for appointments and rehab at home and where possible, sharing of Acute MO lists across Place teams has allowed for the expediting of Pathway 1 discharges.

Closure of Mile End Vaccination Centre

- The Covid-19 Vaccination Centre at Mile End Hospital closed on 11 February 2023. The centre was run by ELFT and opened on 3 October 2022, as the replacement for the site at Westfield Shopping Centre, which had run from January 2021. The Westfield site gave 246,800 vaccines through the height of the programme, but demand at Mile End has been much lower.
- Most vaccinations in Tower Hamlets, Newham and north east London as a whole, are now being given in places like local pharmacies and GP practices.
- In the coming weeks NHS North East London, ELFT and other local partners will be discussing the best delivery models in line with the new advice from the Joint Committee on Vaccination and Immunisation (JCVI) and NHS England on further rounds of booster vaccinations, while still providing first and second jabs to those yet to have them. Our priority is to ensure they remain as easy and convenient to access.

Item No **6**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Additional hospital discharge funding in NE London**
Date of Meeting	28 February 2023

OUTLINE

On 9 Jan 2023 the SoS for Health allocated an additional £200m discharge fund to Integrated Care Systems nationally. This was publicised as the NHS purchasing additional social care beds. This is on top of a November announcement of what is normally called 'winter pressures' funding.

Delayed discharges of care continue to be a key pressure on the local system. Members have also asked if the update can refer also to the local delivery of the government's *Urgent and Emergency Care Plan* announced on 30 Jan.
NHS England » Major plan to recover urgent and emergency care services
NHS to expand services to keep vulnerable out of hospital - GOV.UK (www.gov.uk)

We have invited:
Clive Walsh (Director of Performance, NHS NEL)

Attached please find a briefing report: *Q4 22/23 Discharge Funding & 23/24 -24/25 National Delivery Plan for Recovering Urgent and Emergency Care Services*

RECOMMENDATION	Members are asked to give consideration to the briefing.

Q4 22/23 Discharge Funding & 23/24 -24/25 National Delivery Plan for Recovering Urgent and Emergency Care Services

NHS
North East London
Clinical Commissioning Group

Clive Walsh

£200m discharge funding for Q4 22/23

- In January 2023 NHSE announced £200m of funding to support discharge to the end of March 2023. This equated to £7.15m for NEL
- Initially the money was limited to use for step down beds only – which would have severely limited our ability to use it
- NHSE have subsequently extended the parameters to include care packages delivered in people's homes.
- We have worked collectively to identify a small number of step down beds across NEL (c. 20 beds split across inner and outer NEL)
- This totaled £888k, the remaining monies were split across the boroughs, based on the proportion of older people living in each borough (see table on left)
- Most boroughs are using the funding for reablement and care packages in people's homes
- Whilst investment in discharge is welcome, we have fed back to NHSE that the very short time-frames around use of the money make it difficult to realise its full benefits

	split of £500m (across both allocations)	Split by place of the £200m
Barking and Dagenham	11%	675,158
City and Hackney	14%	894,922
Havering	16%	100,2997
Newham	16%	984,714
Redbridge	15%	959,226
Tower Hamlets	14%	890,632
Waltham Forest	14%	854,350

National Delivery Plan for Recovering Urgent and Emergency Services

- NHSE have published a two year plan for recovering urgent and emergency care (UEC) services
- **The plan includes two ambitions for the next two years**

- 30-minute mean response time for Category 2 ambulance
- 76% performance in A&E wait times, measured through the 4-hour target.

There are 5 ambitions within the Plan

1. **Increase Capacity**: £1bn to fund 5000 new beds, 800 new ambulances, increased Same Day Emergency Care (non bed based) capacity in hospitals

2. **Growing the Workforce**: more 111 staff and emergency medical technicians. More flexible working and a campaign targeting retired clinicians to work in 111

3. **Speeding up Discharge**: £1.6bn investment in social care, mobilise ‘Care Transfer Hubs’ in all hospitals, increased access to therapies (including in advance of discharge) and more published data on discharge

4. **New or increased services in community**: urgent community response, frailty and falls services, and greater use of Virtual wards

5. **People access right care first time**: 111 is the first point of call for all issues, including mental health

Funding

To support the recovery plan, the government has committed to **additional targeted funding including**:

1. **£1 billion of dedicated funding for 2023/24 to support capacity in urgent and emergency services, as set out in Planning Guidance, and to increase their overall capacity and support their staff.**
2. **£1.6 billion of additional funding in the Adult Social Care Discharge Fund in 2023/24 and 2024/25, to be pooled into the Better Care Fund**
    - This will flow as £600m in 23/24, and £1bn in 24/25
    - We are waiting final confirmation of the allocation but it looks like c. £20m will flow to NEL. 50% of this will be allocated directly to local authorities, the other 50% will flow to the ICB, the ICB can then determine how to allocate this across its places.
    - Further guidance is expected in February with the rules around use of the money and what it needs to deliver.

