Agenda

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

Date	**Thursday 15 December 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/Q6IuL4Q-QP8 Should you have technical difficulties the following is a back-up YouTube link: https://youtu.be/7i190svEsOY

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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		19.01
2	Urgent items/order of business	Chair		19.02
3	Declarations of interest	Chair		19.02
4	**ICS Strategy - draft**	Zina Etheridge	Paper	19.03
5	**What we are doing to improve access, outcomes, experience and equity for children, young people and young adults' mental health**	Paul Calaminus others tbc	Paper	19.25
6	**NHS North East London Health Updates** *Key performance data (high level) and current key issues at Barts Health, Homerton Healthcare and ELFT*	Shane De Garis Louise Ashley Paul Calaminus Zina Etheridge	Paper	20.00
7	**Financial Strategy for the ICS**	Henry Black Zina Etheridge	Paper	20.20
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		Mins	21.00
10	INEL JHOSC work programme 22/23		Work prog	21.00
11	Any other business			21.00

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 Strategy - draft**
Date of Meeting	15 December 2022
Attending	Zina Etheridge, Chief Executive Officer, NHS North East London,
OUTLINE	The new NEL Integrated Care System now known as NHS NEL came into being on 1 July 2022. Each ICS is required to submit an Integrated Care Strategy by the end of December 2022. At the previous meeting on 19 Oct the Committee considered a paper on the development of this document: https://hackney.moderngov.co.uk/documents/s78736/item%205b%20Developing%20ICS%20Strategy.pdf The final Strategy document is near completion, to be delivered to NHSE. It will be shared with Members before the meeting and will be tabled. PAPER TO FOLLOW
RECOMMENDATION	Members are asked to give consideration to the Strategy document.

Item No **5**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**What we are doing to improve access, outcomes, experience and equity for children, young people and young adults' mental health**
Date of Meeting	15 December 2022
Attending	Paul Calaminus, Chief Executive, ELFT
OUTLINE	Mental health services generally are under pressure due to increased demand, exacerbated by the pandemic. Areas of concern include the transition between CAMHS and adult mental health services; delays in receiving care; or being assessed as having no care needs by adult services. Young adults are already heavy users of Increasing Access to Psychological Therapies (IAPT) services in east London (approx. 20%) as well as Early Intervention in Psychosis Services and there are also young adults whose needs cannot be met by these services. Services have also seen a surge in referrals to Children's Eating Disorder Services (CEDS) and crisis presentations of young people. The Chair has asked the CE of ELFT to answer questions on the current situation.
RECOMMENDATION	Members are asked to give consideration to the briefing.

NELFT NHS
NHS Foundation Trust

NHS
East London
NHS Foundation Trust

What we are doing to improve access, outcomes, experience and equity for children, young people and young adults (0-25s)

December 2022

Key achievements over the past two years

Significant investment, linked to the NHS Long Term Plan, has enabled a number of recent mental health service developments for children, young people and young adults including:

- The expansion of our **core Children and Adults Mental Heatlh Services** (CAMHS)
- The development of **Children and Young People (CYP) Eating Disorder Services**
- The creation of **CYP Crisis Services** in ELFT, available 7 days a week in Emergency Departments
- Extended-hours **Interact Service** at Whipps Cross Hospital, available 5 days a week
- The creation of **Mental Health Support Teams** within schools; offering preventative, targeted support
- The development of a **bespoke offer for young adults** (18-25s) and increased access for young adults via our community mental health transformation programmes

In collaboration with the NCEL CAMHS Collaborative, we have also been able to strengthen our hospital admission avoidance schemes, and tighten processes to ensure that CAMHS beds are available close to home for East London's children and young people who need them

Plans for 2023/24 and beyond

- Further expansion of Mental Health Support Teams in schools (Waltham Forest, wave 7); with the long-term ambition to eventually have an equitable offer for every school in East London
- Further roll-out of Intensive Support Teams (ELFT) with a particular focus on CYP with learning disabilities and/or autism
- Further expansion of Home Treatment Team models to provide alternatives to hospital admission across INEL

Investment across North East London 2021 - 2024

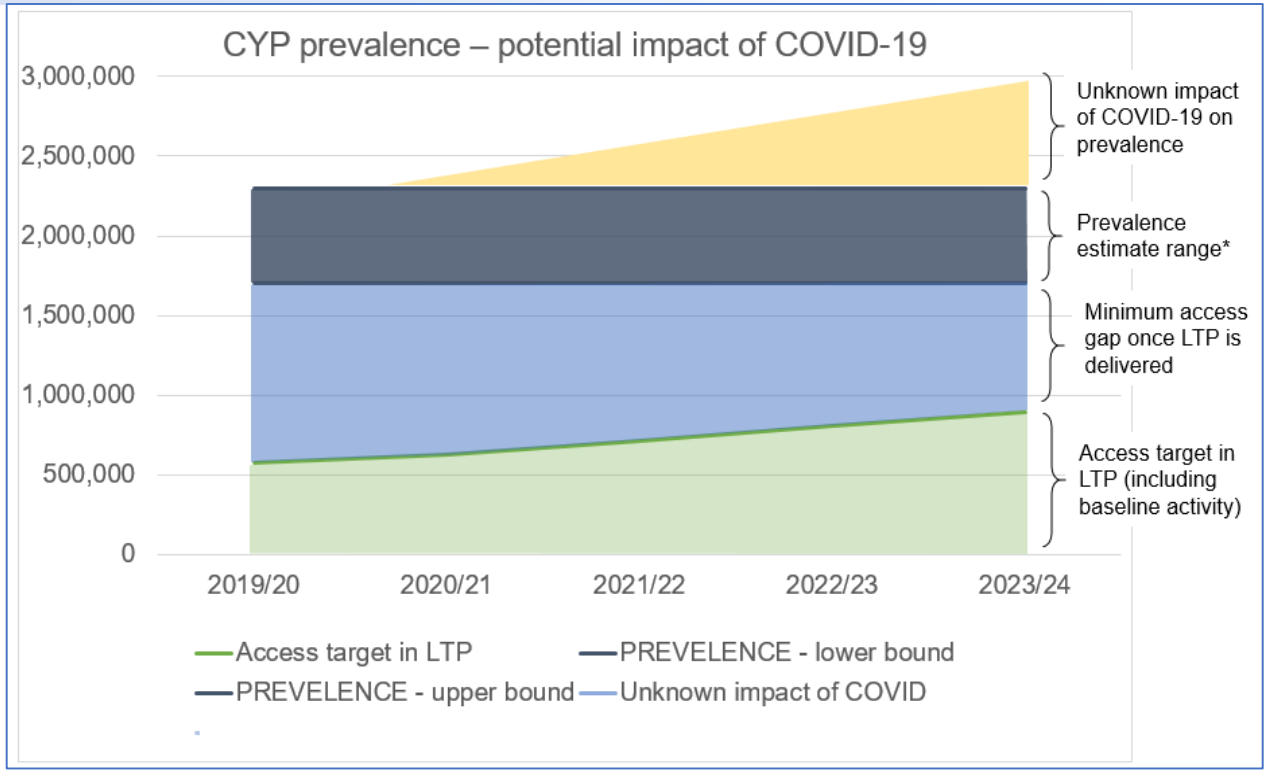
NEL CYP Mental Health Investment (£'000)			
	21/22	22/23	23/24
CYP Mental Health (NEL total)	6,508	9,136	12,647

