



Agenda

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

Date **Tuesday 1 March 2022**

Time **7:00 PM – 9:00 PM**

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

The press and public are welcome to join this meeting remotely via this link: <https://youtu.be/tNaJs-pRnzU>

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/PKVfp_MgSMM

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

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

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

MEMBERSHIP at Jan 2022:

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 Zammatt - London Borough of Redbridge

SUBSTITUTES:

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

Agenda

No.	Item	Contributor	Paper/ Verbal	Time
1	Apologies for absence			19.00
2	Urgent items/order of business			19.00
3	Declarations of interest			19.01
<i>East London Health and Care Partnership updates</i>				
4	Implementation of the ICS structure – ICS and ICB	Marie Gabriel CBE Henry Black Zina Etheridge Rt Hon Jacqui Smith	Paper	19.02
5	Partnership Updates	Henry Black Dame Alwen Williams Tracey Fletcher Paul Calaminus	2 Papers	19.30
<i>Service improvement updates – planning and transformation</i>				
6	Harmonisation of Continuing Health Care policies	Diane Jones Sandra Moore Matthew Norman	Paper	20.10
7	Harmonisation of Fertility Services policies	Diane Jones Mark Gilbey Cross Anju Gupta	Paper	20.30
8	Update on work of Whipps Cross JHOSC (standing item)	Cllr Sweden	Paper	20.50
9	Minutes and matters arising		Mins	20.55
10	Suggestions for INEL JHOSC work programme 22/23		Paper	20.56
11	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.

Item No 4	INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)
Report title	NEL Integrated Care System - update
Date of Meeting	1 March 2022
Attending	Marie Gabriel CBE, Independent Chair, NEL Integrated Care System Henry Black, Acting Accountable Officer, NHS NEL CCG/SRO for East London Health and Care Partnership Zina Etheridge, Incoming CEO of NEL ICS Rt Hon Jacqui Smith, Chair in Common for Barts Health and BHRUT
OUTLINE	The Committee has been receiving regular updates on the development of the new NEL Integrated Care System. The government has now postponed the launch date from 1 April to 1 July. Attached please find a briefing paper on <i>NEL Integrated Care System</i> .
RECOMMENDATION	Members are asked to give consideration to the briefing.

NEL Integrated Care System (ICS) update

March 2022

Latest updates



Revised timetable

- A new target date of 1 July has been set for the new statutory arrangements for ICSs to take effect and Integrated Care Boards (ICBs) to be legally and operationally established
- This is to give sufficient time for the Health and Care Bill, which formalises ICSs, to go through its remaining parliamentary stages.
- During the 'extended preparatory period' to the end of June:
 - NEL CCG will remain as a statutory organisation, retaining all duties and functions and conducting its business through its governing body;
 - the CCG's leaders will continue to work with the designate chair and chief executive of the ICB on key decisions that affect future working; and
 - NHSEI will retain all direct commissioning responsibilities not already delegated to the CCG.
- As an ICS we want to maintain the momentum already generated around the design and launch of the ICS so we are committed to completing as much work as possible by the end of March and using April-June as a 'test and learn' phase where we mobilise elements of the ICS in shadow form

Recruitment to the Integrated Care Board

- The statutory roles of Chief Medical Officer, Chief Nursing Officer, Chief Finance and Performance Officer are out to advert with interviews taking place in March.
- Three other executive but non-voting board level roles are also being appointed to: Chief Participation Officer, Chief People and Culture Officer and Chief Development Officer.
- Collectively these six roles will report in to the CEO (Zina Etheridge) and form the senior executive team of the ICB
- Three Non-Executive Director roles will also shortly be going out to advert and will be appointed through April in preparation for the anticipated established of the ICB from 1 July.
- Work is underway to establish the wider operating model of the Integrated Care Board ensuring that the right functions and teams are in place to deliver the priorities and requirements of the ICB

The following slides provide a recap and overview of our progress on ICB board and ICP governance along with the latest on the finance framework, including how financial flows and accountability will work.

Governance requirements for 1 July

- We need to establish governance fit for the new integrated care system (ICS), in line with our principles:
 - a unitary board for the new NHS body – the integrated care board (ICB);
 - an ICB and local authority convened partnership ‘committee’/ board of ICS members: the Integrated Care Partnership (ICP) or *NEL Health and Care Partnership*; and
 - a constitution for the ICB board.
- Within and alongside the constitution, we must agree the following in line with national guidance:
 - membership of the ICB board;
 - governance structure – committees and decision-making arrangements, including for place-based partnerships and provider collaboratives;
 - a scheme of reservation and delegation (SoRD) and standing financial instructions (SFIs); and
 - chair and membership of the ICP committee and broader partnership.
- Guidance – much received and considered in developing proposals (e.g. model constitution, key committee terms of reference), but there is more to come, such as appointment process for partner ICB board members and a further version of the constitution.
- Resident, patient, service user and carer participation is central the ICS’s way of working. Healthwatch is developing proposals re their participation in system governance.
- We will take an evolutionary approach – testing, reviewing, and building on where we start over year one and beyond.

ICB and ICP membership

- Proposals were developed collaboratively through a series of standing meetings and working groups including with: council leaders/mayors, HWBB chairs and cabinet members; NHS trust chairs and CCG lay members; Healthwatch leads; and the VCSE umbrella body group. They were confirmed at the system-wide workshop on 3 November 2021.

Features:

- Unitary board of the new NHS body – the Integrated Care Board
- Accountable for statutory functions, allocation of funding, and system oversight
- Partner members are nominated by sector – national guidance coming
- Information flows via groups by sector – local authority leaders and members; trust chairs, VCSE leads, and Healthwatch leads
- Members are not representatives of place but we are aiming to cover the NEL patch through the membership

Integrated Care Board

Board Membership (15)

Chair: Independent Chair of ICB/ICS

Independent non executive members:

- NED – audit chair
- NED – remuneration chair
- NED – quality and performance

Partner members:

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

Executive members (ICB):

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

Integrated Care Partnership

Membership (30-40)

Chair: Independent Chair of ICB/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 the clinical advisory group (CAG))
- Others as agreed (potentially umbrella business groups)

NB: Further discussion re approach and membership with LAs continuing via working group of five LA elected leads

Agreed: broad overall membership as above, with four partnership-wide sessions each year, one on each of the ICS priorities and overall strategy, plus to establish a 'steering committee'

Features:

- Jointly convened by NEL's local authorities and the ICB
- It includes all key system partners
- It develops and agrees system-wide integrated health and care strategy

Summary: ICB board, ICP, constitution

- **Partnership with local authorities:** regular meetings with elected members and executives and ICB/ICS Chair designate over past year, LA member working group on governance in place since last summer, LA reps in place based partnership development sessions/working groups, LAs within partner workshop sessions of 70+ where ICB board membership and ICP proposals agreed last year.
- **Constitution and ICB board membership engagement:**
 - Model constitution from NHS England (NHSE) must be used, limited discretion to amend. Further version and guidance – by mid Feb.
 - Membership: one LA member required but locally agreed with LA leads for two. NEL preference for elected members, guidance updated mid-February to now allow for this. Members not representatives – there to bring perspective
 - Each partner group – LAs, NHS Trusts, Primary Care – lead process to nominate their members. LAs working with NEL governance lead to agree this. All ICB Chairs required to approve each nominee but no issues anticipated given eligibility criteria will be clear.
 - Advice not to begin nomination process for partner members before end-March when regulations due.
 - Draft constitution shared with LA leaders/mayors, cabinet members, and chief executives in December and met to discuss January.
 - Minimal comments, but reflected in revised draft. General view to keep constitution light and further detail in governance handbook, for example nominations process for LA members which LAs lead.
- **Integrated care partnership:**
 - Proposals discussed at wider NEL LA meeting and being further developed through working group of LA elected members.
 - Wider discussion with LA leads at meeting in March – very much leading the process with support from CCG as required.
 - More guidance March, building on document produced by Dept. Health and Social Care, Local Government Association and NHSE.

Financial flows

- We are changing how we work as a system in a number of ways. The expected legislative changes will mean that from July 2022 we are also able to change the way we pass money around the system and fund care. With the temporary regime that has been put in place to respond to Covid, some of these changes have already occurred within NEL.
- We are changing how we operate within NEL, from commissioner-provider to collaboration. This includes moving to all partners having joint ownership of our system goals, with different partners taking the lead for different elements, on behalf of the system.
- There is a significant staffing and infrastructure associated with holding the very large budgets that exist across NEL and any future financial system needs to recognise this capacity and capability and where it sits.



— Image courtesy of NHS England



Diagram: Commissioning cycle to collaborative transformation cycle

Expected changes to the national framework

We are still awaiting some of the national guidance and final allocations, but we know that it will include:

- **Single system control total** with each constituent member responsible (jointly) for ensuring the system is in financial balance.
- Collective system ownership of financial allocations – **financial performance (including of member trusts) judged as a whole system/ICS**
- Consolidation of many previous funding streams into **a single payment to the ICB**. For 2022/23 some money will continue to flow directly from NHSE to providers (notably for specialised services). The financial performance of providers, and therefore the system, will include these additional budgets (and associated costs).
- A move away **from PbR to a blended payment** (effectively 'block contracts' plus an optional incentive payment) for most secondary care services
- **The ability to delegate responsibility** alongside a budget within a contract (to a trust or a committee of the ICS)

Our expectations and assumptions

- **New committees/collaborative arrangements will need to demonstrate:**
 - The benefits for the system that they expect to be able to deliver
 - A shared plan, spanning all relevant partners, for delivery and service change. For the provider collaboratives this includes sign-up by all seven PbPs. For the place-committees this includes sign-up from all relevant trusts.
 - The governance and processes that will ensure that decision-making (among partners) will be effective
 - How the approach will be part of, and enhance, a whole-system approach
- Every budget needs to be held by one part of the system. **Holding the budget (or notional budget in the case of committees) means that part of the system taking responsibility for leading the development of a shared plan (including all relevant partners).**
- **Any contracting continues to be the responsibility of the ICB.** The ICB contracting teams will be directed by decisions reached in a place or provider collaborative committee.
- **Timeframes.** We will need to agree the distribution of funding around the system for April, but the planning round for 2022/23 is predominantly being carried out as we have previously, and any significant changes will take effect during 2022/23, ready for the following year. Any new arrangements will therefore initially focus on plans for transformation funding and any in-year re-distribution of funds.

Next steps

- We are developing our **future ways of working**, including:
 - **The criteria/principles** that any committee(s) will use to determine **allocations** and for approval of **transformation funding**
 - **Indicative allocations for future years** (23/24 and 24/25) and ‘**glidepath**’ to **needs-based allocations**
 - **A shared planning process**
 - **Improving the visibility of how money is spent across the system**, to ensure all partners understand what is spent on each member of our population and what we get for that spend.
 - Ensuring that financial support functions, including **estates** and **procurement**, are organised to make the most of system working.

Item No 5	INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)
Report title	Partnership updates
Date of Meeting	1 March 2022
Attending	Henry Black, Acting Accountable Officer, NHS NEL CCG and SRO for ELHCP Dame Alwen Williams DBE, Group Chief Executive, Barts Health NHS Trust Tracey Fletcher, Chief Executive, HUHFT Paul Calaminus, Chief Executive, ELFT
OUTLINE	A Partnership update covering the latest developments across the NEL where elective recovery is now a key focus. The presentation covers: performance, provider trusts, covid-19 and long covid; cancer, community pharmacist consultation service, diagnostics and looking ahead. Attached please find: a) NEL Health update b) NEL Covid-19 and flu vaccinations data pack
RECOMMENDATION	Members are asked to give consideration to the briefing.

NEL Health Update

March 2022

JHOSC

Contents

- Performance
- Provider trusts
- Covid-19 and Long Covid
- Cancer
- Community Pharmacist Consultation Service
- Diagnostics
- Looking ahead

Performance (as at Jan 2022)

- [The Government's NHS recovery plan](#) indicates that elective waiting lists will get worse before they get better and the NHSE target for eliminating two-year elective waiters has been pushed back from March to July 2022. 52-week wait breaches are targeted to be cleared by 2025.
- Mutual aid between providers addressing **elective care** waiting lists. Recruitment focusing on anaesthetic workforce. Activity levels c80%-c93% of non admitted pathway 2019/20 levels
- Overall over **cancer** 62 day wait backlog has started to reduce. Two week referrals are above pre-pandemic levels and the NEL performance against the new Faster Diagnosis Standard is 76.1% (compared to London average of 72.8%)
- The **diagnostics** waiting list has grown, but the backlog for waiting over 6 weeks has reduced
- The system is working to work to reduce delayed discharges which are due to e.g. patients:
 - awaiting medical intervention/decision
 - awaiting availability of rehabilitation bed in the community
 - awaiting availability of a nursing/residential home care bed
 - awaiting availability of resource for assessment and start of care at home
- The number of primary care appointments (Aug) 933k are above trajectory level of 826k
- Mental health performance is challenged as a result of increased pandemic demand

Provider trusts

- Although Covid pressures have eased a little, our hospitals remain extremely busy throughout the winter months.
 - Patients are safe in our hospitals because of robust infection control standards, but these continue to impact operational effectiveness and visiting arrangements
 - High numbers of intensive care patients have incidental Covid patients (i.e. they may be admitted with another primary health problem, but Covid has added to the strain on their body)
- Over the last three months, more than 3,000 patients on the Barts Health books received quicker diagnosis by having endoscopies or ultrasound scans at BHRUT hospitals with spare capacity
- All the trusts have devoted a significant amount of time to encouraging staff to have the Covid-19 vaccine and we've seen rates of uptake increase. Despite the fact it will no longer be a legal requirement for healthcare workers to be vaccinated, we will continue to encourage colleagues to be jabbed. The vaccine is safe and effective; it saves lives; and it protects staff, patients and the communities in which we live.
- With system partners we are reviewing the proposals we published before the pandemic for creating centres of surgical excellence in our hospitals, and in due course will bring forward any revised plans for further public engagement and consultation.

- Covid pressures eased during February and Barts Health currently averages about 25 new positive inpatient admissions a day, around half the most recent pandemic peak on January 12
- Winter pressures mean our hospitals remain extremely busy, particularly through high demand for emergency care. Covid-positive patients account for about 15% of general beds and about 75% of critical care beds
- Nine out of ten Barts Health staff had a first dose by the point the Government paused its vaccination mandate
- Sickness absence is normal and we are actively recruiting, but continue to work around some temporary staff shortages
- Our contractors, Serco, managed a two-week pay strike by some porters and cleaners with minimal operational impact
- As Covid pressures ease, we are reducing the backlog of patients waiting too long for routine elective treatment
- We are working up our operational plan for 2022/3 in line with national guidance to further drive elective recovery

Our most recent published performance data is here: [Board meetings and papers - Barts Health NHS Trust](#)

NELFT and ELFT

- ELFT and NELFT are developing their approach to collaborative working with a particular focus on mental health.
- Work has taken place to improve the adult mental health pathway across north east London, resulting in no out of area placements for mental health inpatient beds. There is work underway to review the pathway and provision for those patients requiring female psychiatric intensive care.
- Both Trusts are part of the North Central and East London CAMHS Collaborative, focused on making improvements for the young people who need mental health support. This includes a reduction of inpatient admissions and length of stay for inpatients, as well as a reduction in out of area placements.
- To further develop collaborative working ELFT and NELFT are proposing to appoint a joint chair. This will provide greater assurance of closer working between the two trusts. The opportunity has arisen because both trusts currently have a chair vacancy.

Winter

- We've experienced increased pressure on our services, as we deal with the pandemic, respond to the high demand on our Emergency Departments (EDs) and continue with our elective
- To strengthen our response, we developed a winter plan and appointed experienced geriatrician Ayo Ahonkhai as Winter Director; and introduced operational site leadership teams, to manage flow and patient safety on emergency pathways.

Four hour performance

- We continue to treat an incredibly high number of patients and our services are under increased pressure. Last year, more than 280,000 people attended our EDs and in October we saw an 18% increase in the number of Type 1 walk ins when compared with the same month in 2019 (pre-pandemic)
- A number of initiatives introduced to help improve performance, e.g. the opening of our Ambulance Receiving Unit and Jubilee Intensive Therapy Unit at Queen's Hospital and the reopening of our upgraded children's ED at King George Hospital. Construction works on our revamped CCU at KGH scheduled to be completed by the end of March 2022.

Reducing our waiting lists

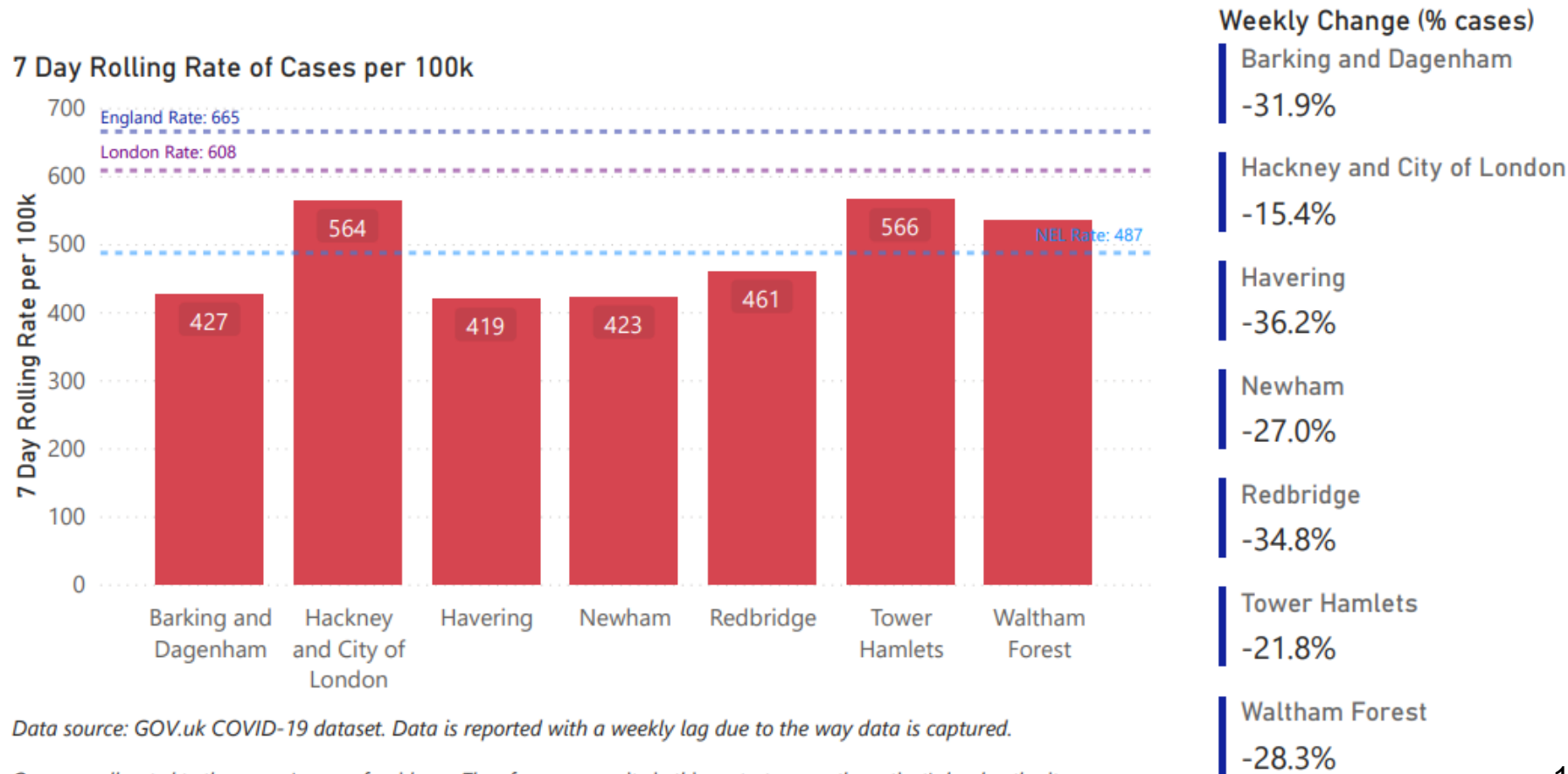
- Despite operational challenges, we continue to tackle our waiting lists through creative surgical initiatives. As a result, the number of patients waiting for more than a year for treatment reduced from 2,430 at the end of March 2021 to 959 by the end of December. We hope to get close to zero by the summer
- The work we're doing is being recognised nationally. Our Covid secure 'green zone' at KGH was showcased on BBC News and our BONES project was positively highlighted in NHS England's delivery plan to reduce waiting lists
- BHRUT's CEO Board report can be found at: <https://www.bhrhospitals.nhs.uk/chief-executive-board-report/chief-executives-board-report-january-2022-3368>

Covid-19

- We continue to deliver the **vaccine programme** (see attachment for latest figures)
- Falling demand across London. Current perceptions are challenging e.g: Omicron is milder than other variants; family members are fully vaccinated so less personal responsibility; restrictions easing/removed so no longer a threat
- Outreach with partners to lower uptake areas and events for Orthodox Jewish community, Homeless and rough-sleepers (potentially with St John Ambulance)
- 5-11 year olds at risk and Clinically Extremely Vulnerable. Eight sites have received NHS approval. Vaccinations started 5 February. We are arranging webinars for parents
- 12-15 vaccines: Promoting walk-ins, half-term sessions, FAQs, school networks. High rates of infection affecting eligibility for second dose
- Vaccine Hesitancy Advice Service, launched to health and care workers, now rolling out to the public
- Social media promoting sites with availability and the Evergreen offer (it's never too late)
- Latest details are here: <https://www.eastlondonhcp.nhs.uk/ourplans/covid-19.htm>
- Covid-19 Booster and Flu digital marketing campaign has targeted parents with children; people who are pregnant; 18-49 with long term health conditions; 65+ (flu and booster); with additional targeting by ethnicity, geography, religion. Impressions: 15.4million with 190,922 interactions

Covid-19

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



10 Feb 2022

Long Covid

Support for patients

As we learn more about the best way to treat Long Covid, we continue to develop our local services to support our residents. The latest information on our services is available on the following web pages:

- Waltham Forest; Barking and Dagenham, Havering and Redbridge: www.nelft.nhs.uk/information-and-advice-on-long-covid
- City and Hackney www.homerton.nhs.uk/covid-recovery-and-rehabilitation
- Newham and Tower Hamlets www.eastlondonhcp.nhs.uk/ourplans/long-covid-in-newham-and-tower-hamlets.htm

We are also reaching out to local communities to raise awareness of the signs and symptoms, through activities such as:

- a long COVID patient video with translations in different languages, patient case studies and a series of webinars
- patient leaflets, including an easy-read version, and support for homeless people
- working with local community and faith groups, including schools, to understand their needs, raise awareness and provide local information on support, including non-medical services (things like housing, finance and employment support)
- working with Healthwatch on a survey of local residents, which will help shape future activities

Support for health and care professionals

- We have launched a Long Covid Community of Practice www.newhamtraininghub.org/programmes/nel-long-covid-community-of-practice/ for all health and care professionals. This aims to provide training and guidance, and to create a network of support to help improve knowledge and skills of those managing Long Covid in any care setting, and reduce variation in care.
- It includes a training schedule www.newhamtraininghub.org/programmes/nel-long-covid-community-of-practice/long-covid-training/ as well as links to national and local long COVID resources, with information on how to make referrals. www.newhamtraininghub.org/programmes/nel-long-covid-community-of-practice/long-covid-referrals-from-primary-care/

Cancer

Working on innovation to spot cancer sooner for local residents:

- Mile End Early Diagnosis Centre – 16,500 additional procedures a year for cancer diagnosis; phase 2 will include an additional MRI scanner for north east London
- Cytosponge – a ‘sponge in a pill’ tool to test for signs of cancer
- Colon Flag – blood analysis to help spot bowel cancer sooner
- Transnasal esophagoscopy (TNE) - a safe and inexpensive way to examine the esophagus for patients at risk of esophageal cancer and other disorders, without the need for sedation
- Piloting a free lung health check for those at most risk of lung cancer
- Improving patient communications to reduce the number of people who don’t attend their appointment

Raising awareness of signs and symptoms to encourage more people to come forward for treatment:

- Working with local mosques to raise awareness of bowel cancer
- Delivering a campaign aimed at the LGBTQI+ community around breast cancer
- Promoting awareness of lung, prostate and bowel cancer to older males in deprived areas
- Developing a creative cervical screening campaign aimed at young Muslim women
- Producing a range of materials in different languages, including animated videos translated into 15 different languages

Primary Care Winter Access Fund



- Practices need to enrol in the Community Pharmacy Consultation Service to access Winter Access Fund (WAF)
- Practices can claim funding of £1.16 per weighted patient for practice specific interventions to improve access through the following means:
 - Funding additional sessions from existing and new clinical staff
 - Funding of additional clinical sessions such as locums secured through banks and agencies including the NEL digital staff bank
 - Expanding the number of appointments both in-hours and extended hours
 - Additional appointments via increased capacity to include other clinical practice and PCN staff
- Enhanced support can be provided e.g. to discuss interventions, review workload and work plans and, with the use of coaches, unpick pressure points of access or service delivery.
- As part of the WAF, the Access Improvement Programme provides practice-based staff who are experienced in Quality Improvement; a coach who will work onsite and virtually; and other support over an eight week process to improve systems and processes to be embedded into the daily routine of the practice.

Community Pharmacist Consultation Service

- The GP CPCS referral pathway is being implemented nationally across the NHS. The pathway aims to redirect minor illness from General Practice to Community Pharmacy to increase access and free-up capacity in General Practice.
- Implementing the GP CPCS is nationally mandated to access the Winter Access Fund (WAF) monies for primary care.
- Key aims include:
 - Help to alleviate pressure on general practice
 - Improve timely access for patients
 - Enable better patient care
 - Promotes self-care
 - Strengthen relationships between general practice and pharmacy
- A patient contacts their GP either on the phone, online or in person > they are triaged by the practice > a local pharmacy is alerted > a consultation with a pharmacist is arranged ASAP.