Item No **7**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**NEL Research and Engagement Network funding**
Date of Meeting	28 February 2023

OUTLINE

Local research is a key part of the health system and research needs to be based on cohorts which are as representative of local communities as possible if it is to have real value. Last month NEL ICS announced that:

Our Integrated Care System (ICS) has secured nearly £100,000 of national NHS funding to support the development of a research engagement network for north east London. The new network will drive the work of ICS partners to encourage greater public participation in research and ensure it reflects the diversity of local communities – helping them tackle health inequalities and shape services around people's needs. Development of the research engagement network is being led by NHS North East London working closely with North Thames Clinical Research Network, University College London (UCL) Partners, Healthwatch and the local voluntary community and social enterprise alliance.

We have invited:

Dr Victoria Tzortziou Brown OBE (Research and Innovation Lead, North East London Health and Care Partnership)

to provide an update. Briefing note attached.

RECOMMENDATION	Members are asked to give consideration to the briefing.

NHS
North East London

NEL Research and Engagement Network Funding

Update for INEL JHOSC February 2023

- NEL ICS has secured **nearly £100,000 of national NHS funding to support the development of a research engagement network** as part of NHS England's ICS Research Engagement Network Development programme.
- The new network will drive the work of ICS partners to encourage greater public participation in research across NEL and **ensure it reflects the diversity of local communities** – helping them tackle health inequalities and shape services around people's needs.
- **Our ambition is to increase the numbers and the diversity of people participating in research** in north east London as this will ensure it is more representative of our diverse populations, and that our communities are more actively involved in shaping the future of local health and care.
- Development of the **research engagement network** is being led by NHS NEL Integrated Care Board, working closely with North Thames Clinical Research Network, UCLPartners, Healthwatch and the local voluntary community and social enterprise alliance.
- Being part of the ICS Research Engagement Network Development programme, administered by NHS England, will also provide an opportunity for those leading research projects in NEL to **share their progress, learning and insights nationally.**
- This will be **coordinated with our Integrated Care Strategy**'s ambition to put co-production and reducing inequalities at the heart of our work. It will also coordinate with the **ICB's Working With People and Communities Strategy.**
- After examining the North Thames CRN data, which compares research activity with prevalence across long term conditions of national priority, the partnership **identified Type 2 Diabetes and obesity as good examples for testing engagement initiatives.** These conditions are inter-related and present opportunities for research across all levels of prevention (from primary to tertiary).
- **Both these conditions disproportionately affect the most deprived,** with some areas in NEL having the highest levels of obesity among Year 6 pupils nationally, at 40%, and NEL having some of the highest rates of Type 2 Diabetes.
- We will be **guided by the existing local and national evidence and adopt a co-production approach,** utilising the expertise of our stakeholders, to develop a co-ordinated programme of engagement with our diverse communities.

SHORT OUTLINE OF PROJECT ACTIVITY

Map local research opportunities and engagement initiatives

Map and connect existing local research engagement networks

Consider tools for measuring local research participation and diversity of participants

Test the suitability of existing local engagement initiatives for increasing diversity and participation in current studies on diabetes and obesity

Present the results of the mapping exercise at multi-stakeholder workshops with the aim of reflecting on the opportunities for upscaling local initiatives across NEL and on the gaps and limitations of existing initiatives. We will use co-production techniques to develop new approaches for engaging diverse communities.

OUTCOMES

Develop a programme of work aimed at generating relevant research that addresses local needs. This may include Healthwatch training of community influencers to help co-produce/design research projects with partners.

Develop tools to capture progress and also the experience of relevant stakeholders (including the partners for this application but also of our diverse communities) on opportunities to engage in and shape local research.

Be part of a growing network. Share learning/insights and learn from others via the monthly learning events organised by NHS England.

Item No **8**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Verbal update on work of Whipps Cross JHOSC**
Date of Meeting	28 February 2023
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 since Sept 2021. Its Chair, Cllr Sweden, is also a member of this Committee and has undertaken to give regular verbal updates on their work.
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	28 February 2023

OUTLINE

Draft minutes from 15 December 2022 are attached. Responses to matters arising are below.

Action at 4.11 - NHS NEL CE to provide Members with a copy or link to the final version of the *NEL Integrated Care Strategy.*
Final version widely circulated and sent to Members on 3 Feb.

Action at 5.11 - PC to provide data on the numbers supported via the Alternative At Home service
PC replied on 8 Feb: *I think the best way to show the data is the number of young people per month, which over the last three months has been 95, 88 and 143 for November, December and January respectively – worked with intensively in crisis, short term, and then linked to other services as appropriate.*
Action at 7.18 - The Local Accountability Framework and the Financial Framework to come back to a future meeting
These have been added to the work programme.