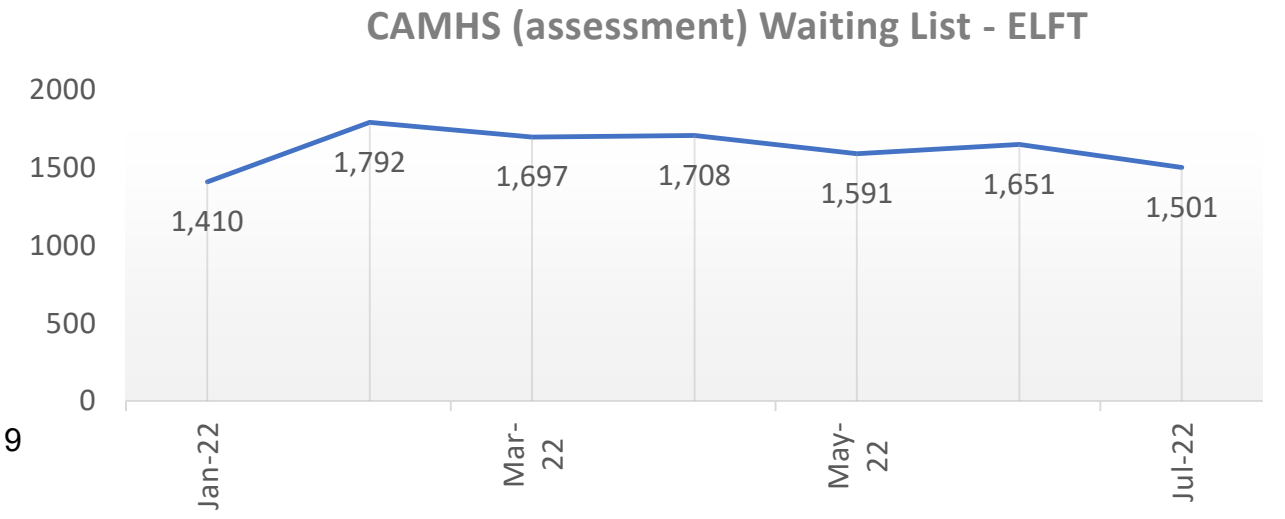
In 2022/23, the NEL allocation for CYP mental health services was **£43.8m**, which is 12.1% of the overall mental health programme budget. This is two per cent **higher** than the proportionate spend on CYP mental health nationally

Summary - capacity and demand for CAMHS services

Core CAMHS

- Despite the growth in investment, CYP mental health services are under pressure as a result of increased demand (see national prevalence projections, right)
- CAMHS services have experienced an increase in their referrals, waiting lists and acuity of need across INEL (see example data from Hackney, Newham and Tower Hamlets, bottom right)
- CAMHS recovery plans for each service are in place, and are regularly monitored by the Trusts
- We have developed a range of initiatives to manage demand and bring waiting lists down (please see slide 6)





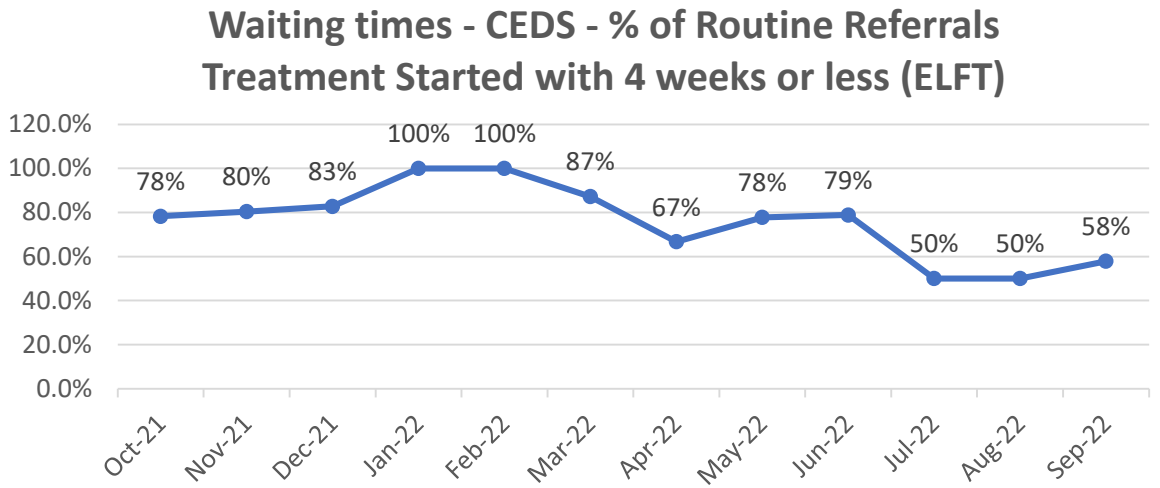
Summary - capacity and demand for Eating Disorder and Crisis Services

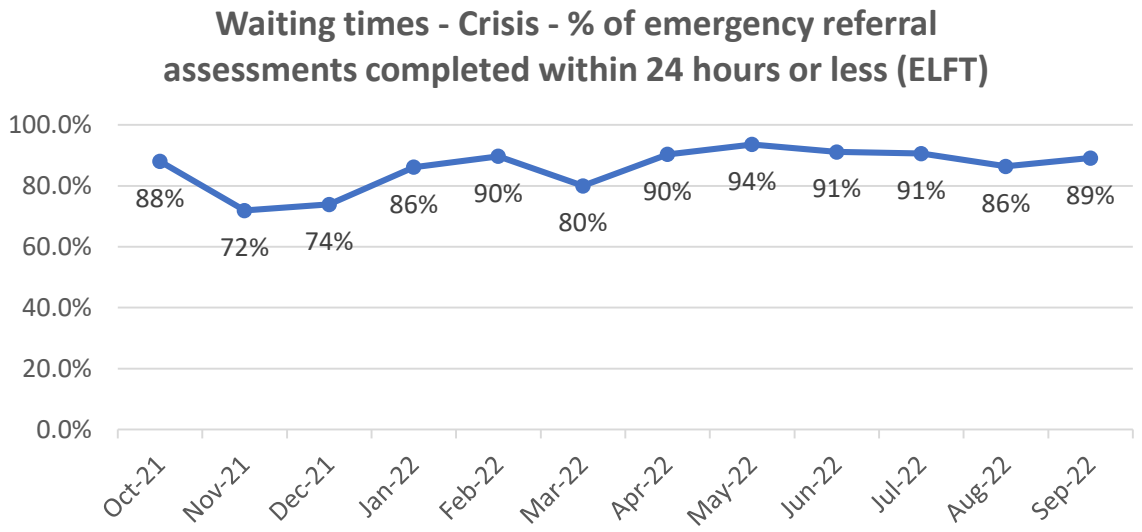
Eating disorder services

- We have seen a surge in referrals to Children's Eating Disorder Services (CEDS) across INEL, in-keeping with national trends
- As a result, people are waiting longer to receive treatment (see chart with ELFT data, right)
- Funding was secured in 2022/23 to expand CEDS but there were significant recruitment challenges. These have now been resolved and the service on a recovery trajectory

Crisis services

- CYP Crisis Services are in place in Hackney, Tower Hamlets and Newham; with an extended-hours Interact Service available in Whipps Cross Hospital
- Comparing July 2020 to July 2022, demand for CYP Crisis Services in ELFT increased by 82%
- Crisis presentations are beginning to stabilise, although referrals across most services continue to be higher than pre-pandemic levels





