INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

All Members of the Inner North East London Joint Health Overview and Scrutiny Committee are requested to attend the meeting of the Committee to be held as follows:

Wednesday 19 October 2022 at 7.00 p.m.

Council Chamber - Town Hall, Hackney Town Hall, Mare Street London E8 1EA

This meeting is open to the public to attend.

Please see attached agenda pack provided by the London Borough of Hackney

1. AGENDA - ON BEHALF OF LONDON BOROUGH OF HACKNEY

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Agenda

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

Date **Wednesday 19 October 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/RO79IwbEV0I

Should you have technical difficulties the following is a back-up YouTube link: https://youtu.be/JHfeHXSHKz8

Contact: Jarlath O'Connell, Overview & Scrutiny Officer
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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		19.03
	East London Health and Care Partnership updates			
4	**NHS North East London Health Updates** a) Performance b) Winter planning and resilience c) Vaccinations update - monkeypox, polio	Shane De Garis Zina Etheridge and Siobhan Harper Diane Jones	Paper	19.04
	Service improvement updates – planning and transformation			
5	**Developing the ICS Strategy**	Zina Etheridge	Paper	20.10
6	**Acute Provider Collaborative - Developing plans** a) Priorities and timelines b) Key issues: mutual aid, clinical strategy, surgery, moves into the community, new centres of excellence, and managing High Volume Low Complexity cases.	Shane De Garis Zine Etheridge	Verbal	20.25
7	**Redevelopment of Whipps Cross -** update from Chair of Whipps Cross JHOSC	Cllr Sweden (Chair, Whipps Cross JHOSC)	Verbal	20.50
8	Minutes and matters arising		Mins	20.55
9	INEL JHOSC work programme 22/23		Work prog	20.56
10	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	**NHS North East London Health Updates**
Date of Meeting	19 October 2022
Attending	Zina Etheridge, Chief Executive Officer, NHS North East London Shane DeGaris, Group Chief Executive, Barts Health/BHRUT Siobhan Harper, Transition Director, NHS NEL Diane Jones, Chief Nursing Officer, NHS NEL
OUTLINE	This is a regular briefing which brings together current issues from East London Health and Care partners. This briefing will cover: *Performance; Winter planning and resilience; Vaccinations* and, for noting, a further update on community diagnostic centres. Attached please find a briefing paper on *NHS NEL Health Updates.*
RECOMMENDATION	Members are asked to give consideration to the briefing.

NHS North East London – Health Update

October 2022

Presentation to North East London Joint Health Scrutiny and Overview Committees

Contents

- Performance
  - Barts Health Update
  - BHRUT update
  - NELFT and ELFT
- Winter planning, resilience and vaccinations
  - Winter planning - overview
  - Winter resilience in primary care
  - Vaccinations update
- Community Diagnostic Centres update – for information

Barts Health update October 2022

- **Leadership team:** we have appointed substantively to all of our hospital CEO roles, and our new Chief Operating Officer will start with us in January

- **Elective recovery:** we have cleared most patients waiting over 2 years for treatment, except where patients have chosen to delay their treatment or complex surgery is required. 78 week waiters is the next priority area, with the national target to clear these by March 2023

- **UEC –** our Emergency Departments continue to be far busier then normal. We are deep into our annual Winter Planning process and will be working across the system reduce pressure in ED and getting hospitals back on the road as soon as possible. Our innovative REACH approach will be key to supporting that.

- **Covid pressures -** have fluctuated over the summer but are on the rise again. A key part of our winter plan will be how we would deal with another covid wave as well as increases in other respiratory conditions

- **Vaccinations**: Our 22/23 Winter Flu and Covid-19 booster campaign for staff has begun with wellbeing fairs and drop-in clinics at all our hospital sites.

- **Monkeypox**: Positive case numbers are dropping across all our hospitals.
  - Vaccines are in limited supply nationally, but there are still vaccines in stock at our sexual health clinic
  - The Trust has also been part of the largest monkeypox international study which will lead to more patients being diagnosed faster
- **Closer collaboration:** Our collaboration with Barking, Havering and Redbridge University Hospitals (BHRUT) has been strengthened recently through the appointments of three joint NEDs, and an exchange of senior leaders. Matthew Trainer has been designated as Deputy Group CEO and we have agreed a set of priority workstreams to take forward.
- This aligns with the wider Acute Provider Collaboration, and will allow Barts Health and BHRUT to deliver the system wide strategic priorities together

BHRUT

Reducing our waiting lists

- The total number of people on our waiting lists at the end of August was 64,989; the majority need to be seen in Outpatients. 4,646 people are waiting for procedures; more than 2,100 have been waiting over a year and 73 patients have waited for more than 78 weeks
- Our innovative work to reduce the backlog continues to be recognised nationally. This summer, teams worked overtime and ran extra clinics and diagnostic sessions and as a result, those waiting for more than two years reduced from 218 in May to zero in July
- Patients are also benefitting from faster diagnosis thanks to more diagnostic equipment, with an additional 30,000 tests and scans taking place at Barking Community Hospital this financial year, including MRI and CT

Urgent and emergency care (UEC)

- Our UEC performance continues to damage our reputation; there are external constraints and we must improve. Our initial focus is on Queen's Hospital (QH), before implementing our learnings at King George Hospital
- We've worked with PELC to reduce the Urgent Treatment Centre queue at QH to streamline the arrival process and improve safety
- The next phase of our improvement work is Project Snowball; designed to ensure patients are being treated in the most suitable location. Initial focus is on the over 75s and we will proactively, and without delay, begin to move them from ED to our frailty unit where they will be looked after by specialist medical staff
- To strengthen our relationship with primary care, we've appointment three new Associate Medical Directors. Senior GPs Dr Jagan John, Dr Anil Mehta and Dr Atul Aggarwal will work closely with clinicians to improve the experience of our patients both inside the hospital and when discharged back into the community

Finance

- The need to spend money wisely is a priority and we must reduce the use of high-cost agencies. To help, we will welcome more than 500 new, substantive staff and we'll soon be in a position where nine out of every ten colleagues will be employed directly by the Trust, with bank shifts meeting seasonal demands

Supporting our staff

- Our focus continues to be the wellbeing of our staff. The cost of living is having an impact and we're looking at different ways we can offer sustainable support
- We've held a special Marketplace offering donated school uniforms and office wear and provided school uniform vouchers, which helped more than 450 families. Other support includes enhanced petrol reimbursements, free period products, financial wellbeing days and we're also a foodbank referrer
- Our Platinum Jubilee Thank You weekend for staff was also an opportunity to recognise their hard work. More than 3,500 staff and families attended a variety of events at our hospitals, including an afternoon tea, evening party and a family and friends' picnic and fun day

NELFT and ELFT

- **A new East London Vaccination Centre**
- The Newham-based Westfield Vaccination Centre & interim blood testing (phlebotomy) clinic at Stratford closed on Monday 26 September.
- The new East London Vaccination Centre opened on Monday 3 October, located within Beaumont House within Mile End Hospital in Tower Hamlets.
- The Centre administers COVID-19 and Polio vaccinations for children as well as flu vaccines for health & care staff within ELFT and Barts Health NHS Trust.
- Newham's four phlebotomy clinics provide ease of access for borough residents and have expanded to cope with any increased demand.
- **Appointment of Joint Chair for ELFT & NELFT**
- The deadline for applications for the role of Joint Chair for NELFT and ELFT closed on Monday 3October. Our organisations are looking to recruit a proven leader keen to continue develop the strong partnership work going on between and across both trusts.