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)

Council, Chamber,
Hackney Town Hall,
Mare St, London E8 1EA

Date of meeting: Thu 15 Dec 2022 at 7.00pm

Chair	Councillor Ben Hayhurst (Hackney)
Members in attendance	Councillor Kam Adams (Hackney) Councillor Ahmodur Rahman Khan (Tower Hamlets) Councillor Anthony McAlmont (Newham) Councillor Sharon Patrick (Hackney) Common Councilman David Sales (City of London) Councillor Richard Sweden (Waltham Forest)
All others in attendance remotely	Councillor Beverley Brewer (Redbridge) (ONEL Observer) Councillor Catherine Deakin (Waltham Forest) (Vice Chair) Councillor Susan Masters (Newham) Cllr Harvinder Singh Virdee (Newham) Rt Hon Jacqui Smith, Chair in Common Barts Health-BHRUT Shane DeGaris, Group Chief Executive, Barts Health-BHRUT Paul Calaminus, Chief Executive, East London NHS FT Jacqui Van Rossom, Chief Executive, North East London NHS FT Breeda McManus, Chief Nurse/Dir Governance, Homerton Healthcare Marie Gabriel CBE, Independent Chair, NHS NEL Zina Etheridge, Chief Executive, NHS NEL Diane Jones, Chief Nursing Officer, NHS NEL Henry Black, Chief Financial Officer, NHS NEL Hilary Ross, Director of Strategic Development, NHS NEL Malcolm Alexander, Board Member, Healthwatch Hackney Ashleigh Milson, Senior Public Affairs Manager, NHS NEL Jilly Szymanski, Scrutiny Officer, Redbridge Council
Member apologies:	Councillor Abdul Malik (Tower Hamlets) Councillor Ahmodul Kabir (Tower Hamlets) Councillor Afzal Akram (Waltham Forest)
YouTube link	The meeting can be viewed here: https://youtu.be/Q6IuL4Q-QP8
Officer contact:	Jarlath O'Connell; 020 8356 3309; jarlath.oconnell@hackney.gov.uk

---

1. Welcome and apologies for absence

1.1 Apologies for absence were received from Louise Ashley (CE, Homerton Healthcare) who would be represented by Breeda McManus (Chief Nurse and Director of Governance).

1.2 It was noted that Cllrs Deakin, Masters, Virdee and Brewer were joining remotely. The Chair welcomed Common Councilman David Sales (City of London) to his first meeting.

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 she was employed as Director Health Transformation by Hackney Council for Voluntary Services, in a post funded by NHS NEL.

4. ICS Strategy - Draft

4.1 Members gave consideration to a briefing paper *NEL Integrated Care Strategy development.*

4.2 The Chair stated that this was discussed at the previous meeting and this would be a further update and the full document was about to be submitted to NHSE.

4.3 The Chair welcomed for the item:
Zina Etheridge (**ZE**), Chief Executive Officer, NHS NEL
Hilary Ross (**HR**), Director of Strategy, NHS NEL
Breeda McManus (**BM**), Chief Nurse and Director of Governance, Homerton Healthcare
Diane Jones (**DJ)**, Chief Nursing Officer, NHS NEL

4.4 ZE and HR took Members through the paper. It was noted that there had been systems wide workshops to develop the content and it had involved all the health and wellbeing partnerships. Recognising the backdrop of the cost of living crisis was going to be key as there will be a need to focus on the rising impact of poverty. The Strategy sets out a context and case for change, lays down priorities for system action and it puts together more measurable outcomes which will be tracked. There are 6 themes: *Health inequalities; focus on prevention and early intervention; more holistic, personalised and trauma informed care; co-production with local people and partners; working towards a high trust environment across the system* and *working as a learning system*. It will provide a clear direction for the funding planning round and the local response to the 5 year National Plan. They would also be planning a 'Big Conversation' with residents and stakeholders to highlight it further.

4.5 The Chair asked whether there is an underlying dataset which can form the basis of future comparisons. HR replied that they had not completed work on the KPIs to be used. The work is based on a number of datasets. She added that they have a Population Health Profile across NEL which gives a good picture on prevalence and wider determinants. They are building on use of indicators for

items they already have data on so that outcomes can be carefully tracked. The Chair asked at what point will they lock down a dataset against which they can judge performance and HR explained that a mix of longer term outcomes and shorter term metrics will be built into the forward plan and there will be close clinical input to this.

4.6 Cllr Sweden asked whether there are implications for a re allocation of resources and what those might be. HR replied that the Financial Strategy will say more about how they are going to move resources to focus on prevention and health inequality. ZE added that they will first need to work out how they are to move resources into prevention and the Strategy is aiming to do this.

4.7 Common Councilman Sales asked about the 31% having Long Term Conditions and who defined these. HR explained that LTCs refer to conditions such as cardiovascular disease or COPD or diabetes which, broadly speaking, are not curable. Some are preventable so they focus on how to manage them. LTCs refer to a generally agreed set of conditions which are ongoing and a GP would diagnose them in the first instance.

4.8 Cllr Adams asked how the Strategy will deal with Staff Retention and the 23% churn rate. HR replied that the focus is on expanding the workforce and on a local employment strategy. ZE described the pressures on the staff over the last three years, in particular the pandemic, and how they are looking at having more seamless career pathways so staff starting in social care can move easily to other posts in care but also in the health system. They are also looking at how to drive up local recruitment and looking at best practice in comparator Trusts.