Initiatives to further improve access for children and young people

In addition to developing and adhering to service recovery plans focused on managing increased demand and reducing waiting times, we are also working on a range of proactive developments with our partners to work more preventatively. Here are some examples:

Joint working with social care, community health, paediatrics and VCS	Single points of access, and **multi-agency collaboratives**	Piloting **Home Treatment Teams**	**Online emotional support** e.g. ChatHealth, Kooth and Good Thinking	**Eating Disorders Intensive Home Treatment Team**
Brief Intervention and Treatment approaches	**Peer leadership** and employment opportunities for YPs	Development of **Intensive Support teams** for ASD/LD cohort	Joining up **social prescribing** and developing the VCS in each borough	Increased support around transitions from CAMHS

Drivers for improving services for 18-25 year olds

National policy framework and drivers for improvement

- NHS England published the Community Mental Health Framework for Adults and Older Adults in November 2019
- One of its aims is to improve outcomes for 18-25 year olds through addressing issues such as the transition between CAMHS and adult mental health services; delays in receiving care; or being assessed as having no care needs by adult services
- Young adults are already heavy users of Increasing Access to Psychological Therapies (IAPT) services in east London (approx. 20%) as well as Early Intervention in Psychosis Services. However, there are young adults whose needs cannot be met by these services.
- ELFT and NELFT have been working to implement the Framework over the past few years through our Community Mental Health Transformation Programmes
- Some examples of initiatives targeted at young adults are included in the following slide

Support for young adults (18-25)

There are a range of initiatives and service developments in each borough focused on improving access, outcomes and experience for young people / adults up to the age of 25. Here are some examples:

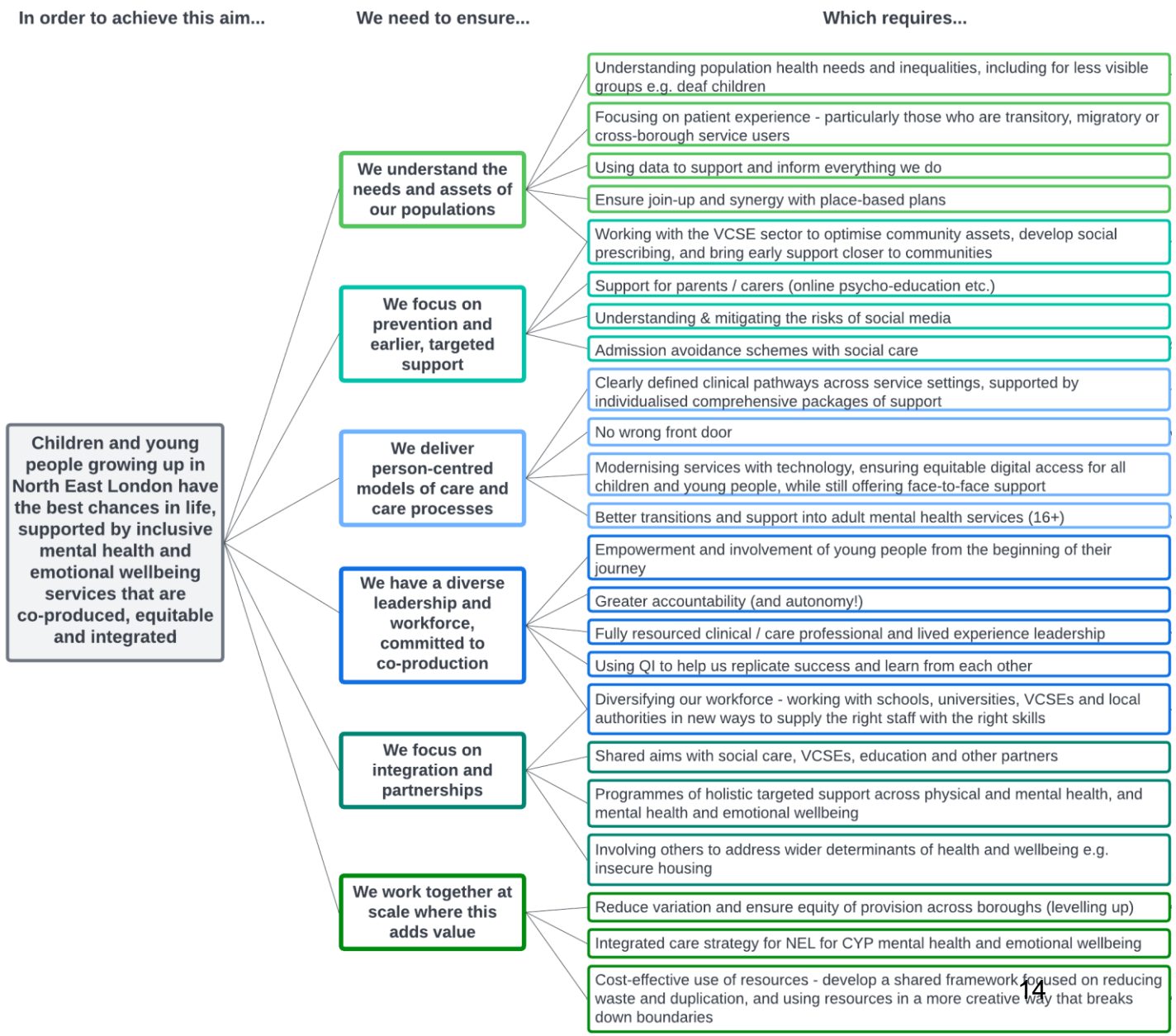
London Vanguard Violence Reduction

- A three-year NSHE funded programme to deliver a community-based approach to reducing violence and exploitation for CYP (up to the age of 25) and their families, targeted initially in Waltham Forest and Newham
- In each borough, services will be delivered through partnerships between local authorities, trusts and voluntary sector organisations
- Anticipated benefits include improved access to psychosocial and psychological support, and trauma-informed interactions with lived experience caseworkers
- £3.2 million from Oct-2021 to Sep-2024

Advantage Mentoring

- A mentoring programme for young people aged 14-21 with mild to moderate mental health and wellbeing needs, including people who don't meet the thresholds for CAMHS
- Commissioned to cover all 7 boroughs in North East London
- Advantage Mentoring is a partnership between West Ham United Foundation, Arsenal in the Community, Leyton Orient Trust, ELFT and NELFT CAMHS
- Uses youth work to connect with young people via mentors, supported by a designated CAMHS clinician.

What are we doing at scale across NEL?



There has been a long-standing Children and Young People's Mental Health Delivery Group in place across NEL, with responsibility for coordinating our system response to key national policy drivers for children and young people (e.g. NHS Long Term Plan).

In recent months, we have begun to look at how we can operate as an **improvement network**; brining Quality Improvement methodology into the space to help us think differently about the challenges we face, with a much more defined role for clinical and service user leadership.

As the driver diagram to the left shows, we have worked together to set ourselves a clear aim and map out the key areas of focus over the next 12 – 24 months.

Coproduction with CYP across NEL

The following 'I statements' were devised at a coproduction event in June 2021 called 'All About Me for the Benefit of Everyone'. A follow-up coproduction event is planned for 8 December 2022 where these will be revisited to ensure they are still relevant and inclusive of peoples' priorities.