Diagnostics programme and Community Diagnostic Centres (CDCs)

Aims of the CDC national programme:

- Improve population health outcomes
- Increase capacity
- Improve productivity and efficiency
- Contribute to reducing health inequalities
- Deliver better and more personalised experience
- Support integration of care

Seeking to reprocur **community diagnostics** across BHR and TNW (C&H services are not yet due for contract renewal) – patients and Healthwatch will be involved in the process

- We are progressing our thinking and looking at a preferred CDC delivery model that is a mix of all three potential models (hub and spoke, large and standard size centres) with a spread across boroughs. They will contain centres located both on existing NHS sites and new sites in highly accessible high footfall areas such as town centres and shopping centres. This will be a medium to long-term programme, with CDCs coming online over the next 5+ years.
- CDC sites will be in addition to existing acute sites and community diagnostics provision, both of which are also being potentially enhanced over coming years to meet growing demand.
- Our first priority is the completion of the service offering at our existing early adopter sites in Mile End Hospital and Barking Community Hospital, bringing as many services online in these sites as possible in 22/23 to meet current demand. These sites have already been offering CDC services since summer 21 and have been operating successfully, so adding the remaining types of tests and capacity to make them full CDCs will give us the quickest and most certain route to ensuring patients can begin seeing the benefits of the programme.
- We will be finalising the system strategy and the remaining proposed planned sites in April and May, once our analysis of demand growth and impact on inequalities of access is complete.
- We propose writing to councils and emerging JOSCs/OSCs in late May with engagement material and an engagement plan. We are looking to engage publicly for 10 weeks from mid June – end of August with a report available in September.

Looking ahead

- Developing a single updated **fertility policy** for north east London (see agenda) to ensure an equitable and consistent approach to access.
- Updating north east London policies for **Continuing Healthcare** (CHC) (see agenda) to ensure clarity, improve processes and procedures, and to ensure equity
- **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, anti-coagulation services and respiratory services.
 - Simple wound care pilot testing different locations, offering online booking and monitoring satisfaction/ experience.



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

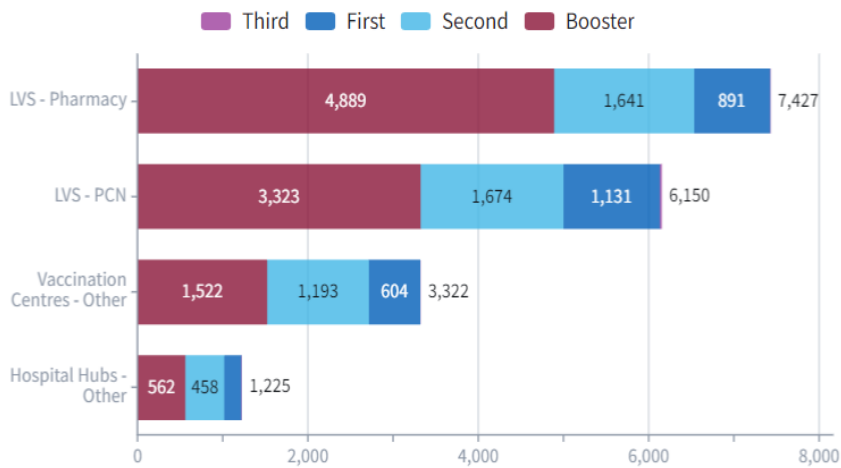
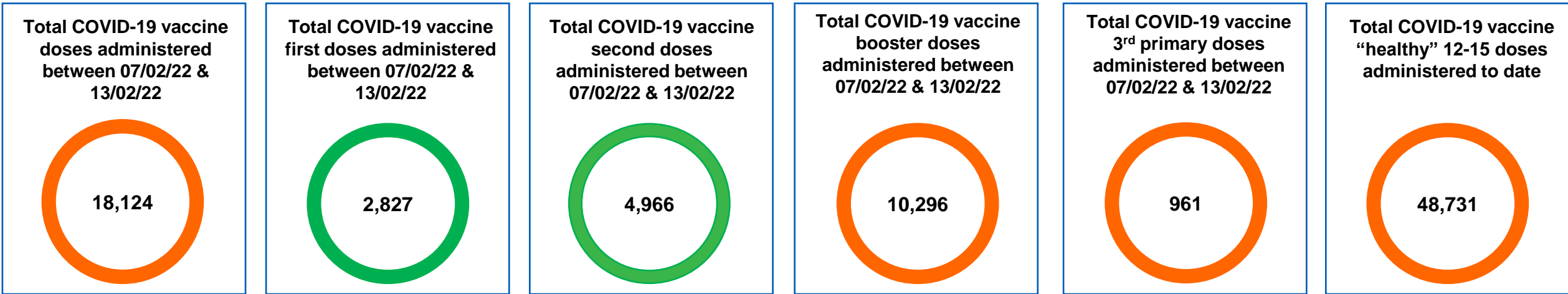
15th February 2022

One page summary

Performance summary COVID-19 Vaccination and Flu Immunisation Programmes

Total number of COVID-19 vaccine doses administered to date: 3,472,089

67% of the population aged 12+ have received a first dose and 61% have received a second dose.
65% of the population aged 16+ who have received a second dose have also received a booster dose.



Key successes

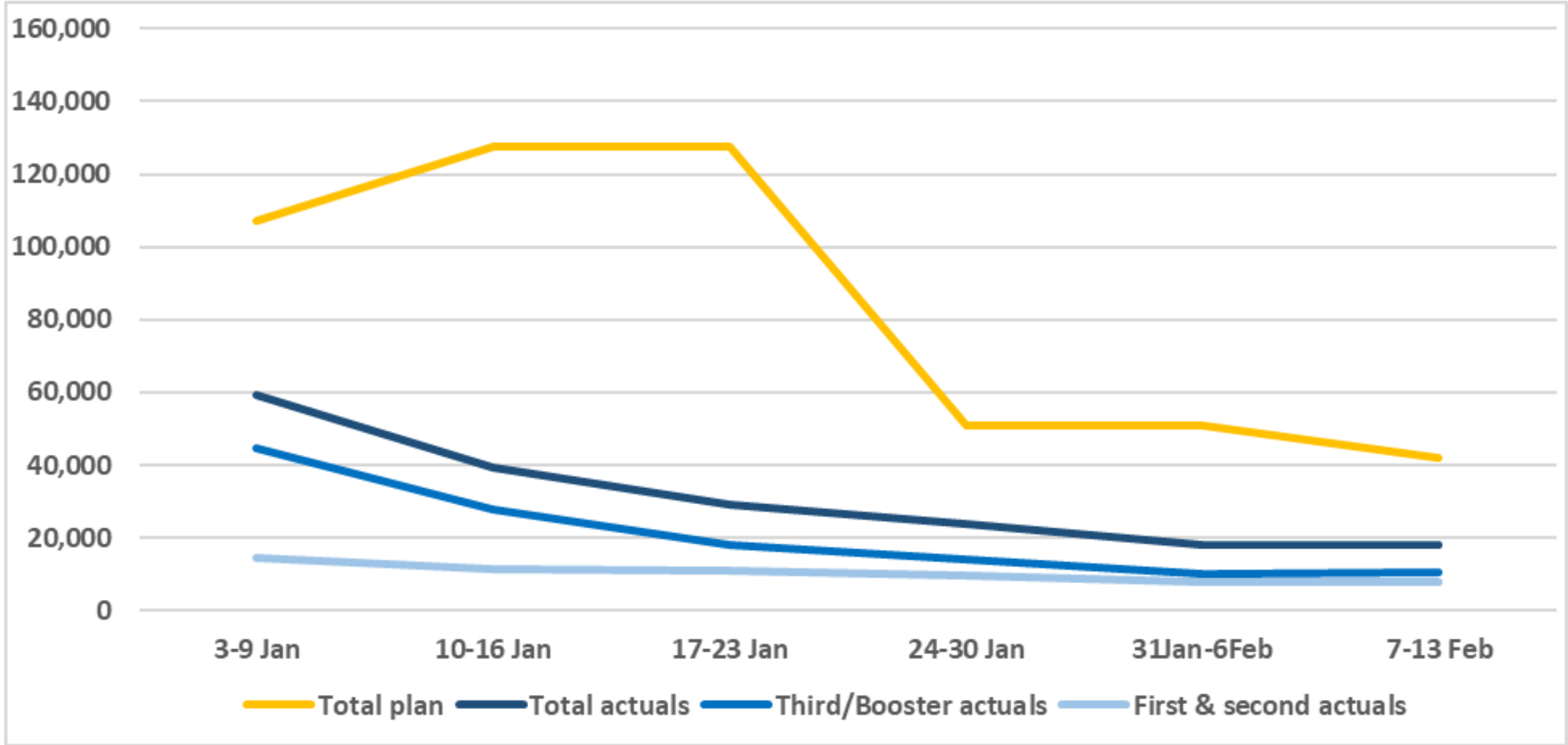
- 84% of care home residents have received boosters.
- 81% of care home residents have received flu immunisations
- 88% of housebound patients have received second doses.
- 87% of eligible housebound patients have received boosters.
- 64% of pregnant women have received first doses which is now in line with the general population aged 18-39
- 97% of care home workers have received second doses and 39% have received boosters.

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.
- To date NEL sites have given 91,461 more vaccinations to non-NEL patients than the vaccinations given to NEL patients in England.

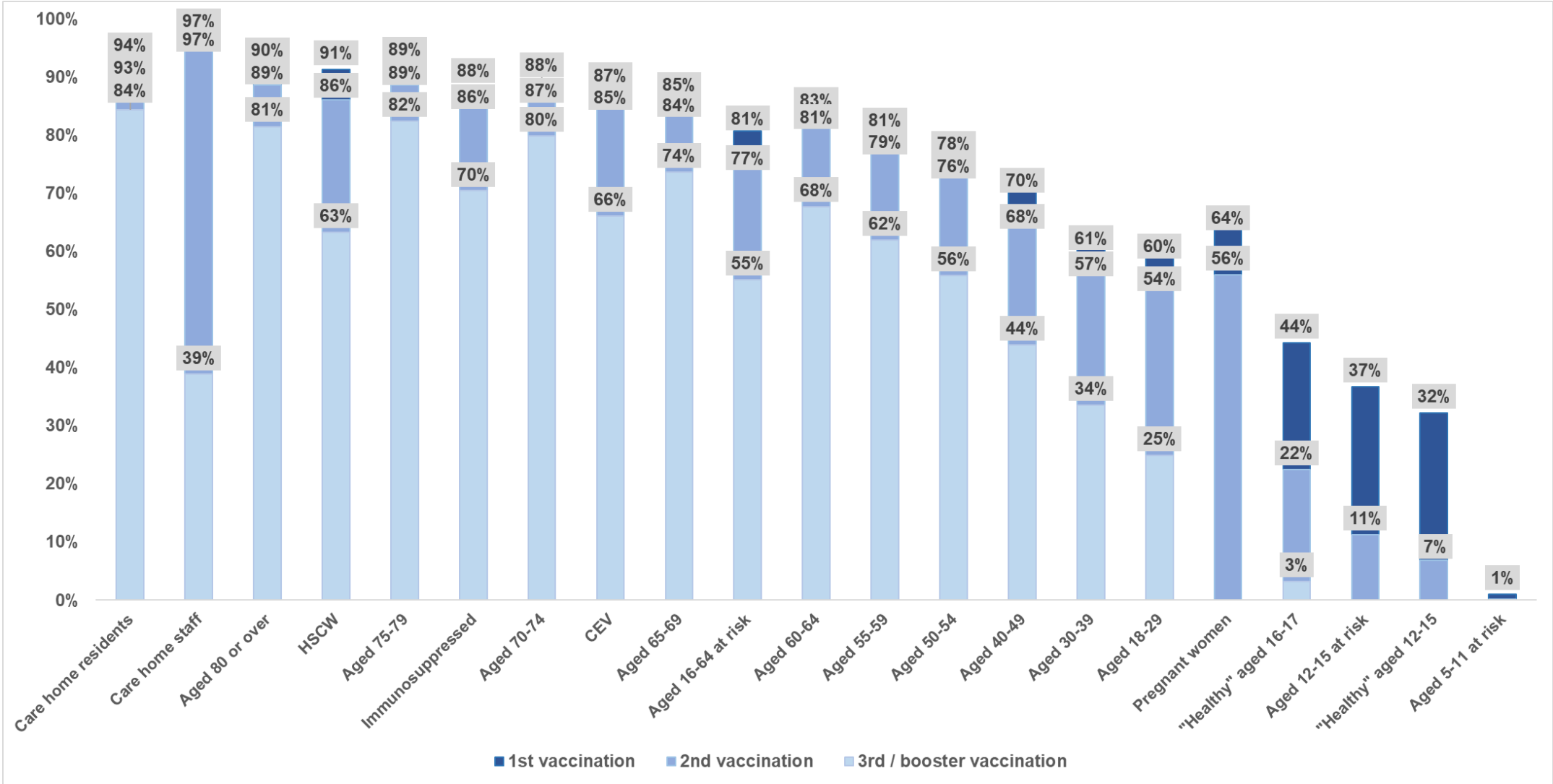
Executive summary

NEL plan vs actuals



Executive summary

NEL COVID-19 vaccinations by priority group and dose



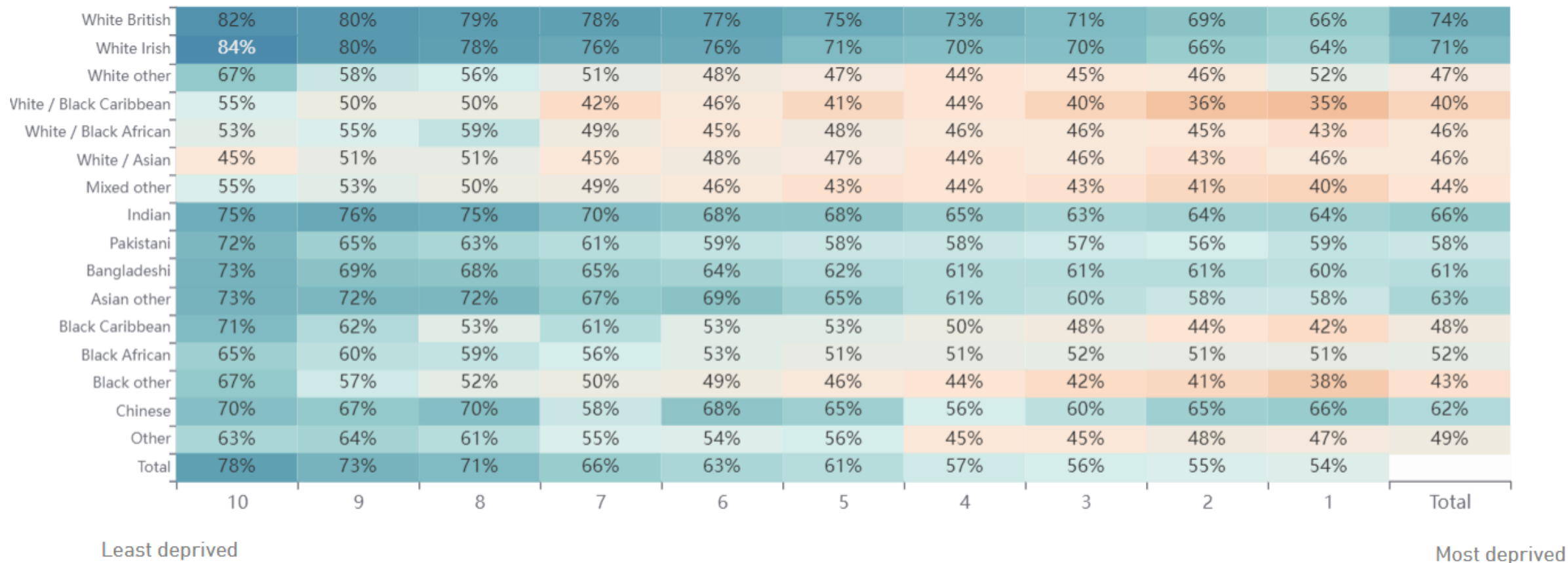
Executive summary

NEL COVID-19 booster vaccinations by priority group

Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 14 Feb
Age 80+	53,039	46,632	43,215	92.7%	3,417
Age 75-79	38,436	33,826	31,662	93.6%	2,164
Age 70-74	53,443	46,186	42,636	92.3%	3,550
Age 65-69	68,982	57,204	50,767	88.7%	6,437
Age 60-64	93,630	75,141	63,401	84.4%	11,740
Age 55-59	118,543	91,761	73,406	80.0%	18,355
Age 50-54	136,223	100,791	76,030	75.4%	24,761
Age 40-49	346,820	226,301	152,377	67.3%	73,924
Age 30-39	492,879	265,454	165,637	62.4%	99,817
Age 18-29	439,143	208,533	109,596	52.6%	98,937
Age 16-17	52,438	4,216	1,638	38.9%	2,578
NEL totals	1,841,138	1,151,829	808,727	70.2%	343,102

Executive summary

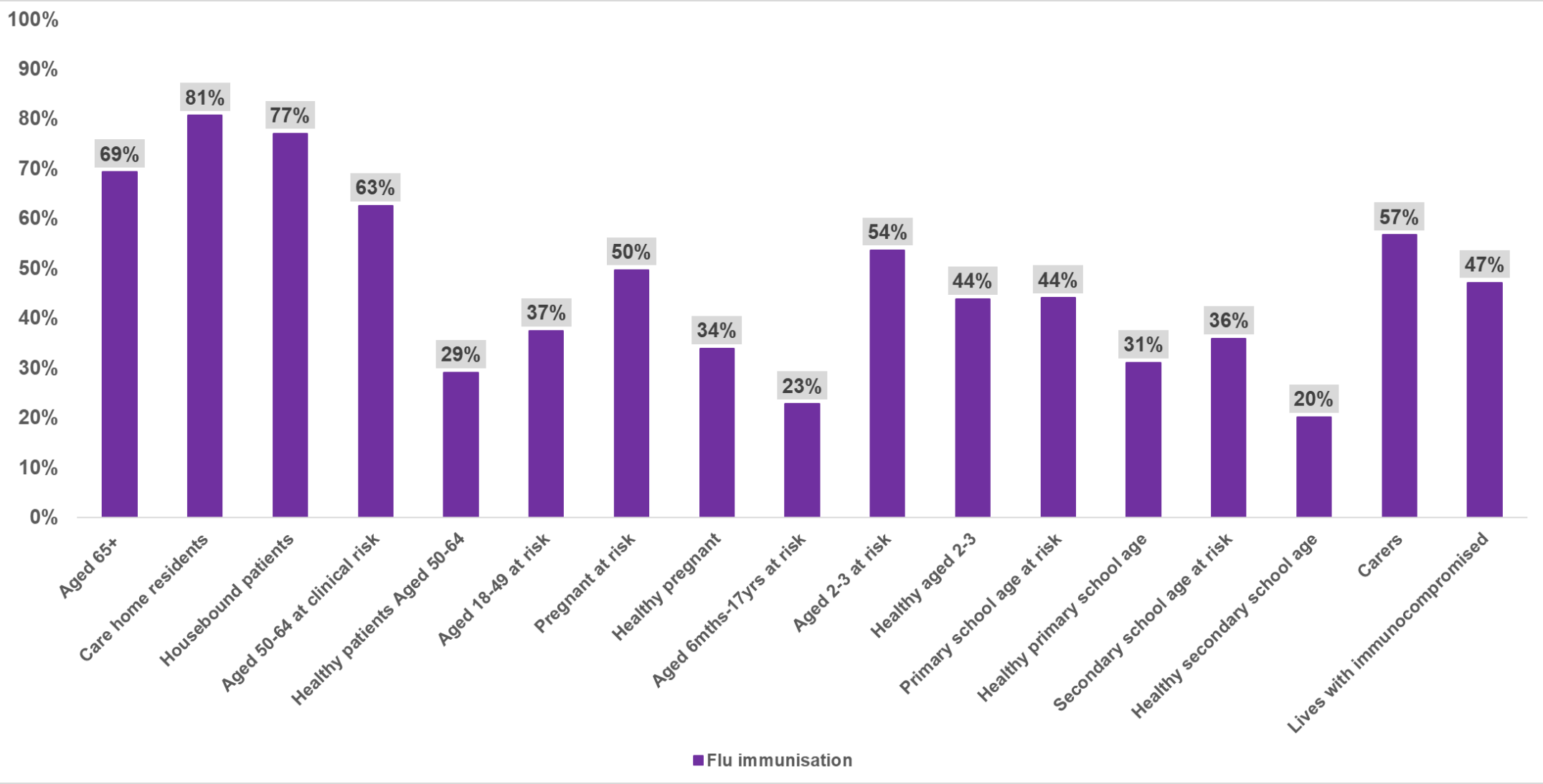
Gaps in COVID-19 vaccination first dose uptake using socio-demographic factors for all priority groups



- The correlation between highest uptake and least deprived is strongest in Black Caribbean and Black other groups. The correlation between highest uptake and least deprived is weakest in Chinese and White/Asian groups.
- White/Black Caribbean, Black other, Mixed other, White/Black African, White/Asian, White other, Other and Black African are the ethnicity groups with the lowest COVID-19 vaccine uptake in NE London where uptake for all groups is 58.3%

Executive summary

NEL Flu immunisation uptake by priority group



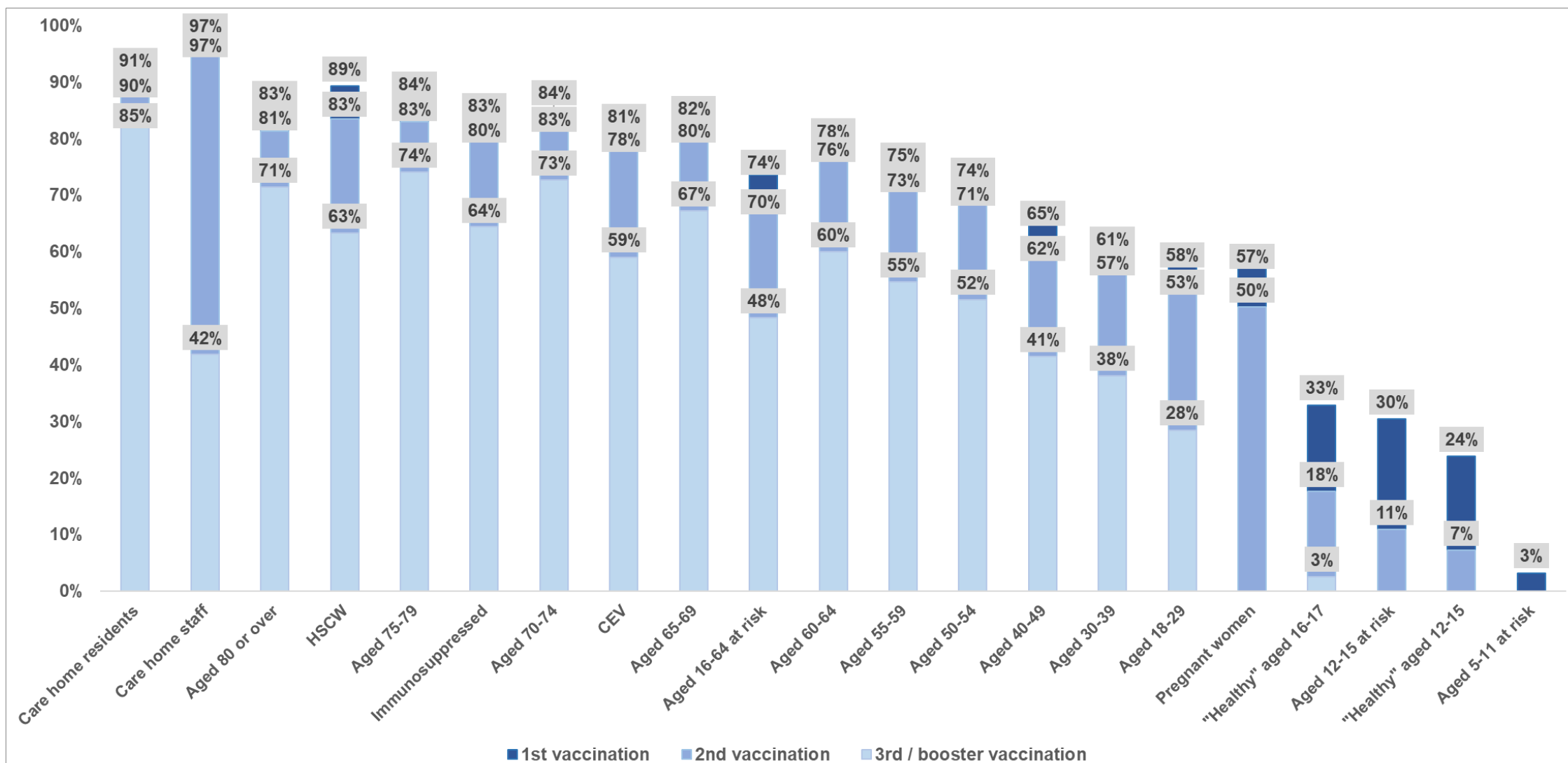


North East London
Clinical Commissioning Group

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 vaccinations by priority group and dose