4.9 Cllr Patrick asked about overseas staff not feeling fully supported/valued. BM described the operation of the Capital Nurses Programme. More was being done to recognise staff's past experience and to develop better career pathways. More were now being promoted especially in specialist areas. Housing remained a key challenge. DJ explained how the recruitment process from overseas operates and discussed staff support for foreign staff and encouraging social networking amongst them. She described how overseas recruitment is a national programme and pastoral support for internationally recruited nurses was key. Building up social networks help them feel connected and rooted. The did not wish to take health care staff from countries with shortages so a balance has to be struck. ZE replied that it was preferable to retain the staff they've got than rely on recruitment. She added it was really important too that foreign nurses feel valued.

4.10 Cllr McAlmont asked if we were depleting the health systems of less developed countries by our recruitment drives. DJ replied that under the programme there were only certain countries they could recruit from. She added that they cannot recruit from countries where there is shortage and an international agreement has to be in place. The Key Worker programme was in place to support and welcome nurses. On housing it varied, many wanted to stay together and they supportedthem to secure affordable accommodation.

4.11 The Chair thanked ZE and HR for the briefing and added that it was good to see that it was now a much more fleshed out document. He asked if the final submitted version could be shared with members.

ACTION:	**NHS NEL CE to provide Members with a copy or link to the final version of the *NEL Integrated Care Strategy.***

5. What we are doing to improve access, outcomes, experience and equity for CYP and young adults' mental health

5.1 Members gave consideration to a joint briefing from ELFT and NELFT on *What we are doing to improve access, outcomes, experience and equity for children, young people and young adults (0-25s)*

5.2 The Chair welcomed:
Paul Calaminus (**PC**), Chief Executive, ELFT
Jacqui van Rossom (**JV)**, Chief Executive, NELFT

who took Members through the presentation. PC explained that Services were planned and delivered in partnership with others (education, social care, VCS) and he highlighted the work on developing core therapy services, eating disorders service and the various crisis services.

5.3 The Chair stated that a public question has been received. Malcolm Alexander (Board Member, Healthwatch Hackney) asked the following:
Will NHS NEL give a commitment in their strategy to take action to prevent patients in a mental health crisis from ever having to wait more than 4 hours from decision to admit to admission to a mental health bed.

Will they also give a commitment to the prevention of young people and children being sent outside their home borough for mental health crisis care?

5.4 In response to MA's question on out-of-borough placements, PC stated that there were 4 units for young people from NEL and NCL and they were being treated in local CAMHS units. These were not borough specific. There were 2 units in NEL which allowed young people to be treated closer to their families. He detailed development plans and described the huge impact the pandemic had on children and young people's mental health causing a spike in demand. NEL was spending more proportionately than is nationally allocated for CYP but the demand graph was stark and there was further to go to meet the need in the population. He described the co-production approach to supporting the 18-25 age group and the benefits of the Advantage Mentoring Programme in NEL.

5.5 In response to MAs question on mental health delays in A&E, PC stated that they wished to return to a position where they always have an emergency bed available for everyone who was deemed to require it. There was an issue about the increased acuity of the presentations partly as a result of the pandemic and

this had contributed to the recent spike but they were working hard to achieve the targets and timescales they had set for themselves here.

5.6 The Chair asked what was the waiting time for assessments. PC replied that for routine cases it was 21-22 days.

5.7 Cllr Brewer expressed concern about these waiting times and asked about the workforce challenge of securing more psychiatrists. PC explained that for the long term they were maximising their number of training places and optimising career pathways and in the shorter term developing new types of extended nursing and therapy roles who would be able to take on some of the workload. They were also developing Peer Support roles and working more with people with lived experience of therapies which was having great results for in patient services. Keeping and growing CAMHS staff was a challenge and they were working across the CAMHS collaboratives and workstreams to create more jobs with career development potential. There was also work being done on developing short term roles in Digital areas of support.

5.8 The Chair asked about delays in assessment times at designated 'Places of Safety' such as the Homerton and he asked if young people have a separate care pathway. PC confirmed that they did. He added that the key challenges were long duration of stays and people having to be sent outside London and the focus was on getting those back. Those who require beds are currently getting them but some young people, at transition stage for example, can be affected by this current blockages.

5.9 The Chair asked whether ELFT had the opportunity to flex their existing estate. PC explained that one of the advantages of working within a Collaborative was that they can flex demand across 4 units across NEL and NCL. This creates more capacity and a more advanced Home Treatment Offer to be made available. JV advised that the cohort being discussed here was a very complex one with many comorbidities e.g. eating disorders etc, and so the solutions needed will be more challenging to provide. She added that beds for these more complex cases do not sit within the local Collaborative's allocation. It wasn't that we don't have the capacity within our general adolescent units but it's rather that presentations are more complex and, if for example they are Looked After Children, they will have to be placed within NEL.

5.10 Cllr Adams asked about IAPT and early intervention in psychosis. PC detailed the services and that there is specific age-tailored support for 18-25 year olds with anxiety, depression and psychosis. They go to the Community Mental Health Team services which are generic. In Newham, Tower Hamlets and Waltham Forest they have to work more with CMH Teams to develop age specific services. He added that those services see few in their 20s. He concluded that an ongoing task is to develop general CMH Teams connected to GPs and those services need to be better able to speak to the younger cohorts.