1. **Accessibility** - "I want the same chances at life as my peers without adversity or vulnerability, we aren't hard to reach "
2. **Coproduction** - "I want to be supported to get involved and see changes that I have influenced"
3. **Distribution** - "I want the same experience and range of support regardless of where I live or go to school"
4. **Single front door** - "I want to tell my story once and be involved in deciding what support will suit me and my family's, goals and needs"
5. **Local offer** - "I want to be able to see all support available to me, my family and friends in one place"
6. **Diverse offer** - "I want to access support in different ways that suits me and my goals, not just what is available and not when it is too late"
7. **Universal offer** - "I want to take ownership of maintaining and improving my resilience and wellbeing"
8. **Social prescribing** - "I want to access a range of different activities that could improve my wellbeing and be supported to access them"
9. **Workforce** - "I want to be able to access different support from different people, when and where I need it"
10. **Transition** - "I want to feel like professionals care as I move between different stages of my life"
11. **Digital** – "I want to access support in different ways that suits me and my goals, not just what is available and not when it is too late"

Item No **6**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**NHS North East London Health Updates**
Date of Meeting	15 December 2022
Attending	Zina Etheridge, Chief Executive Officer, NHS North East London Shane DeGaris, Group Chief Executive, Barts Health/BHRUT Paul Calaminus, Chief Executive, East London NHS Foundation Trust
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

15 December INEL JHOSC

NELFT and ELFT

North East London Health & Care Partnership

- **System resilience:** To ensure services remain resilient and to protect the health and wellbeing of staff over the winter, **the Covid and Flu Vaccination programme is underway** across north east London.
  - The East London Vaccination Centre, based at Mile End Hospital, is running an outreach programme to engage harder to reach groups, and includes sessions for people in supported living accommodation and people attending the East London Mosque.
  - The Liberty Centre based in Havering, have set up additional out-reach opportunities via pop up clinic and are due to begin next week.
  - The Polio booster programme continues, running until the end of December, approx. 1/3 eligible children in London have attended, an extension has been agreed to increase the uptake.
  - The BCG workstream continuing at the Liberty at weekends.
- **Demand remains high** for access to Mental Health services, particularly crisis services and bed occupancy. Work is being undertaken with systems partners, aligned to winter planning, to ensure a joined-up and continuous focus on areas of high activity and pressure.
  - Teams continue to work demand and capacity challenges, and additional in-patient capacity has been procured across London to support demand on services during the course of the winter.
  - Both trusts continue to work collaboratively to ensure that residents are treated as close to home as possible. A particular focus at present is the joint working between our acute hospitals and our mental health teams.
- **Community health services** previously implemented an Urgent Care Response car which means patients are referred directly into the community teams from the ambulance stack (people who are awaiting an ambulance) allowing them to have swift access to appropriate care and reduce demand on ambulance services.
  - We are currently expanding this service and hope to offer a total of 3 cars in BHR over the winter months.

Barts Health update November 2022

North East London Health & Care Partnership

- **Winter pressures and planning:**
  - The number of occupied beds across our hospitals - more than 1,500 – is already as high as last winter.
  - We have almost completed our annual Winter Planning process and will be working across the system to reduce pressure in emergency department (ED) and getting ambulances back on the road as soon as possible.
  - Our REACH programme enables clinicians to engage with primary care, 111 and ambulance teams to agree the most appropriate emergency care for patients rather than patients coming straight to A&E. This has significantly reduced ED attendances, and the scheme will extend across BHRUT for winter
  - There will be a system wide response and we are discussing with Tower Hamlets, Newham and Waltham Forest the appropriate mitigations, including step down beds, virtual wards and support for complex discharge where out of hospital support is required.
  - We are still caring for up to 80 Covid positive patients, though most are primarily being treated for other illnesses or injuries. The numbers are a third of the level at the Omicron peak, but our winter planning includes a scenario where Covid increases significantly
- **Elective**
  - Our longest waiters are now almost cleared, with the last remaining patients due to receive treatment in December
  - As part of our winter planning we will include options to maintain our elective programme over what will be a challenging winter
  - This will include a prioritisation framework that will ensure those most in need of treatment will be prioritised
- **Staffing:**
  - We welcomed the first cohort of security and reception staff (Soft Facilities Management services) who were previously employed by Serco into the Barts Health family in November. Further teams will transfer to Barts Health over the coming months.
  - There are over 70 new midwives set to join the Trust in the coming months to strengthen our maternity services.
  - Members of the Royal College of Nursing employed at Barts Health hospitals will not take industrial action this winter, as the number of staff members taking in the strike ballot did not meet the workplace legal threshold for their vote to count.
  - Other ballots will take place over the coming weeks, so we will continue to develop our contingency plans
- **Award-winning discharge project:** A Barts Health project to cut the time spent in hospital for heart attack patients won a 2022 HSJ award for ‘Acute Sector Innovation’. The ‘AMI early discharge pathway’ was established at the start of the Covid-19 pandemic by Barts Heart Centre clinicians concerned about a shortage of beds and the risk to patients of catching Covid whilst recovering in hospital.

BHRUT

North East London Health & Care Partnership

Reducing our waiting lists

- The total number of patients waiting 18 months or more reduced from 474 in July to 59 at the beginning of last October – the largest reduction of any London trust
- Our 'super' clinics continue; Gynaecology 'Perfect' Week treated 81 women. It would usually take around a month to carry out this number of operations
- Construction has also started on our £14m Surgical Hub at KGH, which will see us complete, on average, at least 16 additional operations per day
- Patients are also benefitting from faster diagnosis thanks to more diagnostic equipment at Barking Community Hospital. We've also submitted a planning application for a £15m Community Diagnostic Centre at the site, which would provide a range of tests and scans, such as CT, MRI and ultrasound

Care Quality Commission (CQC) inspection: November 2022

- Inspectors visited our Emergency Departments (EDs), medical wards at Queen Hospital (QH) and King George hospital (KGH) and diagnostics at KGH. They also conducted a well led review
- CQC had particular concerns about the lack of flow across our hospitals and long waits in EDs. We are waiting for their full report, however we have already started work to address the issues
- Positive feedback included how welcoming our staff were and praise from some of our patients about the care they were receiving

Urgent and emergency care (UEC)

- We've seen an increase in mental health (MH) patients in our EDs waiting longer than they should be for the MH services they need. In October we had 42 patients (compared to 28 in September) who waited over 36 hours to be referred to MH services. We're working with MH trusts and councils to reduce delays and we're adapting our departments to provide a better environment
- At QH we launched Operation Snowball to reduce waiting times by proactively moving patients each hour out of ED and onto the relevant ward
- In September, an additional 75 patients moved through the Frailty Unit, with more patients transferred earlier in the morning. Average length of stay in the unit decreased by four hours. We're now doing the same with other departments and continue to work with partner organisations to improve discharges

Supporting our staff with cost of living

- We've held two more marketplaces, which were expanded to include toys, clothes, household items and food
- Together with other initiatives including uniform vouchers and free period products, we've supported nearly a thousand members of staff so far

Senior leadership

- Our Executive team has been boosted by the appointment of Janine La Rosa who has joined us from NHS London as our new Chief People Officer

Item No **7**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Financial Strategy for the ICS**
Date of Meeting	15 December 2022
Attending	Henry Black, Chief Finance and Performance Officer, NHS NEL Zina Etheridge, Chief Executive, NHS NEL
OUTLINE	The Chair has asked for an update on the work being done on the development of the financial flows between the ICS and the 7 Place Based Systems (which corresponded to the old CCGs). To frame the discussion, attached is a briefing on the key messages from the financial framework which is currently under development by NHS NEL.
RECOMMENDATION	Members are asked to give consideration to the report.