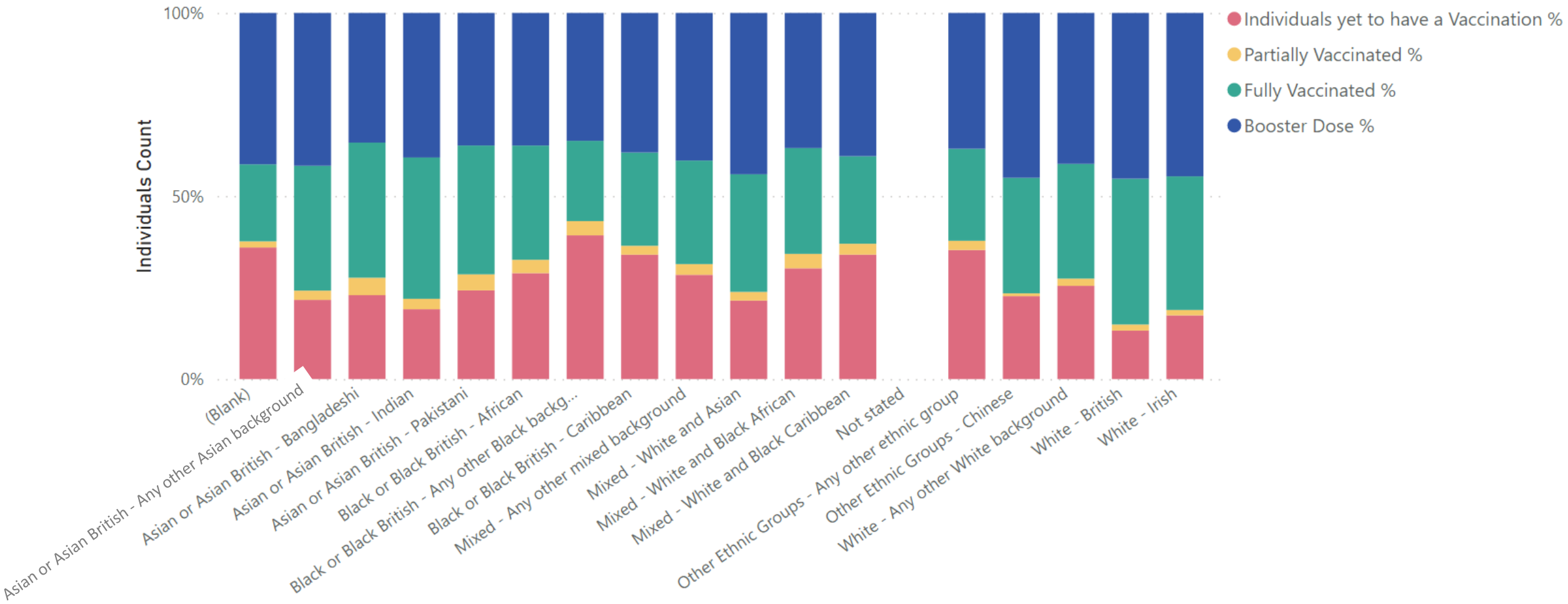
City & Hackney COVID-19 booster vaccinations by priority group

Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 14 Feb
Age 80+	5,343	4,298	3,817	88.8%	481
Age 75-79	4,191	3,456	3,103	89.8%	353
Age 70-74	6,266	5,144	4,555	88.5%	589
Age 65-69	8,895	7,011	5,980	85.3%	1,031
Age 60-64	12,738	9,519	7,648	80.3%	1,871
Age 55-59	16,836	11,967	9,205	76.9%	2,762
Age 50-54	18,493	12,801	9,539	74.5%	3,262
Age 40-49	49,199	29,470	20,413	69.3%	9,057
Age 30-39	81,851	44,817	31,289	69.8%	13,528
Age 18-29	65,553	31,409	18,739	59.7%	12,670
Age 16-17	6,839	445	176	39.6%	269
City & Hackney totals	276,204	160,337	114,464	71.4%	45,873

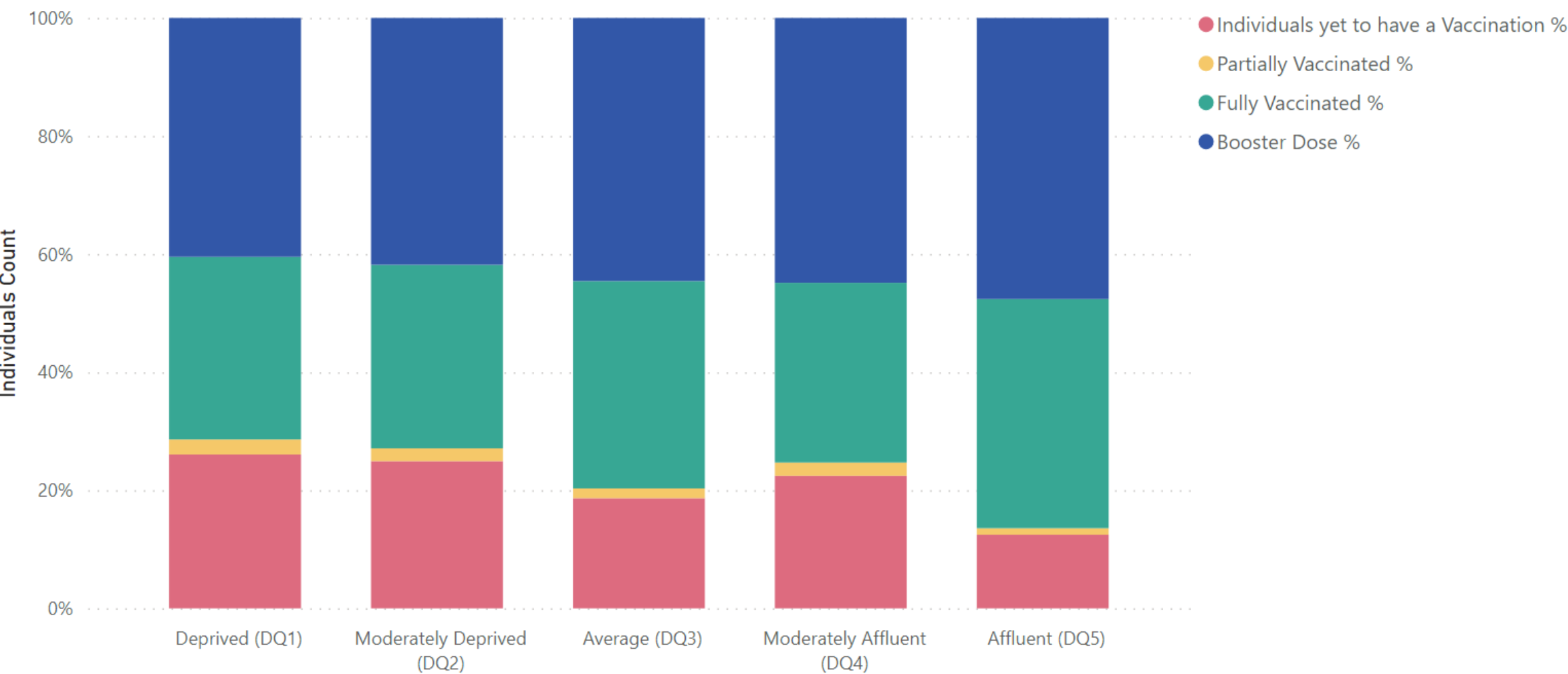
NEL COVID-19 vaccination – where did City & Hackney patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
JOHN SCOTT HEALTH CENTRE	119	BOCKING CENTRE	129	JOHN SCOTT HEALTH CENTRE	240
BOCKING CENTRE	75	JOHN SCOTT HEALTH CENTRE	96	BOCKING CENTRE	227
SILVERFIELDS CHEMIST	14	SILVERFIELDS CHEMIST	44	SILVERFIELDS CHEMIST	164
WESTFIELD STRATFORD	7	HAGGERSTON PHARMACY	20	HAGGERSTON PHARMACY	136
WESTFIELD STRATFORD CITY 2	6	WESTFIELD STRATFORD	16	BENJAMIN CHEMIST - STOKE NEWINGTON	108
BENJAMIN CHEMIST - STOKE NEWINGTON	5	GOOD HEALTH PHARMACY	14	MURRAY'S CHEMIST	66
UCLH - SAIS	5	ST LEONARD'S	14	BEES PHARMACY	59
BEES PHARMACY	4	UCLH - SAIS	13	WESTFIELD STRATFORD	52
HAGGERSTON PHARMACY	4	CP HOUSE, 97-107	11	KINGSLAND PHARMACY	48
ST LEONARD'S	4	THE ROYAL LONDON HOSPITAL	10	ST LEONARD'S	47
THE ROYAL LONDON HOSPITAL	4	LRM PHARMACY	8	KINGS SQUARE COMMUNITY CENTRE (CLAN PHARMACY)	29
ALBERT JACOBS HOUSE	3	KINGSLAND PHARMACY	7	COLUMBIA PHARMACY - LONDON	28
KINGSLAND PHARMACY	3	PYRAMID PHARMACY - BEACONSFIELD	7	BOOTS - FLEET STREET	26
BIDBOROUGH HOUSE	2	CARLTON HOUSE	6	GOOD HEALTH PHARMACY	23
CARLTON HOUSE	2	COLUMBIA PHARMACY - LONDON	5	GUYS HOSPITAL	21
GOOD HEALTH PHARMACY	2	LIBERTY SHOPPING CENTRE	5	BIDBOROUGH HOUSE	19
HORNSEY HEALTH CENTRE	2	WESTFIELD STRATFORD CITY 2	5	LEOPRIM PHARMACY	19
LRM PHARMACY	2	BENJAMIN CHEMIST - STOKE NEWINGTON	4	DERMACIA PHARMACY	16
MURRAY'S CHEMIST	2	GUYS HOSPITAL	4	HORNSEY HEALTH CENTRE	14
NEWBY PLACE HEALTH & WELLBEING CENTRE	2	MURRAY'S CHEMIST	4	FORWARD PHARMACY	8
Other sites	41	Other sites	85	Other sites	293
Total	308	Total	507	Total	1,643

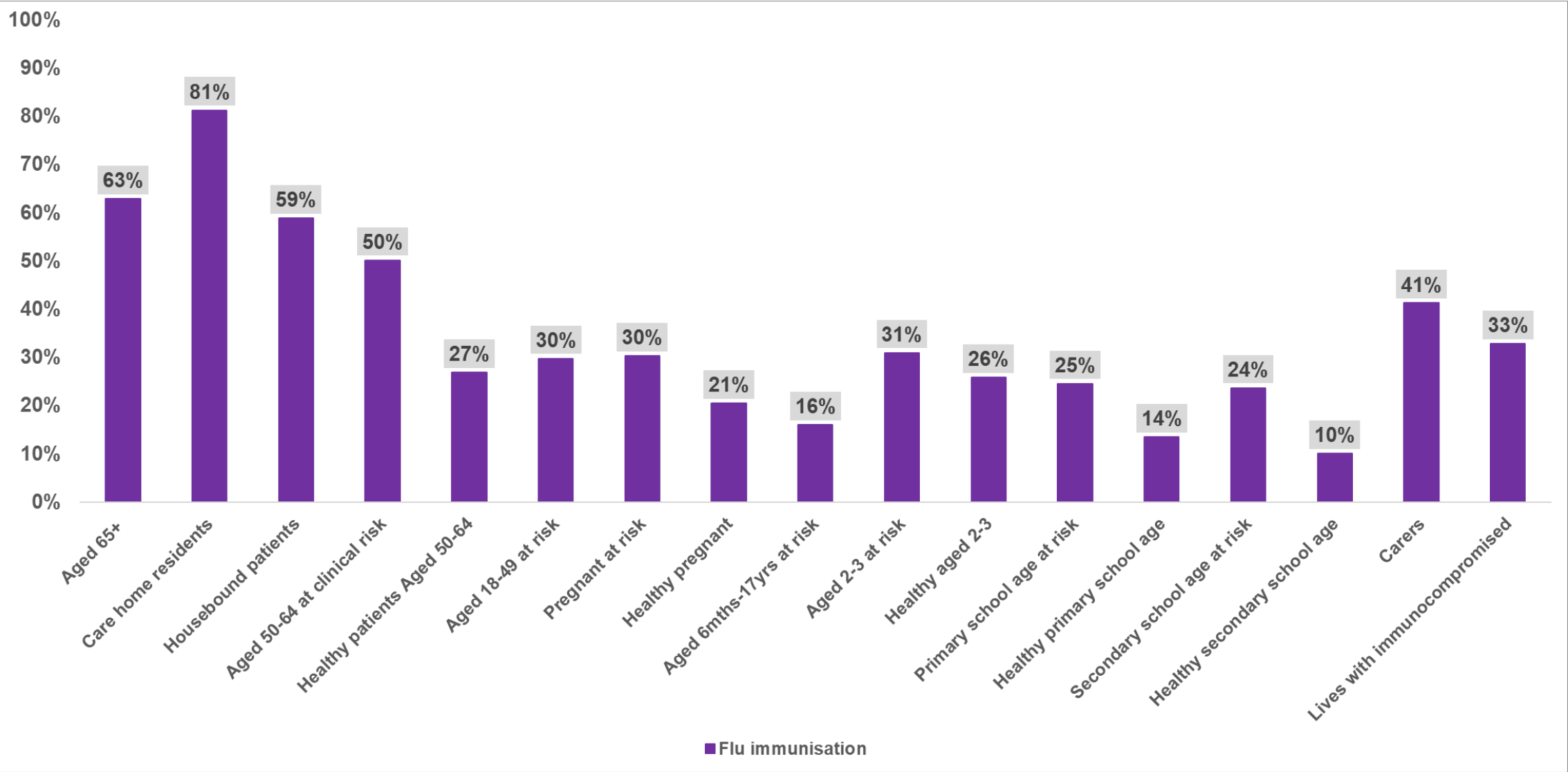
City & Hackney COVID-19 vaccination uptake by ethnic category



City & Hackney COVID-19 vaccination uptake by deprivation



City & Hackney Flu immunisation uptake by priority group



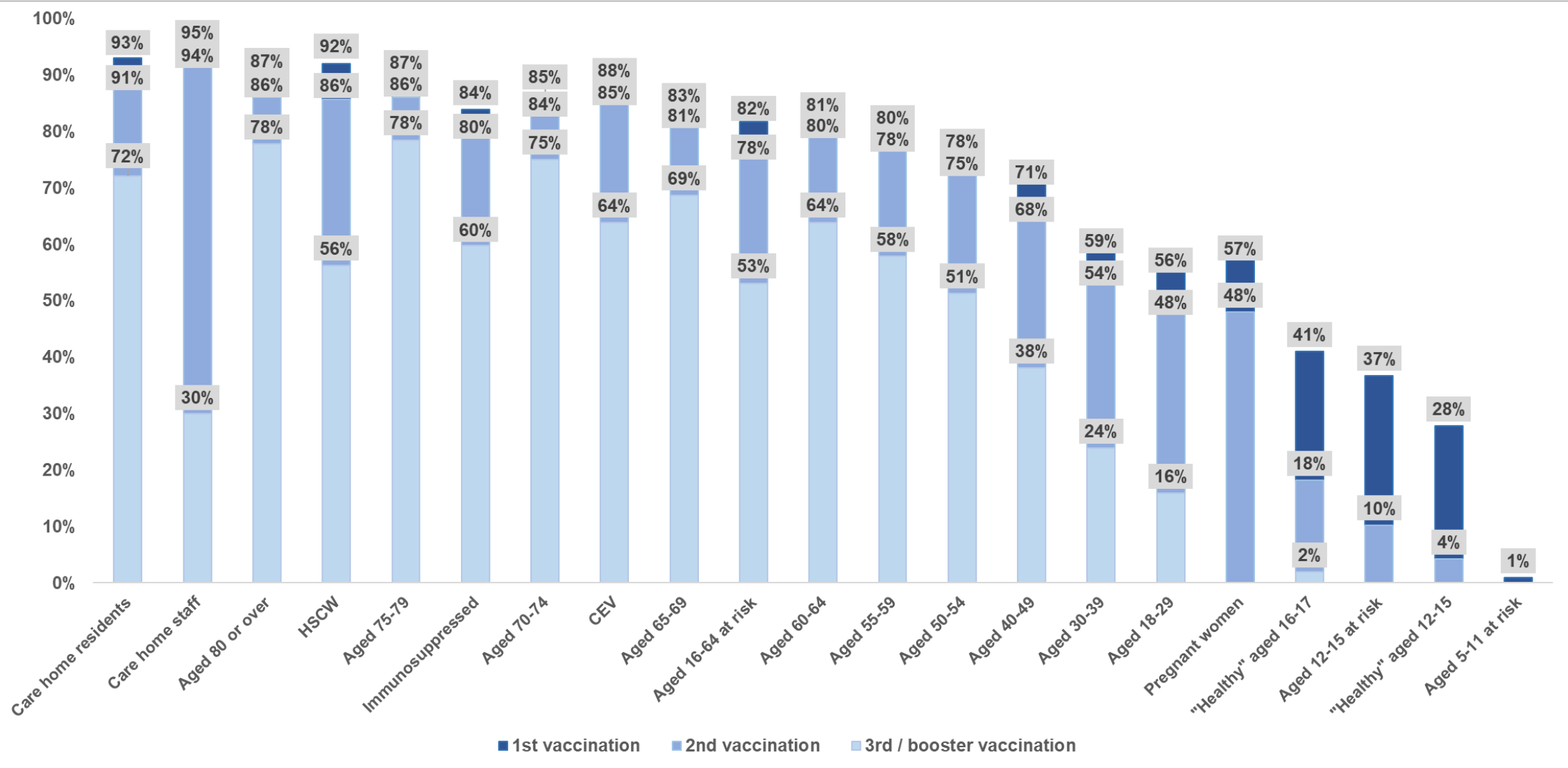


North East London
Clinical Commissioning Group

Operational data analysis - Barking and 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 vaccinations by priority group and dose



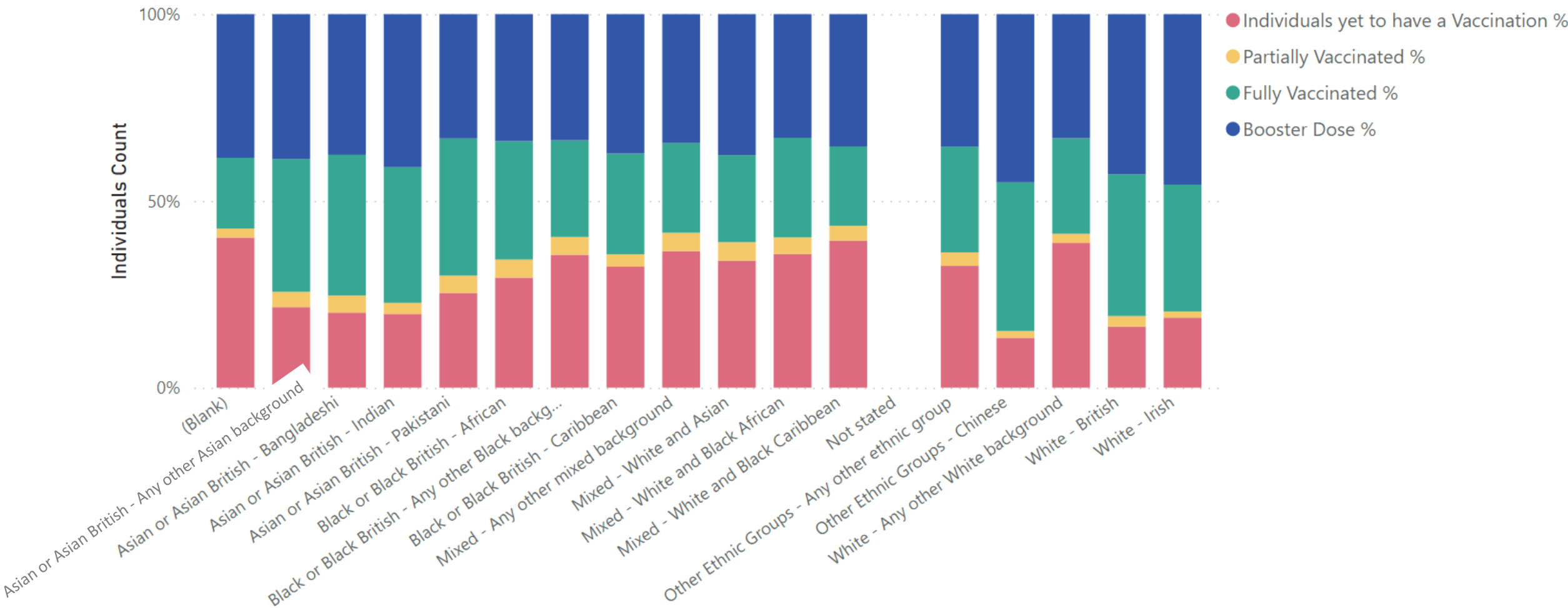
Barking & Dagenham COVID-19 booster vaccinations by priority group

Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 14 Feb
Age 80+	4,854	4,145	3,774	91.0%	371
Age 75-79	3,448	2,941	2,706	92.0%	235
Age 70-74	4,891	4,099	3,670	89.5%	429
Age 65-69	6,643	5,343	4,566	85.5%	777
Age 60-64	9,342	7,376	5,971	81.0%	1,405
Age 55-59	12,623	9,710	7,311	75.3%	2,399
Age 50-54	15,145	11,136	7,775	69.8%	3,361
Age 40-49	36,460	23,747	13,883	58.5%	9,864
Age 30-39	41,947	20,877	10,026	48.0%	10,851
Age 18-29	37,777	15,476	6,014	38.9%	9,462
Age 16-17	6,701	369	126	34.1%	243
Barking & Dagenham totals	179,831	105,219	65,822	62.6%	39,397

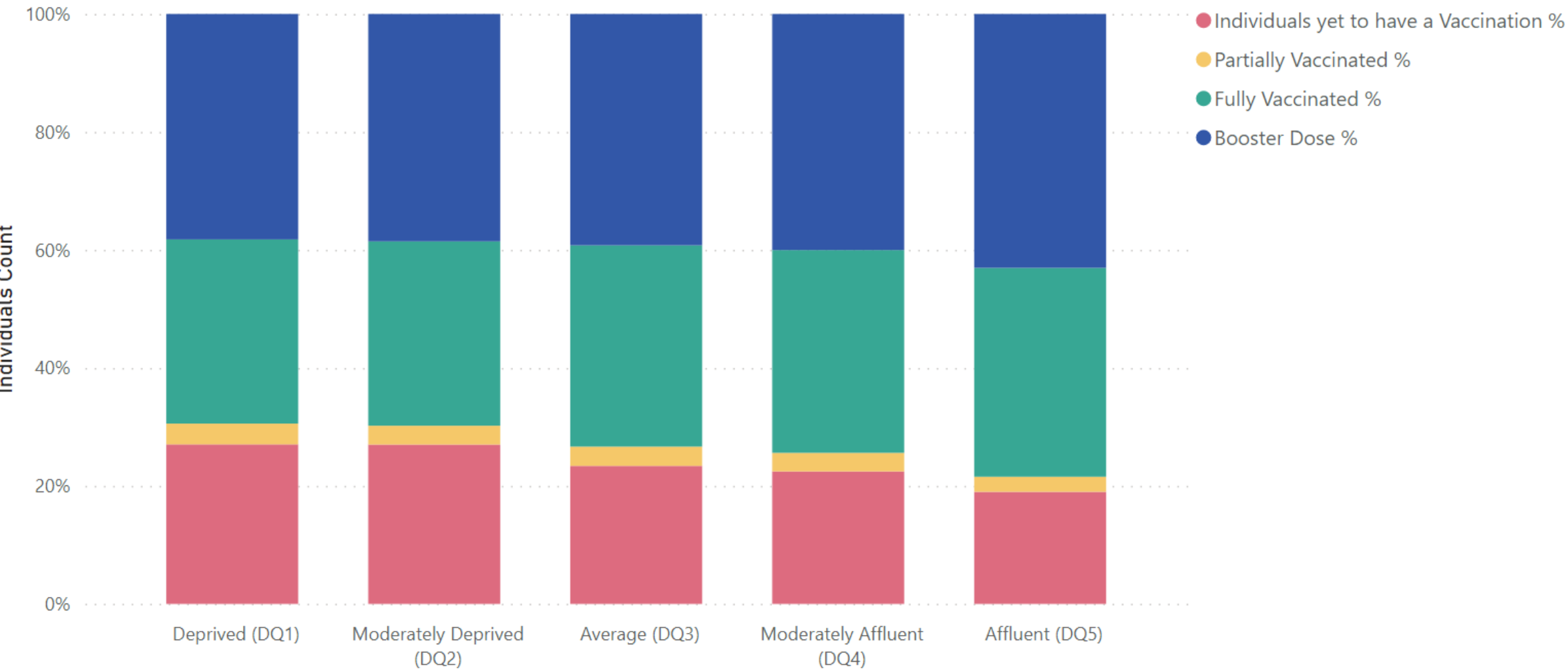
NEL COVID-19 vaccination – where did Barking & Dagenham patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
VICARAGE FIELD BARKING	57	VICARAGE FIELD BARKING	115	VICARAGE FIELD BARKING	167
LIBERTY SHOPPING CENTRE	44	LIBERTY SHOPPING CENTRE	98	ST MARTIN'S CHURCH (KRY-BA PHARMACY)	90
KING GEORGE'S HOSPITAL	19	ST MARTIN'S CHURCH (KRY-BA PHARMACY)	60	OXLOW PHARMACY	87
ST MARTIN'S CHURCH (KRY-BA PHARMACY)	17	KING GEORGE'S HOSPITAL	55	LIBERTY SHOPPING CENTRE	86
SANDBERN PHARMACY	15	SANDBERN PHARMACY	32	SANDBERN PHARMACY	72
ALVIN ROSE CHEMIST - DAGENHAM	12	PARSLOES SURGERY	24	PARSLOES SURGERY	67
BRITANNIA PHARMACY	10	BRITANNIA PHARMACY	18	KING GEORGE'S HOSPITAL	40
OXLOW PHARMACY	10	OXLOW PHARMACY	12	ALVIN ROSE CHEMIST - DAGENHAM	28
PARSLOES SURGERY	10	CHELFORD COURT	10	BRITANNIA PHARMACY	26
ESSEX PARTNERSHIP UNIVERSITY NHS FT	6	ALVIN ROSE CHEMIST - DAGENHAM	7	WELL PHARMACY - CHADWELL HEATH	17
EPUT - CHELFORD COURT - SAIS	5	EPUT - CHELFORD COURT - SAIS	7	WESTFIELD STRATFORD	13
ALASTAIR FARQUHASON CENTRE	2	ESSEX PARTNERSHIP UNIVERSITY NHS FT	4	BOOTS UK	11
EVERGREEN SURGERY	2	SIR JAMES HAWKEY HALL	4	TALATI CHEMIST	9
NEWHAM GENERAL HOSPITAL	2	WESTFIELD STRATFORD	4	ESSEX PARTNERSHIP UNIVERSITY NHS FT	6
TALATI CHEMIST	2	LRM PHARMACY	3	ALASTAIR FARQUHASON CENTRE	4
WESTFIELD STRATFORD	2	TALATI CHEMIST	3	BELVEDERE PHARMACY	4
WOODGRANGE PHARMACY	2	ALASTAIR FARQUHASON CENTRE	2	HORNCHURCH LIBRARY	4
ASIF'S NEW PHARMACY - HADLEIGH	1	BIDBOROUGH HOUSE	2	DUNCANS PHARMACY - MANOR PARK	3
BARNET HOSPITAL	1	BOOTS UK	2	ESSEX LODGE	3
BIDBOROUGH HOUSE	1	HORTON PHARMACY	2	ESSEX PHARMACY	3
Other sites	22	Other sites	41	Other sites	74
Total	242	Total	505	Total	814

