Agenda

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

Date **Thursday 16 December 2021**

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/c8_A5O3Xr_Y

If you wish to attend otherwise, you will need to give notice to the officer listed below and note the attached '*Guidance on public attendance during Covid-19 pandemic*' from p.4 and the special arrangements in place.

Should you have technical difficulties the following is a back-up YouTube link: https://youtu.be/YLSJSCwSBp0

Contact: Jarlath O'Connell, Overview & Scrutiny Officer
jarlath.oconnell@hackney.gov.uk 0771 3628561

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 at Dec 2021:

Common Councilman **Michael Hudson** - City of London Corporation

Councillor **Ben Hayhurst** - London Borough of Hackney (Chair)
Councillor **Kam Adams** - London Borough of Hackney
Councillor **Peter Snell** - London Borough of Hackney

Councillor **Ayesha Chowdhury** - London Borough of Newham
Councillor **Susan Masters** - London Borough of Newham
Councillor **Anthony McAlmont** - London Borough of Newham

Councillor **Faroque Ahmed**- London Borough of Tower Hamlets
Councillor **Shah Ameen** - London Borough of Tower Hamlets
Councillor **Gabriela Salva-Macallan** - London Borough of Tower Hamlets (Vice Chair)

Councillor **Umar Ali** - London Borough of Waltham Forest
Councillor **Nick Halebi** - London Borough of Waltham Forest
Councillor **Richard Sweden** - London Borough of Waltham Forest

OBSERVER MEMBER:
Councillor Neil Zammett - London Borough of Redbridge

SUBSTITUTES:
Common Councilman Wendy Mead OBE CC (Substitute Member) - City of London Corporation

Agenda

No.	*Item*	*Contributors*	*Timing*
1	Welcome and apologies for absence		19.00
2	Urgent items/order of business		19.00
3	Declarations of interest		19.01
4	**Covid 19, winter pressures, elective recovery update** Presentation on impact of Covid and on winter pressures on both acute and primary care and on NEL-wide plans for elective recovery.	Henry Black Dame Alwen Williams	19.03
5	**Plans for engagement and information on proposed service changes** Presentation on community diagnostic centres.	Henry Black Nicholas Wright	19.55
6	**NEL Integrated Care System - update** Presentation updating on implementation of the new NEL ICS	Marie Gabriel CBE Henry Black	20.15
7	**Special Whipps Cross JHOSC** Briefing from Chair of Whipps Cross JHOSC	Cllr Sweden	20.45
8	Minutes of previous meeting.		20.55
9	INEL JHOSC future work programme		20.56
10	Any other business		20.59

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

Guidance on public attendance during Covid-19 pandemic

Scrutiny meetings are held in public, rather than being public meetings. This means that whilst residents and press are welcome to attend, they can only ask questions at the discretion of the Chair. For further information relating to public access to information, please see Part 4 of the council's constitution, available at http://www.hackney.gov.uk/l-gm-constitution.htm or by contacting governance@hackney.gov.uk

The Town Hall is not presently open to the general public, and there is limited capacity within the meeting rooms. However, the High Court has ruled that where meetings are required to be 'open to the public' or 'held in public' then members of the public are entitled to have access by way of physical attendance at the meeting. The Council will need to ensure that access by the public is in line with any Covid-19 restrictions that may be in force from time to time and also in line with public health advice.

Those members of the public who wish to observe a meeting are still encouraged to make use of the live-stream facility in the first instance. You can find the link on the agenda front sheet.

Members of the public who would ordinarily attend a meeting to ask a question, make a deputation or present a petition will be able to attend if they wish. They may also let the relevant committee support officer know that they would like the Chair of the meeting to ask the question, make the deputation or present the petition on their behalf (in line with current Constitutional arrangements).

In the case of the Planning Sub-Committee, those wishing to make representations at the meeting should attend in person where possible.

Regardless of why a member of the public wishes to attend a meeting, they will need to advise the relevant committee support officer of their intention in advance of the meeting date. You can find contact details for the committee support officer on the agenda front page. This is to support track and trace. The committee support officer will be able to confirm whether the proposed attendance can be accommodated with the room capacities that exist to ensure that the meeting is covid-secure.

As there will be a maximum capacity in each meeting room, priority will be given to those who are attending to participate in a meeting rather than observe.

Members of the public who are attending a meeting for a specific purpose, rather than general observation, are encouraged to leave the meeting at the end of the item for which they are present. This is particularly important in the case of the Planning Sub-Committee, as it may have a number of items on the agenda involving public representation.

Before attending the meeting

The public, staff and councillors are asked to review the information below as this is important in minimising the risk for everyone.

If you are experiencing covid symptoms, you should follow government guidance. Under no circumstances should you attend a meeting if you are experiencing covid symptoms.

Anyone experiencing symptoms of Coronavirus is eligible to book a swab test to find out if they have the virus. You can register for a test after checking your symptoms through the NHS website. If you do not have access to the internet, or have difficulty with the digital portals, you are able to call the 119 service to book a test.

If you're an essential worker and you are experiencing Coronavirus symptoms, you can apply for priority testing through GOV.UK by following the guidance for essential workers. You can also get tested through this route if you have symptoms of coronavirus and live with an essential worker.

Availability of home testing in the case of people with symptoms is limited, so please use testing centres where you can.

Even if you are not experiencing covid symptoms, you are requested to take an asymptomatic test (lateral flow test) in the 24 hours before attending the meeting.

You can do so by visiting any lateral flow test centre; details of the rapid testing sites in Hackney can be found here. Alternatively, you can obtain home testing kits from pharmacies or order them here.

You must not attend a lateral flow test site if you have Coronavirus symptoms; rather you must book a test appointment at your nearest walk-through or drive-through centre.

Lateral flow tests take around 30 minutes to deliver a result, so please factor the time it will take to administer the test and then wait for the result when deciding when to take the test.

If your lateral flow test returns a positive result then you must follow Government guidance; self-isolate and make arrangements for a PCR test. Under no circumstances should you attend the meeting.

Attending the Town Hall for meetings

To make our buildings Covid-safe, it is very important that you observe the rules and guidance on social distancing, one-way systems, hand washing, and the wearing of masks (unless you are exempt from doing so). You must follow all the signage and measures that have been put in place. They are there to keep you and others safe.

To minimise risk, we ask that Councillors arrive fifteen minutes before the meeting starts and leave the meeting room immediately after the meeting has concluded. The public will be invited into the room five minutes before the meeting starts.

Members of the public will be permitted to enter the building via the front entrance of the Town Hall no earlier than ten minutes before the meeting is scheduled to start. They will be required to sign in and have their temperature checked as they enter the building. Security will direct them to the Chamber or Committee Room as appropriate.

Seats will be allocated, and people must remain in the seat that has been allocated to them. Refreshments will not be provided, so it is recommended that you bring a bottle of water with you.

Rights of Press and Public to Report on Meetings

Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

Those wishing to film, photograph or audio record a meeting are asked to notify the Council's Monitoring Officer by noon on the day of the meeting, if possible, or any time prior to the start of the meeting or notify the Chair at the start of the meeting.

The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

The Council will endeavour to provide reasonable space and seating to view, hear and record the meeting. If those intending to record a meeting require any other reasonable facilities, notice should be given to the Monitoring Officer in advance of the meeting and will only be provided if practicable to do so.

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting. Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting. Disruptive behaviour may include: moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

All those visually recording a meeting are requested to only focus on recording councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed. Failure by someone recording a meeting to respect the wishes of those who do not wish to be filmed and photographed may result in the Chair instructing them to cease recording or in their exclusion from the meeting.

If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease and all recording equipment must be removed from the meeting room. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.

Getting to the Town Hall

For a map of how to find the Town Hall, please visit the council's website http://www.hackney.gov.uk/contact-us.htm or contact the Overview and Scrutiny Officer using the details provided on the front cover of this agenda.

Accessibility

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall.

Induction loop facilities are available in the Assembly Halls and the Council Chamber. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

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Item No **4**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Covid-19, winter pressures and elective recovery update**
Date of Meeting	16 December 2021
Attending	Henry Black, Acting Accountable Officer, NHS NEL CCG and SRO for NEL ICS Dame Alwen Williams DBE, Group Director, Barts Health NHS Trust
OUTLINE	Presentation on impact of Covid and on winter pressures on both acute and primary care and on NEL-wide plans for elective recovery. Attached please find: a) NEL Health update b) NEL Covid-19 and flu vaccinations data update c) Covid dashboard as at 10/12 TO FOLLOW
RECOMMENDATION	Members are asked to give consideration to the briefing.

North East London Health & Care Partnership

NEL Health update

December 2021

INEL JHOSC

North East London Health & Care Partnership

Covid-19 update

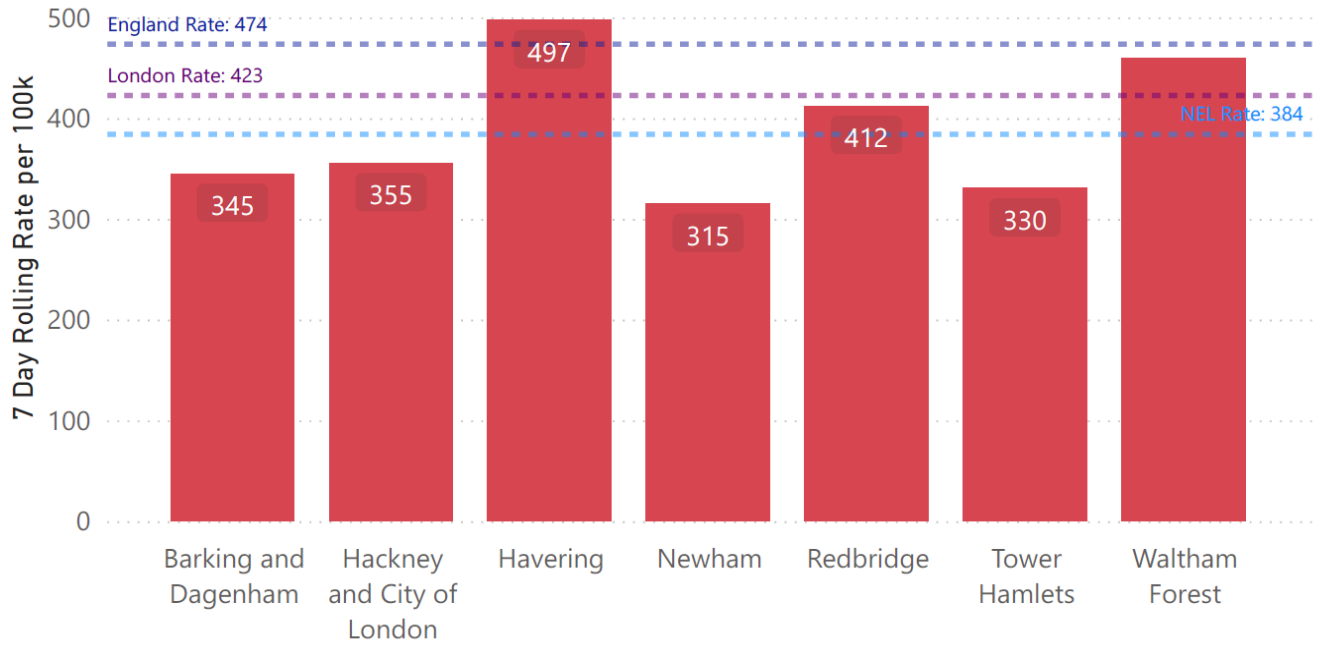
Covid-19

North East London Health & Care Partnership

- We continue to deliver the **vaccine programme** (see attachment for latest figures)
- Across hospitals in north east London, more than eight out of every ten Covid-19 patients are not fully vaccinated. We have now given more than 2.7 million Covid-19 vaccinations, but as we head towards Christmas we are ramping up efforts even further to vaccinate people with first, second and booster jabs.
- People who are not fully vaccinated account for 30% of our intensive care beds – meaning that we are delaying and cancelling urgent planned operations (heart operations, transplants etc)
- We continue to provide the vaccine in line with the latest government guidelines
- This includes offering boosters in line with the latest eligibility criteria, and making second doses available to 12-15 year olds
- Details of who is eligible and how to get the vaccine are here: COVID-19-Vaccination-Programme | North East London Health & Care Partnership (eastlondonhcp.nhs.uk)
- We have launched a new targeted, advertising campaign in north east London to encourage people to get their winter vaccinations.
- The campaign webpage is here: www.northeastlondonhcp.nhs.uk/wintervaccinations and our digital campaign materials direct people to it. The site includes the key narrative, regularly updated FAQs and links to book vaccinations.

Covid-19

The latest data (1 December) shows the number of Covid-19 cases in NEL has risen overall, although the rolling rate of cases per 100,000 people is below the national average.



Data source: GOV.uk COVID-19 dataset. Data is reported with a weekly lag due to the way data is captured.

Cases are allocated to the person's area of residence. Therefore, community in this context means the patient's local authority.

Weekly Change (% cases)

- Barking and Dagenham 31.8%
- Hackney and City of London 34.7%
- Havering 31.3%
- Newham 27.9%
- Redbridge 29.0%
- Tower Hamlets 30.1%
- Waltham Forest 24.3%

Winter resilience and elective recovery

Winter plan: urgent and emergency resilience

North East London Health & Care Partnership

- The NEL structure allows for greater clarity and accountability for design, delivery & oversight of the plan
- This approach fully **supports the regional and national approaches** to Winter Plan assurance as laid out in the national urgent and emergency care recovery 10 point plan and the Regional winter planning asks

Approach:

1. **Combine COVID and winter planning at provider, place and ICS level** to ensure winter plans are in line with system capacity and demand challenges
2. **London Region to assure ICS plans** and processes via submitted plans and regional assurance processes

Focus Area	Place/Borough	Provider	NEL system/ICS
Supporting 111/999 services	✓	✓	
Supporting Primary Care & community services to manage UEC demand	✓		✓
Supporting greater use of UTCs	✓	✓	
Increasing support for Children and young people	✓	✓	✓
Using communications to support the public to choose services wisely	✓	✓	✓
Improving in-hospital flow and discharge	✓	✓	
Supporting Adult and children's mental health	✓	✓	✓
Reviewing IPC measures		✓	
Reviewing covid isolation rules	✓	✓	
Ensuring a sustainable workforce	✓		✓

Winter plan: reducing pressure on emergency services

North East London Health & Care Partnership

Through remote clinical consultations:

- Our remote emergency access coordination hub was relaunched in November. It is available for both NHS 111 and London Ambulance Service to refer patients from within the Barts Health footprint
- Patients are offered a remote consultation by an emergency department clinician. If further investigations or treatment are needed then a suitable appointment and/or investigations can be booked for the patient.
- A large proportion of referrals are managed remotely which reduces pressure on emergency departments and ambulance callouts where clinically appropriate and provides a better patient experience.

Winter plan: reducing pressure on emergency services

North East London Health & Care Partnership

Through NHS 111 referrals to same day emergency care:

- A number of symptom-based pathways have been set up across NEL, allowing NHS 111 to refer patients directly into the appropriate same day emergency service
- These pathways include low-risk chest pain, palpitations, and abscesses
- This will enable patients to receive the right care first time, reduce pressure on emergency departments and help cut the number of admissions to hospital.

Recovering elective care and outpatient services at Barts

North East London Health & Care Partnership

- As a result of the ongoing pandemic we have seen a significant rise in patients waiting for elective outpatient and inpatient care across Barts Health NHS Trust.
- Since April 2021, we have been carefully yet speedily restoring patient services that were put on hold during the pandemic. This includes working closely with system partners across north east London and the independent sector to restore levels of service and reduce waiting times in elective surgery, outpatients and other services.
- We are monitoring activity to ensure that services are restored equitably, whilst balancing the need for staff rest and recovery.
- We prioritise patients by the urgency of treatment they require, and the average wait for those needing urgent surgery has reduced significantly.

Recovering services and improving pathways of care

North East London Health & Care Partnership

- At Barts Health and across the capital, **new surgical hubs** have been established to make sure patients get back on the road to health and recovery, and reduce the numbers waiting for surgery. These hubs are now open for business and are treating high-volume, low-complexity cases in the specialities that have the largest waiting lists.
- Operations that were cancelled or postponed because of the pandemic are being rapidly rescheduled, and by keeping these hubs **Covid-free** (in “green” zones”), we’re ensuring they’re safe and secure for patients to be treated in.

Further steps we have taken include:

- Secured **independent sector capacity** in the short term, using our clinicians, but within private premises.
- Recruited additional **ENT consultants** working across Whipps Cross and Royal London Hospitals. We have also developed a new community pathway for ENT to support patients being seen more quickly closer to home. This will result in approximately 4,000 patients being transferred to this new pathway.
- Established **Project Tooth Fairy** in October 2021 – a dedicated new surgical centre at The Royal London to treat children and young people who have been waiting a long time for dental operations. We plan to do more than 1,000 extra operations over the next six months through this centre.
- Pursing **mutual aid** across north east London, focusing on ENT, Gynaecology, MRI and Ultrasound and to improve the Bart’s position and drive greater equity of access across the system.

Barts outpatient appointment waiting lists

- Throughout the pandemic, patients have waited a long time before they are seen in an outpatient setting and their treatment can start.
- We are rolling out a wide ranging **Outpatient Transformation plan** – across Barts Health and in partnership with NEL colleagues – to transform how we interact with our patients. This will include expanding our estate options for outpatient care, redesigning pathways, deploying digital and virtual solutions where appropriate, and promoting the use of community hubs.
- We have also held more outpatient **clinics remotely through video and telephone** consultations, where appropriate. There has been good uptake and positive feedback from patients for these virtual clinics.
- We have introduced **'Super Saturday'** clinics, meaning our capacity to see these patients is increased, thanks to more staff working on Saturdays.
- We are rolling out a **new communications strategy** for patients, including digital solutions, so patients can stay up to date with current waiting times.
- We are encouraging primary care colleagues to use **Advice & Guidance** services to get urgent advice where a referral to secondary care is not needed.

Ensuring sufficient workforce while looking after our staff

North East London Health & Care Partnership

- To ensure that we have enough resource across our workforce, we have refreshed our Elective Workforce programme. This focuses on **optimising our existing workforce capacity** and identifying our system level workforce gaps, and ensuring we have appropriate plans to recruit to these vacancies.
- We have also developed a north east London-wide approach to staff wellbeing, developing and promoting our existing Health and Wellbeing offers so that staff are looked after.
- Some plans that are in progress:
    - Building on the establishment of 'KeepingWellNEL' providing a single digital point of access for all health and care staff in NEL and that this aligns with providers' offers supporting easy access to services for all staff
    - Developing an Employee Wellbeing Passport app to provide wellbeing support for NEL colleagues, including a daily check-in for the eight wellbeing domains
    - Establishing a Health and Wellbeing Board
    - Recruiting a dedicated Wellbeing Lead for the Royal London Hospital, providing a range of support options for staff.

Recovery: secondary care and mental health

North East London Health & Care Partnership

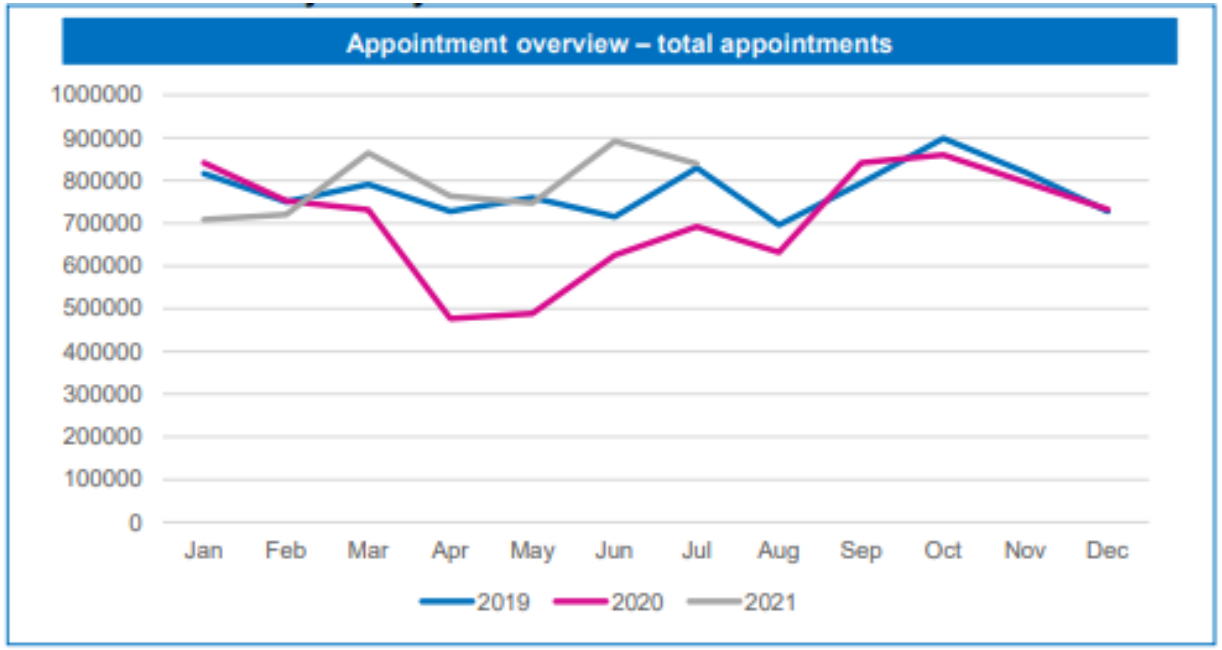
As at end September 2021:

- Use **of urgent treatment centres** is now above 2019/20 levels
- In May there were 14,865 people waiting more than **52 weeks for treatment** in north east London. Now there are 10,415 but the rate of reduction is starting to slow down (consistent with the pattern across London)
- There are 595 patients waiting over **104 weeks for treatment** (ahead of trajectory of 704 patients)
- **Outpatient activity** is 90% of business as usual (behind trajectory of 104%)
- **Elective activity** (inpatient and day case) is 79% of business as usual (behind trajectory of 93%)
- We are planning to see **20% more cancer two week wait referrals** compared to pre-Covid levels. August performance was at 92% and second highest in London
- We delivered **12,400 Improving Access to Psychological Therapies** (IAPT) appointments in April-June 2021.

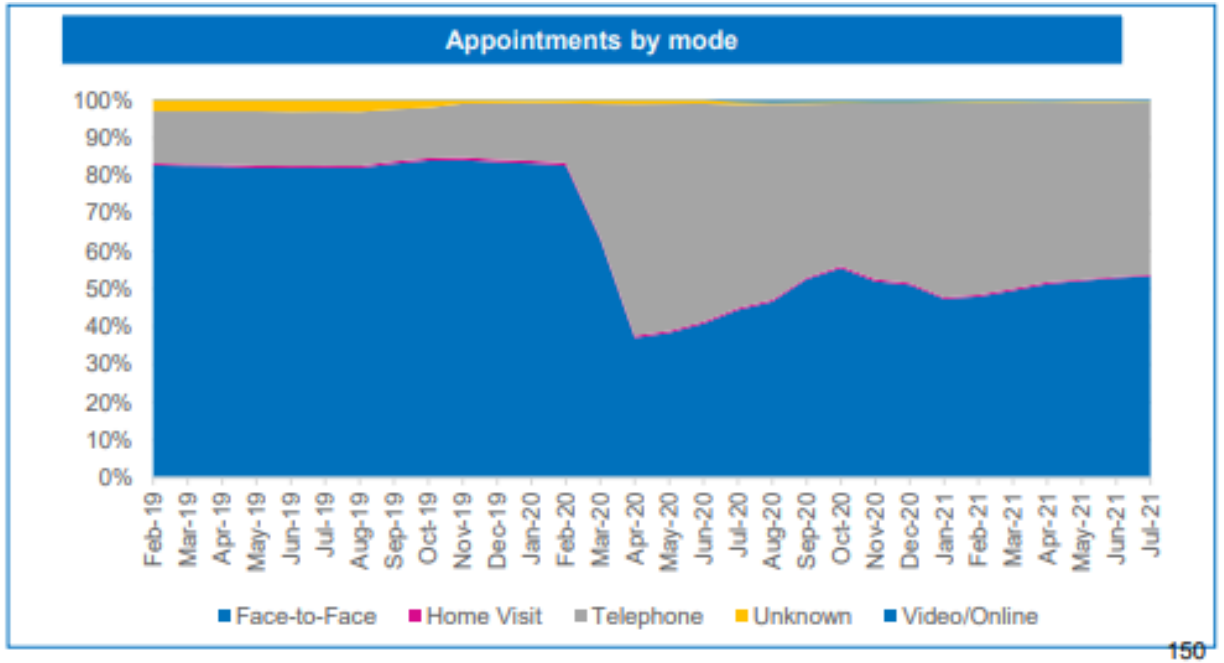
Recovery: primary care

North East London Health & Care Partnership

- We have returned to (and increased) the number of **primary care appointments** to pre-pandemic levels. From April to September 2021 we planned to carry out 4.67 million appointments. We actually carried out 4.95 million appointments (approx 50,000 appointments a month extra).
- Advice and Guidance (A&G) levels continue to be the highest in London. A&G enables GPs to speak direct to hospital consultants for immediate referral advice.



Source: NHS Digital, NEL GP Practice Appointments: https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice



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Source: NHS Digital, NEL GP Practice Appointments: https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice

Looking ahead

- Whipps Cross: joint overview and scrutiny committee established
- Continuing Healthcare: working with councils to harmonise a number of policies. Plan to return to JHOSC in March 2022 with proposals and engage with the local community and patient groups
- Project to develop a single updated fertility policy for north east London: working with clinicians, patients, the public and national and local community groups to update our policy to ensure an equitable and consistent approach to access. Plan to return to JHOSC in March 2022 with proposals.
- Local Improvement Schemes (LIS): A number of schemes in development with partners to reduce inequalities across north east London. Key priorities include access to blood testing, respiratory services and wound care. Plan to return to JHOSC in 2022 with proposals.

Next steps

North East London Health & Care Partnership

- NEL CCG and our partners across health and social care in north east London will keep joint health overview and scrutiny committee members informed and updated on any proposed changes to local services or policies. Further updates, including on progress and relevant patient and public engagement, will be given at the JHOSC meeting in March.
- The local NHS and our partners are committed to engaging on proposed service and policy changes for a minimum of eight weeks.
- As we come together as an ICS, health and care organisations in NEL continue to work together to support Covid recovery, with a focus on population health, tackling inequalities and transforming care
- As part of a strategic approach to developing our clinical services, we are working with local authority public health leads to review population health needs and patient flows across NEL, arising from significant developments in housing and the transport infrastructure.
- We will capitalise on the innovations we have seen thrive during our pandemic response, and work closer as a system to meet the needs of our local population now and in the future.

North East London
Clinical Commissioning Group

NEL COVID-19 vaccination programme and flu immunisation programme data pack

Produced by the vaccination and immunisation data team

30th November 2021

One page summary

Performance summary COVID-19 Vaccination Programme

Total number of COVID-19 vaccine doses administered to date: 2,806,262

65% of the population have received a first dose, 59% a second dose.
42% of the eligible population have received a booster.

Total COVID-19 vaccine doses administered between 22/11/21 & 28/11/21

61,308

Total COVID-19 vaccine first doses administered between 22/11/21 & 28/11/21

7,453

Total COVID-19 vaccine second doses administered between 22/11/21 & 28/11/21

7,362

Total COVID-19 vaccine booster doses administered between 22/11/21 & 28/11/21

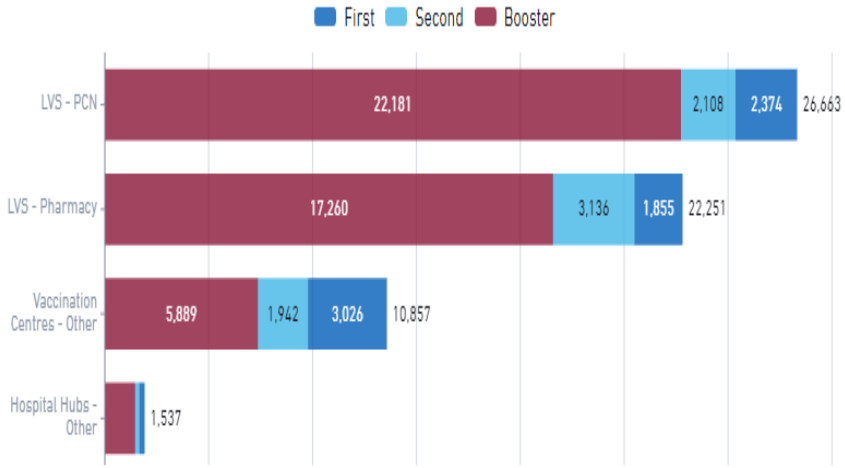
46,493

Total COVID-19 vaccine 3rd primary doses administered between 22/11/21 & 28/11/21

387

Total COVID-19 vaccine "healthy" 12-15 doses administered to date

26,328



Key successes

- 69% of care home residents have received boosters.
- 70% of care home residents have received flu immunisations
- 87% of housebound patients have received a second dose.
- 48% of eligible housebound patients have received boosters.
- 56% of pregnant women have received a first dose which is now in line with the general population aged 18-39
- Double-dosed care home staff increased by 0.7% to 95.4% and 0.9% are medically exempt.