NHS
North East London

NEL Financial Strategy Update

Key messages from the financial framework currently under development

Context – How we've used our budget in 21/22 and 22/23

The tables give an overview of how our budget – for 21/22 and 22/23 – splits across the system, between different types of care and across our seven places.

Note that it is not possible to split the whole budget in this way, and therefore the tables won't add up to our full allocation (around £4bn in 22/23).

We can see funding growth (in the allocation NEL received from NHSE) was predominantly used to support services in Barking & Dagenham, Havering, Redbridge and Newham.

	2021/22 NEL CCG Month 12 Outturn (£m)							
	Barking and Dagenham	Havering	Redbridge	Waltham Forest	Tower Hamlets	Newham	City & Hackney	Total
Acute	171.5	229.2	250.5	233.2	228.7	277.2	242.1	1632.4
MH	41.6	42.5	42.5	53.4	67.3	65.9	80.3	393.7
Community	34.6	41.9	30.9	55.2	62.5	49.5	64.0	338.6
CHC	19.4	30.8	31.0	26.8	18.0	20.3	17.3	163.8
Prescribing	26.5	39.8	39.2	37.1	34.2	44.5	28.4	249.7
Primary Care	40.8	47.3	53.6	60.6	80.1	80.3	70.2	433.0
Total	**334.5**	**431.5**	**447.8**	**466.4**	**490.9**	**537.7**	**502.4**	**3,211.2**

	2022/23 NEL ICB Budget (£m)							
	Barking and Dagenham	Havering	Redbridge	Waltham Forest	Tower Hamlets	Newham	City & Hackney	Total
Acute	172.6	245.7	262.8	239.7	239.3	285.8	248.5	1694.3
MH	43.3	44.1	43.2	56.5	66.8	66.3	80.9	401.1
Community	43.9	46.4	38.0	42.4	58.2	64.8	57.1	350.8
CHC	20.8	31.1	35.4	30.0	18.1	22.0	18.1	175.5
Prescribing	26.7	39.3	39.0	37.3	35.8	46.3	29.1	253.5
Primary Care	40.2	50.3	59.3	57.8	80.6	85.6	72.0	445.9
Total	**347.5**	**457.0**	**477.6**	**463.7**	**498.8**	**570.8**	**505.7**	**3,321.1**
Implied growth	3.9%	5.9%	6.7%	-0.6%	1.6%	6.2%	0.7%	3.4%

Note that 21/22 figures may be distorted by covid funding and that changes in funding between years can reflect changes in how some national funds were allocated (e.g. discharge funding)

Comparison of spend on different types of care, by place (22/23 budget)

Our seven places have different populations with different needs and so a level of variation between them is to be expected, but we also know that some of the variation reflects differing inputs/resource (even between populations with similar needs) and differing services that are not always organised to enable the most appropriate patient pathway.

	2022/23 percentage of spend within geography on care type						
	Barking and Dagenham	Havering	Redbridge	Waltham Forest	Tower Hamlets	Newham	City & Hackney
Acute	49.7%	53.8%	55.0%	51.7%	48.0%	50.1%	49.1%
MH	12.5%	9.7%	9.0%	12.2%	13.4%	11.6%	16.0%
Community	12.6%	10.2%	7.9%	9.1%	11.7%	11.4%	11.3%
CHC	6.0%	6.8%	7.4%	6.5%	3.6%	3.9%	3.6%
Prescribing	7.7%	8.6%	8.2%	8.0%	7.2%	8.1%	5.8%
Primary Care	11.6%	11.0%	12.4%	12.5%	16.2%	15.0%	14.2%

As described later in the slides, our financial strategy aims to ensure that we are spending the right (and fair) amounts of our NEL resource on different populations, and that we are spending it in ways that add the most value for our residents, including a greater proportion on prevention and earlier intervention.

Note that while we transitioned between legal entities (from a CCG to an ICB), the budget was for the whole financial year and there were no substantive changes due to the legal entity change on 1st July 2022.

The ambitions of our financial framework

Our new financial framework will need to iterate over time as we 'learn by doing' and we are keen to work with partners to develop it further.

We have a number of ambitions for what we want the new financial framework to help us achieve. These are aligned to our system design principles and include:

Improving quality and outcomes for residents

- **Incentivising transformation and innovation** in clinical practice and the delivery of services to improve resident outcomes
- Supporting delivery of **care closer to patients' homes**, specifically investing resources in services that take place outside of the hospital environment to reduce demand for acute and specialist services

Securing greater equity for our residents

- Refocusing how the system spends its money **to focus on population health**, including proactive investment in measures that keep people healthier
- **Increasing investment in prevention**, primary care, earlier intervention and the wider determinants of health, including environmental sustainability
- **Levelling up investment** and addressing any historic anomalies in funding distribution

Maximising value for money

- Supporting our providers to **reduce transactional costs, improve efficiency** and reduce waste and duplication
- **Supporting the financial stability** of our providers and underpinning a medium-term trajectory to financial balance for all partners
- **Recognising existing challenges**, including that NEL is, as a SOF 3 ICS, financially challenged with a growing population and BHRUT in SOF 4 for financial performance.
- Ensuring we do not **create unnecessary additional financial risk,** especially in the acute sector

Deepening collaboration between partners

- Supporting the **integration of health and social care** for people living with long term conditions who currently receive care from multiple agencies
- Ensuring that all partners are able to **understand and influence** the total amount of (ICB) resources being invested in residents' care.

We face significant challenges, both now and over the longer term

NEL faces significant challenges over the coming years, including increased demand for urgent and emergency care, a substantial backlog of elective care, workforce shortages and a cost-of-living crisis among many of our staff.

The system also faces significant financial tightening, with (unfunded) inflation and the removal of covid funding already creating pressure and more tightening expected across the whole public sector.

NEL also expects to have significant population growth over the coming years.

With this financial framework we are trying to achieve financial stability over the short to medium term – recognising the significant challenges the system faces this year and next – while also ensuring that we have a sustainable model over the medium to long term, by beginning the transformation of services now

To support new ways of working and the improvement of health and wellbeing outcomes, we are developing a financial framework which:

- **Moves, over time, to a population-based financial planning and funding approach**
- **Allocates funding in a way that recognises the costs of care provision**
- **Supports transformation via a system investment pool**

Moving to a population-based approach

The ambition of PHM is to draw a cause-and-effect line between all the money we spend and the health and wellbeing outcomes impacted. In the meantime, there are three main ways in which the framework is supporting a shift to a more population-focused funding arrangement:

- Reducing inequalities in care provision and outcomes by ensuring that where we spend our money reflects the needs of our population.
- Increasing the proportion of our ICB budget that is spent on prevention and early intervention year-on-year.
- Providing financial support for the testing and deployment of interventions and care models that seek to improve health and wellbeing outcomes.

The proposed approach for reducing inequalities in the short to medium term is that, as a system, we define a core set of services that should be available to everyone and that we focus funding uplift on ensuring that that minimum service exists everywhere, before then moving on to target additional funds into areas with poorer outcomes.