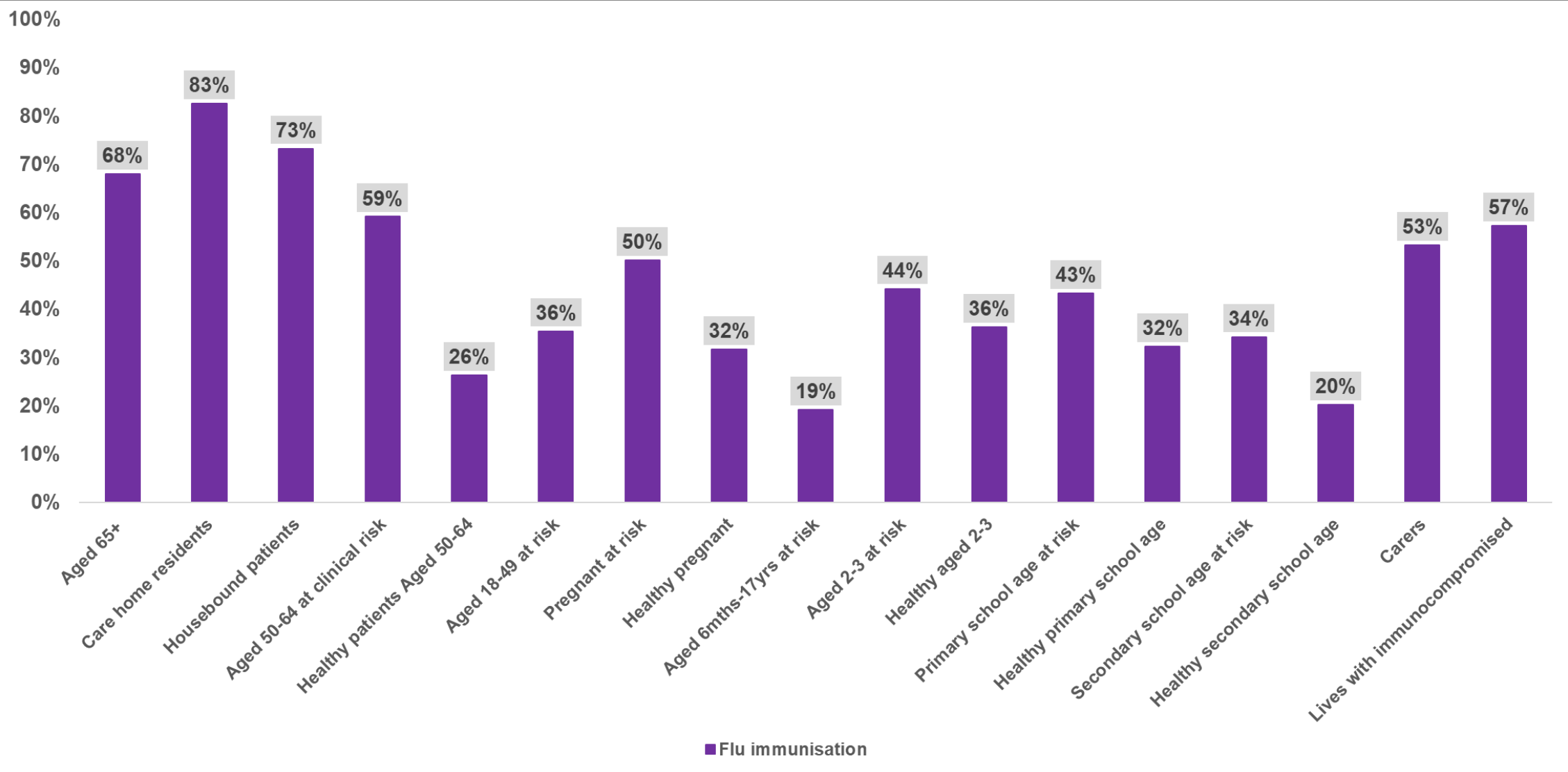
Barking & Dagenham COVID-19 vaccination uptake by ethnic category



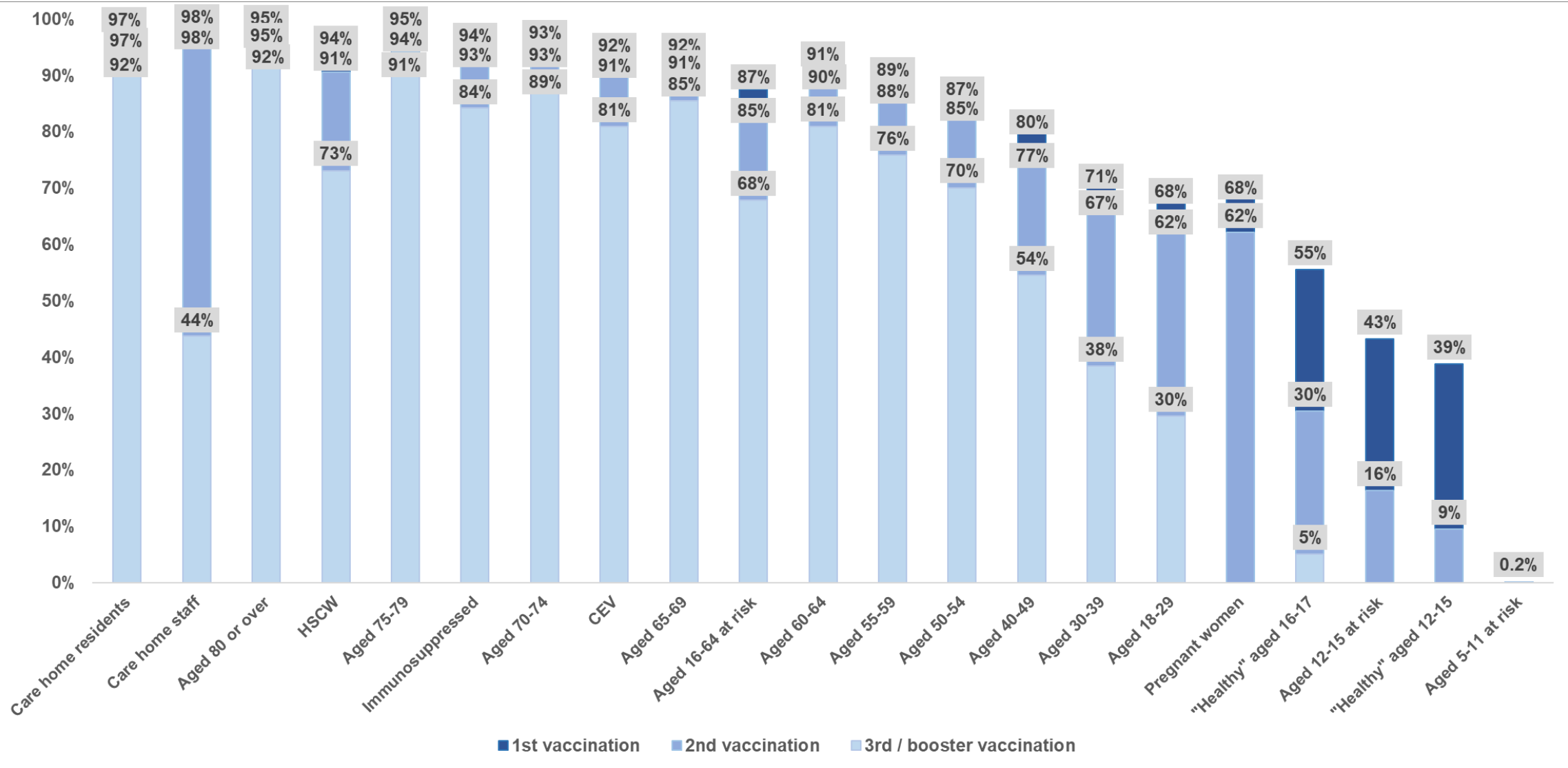
Barking & Dagenham COVID-19 vaccination uptake by deprivation



Barking & Dagenham Flu immunisation uptake by priority group



Havering COVID-19 vaccinations by priority group and dose



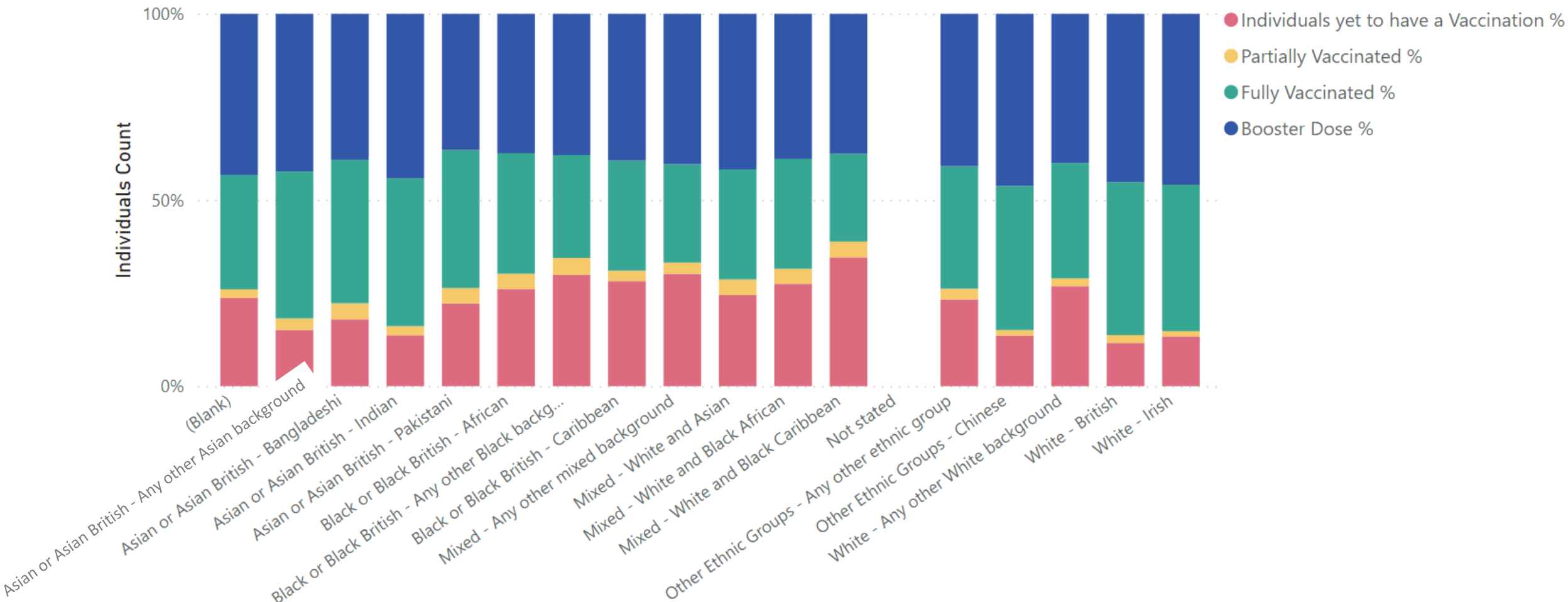
Havering COVID-19 booster vaccinations by priority group

Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 14 Feb
Age 80+	13,923	13,133	12,758	97.1%	375
Age 75-79	9,932	9,324	9,042	97.0%	282
Age 70-74	12,363	11,463	11,037	96.3%	426
Age 65-69	12,764	11,526	10,904	94.6%	622
Age 60-64	16,321	14,556	13,219	90.8%	1,337
Age 55-59	18,800	16,375	14,257	87.1%	2,118
Age 50-54	18,647	15,725	13,069	83.1%	2,656
Age 40-49	37,593	28,331	20,489	72.3%	7,842
Age 30-39	43,138	27,150	16,590	61.1%	10,560
Age 18-29	40,108	22,724	11,866	52.2%	10,858
Age 16-17	6,479	576	320	55.6%	256
Havering totals	230,068	170,883	133,551	78.2%	37,332

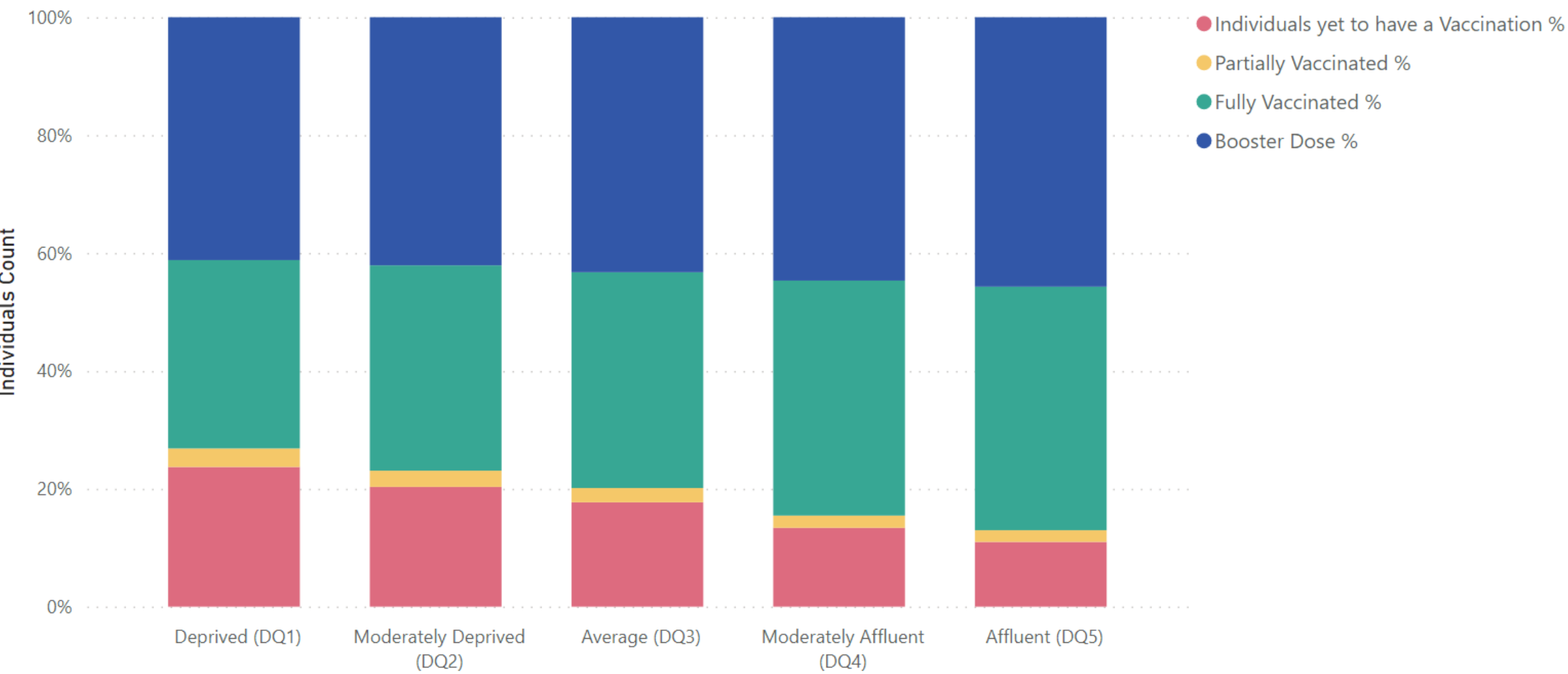
NEL COVID-19 vaccination – where did Havering patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
LIBERTY SHOPPING CENTRE	125	LIBERTY SHOPPING CENTRE	317	LIBERTY SHOPPING CENTRE	523
VICTORIA HOSPITAL (RAPHAEL HOUSE)	70	VICTORIA HOSPITAL (RAPHAEL HOUSE)	64	HORNCHURCH LIBRARY	310
HORNCHURCH LIBRARY	24	HORNCHURCH LIBRARY	36	VICTORIA HOSPITAL (RAPHAEL HOUSE)	198
BENCREST CHEMIST	11	ST MARTIN'S CHURCH (KRY-BA PHARMACY)	26	BENCREST CHEMIST	52
KING GEORGE'S HOSPITAL	10	KING GEORGE'S HOSPITAL	24	KING GEORGE'S HOSPITAL	36
ST MARTIN'S CHURCH (KRY-BA PHARMACY)	7	SANDBERN PHARMACY	22	CHANSONS PHARMACY	32
EPUT - CHELFORD COURT - SAIS	4	BENCREST CHEMIST	12	ST MARTIN'S CHURCH (KRY-BA PHARMACY)	15
PYRAMID PHARMACY - BEACONSFIELD	4	CHELFORD COURT	12	ESSEX PARTNERSHIP UNIVERSITY NHS FT	11
OXLOW PHARMACY	3	EPUT - CHELFORD COURT - SAIS	9	OXLOW PHARMACY	9
SHEPHALL CENTRE	3	ALASTAIR FARQUHASON CENTRE	8	SANDBERN PHARMACY	8
WELL PHARMACY - CHADWELL HEATH	3	ESSEX PARTNERSHIP UNIVERSITY NHS FT	5	WELL PHARMACY - CHADWELL HEATH	8
WESTFIELD STRATFORD	3	WANSTEAD PHARMACY	4	ALASTAIR FARQUHASON CENTRE	7
ALASTAIR FARQUHASON CENTRE	2	BRITANNIA PHARMACY	3	WESTFIELD STRATFORD	7
BENFLEET CLINIC	2	ASIF'S NEW PHARMACY - HADLEIGH	2	BOOTS UK	6
CHELFORD COURT	2	BERG PHARMACY	2	BRITANNIA PHARMACY	5
PARSLOES SURGERY	2	BOOTS - FLEET STREET	2	WANSTEAD PHARMACY	5
SANDBERN PHARMACY	2	BOOTS UK	2	BOOTS - FLEET STREET	4
ANEURIN BEVAN UNIVERSITY LHB	1	CHRISTCHURCH PHARMACY	2	GUYS HOSPITAL	4
BOOTS SOUTHAMPTON	1	EVERGREEN SURGERY	2	VICARAGE FIELD BARKING	4
BOOTS UK	1	GUYS HOSPITAL	2	BIDBOROUGH HOUSE	3
Other sites	18	Other sites	45	Other sites	68
Total	298	Total	601	Total	1,315

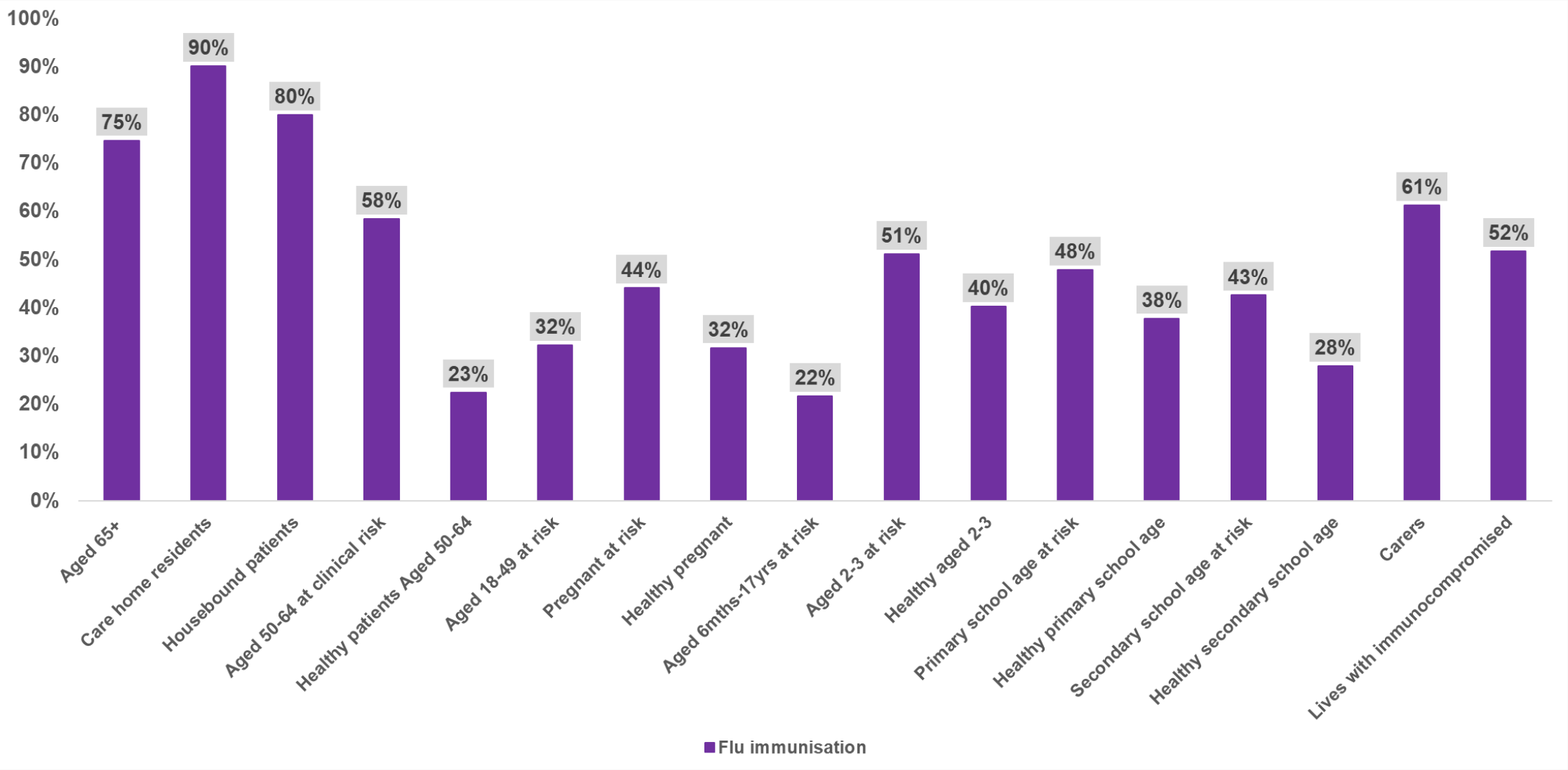
Havering COVID-19 vaccination uptake by ethnic category



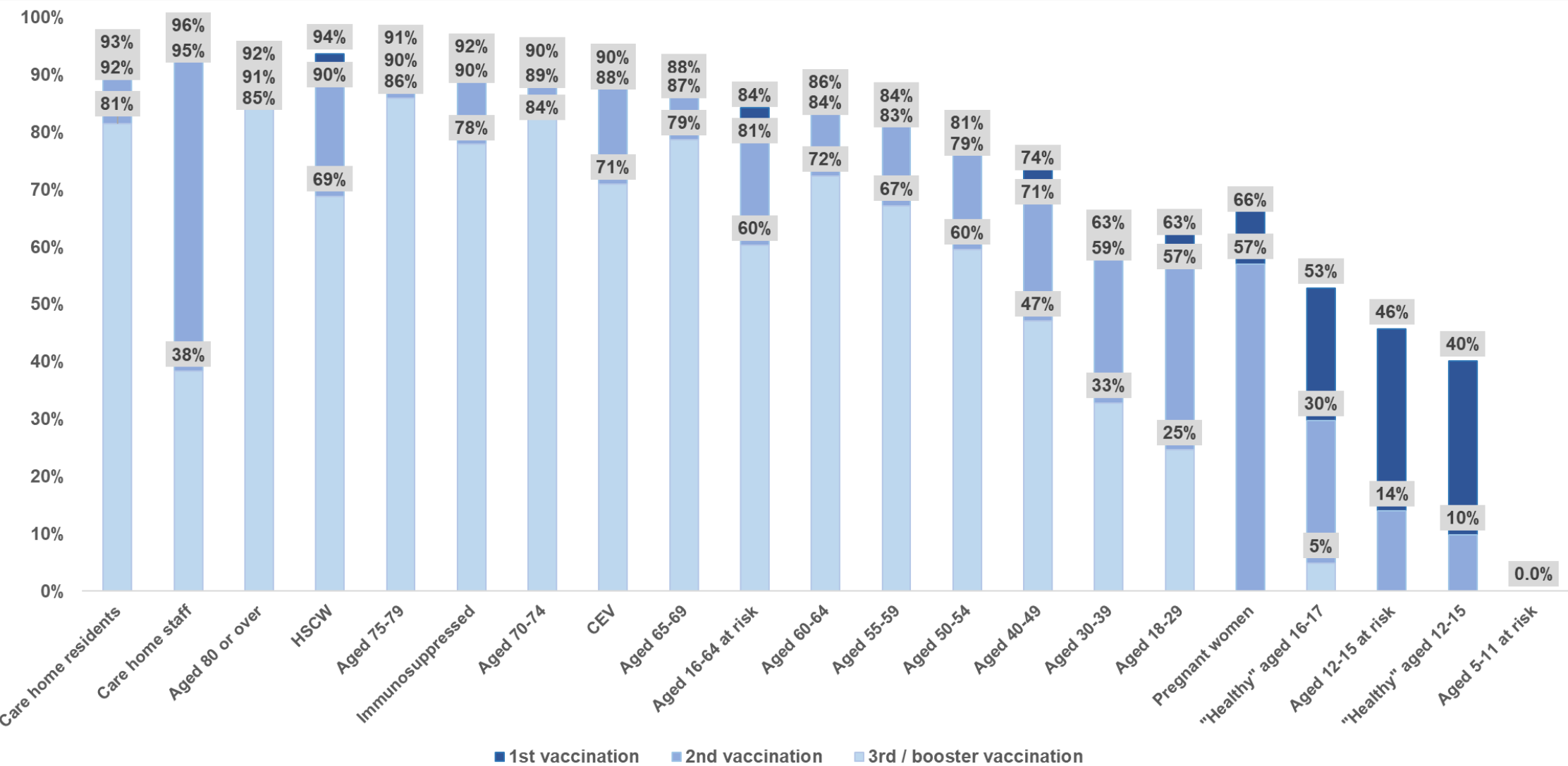
Havering COVID-19 vaccination uptake by deprivation



