Overview & Scrutiny

Inner North East London Joint Health Overview and Srutiny Committee

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

Thursday 15 December 2022

7.00 pm

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

The press and public are welcome to join this meeting remotely via this link:
https://youtu.be/Q6IuL4Q-QP8

Back up live stream link: https://youtu.be/7i190svEsOY

If you wish to attend please give notice and note the guidance below.

Contact:
Jarlath O'Connell
☎ 020 8356 3309
✉ jarlath.oconnell@hackney.gov.uk

Mark Carroll
Chief Executive, London Borough of Hackney

Members: **Cllr Kam Adams, Cllr Ben Hayhurst and Cllr Sharon Patrick**

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

Hackney

ACCESS AND INFORMATION

Public Involvement and Recording

Public Attendance at the Town Hall for Meetings

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 https://hackney.gov.uk/council-business or by contacting Governance Services (020 8356 3503)

Following the lifting of all Covid-19 restrictions by the Government and the Council updating its assessment of access to its buildings, the Town Hall is now open to the public and members of the public may attend meetings of the Council.

We recognise, however, that you may find it more convenient to observe the meeting via the live-stream facility, the link for which appears on the agenda front sheet.

We would ask that if you have either tested positive for Covid-19 or have any symptoms that you do not attend the meeting, but rather use the livestream facility. If this applies and you are attending the meeting to ask a question, make a deputation or present a petition then you may contact the Officer named at the beginning of the agenda and they will be able to make arrangements for the Chair of the meeting to ask the question, make the deputation or present the petition on your behalf.

The Council will continue to ensure that access to our meetings 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. The latest general advice can be found here - https://hackney.gov.uk/coronavirus-support

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. 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.

Advice to Members on Declaring Interests

Advice to Members on Declaring Interests

Hackney Council's Code of Conduct applies to all Members of the Council, the Mayor and co-opted Members.

This note is intended to provide general guidance for Members on declaring interests. However, you may need to obtain specific advice on whether you have an interest in a particular matter. If you need advice, you can contact:

- Director of Legal, Democratic and Electoral Services
- the Legal Adviser to the Committee; or
- Governance Services.

If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

You will have a disclosable pecuniary interest in a matter if it:

i. relates to an interest that you have already registered in Parts A and C of the Register of Pecuniary Interests of you or your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner;

ii. relates to an interest that should be registered in Parts A and C of the Register of Pecuniary Interests of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner, but you have not yet done so; or

iii. affects your well-being or financial position or that of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner.

If you have a disclosable pecuniary interest in an item on the agenda you must:

i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you (subject to the rules regarding sensitive interests).

ii. You must leave the meeting when the item in which you have an interest is being discussed. You cannot stay in the meeting whilst discussion of the item takes place, and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision.

iii. If you have, however, obtained dispensation from the Monitoring Officer or Standards Committee you may remain in the meeting and participate in the

meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a pecuniary interest.

Do you have any other non-pecuniary interest on any matter on the agenda which is being considered at the meeting?

You will have 'other non-pecuniary interest' in a matter if:

i. It relates to an external body that you have been appointed to as a Member or in another capacity; or

ii. It relates to an organisation or individual which you have actively engaged in supporting.

If you have other non-pecuniary interest in an item on the agenda you must:

i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you.

ii. You may remain in the meeting, participate in any discussion or vote provided that contractual, financial, consent, permission or licence matters are not under consideration relating to the item in which you have an interest.

iii. If you have an interest in a contractual, financial, consent, permission, or licence matter under consideration, you must leave the meeting unless you have obtained a dispensation from the Monitoring Officer or Standards Committee. You cannot stay in the meeting whilst discussion of the item takes place, and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision. Where members of the public are allowed to make representations, or to give evidence or answer questions about the matter you may, with the permission of the meeting, speak on a matter then leave the meeting. Once you have finished making your representation, you must leave the meeting whilst the matter is being discussed.

iv. If you have been granted dispensation, in accordance with the Council's dispensation procedure you may remain in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a non-pecuniary interest.

Further Information

Advice can be obtained from Dawn Carter-McDonald, Director of Legal, Democratic and Electoral Services via email dawn.carter-mcdonald@hackney.gov.uk

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.