Reflecting the costs of care provision to support partnership working

During financial year 2022/23 the whole NHS is still transitioning from the top down emergency funding regime, which channelled funding direct to front line service providers based on actual expenditure in response to the pressures of the pandemic

Beginning with the 2023/24 financial year, revenue allocations (and associated savings requirements) will be made through a central process to one of three settings: i) place committees of the ICB (which operate in close alignment with the wider place partnership in each place), ii) directly to trusts, or iii) be held centrally by the ICB.

The approach will enable partnership working rather than an unhelpful focus on finances and contractual negotiation. **We will use the following two principles when determining which budgets**, for which services, sit with different parts of the system:

- **Trust partners** (NELFT, ELFT, Barts Health, BHRUT, Homerton and London Ambulance Service) should hold and manage budgets for the care they provide and should receive “block payments” directly from NHS NEL to cover this.
- 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 (in which case they will either be held by the ICB centrally, or by one of the place committees on behalf of several).

Regardless of who holds the budget, partnerships will have full visibility of all the funding that is spent on their local population, with the ability to agree between partners to shift resources to support different care services or programmes.

Creating headroom for investment

The financial framework will support NEL to have a sustainable health and care system over the medium and long term through the creation of an ICS investment pool, with the core goal of dampening demand for more acute services

For 2023/24 a proportion of the ICB's budget will be allocated to the ICS investment pool.

To ensure that the investment pool is used as effectively as possible, funding decisions will be based on evidence and will use an open book/transparent process, so that it is clear to all partners how money has been spent and the impact expected.

Each place-based partnership are asked to ensure that they have investable plans, agreed by partners, for transformation and service improvement that will lead to (at least) a 150% return on investment in reduction in acute demand for 2024/25 versus forecast levels.

Savings from demand reductions greater than 150% will be reinvested in the system, with 50% of additional savings used for future years' investment pools and 50% invested at the discretion of the relevant PbP.

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	15 December 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 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	15 December 2022

OUTLINE

Draft minutes from 19 October 2022 are attached. Responses to matters arising are below.

Action at 4.16 - ZE to provide a future timetable for roll out of next CDCs
Update on CDCs

We will develop both Mile End and Barking Community Hospital Diagnostic Centres over the next 12 months and plan to fully open both centres by Christmas 2023.

However already a new MRI scanner at Mile End and a CT scanner at Barking have gone live - these will provide additional capacity of over 10,000 scans a year at each site.

At Barking, additional CT, MRI, ultrasound, endoscopy and opthalmology capacity should make another 20,000 tests available this year before the site is fully operational.

And at Mile End, additional MRI, ultrasound and endoscopy capacity should make another 7,000 tests available before the full operational start.

Action at 4.19 - DJ to provide a list of sites (links) where you can access the mpox vaccine.

NHSE launched a new website where people can search for a mpox vaccination site near them.
Find a monkeypox vaccination site - NHS (www.nhs.uk)

Barking hospital, Homerton hospital and the Royal London hospital Trusts in NEL are providing MPX vaccinations for eligible individuals on their hospital sites. A one off event was held at the Olympic Park in August as part of the London Black Pride event. This was a one off outreach service and not a routine vaccination clinic vaccinations were offered on the day and individuals were also signposted to other sites for vaccination at another/other times.

MATTERS ARISING contd. **Action at 4.22 - DJ to provide the % of people in NEL whose MMR vaccines are not up to date and the national comparison**. ***MMR uptake in NEL*** *Uptake of first dose for children becoming 24 months during July – Sept across NEL is 81.2% (1,018 to vaccinate to reach 95% target)* *Uptake of second dose for children becoming 5 years during July – Sept across NEL is 83% (907 to vaccinate to reach 95% target)* **Action at 5.9 - Final Draft of ICS Strategy to be added to the agenda for the 15 Dec meeting.** **Action at 6.8 - Briefing on Acute Provider Collaborative to be added to future work programme.** 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: Wed 19 October 2022 at 7.00pm

Chair	Councillor Ben Hayhurst (Hackney)
Members in attendance	Councillor Kam Adams (Hackney) Councillor Ahmodul Kabir (Tower Hamlets) Councillor Ahmodur Rahman Khan (Tower Hamlets) Councillor Susan Masters (Newham) Councillor Sharon Patrick (Hackney) Councillor Richard Sweden (Waltham Forest) Councillor Beverley Brewer (Redbridge) (ONEL Observer)
All others in attendance remotely	Cllr Afzal Akram (Waltham Forest) 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 Zina Etheridge, Chief Executive, NHS North East London Diane Jones, Chief Nursing Officer, NHS NEL Siobhan Harper, Transition Director - Primary Care, NHS NEL Cllr Chris Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture, Hackney Council Helen McKenna, Head of Office, Chair in Common Barts-BHRUT Ashleigh Milson, Senior Public Affairs Manager, NHS NEL Roger Raymond, Scrutiny Officer, Newham Council
Member apologies:	Councillor Catherine Deakin (Waltham Forest) (Vice Chair) Councillor Abdul Malik (Tower Hamlets) Councillor Anthony McAlmont (Newham) Common Councilman David Sales (City of London)
YouTube link	The meeting can be viewed here: INEL JHOSC - 19/10/2022
Officer contact:	Jarlath O'Connell; 020 8356 3309; jarlath.oconnell@hackney.gov.uk

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1. Welcome and apologies for absence

1.1 Apologies for absence were received from Common Councilman David Sales(City of London), Cllr McAlmont (Newham) and Cllr Deakin (Waltham Forest). The Chair added that Cllr Virdee from Newham and Cllr Akram from Waltham Forest were joining remotely and he welcomed Cllr Virdee to his first meeting of the Committee.

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 of Health Transformation by HCVS (Hackney Council for Voluntary Services), in a post funded by NHS NEL.

4. NHS NEL Health updates

4.1 Members gave consideration to a briefing paper *NHS NEL Health Update.*

4.2 The Chair stated that there would be four elements to the item and he welcomed the following to present their sections:

a) *Provider performance, collaboration update and introduction* to Group CEO
Shane DeGaris (**SD**), Group Chief Executive of Barts Health and BHRUT

b) *Winter Planning, Resilience*
Zina Etheridge (**ZE**), Chief Executive Officer, NHS North East London,
Siobhan Harper (**SH**), Transition Director - Primary Care, NHS NEL

c) *System pressure and urgent care and enhanced access to primary care*
Siobhan Harper (**SH**), Transition Director - Primary Care, NHS NEL

d) *Vaccinations update (including Covid-19, Flu, Mpox, Polio and MMR)*
Diane Jones (**DJ**), Chief Nursing Officer, NHS North East London

He added that the slides also included an update on Community Diagnostic Centres, which was just for noting, as this had been dealt with in detail at the previous meeting.

4.3 Shane DeGaris (CE of Barts/BHRUT) took Members through his presentation on provider performance, collaboration update, staffing update.

4.4 The Chair asked what the issues were at Queens and King George V that had made their situation more challenging. SD explained that there were several factors. King George V had double the number of ambulance arrivals than the Homerton but half the number of in-patient beds. There was also considerable variation on primary care availability and a broader issue in that there was great variation across the system on delayed discharges of care.

4.5 The Chair asked if these issues were structural and if, simply, more beds were needed. SD explained that the focus was on helping patients not to have to go to A&E in the first place and looking at other things they can do at urgent care centres. He described Project Snowball about ensuring that processes are more efficient inside the hospital and the issues around sharing risk so other departments can assist with the burden.