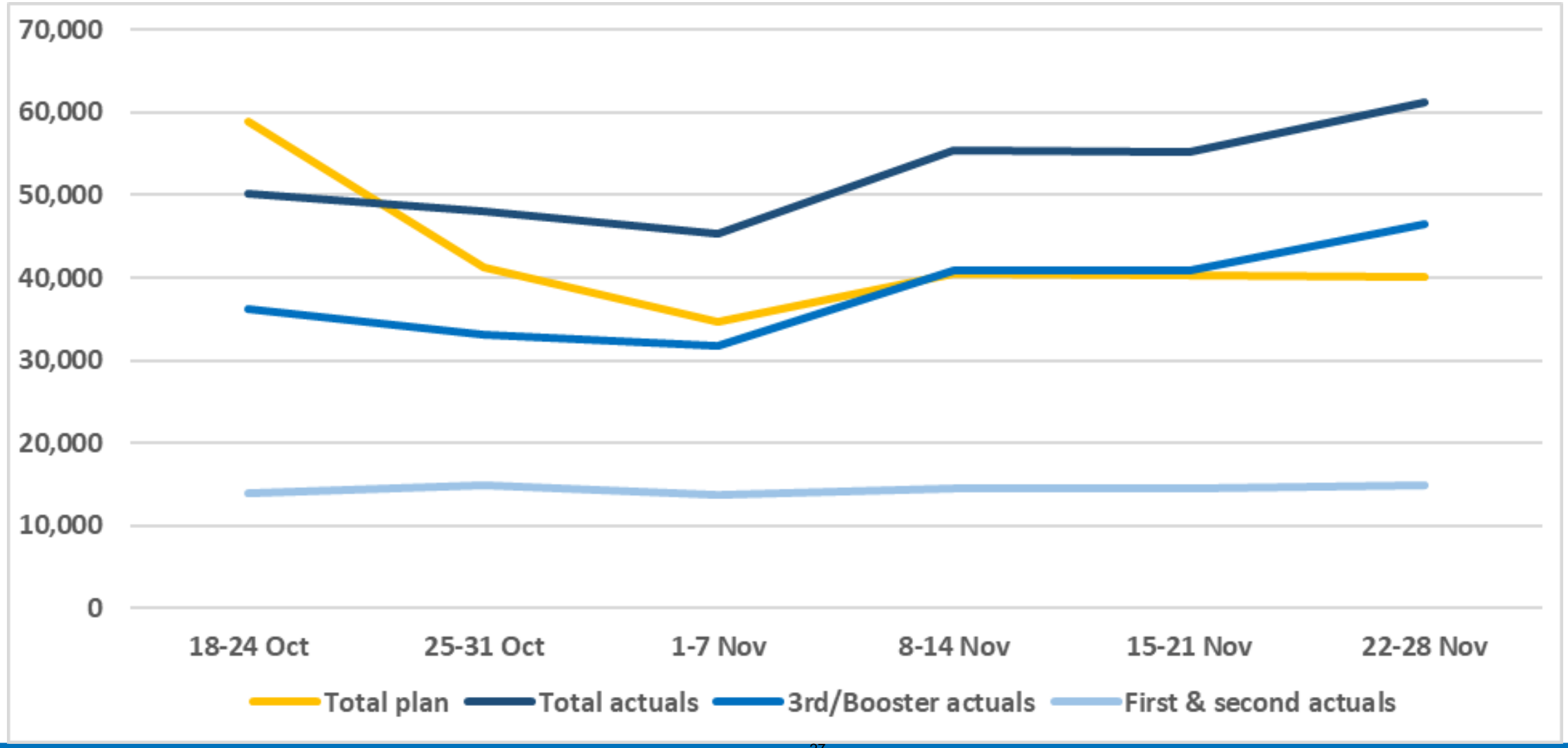
Key challenges

- The delay in mobilising e-consent meant that the 12-15 programme started 2 weeks late.
- The requirement to establish an out-of-school vaccination offer for 12-15 year olds will create additional workforce pressures in the system.
- The re-establishment of Hospital Hubs has reduced the number of staff available for outreach clinics.
- 81% of COVID-19 positive patients admitted to critical care in NE London were not vaccinated.

Data source: Foundry, NIMS and Critical Care Hub 29/11/21

Executive summary

Summary of plan vs actuals

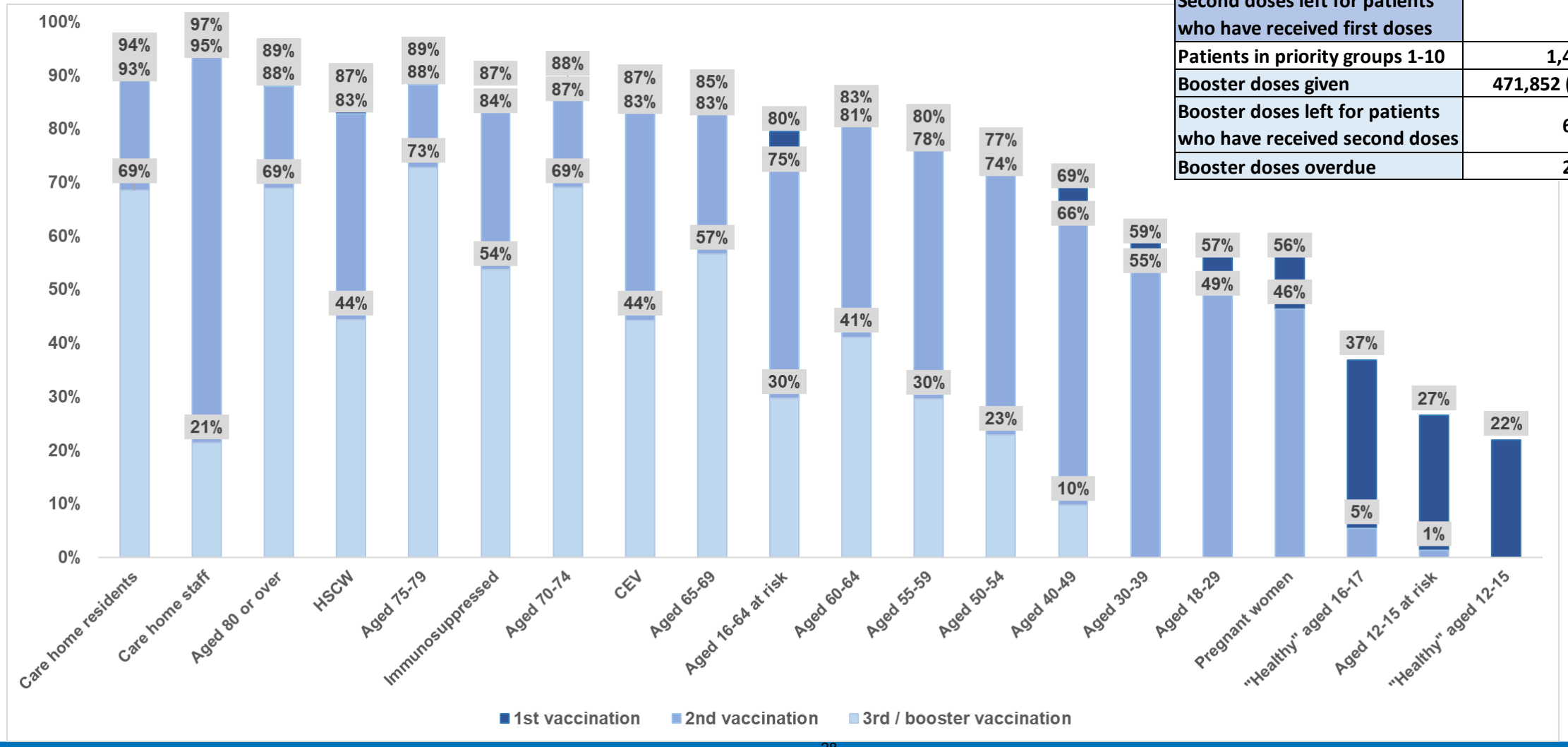


3 Data source: Foundry 29/11/21

Executive summary

NEL COVID-19 vaccination uptake by priority group and dose

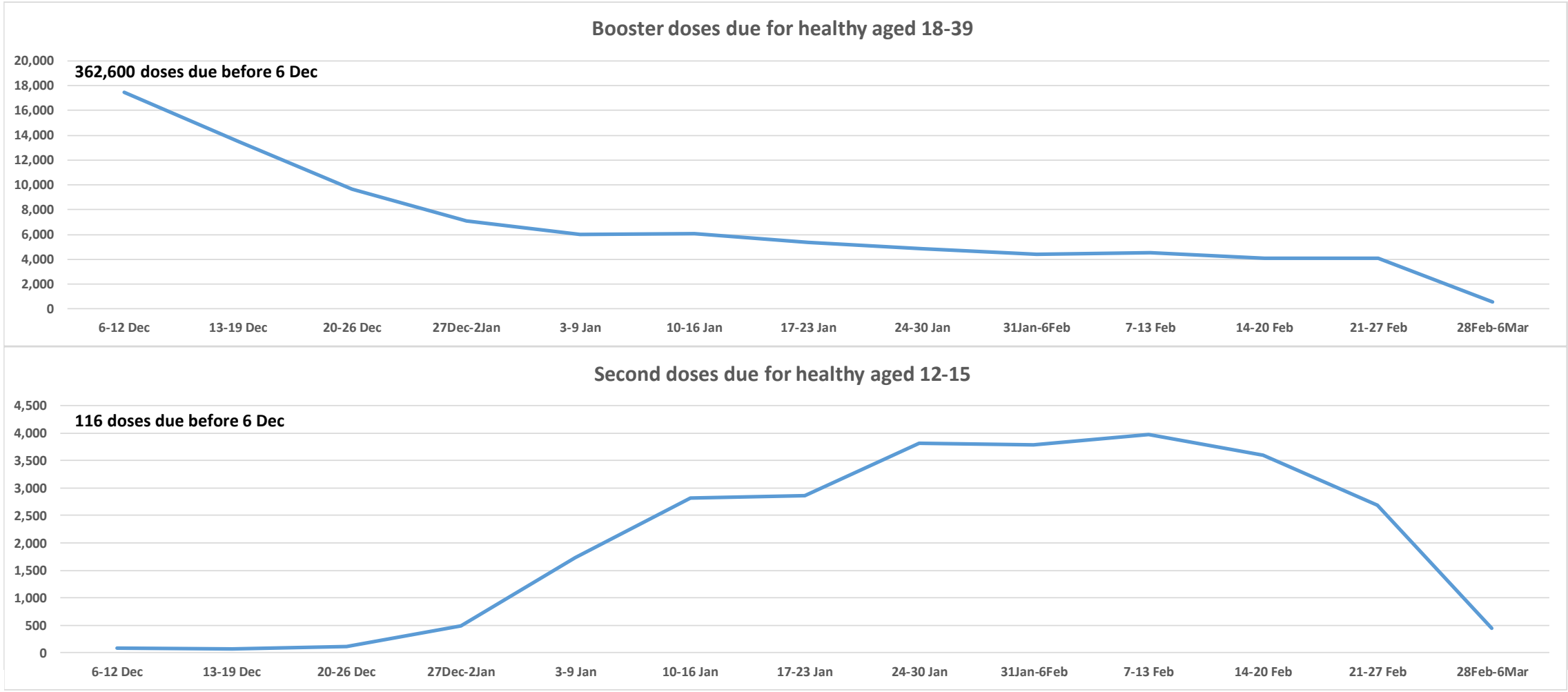
Patients in priority groups 1-12	2,348,293
First doses given	1,667,604 (71.0%)
First doses left	680,689
Second doses given	1,570,843 (66.9%)
Second doses left for patients who have received first doses	96,761
Patients in priority groups 1-10	1,426,317
Booster doses given	471,852 (33.1%)
Booster doses left for patients who have received second doses	616,621
Booster doses overdue	244,422



Data source: NIMS 29/11/21 except Capacity Tracker 29/11/21 for care homes and CEG for pregnant women 24/11/21 and CYP 30/11/21
Note: the table above includes patients and doses in more than one priority group; for example, a nurse aged 50 at clinical risk is counted in three priority groups

Executive summary

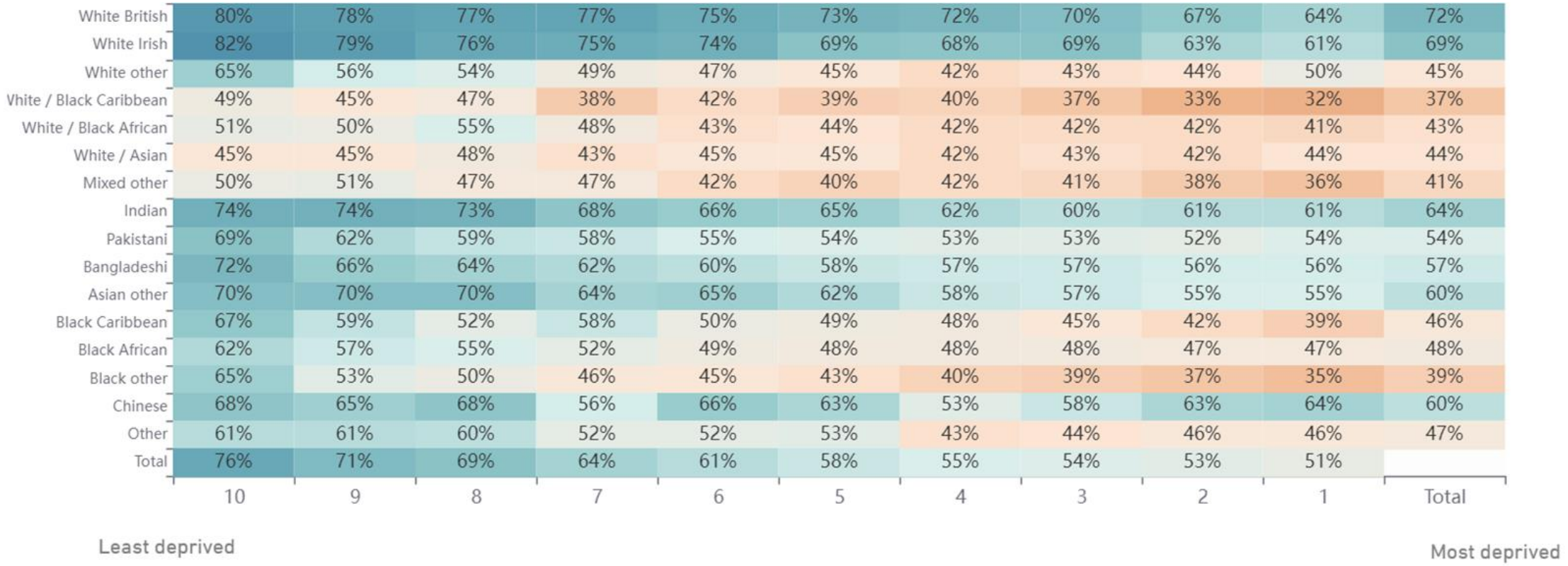
NEL COVID-19 vaccination new demand



Data source: NIMS 29/11/21

Executive summary

Gaps in COVID-19 vaccination first dose uptake using socio-demographic factors for all cohorts (21/11/21)



	10	9	8	7	6	5	4	3	2	1	Total
White British	80%	78%	77%	77%	75%	73%	72%	70%	67%	64%	72%
White Irish	82%	79%	76%	75%	74%	69%	68%	69%	63%	61%	69%
White other	65%	56%	54%	49%	47%	45%	42%	43%	44%	50%	45%
Vhite / Black Caribbean	49%	45%	47%	38%	42%	39%	40%	37%	33%	32%	37%
White / Black African	51%	50%	55%	48%	43%	44%	42%	42%	42%	41%	43%
White / Asian	45%	45%	48%	43%	45%	45%	42%	43%	42%	44%	44%
Mixed other	50%	51%	47%	47%	42%	40%	42%	41%	38%	36%	41%
Indian	74%	74%	73%	68%	66%	65%	62%	60%	61%	61%	64%
Pakistani	69%	62%	59%	58%	55%	54%	53%	53%	52%	54%	54%
Bangladeshi	72%	66%	64%	62%	60%	58%	57%	57%	56%	56%	57%
Asian other	70%	70%	70%	64%	65%	62%	58%	57%	55%	55%	60%
Black Caribbean	67%	59%	52%	58%	50%	49%	48%	45%	42%	39%	46%
Black African	62%	57%	55%	52%	49%	48%	48%	48%	47%	47%	48%
Black other	65%	53%	50%	46%	45%	43%	40%	39%	37%	35%	39%
Chinese	68%	65%	68%	56%	66%	63%	53%	58%	63%	64%	60%
Other	61%	61%	60%	52%	52%	53%	43%	44%	46%	46%	47%
Total	76%	71%	69%	64%	61%	58%	55%	54%	53%	51%	

Least deprived

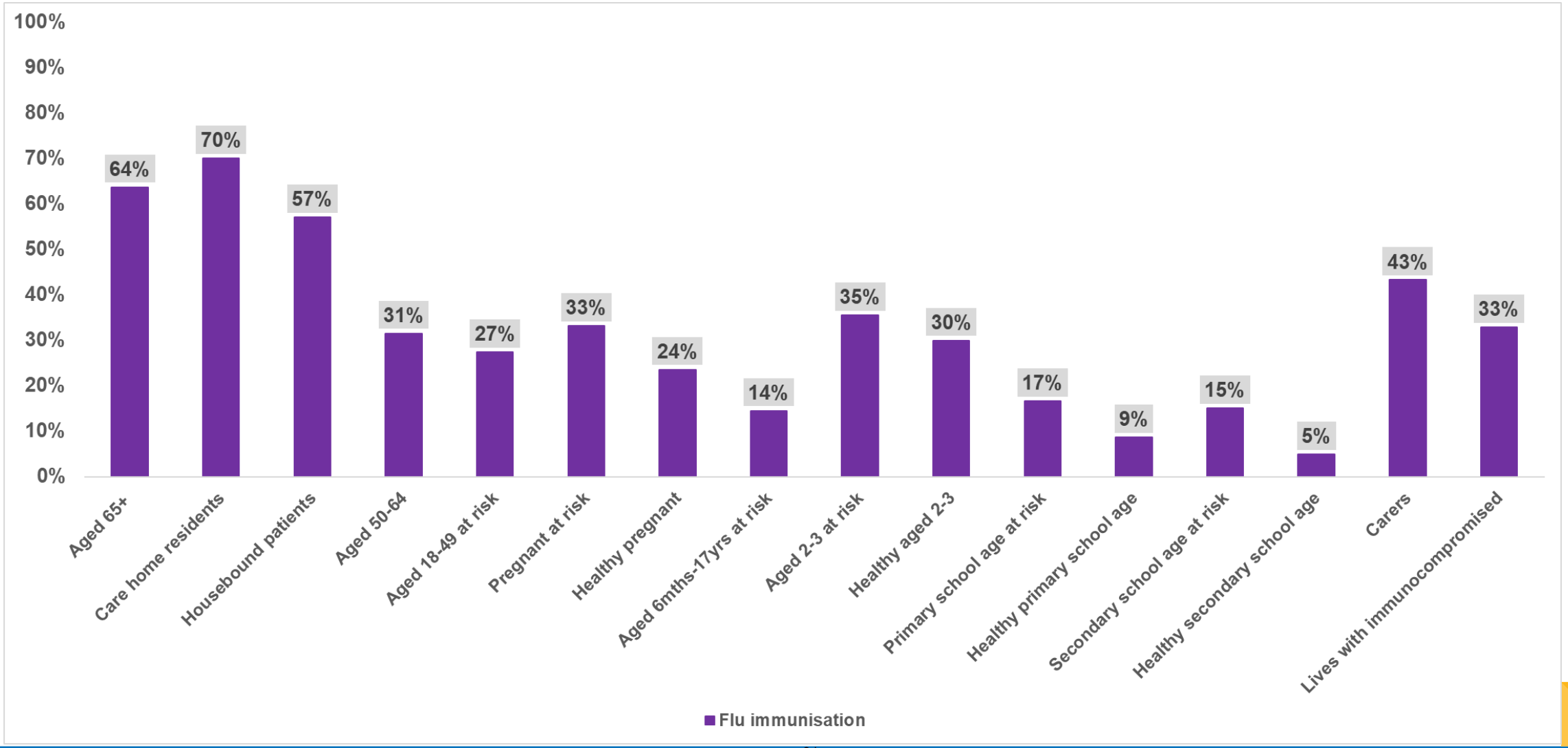
Most deprived

- With the exception of the Chinese community, there is a correlation between higher uptake of the COVID-19 vaccine amongst those from the least deprived areas of NE London across all ethnicity groups, compared to those living in the most deprived areas.
- White other, White/Black Caribbean, White/Black African, White/Asian, Mixed Other and Black Other remain the ethnicity groups with the lowest COVID-19 vaccine uptake in NE London.

Data source: COVID-19 Equalities Tool 2.2 (Foundry) 21/11/21

Executive summary

NEL Flu immunisation uptake by priority group



Data source: CEG 29/11/21 except Capacity Tracker 29/11/21 for care home residents

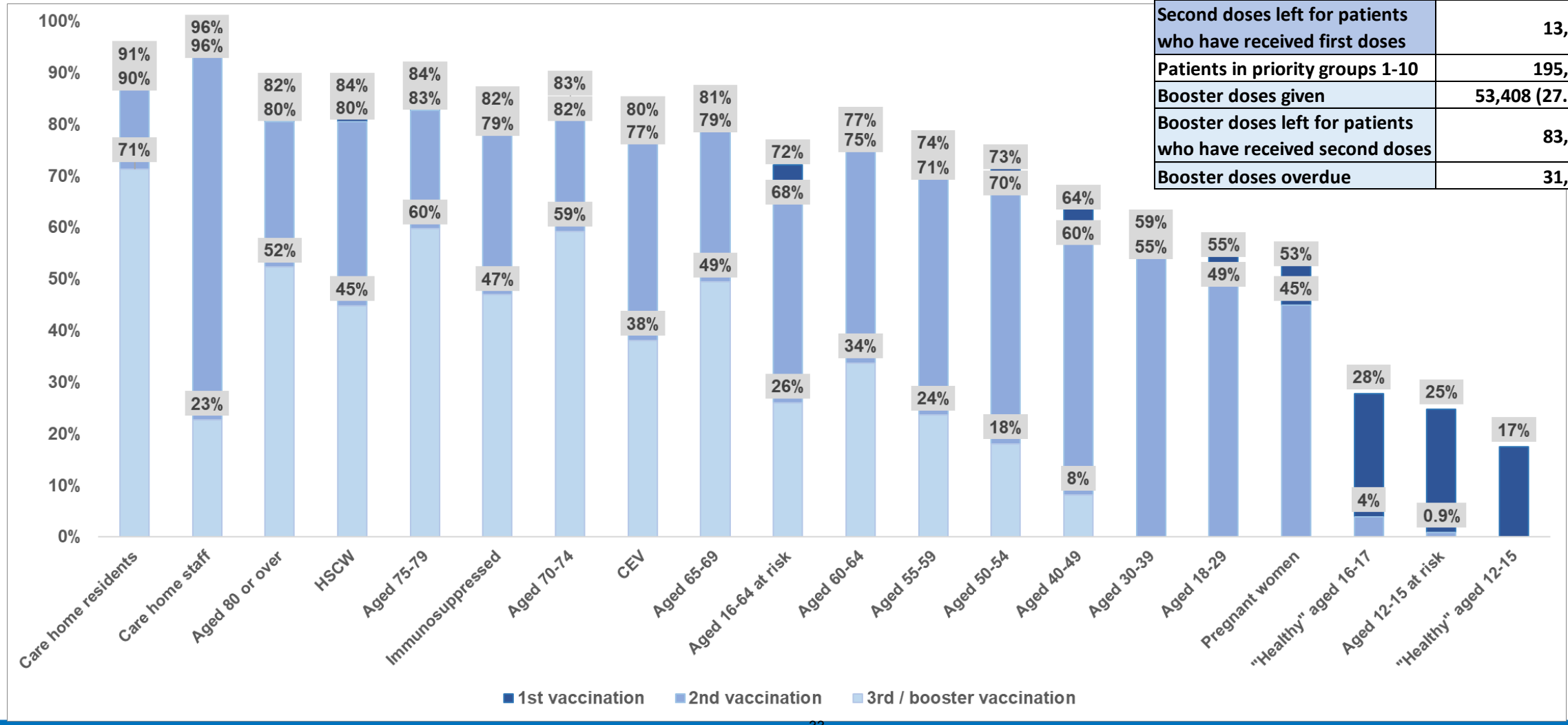
NHS
North East London
Clinical Commissioning Group

Operational data analysis - City and Hackney

For COVID-19 vaccination uptake in each Primary Care Network and GP practice, please request access to data from the Clinical Effectiveness Group at cegcovid@qmul.ac.uk

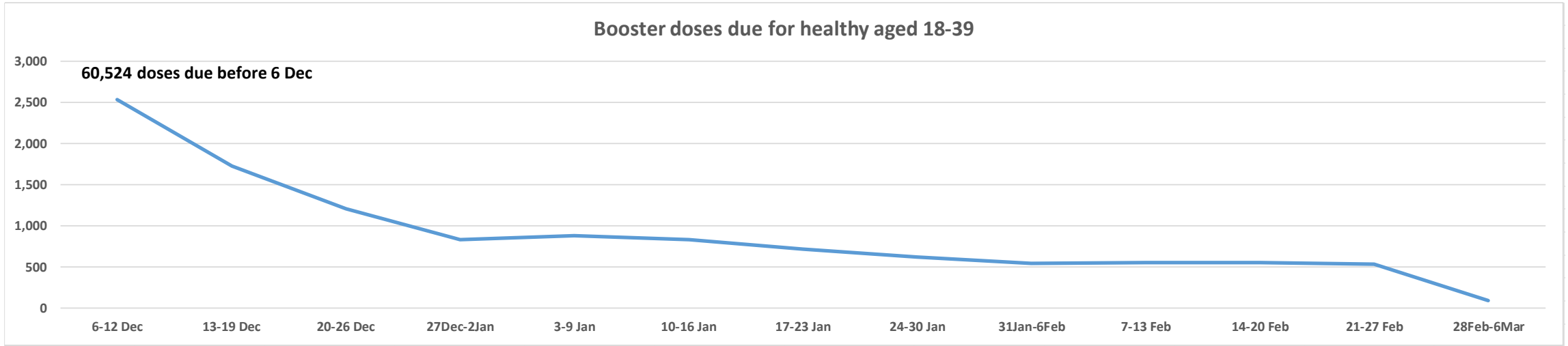
City & Hackney COVID-19 vaccination uptake by priority group and dose

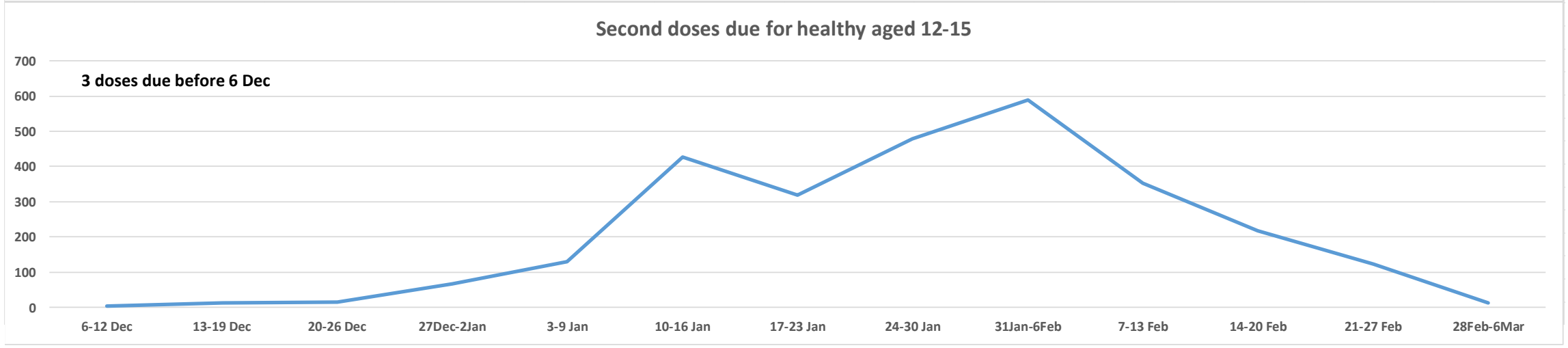
Patients in priority groups 1-12	342,089
First doses given	227,390 (66.5%)
First doses left	114,699
Second doses given	214,132 (62.6%)
Second doses left for patients who have received first doses	13,258
Patients in priority groups 1-10	195,546
Booster doses given	53,408 (27.3%)
Booster doses left for patients who have received second doses	83,410
Booster doses overdue	31,928



Data source: NIMS 29/11/21 except Capacity Tracker 29/11/21 for care homes and CEG for pregnant women 24/11/21 and CYP 30/11/21
Note: the table above includes patients and doses in more than one priority group; for example, a nurse aged 50 at clinical risk is counted in three priority groups

City & Hackney COVID-19 vaccination new demand

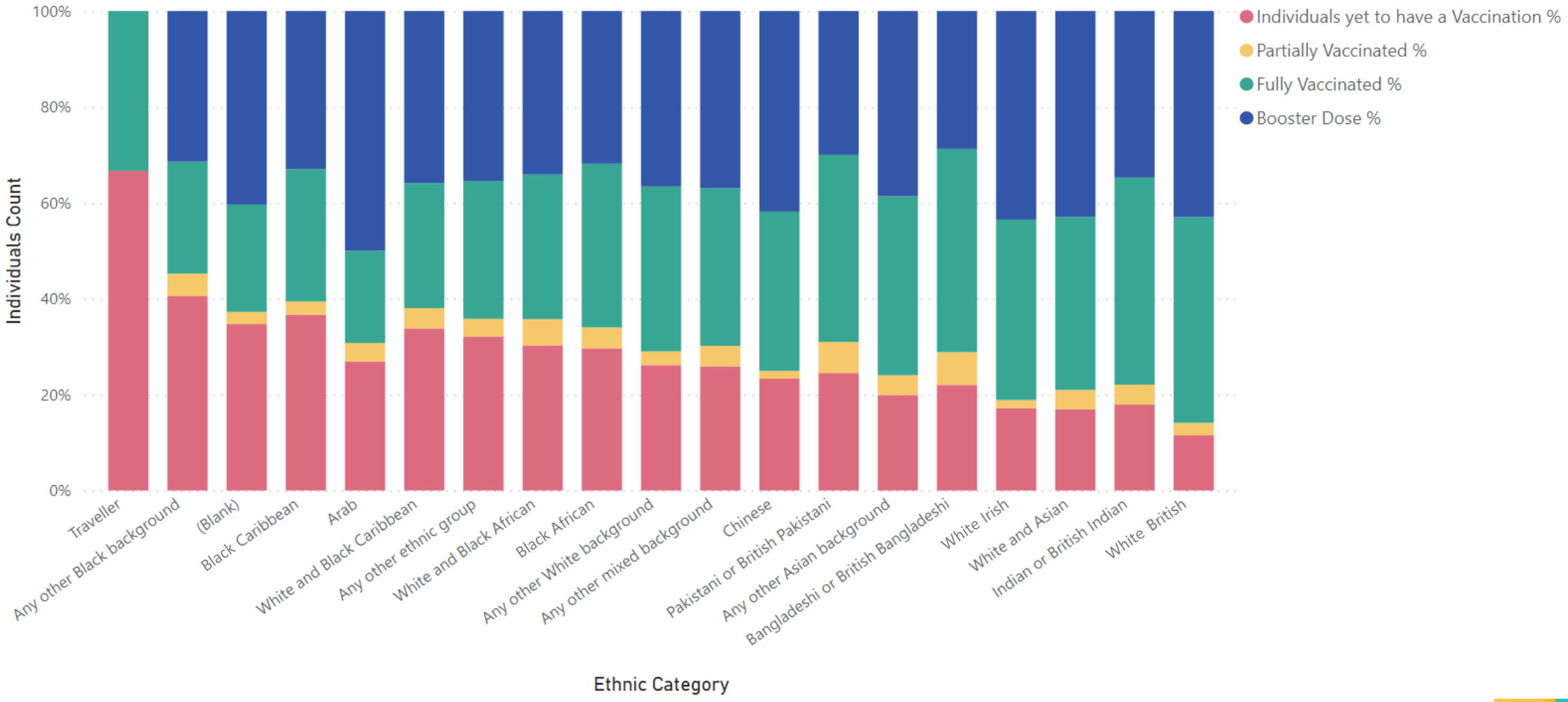




NEL COVID-19 vaccination – where did City & Hackney patients get their doses in last 7 days?