Winter planning – overview

Our objective is to ensure that the residents of north east London are able to access the care and support they need to keep them well this winter. This means:

- Helping people stay well, independent and healthy, preventing them needing acute levels of care as far as possible;
- Ensuring that we are planning for and delivering the capacity we need for those who do need it;
- Ensuring that people can access the right care at the right time, and which prevents them from becoming more unwell whilst they are waiting;
- When a resident has been admitted to hospital, ensuring that we have the right plans and support in place that they can move to a less acute setting and regain their independence as quickly as possible.

Bearing all this in mind, partners through the ICS Executive Committee and in Place Partnerships are focusing on our planning for winter. This will build on the usual winter planning we undertake bringing together place-based, acute, community, mental health, primary and social care and wider provider level planning and preparation, ensuring that all partners across the system are working together to support people to stay well and at home where possible.

It will also ensure we meet the eight core objectives set in NHSE Winter Requirements Letter.

Winter planning – Supporting people to stay well

The core ingredients of our work in this area are:

- Demand management – making sure our residents get the best care in the right place first time via urgent community response services, an integrated falls service, homeless pathways and proactive support to high impact users across all Boroughs. We will ensure consistency of services so that all our residents can expect to be supported to a common, core level, and single system providers (such as London Ambulance Service) can most effectively work with us.
- Additional support to Nursing and Residential care homes to keep residents in their home setting as far as possible – wrapping system support around those homes that need it the most and reducing urgent care interventions where possible
- Virtual wards – these allow patients to get the care they need at home safely and conveniently, rather than being in hospital. Across North East London these support discharge and community set up (initially for frail patients and acute respiratory infections).
- Anticipatory care – ensuring this model connects effectively across the system to target those most at risk over the winter and provide early, targeted health or care interventions to prevent deterioration in their health, thereby supporting their independence, keeping them well in their usual home setting (whether this is their own home or a care home) and preventing the need for admission. Where necessary linking in with their families, usual care staff, GPs or other services.
- Exploring enhanced domiciliary offers which build on the expertise of care workers to provide for residents with greater complexity in their own homes
- An effective under 5 respiratory service which sees children in the community, but ensures capacity in acute settings for those in greatest need
- Place based planning led by place partnerships with the active engagement of local systems. These plans should focus on addressing the impact of the cost of living emergency on the determinants of the health and wellbeing of residents, supporting early intervention and community-based models to keep people well.
- Our vaccine programmes – and in particular our work on flu and covid vaccinations.

Winter planning – Access to Urgent and Emergency Care

In order to ensure that residents are able to access the urgent or emergency care they need we are:

- Provider organisations have all developed winter plans in conjunction with all system partner plans, particularly place based plans. These should ensure mitigation of any capacity and demand gaps and outline how they will work together to manage pressures.
- Supporting 111/999 services - by focusing on a shared understanding of risk, a shared focus on supporting people to stay at home with primary, community and social care support and enabling access to alternatives to urgent care
- Urgent Treatment Centre models of delivery and integration with A+E services, GP extended hubs and out of hours services (as appropriate) – ensuring we have a joined up approach to keeping people at home with the support they need, facilitating access to primary care and building in effective social care packages at pace
- Supporting emergency departments to run smoothly – removing blocks that prevent people moving into appropriate settings within the hospital or back home and reducing 12 hour delays, improving access to mental health services for children and adults
- Infection Prevention Control – maintaining safety, especially in light of increased risks from flu and Covid resurgence

Supporting the system

- The ICB is working through how the current incident response function can work more effectively with system surge and capacity teams to support partners across the system and the broader approach to winter planning and system resilience 24/7.

Winter planning – Further support

Supporting people to leave hospital as soon as they are ready

- There will be a partnership approach to discharge planning, ensuring a joined-up approach and clear link to reablement and rehabilitation, in order to minimise the risk of people being readmitted to hospital and the need for long term health and or care input. Creating and maintaining additional care provision capacity is important but in itself will not solve the challenges that stop people being able to leave hospital as soon as they are medically fit into an environment that supports their continued recovery. We know we need to concentrate on our collective effectiveness in the way we work together to discharge patients, particularly those with more complex or ongoing care needs. Health and social care working in partnership with patients and their families at each point of the process throughout the hospital stay, from preparatory actions within hospital, to rapid and robust assessments, placements and transfer. Working in a way that brings together the shared contributions of the NHS and local government, predominantly through social care, with residents and their families and the wider community sector. Particular focus will be put on maintaining discharge 7 days a week.

Supporting access to primary care

- Primary care is a critical part of the system. Further details are later in this briefing pack.

Supporting the workforce

- Our workforce is the most critical element of our response and we recognise the need to work together to support our workforce as a system. All areas of the workforce are facing some level of challenge due to competing pressures, wage inflation in other sectors and the longer term impacts of Brexit, requiring a system wide approach to how we can support the workforce across winter. We recognise the specific challenges in some disciplines and sectors in both recruitment and retention, for example in social care and nursing.

Winter planning – Messaging and next steps

Winter Messaging Campaign

Our winter campaign will have three broad themes aimed at prevention, care navigation and supporting the impact of the cost of living crisis where we can.

1) Preventing respiratory illness by encouraging maximum uptake of flu and covid vaccinations for residents and staff – offering individual and patients protection and supporting services through maintaining staff health and wellbeing and lower incidence of ill health

2) “Your route to health” guiding people to access the best option for their need and making them aware of what each service can offer e.g. using 111, community pharmacy, self-care. mental health crisis services and encouraging registration with GPs rather than reactive or crisis attendance at A+E

3) Cost of living – financial help and advice on NHS care costs and prescriptions.

Next steps

- The winter plan will be a live document led across the system and will be adapted and refined in line with the changing position over the coming months, ensuring it is responsive and dynamic.

- Overall it will be underpinned by strong governance, relationships, leadership and place- based delivery. The North East London Programme executive, chaired by the ICB CEO, will provide system oversight. In addition, strong clinical and professional leadership and subject matter expertise will ensure the plan is working in the right way, managing risk and effectively managing quality across services.

Supporting winter resilience in primary care 2022/23

- **Utilising pharmacy**: The Community pharmacy consultation service will be key in helping practices to manage workload by streaming patients to community pharmacy where appropriate. 24,000 referrals made so far by 96% of practices.
- **Recruitment**: We are working to maximise recruitment of new staff in primary care across the winter, including the introduction of two new posts: GP Assistants and Digital Transformation Leads.
- **Locum banks:** Local locum bank has been extended to facilitate access to locums familiar with the local area and services and to enable cover for workforce absences through peaks of demand.
- **Collaboration:** Supporting practices to work with each other and other providers to develop collaborative models to manage seasonal preparedness such as oximetry monitoring for COVID-19 patients alongside the digital development of primary care.
- **Building resilience:** To continue to support practices in leadership development, technology and quality improvement and develop a framework of support for practices at risk of closure to build sustainability and resilience into the system.
- **Increasing capacity:** Initiatives to help release GP capacity such as speech recognition software and piloting new roles and additional funding over winter to increase the workforce and support additional appointments. New funding is expected to become available to support practices with telephony, business intelligence tools and premises
- **Training:** Training programmes are taking place aimed at optimising current working practices and releasing further clinical capacity
- **Enhanced access:** Continuation of urgent same day access services on Sundays, Bank Holidays and late evenings alongside the new GP enhanced access service

Enhanced access to primary care – what's changed?

- Primary care networks (PCNs), groups of practices working together, are now required to offer patients a new 'enhanced access' model of care which will see GP practices open from 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. This change has happened across England and means patients may be offered an appointment at their GP practice, another local GP practice or another local NHS premise.

- This replaces the current Extended Hours and Extended Access services and marks a shift in the way out-of-hours non-urgent services are provided across north east London.

- PCNs have prepared for this transition, having undertaken good engagement with existing providers to enable the service to run from October 2022.