4.6 Cllr Masters asked how practical it was to get somebody into an alternative site in the community overnight and also commented that if the Acute Trusts were offering these elements of extra support to staff didn't this imply that they were not paying them enough. SD replied that it was more difficult to discharge at weekends and the ability to have community care packages over 7 days and a 7 day service was crucial. On pay, they were beholden to national pay reviews for substantive staff and so they are trying to help those who need additional support. He explained the operation of the REACH system which helped and operated until 10pm but admission prevention can't take place later.

4.7 ZE took Members through the presentation on winter planning and SH took Members through the presentation element on resilience, system pressure and urgent care and on enhanced access to primary care.

4.8 The Chair commented on the need for better communications on the Enhanced Access Service and what was being done to convince patients about this new approach because there was a lack of confidence in 111 and hence people end up at A&E. SH explained that 14000 people had responded to their engagement when shaping the Enhanced Access Service. It is an ongoing comms challenge she added. There is a debate on balancing same day access for some vs continuity of care for others and she added that A&Es are not the best experience for those just requiring primary care.

4.9 Cllr Adams described the situation of struggling to get a GP appointment and being directed to A&E and Cllr Masters asked about the role of GP Assistants and Digital Transformation Lead, asking what qualifications and responsibilities they have and what training they receive. SH replied that the GP Assistant and Digital Facilitator roles would be administrative not clinical roles and they have not been rolled out locally yet. There is a great variance in GP performance across NEL and this is a concern and the aim now is to work at a peer to peer level to improve the offer she added.

4.10 Cllr Sweden asked about integrating urgent care centres with A&E and whether we were going to lose the former. SD explained that at hospitals we have urgent care at the front door and unless you have really effective integration, patients can have poor experience. There are two different sets of triage so no proper integration of information and this needs to be addressed. He added that no urgent care centres would be lost.

4.11 Cllr Patrick asked what was new about the Anticipatory Care plans? ZE explained it's what they do each winter and it was something brand new but a rather development of the service to make it more responsive and focused on prevention.

4.12 The Chair asked whether thought was being given to a more comprehensive Out of Hours Service service that blends better with the NHS 111 service, as a better wrap-around service, as the previous service in Hackney had been. SH explained that the focus was to deliver on the Fuller Report which noted the need to balance same day access demands with providing continuity of care. It was time to think about new models of day time primary care and the out of hours arrangements across NEL still varied considerably. She added that opportunities are not the same as they used to be in terms of commissioning directly from GP Groups. She added that was important that they improve both the perception and the reality that people can get seen, so that public confidence can be increased.

4.13 Cllr Virdee asked about the ageing profile of GPs and what was being done to recruit new GPs to ensure the system was fit for purpose and what was being done to move forward with new technology to help manage waiting lists. SH explained that they were looking at all digital solutions as well as E-consultations and fixing the problem of people waiting too long on telephones. Staffing was a major concern and there was a major focus on workforce at NHSE. The way GPs are working is changing, many want to be sessional GPs rather than Partners so the whole model was changing rapidly.

4.14 The Chair asked about delayed discharges of care and how the NHS is supporting councils and the care sector financially. ZE replied that she was very concerned about the sustainability of social care this winter. She cautioned that NHS and local authority finances were very different and detailed how they were piloting schemes on enhanced domiciliary care for example. This would explore if they can train and pay domiciliary care workers to do tasks normally done by NHS staff.

4.15 The Chair asked because there was more in the system during the pandemic was it easier for mutual aid (between trusts) to work well then and how could that be built on. SD replied that practical mutual aid works well on a day to day basis to manage patient flows. The back end of the pathway was more of a challenge however and, in the Royal

London for example, they had many out of region patients which added another dimension to the problem.

4.16 Cllr Brewer asked about the timetable for development of Community Diagnostic Centres discussed at the previous meeting. ZE undertook to provide further detail.

ACTION:	**ZE to provide a future timetable for roll out of next CDCs.**

4.17 Diane Jones (Chief Nurse, NHS NEL) give a presentation on the vaccinations update. Currently they were 5 running simultaneously in primary care sites as well as vaccination sites. There had been a supply issue for the mpox vaccine but it had been resolved and they were now using a more targeted approach. On polio, they had issued 97% of invites to all those eligible and uptake so far was 22%.

4.18 Cllr Adams asked about covid vaccinations and a revelation in a Pfizer exec report to an EU body that their covid vaccine had never been tested for transmission and why therefore were people being forced to have a vaccine passport. DJ explained that taking the vaccine doesn't prevent you from transmitting the virus to somebody else but it greatly reduces severity. Whether vaccine passports are being requested is down to individual establishments, she added. Cllr Adams asked about the difference between the vaccines in terms of transmissibility levels. DJ explained that it's about the wellbeing of individuals and it's advisable to have the vaccine as transmission rates are lower where there are people who have been vaccinated. If everyone is building up a level of resistance the transmission rate will be lower, effects are less likely to be severe and it is less likely that a person will require hospitalisation.

4.19 Cllr Sweden asked where you can get mpox vaccine in NEL patch and about people falling through the cracks in terms of accessing the 4th Covid vaccine. DJ explained how they managed the mpox vaccinations when there was a temporary shortage of stock and how people can get their follow up Covid vaccines. She undertook to circulate an updated list of sites.

ACTION:	**DJ to provide a list of sites (links) where you can access the mpox vaccine.**

4.20 The Chair questioned whether it would be more efficient to achieve a greater uptaker of the polio vaccine if it was done by schools. DJ explains why that didn't work in the past and the rationale. The parents had to be there with the young person etc. The cohorts for polio included pre school age also.

4.21 The Chair asked about the viability of setting up a clinic at the end of school day. DJ explained they can do them after school times for those age groups who are eligible or at pharmacies. The feedback from

families was that the vast majority wanted to go to a practice nurse within a primary care setting, she added.

4.22 Cllr Adams asked what percentage of children in NEL were not up to date with MMR. DJ replied that they had a backlog of 2000 but could provide a further breakdown.

ACTION:	**DJ to provide the % of people in NEL whose MMR vaccines are not up to date and the national comparison.**

4.23 The Chair asked what targeted comms work was being done in Hackney and Walthamstow following the discovery of presence of polio in the sewage system. DJ replied that City and Hackney and WF were the targeted areas. Texts, outreach, talks with community leaders, letters in a range of languages and also through informal networks were being used. Cllr Masters enquired that, as there hadn't actually been one case in England, how was it found to be present in the first place. DJ explained that strains of virus had been found in sewage indicating it was coming from individuals who had not been in contact with health services either primary or secondary care. Cllr Virdee asked if it hadn't been detected yet in people presenting to the health services was the NHS giving parents the right kind of information and was the response proportionate. DJ replied that it depended on how the message was perceived. There was a real risk among those communities so the question is how you assess that risk.

4.24 The Chair thanked the officers for their reports and their attendance.

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

5. Developing ICS Strategy

5.1 Members gave consideration to a paper '*Development of a North East London Integrated Care Strategy'* and noted that the full strategy had to be submitted to NHSE in December. This set out the plan for the ICS which came into being on 1 July.

5.2 The Chair welcomed Zina Etheridge (**ZE**), CE of NHS NEL who took Members through the presentation.

5.3 The Chair commented that it came across as a very top-down Strategy and there was no mention of devolution to the 8 local Places and challenge of having a broad brush Strategy across the 8 boroughs.