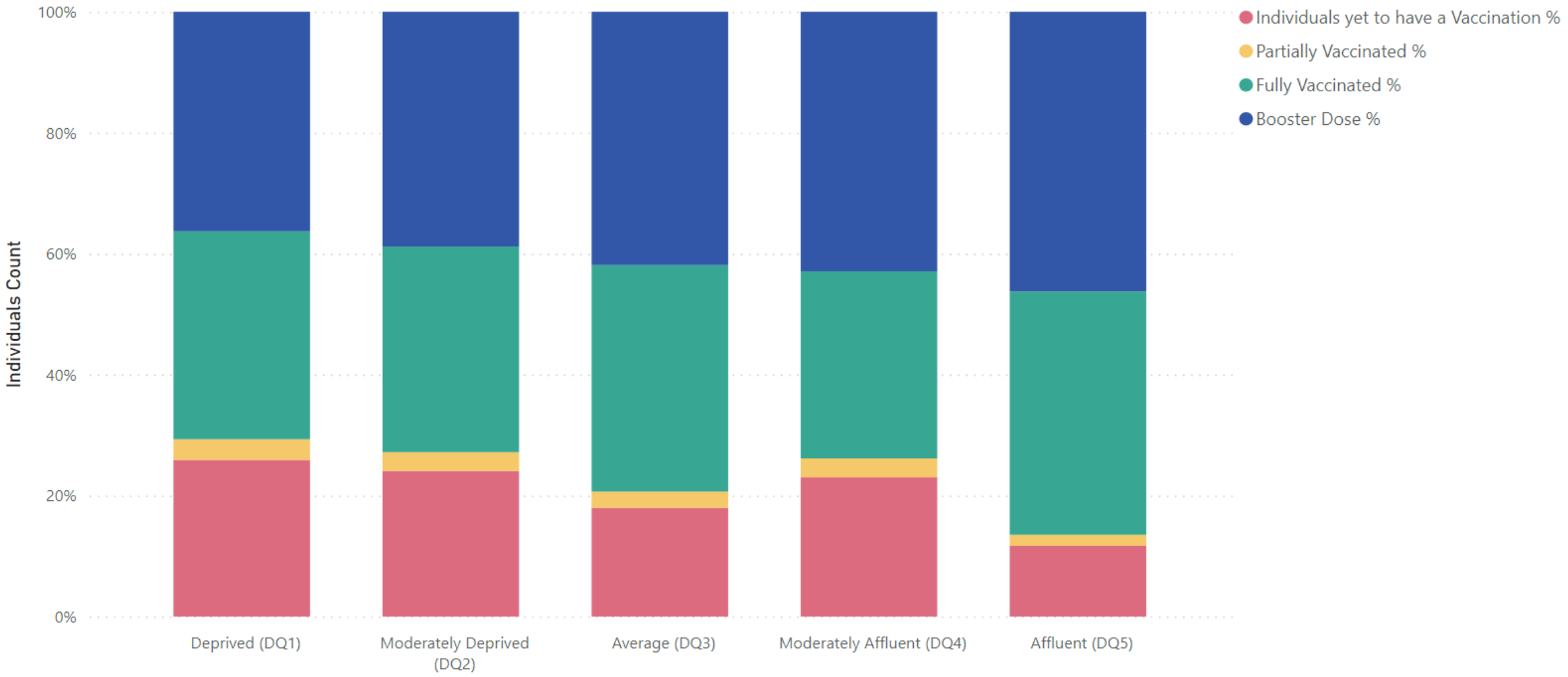
Site	1st doses	Site	2nd doses	Site	3rd/booster doses
Bocking Centre	132	Silverfields Chemist	127	John Scott Health Centre	1,297
John Scott Health Centre	106	John Scott Health Centre	120	Bocking Centre	1,042
Silverfields Chemist	56	Bocking Centre	109	Clockwork Pharmacy - Hackney	508
Clockwork Pharmacy - Hackney	30	Westfield 1	55	Silverfields Chemist	350
Westfield 1	28	Haggerston Pharmacy	40	Bees Pharmacy	232
Westfield 2	21	Spring Pharmacy	37	Spring Pharmacy	200
Murray's Chemist	16	Murray's Chemist	34	Haggerston Pharmacy	182
Spring Pharmacy	15	Westfield 2	20	Murray's Chemist	168
Benjamin Chemist - Stoke Newington	14	Bees Pharmacy	18	Benjamin Chemist - Stoke Newington	146
Haggerston Pharmacy	13	Clockwork Pharmacy - Hackney	15	Kings Square Community Centre (Clan Pharmacy)	143
The Royal London Hospital	8	Bidborough House	14	Day Lewis Pharmacy - Stoke Newington	126
Guy's Hospital	7	St Leonard's Hospital	12	Kingsland Pharmacy - Hackney	121
Bidborough House	7	Guy's Hospital	10	St Leonard's Hospital	105
Kings Square Community Centre (Clan Pharmacy)	7	Good Health Pharmacy	9	Guy's Hospital	102
Kingsland Pharmacy - Hackney	7	Kings Square Community Centre (Clan Pharmacy)	7	Westfield 1	98
Homerton University Hospital	7	Homerton University Hospital	7	Day Lewis Pharmacy - Clapton	91
St Leonard's Hospital	6	Eclipse Pharmacy	6	Boots - Fleet Street	62
Bees Pharmacy	6	New Cross Pharmacy	5	Westfield 2	59
Good Health Pharmacy	6	Evergreen Surgery	5	Good Health Pharmacy	55
Liberty Shopping Centre	6	Pyramid Pharmacy	5	Homerton University Hospital	34
Other sites	80	**Other sites**	154	**Other sites**	585
Total	578	**Total**	809	**Total**	5,706

City & Hackney COVID-19 vaccination uptake by ethnic category



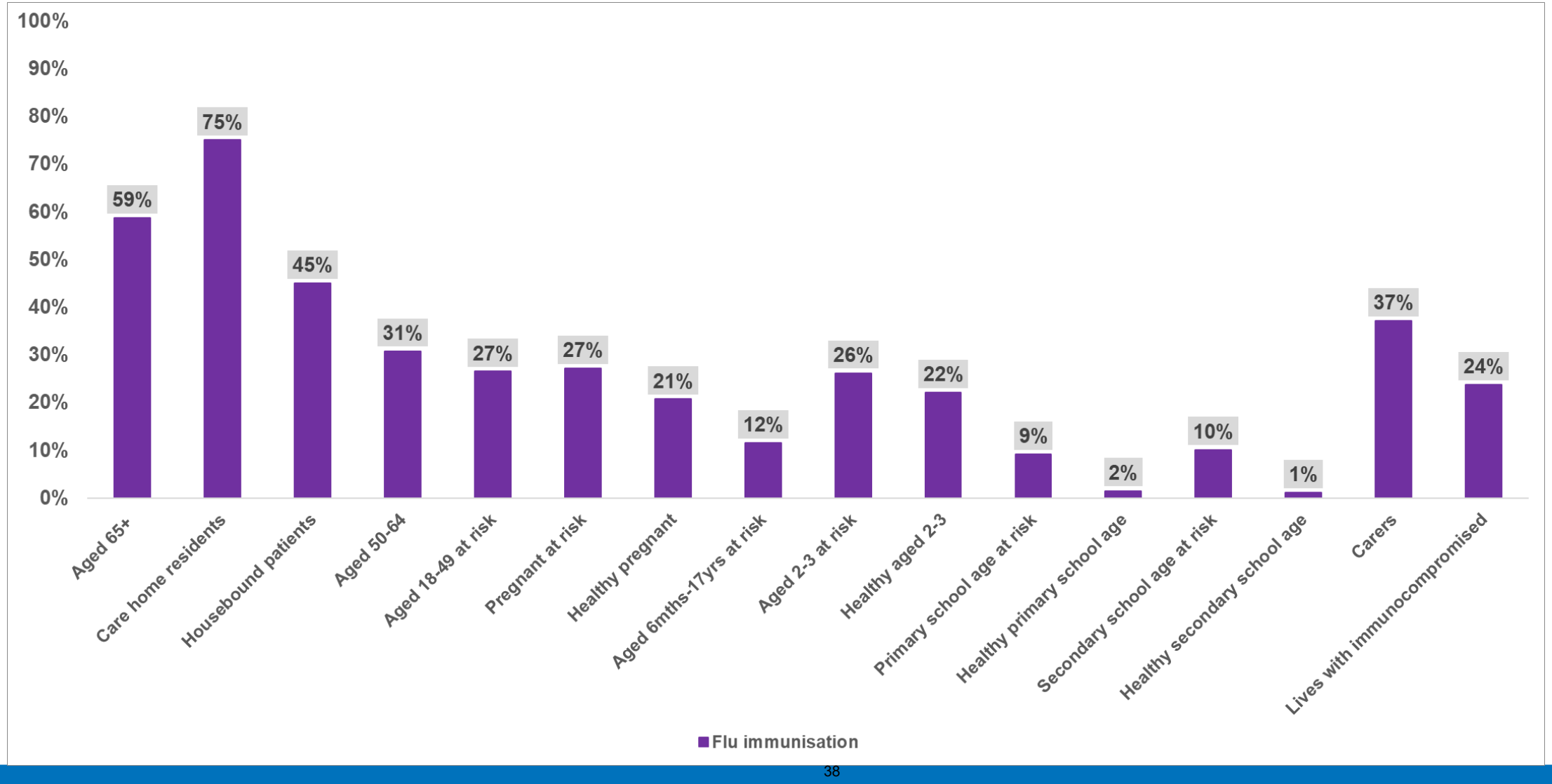
 Data source: NIMS 29/11/21

City & Hackney COVID-19 vaccination uptake by deprivation



 Data source: NIMS 29/11/21

City & Hackney Flu immunisation uptake by priority group



 Data source: CEG 29/11/21 except Capacity Tracker 29/11/21 for care home residents

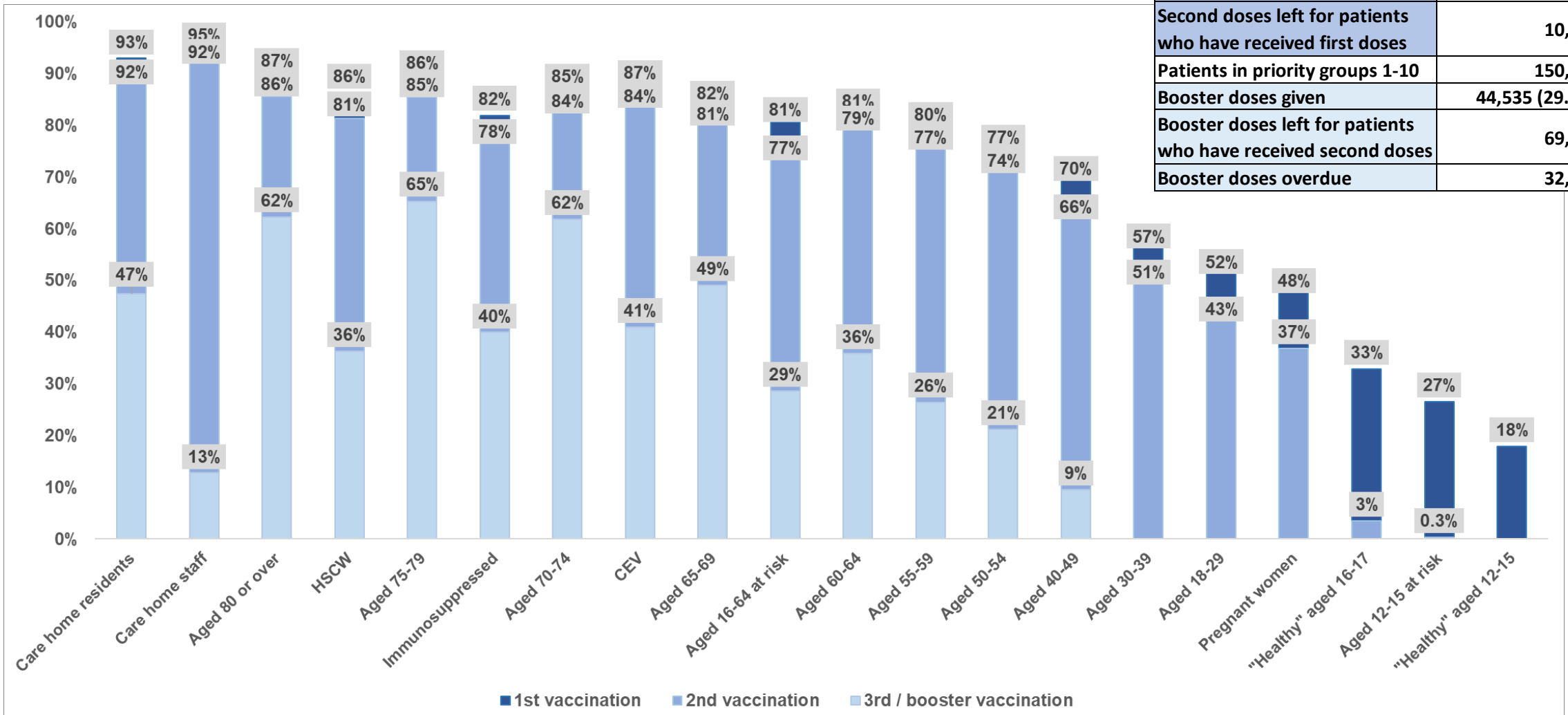
NHS
North East London
Clinical Commissioning Group

Operational data analysis - Barking & Dagenham, Havering and Redbridge

For COVID-19 vaccination uptake in each Primary Care Network and GP practice, please request access to data from the Clinical Effectiveness Group at cegcovid@qmul.ac.uk

Barking & Dagenham COVID-19 vaccination uptake by priority group and dose

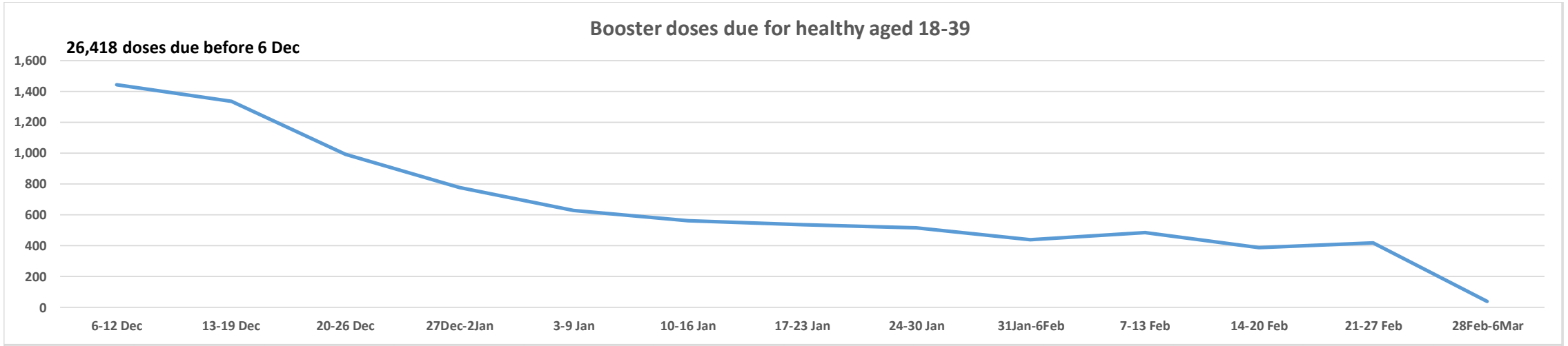
Patients in priority groups 1-12	229,668
First doses given	162,102 (70.6%)
First doses left	67,566
Second doses given	151,415 (65.9%)
Second doses left for patients who have received first doses	10,687
Patients in priority groups 1-10	150,482
Booster doses given	44,535 (29.6%)
Booster doses left for patients who have received second doses	69,609
Booster doses overdue	32,471

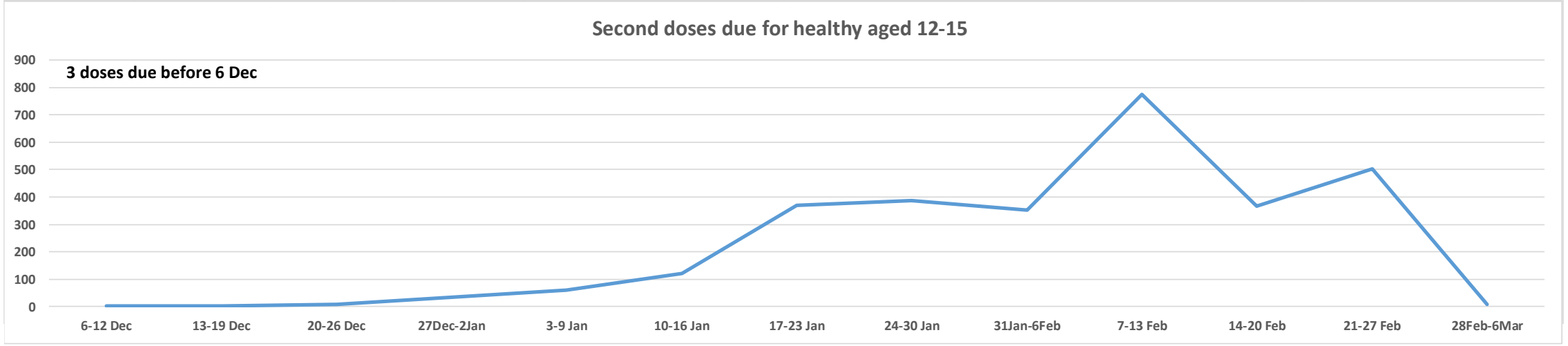


Data source: NIMS 29/11/21 except Capacity Tracker 29/11/21 for care homes and CEG for pregnant women 24/11/21 and CYP 30/11/21

Note: the table above includes patients and doses in more than one priority group; for example, a nurse aged 50 at clinical risk is counted in three priority groups

Barking & Dagenham COVID-19 vaccination new demand



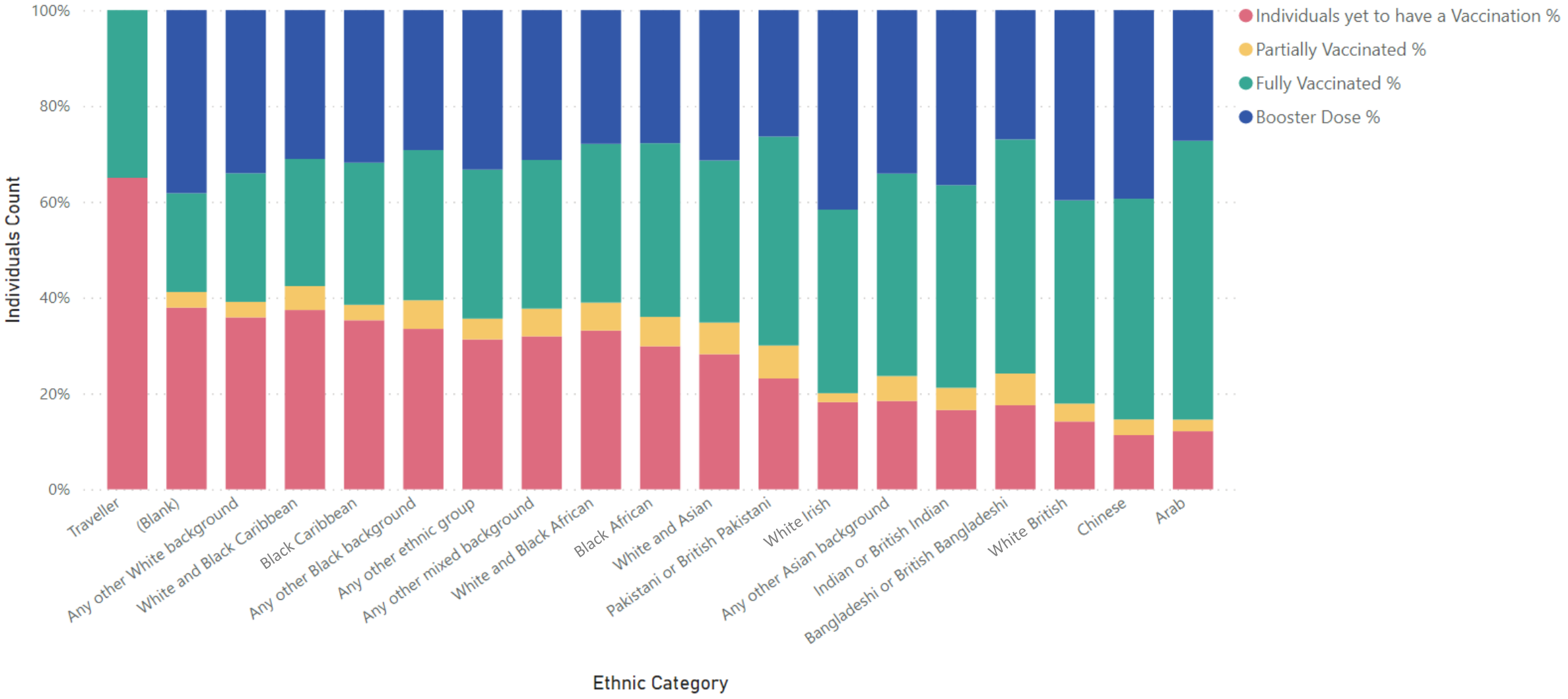


NEL COVID-19 vaccination – where did Barking & Dagenham patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
Liberty Shopping Centre	330	Vicarage Field Barking	137	Vicarage Field Barking	832
Vicarage Field Barking	249	Sandbern Pharmacy	97	Parsloes Surgery	536
King George Hospital VC	92	St Martin Church Hall (Kry-Ba Pharmacy)	93	St Martin Church Hall (Kry-Ba Pharmacy)	521
Britannia Pharmacy - Barking	38	Liberty Shopping Centre	86	Oxlow Pharmacy	445
Sandbern Pharmacy	33	King George Hospital VC	56	Sandbern Pharmacy	276
Oxlow Pharmacy	33	Britannia Pharmacy - Barking	43	Liberty Shopping Centre	251
St Martin Church Hall (Kry-Ba Pharmacy)	32	Parsloes Surgery	41	King George Hospital VC	218
Parsloes Surgery	32	Oxlow Pharmacy	20	Britannia Pharmacy - Barking	150
Westfield 1	11	Westfield 1	18	Boots UK	109
Redbridge Town Hall	8	Boots UK	6	Talati Chemist - Dagenham	96
Talati Chemist - Dagenham	4	Alastair Farqhhason Centre	6	Day Lewis Chemist - Dagenham	82
Essex Partnership University NHS FT	3	Redbridge Town Hall	5	Alvin Rose Chemist - Dagenham	71
Boots UK	3	Fullwell Cross Medical Centre	4	Hornchurch Library	63
Alastair Farqhhason Centre	3	Eclipse Pharmacy	4	Redbridge Town Hall	35
Day Lewis Chemist - Dagenham	3	Guy's Hospital	4	Day Lewis Pharmacy - Barking	25
Evergreen Surgery	2	Royal Docks Pharmacy	4	Westfield 1	21
Guy's Hospital	2	Beckton Pharmacy	4	Queen's Hospital	17
Hornchurch Library	2	Woodgrange Medical Practice	4	Bencrest Chemist	16
Westbury Road Medical Practice	2	The Royal London Hospital	3	Guy's Hospital	14
Eclipse Pharmacy	2	Queen Elizabeth Hospital - Woolwich	3	Alastair Farqhhason Centre	14
Other sites	46	**Other sites**	55	**Other sites**	258
Total	930	**Total**	693	**Total**	4,050

Data source: NIMS 29/11/21

Barking & Dagenham COVID-19 vaccination uptake by ethnic category

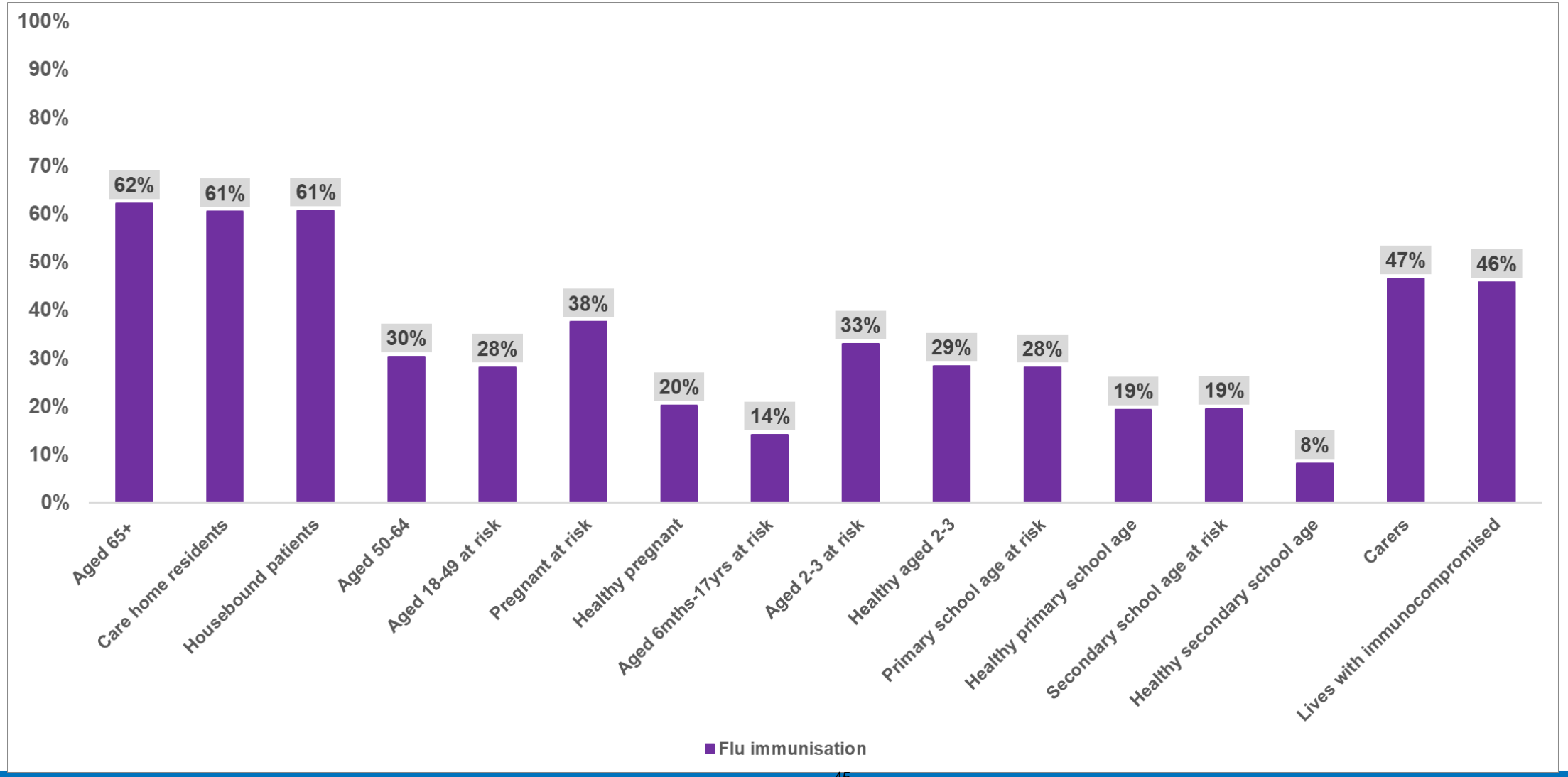


Data source: NIMS 29/11/21

Barking & Dagenham COVID-19 vaccination uptake by deprivation

Data source: NIMS 29/11/21

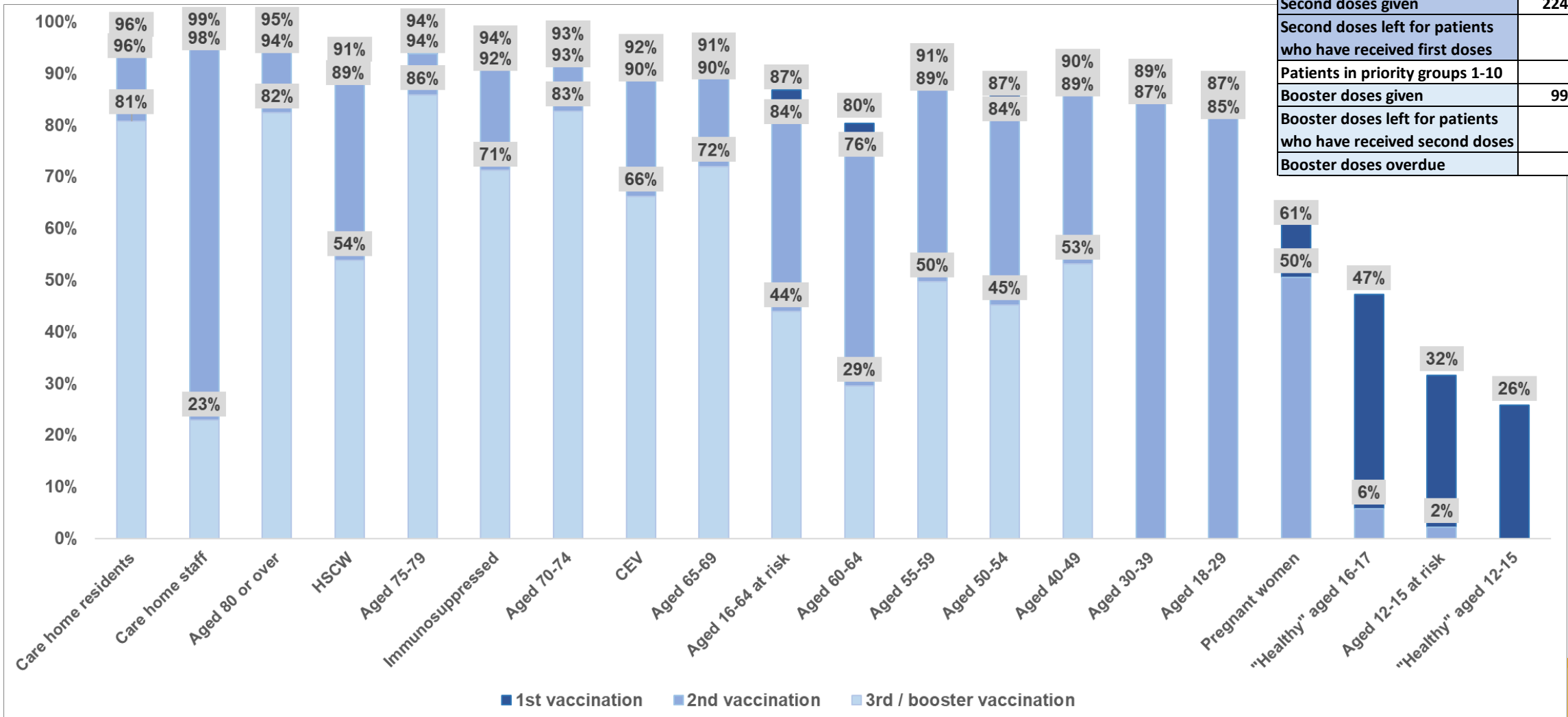
Barking & Dagenham Flu immunisation uptake by priority group