- In preparation for the new Enhanced Access service, PCNs and commissioners have produced and agreed a plan outlining how they will develop and implement the enhanced access services in line with the local population need.

- The plan included how the PCN has engaged with its patient population, considered patient preferences, and levels of capacity and demand.

- To support PCNs with engaging their patient populations we also ran a north east London wide survey on people's views on services. We received over 38,000 responses from patients and findings were shared with all PCNs and used to help shape plans.

Autumn Covid-19 booster & flu vaccine programme

Autumn COVID-19 booster & flu vaccine programme update

- Data and feedback from countries in the southern hemisphere led to the JCVI making a final recommendation on the cohorts eligible for the Autumn Booster programme and to extend those eligible for a seasonal flu immunisation to healthy 50 – 64 year olds and secondary school aged children in years 7, 8 and 9. Additional flu stock has been ordered to support this.
- There is an increased emphasis this year to co-promote and co-administer the COVID-19 and seasonal flu vaccine. Co-administration is in part linked to when flu stocks arrive.
- NHS England (national team) rated the NEL ICS autumn COVID-19 booster plan as the second best in the country, with particular praise for its approach to reducing health inequalities and the use of outreach teams.
- The NEL ICS autumn booster plan is committed to continuing to enable those who have yet to come forward for their first, or second COVID-19 vaccination to do so.
- NHS England has requested that vaccination sites operating in high cost commercial premises are moved to alternative NHS or local authority owned premises. This has led to an increase in the number of GP practices being able to come forward to act as either a Local Vaccination Site or Satellite Clinic and additional community pharmacies to be approved. It will also lead to an extensive search for a new base for the Westfield Vaccination Centre. As mentioned earlier, Westfield Vaccination Centre will close on 26 September, with the new East London Vaccination Centre, based on the Mile End Hospital site opening on 3 October.
- The seasonal flu campaign started on 1 September and The autumn booster programme officially started on 12 September. Demand for the autumn booster across NE London has been high. With Community Pharmacy LVS sites being the most popular location to have a COVID-19 vaccine in NEL.

Total number of COVID-19 vaccination doses administered in NEL to date: **3,747,292.**

Total number of COVID-19 vaccination doses administered in NEL between 12/09/22 & 18/09/22: **23,203.** Of those **21,991** were the autumn booster.

Monkeypox

Vaccine rollout to eligible people

- We are continuing to deliver pre-exposure vaccination programme in line with guidance from UK Health Security Agency (UKHSA) to eligible gay, bisexual and other men who have sex with men (GBMSM) and frontline staff at greatest risk of exposure via our 3 Acute Trusts. We are also offering post-exposure vaccination those who have been in close contact with a confirmed case of monkeypox, via 2 Hospital Hubs covering London.
- JCVI recently endorsed a proposal by UKHSA to offer second doses to highest risk eligible cohorts whilst continuing efforts to maximise uptake of first doses to eligible individuals. The NHS will call forward those who are eligible for the second dose vaccination.

Vaccine supply

- Additional stock now available. To optimise vaccine stock, and as advised by UKHSA, we are implementing a programme of fractionated dosing using intradermal administration. This approach is estimated to increase the total number of doses for use by up to five fold.

Stakeholder and community engagement

- We are working with the local healthcare community to rollout the vaccine as efficiently as possible, whilst also working to understand and reach people who may be at risk but are not known to NEL sexual health clinics or would not necessarily come forward for vaccination.
- Barts Health has been part of the largest monkeypox international study which will lead to more patients being diagnosed faster.
- We trialled a stealth pop-up vaccination event to try and reach people who may not access to vaccination in other settings, specifically targeting in this pilot gay and bisexual men in south Asian communities. They have shared their learnings with others across the area to help improve our understanding of how to reach more people who may be at risk.
- We have provided training for intradermal administration across north east London, working together to increase efficiency.

MMR vaccination programme

- NHSE national campaign started 26 September 2022 as one in ten children are not currently up to date with their MMR vaccinations in the UK.
- Letters and texts were sent parents/ guardians of registered children 1-6yrs old, due, becoming due or overdue MMR vaccine between the end of September to December.
- Delivery will be via general practice as per the usual contract.
- Supporting materials are available including FAQs and translations into different languages.
- We are building on plans to make every contact count by checking a child's complete vaccination status when offering a vaccination for MMR or polio.

Polio vaccination programme

- Children aged 1 to 9 in London are being offered a dose of polio vaccine as some poliovirus has been detected in sewage systems. In north east London (NEL) it has been detected in Waltham Forest and Hackney.
- Although the risk of getting polio remains extremely low, the chance of getting ill from polio is higher if a child is not fully vaccinated.
- The vast majority of children in NEL are eligible – the only exception is children aged over 3 years 4 months and less than 10 years who have had their pre-school booster less than 12 months ago (and have had their 3 primary doses).
- Vaccination rollout will take place at GP practices, community pharmacies, hospitals and vaccination centres supported. See link below for sites in additional sites in NEL offering the polio vaccine to children 5/6 to 9 years old.

[Polio booster vaccination - NHS North East London (icb.nhs.uk)]

- GP practices are directly contacting eligible parents via letters/text message.
- Priority boroughs are Waltham Forest and Hackney where polio has been detected.

Borough	Eligible children (approx.)	Poliovirus detected
Newham	43k	
Tower Hamlets	32k	
Waltham Forest	33k	X
City & Hackney	32k	X
Barking & Dagenham	30k	
Havering	29k	
Redbridge	38k	

Working together to promote the polio campaign

So far we have….

- Updated our polio vaccination landing page with updated info on vaccination site availability and linked from the North East London Health and care Partnership website.
- Distributed London level, and tailored local place-based communications toolkits to local authority and provider partners which include full array of assets, translated materials, FAQs and social media messages
- Shared messaging with engagement and primary care leads as well as community organisations, forums and platforms such as: Faith Forum Call covering all Bart's Trust, National Burial Council, 350 community leaders who have also forwarded to various forums, Baby Buddy app, local community Facebook groups, local Guides and Brownies groups and the Hackney Playbus.
- Developed a case study for use with NHS England (NHSE) media.
- Drafted multiple text messages for GP practices to send out directly to parents of eligible children.
- Shared content via all internal and external newsletter channels in particular GP communications.
- Drafted letters for parents and head teachers to be distributed by local councils.

Upcoming plans….

- Digital screens in Hackney, Waltham Forest and Newham to go live (managed by NHSE).
- Circulate stakeholder update
- £30K (NHSE funded) digital marketing across NEL boroughs specifically targeting residents of Newham, Waltham Forest and Hackney.
- Stall at the Halal food fest in Olympic park 24 and 25 September, staffed and with polio (and winter vax) messaging

Community Diagnostic Centres (CDCs) Consultation

NHS North East London (NHS NEL) developed proposals to create Community Diagnostic Centres (CDCs) based on an NHSE&I mandate to create sufficient diagnostic capacity for residents and to tackle the current backlog.

- After developing proposals with partners and stakeholders, NHS NEL discussed the plans with JHOSCs and shared the proposed documentation in August, incorporating any comments made.
- The public consultation ran from 19 July 2022 to 13 September 2022. 397 responses were received.
- Key proposals included:
  - ❖ an increase in the size of the two most developed sites at Mile End Hospital and Barking Community Hospital.
  - ❖ to investigate the possibilities of developing other NHS sites in the next few years; looking in particular at King George Hospital in Ilford and/or St George's Health and Wellbeing Hub in Havering, a suitable site in the west of the area and the Whipps Cross Hospital site.
  - ❖ to investigate the development of smaller centres in shopping centres – for example Canary Wharf, Westfield Stratford and Liberty Romford that would do a smaller range of tests.
  - ❖ to change the system so that hospital consultants spend their time on patients with the most complex conditions, and GPs and their patients have greater ability to book test and look at test results.