5.11 Cllr Deakin asked how many young people were currently being supported via the Alternative At Home service and about plans on enhancing Mental Health support in schools and the risks and challenges involved. PC undertook to provide the data. He added that the teams are quite intensive, typically 15-20 patients and they deliberately work with those on the cusp of hospital services. The work to expand into schools is a national programme and they do not cover all schools so there has to be a selection.

ACTION:	**PC to provide data on the numbers supported via the Alternative At Home service.**

5.12 Cllr Sweden asked how confident officers were that A&E backup across NEL was adequate and whether S136 scenarios also applied to young people. PC replied that they did. On work with police, he highlighted a particular project with the City of London where there is a dedicated Street Triage Team with mental health professionals and the Police on the streets at night. This has really helped and they are talking to the Met Police on possibly expanding it. They do a lot of work with the Met on S136 cases and Police have access to Crisis Line Mental Health services so they can be called in quickly and a plan can be put in place. As regards support at A&E, there are a range of home services and intensive support to help people out of A&E. He reminded Members that A&E is not the main route for mental health crisis presentations or admissions to hospital; the majority come via crisis services, crisis lines or are known to services already. Referring to the chart in the report he stated that it was clear there was a gap between prevalence and demand and funding the capacity needed to bridge that gap would always be a challenge.

5.13 The Chair thanked the officers for the quality of their presentation and their thoughtful work on these complex issues. On the A&E beds issue he stated that they would endeavour to keep an eye on this at Hackney's HOSC and get an update for a future meeting if necessary and will revisit to see if the injection of capacity has been having a positive impact..

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

6. NHS North East London Health Updates

6.1 The Chair explained that this item allowed us to hear updates from the key local trusts. He welcomed for the item

Shane DeGaris (**SD**), Group Chief Executive Barts Health/BHRUT
Breeda McManuse (**BM**), Chief Nurse and Director of Governance for the CE of Homerton Healthcare
Paul Calaminus (**PC**), Chief Executive, ELFT
Jacqui van Rossom (**JV**), Chief Executive, NELFT

6.2 Members gave consideration to the report *North East London Health update* and the Homerton's additional slide which was tabled.

6.3 SD gave Barts Health's update focusing on: *planning for winter; elective patient recovery, and on staffing and workforce*. There were still great pressures on A&E departments and a lot of work was going on with the Place Based Partnerships to speed up discharges of care, this being compounded by the cold weather and various strike actions. The latter weren't having a direct impact in east London but there would be indirect impacts from the London Ambulance Service's forthcoming strike. On Elective care, most of the 2 yr plus long waits had now been cleared and they were moving on to clear 78 and 52 wk waits. On staffing they had now insourced their Soft Facility Services. Barts had also won a discharge award for work with heart patients. Good work was also taking place at the new hub at King George's. The CQC had visited A&E at Barts and performance was variable but they were looking at each stage of the flow. On the staffing front they had welcomed a new senior officer focused on Equality and Inclusion.

6.4 BM gave the Homerton Healthcare update. They'd seen a rise in ED attendance combined with wider pressures in the system and they also saw a lot of patient walk-ins. They do have ongoing staffing challenges and they have experienced a dip in performance on the 4hr waits at A&E and so are looking at flow and pathways. They're also focused on discharge so they can improve flow through the hospital. One of the challenges is admitting out of area patients which makes it more challenging to discharge them and this impacts on flow. Lousie Ashley had now completed her second month as the new Chief Executive. On staffing they're trying to reduce the vacancy rates and have introduced some new financial wellbeing support for the staff and she added that 70 overseas nurses had joined since June.

6.5 The Chair asked about the financial impact of insourcing Soft Facilities Management. SD replied it would cost more money because they would be paying comparable Agenda for Change rates as with other staff but it was the right thing to do and would generate efficiencies over time.

6.6 Cllr Brewer asked about poor A&E 4hr waits at BHRUT vs Homerton and what role ICS might have here. SD replied that they do share best practice and across NE acute trusts but the trusts vary considerably. The Homerton has fewer ambulances attendances than Queens and the nature of the care in the community across the various boroughs varies significantly. He added that hospitals that occupy the outer ring of London struggle more with A&E. They do share best practice and implement the learning and hospitals that don't have discharge problems will do better on A&E performance. ZE added that the Acute Provider Collaborative is there to take action to tackle these variations but the sites are very different. Queens is the 4th busiest in London and 12th in the country. The work that was done in City and Hackney over many years in primary care and community care and in Neighbourhoods development was vital

in reducing attendances in A&E and why the Homerton has done better here. It is a whole system issue.

6.7 The Chair asked what the CQC had recently concluded about Queens' A&E. SD replied that the departments were just too congested. He had asked the system leadership to a Quality Summit on this the following week and he hoped that this collaborative approach would bear fruit.

6.8 The Chair thanked the Chief Executives for their updates and their attendance.

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

7. Financial Strategy for the ICS

7.1 The Chair stated that he had invited the Chief Financial Officer of the ICS to this meeting to discuss the financial strategy, following up on issues raised at recent meetings.