 Data source: CEG 29/11/21 except Capacity Tracker 29/11/21 for care home residents

Havering COVID-19 vaccination uptake by priority group and dose

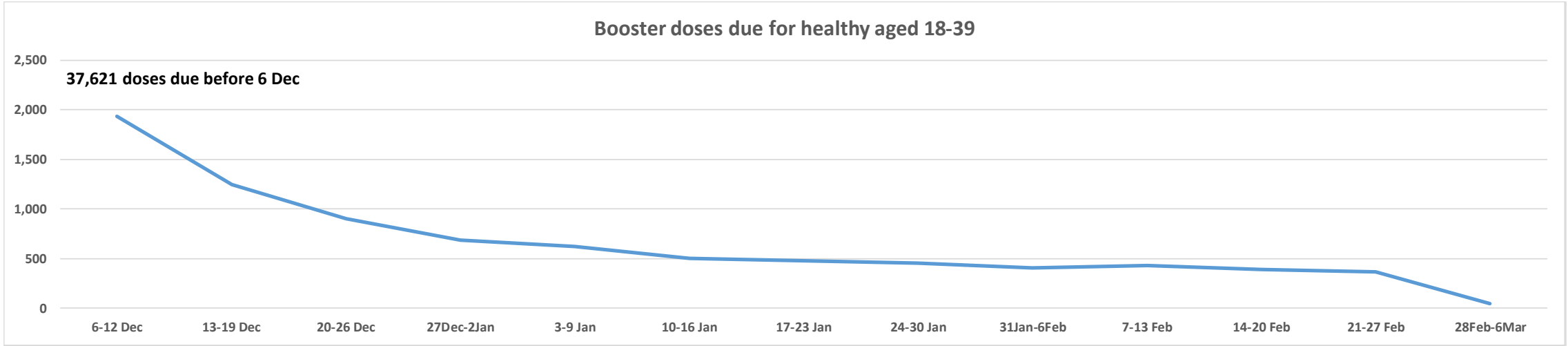
Patients in priority groups 1-12	285,042
First doses given	233,462 (81.9%)
First doses left	51,580
Second doses given	224,548 (78.8%)
Second doses left for patients who have received first doses	8,914
Patients in priority groups 1-10	202,283
Booster doses given	99,120 (49.0%)
Booster doses left for patients who have received second doses	75,008
Booster doses overdue	26,643

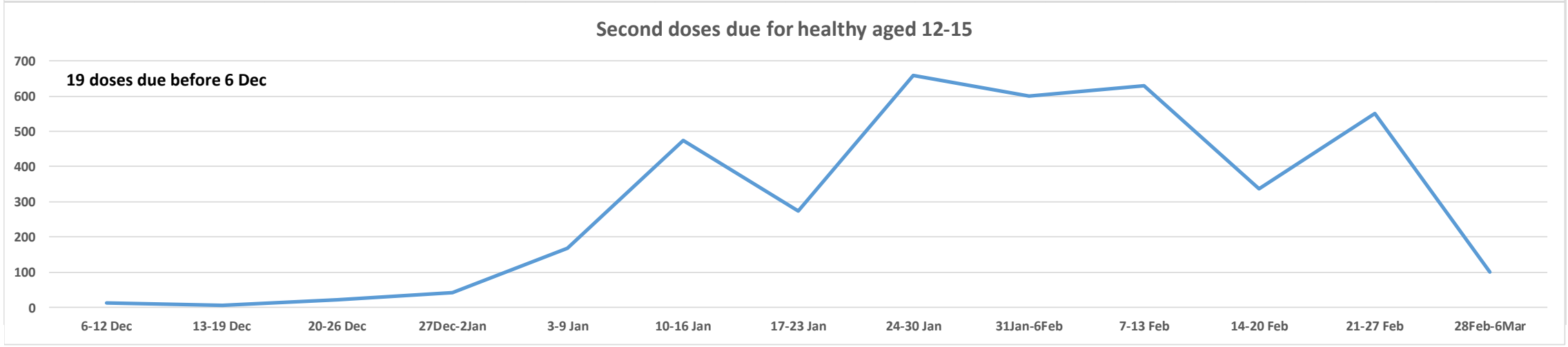


Data source: NIMS 29/11/21 except Capacity Tracker 29/11/21 for care homes and CEG for pregnant women 24/11/21 and CYP 30/11/21

Note: the table above includes patients and doses in more than one priority group; for example, a nurse aged 50 at clinical risk is counted in three priority groups

Havering COVID-19 vaccination new demand



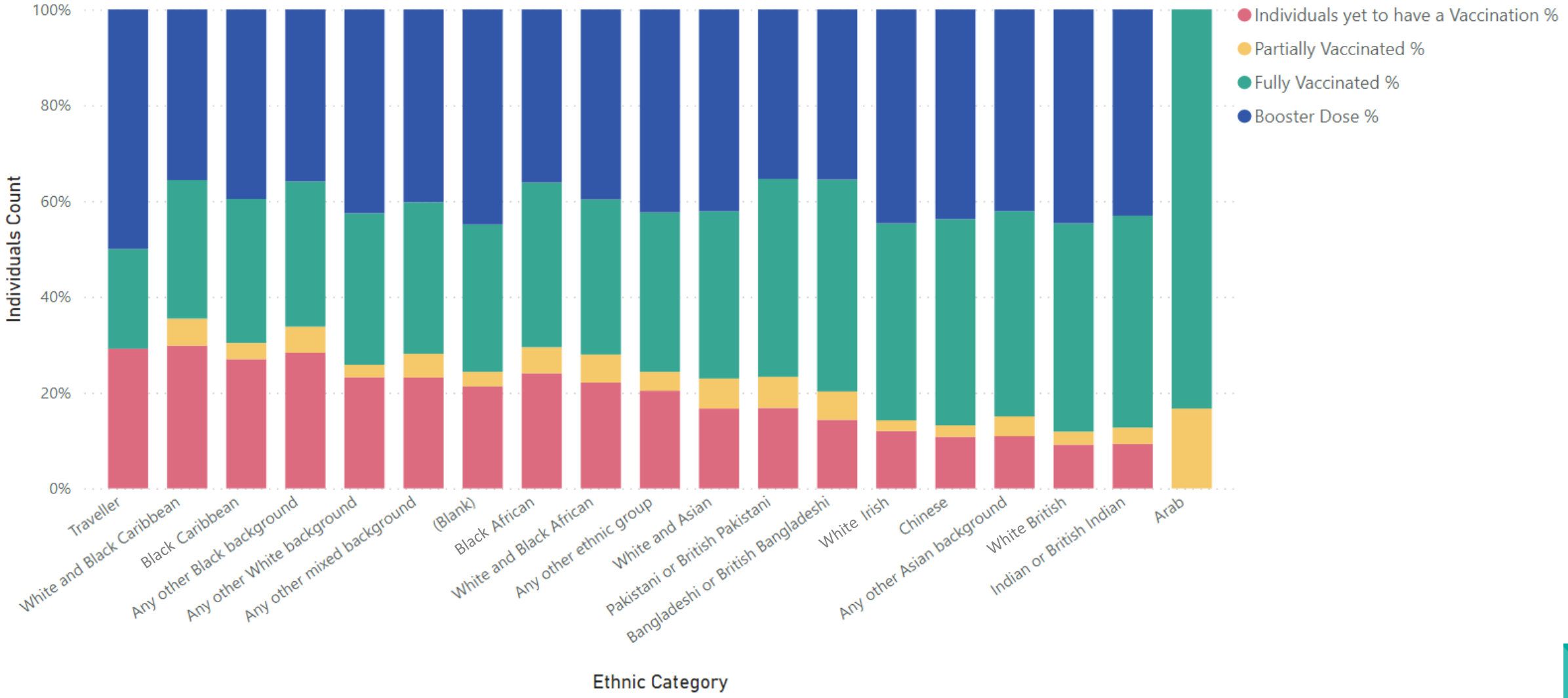


NEL COVID-19 vaccination – where did Havering patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
Liberty Shopping Centre	728	Liberty Shopping Centre	431	Victoria Hospital (Raphael House)	3,170
Hornchurch Library	60	Hornchurch Library	100	Hornchurch Library	2,264
Victoria Hospital (Raphael House)	24	St Martin Church Hall (Kry-Ba Pharmacy)	52	Liberty Shopping Centre	2,050
King George Hospital VC	16	Bencrest Chemist	35	Bencrest Chemist	614
St Martin Church Hall (Kry-Ba Pharmacy)	13	Victoria Hospital (Raphael House)	28	Alastair Farqhhason Centre	119
LRM Pharmacy	8	King George Hospital VC	15	St Martin Church Hall (Kry-Ba Pharmacy)	106
Sandbern Pharmacy	7	Sandbern Pharmacy	11	King George Hospital VC	96
Alastair Farqhhason Centre	6	Westfield 1	10	Oxlow Pharmacy	76
Vicarage Field Barking	5	Oxlow Pharmacy	6	Queen's Hospital	43
Westfield 1	5	Alastair Farqhhason Centre	5	The Lodge - Wickford	22
Oxlow Pharmacy	4	Vicarage Field Barking	5	Sandbern Pharmacy	21
Walthamstow Library	3	Britannia Pharmacy - Barking	4	Guy's Hospital	16
Bencrest Chemist	2	Parsloes Surgery	4	Vicarage Field Barking	14
The Royal London Hospital	2	AMP Pharmacy	4	Boots UK	14
Woodgrange Medical Practice	2	Bidborough House	4	St Thomas' Hospital	13
AMP Pharmacy	2	Pyramid Pharmacy	3	Parsloes Surgery	13
KCHFT - Trinity House - SAIS	2	Walthamstow Library	3	AMP Pharmacy	13
Britannia Pharmacy - Barking	2	Tylers Ride Practice	3	Westfield 1	12
St Nicholas Shopping Centre	1	Woodgrange Pharmacy	3	Britannia Pharmacy - Barking	10
Belvedere Pharmacy	1	Silverfields Chemist	2	The Royal London Hospital	8
Other sites	28	**Other sites**	48	**Other sites**	214
Total	921	**Total**	776	**Total**	8,908

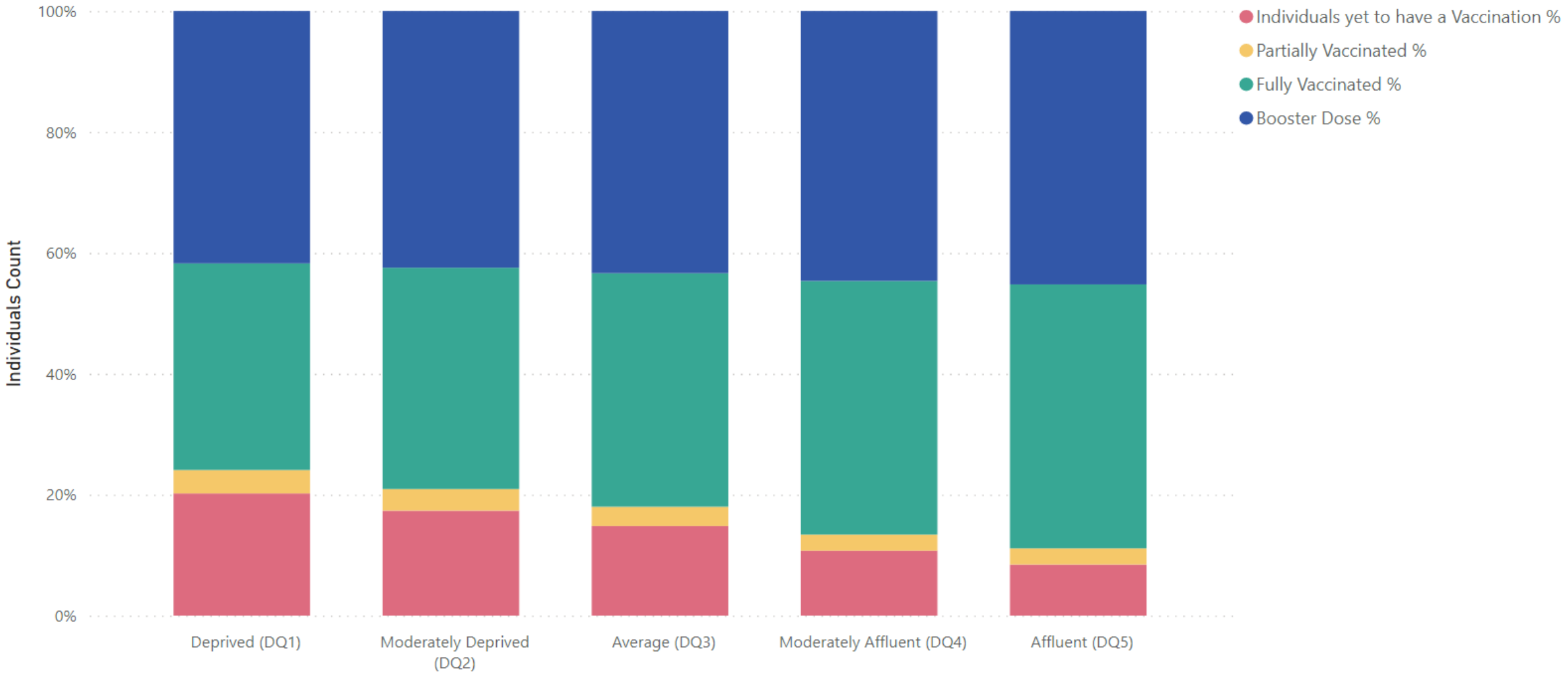
Data source: NIMS 29/11/21

Havering COVID-19 vaccination uptake by ethnic category



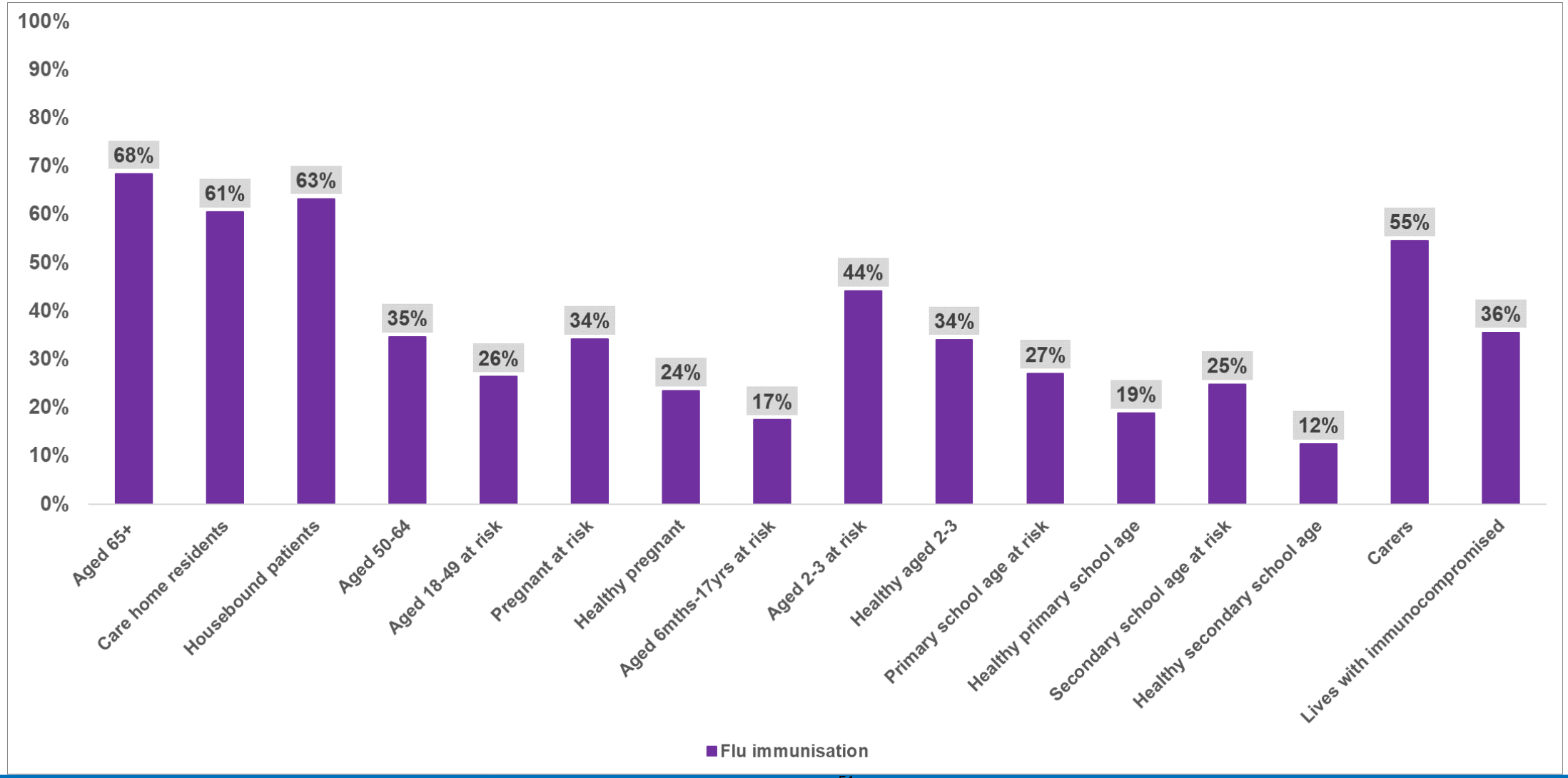
Data source: NIMS 29/11/21

Havering COVID-19 vaccination uptake by deprivation



 Data source: NIMS 29/11/21

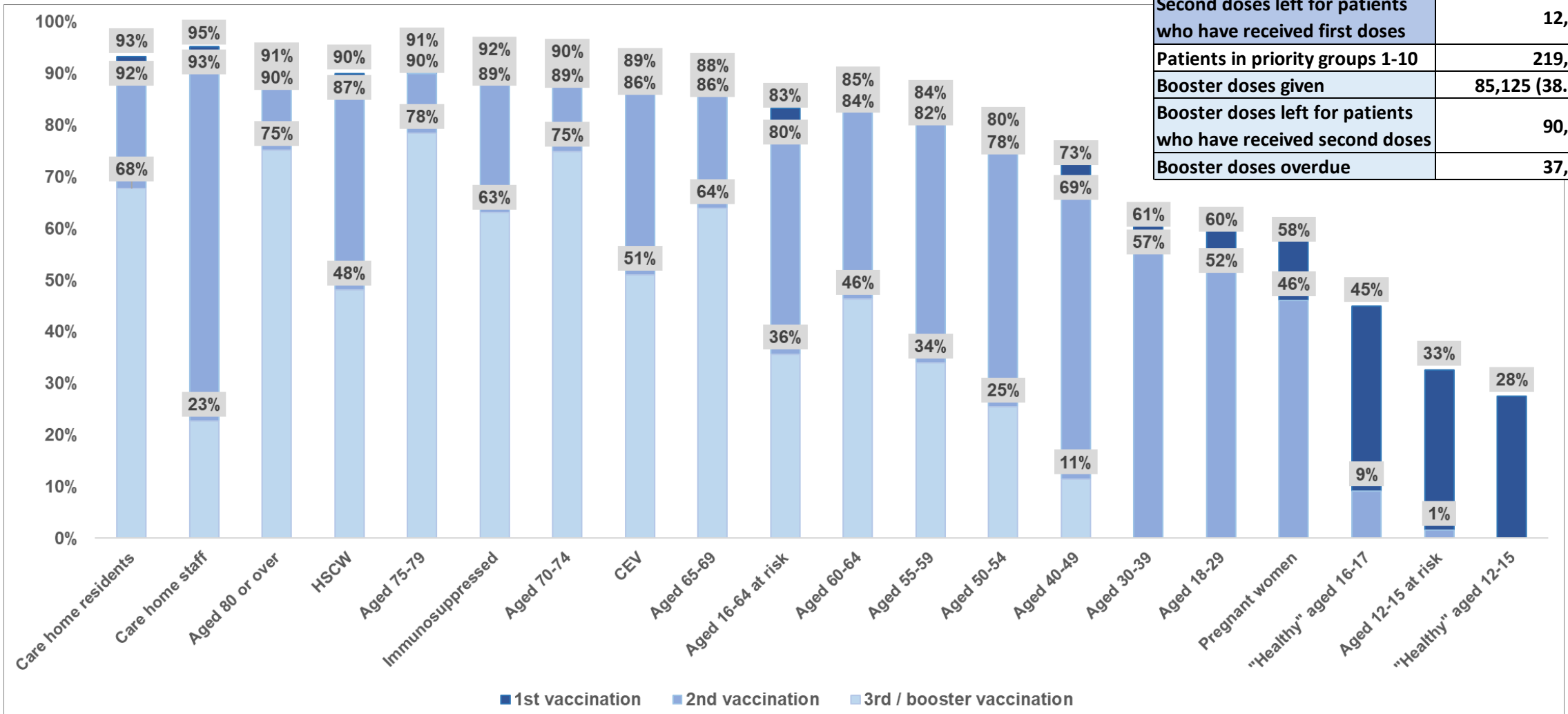
Havering Flu immunisation uptake by priority group



27 Data source: CEG 29/11/21 except Capacity Tracker 29/11/21 for care home residents

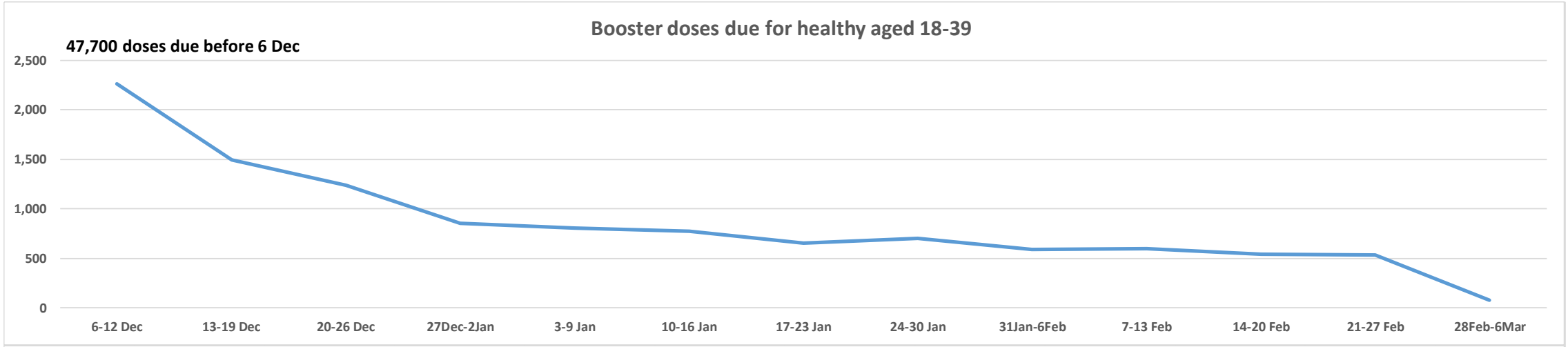
Redbridge COVID-19 vaccination uptake by priority group and dose

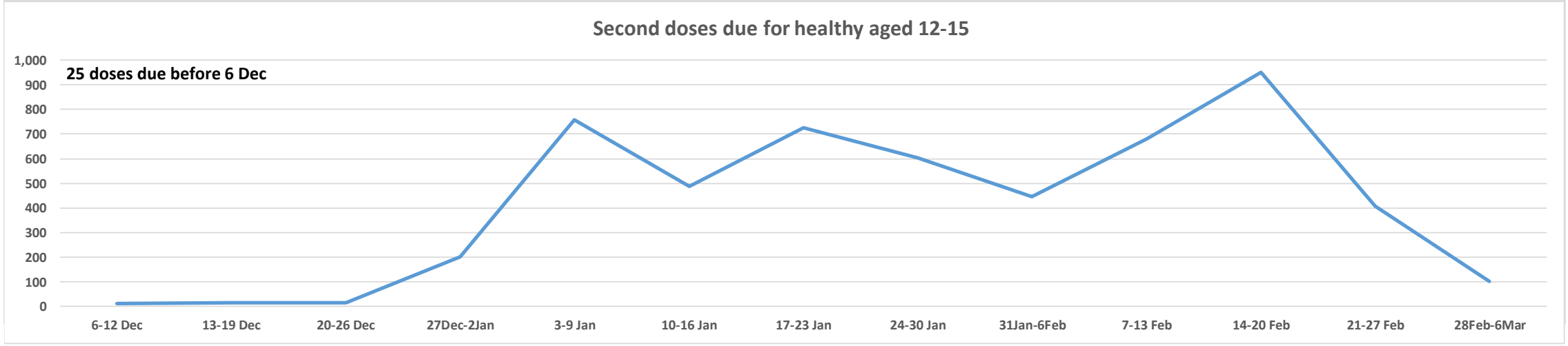
Patients in priority groups 1-12	336,128
First doses given	252,319 (75.1%)
First doses left	83,809
Second doses given	239,399 (71.2%)
Second doses left for patients who have received first doses	12,920
Patients in priority groups 1-10	219,340
Booster doses given	85,125 (38.8%)
Booster doses left for patients who have received second doses	90,557
Booster doses overdue	37,337



Data source: NIMS 29/11/21 except Capacity Tracker 29/11/21 for care homes and CEG for pregnant women 24/11/21 and CYP 30/11/21
Note: the table above includes patients and doses in more than one priority group; for example, a nurse aged 50 at clinical risk is counted in three priority groups