Community Diagnostics Centres provide extra tests. Patients would still be able to get tests in hospital and at GP surgeries.

NHS NEL posted the consultation document, a summary, an Easy Read version, a print version, a background document, a strategy and an equality and health inequality impact assessment on the North East London Health and Care Partnership public involvement page (NEL HCP). The NEL HCP website has the ability to translate all the literature into 100 different languages, into large print, text to talk and various other formats to enable easy access.

The documentation was sent to libraries and hospital trusts; promoted on NEL NHS Twitter accounts (c18,000 followers), in NHS NEL's staff newsletter, and in the external newsletter sent to c 1,000 stakeholders and in local media (900,000 readership).

Three online events were held and BHRUT also promoted the consultation whilst they were promoting a separate, but aligned engagement on the development of Barking Hospital.

CDCs: Responses to the questionnaire

Question	% Agreed or strongly agreed	% Disagreed or strongly disagreed
Q1. What do you think about our reasons for developing Community Diagnostic Centres?	95%	2%
Q2. What do you think about how we decided on our proposals?	86%	5%
Q3. What do you think about the idea to further develop the two Community Diagnostics Centres – at Mile End Hospital and Barking Community Hospital – with the finances currently available?	66%	11%
Q4. What do you think about our proposal to look at the feasibility, costs and benefits of developing between one and three other sites, in particular: - King George Hospital in Ilford - St George's Health and Wellbeing Hub in Havering - In the West of the region - The Whipps Cross Hospital site?	72%	12%
Q5. What do you think about our proposal to develop services at shopping centres e.g. Canary Wharf, Westfield Stratford and Liberty Romford?	73%	14%
Q6. What do you think about our proposal to enable consultants to focus more on patients needing the most urgent or complex tests?	82%	7%

CDCs: Consultation themes

A quantitative analysis shows that all the proposals were supported by a majority of respondents (see previous slide).

Key supporting themes were around:

- The need for more diagnostic capacity
- The development of CDCs separate to main hospital sites to reduce congestion at A&Es; and to make the units less intimidating (particularly for those with conditions such as autism or visual impairment)
- The possibility of more flexible access e.g. longer opening times
- The need to reduce inequalities
- Shopping centres are convenient and well connected
- Mile End and Barking Hospitals are convenient and/or relatively accessible in key areas of need; and it makes sense to expand existing facilities quickly
- The benefit of joined up thinking and reduction of waiting times by using GPs
- Community Diagnostic Centres

Key areas of concern were around:

- If there are sufficient staff and services, including to provide treatment if that was needed; and if CDCs would draw staff from A&Es
- If the proposals divided resources and was therefore less economic
- Are CDCs would sufficiently linked to clinical pathways to ensure that all tests required for a clinical presentation are carried out at the same time and how will the plan fit into a broader strategy for diagnostics?
- Whether there would be sufficient medical resource available in case of emergencies if CDCs were not at an acute hospital
- If the placement of the proposed centres best met the needs of the community – there was support for all the possible sites, and many others
- If the money could be better spent improving existing major hospitals
- Are public transport links and car parking at Mile End and Barking Hospital good enough?
- Whether there is sufficient privacy in shopping centres; whether the high footfall in these areas is suitable for everyone e.g. people with weakened immune systems; whether car parking would be too expensive; and if the NHS had the ability to staff and fund this service.
- Do GPs have the knowledge and time to take more control of the process?

Community Diagnostic Centres: Next steps

- We shared the outcome of the consultation with the NEL ICS Planned Care Board on 29 September – the board thanked the respondents to the consultation and accepted the report on feedback.
- We will be presenting the feedback and a full formal response to the points raised by this consultation (which will detail our plans, including any changes or responses to the consultation feedback) to both the Planned Care Board and ICS Board (a meeting held in public). These boards will then agree the approach to be taken.
- With the positive results received in the consultation and the further work and discussions held in the last 12 weeks, it is expected that the formal response will recommend continuing with the development of the proposed CDCs at Mile End Hospital and Barking Community Hospital and we will continue investigating the options for further CDCs.
- With the availability of workforce being a key public concern, we will also be continuing to advance our plans to support and generate a greater workforce within North East London, without causing any further operational pressure on our existing acute sites.
- Upon the completion of our proposal to build any further CDC centres across North East London, we will also look to see what further public engagement and consultation would be useful to help us develop the details of those plans.

Item No **5**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Developing an ICS Strategy**
Date of Meeting	19 October 2022
Attending	Zina Etheridge, Chief Executive Officer, NHS North East London,
OUTLINE	The new NEL Integrated Care System came into being on 1 July 2022. Attached please find a briefing 'Developing an ICS Strategy'
RECOMMENDATION	Members are asked to give consideration to the briefing.

North East London Health & Care Partnership

Development of the integrated care strategy

Update on development of the North East London Integrated Care Strategy

Sep 2022

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Background

- In July our Integrated Care Partnership was formally established. This is a statutory committee that brings together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop an integrated care strategy for the area.
- System partners across the North East London Health and Care Partnership have already reached collective agreement on our ICS purpose and four priorities to focus on together as a system (see next slide). These priorities will be at the heart of our integrated care strategy in NEL.
- The first draft of the Integrated Care Strategy is due to be submitted in December 2022 and national guidance was published in August.
- The guidance states that the strategy should set the direction of the system across the area of the integrated care board and integrated care partnership, setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life. It also highlights the opportunity to do things differently, including reaching beyond 'traditional' health and social care services to consider the wider determinants of health or joining-up health, social care and wider services.
- The integrated care strategy will form the backdrop to service developments led by the provider collaboratives, and a joined up approach on engagement will be key.
- The following slides outline our emerging principles for strategy work in NEL, national requirements and the strategy landscape more broadly as well as next steps for developing the strategy over the coming months.

Our partnership purpose and priorities

Our purpose

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

Our approach

- Improve quality and outcomes
- Secure greater equity
- Create value
- Deepen collaboration

Our system priorities

- Employment and workforce
- Long term conditions
- Children and young people
- Mental health

Principles to underpin our system strategy development in NEL

North East London Health & Care Partnership

A new NEL Strategy Task & Finish Group has discussed some initial principles for the integrated care strategy and other strategic work for the partnership -

Supports alignment -

- To our ICS purpose and priorities (see Annex 1)
- To our strategic context in NEL –
  - Richly *diverse* communities
  - Unprecedented population *growth*
  - Widespread and severe *deprivation*
  - Historic *underinvestment*

As well as supporting alignment across different parts of our system

Built through co-production and engagement –

- Grounded in *data*, *evidence* and *insights* from our communities
- Shaped by empowered *clinical* and *care professional leadership*
- Rebuilding *trust* with our *communities*

Delivers the building blocks of our system -

- *Financial sustainability* and *value for money*
- *Equity of access, experience* and *outcomes* in all of our services
- Alleviating pressure on key services through a *population health approach*

Improves outcomes for our residents through a step change in ambition for –

- Tackling *inequalities*
- Focusing on *prevention*
- Accelerating *innovation*
- Securing greater *integration* and *collaboration*