Further Information about the Commission

If you would like any more information about the Scrutiny Commission, including the membership details, meeting dates and previous reviews, please visit the website or use this QR Code (accessible via phone or tablet 'app')

Health in Hackney Scrutiny Commission

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Agenda

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

Date **Thursday 15 December 2022**

Time **7:00 PM – 9:00 PM**

Venue Council Chamber, Hackney Town Hall, Mare St,

London E8 1EA

The press and public are welcome to join this meeting remotely via this link: https://youtu.be/Q6IuL4Q-QP8

Should you have technical difficulties the following is a back-up YouTube link: https://youtu.be/7i190svEsOY

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

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

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

MEMBERSHIP

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

Agenda

No.	*Item*	*Contributor*	*Paper/ Verbal*	*Time*
1	Welcome and apologies for absence	Chair		19.01
2	Urgent items/order of business	Chair		19.02
3	Declarations of interest	Chair		19.02
4	**ICS Strategy - draft**	Zina Etheridge	Paper	19.03
5	**What we are doing to improve access, outcomes, experience and equity for children, young people and young adults' mental health**	Paul Calaminus others tbc	Paper	19.25
6	**NHS North East London Health Updates** *Key performance data (high level) and current key issues at Barts Health, Homerton Healthcare and ELFT*	Shane De Garis Louise Ashley Paul Calaminus Zina Etheridge	Paper	20.00
7	**Financial Strategy for the ICS**	Henry Black Zina Etheridge	Paper	20.20
8	**Redevelopment of Whipps Cross -** update from Chair of Whipps Cross JHOSC	Cllr Sweden (Chair, Whipps Cross JHOSC)	Verbal	20.55
9	Minutes and matters arising		Mins	21.00
10	INEL JHOSC work programme 22/23		Work prog	21.00
11	Any other business			21.00

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

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Item No **4**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**ICS Strategy - draft**
Date of Meeting	15 December 2022
Attending	Zina Etheridge, Chief Executive Officer, NHS North East London,
OUTLINE	The new NEL Integrated Care System now known as NHS NEL came into being on 1 July 2022. Each ICS is required to submit an Integrated Care Strategy by the end of December 2022. At the previous meeting on 19 Oct the Committee considered a paper on the development of this document: https://hackney.moderngov.co.uk/documents/s78736/item%205b%20Developing%20ICS%20Strategy.pdf The final Strategy document is near completion, to be delivered to NHSE. It will be shared with Members before the meeting and will be tabled. PAPER TO FOLLOW
RECOMMENDATION	Members are asked to give consideration to the Strategy document.

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North East London Health & Care Partnership

NHS North East London

North East London Integrated Care Strategy development

Joint Overview and Scrutiny Committee

Hilary Ross, Director of Strategic Development, NHS North East London

December 2022

Introduction

- In July our **Integrated Care Partnership** was formally established. This is a statutory committee that brings together a broad set of system partners (including local government, the voluntary, community and social enterprise sector, NHS organisations and others) to develop an **integrated care strategy** for the area.

- The Department for Health and Social Care has issued **guidance for integrated care strategies** with a suggestion that partnerships may wish to develop interim strategies in order to influence system planning for 23/24 ahead of further strategy guidance expected in June 2023.

- System partners across North East London Health and Care Partnership have already reached collective agreement on **our ICS purpose and four priorities** to focus on together as a system . These priorities will be at the heart of our integrated care strategy in NEL.

- Broad system-wide engagement including a series of well attended system-wide stakeholder workshops, and discussions with Health and Wellbeing Boards and place based partnerships has shaped our plans for progressing the four system priorities. Our engagement has also identified six cross-cutting themes describing 'how' we will work differently as an integrated care system. The priorities and cross-cutting themes will set a clear direction for the development of the new NHS Joint Forward Plan due end March 2023.

- While the strategy has been informed by discussions with local people and existing insights via Healthwatch, the key messages, priorities and success measures will be tested further with local people through a 'Big Conversation' planned to take place in Spring 2023.

- The interim strategy document will be completed taking on board any further feedback from the Integrated Care Partnership on 11 January. The strategy will not however be a one–off process, more a dynamic dialogue across all parts of the system and with local people.

Following the next slide where we have suggested some questions for discussion, we have included draft content in development on the four system priorities and six cross-cutting themes. We are continuing to develop the other sections of the strategy which include the introduction and context, overview of our population, and a section at the end on the foundations of a well-functioning integrated system.

Questions for discussion

1. Are there any key areas missing from our priorities or cross-cutting themes or anything we need to emphasise differently particularly at this stage in order to influence the NHS Joint Forward Plan?

2. Have we set the right level of ambition and scope in our success measures for the new system strategy?

Improving outcomes and tackling inequalities - our four system priorities

To provide the best start in life for the Babies, Children and Young People of North East London

Our context and case for change-

- Babies, children and young people comprise one quarter of our population.
- In all our places except Hackney and Havering we have a higher proportion of babies born with a low birth weight than the England average. Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life.
- In all our places except Havering, we have a higher percentage of children living in poverty than the England average (15.6%). This is likely to have been exacerbated by recent challenges including the pandemic and cost of living pressures. There is a strong link between childhood poverty and poorer health outcomes including premature mortality. There is also evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health.
- Assessments indicate that 38,000 pupils in north east London need special educational support. 13,600 of these pupils have Educational, Health and Care Plans which outline the support they receive and these numbers are increasing.
- In all places in NEL, overweight and obesity in children is higher than the England average (35%). Barking and Dagenham and Newham respectively have the highest and fifth highest rates in England. Dental decay in 5-year olds is also higher in all our places compared to England.
- We saw physical and mental health outcomes deteriorate during the Covid-19 pandemic, particularly for vulnerable children and those with long term conditions within disadvantaged communities. In north east London at least 18,099 children and young people have asthma, 1,370 have epilepsy and 925 have type 1 diabetes.
- We are currently seeing substantial pressures on child health urgent care services which is likely to be connected to the recent pandemic and cost of living pressures.
- Currently there are 3,343 babies, children and young people in north east London with life limiting conditions requiring palliative and end of life care, and this number is gradually increasing.