Havering Flu immunisation uptake by priority group



Redbridge COVID-19 vaccinations by priority group and dose



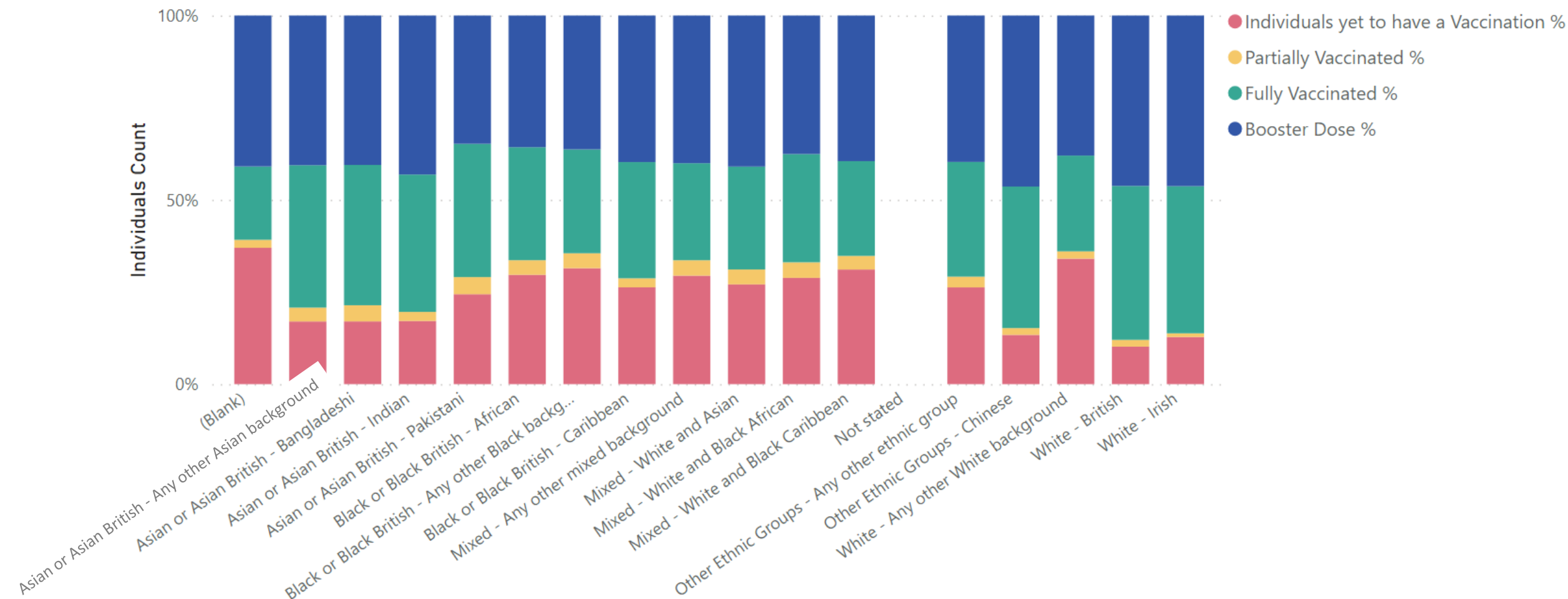
Redbridge COVID-19 booster vaccinations by priority group

Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 14 Feb
Age 80+	10,366	9,344	8,800	94.2%	544
Age 75-79	7,215	6,487	6,198	95.5%	289
Age 70-74	9,939	8,807	8,340	94.7%	467
Age 65-69	12,198	10,488	9,594	91.5%	894
Age 60-64	15,344	12,793	11,107	86.8%	1,686
Age 55-59	18,400	15,009	12,365	82.4%	2,644
Age 50-54	21,025	16,245	12,531	77.1%	3,714
Age 40-49	52,601	36,190	24,826	68.6%	11,364
Age 30-39	63,215	35,147	20,787	59.1%	14,360
Age 18-29	55,038	27,507	13,601	49.4%	13,906
Age 16-17	8,560	974	416	42.7%	558
Redbridge totals	273,901	178,991	128,565	71.8%	50,426

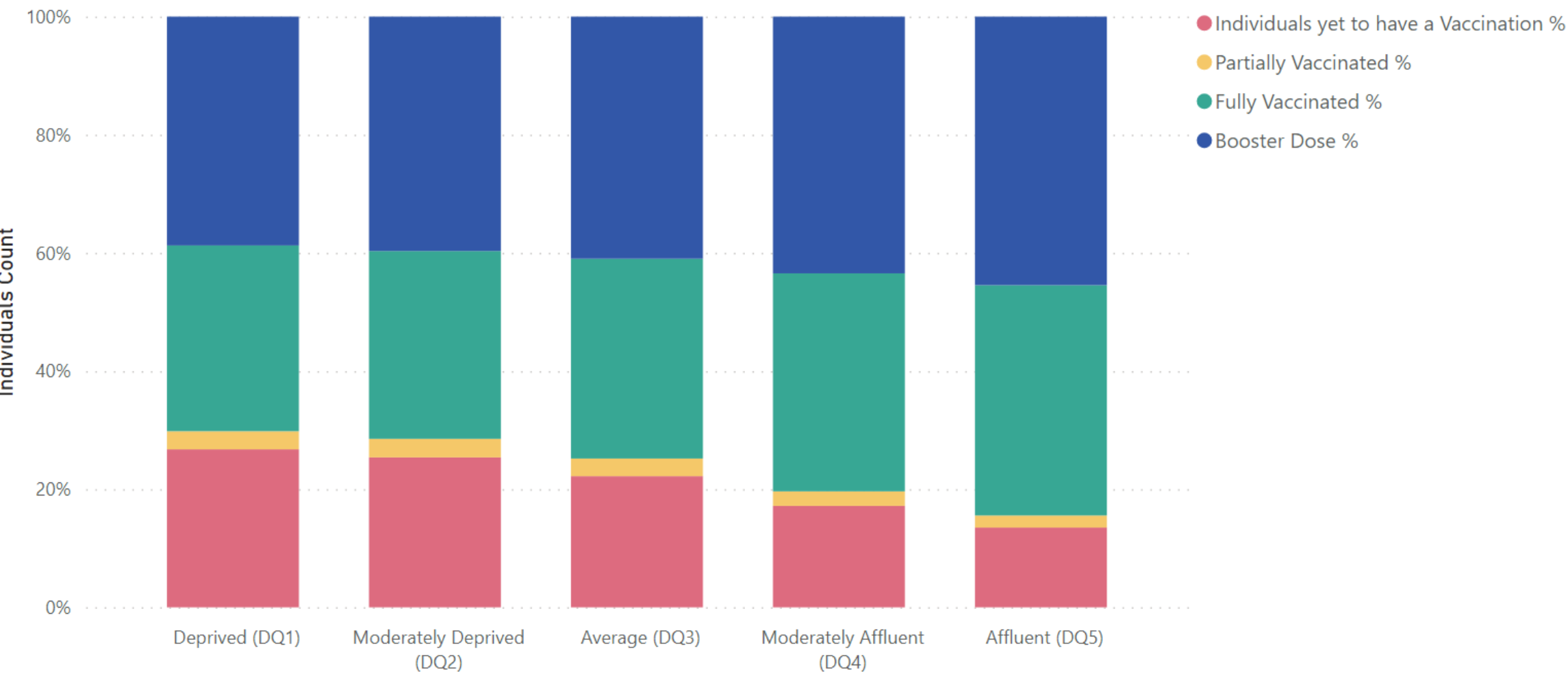
NEL COVID-19 vaccination – where did Redbridge patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
KING GEORGE'S HOSPITAL	83	KING GEORGE'S HOSPITAL	186	SIR JAMES HAWKEY HALL	295
SIR JAMES HAWKEY HALL	31	BRITANNIA PHARMACY	148	BRITANNIA PHARMACY	261
BRITANNIA PHARMACY	27	LIBERTY SHOPPING CENTRE	83	KING GEORGE'S HOSPITAL	167
LIBERTY SHOPPING CENTRE	26	SIR JAMES HAWKEY HALL	78	WANSTEAD PHARMACY	86
VICARAGE FIELD BARKING	24	EPUT - CHELFORD COURT - SAIS	37	FULLWELL CROSS MEDICAL CENTRE	67
WESTFIELD STRATFORD	18	VICARAGE FIELD BARKING	28	SANDBERN PHARMACY	54
EPUT - CHELFORD COURT - SAIS	15	WESTFIELD STRATFORD	25	REDBRIDGE TOWN HALL	53
SANDBERN PHARMACY	13	SANDBERN PHARMACY	23	LIBERTY SHOPPING CENTRE	50
LRM PHARMACY	8	WANSTEAD PHARMACY	22	MAYORS PHARMACY	42
FULLWELL CROSS MEDICAL CENTRE	6	LRM PHARMACY	11	VICARAGE FIELD BARKING	30
WANSTEAD PHARMACY	6	UCLH - SAIS	9	WESTFIELD STRATFORD	24
MAYORS PHARMACY	5	EASTER PHARMACY - BUCKHURST HILL	8	EASTER PHARMACY - BUCKHURST HILL	13
REDBRIDGE TOWN HALL	5	WOODGRANGE MEDICAL PRACTICE	8	WHIPPS CROSS UNIVERSITY HOSPITAL	13
ESSEX PARTNERSHIP UNIVERSITY NHS FT	4	DUNCANS PHARMACY - MANOR PARK	7	BOOTS UK	9
UCLH - SAIS	4	FULLWELL CROSS MEDICAL CENTRE	7	OXLOW PHARMACY	9
WOODGRANGE MEDICAL PRACTICE	3	MAYORS PHARMACY	7	WOODGRANGE PHARMACY	9
ALVIN ROSE CHEMIST - DAGENHAM	2	REDBRIDGE TOWN HALL	5	ALVIN ROSE CHEMIST - DAGENHAM	7
ANJI'S PHARMACY	2	ST MARTIN'S CHURCH (KRY-BA PHARMACY)	4	ESSEX PARTNERSHIP UNIVERSITY NHS FT	6
CP HOUSE, 97-107	2	WALTHAMSTOW LIBRARY	4	WELL PHARMACY - HIGHAMS PARK	6
EASTER PHARMACY - BUCKHURST HILL	2	WHIPPS CROSS UNIVERSITY HOSPITAL	4	GUYS HOSPITAL	5
Other sites	29	Other sites	73	Other sites	153
Total	315	Total	777	Total	1,359

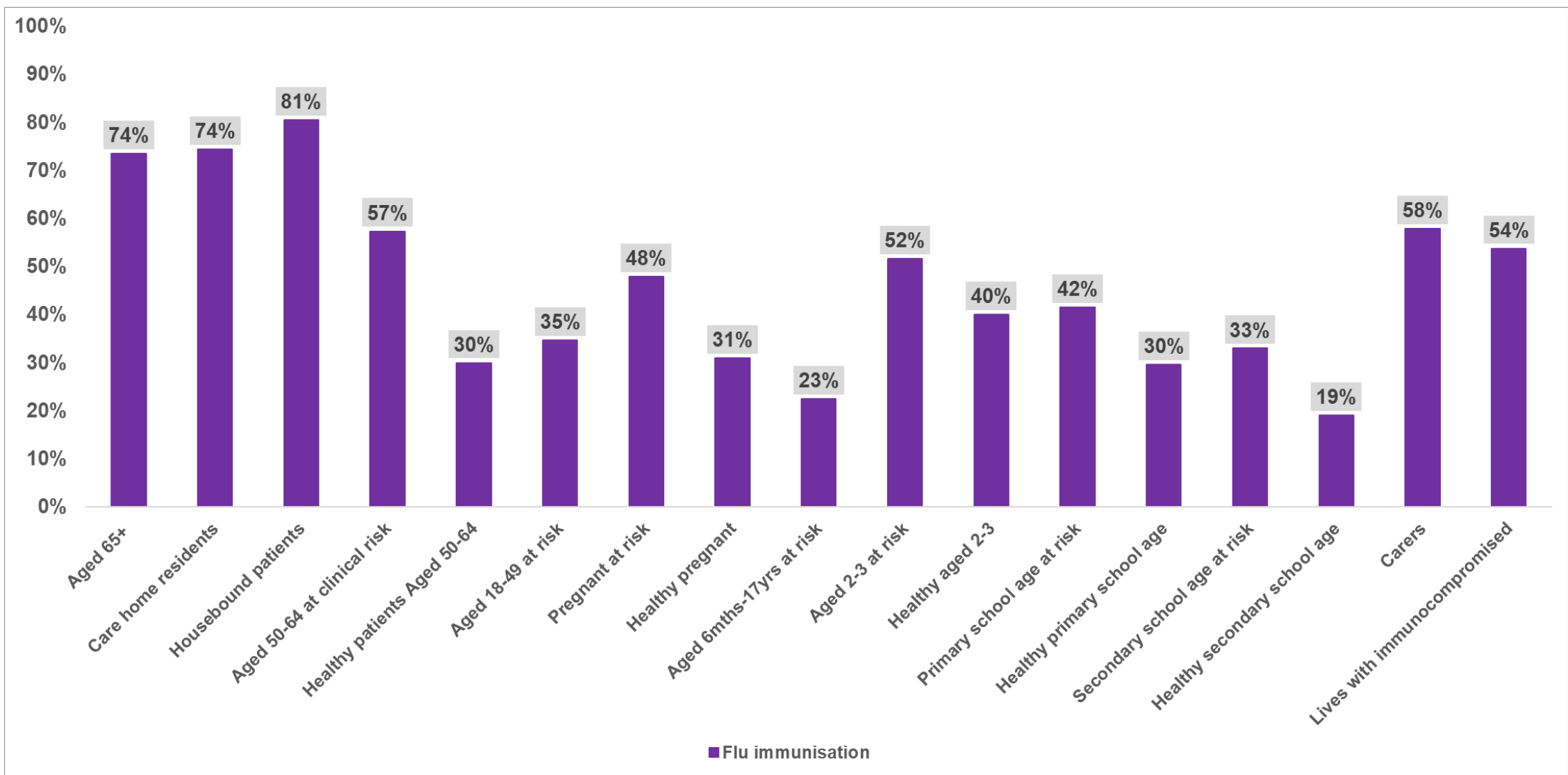
Redbridge COVID-19 vaccination uptake by ethnic category



Redbridge COVID-19 vaccination uptake by deprivation



Redbridge Flu immunisation uptake by priority group



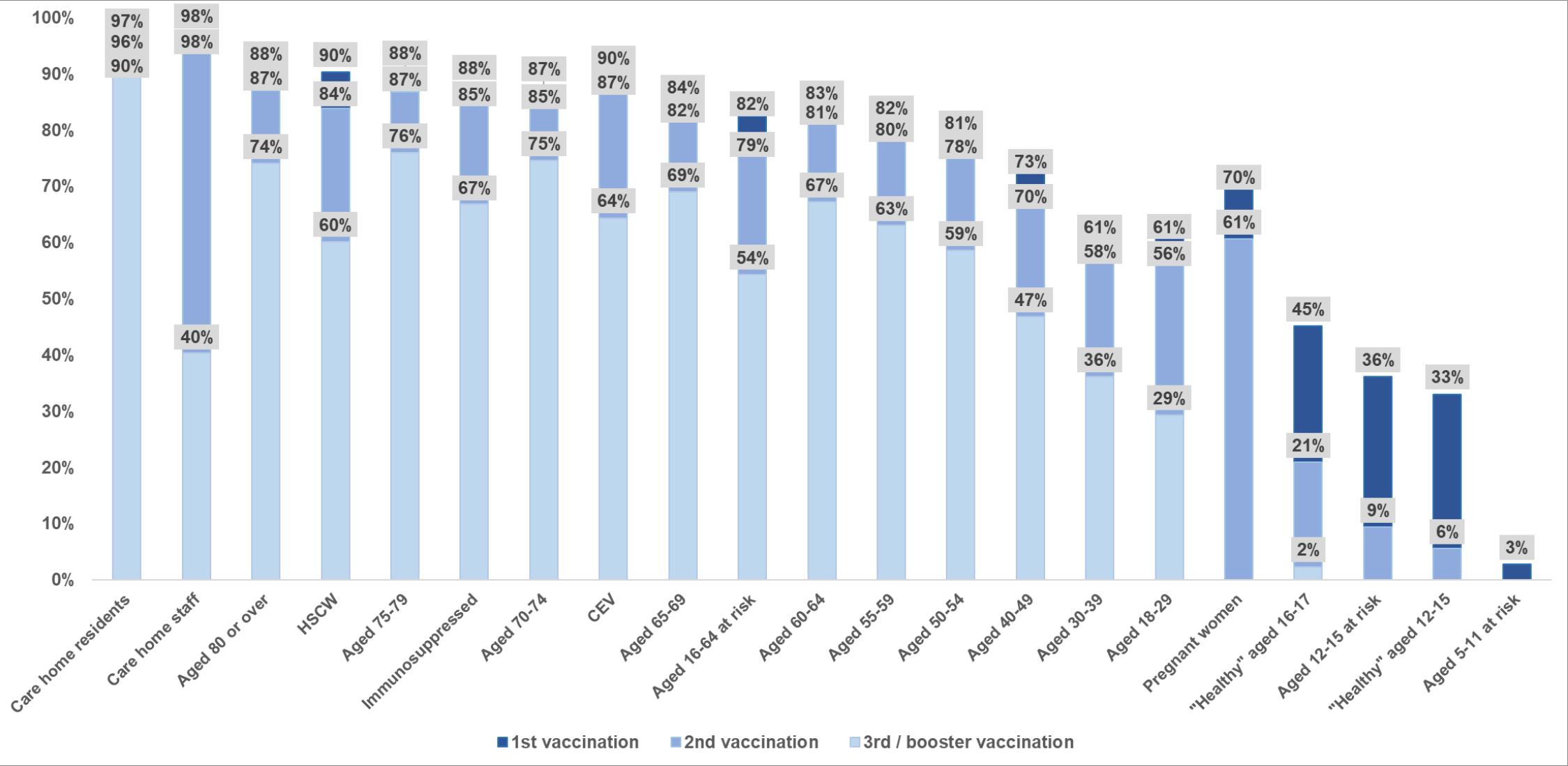


North East London
Clinical Commissioning Group

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 vaccinations by priority group and dose



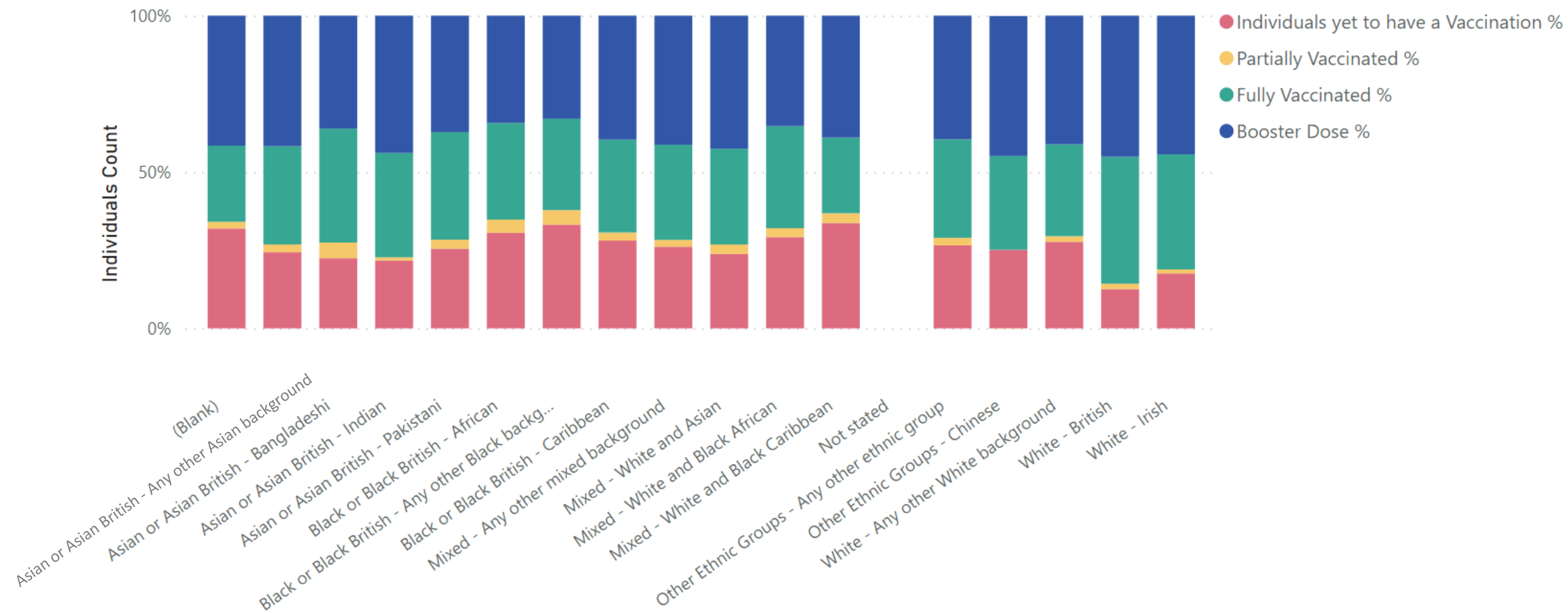
Tower Hamlets COVID-19 booster vaccinations by priority group

Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 14 Feb
Age 80+	4,571	3,915	3,387	86.5%	528
Age 75-79	3,239	2,773	2,461	88.7%	312
Age 70-74	4,846	4,082	3,619	88.7%	463
Age 65-69	7,208	5,822	4,975	85.5%	847
Age 60-64	10,107	8,087	6,794	84.0%	1,293
Age 55-59	12,859	10,080	8,121	80.6%	1,959
Age 50-54	16,437	12,568	9,632	76.6%	2,936
Age 40-49	52,146	35,142	24,446	69.6%	10,696
Age 30-39	96,528	52,930	34,994	66.1%	17,936
Age 18-29	98,407	49,291	29,008	58.9%	20,283
Age 16-17	7,003	551	162	29.4%	389
Tower Hamlets totals	313,351	185,241	127,599	68.9%	57,642

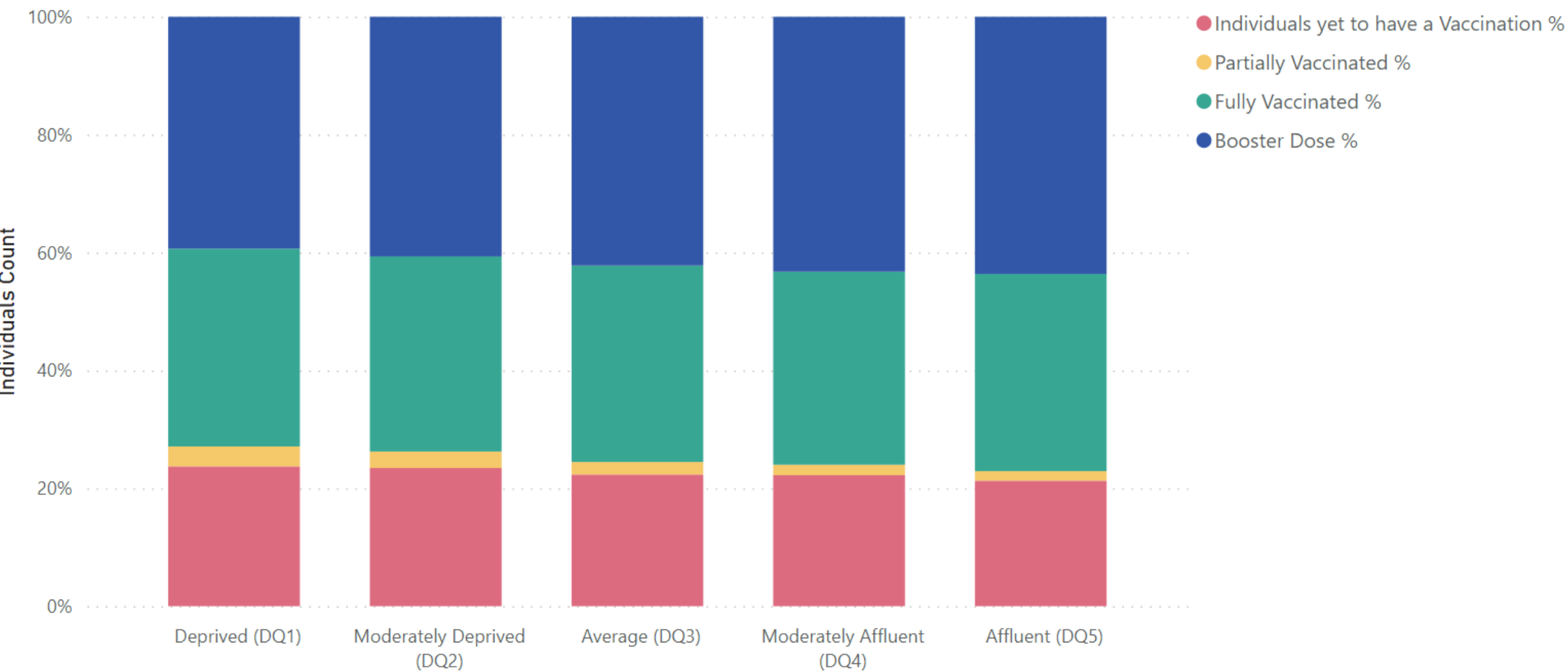
NEL COVID-19 vaccination – where did Tower Hamlets patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
ALBERT JACOBS HOUSE	136	ALBERT JACOBS HOUSE	150	BOOTS UK	232
WESTFIELD STRATFORD	39	WESTFIELD STRATFORD	122	ALBERT JACOBS HOUSE	231
NEWBY PLACE HEALTH & WELLBEING CENTRE	27	NEWBY PLACE HEALTH & WELLBEING CENTRE	65	NEWBY PLACE HEALTH & WELLBEING CENTRE	218
JAYPHARM CHEMISTS	22	JAYPHARM CHEMISTS	43	COLUMBIA PHARMACY - LONDON	127
BARKANTINE PRACTICE	14	RAINE HOUSE (TOWER PHARMACY)	36	SHANTY'S - TOWER HAMLETS	126
LANSBURY PHARMACY	14	BOOTS UK	35	LINCOLN PHARMACY	109
BOOTS UK	12	COLUMBIA PHARMACY - LONDON	32	WESTFIELD STRATFORD	108
GREEN LIGHT PHARMACY - STEPNEY	8	LANSBURY PHARMACY	23	FORWARD PHARMACY	87
BOCKING CENTRE	7	BOCKING CENTRE	17	GUYS HOSPITAL	86
COLUMBIA PHARMACY - LONDON	7	BARKANTINE PRACTICE	15	BARKANTINE PRACTICE	84
LEWIS GROVE PHARMACY	7	WESTFIELD STRATFORD CITY 2	15	JAYPHARM CHEMISTS	80
SHANTY'S - TOWER HAMLETS	7	ROYAL DOCKS PHARMACY	14	LANSBURY PHARMACY	75
ST ANDREWS HEALTH CENTRE (GREEN LIGHT PHARMACY)	7	ST ANDREWS HEALTH CENTRE (GREEN LIGHT PHARMACY)	11	ST ANDREWS HEALTH CENTRE (GREEN LIGHT PHARMACY)	59
RAINE HOUSE (TOWER PHARMACY)	6	GUYS HOSPITAL	9	GREEN LIGHT PHARMACY - STEPNEY	53
LINCOLN PHARMACY	5	SHANTY'S - TOWER HAMLETS	9	WESTFIELD STRATFORD CITY 2	46
WESTFIELD STRATFORD CITY 2	5	LRM PHARMACY	8	RAINE HOUSE (TOWER PHARMACY)	34
FORWARD PHARMACY	4	ST THOMAS HOSPITAL	8	BIDBOROUGH HOUSE	31
CP HOUSE, 97-107	3	GREEN LIGHT PHARMACY - STEPNEY	7	KAMSONS PHARMACY - BOW	20
MANGAL PHARMACY - ELTHAM	3	NEW CROSS PHARMACY	7	THE ROYAL LONDON HOSPITAL	19
ST THOMAS HOSPITAL	3	AMAL PHARMACY	6	BOCKING CENTRE	18
Other sites	46	Other sites	143	Other sites	428
Total	382	Total	775	Total	2,271