Redbridge COVID-19 vaccination new demand





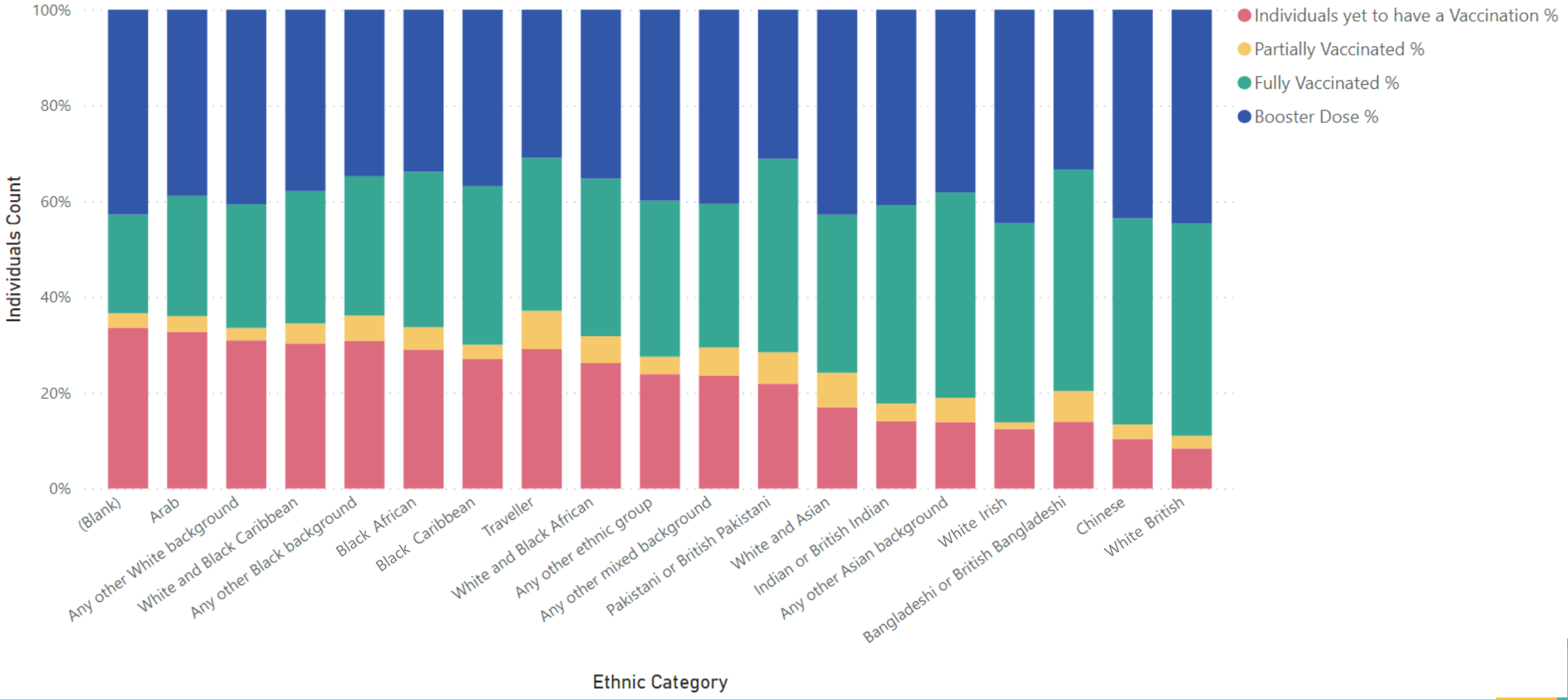
 Data source: NIMS 29/11/21

NEL COVID-19 vaccination – where did Redbridge patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
Liberty Shopping Centre	144	Britannia Pharmacy - Barking	165	Redbridge Town Hall	1,491
King George Hospital VC	141	Redbridge Town Hall	163	Sir James Hawkey Hall	1,107
Redbridge Town Hall	139	King George Hospital VC	98	Britannia Pharmacy - Barking	930
Britannia Pharmacy - Barking	82	Westfield 1	67	Fullwell Cross Medical Centre	544
Sir James Hawkey Hall	69	Sandbern Pharmacy	55	King George Hospital VC	402
Vicarage Field Barking	63	Mayors Pharmacy	52	Mayors Pharmacy	399
Fullwell Cross Medical Centre	32	Sir James Hawkey Hall	48	Wanstead Pharmacy	288
Westfield 1	30	Wanstead Pharmacy	46	Sandbern Pharmacy	199
Wanstead Pharmacy	19	Vicarage Field Barking	36	Westfield 1	187
Sandbern Pharmacy	16	Liberty Shopping Centre	36	Liberty Shopping Centre	154
Mayors Pharmacy	15	Fullwell Cross Medical Centre	34	Vicarage Field Barking	117
Woodgrange Medical Practice	10	St Martin Church Hall (Kry-Ba Pharmacy)	10	Woodgrange Pharmacy	108
St Edmund's Church	9	LRM Pharmacy	9	Boots UK	41
Jubilee Centre	5	Evergreen Surgery	7	Guy's Hospital	26
Westbury Road Medical Practice	5	Liberty Bridge (SLG)	5	Easter Pharmacy - Buckhurst Hill	20
LRM Pharmacy	4	Walthamstow Library	5	St Thomas' Hospital	18
Alastair Farqhhason Centre	3	Silverfields Chemist	4	Leyton Orient Pharmacy	18
Berg Pharmacy	3	Hornchurch Library	4	Eclipse Pharmacy	18
Parsloes Surgery	3	Good Health Pharmacy	4	Hornchurch Library	16
Whipps Cross Hospital	3	Beckton Pharmacy	3	Alvin Rose Chemist - Dagenham	16
Other sites	67	**Other sites**	91	**Other sites**	375
Total	862	**Total**	942	**Total**	6,474

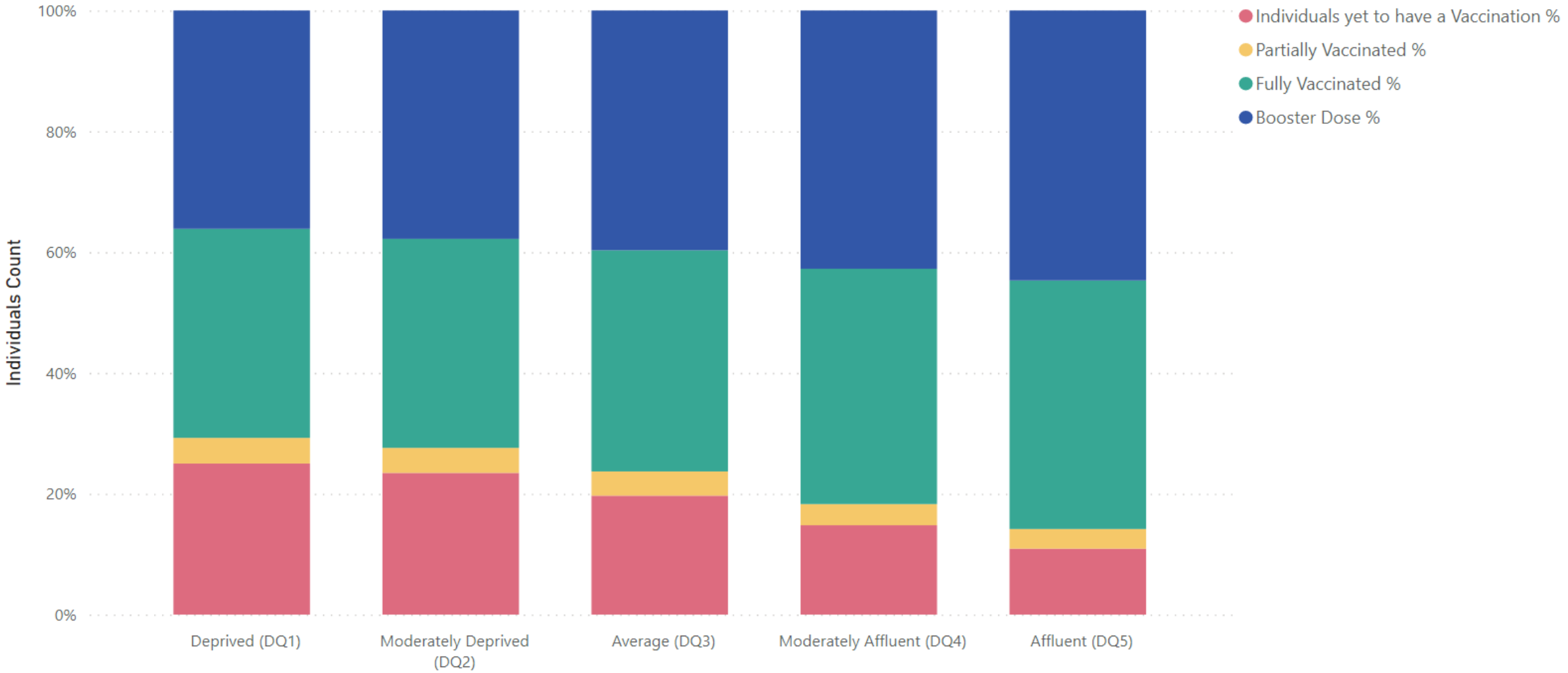
Data source: NIMS 29/11/21

Redbridge COVID-19 vaccination uptake by ethnic category



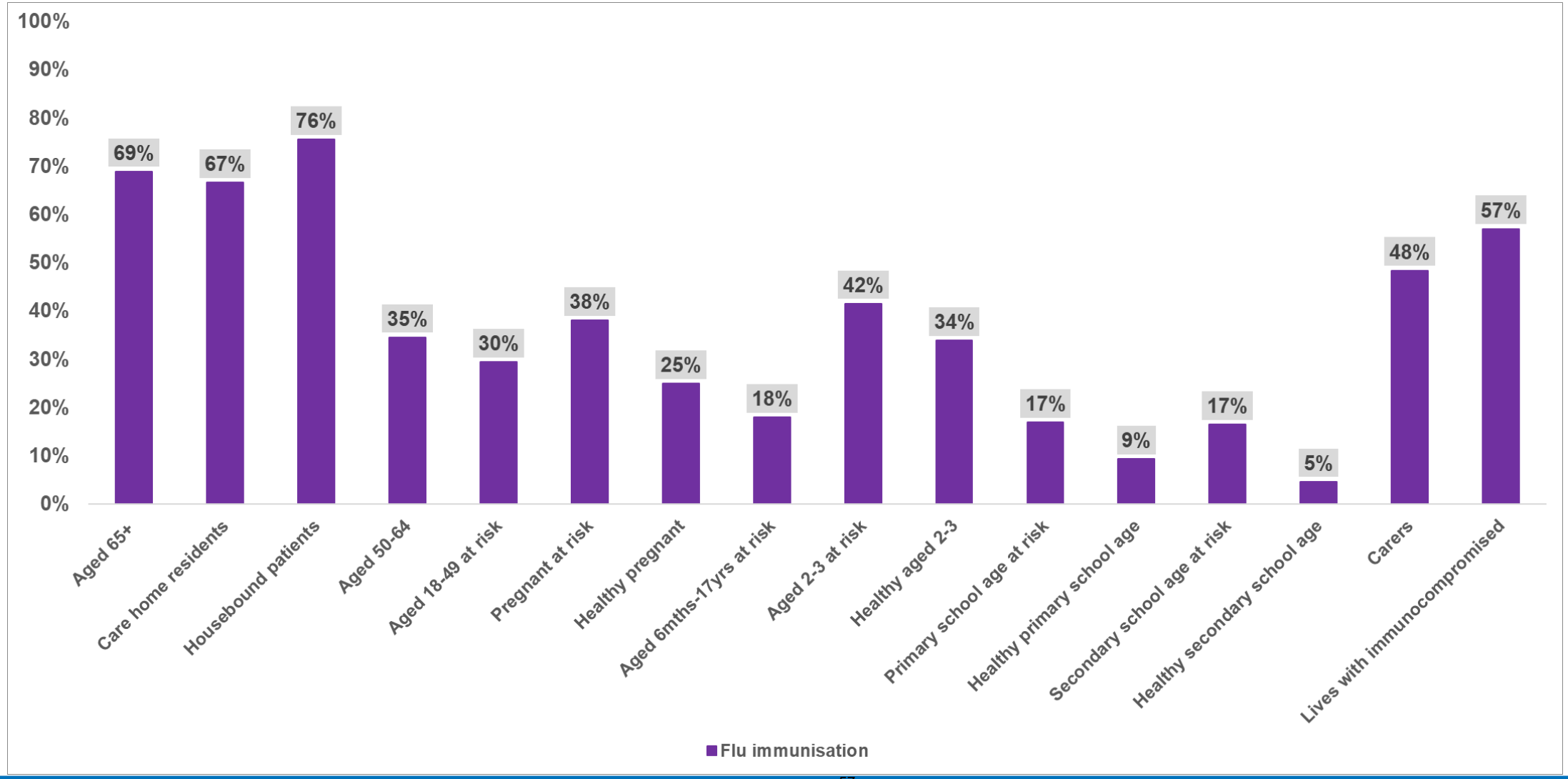
 Data source: NIMS 29/11/21

Redbridge COVID-19 vaccination uptake by deprivation



 Data source: NIMS 29/11/21

Redbridge Flu immunisation uptake by priority group



 Data source: CEG 29/11/21 except Capacity Tracker 29/11/21 for care home residents

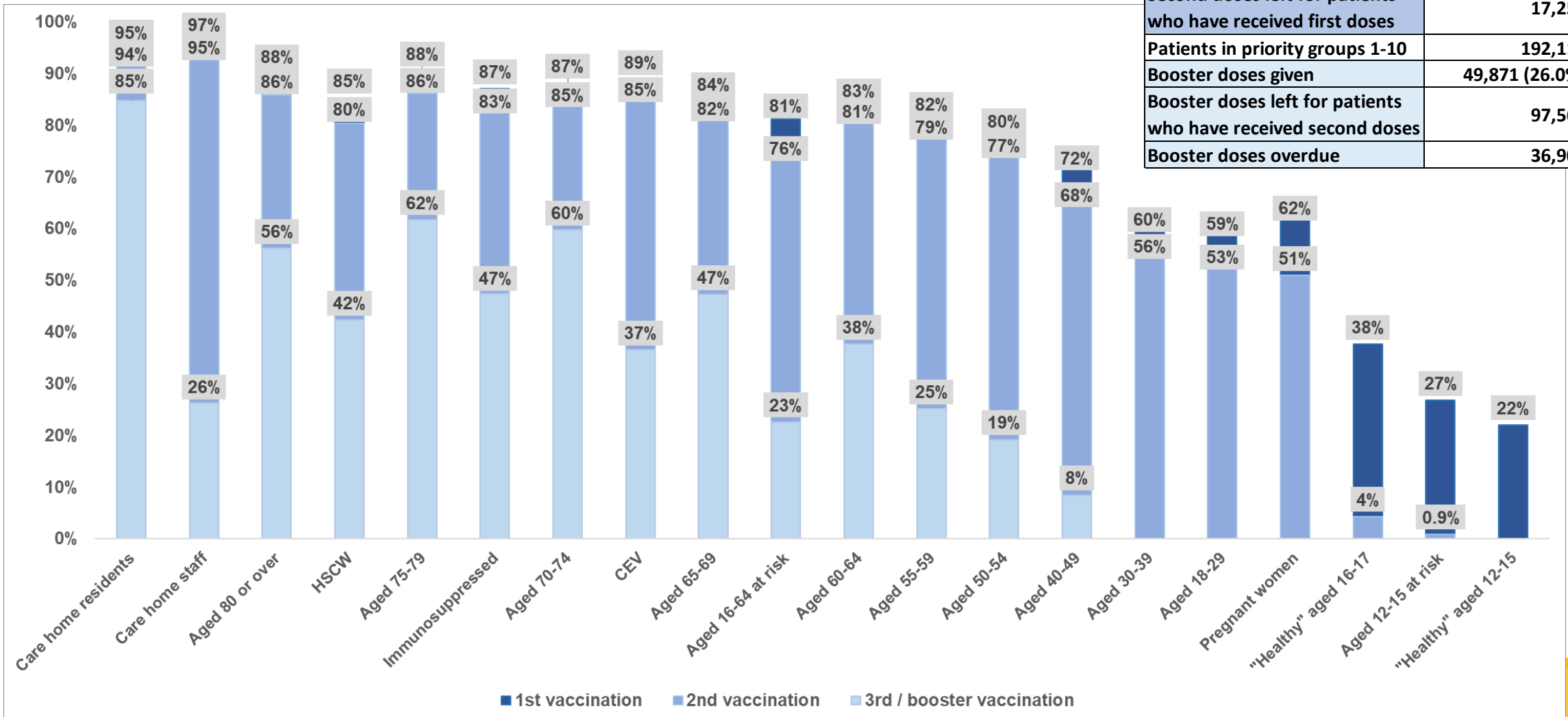
NHS
North East London
Clinical Commissioning Group

Operational data analysis - Tower Hamlets, Newham and Waltham Forest

For COVID-19 vaccination uptake in each Primary Care Network and GP practice, please request access to data from the Clinical Effectiveness Group at cegcovid@qmul.ac.uk

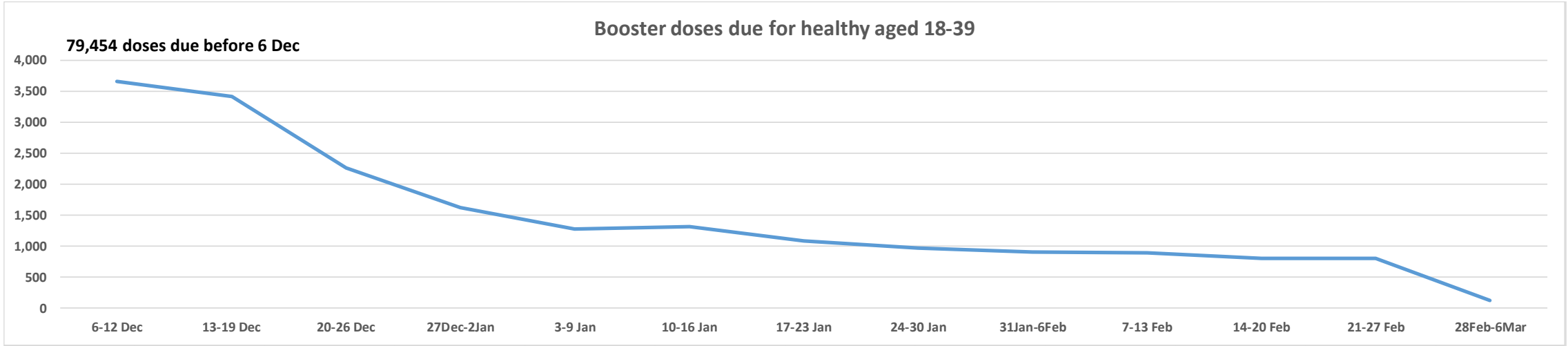
Tower Hamlets COVID-19 vaccination uptake by priority group and dose

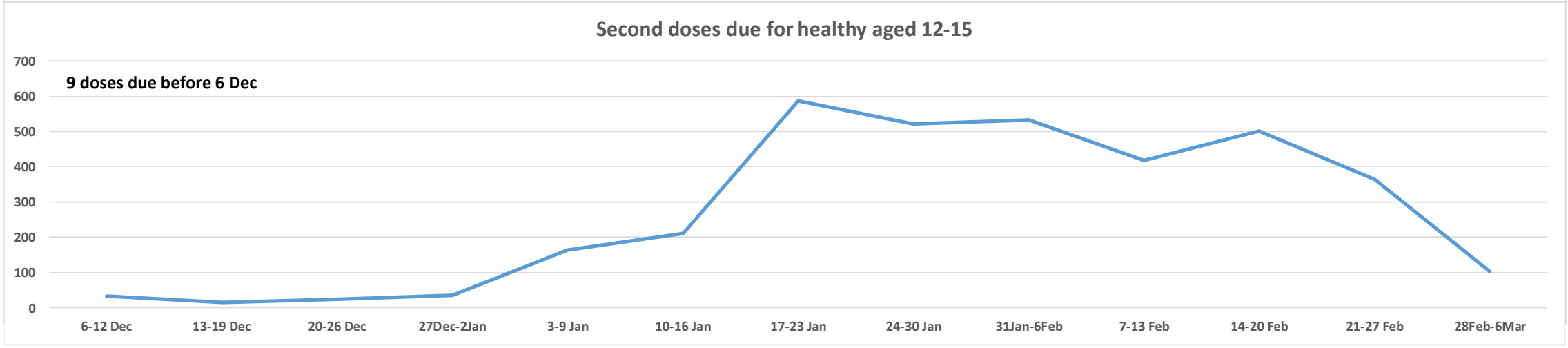
Patients in priority groups 1-12	383,903
First doses given	268,897 (70.0%)
First doses left	115,006
Second doses given	251,646 (65.5%)
Second doses left for patients who have received first doses	17,251
Patients in priority groups 1-10	192,116
Booster doses given	49,871 (26.0%)
Booster doses left for patients who have received second doses	97,563
Booster doses overdue	36,906



Data source: NIMS 29/11/21 except Capacity Tracker 29/11/21 for care homes and CEG for pregnant women 24/11/21 and CYP 30/11/21
Note: the table above includes patients and doses in more than one priority group; for example, a nurse aged 50 at clinical risk is counted in three priority groups

Tower Hamlets COVID-19 vaccination new demand



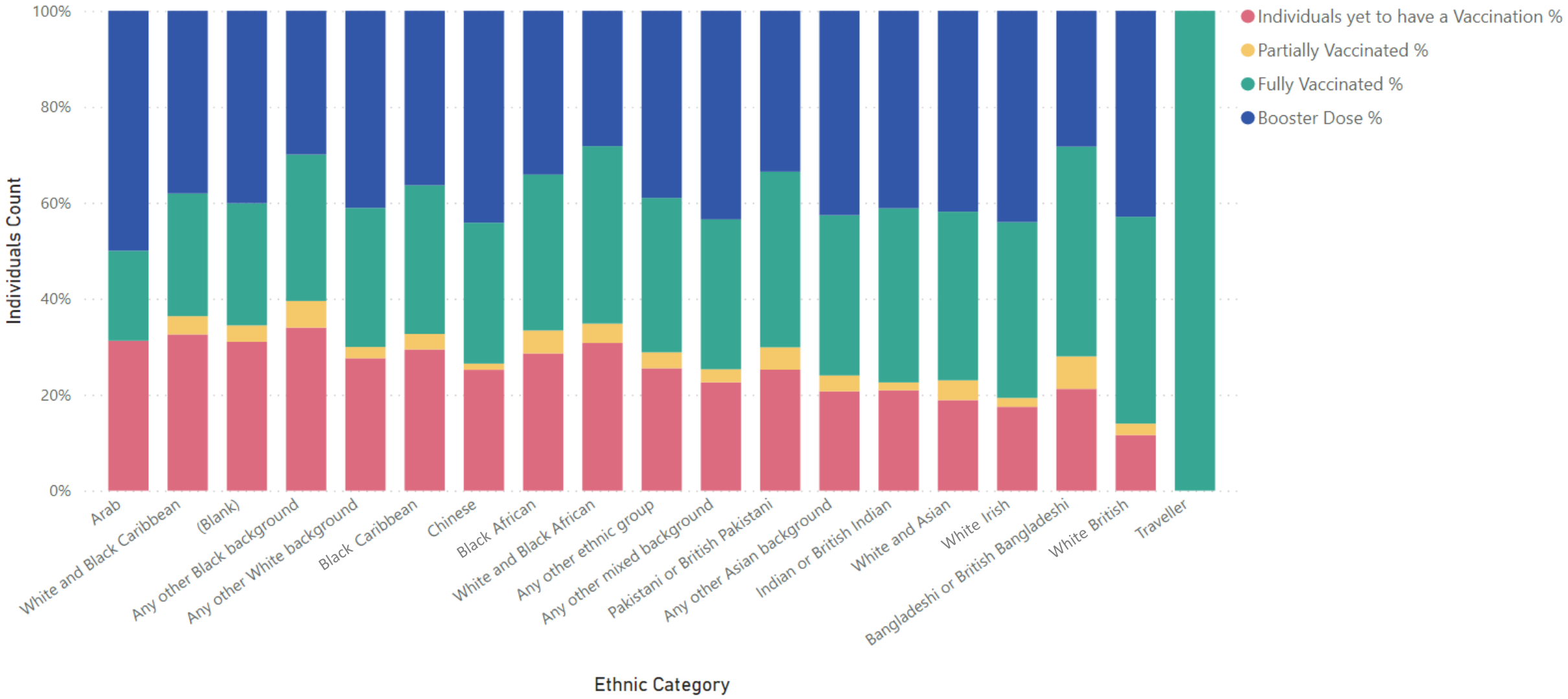


NEL COVID-19 vaccination – where did Tower Hamlets patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
Westfield 1	325	Westfield 1	172	Lincoln Pharmacy	552
Albert Jacobs House	112	Jaypharm Chemists	134	Albert Jacobs House	503
The Royal London Hospital	42	Westfield 2	78	Boots UK	374
Lincoln Pharmacy	40	Albert Jacobs House	68	Westfield 1	310
Westfield 2	39	Guy's Hospital	66	Guy's Hospital	282
Jaypharm Chemists	23	The Royal London Hospital	48	The Royal London Hospital	248
Bocking Centre	21	Berg Pharmacy	44	Barkantine Practice	246
Lansbury Pharmacy	20	Spring Pharmacy	28	Jaypharm Chemists	243
Berg Pharmacy	18	Silverfields Chemist	28	Newby Place	241
Tower Pharmacy - Wapping	17	Boots UK	25	Tower Pharmacy - Wapping	210
Shanty's - Tower Hamlets	17	St Thomas' Hospital	17	Shanty's - Tower Hamlets	203
Cable Street	16	Royal Docks Pharmacy	17	Lansbury Pharmacy	199
St Thomas' Hospital	14	Bocking Centre	16	Columbia Pharmacy - London	158
Guy's Hospital	14	Haggerston Pharmacy	15	Westfield 2	156
Boots UK	12	Lansbury Pharmacy	15	St Andrews Health Centre (Green Light Pharmacy)	80
Columbia Pharmacy - London	11	Bidborough House	12	Kamsons Pharmacy - Bow	72
Greenlight Pharmacy - Bromley By Bow	10	Lincoln Pharmacy	11	Forward Pharmacy	64
Silverfields Chemist	6	St Martin Church Hall (Kry-Ba Pharmacy)	9	Bocking Centre	52
Spring Pharmacy	5	Columbia Pharmacy - London	8	St Thomas' Hospital	50
Murray's Chemist	5	New Cross Pharmacy	8	Greenlight Pharmacy - Bromley By Bow	48
Other sites	126	**Other sites**	207	**Other sites**	670
Total	893	**Total**	1,026	**Total**	4,961

Data source: NIMS 29/11/21

Tower Hamlets COVID-19 vaccination uptake by ethnic category

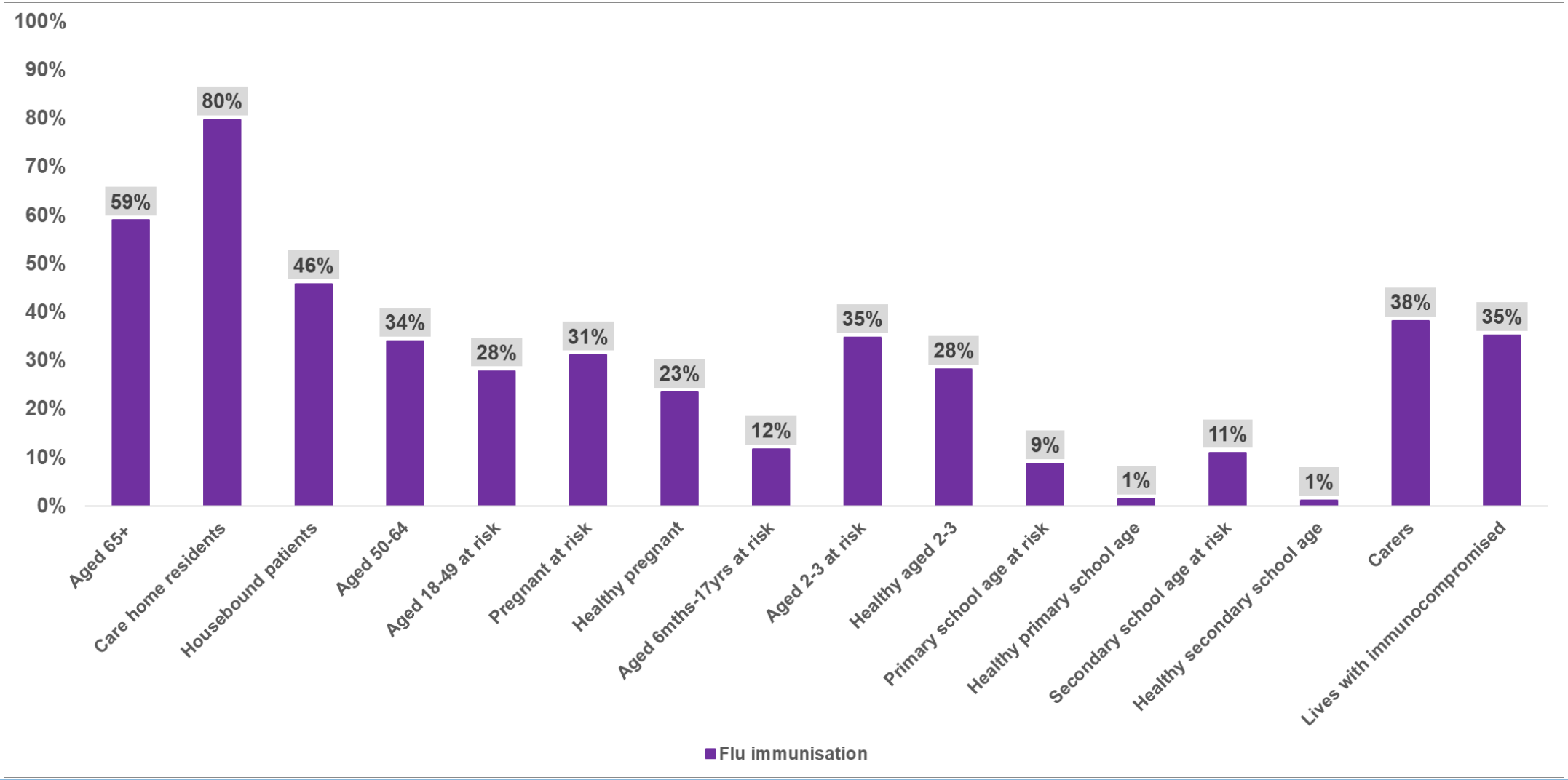


Data source: NIMS 29/11/21

Tower Hamlets COVID-19 vaccination uptake by deprivation

Data source: NIMS 29/11/21

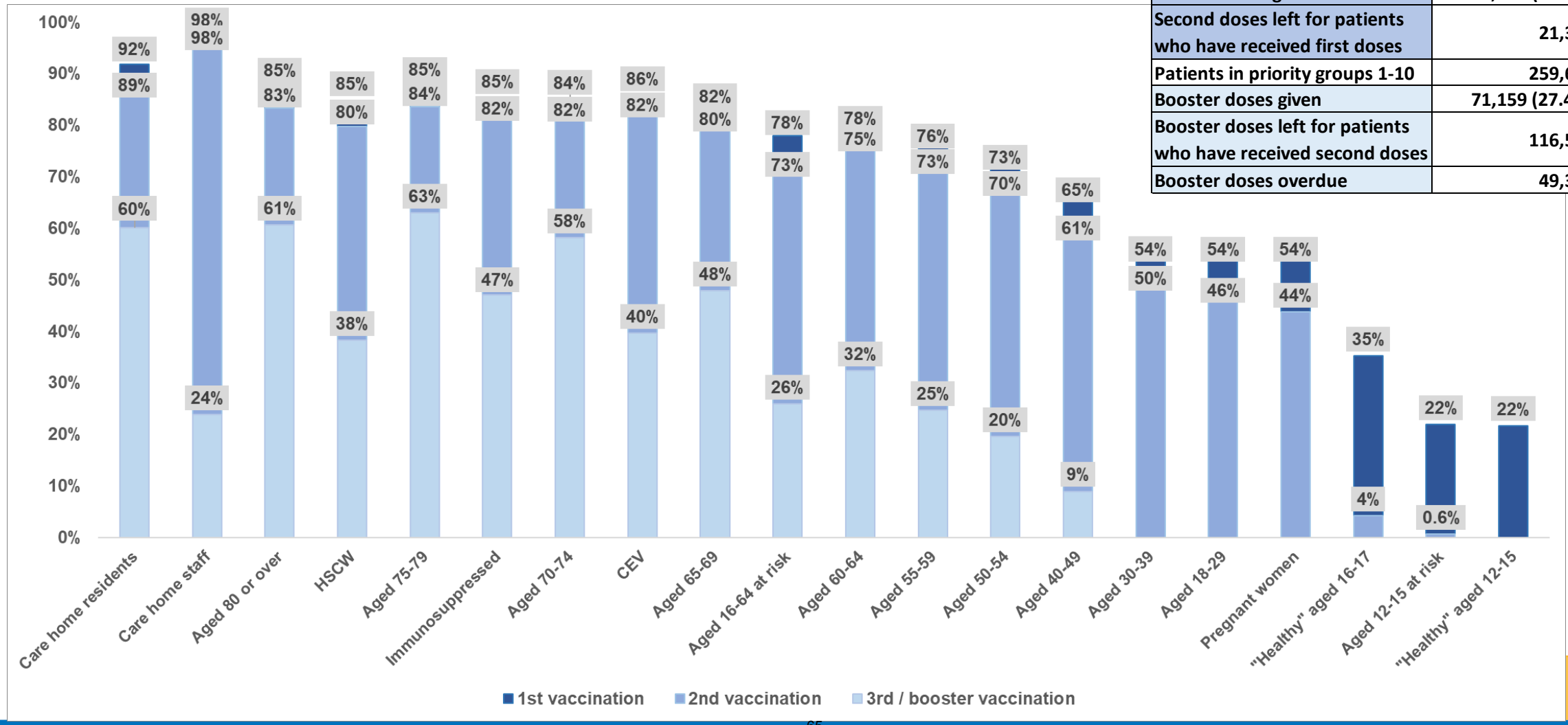
Tower Hamlets Flu immunisation uptake by priority group