Key messages we heard through our engagement

Support for young people feels unequal, and varies depending on stage of life.

I want to be involved in decisions about my care, and I don't always feel that my needs are understood.

The care I receive feels rushed and impersonal, and has varied in quality across services and at different stages of my life.

What we need to do differently as a system

Create the conditions for our staff to do their best possible work including creating a safe multi-disciplinary learning environment spanning teams across north east London, provider collaboratives and place-based partnerships with a focus on co-production, quality improvement and trauma-informed care.

Focus on tackling health inequalities by working with our place-based partnerships to increase support for our most vulnerable children and their families, developing an enabling programme of work which addresses workforce challenges, supports data capture and benchmarking, and promotes better communication.

Develop clearly defined prevention priorities supporting place-based partnerships to focus on the most deprived 20% of the population and other underserved groups, as well as a focus across north east London on prevention priorities including obesity and oral health.

Develop community-based holistic care, building community capacity, aligning to family hubs and strengthening adolescent healthcare. Through social prescribing and multi-disciplinary teams we will enable links to community assets including the community and voluntary sector and put health inequalities at the heart of our work

Prioritise our children and young people's mental health, recognising the importance of support, and timely access to information, advice and care. We will harness the potential of the digital offer and work with children and young people to design and deliver high quality, accessible services in a range of settings.

Improve prevention and support for babies, children and young people with long term conditions such as asthma, diabetes and epilepsy, by supporting greater personalisation of care and prevention activities across north east London.

What success will look like for local people

- *I have the same experiences and range of support for my development, health and wellbeing, no matter where I grow up in north east London*
- *I have the opportunity to access healthcare, education and care in ways that suit me and my goals*
- *I receive high quality and timely personalised care at a place of my choice*
- *I am treated with kindness, compassion, respect, information and communication is accessible and understandable*
- *I have opportunities to share my experience and insight, and seen change that I have influenced*
- *I have people who treat and look after me care as I move through the different stages of my life*
- *I am involved in decisions about my care*

What success will look like as outcomes for our population

- Reduce proportion of babies born with low birth weight in north east London
- Identify children living in poverty within our communities and ensure they are receiving the support they need to live a healthy life including equitable access to and outcomes from our health and care services
- Strengthen our focus on prevention, reducing levels of childhood obesity and dental decay and increasing uptake of childhood immunisation
- Strengthen our support for children living with long term conditions and address health inequalities by reducing the number of asthma attacks, increasing access to prevention and self-management for children and young people with diabetes (particularly those living in poverty or deprivation and those from black and ethnic minority backgrounds), increasing access to specialist epilepsy support for children, including those with learning disabilities and autism
- Improve access to children and young people's mental health services, and support young people better through the transition to adult mental health services
- Reduce the number of young people reporting that they feel lonely and isolated
- Collaborate between education, health and social care to meet the needs of children with special educational needs and disability

To support everyone at risk of developing or living with a long term condition in north east London to live a longer and healthier life

Our context and case for change

- 31% of our residents have a long term condition. Living with a long term condition can impact on many aspects of a person's life, including their family and friends and their work. People with a long term condition are more likely to suffer from further conditions or complications over time, including poor mental health.
- Long terms conditions account for half of GP appointments, 70% of inpatient bed days and 70% of the acute care budget.
- Long term conditions cannot be cured but when managed effectively, the impact the condition has on a person and their life can often be alleviated or delayed. Some long term conditions can also be prevented completely through healthier behaviours.
- People living in deprived neighbourhoods and from certain ethnic backgrounds are more likely to have a long term condition and to suffer more severe symptoms. For example, the poorest people in our communities have a 60 per cent higher prevalence of long term conditions than the wealthiest and 30 per cent higher severity of disease. People of South Asian ethnic origin are at greater risk of developing Type 2 Diabetes, and people with an African or Caribbean family background are at greater risk of sickle cell disease.
- Our population has a higher prevalence of type 2 diabetes, and several other conditions including hypertension and chronic kidney disease as well as a higher mortality rate for cardiovascular disease in the under 75s. One in five of our residents has respiratory disease. Further, there are likely to be high levels of unmet need – highest in our 'underserved' communities - that are not showing in the data but require proactive identification and better management.
- Two-thirds of people with at least one long term condition have more than one mental health problem, including depression and/or anxiety, and there is a growing connection between living with a long term condition, social isolation and low self-esteem.

Key messages we heard through our engagement

Care for people with long term conditions feels unco-ordinated and fragmented.