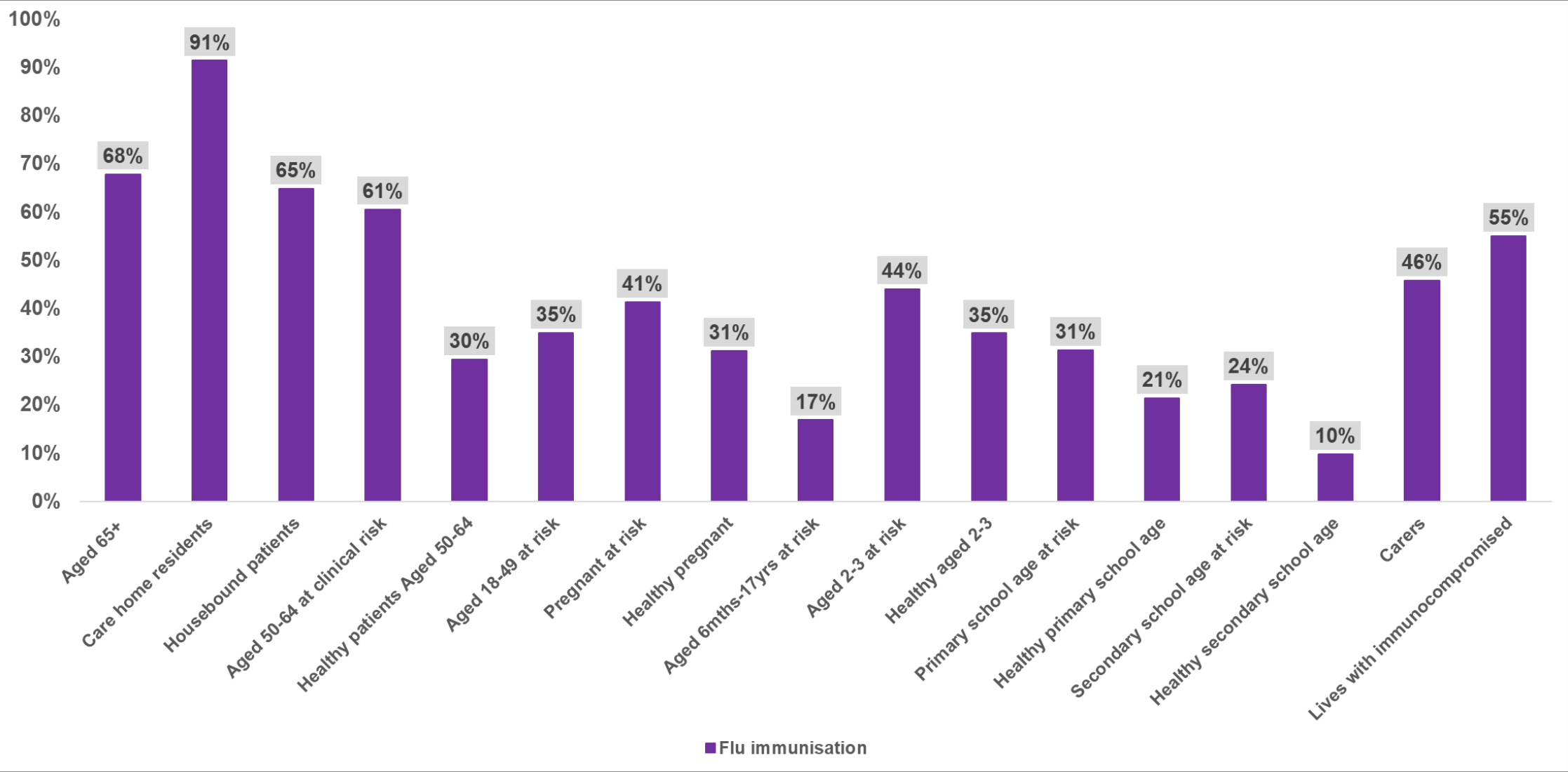
Tower Hamlets COVID-19 vaccination uptake by ethnic category



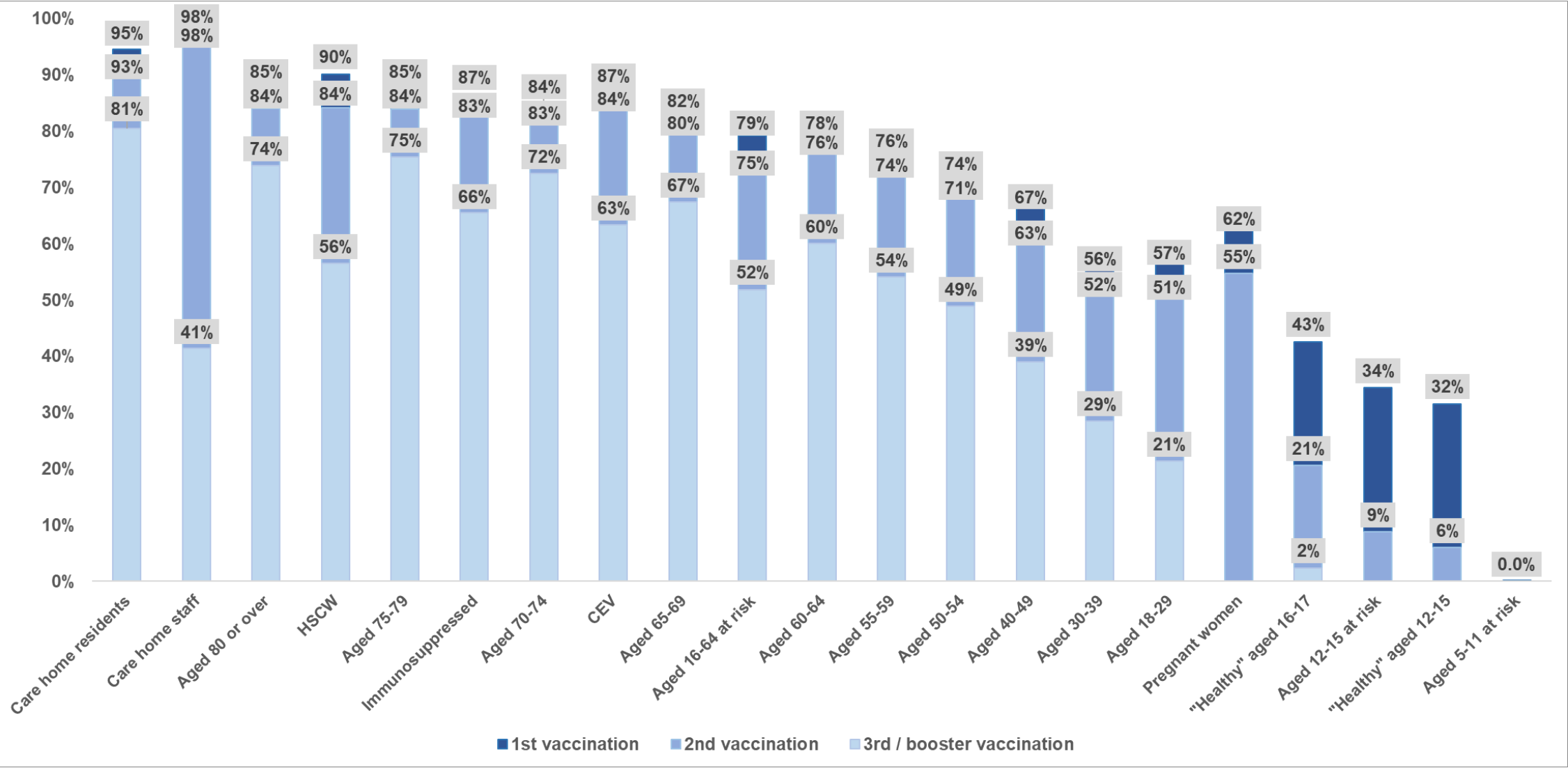
Tower Hamlets COVID-19 vaccination uptake by deprivation



Tower Hamlets Flu immunisation uptake by priority group



Newham COVID-19 vaccinations by priority group and dose



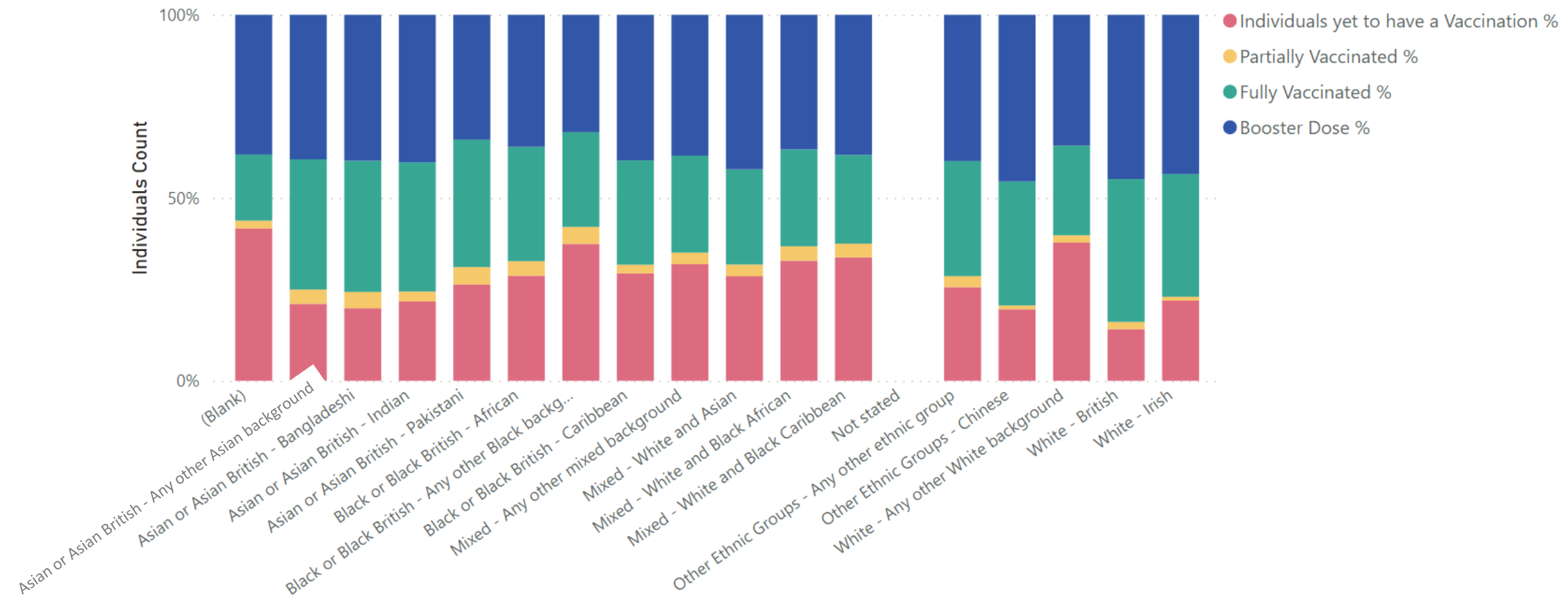
Newham COVID-19 booster vaccinations by priority group

Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 14 Feb
Age 80+	6,079	5,038	4,492	89.2%	546
Age 75-79	4,557	3,781	3,435	90.8%	346
Age 70-74	7,258	5,912	5,261	89.0%	651
Age 65-69	11,012	8,672	7,429	85.7%	1,243
Age 60-64	15,681	11,704	9,427	80.5%	2,277
Age 55-59	20,622	14,843	11,154	75.1%	3,689
Age 50-54	25,044	17,256	12,258	71.0%	4,998
Age 40-49	67,029	40,732	26,218	64.4%	14,514
Age 30-39	100,575	48,751	28,734	58.9%	20,017
Age 18-29	92,474	40,532	19,820	48.9%	20,712
Age 16-17	9,798	682	230	33.7%	452
Newham totals	360,129	197,903	128,458	64.9%	69,445

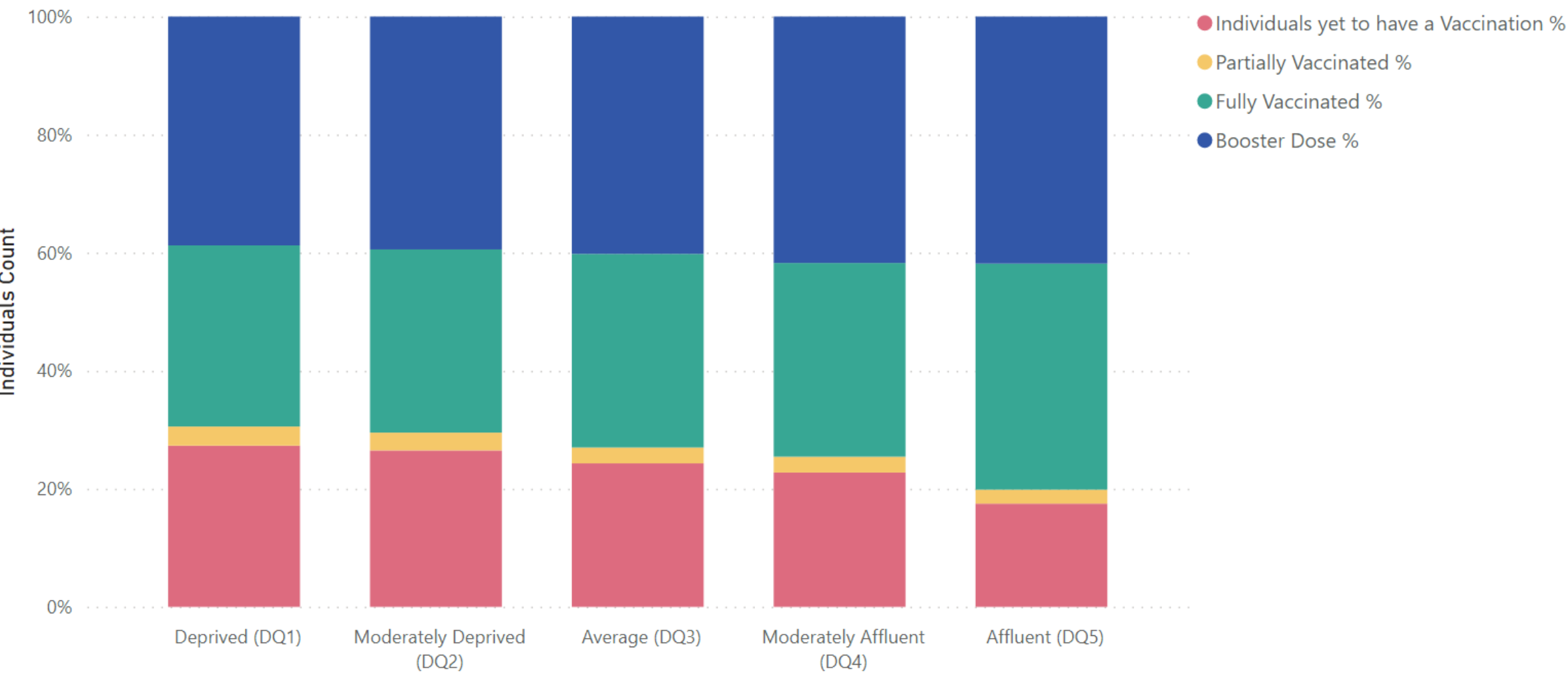
NEL COVID-19 vaccination – where did Newham patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
WESTFIELD STRATFORD	72	WESTFIELD STRATFORD	274	WESTFIELD STRATFORD	306
WOODGRANGE MEDICAL PRACTICE	42	WOODGRANGE MEDICAL PRACTICE	116	ESSEX LODGE	166
ESSEX LODGE	29	LRM PHARMACY	85	LIBERTY BRIDGE (SIR LUDWIG GUTTMAN)	154
LRM PHARMACY	23	ESSEX LODGE	63	WOODGRANGE MEDICAL PRACTICE	115
WESTBURY ROAD MEDICAL PRACTICE	21	LIBERTY BRIDGE (SIR LUDWIG GUTTMAN)	50	LRM PHARMACY	100
DUNCANS PHARMACY - MANOR PARK	20	WESTBURY ROAD MEDICAL PRACTICE	42	ROYAL DOCKS PHARMACY	91
ROYAL DOCKS PHARMACY	19	BERG PHARMACY	36	BERG PHARMACY	74
BERG PHARMACY	15	ROYAL DOCKS PHARMACY	36	BOOTS UK	63
LIBERTY BRIDGE (SIR LUDWIG GUTTMAN)	12	DUNCANS PHARMACY - MANOR PARK	29	DUNCANS PHARMACY - MANOR PARK	62
VICARAGE PHARMACY	11	VICARAGE FIELD BARKING	24	VICARAGE PHARMACY	62
NEWHAM GENERAL HOSPITAL	10	WOODGRANGE PHARMACY	20	BECKTON PHARMACY	55
WESTON PHARMACY	9	NEWHAM GENERAL HOSPITAL	19	WOODGRANGE PHARMACY	48
VICARAGE FIELD BARKING	8	WESTON - FOREST GATE	17	NEWHAM GENERAL HOSPITAL	44
BOOTS UK	7	WESTON PHARMACY	11	BLAKEBERRY PHARMACY	38
KING GEORGE'S HOSPITAL	5	BECKTON PHARMACY	9	WESTON - FOREST GATE	35
SAI PHARMACY	5	LIBERTY SHOPPING CENTRE	9	SAI PHARMACY	33
BLAKEBERRY PHARMACY	4	BLAKEBERRY PHARMACY	6	WESTON PHARMACY	26
LIBERTY SHOPPING CENTRE	4	VICARAGE PHARMACY	6	JETSOL PHARMACY	25
WESTON - FOREST GATE	4	EPUT - CHELFORD COURT - SAIS	5	WESTBURY ROAD MEDICAL PRACTICE	24
WOODGRANGE PHARMACY	4	KALHAN LTD	5	KING GEORGE'S HOSPITAL	16
Other sites	61	Other sites	127	Other sites	330
Total	385	Total	989	Total	1,867

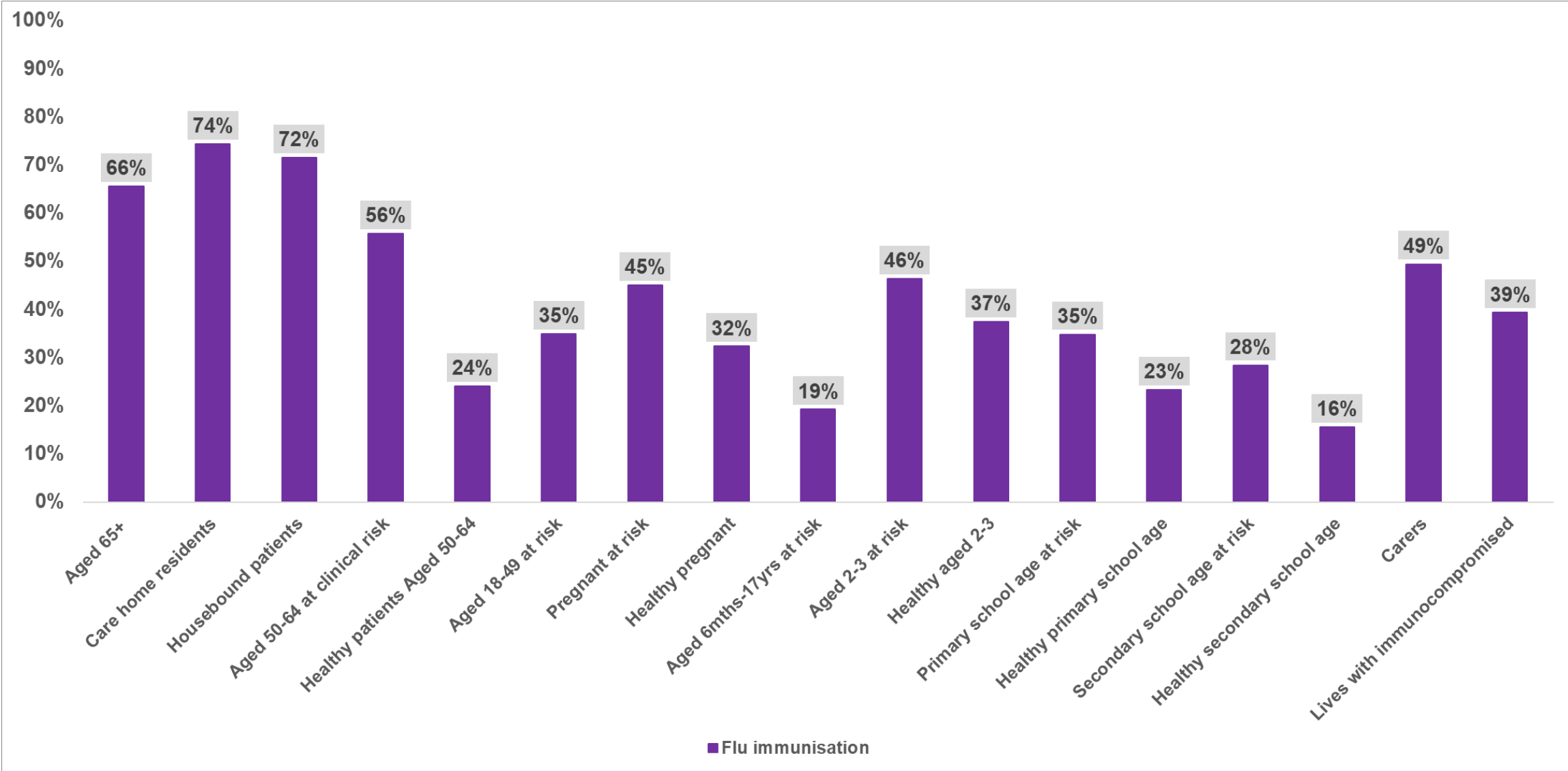
Newham COVID-19 vaccination uptake by ethnic category



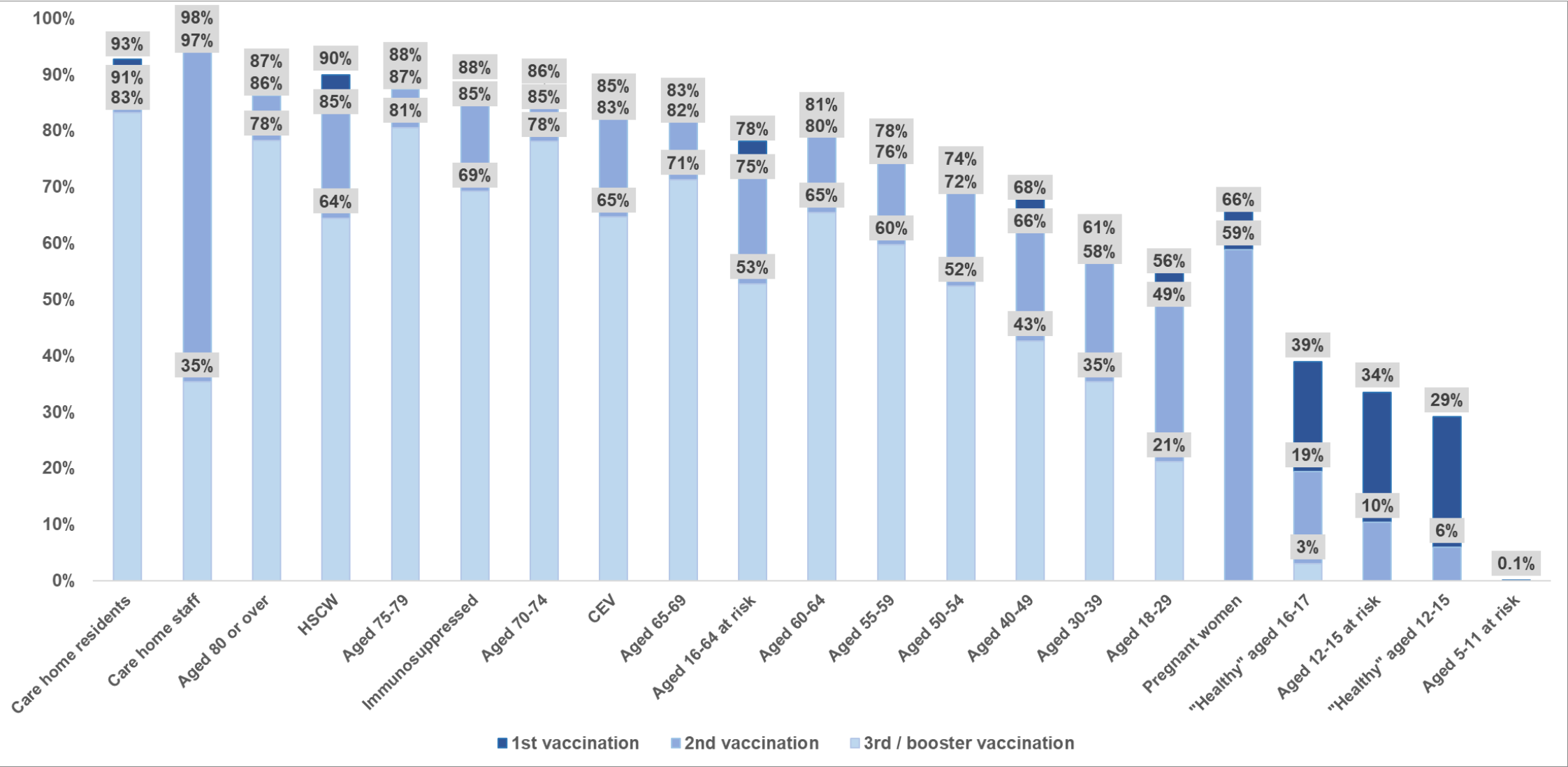
Newham COVID-19 vaccination uptake by deprivation