5.4 Cllr Khan asked about the shortages of nurses and care home staff. ZE replied that on the issue of workforce and his it is captured in the

document the intention was to tease out how they want to work in NEL at a more local level and to make this happen. She added that shortage of nurses was a particular concern and one 'Employment and Workforce' was a key priority in the document and making sure there is a sustainable workforce in NEL and that it is populated with as many local people as possible was key. DJ also detailed the specific NEL Workforce Strategy for Nursing.

5.5 Cllr Masters asked about the recent 'Cost of living' Workshop referred to in the paper. ZE explained how it had been very helpful and had covered such elements as the impact on those on lower incomes who don't get free prescriptions and on the need for greater lobbying for free public transport or a reduction in the congestion charge for those attending hospital appointments.

5.6 Cllr Brewer asked about 30% of people in NEL waiting more than 4 hrs at A&E. ZE explained that 4hr wait specifically wasn't within the purview of this Strategy, which is much broader, but generally the focus has to be on improving access to urgent care so people don't need to go to A&E in the first place. She detailed the work at Queens on improving flow through the Emergency Departments and the work in Primary Care to reduce A&E attendance.

5.7 The Chair asked about a recent Health Services Journal news story about the £42m budget variance in NHS NEL's budget after just 5 months. He asked whether it could be brought into line and what were the consequences. ZE replied that while this was a significant number it represented 1% of total budget in NEL. It was a variance from plan rather than simply pure overspend and they were working very hard to bring the numbers back in alignment. The Chair asked how ICSs were supposed to handle overspend at the end of the year and whether it would be picked up by Treasury and what were the technical levers here for the ICS. ZE replied that the clear guidance from NHSE was that they must make every effort to get it back in line by the end of the financial year and they were working hard to achieve this.

5.8 Cllr Adams asked if the ICS Strategy was being shared with the 8 Health and Wellbeing Boards in each of the councils. ZE replied that it certainly was and would be going to each of them.

5.9 The Chair thanked ZE for the update and asked if the final version could come to the 15 December meeting.

ACTION:	**Item on Final Draft of ICS Strategy to be added to the agenda for the 15 Dec meeting.**

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

6. Acute Provider Collaborative - developing plans

6.1 The Chair explained that as part of the new ICS an Acute Provider Collaborative had been created involving Barts Health, BHRUT and Homerton Healthcare whereby the three acute health trusts in the patch would work to agree a single approach to service development proposals. The APC first met in July and plans for engagement and consultation would emerge over the following months.

6.2 He welcomed for this item:

Rt Hon Jacqui Smith (**JS**), Chair in Common, Barts Health/BHRUT
Zina Etheridge **(ZE)**, CEO, NHS North East London

6.3 JS gave a verbal presentation on the plans. In summary there would be 5 Collaboratives covering : *Mental Health, Learning Disability and Autism; Community Services; Primary Care; VCS;* and *Acute Care.* The focus is on improving outcomes for patients and on ensuring value for money. The APC is now focusing on its work plans which are wide ranging and a key element is having an Acute Clinical Strategy. They are also looking at taking on more responsibilities for Specialist Services and at developing the work on Clinical Trials. They've also added strands such as 'Babies children and young people'; 'workforce;' and 'information and informatics'. Each programme has been assigned lead from one of the Trust and they have an Executive Group and a Shadow Board which is chaired by Sir John Gieve. They are bringing together some of the work done previously at Trust level e.g. on HVLC centres. Support had been canvassed for creating a network of centres of clinical excellence in surgery but this had been delayed by the pandemic. They are now back at the task and reflecting on the learning from the pandemic, which had accelerated some of the work and stopped others. JS cautioned that it was early days and the APC plan hadn't yet been seen by the boards of the individual Trusts nor the APC Board itself but it will come back and of course feed into the Forward Plan for NHS NEL in time for next March.

6.4 The Chair asked to what extent this was an Estates issue. JS replied that an element of it was and neither was it all about High Volume Low Complexity care but how to ensure resilience of Critical Care. The

challenge was how to get more services out of hospital, what will deliver the best outcomes, what do the Clinicians say and what do we need to move around to accommodate those changes. She added that in the APC they do not have a Masterplan and they are genuinely having to go back and to work done before the pandemic to review it in light of what we learned since.

6.5 Cllr Brewer asked how will the APC practically assist with improving outcomes for patients e.g. on eliminating 4 hr waits in A&E or the huge 62 day cancer wait backlogs. SD replied that during the pandemic every hospital had cancelled routine surgery leading to a huge backlog. NEL had been hit harder earlier with Covid and it recovered later than other regions. There was a constant focus now in clearing backlogs and use of HVLCs are part of that. The idea was to concentrate efforts in fewer centres as this will lead to better clinical outcomes for patients and will get better throughput. Patients were already going to specialised centres to receive care earlier.

6.6 The Chair asked whether the High Volume Low Complexity hubs would continue. JS replied that elements of it were being done in King George V in Ilford. What was paused was the real strategic planning about what it was going to look like and they are now returning to that. In terms of consultation on all this, it would depend on the scale and the significance and the materiality of any proposed Change.

6.7 The Chair asked whether this was predominantly about moving round services rather than any reductions considering our growing population. JS provided reassurances that Emergency Departments could not be reduced considering the pressures already on them adding that she could not foresee any scenario where EDs would be closed. In terms of other key areas of focus for the APC one was on ensuring maternity services were properly staffed and another was on improving safety and building on Ockenden report recommendations.

6.8 The Chair thanked the senior executives for their update and for attending to answer questions and he asked that once the APC was further along, the Committee would like to be kept informed of its progress.

ACTION:	**Update briefing on the Acute Provider Collaborative to be added to the future work programme.**

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

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

7.1 Cllr Sweden gave a verbal update on the work of the special JHOSC. He stated that the fiscal constraints on the project were challenging. He added that since the elections in May the committee now comprised largely new members. He explained that they had agreed with NHS officers a protocol and a pro-forma for substantial variations which this committee might wish to use.

7.2 Cllr Brewer, also a Member of the Whipps Cross JHOSC, stated that they were anxiously awaiting the outcome of NHSE's Major Project Review Group meeting on 6 December, where crucial decisions on the future of the project would be made.

7.3 Shane DeGaris added that the enabling works (e.g. on the car park) had been agreed. The Chair asked if the funding agreed thus far was only for enabling works. SD replied that the Secretary of State had announced £30m covering three schemes for enabling works, including Whipps, but that final confirmation of the bulk of the funding was still awaited.

8. Minutes of previous meeting

8.1 Members gave consideration to the draft minutes for the meeting on 25 July 2022 and noted the matters arising..

RESOLVED:	**That the minutes of the meeting held on 25 July 2022 be agreed as a correct record.**

9. INEL JHOSC future work programme 2022/23

9.1 Members gave consideration to the updated work programme.

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

10. Any other business

10.1 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	15 December 2022
OUTLINE	The updated wok programme is attached. This is a working document. The 28 February meeting will be the final meeting of this municipal year.
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 7 Dec

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 ICS Strategy (final)**	Briefing	NHS NEL	CEO	Zina Etheridge	
deadline 5 Dec	**NHS NEL Health Updates**	Briefing	Various		Shane DeGaris, Louise Ashley, Paul Calaminus	
	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		Zina Etherdige, Henry Black	
	Update on work of Whipps Cross JHOSC	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
28 February 2023						
deadline 16 Feb						
Final meeting of the year						
	Update on work of Whipps Cross JHOSC	Standing item	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				