The new system strategy landscape

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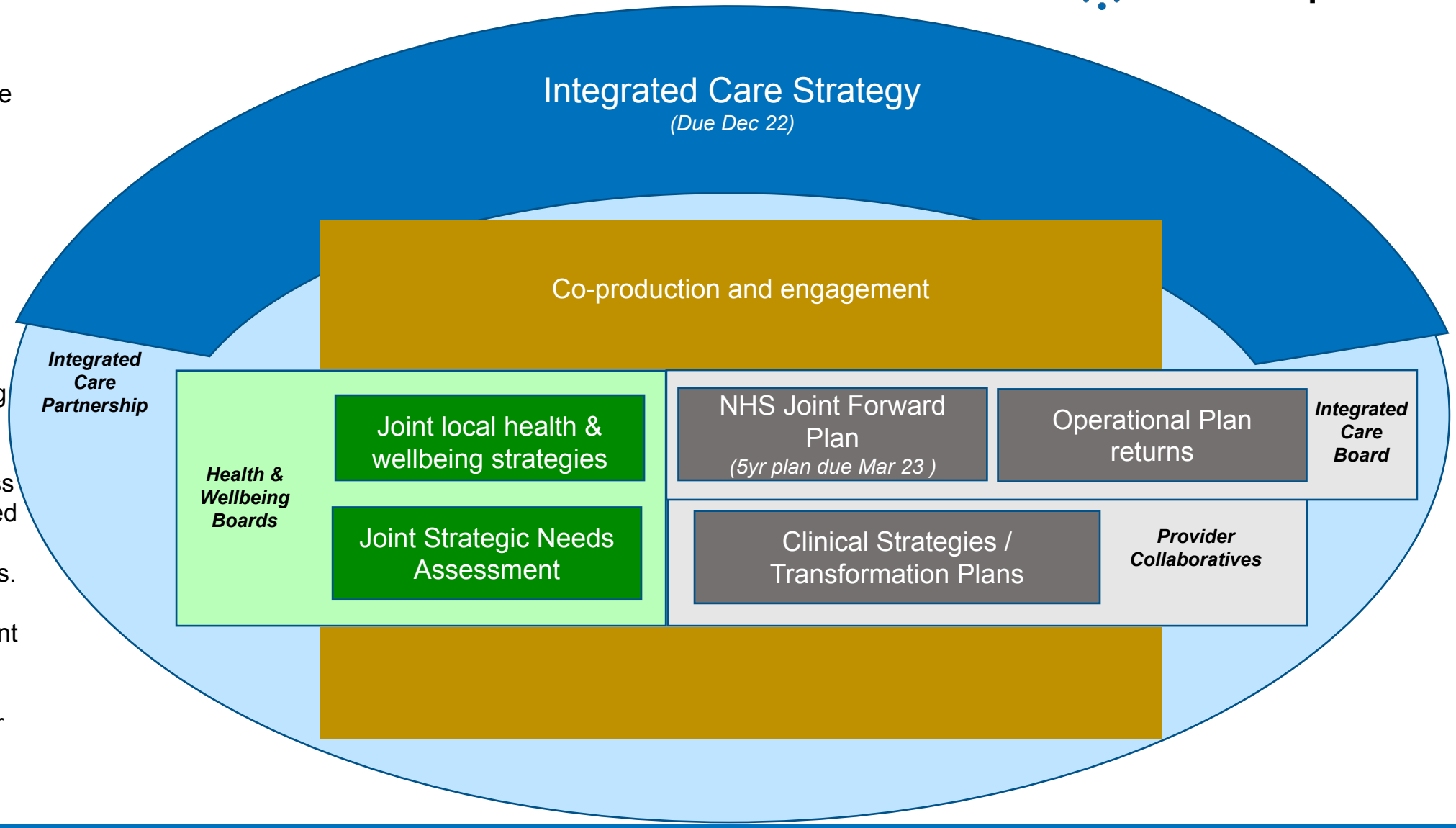
Assumptions

The ICP Integrated Care Strategy (due Dec 22) will be the overarching strategy for the system; and development of it is the initial focus for a new NEL Strategy Task & Finish Group.

The ICP Strategy will set the local framework for the (new) NHS Join Forward Plan required by Mar 23 and our operational plan (now covering two years).

The ICP Strategy must address local JSNAs and there will need to be alignment with local health and wellbeing strategies.

Co-production and engagement with the full range of stakeholders including local people will be core to all of our system strategy work.



National requirements for integrated care strategies

North East London Health & Care Partnership

ICP strategies should..

- Be based on JSNAs and other data and insights
- Reinforce subsidiarity and focus on system level actions
- Describe progress in relation to integration

Plus there is an expectation that agreeing shared outcomes within the ICS, quality improvement, and joint working under section 75 of the NHS Act 2006, to be important aspects of all strategies.

In the preparation of the integrated care strategy, guidance indicates that integrated care partnerships must involve the people who live and work in the area covered by the integrated care partnership including: Healthwatch; people and communities; providers of health and care services; voluntary, community, and social enterprise sector; and Health and Wellbeing Boards.

ICPs should also consider covering..

- Personalised care
- Health inequalities including meeting the needs of underserved groups
- Population health and prevention
- Health protection
- Babies, children, young people and their families
- Healthy ageing
- Workforce
- Research and innovation
- Data and information sharing

Next steps

- A new system Strategy Task & Finish Group met for the first time in August 22 to support the development of the Integrated Care Strategy in NEL and is now meeting regularly to ensure there is wide participation in the development of the strategy. The group will ensure that this and other related system strategies and plans address the key challenges for our population including tackling health inequalities.
- The Group includes representatives of provider collaboratives, place based partnerships and Healthwatch and is reporting to the ICS Exec Leadership Team via the chair, Zina Etheridge.
- We are also setting up a new Data and Analytics Working Group to support our system strategy work.
- An engagement plan is in development to ensure we have a process to support involvement of local people, key stakeholders and groups including local Health and Wellbeing Boards.
- We will also be drawing on HealthWatch and other local resources to utilise / gain community insights in support of our strategy work.
- A series of workshops are taking place across the Autumn, bringing key partners together to develop our four system priorities for the ICS feeding into the integrated care strategy. There will also be a further workshop on the cost of living.

Stakeholder workshops to develop our ICS priorities

North East London Health & Care Partnership

ICS priority	Date for stakeholder workshop
Long Term Conditions	Thursday 18 October
Employment, skills and training	Tuesday 1 November
Babies, Children and Young People	Thursday 3 November
Mental Health	Wednesday 9 November

Also:

Responding to the cost of living increase	Thursday 6 October

Item No **6**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Acute Provider Collaborative – developing plans**
Date of Meeting	19 October 2022
Attending	Shane DeGaris, Group CEO, Barts Health/BHRUT Zina Etheridge, CEO, NHS NEL
OUTLINE	As part of the ICS, an Acute Provider Collaborative has been created involving Barts Health, BHRUT and the Homerton. Through this the three organisations will work to agree a single approach to service development proposals. This is to ensure that those improve outcomes in healthcare, respond to population health needs and improve inequalities in patient experience across the system The NEL APC first met in July and proposals including plans for engagement and consultation on those will emerge over the coming months. This will be a verbal report covering: a) What is an Acute Provider Collaborative b) Priorities and timelines c) Key issues: mutual aid, clinical strategy, surgery, moves into the community, new centres of excellence, and managing High Volume Low Complexity cases
RECOMMENDATION	Members are asked to give consideration to the briefing.

Item No **7**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Update on work of Whipps Cross JHOSC**
Date of Meeting	19 October 2022
OUTLINE	In the past this Committee has received reports on the redevelopment proposals for Whipps Cross hospital. A special **Whipps Cross Joint Health Overview and Scrutiny Committee**, comprising councillors from Waltham Forest, Redbridge and Essex County Council was created for this purpose and has been meeting for over a year now. Its Chair, Cllr Sweden, is also a member of this Committee and has undertaken to give regular updates on their work. This will be a verbal update from Cllr Sweden.
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 **8**	**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	19 October 2022

OUTLINE

Draft minutes of the meeting held on 25 July 2022 are attached.