Newham Flu immunisation uptake by priority group



Waltham Forest COVID-19 vaccinations by priority group and dose



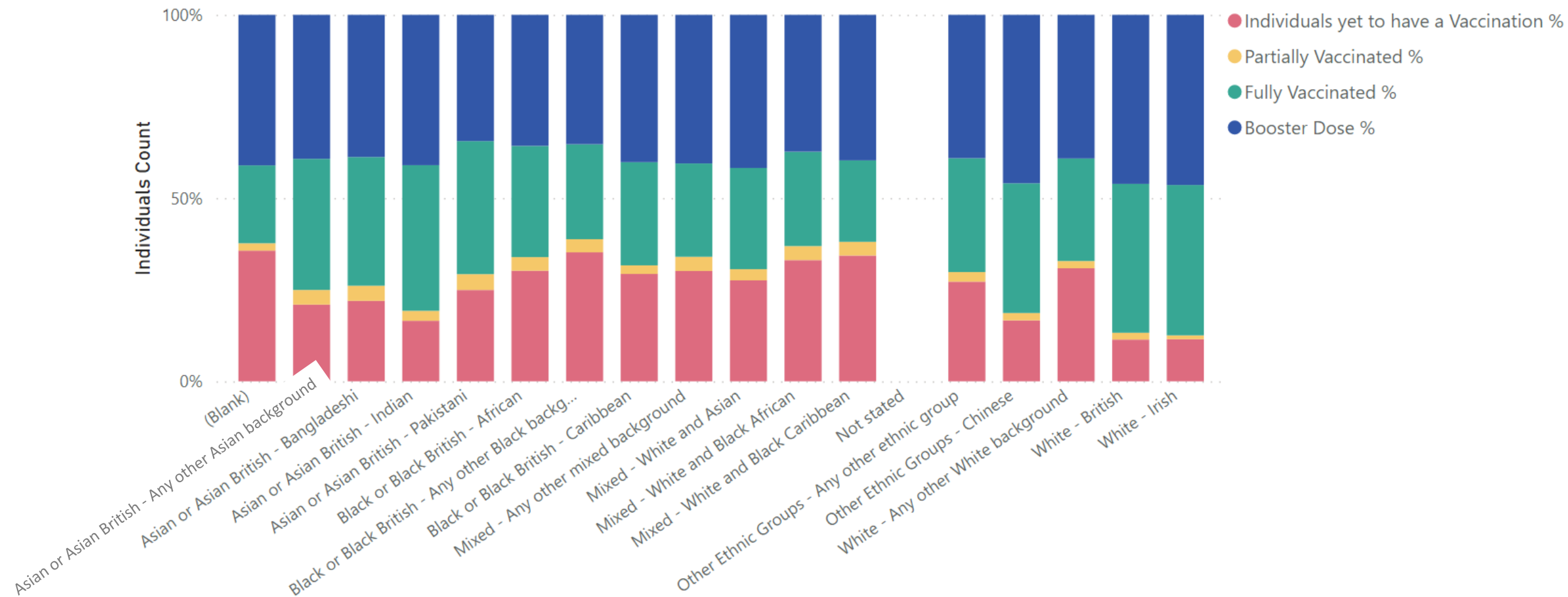
Waltham Forest COVID-19 booster vaccinations by priority group

Priority Groups	Patients	Eligible for booster dose	Booster doses given	Booster uptake	Booster doses left to do at 14 Feb
Age 80+	7,903	6,759	6,187	91.5%	572
Age 75-79	5,854	5,064	4,717	93.1%	347
Age 70-74	7,880	6,679	6,154	92.1%	525
Age 65-69	10,262	8,342	7,319	87.7%	1,023
Age 60-64	14,097	11,106	9,235	83.2%	1,871
Age 55-59	18,403	13,777	10,993	79.8%	2,784
Age 50-54	21,432	15,060	11,226	74.5%	3,834
Age 40-49	51,792	32,689	22,102	67.6%	10,587
Age 30-39	65,625	35,782	23,217	64.9%	12,565
Age 18-29	49,786	21,594	10,548	48.8%	11,046
Age 16-17	7,058	619	208	33.6%	411
Waltham Forest totals	260,092	157,471	111,906	71.1%	45,565

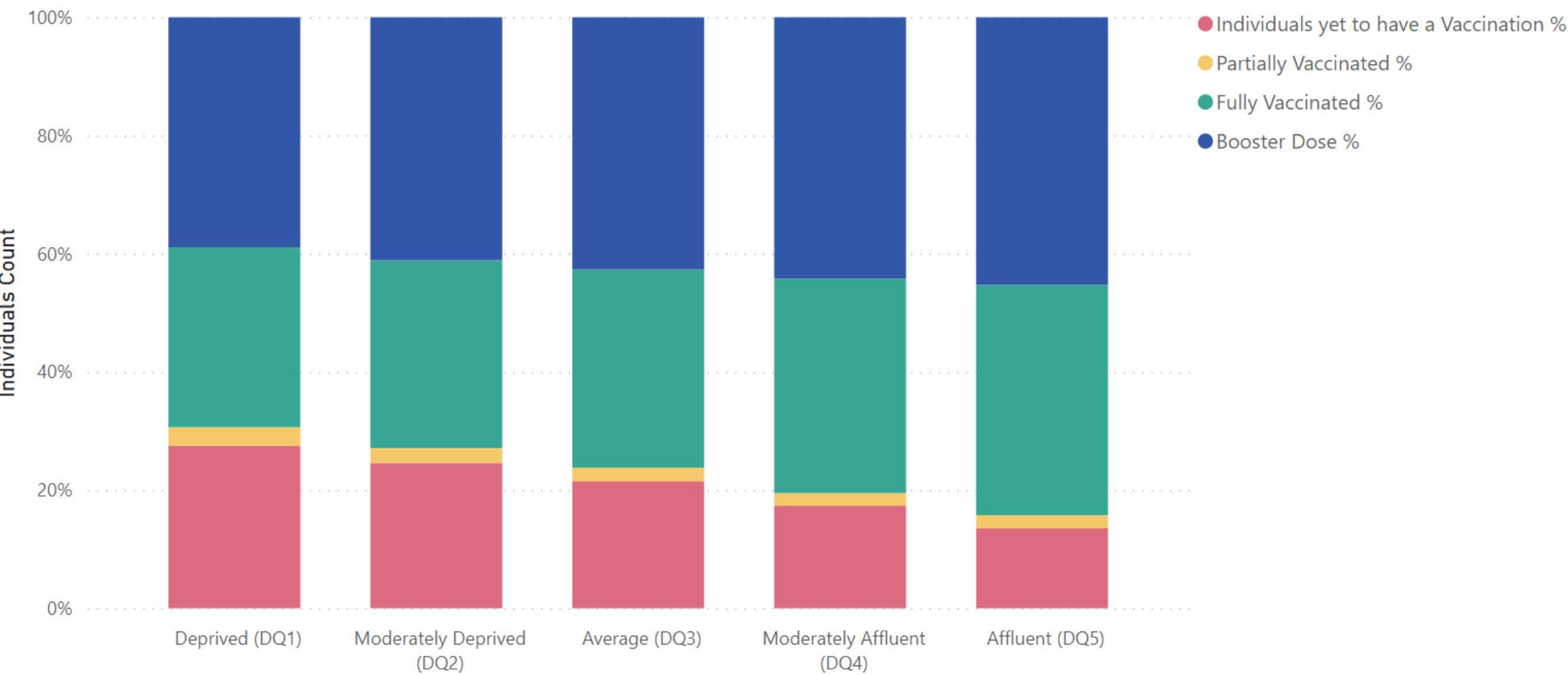
NEL COVID-19 vaccination – where did Waltham Forest patients get their doses in last 7 days?

Site	1st doses	Site	2nd doses	Site	3rd/booster doses
WALTHAMSTOW LIBRARY	42	WALTHAMSTOW LIBRARY	81	ST EDMUNDS CHURCH	179
ST EDMUNDS CHURCH	27	ST EDMUNDS CHURCH	72	WELL PHARMACY - HIGHAMS PARK	116
WESTFIELD STRATFORD	22	ANJI'S PHARMACY	40	WALTHAMSTOW LIBRARY	108
WOOD STREET HEALTH CENTRE	22	SIR JAMES HAWKEY HALL	35	WOOD STREET HEALTH CENTRE	87
ANJI'S PHARMACY	13	WESTFIELD STRATFORD	31	WHIPPS CROSS UNIVERSITY HOSPITAL	67
JUBILEE CENTRE 2	10	JUBILEE CENTRE 2	29	MICHAEL FRANKLIN CHEMISTS	64
LIBERTY SHOPPING CENTRE	10	WHIPPS CROSS UNIVERSITY HOSPITAL	27	JUBILEE CENTRE 2	61
WESTFIELD STRATFORD CITY 2	8	LIBERTY SHOPPING CENTRE	26	WESTFIELD STRATFORD	61
MICHAEL FRANKLIN CHEMISTS	7	LEYTON ORIENT PHARMACY	23	LEYTON ORIENT PHARMACY	60
SIR JAMES HAWKEY HALL	7	WOOD STREET HEALTH CENTRE	23	ANJI'S PHARMACY	52
MAYORS PHARMACY	6	LRM PHARMACY	15	ECLIPSE PHARMACY	40
WHIPPS CROSS UNIVERSITY HOSPITAL	6	ST MARK'S METHODIST CHURCH (PHARMACY WAREHOUSE)	11	WESTFIELD STRATFORD CITY 2	27
THE ROYAL LONDON HOSPITAL	5	WESTFIELD STRATFORD CITY 2	10	SIR JAMES HAWKEY HALL	24
EVERGREEN SURGERY	4	EPUT - CHELFORD COURT - SAIS	9	WANSTEAD PHARMACY	20
LEYTON ORIENT PHARMACY	4	EVERGREEN SURGERY	9	MAYORS PHARMACY	17
BOCKING CENTRE	3	WOODGRANGE PHARMACY	9	BIDBOROUGH HOUSE	13
EASTER PHARMACY - BUCKHURST HILL	3	WANSTEAD PHARMACY	8	LIBERTY SHOPPING CENTRE	12
EPUT - CHELFORD COURT - SAIS	3	CARLTON HOUSE	6	WOODGRANGE PHARMACY	11
PHARMACY EXPRESS	3	KING GEORGE'S HOSPITAL	6	BRITANNIA PHARMACY	9
ST MARK'S METHODIST CHURCH (PHARMACY WAREHOUSE)	3	LIBERTY BRIDGE (SIR LUDWIG GUTTMAN)	6	LIBERTY BRIDGE (SIR LUDWIG GUTTMAN)	9
Other sites	40	Other sites	104	Other sites	179
Total	248	Total	580	Total	1,216

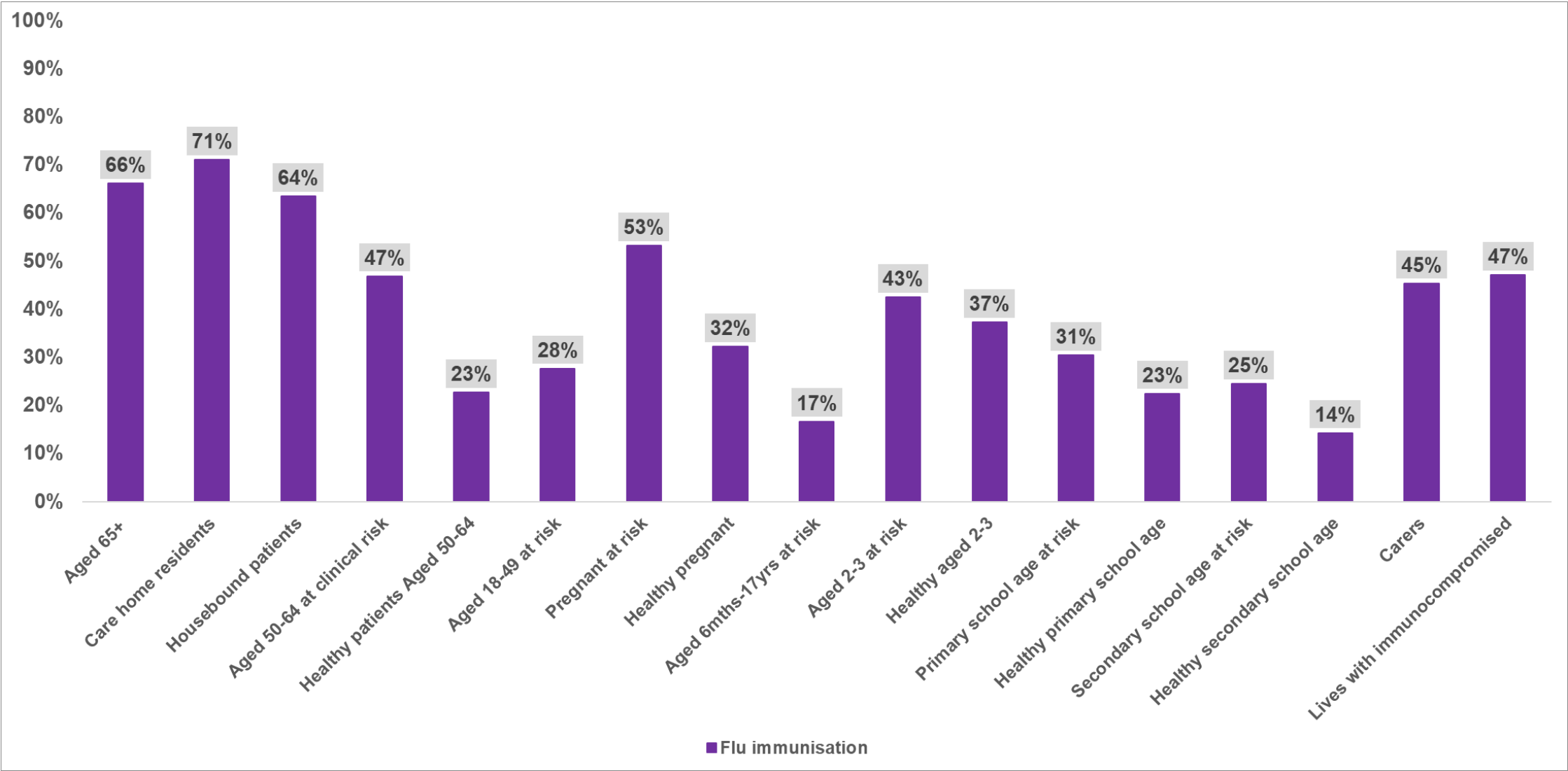
Waltham Forest COVID-19 vaccination uptake by ethnic category



Waltham Forest COVID-19 vaccination uptake by deprivation



Waltham Forest Flu immunisation uptake by priority group



Item No 6	INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)
Report title	Harmonisation of Continuing Healthcare policies
Date of Meeting	1 March 2022
Attending	Diane Jones, Chief Nurse and Caldicott Guardian, NEL CCG/ NEL ICS Sandra Moore, Deputy Director Continuing Healthcare, NEL CCG Matthew Norman, CHC Programme Manager, NEL CCG
OUTLINE	NHS Continuing Healthcare (CHC) is a package of non-acute care for adults, including both health and social care need that is funded entirely by the CCG. As part of the move to a single ICS there is a need to harmonise all policies and procedures for the service to add clarity for all concerned, to improve processes and procedures, and to ensure equity. Attached please find a briefing on the communications and stakeholder engagement plan for this proposal.
RECOMMENDATION	Members are asked to give consideration to the briefing.

NEL Continuing Healthcare Harmonisation of Policies

Communications and stakeholder engagement plan

Jan – August 2022

Contents

1. Overview	2
Engagement so far	2
2. Our communications and engagement strategy for the next phase	2
Background / What is Continuing Healthcare?	2
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Our key engagement principles	4
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Working with local stakeholders to co-design the engagement approach	5
Addressing health inequalities and engaging the seldom-heard community	5
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1. Overview

As part of the move to a single Integrated Care System (ICS) across North East London (NEL) we need to harmonise all policies and procedures for the Continuing Healthcare (CHC) service to add clarity for all concerned, to improve processes and procedures, and to ensure equity of our service. Four key policies have been identified as requiring harmonisation:

1. **Placements Policy.** This is in place across the Barking & Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership (ICP), all other areas across NEL do not have a comparable policy in place. We intend that the current BHR Placements Policy is reviewed and adopted across the rest of NEL.
2. **Joint Funding Policy.** Although there are various versions of this policy in a draft format across NEL, there is no finalised policy that has been implemented and is in use day to day. We are developing a single harmonised Joint Funding Policy in consultation with local authority colleagues.
3. **Dispute Resolution Policy.** There are different (and missing) policies in place across NEL with some differences in how disputes are managed and resolved. We are developing a single harmonised policy in consultation with local authority colleagues.
4. **Respite Policy.** There are no respite policies in place across NEL CHC services, respite is currently granted/approved on a case by case basis by commissioning leads. We are developing a single harmonised policy in consultation with local authority colleagues.

Engagement so far

Discussions have been undertaken with local councils (e.g. directors of adults social care), to discuss the details of the policies) and Healthwatch (to discuss the focus and potential form of any engagement).

2. Our communications and engagement strategy for the next phase

Background / What is Continuing Healthcare?

- NHS Continuing Healthcare (CHC) is a package of non-acute care for adults, including both health and social care need that is funded entirely by the CCG for either:
 - Patients with significant on-going health needs, known as a 'Primary Health Need'. These patients will have been assessed as meeting the criteria under the National Framework
 - Patients at the very end of their life; weeks to short months (Fast Track).
- Children and Young People's Continuing Care is a package of non-acute care, including both health and social care need that is funded jointly by the local authority and CCG for children or young people with needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone
- If a patient is found ineligible for CHC funding then they may qualify for funded nursing care where the CCG makes a contribution to fund the patient's care in a nursing home setting

- CHC accounts for approximately 4% of the CCG's total spend (2017 National Audit report)
- CHC is a service with significant variation in eligibility rates across CCGs nationally
- Future work is being planned align the service across NEL and implement a single Standard Operating Model
- A Transformation Board is in place across CHC Services in NEL, overseeing the improvement initiatives.

Key messages

- It is important we harmonise our Continuing Healthcare policies so that everyone is treated fairly and that decisions that affect patients are clear and transparent
- There is no plan or expectation that the implementation of these standard policies will reduce the budget available to patients or generate savings.
- We are conducting an equality impact assessment to consider the impact of any proposed changes, and will aim to mitigate any negative impacts and enhance any positive ones.
- The policies we are looking at are:

- **The Placements Policy.** This describes the CCG's approach and cost thresholds when placing and supporting patients in the community.

This is in place across the Barking & Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership (ICP), all other areas across NEL do not have a comparable policy in place. We intend that the current BHR Placements Policy is reviewed and adopted across the rest of NEL.

- **Joint Funding Policy.** Describes the CCG's and local authorities' approach to jointly funding a package of care for a patient in the community, when a patient is considered to be ineligible for Continuing Healthcare but still requiring funding for a health need that can't be met with existing services.

Although there are various versions of this policy in a draft format across NEL, there is no finalised policy that has been implemented and is in use day to day. We are developing a single harmonised Joint Funding Policy in consultation with local authority colleagues.

- **Dispute Resolution Policy.** Describes the approach taken to resolve a dispute when health and social care can't agree to a recommendation on a patient's eligibility for Continuing Healthcare funding.

There are different (and missing) policies in place across NEL with some differences in how disputes are managed and resolved. We are developing a single harmonised policy in consultation with local authority colleagues.

- **Respite Policy.** Describes the approach and amount of respite that the CCG will fund for a patient's carer to take a break.

There are no Continuing Healthcare respite policies in place. Respite is currently granted/approved on a case by case basis by commissioning leads. We are developing a single harmonised policy in consultation with local authority colleagues.

Our key engagement principles

- To develop our engagement approach with key stakeholders
- To provide local people and stakeholders with timely, accurate, clear and consistent information; and opportunities to hear about the proposals
- To listen and actively consider respondents' voices and views, particularly seeking understanding on how we can reduce inequalities
- To build trusted relationships with groups and individuals and build public confidence in the NHS; our services and staff.
- To ensure meaningful staff involvement
- To continuously review our work so we can build on the successes and address any challenges and feedback
- To encourage the public to have their say by making it as easy as possible for them to talk to us; making sure we hear the voices of groups and individuals who are often seldom heard by the NHS.

3. Our proposed approach

We plan to engage local people and stakeholders over a 10-week period, starting in June 2022 with completion in August 2022. We will provide people with a range of opportunities to have their say. We will use a mix of online/ digital and face-to-face methods, and ensure all materials and messages are accessible to our population, regardless of language, literacy and digital barriers.

Before commencing the engagement, we will:

- Finalise this engagement plan
- Develop key messages, an engagement/involvement document (including a questionnaire) and FAQs and present the evidence for all service proposals. Translations will be available on the website in 100 languages; and will be available on request
- Agree methods of responding (eg. online and traditional (written/meetings))
- Commission an Easy Read version
- Commission an EQIA
- Publish the draft policies
- Agree dates for listening events and recruit patient engagement panellists/speakers and Q&As for speakers
- Present our plans to JOSCs (INEL on 1 March; ONEL on 10 March)
- Write to key stakeholders (Healthwatch, Health Overview Scrutiny Committees (HOSCs) and HWBs) to ensure they have the opportunity to comment on both the involvement plan and the collateral to be used.

During the 10-week engagement period, we will:

- Share and promote key information and present the evidence for all service proposals through printed and social/online material
- Conduct a range of public involvement events across NEL (for instance geographical-based events; events aimed a particular groups of people – potentially one for people with learning disabilities and their carers; and events in different languages – we are identifying if there are particularly affected communities that might need this support)
- Aim to hold a patient representative group event

- Arrange appropriate staff events for service providers
- Conduct stakeholder events on request (with HOSCs, Healthwatch, Health and Wellbeing Boards)

All engagement events will be promoted through social media and sent to local press. We will seek support from our Council, Healthwatch and other voluntary and community sector colleagues in sharing information.

Printed copies of the engagement document with questionnaire will be sent out to GP practices, Citizen's Advice centres, council buildings e.g. libraries, pharmacies, hospitals, community and voluntary sector organisations and other community locations.

Following the 10-week engagement period, we will:

- Analyse the feedback and identify key themes through an engagement report
- Share the findings and themes widely – with those who participated in the engagement process including key stakeholders.
- Publish the engagement report online and publicise this through our communications and engagement channels
- Present the findings to the NEL CCG Quality, Safety and Improvement Committee for approval.

The engagement will involve a range of qualitative and quantitative methods to ensure we gather all comments so we can maximise the opportunities and minimise any risks this development proposal presents, and to make sure this development deliver a significant benefit to our community.

We will respond to questions during the process to help people provide informed responses.

Working with local stakeholders to co-design the engagement approach

The CCG team has established an approach to public engagement that ensures stakeholders feel involved and listened to.

Previous engagement work (such as a medicines consultation; changes to stroke rehabilitation services etc) has been co-designed with our partners and we intend to follow a similar approach for diagnostics.

Addressing health inequalities and engaging the seldom-heard community

We will work with community groups and patient representatives to reach out to people who are known to be less engaged with health services and those communities who are underrepresented and often invisible to health and social care organisations.

This is an essential element of our partnership work to reduce health inequalities as positive engagement with hard-to-reach groups is recognised as key to improving health and social outcomes. This has been underlined by learning from the Covid-19 pandemic, as evidenced by Public Health England.