 Data source: CEG 29/11/21 except Capacity Tracker 29/11/21 for care home residents

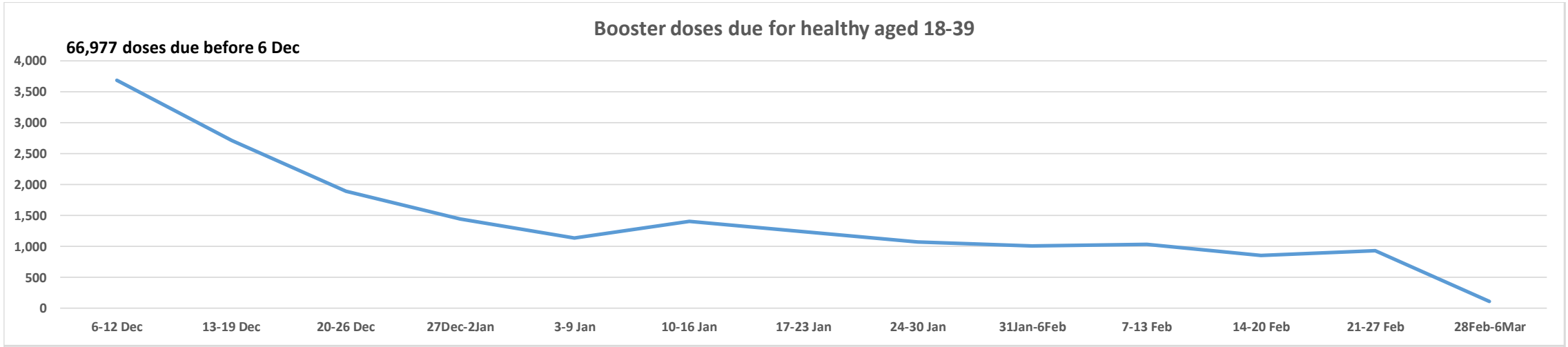
Newham COVID-19 vaccination uptake by priority group and dose

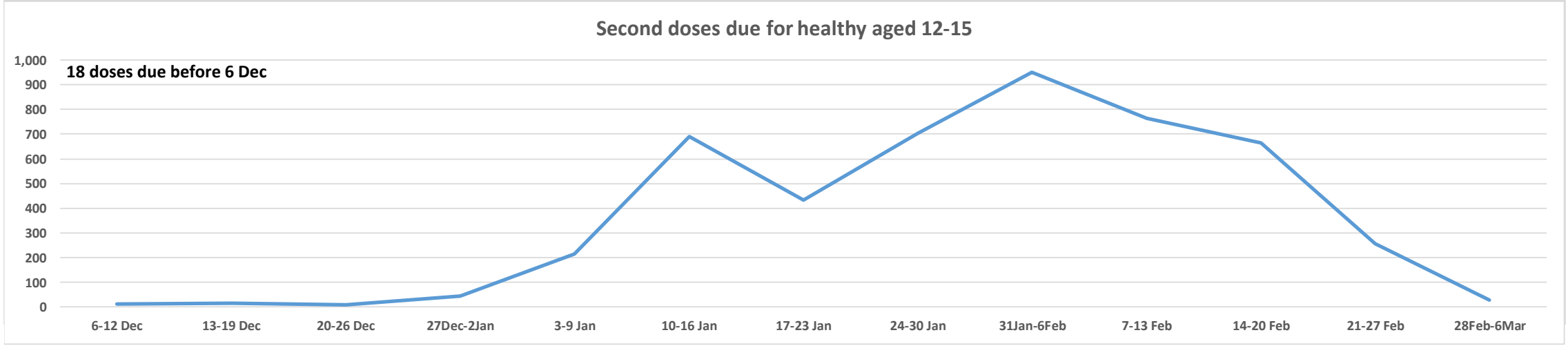
Patients in priority groups 1-12	449,627
First doses given	300,302 (66.8%)
First doses left	149,325
Second doses given	278,956 (62.0%)
Second doses left for patients who have received first doses	21,346
Patients in priority groups 1-10	259,640
Booster doses given	71,159 (27.4%)
Booster doses left for patients who have received second doses	116,514
Booster doses overdue	49,371



Data source: NIMS 29/11/21 except Capacity Tracker 29/11/21 for care homes and CEG for pregnant women 24/11/21 and CYP 30/11/21
Note: the table above includes patients and doses in more than one priority group; for example, a nurse aged 50 at clinical risk is counted in three priority groups

Newham COVID-19 vaccination new demand



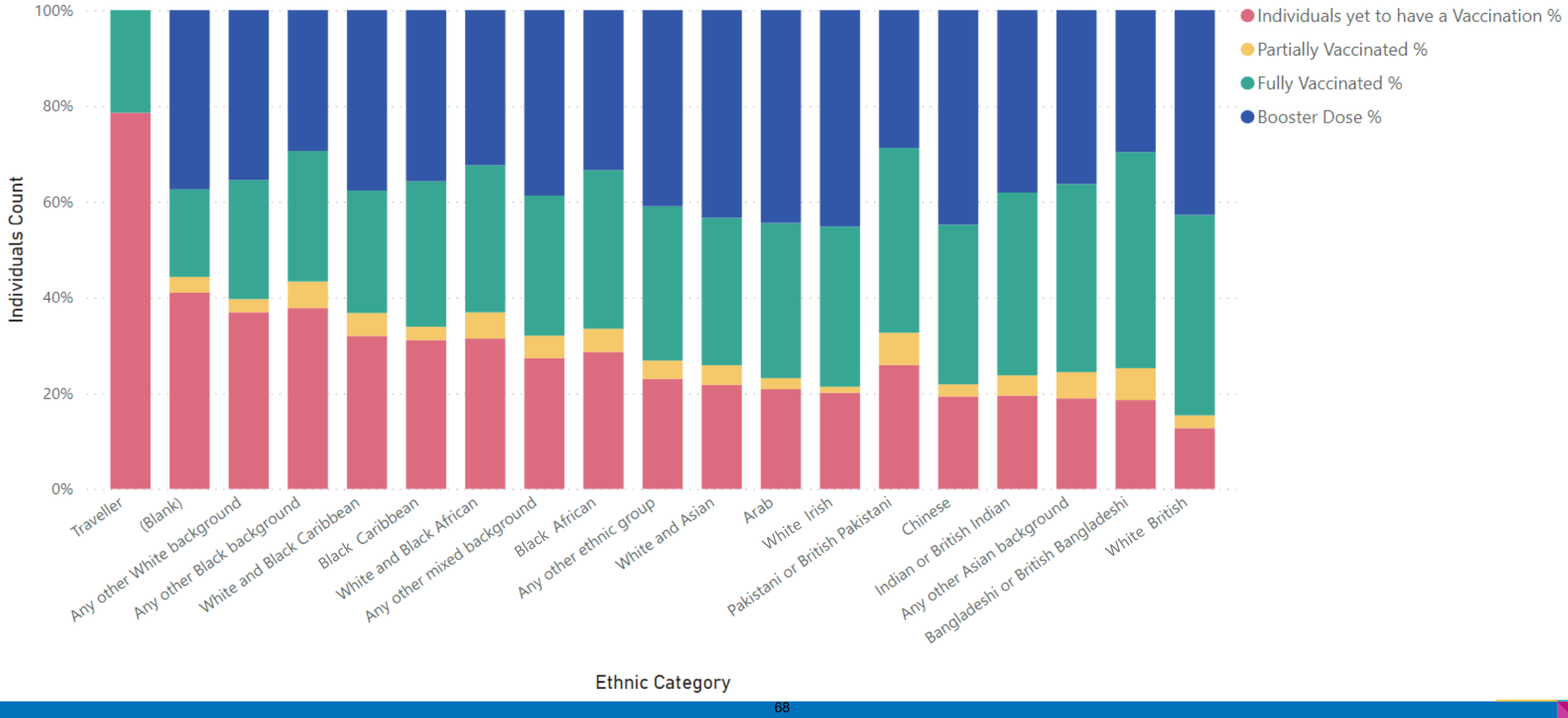


NEL COVID-19 vaccination – where did Newham patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
Westfield 1	174	Westfield 1	290	Liberty Bridge (SLG)	1,320
Liberty Bridge (SLG)	130	Liberty Bridge (SLG)	215	Westfield 1	551
Woodgrange Medical Practice	112	LRM Pharmacy	89	Essex Lodge	476
Essex Lodge	62	Woodgrange Pharmacy	76	Woodgrange Medical Practice	463
Westbury Road Medical Practice	44	Woodgrange Medical Practice	69	Westbury Road Medical Practice	446
Berg Pharmacy	39	Royal Docks Pharmacy	65	Beckton Pharmacy	429
Woodgrange Pharmacy	38	Berg Pharmacy	60	Woodgrange Pharmacy	353
Royal Docks Pharmacy	35	Weston Pharmacy - Barking Road	39	Weston Pharmacy - Barking Road	295
LRM Pharmacy	34	Essex Lodge	37	Boots UK	295
Liberty Shopping Centre	29	Beckton Pharmacy	34	Star Lane Medical Centre	286
Vicarage Field Barking	24	Westbury Road Medical Practice	29	Wordsworth Health Centre	284
Redbridge Town Hall	21	Vicarage Pharmacy - Stratford	27	Vicarage Pharmacy - Stratford	269
King George Hospital VC	18	Vicarage Field Barking	22	LRM Pharmacy	240
Weston Pharmacy - Barking Road	18	Boots UK	22	Pharmacy Republic - East Ham	180
Star Lane Medical Centre	17	Sai Pharmacy - East Ham	16	Berg Pharmacy	169
Bidborough House	13	Britannia Pharmacy - Barking	16	Duncans Pharmacy - Manor Park	165
Sai Pharmacy - East Ham	13	Munro Pharmacy - Munro Green Street	14	Blakeberry Pharmacy	136
Munro Pharmacy - Munro Green Street	13	King George Hospital VC	13	Weston - Forest Gate	128
Britannia Pharmacy - Barking	12	Newham General Hospital	13	Royal Docks Pharmacy	124
Vicarage Pharmacy - Stratford	12	Silverfields Chemist	13	Kalhan Pharmacy	119
Other sites	177	**Other sites**	220	**Other sites**	1,192
Total	1,035	**Total**	1,379	**Total**	7,920

Data source: NIMS 29/11/21

Newham COVID-19 vaccination uptake by ethnic category

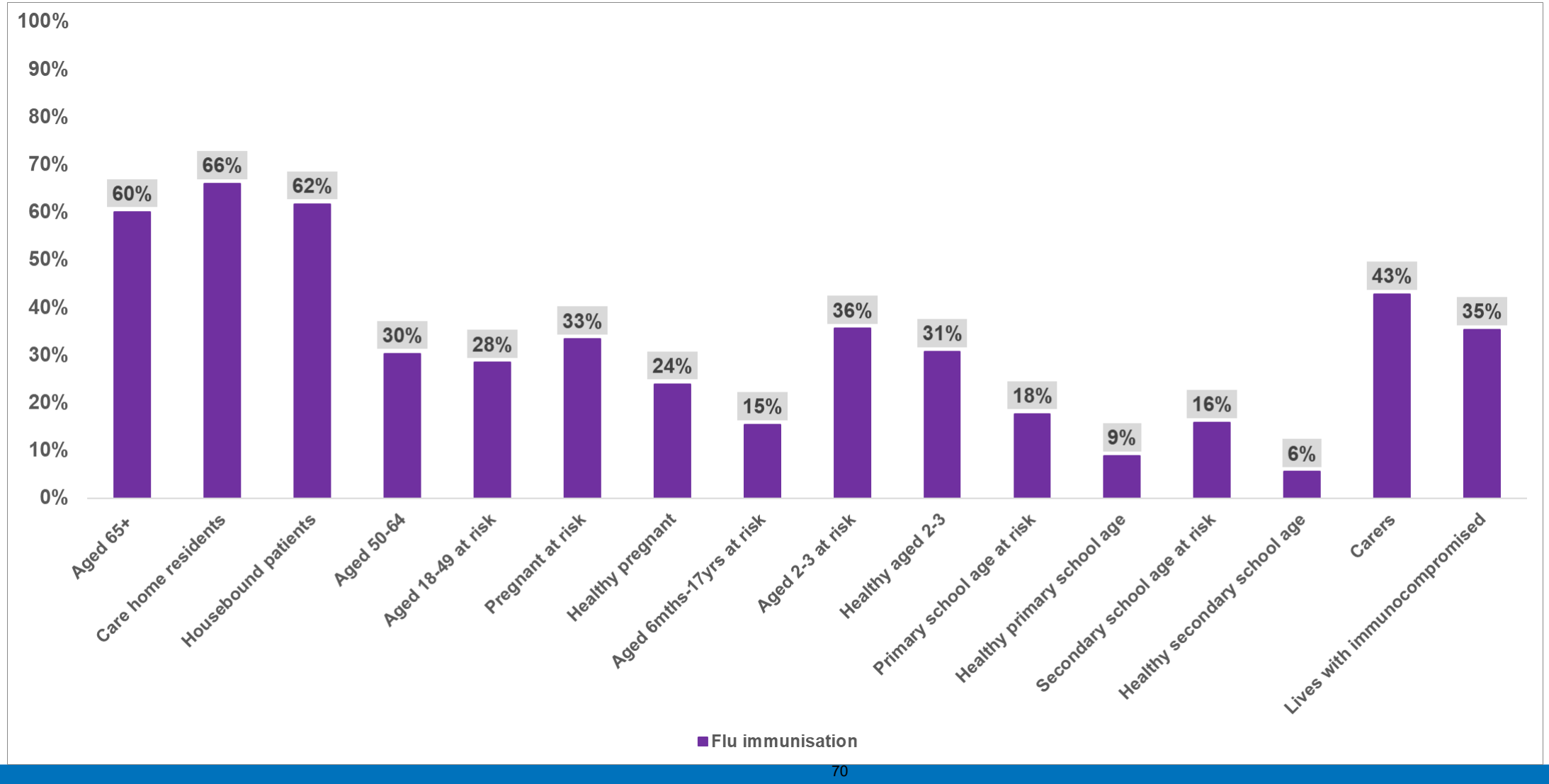


 Data source: NIMS 29/11/21

Newham COVID-19 vaccination uptake by deprivation

 Data source: NIMS 29/11/21

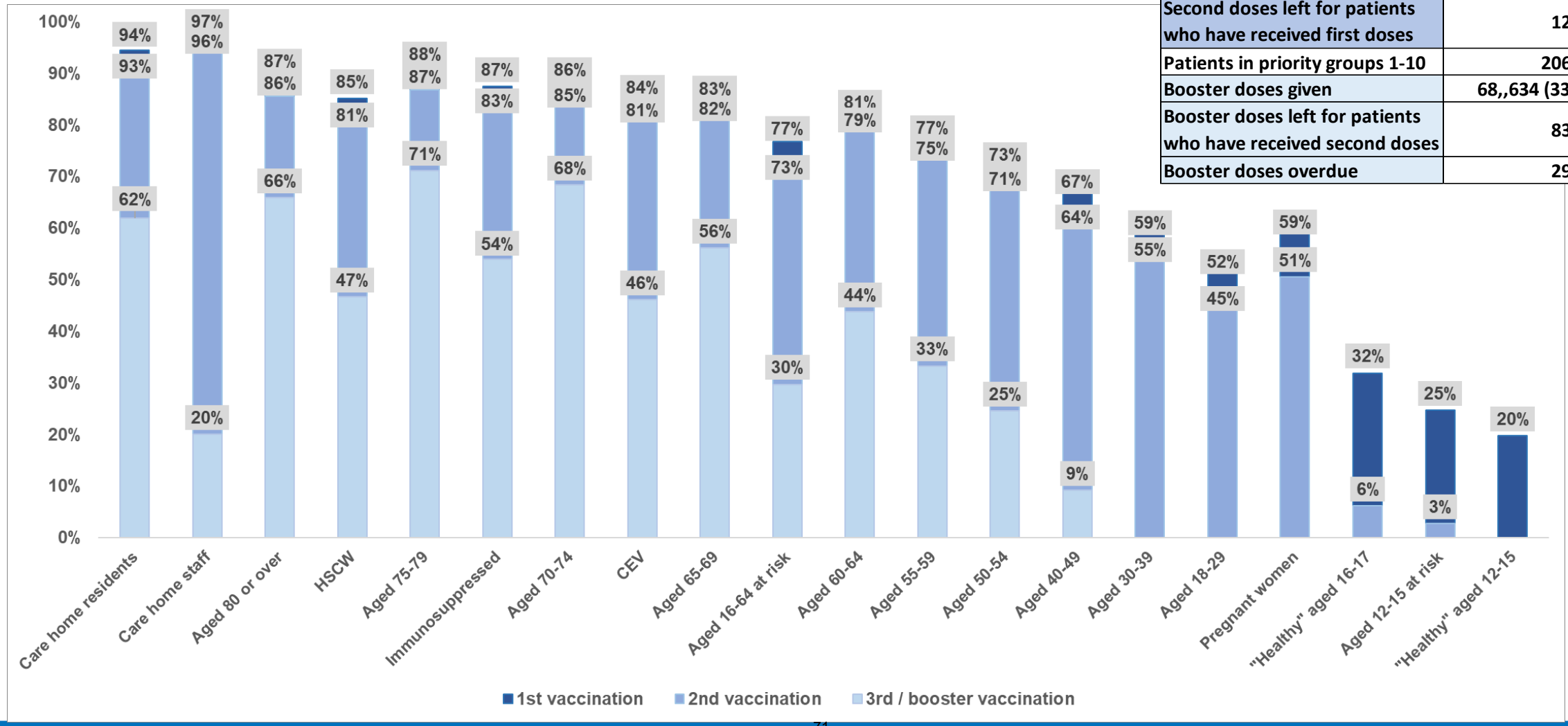
Newham Flu immunisation uptake by priority group



 Data source: CEG 29/11/21 except Capacity Tracker 29/11/21 for care home residents

Waltham Forest COVID-19 vaccination uptake by priority group and dose

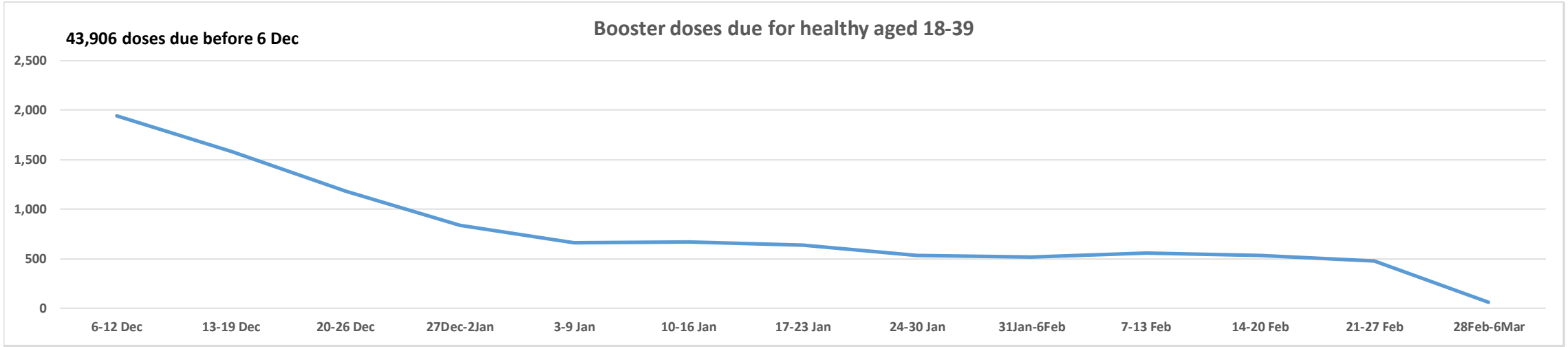
Patients in priority groups 1-12	321,836
First doses given	223,132 (69.3%)
First doses left	98,704
Second doses given	210,747 (65.5%)
Second doses left for patients who have received first doses	12,385
Patients in priority groups 1-10	206,910
Booster doses given	68,,634 (33.2%)
Booster doses left for patients who have received second doses	83,960
Booster doses overdue	29,766

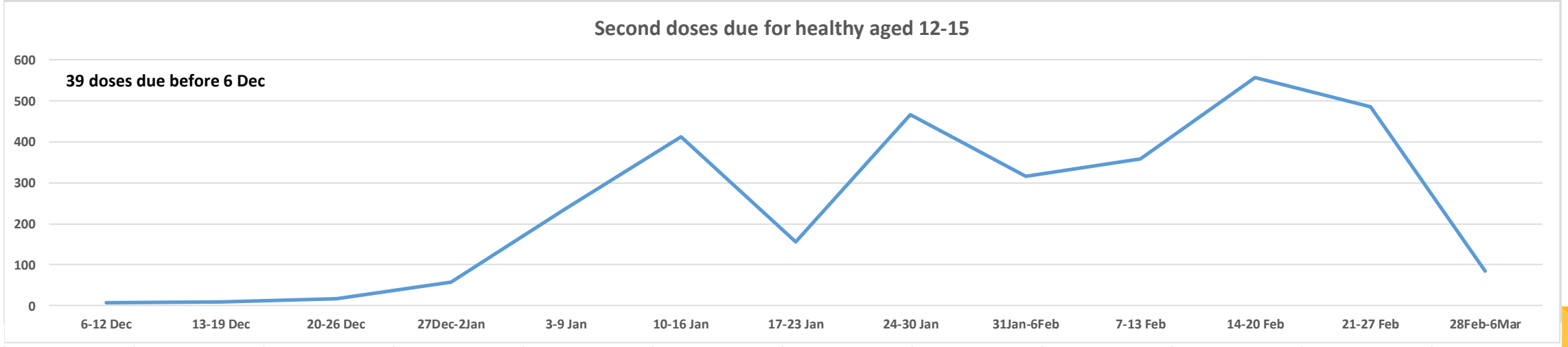


Data source: NIMS 29/11/21 except Capacity Tracker 29/11/21 for care homes and CEG for pregnant women 24/11/21 and CYP 30/11/21

Note: the table above includes patients and doses in more than one priority group; for example, a nurse aged 50 at clinical risk is counted in three priority groups

Waltham Forest COVID-19 vaccination new demand



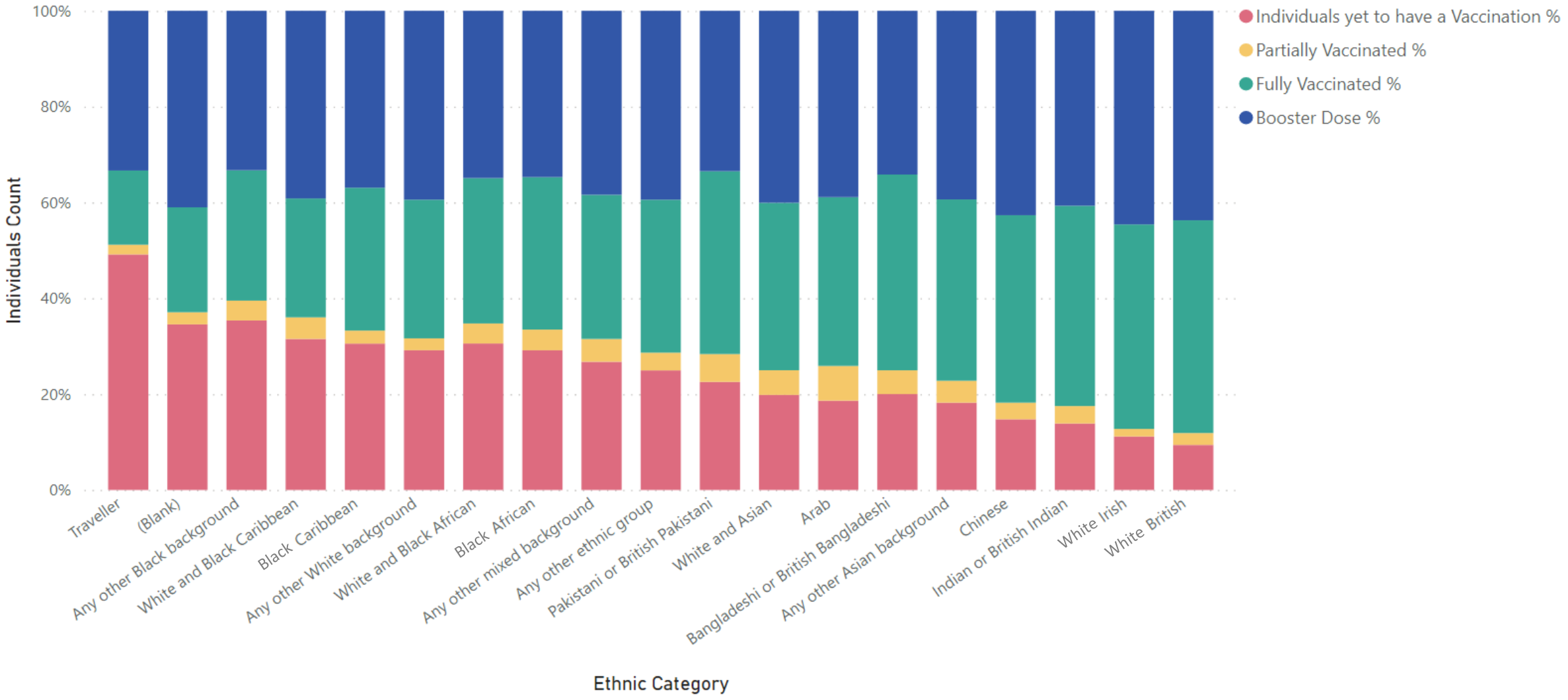


NEL COVID-19 vaccination – where did Waltham Forest patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
Liberty Shopping Centre	379	Walthamstow Library	151	St Edmund's Church	1,460
Walthamstow Library	96	Westfield 1	99	Walthamstow Library	1,057
St Edmund's Church	68	Leyton Orient Pharmacy	81	Jubilee Centre	602
Leyton Orient Pharmacy	54	Anji's Pharmacy	76	Michael Franklin Chemists	472
Jubilee Centre	47	Jubilee Centre	43	Eclipse Pharmacy	343
Westfield 1	47	Eclipse Pharmacy	38	Wood Street Health Centre	297
Anji's Pharmacy	27	St Edmund's Church	38	Leyton Orient Pharmacy	296
Eclipse Pharmacy	19	Mayors Pharmacy	32	Mayors Pharmacy	199
Michael Franklin Chemists	15	Wood Street Health Centre	31	Westfield 1	177
Wood Street Health Centre	13	Woodgrange Pharmacy	15	Sir James Hawkey Hall	161
Sir James Hawkey Hall	12	Evergreen Surgery	13	Anji's Pharmacy	140
Mayors Pharmacy	12	Sir James Hawkey Hall	13	Woodgrange Pharmacy	80
Evergreen Surgery	11	Liberty Bridge (SLG)	11	Well Pharmacy - Highams Park	55
Liberty Bridge (SLG)	10	LRM Pharmacy	10	Wanstead Pharmacy	50
Wanstead Pharmacy	7	Silverfields Chemist	9	Guy's Hospital	36
Well Pharmacy - Highams Park	7	Wanstead Pharmacy	7	Liberty Bridge (SLG)	29
Vicarage Field Barking	5	Well Pharmacy - Highams Park	7	Well Pharmacy - Chingford	27
Woodgrange Pharmacy	5	Guy's Hospital	7	St Thomas' Hospital	26
Westfield 2	5	Carlton House	6	Homerton University Hospital	26
Guy's Hospital	5	Liberty Shopping Centre	6	Whipps Cross Hospital	25
Other sites	86	**Other sites**	113	**Other sites**	459
Total	930	**Total**	806	**Total**	6,017