7.2 He welcomed to the meeting: Henry Black (**HB**), Chief Finance and Performance Officer, NHS NEL.

7.3 Members gave consideration to a report *NEL Financial Strategy Update*.

7.4 HB took Members through the report in detail. It covered the following themes:

- *Context – How we've used our budget in 21/22 and 22/23*
- *Comparison of spend on different types of care, by place (22/23 budget)*
- *The ambitions of our financial framework*
- *We face significant challenges, both now and over the longer term*
- *Moving to a population-based approach*
- *Reflecting the costs of care provision to support partnership working*
- *Creating headroom for investment*

He stated how the ICS represents a profound change from that past when health and social care worked separately and the NHS worked within an internal market which incentivized competition rather than collaboration. The Financial Strategy was about devising a way of making the funding work at Place level and it was tied into the Accountability Framework. The Place Based Partnerships (PBPs) are brand new entities which are non statutory but which sit within the statutory ICB. It will take time to mature and ensure they have the resources they need. There will be some aggregation of back office functions at NEL as would be expected and the 7 Delivery Directors at Place Level will have business partners from analytics and finance to assist them. Subsidiarity is the main principle and the Financial Framework will give PBPs responsibility over the majority of the budgeting. The Acute and Primary Care Collaboratives will manage their budgets but everything else will go to Place. There will be full

visibility of the entirety of spend at Place level. There will be opportunities to make decisions about shifts of resources in the various pathways. The Financial Framework will also secure funds for investing in prevention and transformation and they are trying to ring fence 1% for transformation.

7.5 The Chair thanked HB for a very helpful presentation and stated that Members need an understanding of the new financial system from April '23 and to what extent will the different 'Place Based Systems' within NEL have the staff resource to research and make their own decisions or will all the staff be at ICS level. He also asked how the projected £42m deficit (discussed at the previous meeting) was being brought under control. HB replied that some reporting in the press was not reflective of where they were at. At month 8 it's similar to the rest of the country. Everywhere was financially challenged and the NHSE position was to aim for balance. A deficit of around £30m should be absorbed by NHSE, he added. There was a need for a clear stabilisation of run rate in the second part of the year. The financial overhang of Covid funding in the first part of the year was now largely stabilised in the second half. Inflation and winter pressures were creating huge pressures. The Chair stated it would not be in NHS NEL's interest to be the worst in the country. HB replied it wouldn't.

7.6 Cllr Masters asked about the Local Accountability Framework. HB replied that he would be happy to bring this document to a future meeting when it's ready. The NEL ICB is a statutory body but the PBPs are where the partnership work takes place close to the community and the LAF will outline what will happen at each level. Again the principle is subsidiarity. There is a need within the overall £4bn budget to reduce the need for unwarranted variations and reduce health inequalities and how the PPBs hold the centre to account for that will be outlined in it.

7.7 The Chair asked how many staff will be Place level vis-a-vis the centre. City and Hackney for example had c. 26 FTEs and how many of these would remain at Place level? HB explained that it will be one senior member of staff and a team to support them. It will be important to balance the small local team who work closely with their local authority with their role in the centre. It won't be massively skewed one way or the other and the detail can be brought back once agreed. ZE added that there will be a core team in each borough but it will vary depending on whether they are NHS or joint appointments and this is entirely appropriate as it builds on what was already in place. In addition there will be Clinical Director and Primary Care Improvement Lead for each Place.

7.8 Cllr Adams asked what is known about the settlement for 23/24. HB replied that a population health approach is focused on an analysis of patient need as opposed to in the past when hospitals were funded just on volume of work they do. Under Payment By Results it didn't matter who the patient was or where they came from, it was all volume driven activity based funding and they were trying to move away from that, he added. It was also important however to ensure stability and that hospitals are funded for their costs. On the issue of financial constraints, the whole public sector was facing enormous challenges.

Barts Health has a big issue with hyperinflation on utilities and PFI costs and we don't yet know what the NHS NEL financial settlement is for 23/24 and will probably get it, as is often the case, as late as 23 Dec. He added that he didn't expect the settlement to be inflation busting but it would be very tight.

7.9 Cllr McAlmont asked about NHSE potentially writing off up to £30m NEL deficit and plans to balance the budget. HB explained that that is how NHS funding works. It has a budget for its entirety. Some parts may over spend and some underspend in-year and as long as that works through nationally there are a set of agreements. From an accounting perspective the organisation has to record a deficit in its balance sheet but it's not the same as with private businesses that has to go into debt. Cllr McAlmont questioned whether there was no incentive to not incur deficits therefore. HB stated that the incentive would be for the organisation not to go into Financial Special Measures as that is incredibly onerous and challenging. In NEL's case £30m is less than 1% of total budget and they will be expected to land a balanced budget for next year. To achieve balance there are short and long term measures in place. At the halfway point there had been a projected deficit of under £50m which if extrapolated to the year-end would be £100m but they have pulled back and there has been a significant improvement in the run rate in-year. In the medium to long term their Financial Strategy is to focus on prevention and on early intervention to reduce costs further downstream. Other than that they are always engaged in cost improvement programmes and every year they implement cost efficiency programmes to bring themselves back to balance.