Timeline

Prior to engagement

Activity	Date	Dependency	Who
Engagement plan to be presented to JOSCs	<ul style="list-style-type: none"> • INEL 1 March • ONEL 10 March 	Documents approved internally	Comms to develop with programme team Programme/ clinical leads to present
Letter to HOSC Chairs, HWBB and Healthwatch to confirm engagement plan	Letter to be sent 10 March	Content signed off by project	Comms to draft
Co-design of engagement survey and questions with Healthwatch	First draft shared with HOSCs, HWBBs and Healthwatch mid April Finalised and approved by beginning of May	Policies agreed by early April Documents approved internally	Programme team to provide content and obtain sign off Comms to lead co-design work
Engagement survey and questions to be sent to Council CEs and leaders with a view to sharing with developing HOSCs and JOSCs or chairs.	Mid May	Documents approved internally	Programme/ clinical leads to present
Web pages developed and engagement document sent to print and Easy Read creation	End May	Content approved internally	Comms to draft
Launch comms sent to all key stakeholders, public, community venues, media etc	Start of engagement early June	Content approved internally	Comms to draft

During engagement

Activity	Date	Dependency	Who
Launch of 10-week engagement period	Early June	All materials and engagement activity agreed by SRO, clinical leads/ programme board	Comms
Attend HOSCs and JOSCs	June		Programme and clinical leads
Engagement events	TBC		SRO to lead engagement activities Support provided by Programme Team and Clinical Leads
Closing of engagement	August		Comms

e.g. webpages and email inbox			
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After engagement

Activity	Date	Dependency	Who
Analysis of engagement	August	Decision on who will undertake the analysis (independent organisation or internally)	Comms
Update EQIA and write decision-making paper	August		Programme team
Decision meeting/s (should be in public)	September	Programme team to ensure governance is built into project plan	Programme team
Letter to key stakeholders and respondents to share outcomes and decision and offer to present to committees	September		Comms

Item No 7	INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)
Report title	Harmonisation of Fertility Services policies
Date of Meeting	1 March 2022
Attending	Diane Jones, Chief Nurse Caldicott Guardian, NEL CCG/NEL ICS Mark Gilbey Cross, Director of Nursing, NEL CCG Dr Anju Gupta, Clinical Lead, NEL CCG
OUTLINE	NEL CG is undertaking a clinical review of the existing five individual fertility policies that were held by the individual CCGs before it came together as a single organisation in April 2021, with the intention of creating a single policy across NEL. Attached is a report which sets out how they plan to involve stakeholders, clinicians, public and patients in creating the new policy.
RECOMMENDATION	Members are asked to give consideration to the briefing.

NEL CCG development of a single fertility policy

Proposed plans to involve stakeholders, clinicians, public and patients in creating a NEL-wide policy for NHS funded fertility treatment.

February 2022

Author: Diane Jones, Chief Nurse, NEL CCG

1. Overview

North East London CCG is undertaking a clinical review of the existing five individual fertility policies that were held by the individual CCGs before we came together as a single organisation in April 2021, with the intention of creating a single policy for NEL CCG.

As we are now a single CCG we believe it is important to have equitable access for north east London patients seeking fertility treatment. In addition to ensuring we have an equitable and consistent approach to access, clinical practice and research in this field has continued to evolve, along with changing views and attitudes in society. Reviewing our existing policies against this and latest national guidance will enable us to propose a single, more inclusive policy that reflects the most up to date views on eligibility recognising the variety of fertility situations and needs.

We will be involving clinicians, stakeholders, patients and the public in shaping the proposed policy. We plan to undertake a 10 week engagement period in Summer 2022 where we will promote our draft policy and invite feedback and views through events, focused meetings and a written survey. This feedback will be considered by our clinical review panel and inform the final policy for decision in Autumn.

2. Current policies

North East London CCG has inherited five fertility policies from its predecessor CCGs. There are a number of differences between the policies including variation in the age thresholds and numbers of cycles funded, and they have not been reviewed or updated recently. This is resulting in inequality in health provision and outcomes.

City and Hackney, Tower Hamlets, Newham and Waltham Forest each has a policy last reviewed in 2014/2015. Barking and Dagenham, Havering and Redbridge have one single policy which was reviewed in 2017 as part of the CCG's Spending Money Wisely Review, which followed a 12 week public engagement period, and clinical review; this saw the number of IVF cycles for eligible patients reduce from three to one.

In September 2020, due to the Covid-19 pandemic and resulting impact on NHS services, all north east London CCGs agreed to temporarily uplift the fertility treatment eligibility age

threshold by one year to ensure women were not disadvantaged by the suspension of services and the delays in accessing treatment.

3. Policy review and decision making

We have reviewed our five existing policies to identify where they are consistent with current National Institute for Health and Care Excellence (NICE) clinical guidance on fertility issues, other relevant national guidance, and other London, Kent and Medway CCG policies, and where they differ. Equality and equity of the policies was also reviewed.

Areas being considered in the review:

- Number of IVF cycles and embryo transfers
- Age limit for fertility treatment
- Funding of intrauterine insemination (IUI) also known as artificial insemination for certain patient groups
- Funding of donor eggs/sperm based on certain criteria
- Fertility preservation – how long eggs/sperm/embryos are stored and age criteria
- Funding of surrogates for those with certain medical conditions
- Ovarian reserve criteria.

We have used this review to identify suggested options for an updated and consistent single policy for NEL. These options will be reviewed by our fertility clinical review panel. This panel consists of GPs, clinical specialists, public health specialists, providers and commissioners, who are considering the options' impact on outcome, cost and service capacity.

The clinical review panel will make recommendations to a separate Commissioning Steering Group which will put forward a draft policy based on the panel's recommendations, feedback from a pre-engagement exercise (detailed in section 4 below) and the affordability of the recommendations in the context of all the demands on NEL CCG's budgets.

A full Equality and Quality Impact Assessment will be completed on the proposals prior to engagement and this will be updated following any changes made as a result of the engagement exercise.

The final policy will be agreed at the NEL Integrated Care Board in Autumn 2022.

4. Engagement plans

Between January and March 2022 we will be meeting with key groups to share our plans on creating a single fertility policy, to gain insight and views on our existing policies and areas of the policy under consideration. This includes sharing our plans here with the JOSCs, with Healthwatch and NEL CCG staff network and other local groups that represent protected characteristic groups.

Feedback from our pre-engagement so far has included; consideration to be given to the language of the policy to ensure it is simple and easy for people to understand; to consider national charity views on access to treatment for LGBTQ+ communities; and offers of support to put us in touch with local community groups to share the draft policy with as part of our planned wider engagement.

In the summer we will undertake 10 weeks of engagement with the public, patients, clinicians and stakeholders to share our draft single policy and seek feedback. We will provide people with a range of opportunities to have their say. This will include a mix of online/ digital and face-to-face methods, and ensure all materials and messages are

accessible to our population, regardless of language, literacy and digital barriers. We intend to host engagement events (at least one in each borough), as well as going out to key patient and interest groups to gain their input.

We will also present our policy to the JOSCs in June for your insight and feedback.

5. Next steps

We will continue with the development of the draft proposed policy as described in the previous sections.

We will write to the NEL local authorities in late May to share our detailed engagement plans and share our draft engagement materials, along with our intended engagement launch date which we expect to be towards the end of May 2022.

Item No 8	INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)
Report title	INEL JHOSC – Update on Whipps Cross JHOSC
Date of Meeting	1 March 2022
OUTLINE	This report outlines the most recent meeting of the Whipps Cross JHOSC which took place in January 2022. The next meeting is on 23 March 2022.
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.

26 January 2022

Papers are available here:

<https://democracy.walthamforest.gov.uk/ieListMeetings.aspx?Committeed=792>

The Committee took an update on the general redevelopment of the hospital. Alastair Finney noted that uncertainty from central Government in relation to the project was likely to lead to delays. He said that although the development was likely to happen in line with the Government's projected milestones, Whipps Cross's own schedule – which was sooner – was unlikely to be met. They had not yet been able to submit the Outline Business Case. This was because they were still awaiting final confirmation from the Treasury on the projected funding. The Leader of the Council was also present and made it clear that residents and councillors were fully behind the Whipps Cross redevelopment going ahead as swiftly as possible.

The Committee took its substantive item on bed modelling. Residents and campaigners had previously expressed concerns that there may be fewer beds in the new hospital. However, officers noted that a final decision on bed numbers had not been made, and that the new hospital would be designed to be flexible in either direction. They also confirmed that if necessary, the hospital would not have fewer beds than in the current hospital.

Officers introduced the approach to the bed modelling methodology and how it was reviewed by external consultants. Two independent witnesses also gave their thoughts; one said that the NHS

consistently underestimate the number of required beds, and needed to factor in the effects of the 'baby boomer' generation every 30 years, which may lead to the original maternity assumptions being wrong. The other said that he was satisfied with the methodology and planning. However, he did note that assumptions around the Integrated Care System needed to be revisited regularly and robustly interrogated.

Members' questions focused on assumptions around social care and readmission. Officers focused on how integrated care had progressed over the past few years, particularly since the pandemic, with Whipps Cross working closely with its local authority partners. There were outstanding queries around maternity bed numbers and whether a full EQIA assessment had been carried out. Ultimately, members asked to revisit the bed modelling when appropriate, with a potential for different scenarios to be looked at.

The next meeting will take place on 23 March 2022.

Cllr Richard Sweden

Chair, Whipps Cross JHOSC

Rosamund Cox

Scrutiny Officer, London Borough of Waltham Forest

Item No 9	INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)
Report title	Minutes of the previous meeting and matters arising
Date of Meeting	1 March 2022
OUTLINE	<p>Draft minutes of the meeting held on 16 December 2021 are attached.</p> <p>The matters arising are:</p> <p><i>Action 1 - NEL CCG to explain why there appeared to be no data in the pack on vaccinations given to Roma communities in Newham and Barking & Dagenham.</i></p> <p><i>Action 2 - NEL CCG to respond on why the data pack p.12 had ethnicity broken down by 'British Pakistani' or 'British Bangladeshi' for example but not British Caribbean or British African.</i></p> <p><i>Action 3 - Barts Health to provide clarification on the use of reserve lists in the management of outpatient referral waiting lists and for reassurance on the management of these lists.</i></p> <p><i>Action 4 - Barts Health to provide if possible data on the ethnicity of the 25 patients with Covid currently (16 Dec) in ICU at Barts Health or failing that to give a summary of more generic data re age and ethnicity of the Covid in-patients.</i></p> <p><i>Action 5 - Re slide on p.4 on Diagnostic activity Median waiting days by LSOA) NEL CCG to provide some of the Waltham Forest data which underlies this chart or a summary explanation as Cllr Sweden has concerns about the contrast between WF and C&H figures.</i></p> <p>-----</p> <p>Replies are awaited on these and will be circulated to the Committee.</p>

RECOMMENDATION	Members are asked to AGREE the minutes and note the matters arising
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Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC)

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

Date of meeting: Thu 16 December 2021 at 7.00pm

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

1. Welcome and apologies

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

2. Urgent items/ order of business

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

3. Declarations of interest

- 3.1. Cllr Masters stated that she was employed as Director of Transformation by HCVS (Hackney Council for Voluntary Services) in a post funded by NEL CCG.
- 3.2. Cllr Snell stated he was Chair of the Trustees of the disability charity DABD UK.
- 3.3. Cllr Sweden stated he was a Trustee of Leyton Orient Trust who deliver health services in the Inner London Area.

4. Covid 19, winter pressures, elective recovery update

- 4.1. The Chair, on behalf of the Committee, thanked the NHS staff in attendance for all their work during this period of immense pressure. He welcomed for this item:
- Rt. Hon. Jacqui Smith (JS), Chair in Common, Barts Health-BHRUT
Dame Alwen Williams DBE (AW), Group CEO, Barts Health NHS Trust
Henry Black (HB), Acting Accountable Officer, NELCCG and Acting SRO NEL HCP
- 4.2. Members gave consideration to two papers *NEL Health update* and *NEL Covid-19 vaccination programme and flu immunisation programme data pack*.
- 4.3. The Chair welcomed Jacqui Smith, the new Chair in Common of Barts Health NHS Trust and Barking Havering Redbridge University Trust, who provided a verbal update on the progress of the new 'provider collaborative' between Barts Health and BHRUT. She described the work supporting areas of operational pressure and improving elective recovery by using capacity across the two trusts more effectively, sharing managers in areas of operational pressure and working on joint recruitment and retention. She drew Members attention to the plan for resourcing the first stage of the collaboration, which had just been published.
- 4.4. The Chair asked whether a merged Trust would be the eventual outcome of the increased collaboration between these two large organisations. JS replied that what would drive it would be the success for patients and staff and it would depend on how that goes. There were no current plans for governance changes.
- 4.5. The Chair asked about the reintroduction of payment-by-results and if the response might be pooled funding arrangements between the two Trusts. JS replied that the financing referred to is about the delivery of some immediate priorities but there is a bigger piece of work going on across the ICS.
- 4.6. Henry Black (Acting AO for NEL CCG) introduced the briefing paper *NEL Health update* which covered: latest data on Covid-19; winter resilience and elective recovery including Barts outpatient appointment waiting lists, ensuring sufficient workforce, recovery in mental health and in primary care and next steps. He also drew members' attention to the *NEL Covid-19 vaccination programme and flu immunisation programme data pack* in the agenda papers.
- 4.7. The Chair asked AW about concerns about staffing levels generally due to Omicron pressures. AW replied that there were significant impacts and they were asking staff

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

- 4.8. Cllr Masters asked about the lower levels of Omicron variant in inner vs outer London; about why no boosters appeared to have been distributed to the Roma community in Newham and Barking & Dagenham and about the messaging to those in the community who've not even had their first dose. HB replied that the data profile on lower cases in inner rather than outer had been superseded by omicron. He undertook to get back on the Roma issue. On the message to those who had not had the first dose, he reiterated that having one dose was very effective in terms of reducing impact and so it's a key priority for messaging.
- 4.9. The Chair asked about using new data on the new variant to shape messaging. HB replied that this was worth doing but there was a data collection challenge here and there was no national resource which they could tap into.
- 4.10. Cllr Snell asked about the shortage of Lateral Flow Tests. HB replied Test and Trace was nationally based not locally and this was a logistics issue not a supply one.
- 4.11. The Chair asked AW about whether there had been sufficient tests for staff. AW replied they had and deliveries were timely.
- 4.12. Cllr Salva-Macallan asked whether the use of pop-up vaccination centres had increased. HB replied that it had been difficult initially to get a huge amount of volume through these pop-ups but they were now being ramped up.
- 4.13. Cllr Adams expressed concern regarding the graph on ethnicity in the paper having 'British Bangladeshi' but neglecting British Caribbean or British African and on equalities implications of this. HB apologised for this and undertook to get back on it. He added these had been nationally prescribed categories and he noted their shortcomings.
- 4.14. The Chair asked AW about progress in reducing waiting lists. AW replied on the huge focus now on elective recovery and were on plan to eliminate the very long lists (104 wk waits). They would need to monitor this and also it was normal before Covid to do less planned elective work in January because of winter pressures. They were now down 8500 on the 52 week list and on target to clear it by Dec 2022.
- 4.15. The Chair asked about the new sites across the NEL footprint which would mean further to travel for many. AW replied that some patients were very happy to get access to care more quickly at other sites while others were deciding to wait a bit longer.
- 4.16. Common Councilman Hudson, in a follow up from the June meeting, asked about the length of time people were spending on reserve waiting lists before going onto the main one. AW explained how at the time they were restoring services and slots had not opened up and so a reserve list had been used. AW undertook to come back on this. The hospital and local GPs were working on advice and guidance so a conversation between GP and Clinician would take place to manage patient demand more effectively. Common Councilman Hudson requested data on management of outpatient referral waiting lists.

- 4.17. Cllr Master asked about high volume-low complexity surgical hubs and if they included private providers. AW explained that they were consolidating some services across the hospitals as well as relying on some independent providers to boost capacity urgently, as required.
- 4.18 Cllr Sweden asked about handling urgent cases who also present with covid. AW detailed the PPE and control of infection rules used in hospitals and explained the segregation of wards and how those in need of life saving treatment will get it regardless of their covid status.
- 4.19 Cllr Snell asked about Remote Emergency Access Coordination Hub (REACH) across Barts Health footprint. AW replied that this was a service they were piloting so A&E consultant triage was set up at Royal London. This was being re-launched and the plan was to extend that across NEL, but it would have to be done in phases because of the immense pressure currently on London Ambulance Service.
- 4.20 The Chair asked about numbers of Covid admissions across Barts' sites and was there an uptick because of omicron. AW replied that they were but it was not a huge increase and the ICU admissions were the delta variant. She explained that the increase was in general and acute bed admissions rather than in ICU for Covid. 25 patients were in critical care in Barts as of that day and all were unvaccinated.
- 4.21 Cllr Adams asked whether 'Super Saturday' clinics would be ongoing. AW replied that clinical staff volunteer to work at weekends in these in order to clear the backlog and they represented a huge effort among clinical staff..
- 4.22 Cllr McAlmont asked about ethnicity of the unvaccinated 25 patients currently in Barts ICU and what more can be done on vaccine hesitancy. AW replied she was open to Cllrs input on other locations for outreach vaccinations service. She added that she would share the latest generic data on ethnicity and age.

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

- 5.1 The Chair welcomed for this item:
Henry Black (HB), Acting Accountable Officer, NEL CCG and Acting SRO for ELHCP
Nicholas Wright (NW), Programme Lead for Community Diagnostic Centres, NEL CCG
Dr Ken Aswani (KA), Clinical Chair for Waltham Forest, NEL CCG
Dr Mark Rickets (MR), Clinical Chair for City & Hackney, NEL CCG
- 5.2 Members gave consideration to a report, *NEL Community Diagnostic Centres*.
- 5.3 NW took Members through the presentation which covered: what is a CDC; how do we need to adapt to meet future needs?; analysis to date; what inequalities do we need to address?; year one and early adopters; future site types; CDC enablers; engagement to date
- 5.4 Cllr Sweden contrasted the waiting times for diagnostics in Waltham Forest vs Hackney and asked how this is being addressed. NW replied that tackling inequalities was a key part of the programme and there would be EIAs done for each site as they progressed.
- 5.5 Cllr Sweden asked for more detail on how the map on p.87 was achieved and how the diagnostics for Waltham Forest break down.
- 5.6 Cllr Masters asked whether the CDC plan was reflective of poor process rather than inequality. She asked what had emerged from the engagement thus far. She also asked who would deliver these CDCs and their qualifications. She asked how they fit in within the NHS and whether they will replace existing services. On the first question the Chair added if there was a reason why Hackney had better diagnostics. NW replied on the engagement process and delivery and undertook to come back with more detail. In terms of engagement, they had spoken to Healthwatches several times. This is new money for new services and won't replace existing services. They would be hosted by the relevant acute trusts in the borough they're in. Dr Aswani explained clinicians involvement in the development of the CDC programme and added that the aim was to target undiagnosed conditions and so achieve better outcomes.
- 5.7 Cllr Snell commended the maps and stated they should feed into JSNA analysis to spot the particular problem areas. The Chair commended that tackling disparities of provision and inequalities was the key driver here and asked for an update in 1 years time.
- 5.8 NW stated an overall aim would be to measure increases and decreases in the inequalities over time to assess impact and they would be happy to come back regularly to update the Committee on progress of the new sites which will add capacity over the next five years.

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

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

6.1. The Chair welcomed for this item:

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

and thanked NELSON for their submission.

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

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

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

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

- 6.6. Common Councilman Hudson expressed concern that the representative of the local authorities should be an elected member as LAs are Member led bodies. HB replied that his understanding was that the NHSE policy position on this was changing.
- 6.7. The Chair stated that in the old structure having local financial allocations provided stability but now all funding would go up to NEL level. He also expressed concern about the sustainability and viability of HUHFT in the new ICS system. HB replied that the Homerton was integral to the performance of the ICS as a high performing partner. He hoped that the ICS model would create a more coherent structure to improve delivery.
- 6.8. Chair asked Jacqui Smith whether her role on ICB would be to represent HUHFT as well. JS replied that it was and she had agreed with Sir John Gieve (Chair of HUHFT) to make this work so that in her role on the ICB she can be a voice for all the acute partners across NEL.
- 6.9. Cllr Masters expressed concern about the potential of forcing the creation of an umbrella body for all VCS bodies across NEL and asked for commitment on not having private providers on ICB. HB replied that there would be no private companies with members on the ICB. There are 8 VCSs and 8 Healthwatches but the NHS had no mandate to require an aggregation of them on the ICS unless it was something they themselves wished to initiate. Cllr Masters added that forcing the creation of such an umbrella body would not work.
- 6.10. Carol Saunders (NELSON) asked whether meeting papers for ICB and ICP would be made public and whether the public could attend and submit questions. She also asked how patient input could meaningfully be achieved with no patient reps on the board. She also flagged the poor quality of surveys issued by ICSs which seem skewed to get anodyne or specific responses e.g. the latest one on GP consultations. She added that having an umbrella group for an unquantified number of business groups on the ICP was troubling and would be likely to create conflicts of interests. She asked who these businesses are and could a rep of Operose Health for example be recommending a strategy for NEL's primary care system?
- 6.11. HB replied that all meetings will be held in public and the public will be able to ask questions. Re patient reps, he stated that Healthwatch and patient reps would be on the ICP and the Place Based Partnerships but not the ICB because, when making statutory decisions, it becomes difficult to then hold to ICB to account if those reps are also members of the Board making the decision. He acknowledged the shortcomings in the recent survey design but these had been produced by the regional team not the local one. On business involvement the idea was to include a broad group of local businesses around the anchor institutions who employed local people, not multinationals.
- 6.12. The Chair asked whether pharmacies could be included among the business groups. HB replied that potentially but they would need to work that through.
- 6.13. Cllr Masters commented on the lack of visibility of committee papers on the NEL CCG website. HB undertook to look into this and they would make them more prominent.
- 6.14. The Chair thanked all the officers for their papers and attendance.

RESOLVED:	That the reports and the discussion be noted.
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7. Whipps Cross JHOSC update

- 7.1 Members gave consideration to a briefing note from Cllr Sweden providing an update on the first two meetings of the new Whipps Cross JHOSC.
- 7.2 Cllr Sweden (Whipps Cross JHOSC Chair) summarised the business of the first two meetings of the Committee. A key issue was 'end of life care' and the worry that the hospice facility - the Margaret Centre, would not be included in the new development. They were recommending a discrete hospice unit for the Whipps Cross catchment area. The next meeting would cover projected bed numbers and the fear that the reduction would be inadequate and the subsequent meeting would cover flood prevention and the hope is that it would take place on site with a site visit.
- 7.3 The Chair commended the scrutiny work that was being done here. Cllr Masters asked if the JHOSC had any power re. reducing beds. Cllr Sweden replied that they could refer the matter to the Secretary of State. He added that Redbridge colleagues on the JHOSC had also wanted it to go to a statutory consultation but he as Chair was adamant that no procedures the JHOSC might engage in would cause a delay to the actual delivery of the hospital and he would try to resolve the matter between the two parties.

RESOLVED:	That the reports and the discussion be noted.
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8. Minutes of the previous meeting

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

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

- 10.1 There was none.

Date of next meeting noted as 1 March 2022.

Item No 10	INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)
Report title	INEL JHOSC work programme
Date of Meeting	1 March 2022
OUTLINE	<p>This is the last meeting of the 2018-22 administration. A copy of the INEL JHOSC work programme is attached. It outlines what has been covered over the past two municipal years.</p> <p>The Committee will be reconstituted with new membership in June and the provisional dates for meetings for 2022-23 are:</p> <p>29 June 2022 8 Sept 2022 8 Dec 2022 28 Feb 2023</p>
RECOMMENDATION	Members are asked to note the work programme and give consideration to items for future meetings.

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

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
27 January 2020	New Early Diagnosis Centre for Cancer in NEL	Briefing	Barts Health NHS Trust	Clinical Lead	Dr Angela Wong	
			NCEL Cancer Alliance	Interim Project Manager	Karen Conway	
	Overseas Patients and Charging	Item deferred				
11 February 2020	NHS Long Term Plan and NEL response	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			Barking & Dagenham CCG	Chair	Dr Jagan John	
			East London HCP	Director of Transformation	Simon Hall	
			East London HCP	Chief Finance Officer	Henry Black	
	New Joint Pathology Network (Barts/HUHFT/Lewisham & Greenwich)	Briefing	Barts Health NHS Trust	Director of Strategy	Ralph Coulbeck	
			Homerton University Hospital NHS FT	Chief Executive	Tracey Fletcher	
Municipal Year 2020/21						
24 June 2020	Covid-19 update	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			NEL Integrated Care System	Independent Chair	Marie Gabriel	
			Barts Health NHS Trust	Chief Executive	Alwyn Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
			East London NHS Foundation Trust	COO and Dep Chief Exec	Paul Calaminus	
			Newham CCG	Chair	Dr Muhammad Naqvi	
			Waltham Forest CCG	Chair	Dr Ken Aswani	
			Tower Hamlets CCG	Chair	Dr Sir Sam Everington	
			WEL CCGs	Managing Director	Selina Douglas	
			City & Hackney CCG	Managing Director	David Maher	
	How local NEL borough Scrutiny Cttees are scrutinising Covid issues	Summary briefing FOR NOTING ONLY	O&S Officers for INEL			
30 September 2020	Covid-19 update	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			East London HCP	Director of Transformation	Simon Hall	
			East London HCP	Director of Finance	Henry Black	
			Barts Health NHS Trust	Group Chief Executive	Alwyn 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 Responsible 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	
			HUFT	Chief Executive	Tracey Fletcher	
13 Sep 2021	Whipps Cross redevelopment programme	Update further to item on 25 Nov	Barts Health	Director of Strategy	Ralph Coulbeck	
	Structure of Barts Health and developing provider collaboration	Discussion	Barts Health	Group Chief Executive	Dame Alwen Williams	
	Implementation of North East London Integrated Care System	Discussion	NEL ICS	Independent Chair	Marie Gabriel CBE	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
				Group Chief Executive	Dame Alwen Williams	
	Covid-19 vaccination programme in NEL	Briefing	NEL CCG	Director of Transformation and NEL Covid vaccination Programme Lead	Simon Hall	
16 Dec 2021	Covid-19, winter pressures, elective recovery update	Discussion	Barts Health	Group Chief Executive	Dame Alwen Williams	
			Barts Health-BHRUT	Chair in Common	Rt Hon Jacqui Smith	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
	Plans for engagement and information on proposed service changes - Community Diagnostic Centres.	Briefing	NEL CCG	Community Diagnostic Centres Programme Lead	Nicholas Wright	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
				Clinical Director Waltham Forest	Dr Ken Aswani	
				Clinical Director City and Hackney	Dr Mark Rickets	
	NEL Integrated Care System - update	Briefing	NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
		Submission from public	North East London Keep Our NHS Public		Carol Saunders	
	Whipps Cross Redevelopment JHOSC	Brief update from Member	Whipps Cross JHOSC	Chair of the JHOSC	Cllr Richard Sweden	

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