I am not always clear who I can turn to with a problem, where I can access non-medical support in my local community or support with my emotional and psychological wellbeing.

I do not want to be asked to repeat my story to different professionals and I want my transition from service to service to be much better co-ordinated and supported.

What we need to do differently as a system

Better coordination of care, including between mental and physical health, and better transitions between different services, such as between child to adult services.

Empower and resource local communities and voluntary organisations to increase support for prevention and self-management, de-medicalising and destigmatising day to day support for long term conditions through social prescribing, increasing access to emotional and psychological support and widening peer support.

More consistent communication with people living with long term conditions and their carers, including in relation to their end of life care. Ensuring that people are at the heart of every conversation and that we focus on their holistic needs and strengths (not just their care).

Support health creation within local communities, increasing opportunities and support for making healthier choices, including starting health and well-being conversations in early years and working together to reduce the number of people in north east London living with risk factors such as obesity or smoking.

Lead by example as a large employer across north east London. Through our priority on workforce and local employment we will identify what more we can do as employers to encourage healthy behaviours and to support colleagues with long term conditions. We will also do more to value and support informal carers in recognition of the significant contribution they make to the health, wellbeing and independence of local people.

More intelligent identification of those with long term conditions or risk factors to support those affected to take earlier and more proactive action particularly among 'underserved' communities where there are high levels of unmet need.

What success will look like for local people

- *I receive the support I need to make healthier life choices, increasing my chances of a long and healthy life*
- *If I develop a long term condition, it will be identified early and I will be supported through diagnosis; with my individual needs taken into account*
- *I feel confident to manage my own condition, and there is no decision about me without me*
- *I am able to access timely care and support from the right people in the right place*
- *I feel my quality of life is better because of the care and support I received*
- *I am able to care for my loved one, my contribution is recognised and valued and help is there for me when I need it*

What success will look like as outcomes for our population

- Reduce prevalence of obesity and we will be smokefree by 2030
- Reduce the number of people with long term conditions diagnosed in an urgent care setting and increase early diagnosis of cancer
- Increase uptake of vaccines for people with chronic respiratory conditions to prevent more emergency hospital admissions
- Increase hypertension case finding in primary care to minimise the risk of heart attack and stroke within our population
- Increase the proportion of local people who say that they are able to manage their condition well
- Increase the proportion of local people who are able to work and carry out day-to-day activities whilst living with a long term condition
- Improve the mental health and wellbeing of people with long term conditions and their carers

To improve the mental health and wellbeing of the people of north east London

Our context and case for change

- Mental health affects how we think, feel and act, and has a profound impact on our day-to-day lives. It is strongly linked with wider health outcomes and therefore improvements here impact our overall ambition to improve the lives of people living in north east London.
- We are seeing a growing number of people in need of our mental health services. Recorded rates of depression have increased year-on-year in every borough in north east London over the past 5 years.
- The Covid-19 pandemic and cost of living crisis has brought new challenges, exacerbated inequalities, and often it has been those who were struggling before that are now being hit hardest. The number of referrals received across North East London Foundation Trust Mental Health Services has steadily increased since the pandemic began in early 2020 and is currently up 18.5% on the previous year.
- There has been a steady increase in demand for crisis support for children and young people by 82% between July 2020 and July 2022. Children and Young Adults Mental Health Services (CAMHS) have started to see crisis presentations stabilise, although referrals across most services continue to be higher than pre-pandemic levels.
- We still have further to go to ensure that people with mental and physical health conditions, including across their life course and people with dementia, get the right integrated support, as early as possible.

Key messages we heard through our engagement

I want those providing my support to consider me as a whole person

I want to access support in different ways that suit me and my goals, not just what is available and not when it is too late

I want to tell my story once and be involved in deciding what support will suit me and my family's, goals and needs

What we need to do differently as a system

Prioritising what matters to service users, carers and people with lived experience, so that service users and carers have an improved quality of life, with joined-up support around the social determinants of health.

Delivering local priorities for mental health, including the assets, wishes and aspirations of our communities, and the unmet needs and inequalities facing specific groups.

Improving access and integration, reducing inequality of access, and improving people's first contact with mental health services including ensuring that local people can access the support they need in the place that best placed for addressing their needs.

Enabling and supporting patient leadership at every level in the system so that service users are equally valued for their leadership skills and experience as clinicians, commissioners and other professionals.

Embedding and standardising our approach to peer support across north east London so that it is valued and respected as a profession in its own right, and forms part of the multi-disciplinary team within clinical teams and services.

Improving cultural awareness and cultural competence across north east London so that people with protected characteristics feel they are seen as individuals, and that staff are not making assumptions about them based on those characteristics.

Valuing the contribution of carers and providing more and better support to them so that they are able to provide better support for others as well as improve their own health and wellbeing.