Data source: NIMS 29/11/21

Waltham Forest COVID-19 vaccination uptake by ethnic category

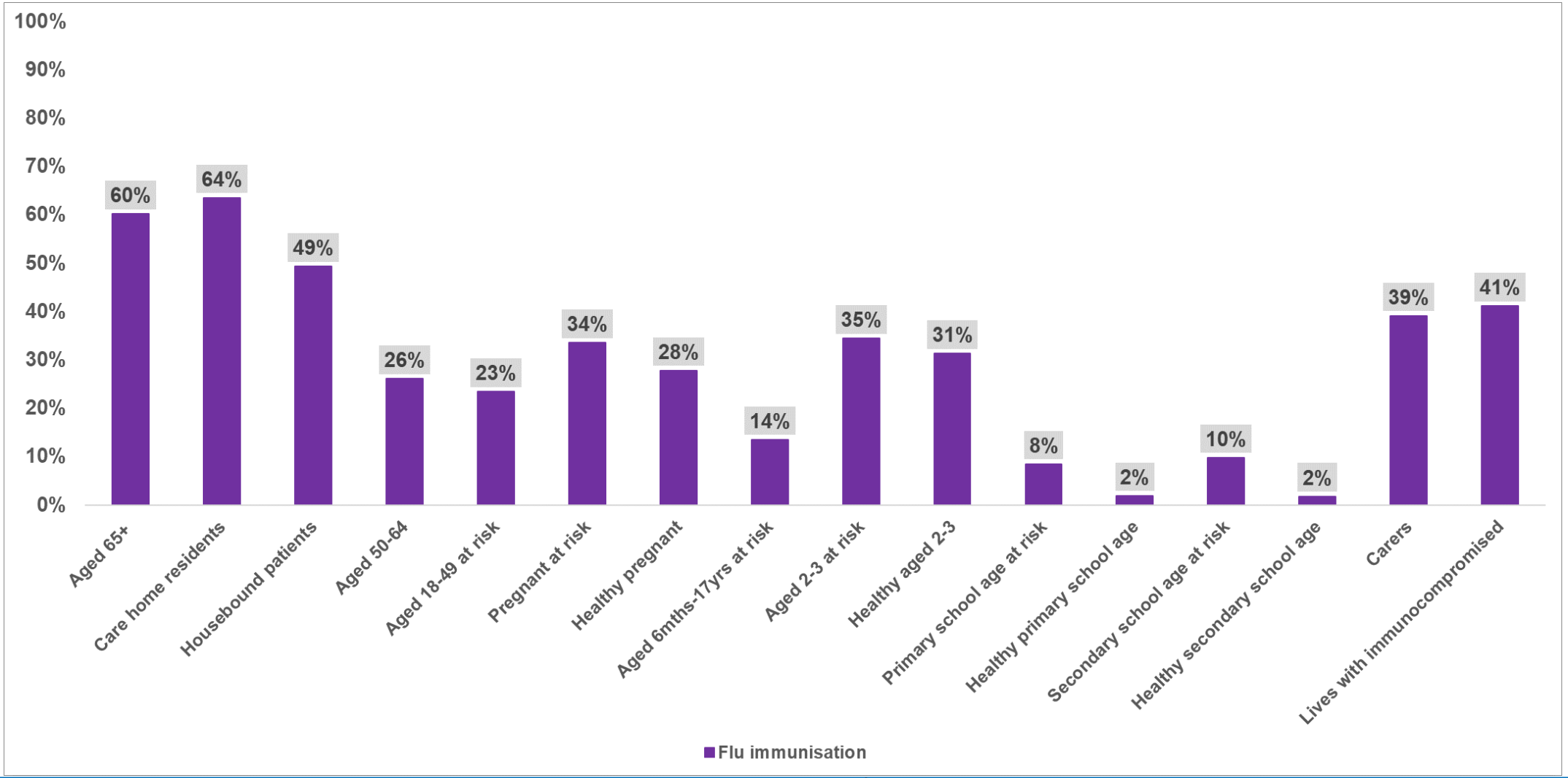


 Data source: NIMS 29/11/21

Waltham Forest COVID-19 vaccination uptake by deprivation

 Data source: NIMS 29/11/21

Waltham Forest Flu immunisation uptake by priority group



 Data source: CEG 29/11/21 except Capacity Tracker 29/11/21 for care home residents

Item No **5**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Plans for engagement and information on proposed service changes.**
Date of Meeting	16 December 2021
Attending	Henry Black, Acting AO, NEL CCG Nicholas Wright, Programme Lead for Community Diagnostic Centres, NEL CCG
OUTLINE	Attached please find presentation on community diagnostic centres.
RECOMMENDATION	Members are asked to give consideration to the briefing.

North East London Health & Care Partnership

NEL Community Diagnostic Centres

JOSC Update

December 2021

What is a Community Diagnostic Centre (CDC)?

North East London Health & Care Partnership

- CDCs will be freestanding, digitally connected, multi-diagnostic facilities and can be combined with mobile / temporary units. CDCs should be located separately from main acute hospital facilities, receive referrals from a range of healthcare professionals, book and prepare patients, deliver timely and coordinated testing and:
  - Improve population health
  - Increase diagnostic capacity
  - Improve productivity and efficiency (e.g. by reducing pressure on acute sites) and support integration of primary, secondary and community care
  - Reduce inequalities
  - Improve patient experience (e.g. provide easier and quicker access to tests and greater patient convenience)

- CDCs are designed to contain a range of different modalities of testing. These are likely to include all of the following in at least one location:
  - **Imaging:** CT, MRI, Ultrasound, Plain X-Ray.
  - **Physiological measurement:** Echocardiography (ECHO), Electrocardiogram (ECG), blood pressure monitoring, oximetry spirometry , Fractional exhaled nitric oxide (FeNO), full lung function tests, blood gas analysis via point of care testing and simple field tests (e.g. six min walk test).
  - **Pathology:** phlebotomy, point of care testing, simple biopsies, NT-Pro BNP, urine testing and D-dimer testing
  - **Endoscopy** services including gastroscopy, colonoscopy and flexi sigmoidoscopy

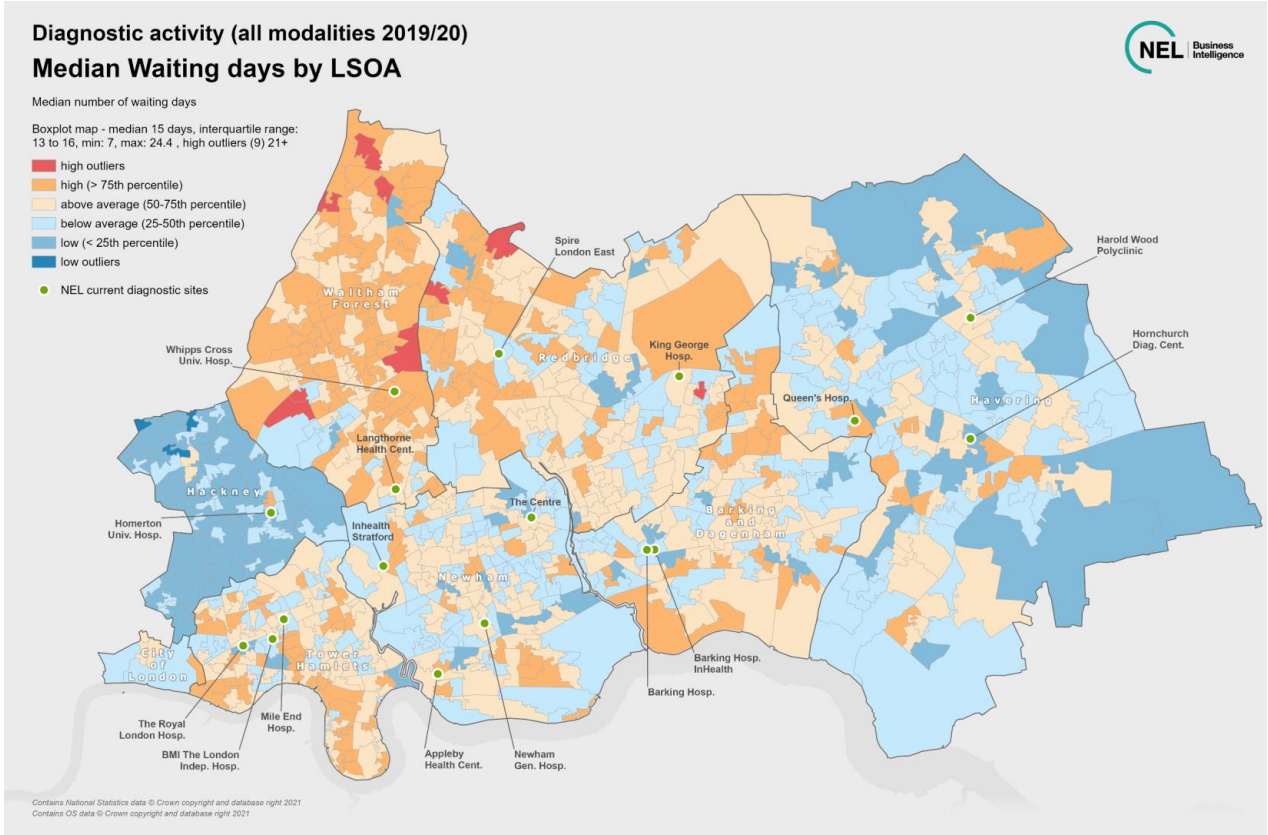
How do we need to adapt to meet future needs?

North East London Health & Care Partnership

- The CDC programme will form part of the overall landscape of diagnostics provision across NEL and is designed to complement existing provision of diagnostics in GP surgeries, acute hospitals and from community diagnostics contracts. It is not intended to replace any of these services.
- Based on demographic forecasts we anticipate that future demand growth for diagnostics is likely to come from:
  - adults over 35, especially those in their 40s and 60s
  - CT and MRI growing at a faster rate than for ultrasound, as well as high growth for a number of lower volume modalities
- We are also expecting more care to be available out of major acute hospitals, being closer to home in more community-based surroundings.
- The CDC programme is designed to meet future NEL-wide growth in demand from demographic and non-demographic factors. Opening around one standard design CDC a year should allow us to expand capacity to meet demand

Analysis to date

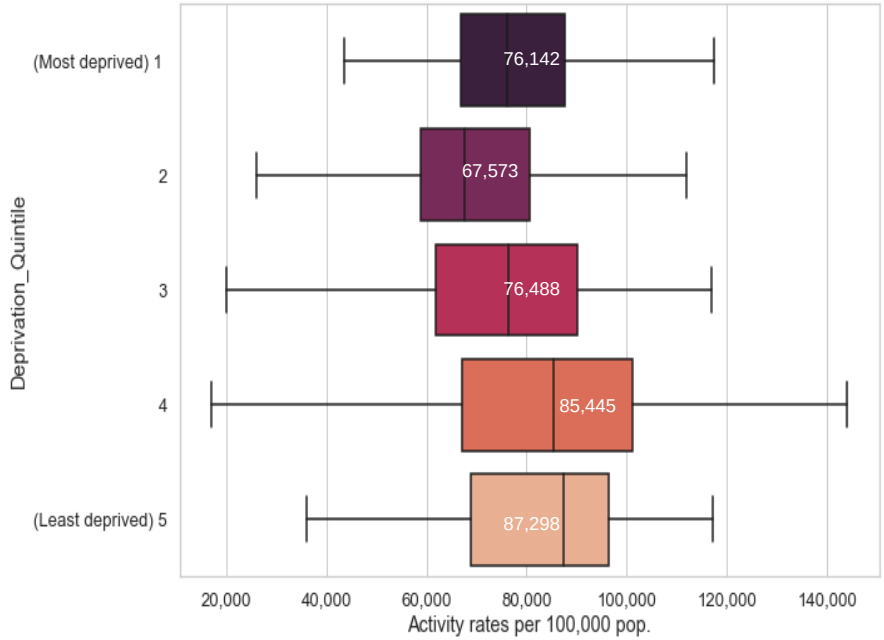
- A significant volume of analysis has been undertaken by various teams across NEL, including the financial strategy team, to help us understand the needs and provision across NEL.
- We have done analysis on the levels of wait and the projected growth across different modalities over the coming years which has helped inform.
- As we proceed with firming up an overall strategic business case, we will be ensuring that individual Equality Impact assessments are done for the individual sites, to support the overall system capacity and need analysis.



What inequalities do we need to address?

- Men have significantly lower rates of diagnostic activity than women but similar waiting times
- Living in an area of high deprivation is associated with lower rates of diagnostics activity and longer waiting times. Average wait of around 24 days for most deprived vs around 19 days for least deprived.
- Black and white ethnicities are associated with higher rates of diagnostic activity and white ethnicity is associated with shorter average waiting times. Asian/Asian British – 28 days average wait vs Black/African/Caribbean/Black British – 26 day average wait; and White – 23 days
- Site is a major determinant of waiting times i.e. all else being equal, a person seen at Newham General Hospital will wait eight days longer than a person seen at Queen's or King George Hospital.
- Highest average diagnostic waits (all tests) are in Waltham Forest and Redbridge
- Travel times are longest in the east of Havering, between Queen's and Royal London and in the north of Waltham Forest

Medical imaging activity rates by 100,000 pop with median values by deprivation quantile. NEL CCGs (DID, 2019/20)



Year one and Early Adopters

- We have two sites in which we are building ‘Year one’ capital schemes, Mile End and Barking. Both of these will not be fully online until the end of this financial year, and are expected to grow significantly in scale and offering as they reach their full CDC potential in the coming year.

- These two sites are also running so–called ‘early adopter’ activity. This is additional activity using existing scanners/ systems and is designed to reduce the existing backlog of diagnostic tests across NEL.

- The early adopter activity will likely continue into next year, but we as a programme have a task to ensure that referral routes into the Year one and Year two ‘core’ capacity are opened to primary care.

Future site types

We are currently starting to plan what our future sites will look like. This is being driven by clinical guidance on the best pathways and by an analysis of the needs across NEL. There are three broad types of potential CDC location, which we will be considering as part of our overall design for CDC provision across NEL, to try and get the best balance between range of services and provision close to people's homes.

Acute Adjacent Sites

- Based on or very close to an acute hospital site, to provide access to all emergency support facilities, thus allowing us to offer the widest possible range of diagnostic tests, including endoscopy.
- Will be independent of the acute hospital, with its own front door.

Community NHS Sites

- Based on an existing NHS community site, offering a wide range of services, in locations across NEL.
- Will be independent of other community NHS services on the site, with its own front door.

Commercial and High Street

- Based out 'in the community', in high footfall locations such as high streets and shopping centres.
- Likely to offer the least invasive/ high risk services only, concentrating on modalities such as ECHO, phlebotomy etc.

CDC enablers

North East London Health & Care Partnership

Workforce

Workforce is a key enabler and challenge for the diagnostics landscape at the moment. We are aware that we will need to hire significant numbers of staff, across all bands, without compromising the existing workforce within acute or community settings. We are working with NHS England London to explore how the modality training academies can be enhanced and embedded within the CDCs, to allow us to ‘grow’ a larger workforce over the coming years, but we are aware that further initiatives will still be needed to allow us to resource these centres.

Digital

In order for the CDCs to operate as a seamless system resource, we know we need to improve connectivity and interoperability across secondary care, with primary care to enhance opportunities for direct referrals and eventually potentially with patients. We are working with the NEL chief information officer and team to build a roadmap for digital capability enhancement across the 5 years of the programme that will provide us with these capabilities.

Clinical Pathways

The patient pathways around the system and between primary and secondary care are crucial for the CDCs to be a success. We are working with clinicians across the system to develop a new model of referrals to allow patients and primary care clinicians to easily access diagnostics in one place, before any full referral into secondary care.

Engagement to date

- The programme has engaged broadly with a range of stakeholders to date. Our clinical model is driving the overall plan for provision and is being compiled from submissions and engagement with clinicians across all of our top priority clinical specialities, including clinical networks, where these exist. The CDC Programme Group that leads the programme has representation from primary and secondary care, as well as the NEL team and each of our potential host acute Trusts.

- We also have existing or planned engagement with the following groups, to enhance the quality of our planning:

    - Healthwatch
    - NEL CAG
    - INEL/ ONEL JOSC
    - Patient Advisory Groups
    - NEL Primary Care Steering Group
    - NEL Planned Care Steering Group

Item No **6**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**NEL Integrated Care System - update**
Date of Meeting	16 December 2021
Attending	Marie Gabriel CBE, Independent Chair, NEL Integrated Care System Henry Black, Acting Accountable Officer, NHS NEL CCG/SRO for NEL ICS
OUTLINE	Presentation updating on implementation of the new NEL ICS. Attached please find: a) Briefing paper 'NEL ICS update' b) Submission received from North East London Save Our NHS
RECOMMENDATION	Members are asked to give consideration to the briefing.

North East London Health & Care Partnership

NEL Health and Care Partnership
Update to the Joint Health Overview and Scrutiny Committee

December 2021

Progress since September

1. Leadership – new CEO and developing clinical leadership
2. Defining the NEL partnership
3. Voluntary and Community Sector update
4. Developing our place based partnerships
5. Developing our provider collaboratives
6. Update on our emerging governance

1

New Leadership for the ICS

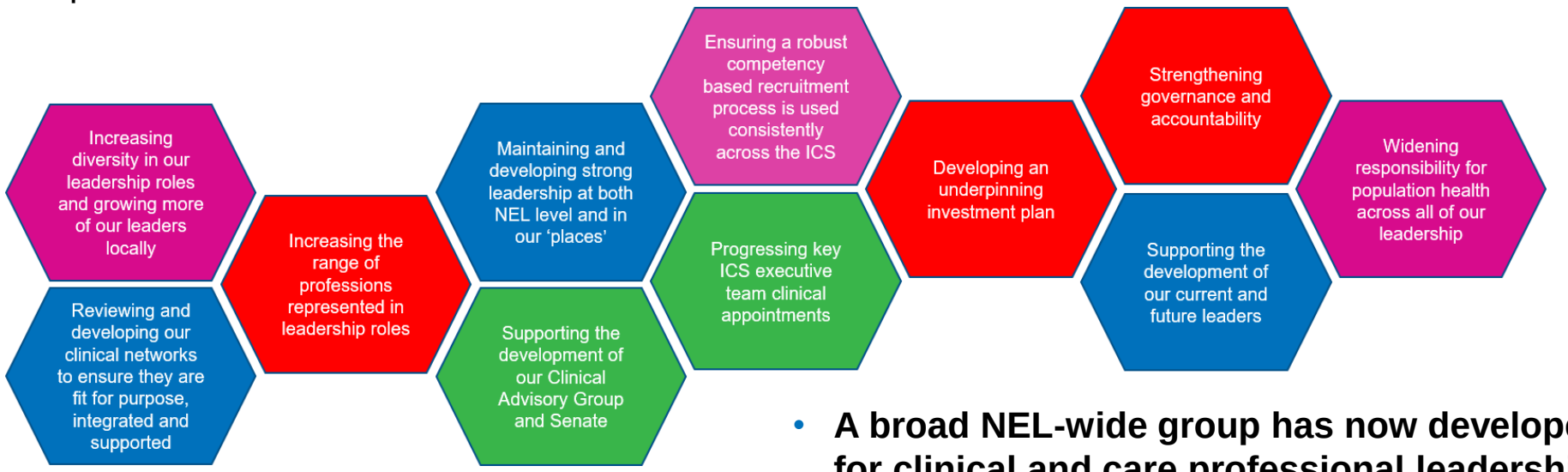
- A substantive Chief Executive for the North East London Integrated Care Board has been appointed - Zina Etheridge.
- Zina is currently the Chief Executive of the London Borough of Haringey and brings a wealth of experience as a senior leader across national and local government. Most recently she has also been the lead local authority chief executive for the North Central London ICS and as chair of London Councils Chief Executives Network, Zina co-ordinated many aspects of the London local government response to Covid-19
- Zina will join NEL in early 2022.

1

Clinical and care professional leadership

North East London Health & Care Partnership

- **Our ambition is for fully inclusive and compassionate clinical and care professional leadership to be the driving force behind the ICS's strategy and operations.**
- This means ensuring that strong clinical and broader care professional leaders are supported and empowered to deliver high-quality and compassionate care and to exercise effective clinical advocacy in the pursuit of improved health outcomes for NEL's residents.



- **A broad NEL-wide group has now developed an overall framework for clinical and care professional leadership, for engagement with place-based partnerships, as the stage prior to defining NEL and local roles and then the necessary recruitment.**

1

ICB and ICP membership proposals

Features:

Unitary board of new NHS body - ICB

Accountable for statutory functions, allocation of funding and system oversight

Partner members nominated by sector – guidance coming

Information flows via groups by sector – LA leaders/cab members; Trust Chairs, VCSE leads, HW leads

Members not reps of 'place' but aim to cover geography with membership as far as possible

Integrated Care Board
Board Membership (14/15)

Chair: Independent Chair of ICS

Independent non executive members:

- NED – audit chair
- NED – remuneration chair
- *Considering additional independent member to boost resilience*

Partner members:

- Local authority* – outer NEL
- Local authority* – inner NEL
- NHS Trust* – acute
- NHS Trust* – mental health/community
- Primary care – inner
- Primary care – outer
- VCSE – umbrella body representative (tbc)

Executive members (ICB):

- Chief executive
- Chief finance officer
- Chief medical officer
- Chief nurse

Integrated Care Partnership
Board Membership (30-40)

Chair: Independent Chair of ICS

- Local authorities x8
- ICB members x TBC
- NHS Trusts x5
- CVS/Umbrella VCS orgs x8
- Healthwatch x8
- Clinical representation across: primary care, allied health professionals, mental health, acute etc (via clinical advisory group (CAG))
- Others as agreed (potentially umbrella business groups)

NB: Further work in partnership with LAs to develop this to ensure it is genuinely inclusive but not unwieldy for the committee/board element. Exploring option of x4 broad partnership workshop sessions p.a. on the four ICS priorities and annual strategy review with a smaller steering committee

Features:

Joint LA and ICB convened

Includes all key system partners

Develops and agrees system wide health and care strategy

* Preference for elected member but at moment guidance suggests this is not permissible. Trust roles proposed as non-executive to secure more balance in the membership between executive and non-executive. Executives will be at table to present reports and contribute to discussions as usual.

2

Defining the NEL partnership

In October and November 2021, over 70 system partners from the NHS, local authorities, voluntary and community sector and Healthwatch came together to discuss and agree a purpose statement, design principles and flagship priorities for the North East London Health and Care Partnership.

The focus for the priorities was identifying areas that everyone could commit to delivering together in partnership and following detailed discussions a long list was refined to four which will now be the collective focus of the health and care partnership.

The following slides outline the outputs from the two workshops: the purpose, the principles, and the priorities.

The next step is to identify how best to deliver on the four priorities in a meaningful and productive way, working in partnership across North East London and ensuring they are embedded throughout our work.

2

Purpose statement

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

2

Design principles

North East London Health & Care Partnership

Our Four Cornerstone approach – NEL ICS Design Principles

We will work in purposeful partnership with each other and our residents to:

1. Improve quality and outcomes – Individually and together, we will continuously improve access, experience and outcomes for and with our residents, with a specific focus on delivering integrated care in the neighbourhoods where our residents live and work. We will seek to learn together and from international best practice to continuously improve quality, to re-invent our ways of working and better secure our outcomes.
2. Secure Greater Equity – We will resolutely tackle inequality in outcomes and experience for our residents and staff, harnessing the diversity of our NEL experience to create better and more responsive solutions and utilising our combined resources to tackle the causes of inequality. We embrace the right of our residents to meaningfully participate, as an equal part of our team, benefiting from the strengths that they bring as individuals and communities.
3. Create Value – We will transparently work with our residents and staff to secure the maximum, sustainable benefit from our physical, digital and financial resources, re-purposing what we have, reducing waste and taking care of our environment. Critically we will support and enable our most important resource, our staff, to reach their potential, enjoy work and be able to effectively contribute to our vision.
4. Deepen Collaboration – We will work in meaningful partnership towards shared goals, holding each other to account for the commitments we have made to each other and to our residents. We will set resident interest and the common good as our defining success measure and we will support our staff to lead and deliver across organisational boundaries. Our key collaboration will be with our residents, who will drive and co-deliver and evaluate the outcomes of our partnership.

2

Flagship partnership priorities

Employment and workforce
To work together to create meaningful work opportunities for people in North East London

Children and Young People
To make North East London the best place to grow up

Long term conditions
To support everyone living with a long term condition in North East London to live a longer, healthier life

Mental Health
To improve the mental health and well being of the people of North East London

As part of the discussion on how as a health and care partnership we will deliver our priorities, partners discussed and agreed in more detail what we need to ensure we have in place for each priority and what this will require. The slides in the appendix provide the current detail behind each priority, in the form of a draft driver diagram.

2

Working with people and communities

North East London Health & Care Partnership

- Patient and resident involvement is fundamental to our ICS and we are already working closely with Healthwatch and the voluntary, community and social enterprise (VCSE) sector to frame how meaningful participation will drive all of the ICS's work. Our progress together has been cited as promising progress as cited as one of a number of promising practice case studies.
- The VCSE sector has a key role in enabling the ICS to reach our wider communities, alongside being a provider of services. We are part of a national leadership programme to support development of a VCSE alliance across NEL. Together we have secured funding for a role based within Redbridge CVS to progress this work, led by and through all CVS or equivalent umbrella bodies across NEL. This work is underway with recommendations due by the end of the year.
- Over the coming months we are developing our engagement strategy collaboratively with partners across the system. A group of engagement colleagues across ICS partners are involved in a series of working groups focussed on priorities covering 'three Cs': **commitmen**t to participation, **collaboration** across partners and establishing a **community** of practice.

4

Developing our place-based partnerships

North East London Health & Care Partnership

- Within the new ICS, each place-based partnership in NEL will expand its role as a forum for all local partners to collaborate, engage with their stakeholders, and make decisions relevant to how care is provided.
- Over the past three months, each place-based partnership in NEL has considered its broader purpose and ambitions to:

understand and work with communities;	join up and co-ordinate services around people's needs;	address social and economic factors that influence health and wellbeing; and	support quality and sustainability of local services.

- Alongside this, over the last month each place has started work with the CCG to plan for how the functions of the new integrated care board can be **delegated** to place level. This includes where we will start on 1 April 2022 and how arrangements will develop over 2022/23. This is a key part of NEL's commitment to **subsidiarity**.
- This is focussed on: strategic planning; service planning, transformation, and delivery management; quality, risk, and financial management; communications and engagement functions; commissioning functions for specified services; and contracting and financial management (including through control of a delegated budget).

5

Provider collaboratives

- At the same time as we focus on subsidiarity through place, partners are making sure that we realise the benefits of care providers working with each other across NEL.
- This is designed to drive the **improvement and equalisation** of **access, experience, and outcomes** for all of NEL's residents, as well as building greater service and workforce resilience,
- NEL is working beyond the national guidance by working through how to form effective collaboration across:

  acute care; mental health; community health; primary care; and the VCSE sector.

- We are focussed on **building relationships** and **delivering shared transformation and improvement objectives**, rather than new governance structures. Examples include the planned care recovery programme led by the three hospital trusts and the work to eliminate out-of-area adult placements by the two mental health trusts.
- We are also building our **shared leadership**, including through the chair in common across Barts Health and BHRUT.
- This also relates to **provider leadership at place level** – for example, the role of CEO of the Homerton as the lead system executive across City and Hackney, plus how all trusts are now working through how they bolster their leadership capacity at place level.

North East London Health & Care Partnership

Appendix

A

Employment and workforce

North East London Health & Care Partnership

Aim	We need to ensure:	This requires:
To work together to create meaningful work opportunities for people in North East London	Equity of access	• Pathways in to work opportunities • Apprenticeships/work placements
	Meaningful work	• Flexible • Promote value in work
	Whole package	• Benefits • Flexible hours • What matters to you in work • Support
	Work for a better future	• Sustainable work • Training opportunities to meet future requirements • Relevant to NEL and beyond

A

Children and young people

North East London Health & Care Partnership

Aim	We need to ensure:	This requires:
To make North East London the best place to grow up	Milestones	• First 100 days • First 1000 days • Ages 0-5 • Ages 5-18 • Life course framing
	Equity	• Social determinants of health are addressed • Culture • Environment
	Working together	• Community • Families • Parents • Housing • Education • Voluntary sector
	Sustainable	• Sustainably funded • Learning (i.e vaccination programme)

A

Long term conditions

North East London Health & Care Partnership

Aim	We need to ensure:	This requires:
To support everyone living with a long term condition in North East London to live a longer, healthier life	Prevention	• In Primary and Secondary settings
	Integrated care	• Across co-morbidities
	Strengths based co-production	• Recognise the Expert Patient • Work with families • Work across the community and 3rd sector
	Wider determinants of health	• Employment • Housing • Social isolation

A

Mental health

North East London Health & Care Partnership

Aim	We need to ensure:	This requires:
To improve the mental health and well being of the people of North East London	We ask ‘what matters to you’	• Being in situ with the patient/person • Co-design changes and improvements
	We adopt a holistic approach	• Environment • Living conditions • Age • Genetics • Purposefulness • Ethnicity • Community • Religion • Culture • Access
	We deliver an innovate seamless patient pathways	• Access to services (front door and between services) • Work with all sectors • Across co-morbidities
	We sustainably provide the right services, at the right time for the people who need them	• Sustainably funded

Statement to INEL JHOSC
on the role of local councillors in developing the constitution for NE London ICS

If the Health and Care Bill currently passing through Parliament is passed, it will legalise Integrated Care Systems (ICSs) – including the NE London ICS.