MATTERS ARISING

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

Action at 6.9

ACTION:	*Future item on the monitoring of the new Assurance Framework for GP Practices to be added to the work programme.*

Action at 6.20

ACTION	*That a future item on Continuing Healthcare Policy focusing on 'placements policy' or 'joint funding policy for adults' be added to the work programme and that Directors of Adult Services in the boroughs be fully involved in the redesign.*

Action at 6.22

ACTION:	*Future item on the development of acute specialities and clinical services across NEL to be added to the work programme.*

All the above have been added. The latter is covered under item 6 at this meeting.

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: Mon 25 July 2022 at 7.00pm

Chair	Councillor Ben Hayhurst (Hackney)
Members in attendance	Councillor Kam Adams (Hackney) Cllr Afzal Akram (Waltham Forest) Councillor Catherine Deakin (Waltham Forest) (Vice Chair) Cllr Ahmodul Kabir (Tower Hamlets) Cllr Ahmodur Rahman Khan (Tower Hamlets) Councillor Susan Masters (Newham) Councillor Sharon Patrick (Hackney)
All others in attendance remotely	Marie Gabriel CBE, Independent Chair, NHS North East London Zina Etheridge, Chief Executive, NHS North East London Henry Black, Chief Finance and Performance Officer, NHS NEL Diane Jones, Chief Nursing Officer, NHS NEL Hardev Virdee, Group Chief Finance Officer, Barts Health NHS Trust Ralph Coulbeck, Chief Executive, Whipps Cross Hospital, Barts Health Dr Anju Gupta, GP and Clinical Lead for Fertility Services, NHS NEL Ann Hepworth, Director of Strategy & Partnerships, BHRUT and SRO for Clinical Diagnostic Hubs Alison Goodlad, Deputy Director Primary Care, NHS NEL William Cunningham-Davis, Director of Primary Care Transition, NHS NEL Nicholas Wright, Diagnostics Programme Director, NHS NEL Dr Mark Rickets, Primary Care Partner Member, NHS NEL ICB Cllr Chris Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture, Hackney Council
Member apologies:	Councillor Abdul Malik (Tower Hamlets) Councillor Anthony McAlmont (Newham) Common Councilman David Sales (City of London) Councillor Harvinder Singh Virdee (Newham) Councillor Richard Sweden (Waltham Forest)
YouTube link	The meeting can be viewed here: https://youtu.be/Xd5nno84IeY

Officer contact: Jarlath O'Connell; 020 8356 3309; jarlath.oconnell@hackney.gov.uk

1. Election of Chair and Vice Chair

1.1 The O&S Officer stated that as it was the first meeting of the new municipal year it was necessary to elect a Chair and Vice Chair. He called for nominations for Chair. Cllr Adams nominated Cllr Hayhurst and Cllr Masters seconded. There were no other nominations. Cllr Hayhyurst was unanimously elected Chair.

1.2 Cllr Hayhurst, as Chair, invited nominations for Vice Chair. He nominated Cllr Deakin and Clls Masters seconded this. There were no other nominations. Cllr Deakin was unanimously elected as Vice Chair.

RESOLVED:	**That Cllr Hayhurst be elected Chair and Cllr Deakin as Vice Chair for 2022/23.**

2. Welcome and apologies for absence

2.1 Apologies for absence were received from Common Councilman David Sales, Cllr Singh Virdee, Shane De Garis (new Group Chief Executive of Barts Health) and Rt Hon Jacqui Smith. The Chair stated that Hardeep Virdee was attending in place of Mr DeGaris.

2.2 The Chair welcomed the new members of the Committee: Cllr Patrick from Hackney, Cllrs Khan and Kabir from Tower Hamlets and Cllrs Deakin and Akram from Waltham Forest.

2.3 The Chair congratulated Henry Black and Diane Jones on their new executive appointments in NHS NEL.

3. Urgent items order of business

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

4. Declarations of interest

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

5. Implementation of NHS North East London ICS

5.1 The Chair welcomed for this item:

Marie Gabriel CBE (**MG**), Chair of NEL ICS
Zina Etheridge (**ZE)**, Chief Executive, NHS NEL
Henry Black (**HB**), Chief Finance Officer, NHS NEL

5.2 Members gave consideration to briefing papers on: *Update on North East London Health and Care Partnership, NEL Financial Strategy* and *Working with People and Communities Strategy.*

5.3 Zina Etheridge (CE) gave a presentation on NHS NEL, the organisation that has replaced the CCGs on 1 July. Cllr Maureen Warmby (Barking and Dagenham) and Mayor Philip Glanville (Hackney) will be the two local authority reps on the ICB. The wider body, the ICPB, has also been set up and will set the Strategy that the ICB must have regard to. Marie Gabriel (MG) explained that with the ICPB the aim was not to duplicate arrangements but build on what they all do already and she detailed the 4 aims of the System. Most of the work would take place at the Place level and not at the board itself. Henry Bock (HB) stated that 22/23 would be a transition year for finances and full delegation would take place in 2023/24. He described how ICS's finances will focus on a stewardship of resources approach rather than a pure contracting and commissioning approach as in the past.

5.4 The Chair outlined for newcomers the background to the creation of the ICS.

5.5 The Chair asked how the financial flows will work from the centre to the 'place based areas'. HB explained that certain aspects of funding will still sit with the 'provider collaboratives' and they will ensure there are no conflicts of interest involved. HB explained how each 'place' in NEL will receive allocations for its out-of-hospital activity and will see the notional budget for the total NEL. There won't be a contractual relationship between the 'place' and the provider as this wouldn't work in the new context. So there will be an attempt to move on from the old rules of commissioning which had been very contractual. ZE explained that the overall aim was to move beyond the old commissioner-provider model and the conversation at place level then needs to be about what are the outcomes that we are jointly trying to achieve.

5.6 Cllr Deakin asked why it was the Group CEO and not the Chair of Barts Health-BHRUT who will sit on the ICB and about how the VCS reps are selected. MG replied that this is what emerged from the conversations that had taken place with the relevant stakeholders in the process and that the view as that they needed to have the Chief Execs there so there could be a direct focus on delivery and so they can be held to account more directly. The VCS orgs are going through their own similar processes to select their reps for ICB and ICPB, she added.

5.7 Cllr Masters asked about the scheme of delegation and in relation to a large number of small contracts. HB replied that the contracting organisation would be ICB but the decision making would sit at 'place' level. The Chair asked whether there would be a role veto of a Place decision and HB replied there would not. The expectation would be that the decision making would happen at Place.

5.8 Cllr Akram asked about the impact of ICS on changes to primary care registration i.e. moving GP Practice. ZE replied there would be no change as to how primary care registration worked. She referenced the Fuller Review on the importance of integrated local care at local level e.g. using the PCNs.

5.9 The Chair asked HB for an illustration of the financial scheme of delegation and how it has changed from the old CCG system. HB replied that the principles (as set out on p.150) where budgets include in-patient or acute services, that

Provider Collaboratives are best to hold those budgets but for everything else the aim should be that budgets be held at Place level. The Chair asked who was making the decisions during the interim/shadow year. HB replied that the shadow year should enable them to enact the new system and test it and each Place Based Partnership was at a different level of maturity. ZE added that they were still awaiting guidance from NHSE about how all these processes can work.

5.10 Cllr Adams asked about the process to select the 2 Local Authority members from the 8 authorities onto the ICB. MG replied that they had asked the LAs to nominate the two members and they weren't party to that. The Chair asked whether the ICPB membership (c. 40 people) and frequency of meetings had been finalised yet. MG replied that there would be an executive steering committee of the ICPB and that membership would be clear shortly. It was a work in progress. The big partnership will meet 4 times a year and the smaller steering group will meet bi monthly.