What success will look like for local people

- *I feel happy and healthy in my life*
- *I have the same chances in life as my peers without adversity or vulnerability, we aren't hard to reach*
- *I am supported to get involved and see changes that I have influenced*
- *I have the same experience and access to a range of support regardless of where I live or go to school*
- *I am able to see all support available to me, my family and friends in one place*
- *I feel I have ownership of maintaining and improving my resilience and wellbeing*

What success will look like as outcomes for our population

- Increase the number of people diagnosed with dementia and improve support to people and their carers before and after diagnosis
- Address under-representation of people from black, Asian, and minority ethnic communities in talking therapy services
- Improve the physical health and premature mortality of people with a serious mental illness including ensuring annual health checks for at least 60%
- Increasing the availability and timely access for preventative mental health and wellbeing services for children and young people, particularly within schools and including increasing the number of schools covered by a Mental Health Support Team
- Increase the number of carers referred to IAPT services
- Create new peer support roles and increase the number of paid peer support workers
- Increase training for non-mental health specialists including receptions staff
- Reduce the gap in employment rate for people with long term mental health needs.

To create meaningful work opportunities and employment for people in north east London now and in the future

Our context and case for change

- North east London has almost one hundred thousand staff working in health and care, with over 4,000 in general practice, 46,000 in social care, and around 49,000 within our trusts. Our workforce are the heart of our system and play a central role in improving population health and care.

- Alongside our paid workforce, our thousands of informal carers play a pivotal role in supporting family and friends in their care, including enabling them to live independently. Analysis undertaken by Healthwatch shows inequalities of experiences for carers who have poor experiences in accessing long term conditions (51%) and mental health services (70%), between 61% and 73% did not feel involved and supported.

- Our employed workforce has grown by 1,840 people in the last year. Investment in primary care workforce has seen numbers grow by 3.7% in the last year, as well as a growth in training places for GPs.

- Retention and growth are a key part of all our workforce plans but we still have a number of challenges to overcome. We have an annual staff turnover rate of 23%, and we have heard from staff that burnout has been a growing problem after the Covid-19 pandemic.

- The interplay of increased workload and stress due to the pandemic is still having an effect. Sickness rates for north east London were higher than the national average of 4%, at 4.9%. Although we have the second lowest sickness rate in London, we know that mental health issues are the second highest reason for sickness, behind musculoskeletal problems.

- To achieve our ambitions as an integrated care system we need our workforce to be equipped with the right skills, values and behaviours to deliver our health and care services. To meet rising demand as our population grows and their health and care needs become more complex, we will also need staff to work in different ways, potentially in new roles, as models of care are adapted and improved.

Key messages we heard through our engagement

I value flexibility and work life balance over traditional rewards such as pensions

I want career development and career growth opportunities available to me locally

I felt over-worked before the pandemic and now it's really affecting my ability to work

I'm a local person with transferable skills but I don't feel local health and care jobs are accessible to me

I want the informal care I provide valued and supported

What we need to do differently as a system

Employ more local people supported by efficient, streamlined, and accessible recruitment processes, promoting diversity and ensuring that under-represented groups have the opportunity to be employed in our services. We will contribute to the local economy by upskilling and employing local people who are unemployed or at risk of unemployment as well as investing in growing our own workforce from within, creating a consistent pipeline in partnership with our education institutions, and utilising system-wide approaches for all sectors.

Work collaboratively to develop one workforce across health and care in north east London. We will work together to develop a deal that all employers will offer with a focus on flexible career development and improved access to a consistent wellbeing and training offer shared across providers.

Work together to progress the London Living Wage commitments across north East London.

Prioritise retention of our current workforce, and create the opportunities for development across organisations to ensure that we have a stable and high performing workforce in all services. We will develop system approaches to career pathways, leadership and development.

Support the health and wellbeing of our staff, with a consistent offer of support for staff which recognises the challenges brought by the Covid-19 pandemic and current cost of living crisis.

Develop and recognise our social care and voluntary workforce and prioritise specific retention programmes, ensuring that they have support when needed.

Value the contribution of carers and provide more and better support to them so that they are able to provide better support for others as well as improve their own health and wellbeing.

What success will look like for our people

- *Working in health and care in north east London, I feel valued and respected*
- *I have meaningful work and am able to support myself and my family financially*
- *I have access to training and career development opportunities whichever part of the local health and care system I am currently working within*
- *I feel I have local employment and volunteering opportunities across a range of health and care settings, regardless of my background*
- *I am able to care for my loved one, my contribution is recognised and valued, and help is there for me when I need it*

What success will look like as outcomes for our people

- Increase the number of local residents working in health and social care, ensuring that our workforce is representative of the community it serves.
- Our carers feel supported, valued and provided with the skills to deliver personalised care to meet the needs of our residents.
- Consistent and joint financial approach between health and care to avoid inequity across health and care sectors.
- Staff will be able to transfer easily between employers in health and care
- All staff in all sectors will have access to a consistent health and well-being offer, building on our Keeping Well NEL platform that supports staff retention.
- As part of our employment deal, a consistent offer of development, flexibility and mobility that all organisations in north east London sign up to, including recognition of skills across sectors and professions.
- We are increasing the ethnic diversity of board level and senior leadership to reflect the make-up of the population in NEL