7.10 The Chair asked how a return of some form of Payment By Results (PbR) squares with Place Based working. HB stated that they developed the Financial Strategy on the basis that they wouldn't return to PbR but there has been a growing sense that it might return to some form of it. The expectation is that it won't be the same and it will involve a greater focus on reducing long waits in elective care, as there is a need to divert more resources to that. They were assured however that it won't be a return to everything being volume driven but rather that there is likely to be some element of volume based payments.

7.11 The Chair commented that didn't Payment by Results work against the idea of all hospitals within an ICS working together. HB replied that what it would do is make it easier to shift resources around where they have mutual aid and high volume low complexity work which helps to reduce the waiting lists. In some cases being able to shift the money where the patients are will help but it won't be a return to the old days of a trading system.

7.12 The Chair asked whether the 3.4% increase 21/22 to 22/23 was a real term decrease. HB stated that on a like for like basis it was a real term cut but that's the nature of public sector funding during inflation. He added that 21/22 was a high year for additional Covid funding, that got reduced in 22/23, so that 3.4% increase was more like 5%. He added that he expected that the settlement for 23/24 will be a reduction of the Covid spend but an increase for inflation and

higher population growth. It will probably work out at 2.5-3% when you take all that into account.

7.13 The Chair asked what budget line items would get devolved down to Place. HB replied essentially everything other than the spend for the Acute and Mental Health collaboratives. The Community Collaborative was not yet as mature as the others and community funding sits better at Place level as it is linked to wraparound care. So effectively, everything rather than Acute and Mental Health will be within the Place based budgets he added.

7.14 The Chair asked how iterative the financial devolution framework would be. HB replied that this was a very important point. One of the benefits of having a single statutory body for NEL and non-statutory committees at the PBP level is that they can make those changes and the Local Accountability Framework will be a key part in how this works. It will work both ways and expectations will be placed on PBPs but these can of course be changed by mutual agreement.

7.15 Cllr Masters expressed a concern that putting e.g. Newham Hospital's budget within the Acute Collaborative militates against Place being the main driver here. HB replied that there would be full visibility of all spend at PBP level but direct accountability of funding will sit with the Acute Collaborative. The Mutually Agreed Framework effectively binds the PBPs and the Acute Collaboratives into a mutual agreement and he added that Homerton was a core part of the PBP and this is a big step change from single borough CCGs where the Homerton was not at the table. The Chair commented that if a PBP is doing well it is stopping people going into A&E and at the back end helping the flows out of the hospitals but at NEL level you are now taking the hospital out of the structure and imposing a top down approach for them. HB reiterated that the Homerton was a lead member of the PBP and it will be important that the right mechanisms for mutual accountability between the provider collaboratives and the PBPs is in place. With the Homerton at the table it will work as a direct decision making partner in a way it couldn't in the past.

7.16 Cllr Masters commented that the Homerton has that advantage as it is standalone but she was more worried about Barts Health hospitals. To them in Newham their local hospital was very much a body they wanted to be integrated with and the very fact that HB focused on the Homerton illustrated her point. Homerton was stand alone but Newham was part of a bigger trust and in her view there is far more of a challenge involved in that. SD added that Newham Hospital was absolutely a full part of its local PBP. The question here is about why it became part of a bigger group to begin with. It was because on its own with the volume of patients it had it wouldn't be financially viable. He added that it was in the interests of everyone that there is less activity in hospitals and more in the community and by doing so spend can be better directed to the community whilst keeping the overall Acute element at the Barts Health level.

7.19 Cllr Virdee asked how councils (led by elected members) can be more involved and the Chair asked about how locked were Adult Social Care Directors to

these budget discussions. He added that City and Hackney had been driving joint commissioning locally and was good at it. HB replied that the PBPs are partnerships of health and social care providers as well as commissioners and in the past providers and Local Authorities were more on the sidelines and joint commissioning arrangements weren't the significant core model they needed to be across east London until the advent of the ICS.

7.20 The Chair asked how did the ICS ensure that Acutes don't swallow up more and more of the budget. HB replied that this was the perennial balance the NHS has to strike. The central challenge is to balance the extent to which they devolve and give local autonomy with holding onto the necessary financial control. Devolved Place Based Budgets are an attempt to reach that balance. And having acute budgets in one place and economies of scale and risk sharing as part of integration was how financial grip can be maintained. ZE added that this is why ICSs were set up. She stated that NHS funding was not sustainable as demand was going up and sufficient capacity and workforce wouldn't exist unless changes were made. If they don't collectively find ways of investing further upstream in community support systems for example the NHS can't be viable. She concluded that it was a really complex process and they are learning as they go along.

7.18 The Chair thanked HB and ZE for their report and attendance and asked if both Frameworks could come back to the Committee once there was further clarity on what it all means in terms of staffing at each Place level.