5.11 The Chair asked about Hackney's concerns at not having CE of Homerton on ICB and on the risk of a conflict of interest with just one secondary care lead on it and not the other. MG replied that the approach to working with the acute sector generally was going to be via the Provider Collaboratives. And the Acute reps would have to act on the ICB on behalf of the sector and not just their own Trust. ZE added that they have identified, as required, 'Place Leader' for each of the Places within NEL and in City and Hackney it would be Louise Ashley who is the incoming CE of the Homerton. The Executive Cttee will also comprise the key Executives of each of the Trusts.

5.12 The Chair asked what support was being given to PCNs who will be key to success of ICS at the Place level. ZE replied that there was a lot of learning across the 'places' within NEL, for example in City & Hackney, to make integrated locality working a success so that this can be mainstreamed. NEL is unusual as a system in setting up a Primary Care Collaborative so that there is a clear support for them.

5.13 Cllr Masters asked how they would ensure that culturally each part of the system will come together. MG replied that a lot of work has been done on signature behaviours and design principles for the partnership. There is also a legal duty to collaborate and regulators will judge the partnership on that.

5.14 The Chair thanked officers for their detailed paper. He added that as the ICS was now bedding in there wasn't a need for updates on this at the same frequency and thanked officers for their contributions on this over the period of the development of the ICS.

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

6. East London Health and Care Partnership updates

6.1 The Chair stated that there were two papers starting on p.39 an overall Health Update and a separate note on Whipps Cross redevelopment. He welcomed:

Zina Etheridge **(ZE)**, Chief Executive Officer, NHS North East London,
Hardev Virdee **(HV)**, Group Chief Finance Officer, Barts Health (*rep of Shane DeGaris the new Group CE of Barts Health and BHRUT)*
Diane Jones **(DJ)**, Chief Nursing Officer, NHS North East London
Ann Hepworth **(AH)**, Director of Strategy and Partnerships
Alison Goodlad **(AG)**, Deputy Director Primary Care, NHS North East London
William Cunningham-Davis **(WCD)**, Director of Primary Care Transformation
Nicholas Wright **(NW)**, NHS North East London Diagnostics Programme Director
Ralph Coulbeck **(RC),** newly appointed as CE of Whipps Cross

6.2 Members gave consideration to two papers:
a) NEL Health update
b) Note on Whipps Cross redevelopment

6.3 ZE took Members through the presentation. The NEL Update covered: Acute Provider Trusts; Covid-19; Cancer; Continuing Healthcare Policy; Highlights from the Winter Access Fund; Enhanced Access to Primary Care; Operose Health; Community Diagnostic Centres; Development of acute specialities and clinical services across NEL and Targeted Investment Fund Bids.

6.4 Hardev Virdee, (Group CFO Barts), detailed the new appointments and gave a summary of the work being done on elective catch-up. Diane Jones (Chief Nursing Officer, NEL) provided an update on vaccinations and the Continuing Healthcare proposal. Alison Goodlad (Deputy Director Primary Care, NEL) presented information on the Primary Care Winter Access Fund, on the plan for Enhanced Access and ended on the assurance that was being provided in response to the concerns regarding Operose Health following on from the BBC *Panaroma* investigation which focused on a GP Practice in Tower Hamlets, part of that Group. Nicholas Wright (Diagnostics Programme Director, NEL) presented an update on the development of the Community Diagnostic Hubs and the public consultation on them and ZE concluded the presentation by giving details on the proposals to review the spread of acute specialisms across the NEL patch.

6.5 Cllr Masters stated that many people were highly disturbed by the findings of the BBC *Panorama* programme and asked about the timelines attached to the new proposed Assurance Framework. WCD described the assurance framework that was being put in place regarding Operose and all the GP providers. The team had investigated the Practice concerned and were now using these Key Lines of Enquiry on all Practices in NEL. He clarified that roles such as 'Physician Associates' were were nationally mandated. He stated that the CQC had also been into the Practice. They had asked the BBC for other information to assist them and they had put in place additional clinical oversight.

6.6 Cllr Masters asked how NHS NEL can assure itself that the information being provided by Operose is accurate. WCD explained that they had validated the information that had been provided against what they had seen and would be using that feedback to produce a wider framework for use across all Practices.

6.7 The Chair asked whether the evidence was dated pre or post the Panorama programme and about the need to seek better assurances. WCD said they had taken a 12 month analysis of all the information available. The Chair asked how they were responding if it was clear that the activities being carried out weren't in line with a previously agreed policy and were they accepting that there was an issue. WCD replied that they were and NHS NEL was using it as a learning experience. So far the evidence they'd seen and been supplied would suggest that there were robust systems in place and where there were failings the Provider clearly understood that they needed to improve.

6.8 The Chair asked what powers/contract levers did NHS NEL have with Operose if there was no improvement within 6 months. WCD said a breach notice would be applied to the contract and this has happened in other cases and CQC had also gone in. The Chair asked whether Operose were currently in breach. WCD replied that they were not in terms of the evidence that they had seen and because of how the lessons learned were now being implemented. The Chair stated that they would return in a future meeting to the broader issue of how the assurance framework is being monitored.

ACTION:	**Future item on the monitoring of the new Assurance Framework for GP Practices to be added to the work programme.**

6.10 Cllr Adams asked about the Community Diagnostic Hub being mentioned for St Leonard's and how this aligns with the Homerton's own plans for the site. He also asked about the robustness of the response to the monkeypox virus. NW replied the St Leonard's was just one of the many possible sites for future expansion as Community Diagnostic Hub 3,4 or 5 and they were working with the Homerton and local stakeholders on any decision to site the centre there. Westfield in Stratford and St George's sites were no further advanced as yet but they were looking at a number of possibilities. Ann Hepworth (Director of Strategy and Partnerships at BHRUT and the SRO for Community Diagnostic Centres in NEL) described the work being done trying to identify possible sites. Population Health Need was the main driver as was the need to increase access and make more diagnostics available.

6.11 DJ replied that they are applying a system wide approach to the monkeypox outbreak as they had with Covid. They'd set up clinics in 3 sexual health clinics in NEL and they were targeting those exposed and their carers. The Chair asked whether the prevalence in NEL was the same as for the rest of London.

DJ replied that NW and SE London had higher prevalence and they have bigger sites within their acute hospitals.

6.12 Cllr Akram asked whether the Enhanced Access to Primary Care plan was part of the core contract or would be an opt in. AG replied that it was part of Primary Care Networks and every GP Practice had to be part of a PCN so there wouldn't be gaps, it would be universal.

6.13 Cllr Patrick asked whether all Practices within a PCN will offer it or just one. She also asked about shortages of staff and about the risks of pulling staff from elsewhere to operate it. AG replied that every patient will be able to access all the Enhanced Access offer equally. There would be more routine type care offered outside of core hours e.g flu jabs or smear tests etc. WCD added that it would be a more local service rather than from a confederation. Yes there was a shortage of staffing but the aggregation of PCNs they would be able to deliver it more efficiently and it would be for pre booked appointments for business as usual care and not urgent care. The issue was to work at scale and pool the resource and to focus on deploying the primary care staff in a more targeted way.

6.14 The Chair asked what was being done to positively communicate to patients being redirected to a surgery which was not their own. WCD replied that they had sent questionnaires to all patients in NEL and had received a 40k return rate. They were also working with PPGs in each Practice. These were pre-booked, not urgent care appointments. The Chair suggested that greater communications activity was needed to sell this as a 'positive' to residents. WCD replied that comms was vital and they were also engaging with Healthwatches also.

6.15 The Chair asked whether the Community Diagnostic Hubs were nationally driven and asked what was the evidence base for them. AH replied that the evidence base was built on the Covid vaccination plan, itself built on WHO guidelines, on reducing inequalities with a focus to increasing and broadening access. In NEL they were looking at demand against current capacity and analysing unmet demand. The Chair asked about the monitoring of throughput to the CD Hubs. AH replied that they would be examining both throughput and patient experience.