Draft content

How we work as an integrated care system – our 6 cross cutting themes

Equity

Working together as a system to tackle **health inequalities** including a relentless focus on equity underpinning all that we do

What success will look like for our system

In addition to the specific health inequalities measures set out in relation to our four priorities above:

- Across north east London we are reducing the difference in access, outcomes and experience with a focus on people from black and minority ethnic communities, people with learning disabilities, people who are homeless, people living in poverty or deprivation and for carers.
- Healthy life expectancy is improved across NEL and the gap between our most and least deprived areas / those living in poverty and the wealthiest is reduced.
- We have improved ethnicity data collection and recording across health and care services and deliver inclusive, culturally competent and trusted health and care services to our population.
- Our staff have access to training on health inequalities and we routinely measure and address equity in NHS waiting lists.
- We are mitigating against digital exclusion.
- Tackle racism and increase cultural competence and cultural awareness in services

Prevention

A greater focus on prevention and **health creation** across the whole of our system including **primary** and **secondary prevention** and the wider determinants of health.

What success will look like for our system

In addition to the specific prevention measures set out in relation to our four priorities:

- We invest more in prevention as a system to reduce prevalence of long term conditions and mental health equitably across all of our places.
- We identify and address unmet need including diagnosing more people early and increasing access to care and support particularly for our most vulnerable or underserved groups.
- We invest in our community and voluntary sector to support prevention and early intervention in a range of ways to suit our diverse population.
- Through our role as anchor institutions, we support economic development by emplying local people and prioritising social value in procurement.
- We share and use data to identify the most vulnerable people living locally including those not using services and those frequently using services to provide more targeted and proactive support which better meets their needs.

Personalisation

We will deliver health and care that is **holistic, personalised and trauma–informed** supported by seamless integration across service and organisational boundaries.

What success will look like for our system

- Staff have access to all the information they need in one place to enable them to provide seamless care to local people and can share this information safely through our IT systems.
- Local people including carers only need to tell their story once through their health and care journey.
- Local people are asked what matters to them in setting their treatment or care goals and can access a wide range of non-medical support in the community.
- Particularly vulnerable residents are identified and given additional support to access services ensuring their experience and outcomes of care are equitable.
- Our staff are equipped to deliver trauma-informed care based on the principles of physical and psychological safety; trust; choice; collaboration; empowerment; and cultural competence.

Co-production with local people and all partners, particularly drawing on the **strengths and assets** of individuals and communities, rebalancing power.

What success will look like for our system

- We can evidence how decisions taken by our boards are informed by the views of local people.
- We helped establish a community and voluntary sector collaborative and actively support and resource its development.
- We train a wide range of health and care staff in co-production and power sharing approaches.
- We can demonstrate how we have identified and engaged underserved groups and the full diversity of our local population.
- We use existing sources of insight from local people including carers to shape our strategies and plans and resist repeatedly asking the same questions.
- We close the loop when we seek the views of carers and local people by feeding back.

High trust We will endeavour to develop a high trust environment supporting **partnership working, collaboration** and **integration** across the whole of our system, with the contribution all partners valued equally.

What success will look like for our system

- Partners in the ICS feel actively engaged
- Partners have adopted an ‘open book’ approach including how we spend our money
- We challenge each other constructively without blame
- We are open to new ways of working and share risk as a system

Learning system We will work as a learning health and care system making the best use of **data, evidence, research** and **insight** to drive continuous development and **improvement,** encourage **innovation** and accelerate progress through shared learning.

What success will look like for our system

- We use data, evidence and insights to build our understanding of our population and to drive our ambitions, priorities, transformation and improvements.
- We regularly review the impact we are having through evaluation of our services and transformation programmes and make changes based on this learning.
- We innovate and enable shared learning to accelerate adoption of innovation, research and best practice throughout our system.
- We support and encourage research that is focused on improving health and care for local people and involve more local people in research

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

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NELFT NHS
NHS Foundation Trust