ACTION:	**The Local Accountability Framework and the Financial Framework to come back to a future meeting.**

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

8. Redevelopment of Whipps Cross - update from Chair of Whipps Cross JHOSC update

8.1 Cllr Sweden gave a verbal update on the work of the special JHOSC. He stated that they had met again on 2 November and steady progress was being made. They had produced a pro forma for use when determining 'case for change' proposal requests. Cllr Brewer, also on the Whipps Committee, commented that it had been massively disappointing that on 6 Dec the DoH had postponed yet again some key decisions on funding. They had stated that the "timetable would be released at some time in the new year". The Chair commented that he shared their frustration at this and hoped the Committee would keep a close watching brief on it.

9. Minutes of previous meeting

9.1 Members gave consideration to the draft minutes for the meeting on 19 October 2022 and noted the matters arising..

RESOLVED:	**That the minutes of the meeting held on 19 Oct 2022 be agreed as a correct record.**

10. INEL JHOSC future work programme 2022/23

10.1 Members gave consideration to the updated work programme.

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

11. Any other business

11.1 There was none.

Item No **10**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**INEL JHOSC work programme**
Date of Meeting	28 February 2023
OUTLINE	The updated wok programme is attached. This is a working document. The is the final meeting of the municipal year. The next meetings will be in June/July, October, January, April dates to be confirmed.
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 20 Feb

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	NHS NEL	Independent Chair	Marie Gabriel CBE	
			NHS NEL	CEO	Zina Etheridge	
			NHS NEL	Chief Finance Officer	Henry Black	
	East London Health and Care Partnership updates inc.	Briefings	NHS NEL	CEO	Zina Etheridge	
	Trust updates and health updates		Barts Health/BHRUT	Group CFO	Hardev Virdee	
	Continuing Healthcare proposals		NHS NEL	Chief Nursing Officer	Diane Jones	
	Community Diagnostic Hubs		BHRUT/NEL ICS	Director of Strategy and Partnerships/ SRO for CDCs	Ann Hepworth	
	Operose and primary care issues		NHS NEL	Deputy Director Primary Care	Alison Goodlad	
			NHS NEL	Director Primary Care Transformation	William Cunningham-Davis	
			NHS NEL	Diagnostics Programme Director	Nicholas Wright	
	Whipps Cross redevelopment		Barts Health/BHRUT	Ralph Coulbeck	CE of Whipps Cross	
	Proposed changes to access to fertility treatment for people in NE London	Briefing	NHS NEL	Chief Nursing Officer	Diane Jones	
			NHS NEL	GP and Clinical Lead	Dr Anju Gupta	
19 Oct 2022	**NHS NEL Health Updates**	Briefing	NHS NEL	CEO	Zina Etheridge	
deadline 7 Oct	Trusts performance		Barts Health/BHRUT	Group CEO	Shane DeGaris	
	Winter planning and resilience		NHS NEL	CEO	Zina Etheridge	
			NHS NEL	Transformaton Director	Siobhan Harper	
	Vaccinations update - monkeypox and polio		NHS NEL	Chief Nursing Officer	Diane Jones	
	Developing ICS Strategy	Briefing	NHS NEL	CEO	Zina Etheridge	
	Acute Provider Collaborative - Developing Plans	Briefing	Barts Health/BHRUT	Group CEO	Shane DeGaris	
	Update on work of Whipps Cross JHOSC	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
15 Dec 2022	**NEL Intgegrated Care Strategy - development**	Briefing	NHS NEL	CEO	Zina Etheridge, Hilary Ross	
deadline 5 Dec	**NHS NEL Health Updates**	Briefing	Various		Shane DeGaris, Paul Calaminus, Jacqui van Rossum, Breeda McManus	

	What we are doing to improve access, outcomes, experience and equity for children, young people and young adults' mental health	Briefing	ELFT	CEO	Paul Calaminus	
	Financial Strategy for ICS	Briefing	NHS NEL		Henry Black	
	Update on work of Whipps Cross JHOSC	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
28 February 2023	**Understanding ICS staffing a Place level**	Briefing	NHS NEL	CE	Zina Etheridge and others	
deadline 16 Feb	**NHS NEL Health Updates from the Trusts**	Standing item	Barts Health/BHRUT; ELFT/NELFT; Homerton Healthcare	All CEs	Shane DeGaris, Paul Calaminus, Jacqui van Rossum, Breeda McManus	
	Additional hospital discharge funding at NEL	Briefing	NHS NEL	Director of Performance	Clive Walsh	
Final meeting of the year	**Improving quality of health and care research in north east London**	Briefing	NHS NEL	Research and Innovation Lead North East London Health and Care Partnership	Dr Victoria Tzortziou Brown	
	Update on work of Whipps Cross JHOSC	Standing item, verbal update	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
	ITEMS TO BE SCHEDULED					
	Monitoring new Assurance Framework for GP Practices	follow up from July 22				
	Continuing Healthcare Policy focusing on 'placements policy' or 'joint funding policy for adults'	follow up from July 22				
	NEL Estates Strategy	from 21/22				
	Acute Provider Collaborative	follow up from Oct 22				
	Local Accountability Framework NEL ICS	follow up from Dec '22				
	Financial Framework NEL ICS	follow up from Dec '22				