6.16 The Chair asked Ralph Coulbeck (CE Whipps Cross) about the recent media concerns (*Health Service Journal* in May and July) regarding the security of future funding for the Whipps redevelopment and a possible slow down in the funding. RC replied that they had planning consent for the second phase of the enabling work and had made good progress on beginning the clinical transformation required to support the redevelopment. They were still awaiting a response on the second phase of the business case. They had indications that there would be a decision in the autumn. On the reported £1m resource allocation, that was an initial allocation only and the same for all schemes. They had had assurance informally from the New Hospitals Programme that any

move to the next phase would be accompanied by further funding to support that piece of the work.

6.17 The Chair asked whether Whipps was now in a cohort being put on a slower track. RC explained the complex funding process. The New Hospitals Programme was divided into cohorts and Whipps Cross was in Cohort 3. Cohort 1 was for schemes already in construction and Cohort 2 referred to smaller and much less expensive schemes. Whipps was one of 8 in Cohort 3, previously known as 'pathfinders'. Cohort 4 contained the remainder of the 40 schemes which were all at a less mature stage. He added that they were focused on Cohort 3 now moving forward. There had been indications that Cohort 3 might be subdivided and this could yet happen but there had been a number of assessments of the scheme and the various formal and informal feedback received led them to believe that they were in the advanced end of Cohort 3 with similar schemes which have the same level of planning consent. The Chair asked about the government's approach to phasing the schemes. RC explained that they expected Cohort 2 to proceed much more quickly than cohort 3. The Chair thanked RC for attending and asked for an update when further progress had been made.

6.18 The Chair asked about the new Continuing Healthcare Policy and its impact on councils. He asked whether all local authority directors of adult services in NEL were around the table on an equal footing in the discussions about the redesign of this policy. DJ explained the context and the need for a systematic way of addressing these issues leading to calls from all quarters to sort out the huge divergence in provision. There was a wide variance across the patch with different places at different stages of development. She stated that they had done an impact assessment which pointed to a harmonised policy having a positive impact overall and they were now working through how each local authority views the current raft of policies. The prioritisation of which policies had been done and NHS colleagues were working at place level with councils and with clinical teams to produce a single document. An engagement exercise would then commence where local authorities, stakeholders and the public can input to the new single policy.

6.19 The Chair asked whether the imminent consultation would clarify the differences between the old and new policies. SJ replied that it wouldn't go into the details of each existing one, or lack of one, but would compare the previous offer to the current proposal. They would use a table to provide a high level summary of the key elements that will change and where a policy currently doesn't exist point out that one is needed.

6.20 The Chair stressed the need to go back to Directors of Adult Services to hear their views on the potential impact on councils. He suggested that at a future meeting it might be fruitful to take one or two of the overarching themes "placements policy" or " joint funding policy for adults' and do a deep dive on it so Members will be in a better position to scrutinise the changes. DJ explained that the current consultation would close in late September and they would then

do a sense check with the specialist group that was advising the project and would have a final version of the policy in place by the end of October to go through NHS governance procedures. A period of implementation would then follow and it was unlikely that changes would be seen until after Jan 2023 and all the stakeholders were happy with the final policy.

ACTION:	**That a future item on Continuing Healthcare Policy focusing on 'placements policy' or 'joint funding policy for adults' be added to the work programme and that Directors of Adult Services in the boroughs be fully involved in the redesign.**

6.21 The Chair asked about a story in the *Health Service Journal* about the new 10% cap on agency staff spend imposed on ICSs. HB replied that this related to the additional money given to the NHS to support inflationary pressures and one of the conditions was that each ICS had a cap on agency spend. Across the whole ICS they will need to reduce reliance on agency staff by 10%. This would require a switch from temp to permanent staff and from agency staff to bank staff. It would be challenging. The Chair suggested that it was unrealistic in the current climate. HB replied that they do spend too much on agency staff and although it would be difficult, the new regulation would make it easier in the short term as the labour market would respond so that more staff would, for example, register with banks as a consequence.

6.22 The Chair thanked the officers for their detailed and helpful reports and for their attendance. He suggested that there could be future items on the Acute Specialisms issue and a deep dive on aspects of the new Continuing Healthcare Policy.

ACTION:	**Future item on the development of acute specialities and clinical services across NEL to be added to the work programme.**

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

7. Proposed changes to access to fertility treatment for people living in north east London

7.1 The Chair welcomed for this item:

Diane Jones (**DJ**), Chief Nursing Officer, NHS NEL
Dr Anju Gupta (**AG)** GP and Clinical Lead at NHS NEL

7.2 Members gave consideration to a briefing paper '*NHS help to try and have a baby - proposed changes for people living in North East London"*. The Chair

added that Members in Hackney had requested a special local briefing on it and they were now reassured that overall it represented a levelling up of service.

7.3 Diane Jones took Members through the briefing paper. She explained that they had started from the NICE guidance and were proposing a single unified policy and they had clinical experts review existing policies and draft the new one. They were looking predominantly here at people who had a medical reason to receive assisted support with conception. They had also carried out an Equality Impact Assessment, had done a number of engagement events and had surveyed 230 stakeholders and were about to hold two more consultation events.

7.4 The Chair stated that broadly speaking this appeared to be a widening of access and a levelling up to effectively 3 full IVF cycles and he asked about the additional costs of this policy. HB replied that cost wasn't a driving factor here and it would be a relatively small amount of money out of the full £4bn budget.

7.5 Cllr Patrick asked about those unable to conceive without assistance having to prove they have a problem. DJ replied there were a variety ways in which people would arrive at eligibility for the service: either having tried to conceive or having previous surgery or recovering from cancer which would have had the side effect of inhibiting or preventing conception. All these would be discussed with GPs to determine the root cause. She reiterated that it was not the case that the cost of trying to prove whether there was a problem would fall on patients. It would be part of the core NHS offer and patients would be put in a pathway for tests to be done in the first instance.

7.6 The Chair asked about contingent rules re weight and smoking which might act as a barrier to receiving the treatment and asked what support was being put in place for these cohorts. DJ replied that smoking and weight can affect chances of success in conceiving and they would inform patients about healthy options and relevant programmes of support. There might also be other health components to a case and all these would be considered before the offer of assisted conception was made.

7.7 The Chair asked whether this evaluation was wider than just a BMI score? DJ replied that it would be a combination of factors and the GP would make a full assessment and would refer them as appropriate to the assisted conception programme so it was a holistic approach.

7.8 The Chair thanked DJ for her report and for taking on board the comments of Members at the previous meeting on the shaping of the consultation exercise and the documents.

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

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

8.1 The Chair stated that Cllr Sweden had to give apologies so there would be no regular verbal update at this meeting. However Members had discussed the issue under item 7 and had heard from the CE of Whipps Cross.

9. Minutes of previous meeting

9.1 Members gave consideration to the draft minutes for the meetings on 16 December and on 1 March.

RESOLVED:	**That the minutes of the meetings of the Committee on 16 Dec 2021 and 1 March 2022 be agreed as a correct record.**

10. Suggestions for INEL JHOSC future work programme 2022/23

10.1 Members noted the updated work programme document. The Chair stated that NHS NEL would want to bring items and it will be necessary to schedule items on the proposals around 'acute specialisms' and the next iteration of the Continuing Healthcare Plan. He asked Members to suggest items and added that the standing updates on ICS implementation would no longer be required.

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

11. Any other business

11.1 There was none.

Item No **9**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**INEL JHOSC work programme**
Date of Meeting	19 October 2022
OUTLINE	The updated wok programme is attached. This is a working document.
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 10 Oct

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						
deadline 5 Dec						
	Update on work of Whipps Cross JHOSC	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	

28 February 2023						
deadline 16 Feb						
	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				