East London
NHS Foundation Trust

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

December 2022

Key achievements over the past two years

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

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

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

Plans for 2023/24 and beyond

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

Investment across North East London 2021 - 2024

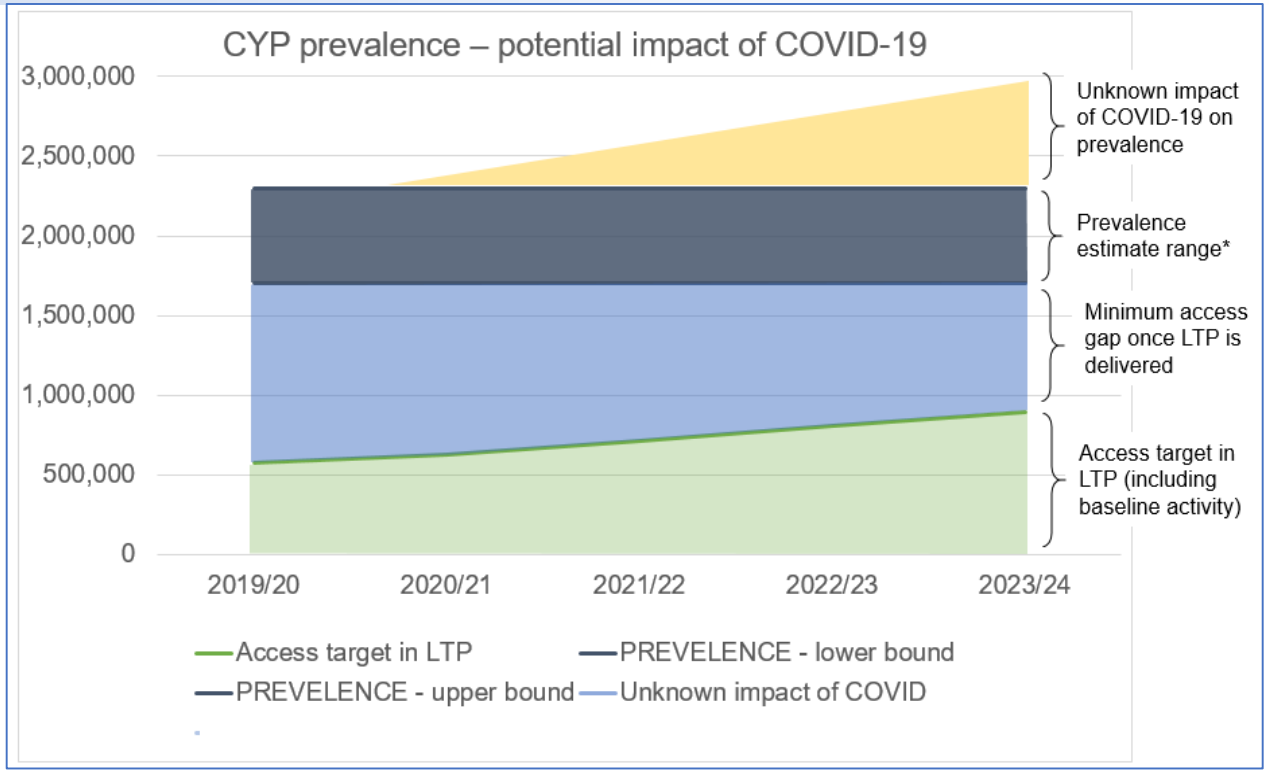
NEL CYP Mental Health Investment (£'000)			
	21/22	22/23	23/24
CYP Mental Health (NEL total)	6,508	9,136	12,647

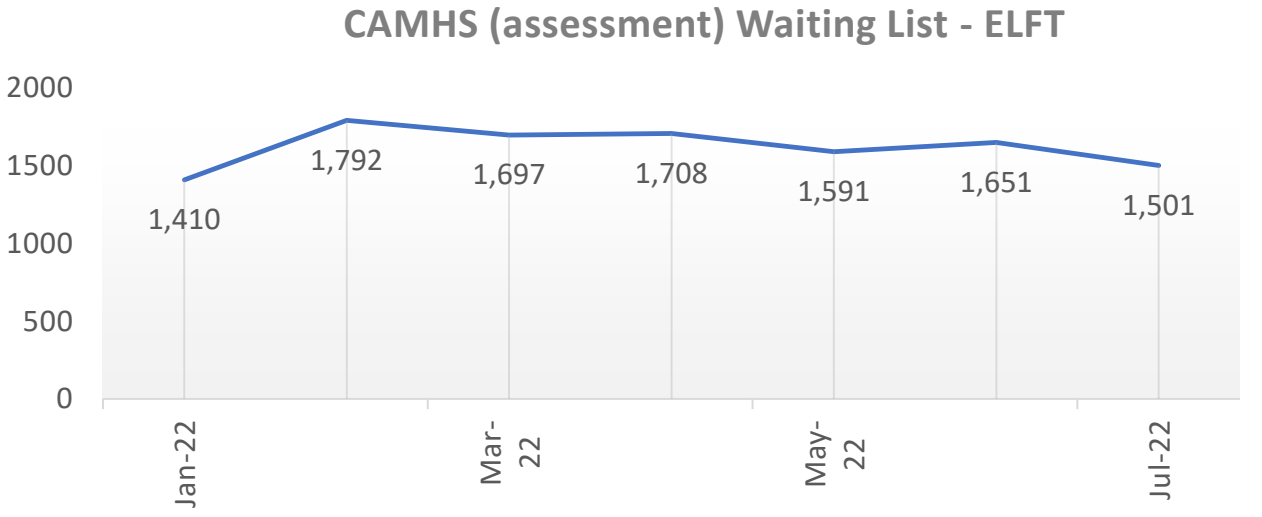
In 2022/23, the NEL allocation for CYP mental health services was **£43.8m**, which is 12.1% of the overall mental health programme budget. This is two per cent **higher** than the proportionate spend on CYP mental health nationally