These systems raise a number of concerns for local authorities.

- The NHS will dominate on the main ICS decision-making bodies.
- Although NE London ICS covers seven local authorities, there will be just one council seat on our Integrated Care Board. Yet, the Board will control funding and be responsible for the overall strategy.
- Councils will mostly be relegated to the system's Integrated Care Partnership. The Partnership will draw up a strategy to address the health, social care and well being needs of the local population. But this will not be binding on the Board.
- There are fears that private providers, including multinational corporations that have already been accredited by NHS England to support ICSs, will get seats on the systems' boards and their committees. This could allow private interests to shape how public money is spent and which services are provided.
- The Minister for Health has promised to amend the Bill to 'protect the independence' of Integrated Care Boards. But he refers only to preventing individuals with 'significant interests' in private provision from sitting on boards. This does not stop private providers from sitting on decision-making committees or belonging to an Integrated Care Partnership.
- It is not clear how all these local ICS bodies will be governed and how they will manage conflicts of interest. The Bill is silent on whether their meetings will be open to the public and whether they must publish their papers.

As councillors, you are in an important position to address concerns like these.

- Every Integrated Care Board has to draw up a local ICS constitution, which will include who can sit on all these bodies, how they are governed and how they remain accountable.
- NHS Providers have pointed out[1] that all ICS partners need to be involved in and agree the development of the constitution, to avoid a divisive culture.
- NHS England will provide a template constitution and will approve final drafts. However, councils can use their influence in Health and Wellbeing Boards and on Scrutiny Committees to help shape the local constitution.
- **It's vital that councillors are clear about the issues at stake, so they can optimise their role in determining the future of local health and care services.**

NE London Save our NHS has already circulated a briefing to councillors, with further details about the implications of the Health and Care Bill. If you need further information, you are welcome to contact us by email: tbc.

[1] https://nhsproviders.org/media/692060/nhs-providers-next-day-briefing-integrated-care-board-governance.pdf

Item No **7**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Special Whipps Cross JHOSC – update from its Chair**
Date of Meeting	16 December 2021
Attending	Cllr Richard Sweden, INEL JHOSC member and Chair of Whipps Cross Redevelopment Joint Health Overview and Scrutiny Committee
OUTLINE	This report outlines the first two meetings of the Whipps Cross JHOSC, which have taken place since the last INEL JHOSC meeting. It gives an overview of the committee's membership, topics discussed so far, and proposed future work programme.
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 in writing to Rosamund Cox, Scrutiny Officer, Waltham Forest (Rosamund.cox@walthamforest.gov.uk)

Whipps Cross Joint Health Overview and Scrutiny Committee

The JHOSC was established over the summer/autumn of 2021 separately by each constituent authority. Waltham Forest agreed the establishment and agreed to be the hosting authority at its full Council meeting on 2 September 2021. A virtual informal meeting was held in September 2021 for members and officers to get to know each other, the potential work programme to be discussed, and the report for the first meeting to be mutually agreed (in the absence of a Chair).

The members of the JHOSC are:

- London Borough of Waltham Forest
    - Cllr Richard Sweden (Chair)
    - Cllr Umar Ali
    - Cllr Jennifer Whilby
    - Cllr Kay Isa
- London Borough of Redbridge
    - Cllr Neil Zammett, with Cllr Beverley Brewer as permanent substitute
    - Cllr Judith Garfield
- Essex County Council
    - Cllr Jaymey McIvor
- Epping Forest District Council
    - Cllr Jo Share-Bernia (non-voting observer member)

One Healthwatch representative has also been co-opted from Waltham Forest, Redbridge and Essex respectively; they are non-voting members.

The membership and proportionality was based on patient usage statistics provided by Whipps Cross Hospital.

19 October 2021

Papers and minutes are available here:
https://democracy.walthamforest.gov.uk/ieListDocuments.aspx?CId=792&MId=5429&Ver=4

At the first meeting, Cllr Richard Sweden was elected Chair of the committee. There were two public participants; the first spoke about the unique service provided by the Margaret Centre, and advocated for its continuation at the new hospital; the second represented the group Action 4 Whipps and touched on a number of issues, including concerns around proposed bed numbers.

The Committee scrutinised one substantive item: the impact of the Covid-19 pandemic on plans for the hospital. The situation was set out by Alastair Finney, Redevelopment Director, and Rob Selley, Health Care Strategy Lead. They noted that the hospital had already reacted to improve its digital offer, and utilising digital services meant that they could free up more time for face-to-face appointments for those who were not able to use the tech. The committee asked questions about the proposed bed numbers at the new hospital, particularly in the aftermath of the pandemic, and it was agreed to revisit this topic at a later date. They also asked about proposed changes to services – such as breast care and renal care – and the impact of recent flooding.

The Committee looked at the work programme and agreed a number of key issues they wanted to focus on, including bed modelling, flood mitigation and end of life care. It was agreed the Chair and Scrutiny Officer would discuss this in due course and return with a proposed work plan.

6 December 2021

Papers are available here:
https://democracy.walthamforest.gov.uk/ieListDocuments.aspx?CId=792&MId=5439&Ver=4

There was one public participant, speaking jointly on behalf of Action 4 Whipps, the Women's Institute Wanstead Branch and a number of local residents. She spoke about the Margaret Centre at Whipps Cross, which is a specialist palliative care centre on the site of the hospital but physically separate from the main building. She advocated strongly for the inclusion of discrete end of life care at the new hospital, emphasising the particular qualities of the Margaret Centre – such as its welcoming, peaceful atmosphere, open visiting hours and holistic service – that should be carried over.

The Committee's main substantive item was on end of life/specialist palliative care. They heard from witnesses from Whipps Cross as well as people from North-East London Clinical Commissioning Group (NEL CCG). Additionally, two witnesses from local hospices joined (St Francis and St Joseph's), as well as one expert witness, Heather Richardson, joint CEO of St Christopher's hospice in South-East London.

Members of the committee queried whether the proposed changes would constitute a substantial variation, according to the Local Authority Regulations (2013). Whipps Cross were clear that they did not believe it would constitute an SV, as they proposed to continue the same health services in the new hospital. Members discussed the perceived potential for a postcode lottery of care across the boroughs. They noted the lack of engagement with patients, and officers agreed to improve on this. When asked whether the hospital would commit to keeping a discrete inpatient unit for specialist palliative care, officers said this was still under review and all options were being kept open. Members discussed the importance of a seamless transition between hospital and palliative care, at an often very stressful point of a patient's life. They also noted the topic of equalities, particularly after Covid-19, and discussed how some people's accommodation was not a suitable place to end their life.

The Committee discussed the proposed work programme. It should be noted that there are only two meetings left before the May 2022 election, with the second one potentially falling into the pre-election period. It was agreed to look at bed modelling at the next meeting in January 2022, and to use the March 2022 meeting to look at the building itself, focusing on flood mitigation and sustainability. The Committee agreed to postpone other suggested items for after the May 2022 election, including looking further at the issue of a potential substantial variation.

The next meeting will take place on 26 January 2022.

Cllr Richard Sweden

Chair, Whipps Cross JHOSC

Rosamund Cox

Scrutiny Officer, London Borough of Waltham Forest

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	16 December 2021
OUTLINE	Draft minutes of the meeting held on 13 September are attached. There was one matter arising. *Action at 7.10* *ACTION:* — *1) SH to share with Members a separate dashboard on uptake of vaccinations among care workers across NEL* *2) SH to share any further detail which underpins the regular Covid dashboard report which would detail uptake of both doses by ethnic group.* This was circulated to Members on 11 Oct.
RECOMMENDATION	Members are asked to AGREE the minutes and note the matters arising

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

Minutes of the proceedings of the INEL JHOSC held both virtually and in person from Hackney Town Hall, Mare Street, London E8 1EA

Date of meeting: Monday 13 September 2021 at 7.00pm

Chair	Councillor Ben Hayhurst (Hackney)
Members in attendance	Councillor Gabriela Salva-Macallan (Vice-Chair) (Tower Hamlets) Councillor Kam Adams (Hackney) Councillor Umar Ali (Waltham Forest) Councillor Ayesha Chowdhury (Newham) Common Councilman Michael Hudson (City of London) Councillor Susan Masters (Newham)
Members joining remotely	Councillor Shah Ameen (Tower Hamlets) Councillor Nick Halebi (Waltham Forest) Councillor Councillor Anthony McAlmont (Newham), Councillor Peter Snell (Hackney) Councillor Richard Sweden (Waltham Forest) Councillor Neil Zammett (Chair, ONEL JHOSC, Chair of Redbridge Health Scrutiny Committee (Observer at INEL)
All others in attendance:	Marie Gabriel CBE (Independent Chair, NHS North East London CCG a Independent Care System) Henry Black (Acting Accountable Officer, NEL CCG and SRO for East London Health and Care Partnership Dame Alwen Williams DBE (Group Chief Executive, Barts Health NHS Trust) Dr Mark Rickets (NEL CCG Clinical Chair for City & Hackney) Simon Hall (Director of Transformation, North East London Health & Care Partnership, and North East London Covid Vaccination Programme Lead) Marie Price (Director of Corporate Affairs, NHS NEL CCG) Ralph Coulbeck (Director of Strategy, Barts Health NHS Trust) Don Neame (Senior Communications Consultant, ELHCP) Caitlin Clifton (Scrutiny Team, Hackney Council) Jarlath O'Connell (Overview & Scrutiny Officer Hackney Council)
Member apologies	Councillor Faroque Ahmed (Tower Hamlets)
YouTube link for meeting	INEL JHOSC - 13/09/2021
Officer Contact:	Jarlath O'Connell 01234 938784 jarlath.oconnell@hackney.gov.uk

1. Welcome and apologies

1.1. The Chair welcomed Councillors, officers, NHS staff members and public observers to the INEL JOSC meeting. It was highlighted that the meeting was being recorded and live-streamed for public and press access.

Apologies were noted from Cllr Ahmed.

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 Susan Masters disclosed that she was working in a paid capacity at Hackney Council for Voluntary Services in a post funded by Hackney CCG.

3.2. Cllr Snell stated he was chair of the trustees of DABD UK.

4. Whipps Cross Redevelopment programme

4.1. Members gave consideration to a tabled briefing paper 'Whipps Redevelopment Programme update' and the Chair welcomed Ralph Coulbeck (Director of Strategy, Barts Health NHS Trust) to the meeting to present it.

4.2. RC took Members through the briefing. He explained that the planning application was progressing and they were redefining the strategy and taking account of the impacts of the pandemic within their plans. The design of the hospital had progressed to the second stage of drawing, RIVA 2. The design ensured an increased amount of clinical space, considerations for a variety of models of care, and included the aspirations of net zero carbon and improved digital strategies. The design included potential for a large number of new homes in line with the Local Plan together with green space and community health facilities. All of this has been included within the planning application submitted to Waltham Forest Council in May.

4.3. This development was one of the 8 pathfinders of the National Hospitals Programme, which oversees the national programme of development and investment in the NHS. Whipps Cross continued to work with the other hospitals in their pathfinder group to standardise design to meet business case specifications by the national government. They were still awaiting clarity on the procurement process that would enable them to move forward with the next stage of construction.

4.4. There had been a serious incident in July when extreme rainfall had caused flooding across the hospital and the estate. Staff responded and they were able to restore services over the following days. However, it was a timely reminder of the importance of the redevelopment. Finally, they continued to engage widely with clinical and community stakeholders on key issues for refinement, such as the bed numbers.

4.5. In response to a question from the Chair asking what the split of the planned site housing was and the priority for key workers, RC outlined that the planning application submitted had proposed up to 1,500 new homes with a 50/50 split between affordable and other types of housing. To determine the use by key workers they would have to do more scoping to assess the need in the next stages. The timeline for the housing element was much longer term than the hospital, so this was a longer term consideration.

4.6. In response to a question on parking at the hospital being allocated for workers, RC stated that they were going to reduce the current number of 1,200 spaces onsite by between 24-40% and they were confident that there would always be enough space for key workers travelling outside of normal hours, however they needed to continue their planning to better understand what the overall need was.

4.7. In response to a Cllr question on the provisions being planned for end of life care to retain inpatient hospice care, RC answered that they were working with partners such as St Joseph's Hospice looking to address the limited hospice capacity of Waltham Forest. They wanted to bring partners to the table with expertise via a review with stakeholders; this process had not yet been fully designed however.

4.8. In response to a question on how flood proof the development would be, RC said that in the brief to the hospital developer that there had to be a very clear flood mitigation strategy which had been incorporated into the planning, including wider implications for the surrounding areas, not just the hospital and development site. RC outlined that the previous flooding site area was not being rebuilt on, however there was substantial opportunity to further mitigate the risk of flooding in that area of the site through underground infrastructure which had been included in the planning proposals.

4.9. In response to a Cllr question regarding the risk of flooding in the summer, RC responded that yes the flooding was also related to the storm drainage, exacerbating the issues and they need to learn from this and it in their mitigation strategies.

4.10. In response to the Chair's question asking what the overall budget was and where the funding came from, RC outlined that the current capital estimate was £866 million which was subject to change due to a number of factors. The funding was mainly coming from public dividend capital (Treasury funding) with modest amounts expected to come from charitable funds and proceeds from the sale of land. Borrowing this degree of capital brought substantial revenue charges; they believed that the revenue consequences of this level of capital was affordable, however.

4.11. Clarifying the approach to revenue charges in response to a question from the Cair, RC outlined that there was a 3.5% charge charge which generated a large proportion of the revenue costs which needed to be sustainably covered.

4.12. In response to a Cllr question regarding the hospital's performance on delayed discharges of care, RC answered that it was reasonable however the site was under pressure at the moment. There was a recognition that in Waltham Forest that length of stay was longer than in other parts of NEL and that delayed transfers were more significant, this was linked to differing levels

of investment in services. The strategy outlined that there was an opportunity to do better and to bring about an effective model of care, and this was linked to the future capacity of the new hospital.

4.13. In response to a Cllr question on how the plan incorporated transport infrastructure, RC answered that at present there were no rail options however they were working with TFL on new bus routes, volumes and also on better links to Redbridge.

4.14. The Chair asked at what point in time will there be more clarity on the housing split as this would impact on the long-term future of staff at the hospital. RC clarified that they were starting from the assumption that there would be a need for key worker housing, however there was potential to develop this as they moved forward and RC was confident that they would be able to cater to this need.

RESOLVED:	**That the report and discussion be noted.** **That an update on progress on the development of the plan for housing be included in a future informal update to INEL (noting that the Whipps Cross JHOSC would be doing the substantive scrutiny on it).**

5. Structure of Barts Health and developing 'provider collaboration'

5.1. The Chair introduced the item and Dame Alwen Williams provided a verbal update on the new approach to 'provider collaboration' and what added value there would be from this for the local system.

5.2. AW gave the background of the group structure model at Barts Health which had been in place for about 5 years. Each hospital had a recognizable leadership team located within it, who were then managed by a single leadership team. Individual hospital teams worked with a number of local partners in a place-based manner to improve service delivery and improvement. The group structure was a horizontal matrix of clinical boards that brought clinicians with similar specialities together to drive clinical strategies and collaborate on best standards of care across the group. Group Directors held the overall accountability and provided leadership across the group around strategy, finance, and governance.

5.3. The last 5 years has given a proof of concept to the model, where the stability of the leadership teams has given continuity, common purpose and collaborative leadership within the Trust. Further, being able to deliver services at group level translated to economies of scale driving value across the shared services, for example, procurement, HR and finance services. These services were provided at scale, driving cost savings that were able to be ploughed back into front line services.

5.4. Regarding BHRUT collaboration, AW referenced the appreciative enquiry described at the previous meeting. The work here was to look at what collaborative opportunities were available between Barts Health and BHRUT and to agree key priorities for the next phase of collaboration. This encompassed such areas as ongoing Covid recovery, tackling winter

pressures, and sharing some staff to work on improving emergency care e.g. at Queens. They were also looking at how best to jointly manage the challenges of significant population growth, specifically in Newham and Barking and Dagenham.

5.5. The Rt Hon Jacquie Smith (the former Home Secretary) would be starting in October as the new Joint Chair of Barts Health and BHRUT and part of her task would be to identify immediate priorities for collaboration. The board was currently discussing this and public engagement on these issues would follow. In addition, Matthew Trainer had also joined as the new Chief Executive of BHRUT and this had been received very positively and they were now working to support him in his new role. .

5.6. A Cllr questioned whether the change in structure would have financial implications. AW responded that there were opportunities to look across the board at efficiencies, and in response they were putting together a strategy for sustainability. There were opportunities for savings in the back office requirements across the trusts and AW was confident they would be able to progress these.

5.7. The Chair asked whether the new structure would dilute the power of the current governance structure in Barts Health. AW responded that they were moving this forward incrementally with a strong focus on collaboration. The first phase was focused on quality and service improvement and the new Joint Chair would be meeting with stakeholders internally and externally to understand how improved governance structures can work more effectively to provide robust oversight.

5.8. The Chair questioned whether the new Clinical Leads would cut across Barts-BHRUT. AW outlined that this wasn't a new approach and there were many previous examples of this working well. AW stated that the focus was currently on quality and service improvement and that the clinicians leading this were enthusiastic about the opportunities that collaboration could bring.

5.9. In response to a Cllr question asking if the new structure would facilitate greater integration as regards enhanced telemedicine, AW responded that the new structure would present a key opportunity to develop their digital healthcare strategy and make the most of innovation and digital systems at scale, including telemedicine. Further, it would likely lead to improvements in shared systems for digital records and in diagnostic tools.

5.10. A Cllr asked whether the ability to use the economies of scale in back office services could also support other local providers/stakeholders. AW responded that this was a key part of the overall strategy and outlined that by enabling the facilitation of networks of clinicians working together, they were able to empower them to identify areas for improvement across a number of settings. This then would lead to longer term best practice aspirations for these specialist clinical networks and these improvements would impact on the whole of the local system over time.

5.11. In response to a Cllr question about at what point in the transition to the new structure the 'patient voice' would be incorporated, AW responded that the patient voice was the heart of the transition process. Much was already happening at local and clinical levels and they would continue to develop this engagement aspect throughout the whole process.

5.12. The Chair thanked Dame Alwen for her update.

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

6. Implementation of North East London Integrated Care System.

6.1. Members gave consideration to a briefing paper 'Update on ICS development' and the Chair welcomed Henry Black who explained the current progress of the enabling Bill through parliament and the arrangements being made for implementation locally.

6.2. Referring to the slide pack, HB updated that the Bill is expected to receive Royal Assent before March 2022 with the ICSs formally inplace from April 2022. HB described how this was one of the most significant changes to the NHS in 30 years, as the legislation abolished CCG's and established a new Integrated Care Board, which was a vehicle to enable collaboration between partners within health and social care. The legislation built on national policy and had been described as legislation catching up with current policy and practice.

6.3. HB detailed that there were 4 component parts to the ICS, NHS partners must establish the Integrated Care Board and Integrated Care Partnership Board, these were the two core committees. Referring to slide 4 giving an overview of the new ICP which was the overall system that sat above the ICB which was constituted with all the partners across NEL, including LA's and Healthwatches. Slide 5 described in detail the new statutory body, the ICB, as this was both a Board and a statutory entity replacing the CCG. HB confirmed that one local authority member would be on the senior ICB rather than a member from each local authority. Slide 6 outlined the 7 place-based partnerships which would have a slightly different focus to the CCGs they replaced in that they would cover population health management, driving place-based partnerships and local decision making.

6.4. Marie Gabriel (Independent Chair) explained that there had been a strong co-production focus to the development of the governance model for the ICS and referred to slide 11 which outlined the process. They had worked with local authorities within a small working group to establish that there would be 2 local authority reps (one from inner and one from outer north east London) on the ICPB, which would be selected by local authorities with rotations every 3 years. There was a significant focus on improvement and added value of collaborating in this manner, and they were now looking at what the shared priorities would be. It was agreed recently that the independent chair should chair both the ICB and ICPB, so that there was full coverage and accountability amongst the boards. Further, the consultation had been focusing on what place-based approaches looked like under these new models, and these conversations were still ongoing and were expected to be progressed at an upcoming meeting with the Chairs of the Health and Wellbeing Boards across the patch.

6.5. Consultations with Healthwatch were also ongoing, surrounding co-production on how they would like their engagement at the local level to be approached. Further, a staff member post had been funded to work with VCS organisations

and umbrella organisations to look at how the sector can work together meaningfully across the whole NEL system.

6.6. Finally, MG described that there was significant work happening to partner with clinicians to establish strong clinical leadership for the ICS. They took an approach to the partnership as being resident-driven, clinically led and management enabled. With the removal of CCG's there was concern to ensure that primary care had a united voice across the wider ICS partnership and how to develop this across the system. To conclude, MG highlighted that the role of Chief Executive for the ICS was currently advertised with a closing date at the end of September, with partners involved at the stakeholder level and at the interview panel level.

6.7. The Chair asked who was going to be the lead on commissioning, and how was this going to be looked at to ensure local level needs in City and Hackney, for example were not lost? HB responded that the place-based partnerships were the bedrock of the new organisation and there was no intention to strip any resources away from the current local levels. The intention of the legislation was to strengthen the ability to respond to issues from a more holistic level by including a wider variety of stakeholders. HB confirmed that the intention was to continue to structure financial resources from a commissioning perspective at the same level, typically an 80/20 split with 80% coming down to the local 'place' level.

6.8. In response to a Cllr question on whether the existing Integrate Care Board structures in the three sub areas would be being changed, HB responded that while the new legislation may require them to tweak the governance, fundamentally the ICBP group and the focus of that work would be built upon.

6.9. The Chair asked, with the move from General Practice to Provider dominance, how would they ensure that Providers don't monopolise the arrangements to the benefit of their own Trusts. MG outlined that they want the boards to reflect a number of needs and stakeholders to ensure it was not not Provider dominated and represented the whole partnership. It was believed that by working in this way commissioning decisions would be better as there would be mutual accountability for service quality and improvements.

6.10. A Cllr question was asked about the Primary Care Maturity Matrix document which embedded the voluntary sector at the heart of the system, would figure in the new system and who would ensure that the ICB actually listened to and incorporated the VCS voice. MG responded that the ultimate ambition was to incorporate the VCS into the partnerships in as meaningful a way as possible and she added that more work needed to be done on this aspect and this needed to be co-produced with the VCS sector.

6.11. The Chair queried how MG, being Chair of both the NEL ICB and NEL ICPB, could be accountable and avoid conflicts of interest. MG responded that a benefit of the dual chairing was that by default this should lead her to be better accountable to all parties, including those locally on the partnerships and not just at the higher NHS levels.

6.12. The Chair asked how a pan NEL Healthwatch structure might enable greater accountability by the ICB Chair at a more local level. MG responded that

while they expected to be able to organise an NEL level Healthwatch collaborative to provide patient voice and critical challenge, the Healthwatches currently didn't see this as the best way forward arguing that they were focused and funded at a local place-based level as opposed to at an NEL level. Instead, both sides have agreed to put in place regular bi-monthly meetings as a way forward for now.

6.13. The Chair thanked MG and HB for their report and attendance.

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

7. Vaccination update

7.1. Members gave consideration to three papers: a) *Covid 19 briefing b) NEL Vaccination Dashboard dated 5 Sept* and *c) a tabled paper NEL Services Developments.* The Chair welcomed Henry Black (Acting Accountable Officer, NEL CCG and SRO for NEL ICS) and Simon Hall (Director of Transformation and Vaccination Programme Lead) for this item.

7.2. SH outlined that they had hit 2.3 million vaccinations in NEL, with over 65% of the population having had their first doses. Doses were highest in the older age groups with 65+ years old being over 80%. Rates were still improving in the younger age groups and the pattern was a gradual increase in uptake as the system moved through from the first wave to the next eligible groups and so the population vaccination rate built gradually.

7.3. They continued to deliver vaccinations across multiple modes of delivery, including vaccine centres, GP's, and local hubs. Over 70% of vaccinations in NEL had been through local vaccination hubs.

7.4. The programme was now focusing on a number of high profile issues, including delivery of vaccines to those aged 16 to 17 years old, and levels were picking up. They were currently vaccinating 12 to 15 year olds, who were clinically vulnerable, via use of GP and hospital databases. It was recently announced that people who are immunosuppressed are now going to be contacted for a third dose. Further, there was currently a push to vaccinate all health care staff, especially those working in care homes and as from the 11th of November these staff must have both doses to continue working.

7.5. A recent announcement from the Chief Medical Officer regarding vaccinations in 12 to 15 year olds generally would likely see those offered it from the 22nd. The proposed model was to complete this via schools and SH was working with a nationally commissioned provider and local authorities to do this.

7.6. They were now looking to move into stage 3 of the national programme, where people would be offered third doses. As an announcement was to come on the following Tuesday it was not yet clear who would be eligible at what times and what dose would be offered. SH's team was currently scenario planning to ensure they were ready to go when these details became clearer. Further, as part of phase 3 they have additional pharmacy

sites and would be standing down some vaccination centres as phase 3 would likely be delivered locally.

7.7. Finally, they were still running the evergreen aspect of the programme, ensuring that a vaccination offer is still available to anyone who is eligible and has access to their full course of vaccinations. A comms plan called grab a jab is running to promote access to vaccination.

7.8. In response to a Cllr question on the lack of stats on low uptake by domiciliary care workers, SH outlined that while there were issues around data reliability for this cohort, figures had purposefully been left off the data dashboard to check reliability. There was a separate dashboard which SH undertook to share with Members.

7.9. In response to a Cllr question on whether young people were preferring pharmacies to GPs for vaccinations, SH outlined that while community pharmacies had been very popular there wasn't any data specifically on this and they must continue to have a mixed offer to cater to varying needs.

7.10. A Cllr questioned what the ethnic breakdown on the vaccination data was and if there were any central efforts to combat anti-vaccination myths and vaccine inequity. SH responded that they had found that having more community pharmacies had increased uptake among Black heritage people. They also found that whole household initiatives were quite effective in bringing more people from African and Caribbean heritage as they were from the same family. Vaccination rates had gone up locally to 54% for Black groups, but they still had issues with this cohort along with the 'white other' cohort and numbers were not as high as they would like.

ACTION:	**1) SH to share with Members a separate dashboard on uptake of vaccinations among care workers across NEL** **2) SH to share any further detail which underpins the regular Covid dashboard report which would detail uptake of both doses by ethnic group.**

7.11. The Chair questioned to what extent were ICU admissions and deaths among those unvaccinated and how this was being fed into the communications plans and the local messaging. SH and HB responded that they did look at that data regularly across trusts and groups and since July in NEL there were 203 in intensive care and of those only 22 had been fully vaccinated. So 90% of all admissions were not fully vaccinated and this had been put out in recent communications.

7.12. In response to a Cllr question requesting both first and second doses on the data dashboard for ethnicity (as opposed to just first dose), SH outlined that they can add this into the slide pack, however their communications strategy was built around two doses being fully vaccinated and they are strongly promoting that unless one has two doses one is not fully vaccinated. SH outlined that they would aim to include more demographic detail into future presentations for the committee.

7.13. The Chair thanked all the parties for their detailed reports and attendance..

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

8. Minutes of the previous meeting

8.1. Members gave consideration to the draft minutes of the meeting held on 23 June 2021.

RESOLVED:	**That the minutes of the meeting held on 23 June 2021 be agreed as a correct record and that the matters arising be noted.**

9. INEL JHOSC future work programme

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

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

10. Any other business

10.1 There was none.

Dates of next meeting noted as 16 December 2021 and 1 March 2022.

Item No **9**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**INEL JHOSC future work programme**
Date of Meeting	16 December 2021
OUTLINE	A coy of the INEL JHOSC future work programme is attached. Please note it 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 2020-21 as at 7 Dec 2021

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

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

			NEL CCG	Director of Primary Care Transformation TNW ICP	William Cunningham-Davis	
			NEL CCG	Managing Director of TNW ICP	Selina Douglas	
			NEL CCG	Director of Corporate Affairs	Marie Price	
	Challenges of building back elective care post Covid pandemic	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			Barts Health	Consultant Cardiothoracic Surgeon and Chief of Surgery	Stephen Edmondson	
			Barts Health	Group Chief Executive	Dame Alwen Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
13 Sep 2021	**Whipps Cross redevelopment programme**	Update further to item on 25 Nov	Barts Health	Director of Strategy	Ralph Coulbeck	
	Structure of Barts Health and developing provider collaboration	Discussion	Barts Health	Group Chief Executive	Dame Alwen Williams	
	Implementation of North East London Integrated Care System	Discussion	NEL ICS	Independent Chair	Marie Gabriel CBE	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
				Group Chief Executive	Dame Alwen Williams	
	Covid-19 vaccination programme in NEL	Briefing	NEL CCG	Director of Transformation and NEL Covid vaccination Programme Lead	Simon Hall	
16 Dec 2021	**Covid-19, winter pressures, elective recovery update**	Discussion	Barts Health	Group Chief Executive	Dame Alwen Williams	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			NEL CCG	Director of Transformation and NEL Covid vaccination Programme Lead	Simon Hall	
	Plans for engagement and information on proposed service changes.	Briefing	NEL CCG	Community Diagnostic Centres Programme Lead	Nicholas Wright	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
				Clinical Director TBC		
	NEL Integrated Care System - update	Briefing	NEL ICS	Independent Chair	Marie Gabriel CBE	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
	Special Whipps Cross Redevelopment JHOSC - update from its Chair	Brief update from Member	Whipps Cross JHOSC	Chair of the JHOSC	Cllr Richard Sweden	
1 March 2022	TBC - Finance and governance arrangements for ICS					
	TBC					

	TBC					
	Update on work of special Whipps Cross JHOSC				Cllr Richard Sweden	
	Note: Purdah begins 20 March in advance of Local Elections on 5 May. No meetings in this period.					
	Items to be scheduled/ returned to:					
	NEL Estates Strategy					
	Review of Non Emergency Patient Transport					
	Digital First delivery in NHS					