Summary - capacity and demand for CAMHS services

Core CAMHS

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





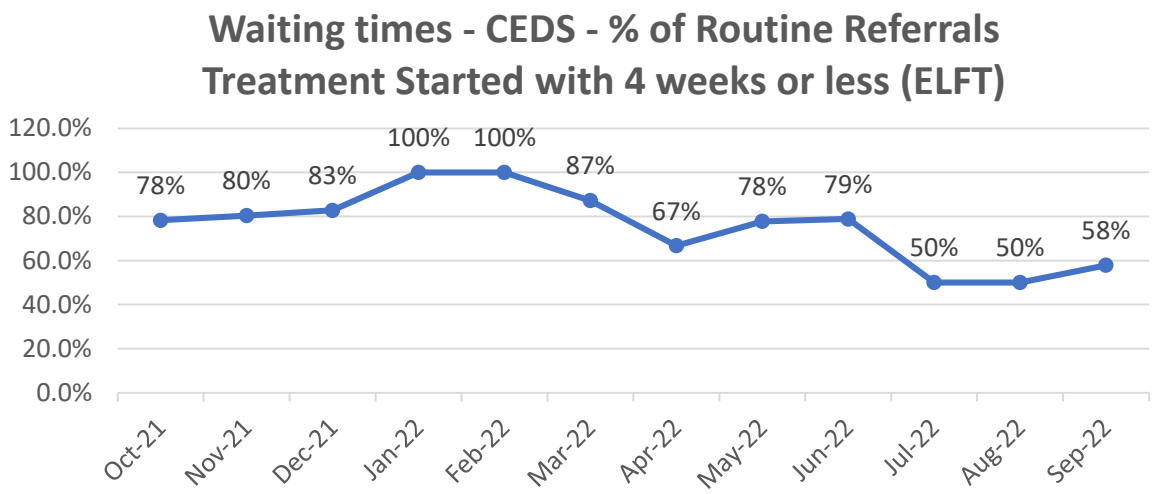
Summary - capacity and demand for Eating Disorder and Crisis Services

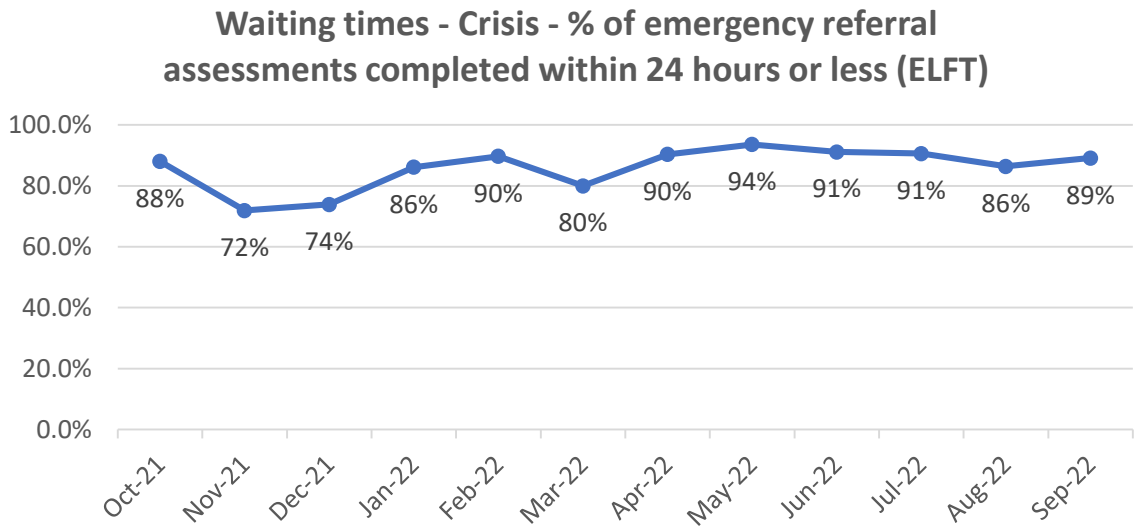
Eating disorder services

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

Crisis services

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





Initiatives to further improve access for children and young people

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

Joint working with social care, community health, paediatrics and VCS

Single points of access, and **multi-agency collaboratives**

Piloting **Home Treatment Teams**

Online emotional support e.g. ChatHealth, Kooth and Good Thinking

Eating Disorders Intensive Home Treatment Team

Brief Intervention and Treatment approaches

Peer leadership and employment opportunities for YPs

Development of **Intensive Support teams** for ASD/LD cohort

Joining up **social prescribing** and developing the VCS in each borough

Increased support around transitions from CAMHS

Drivers for improving services for 18-25 year olds

National policy framework and drivers for improvement

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

Support for young adults (18-25)

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

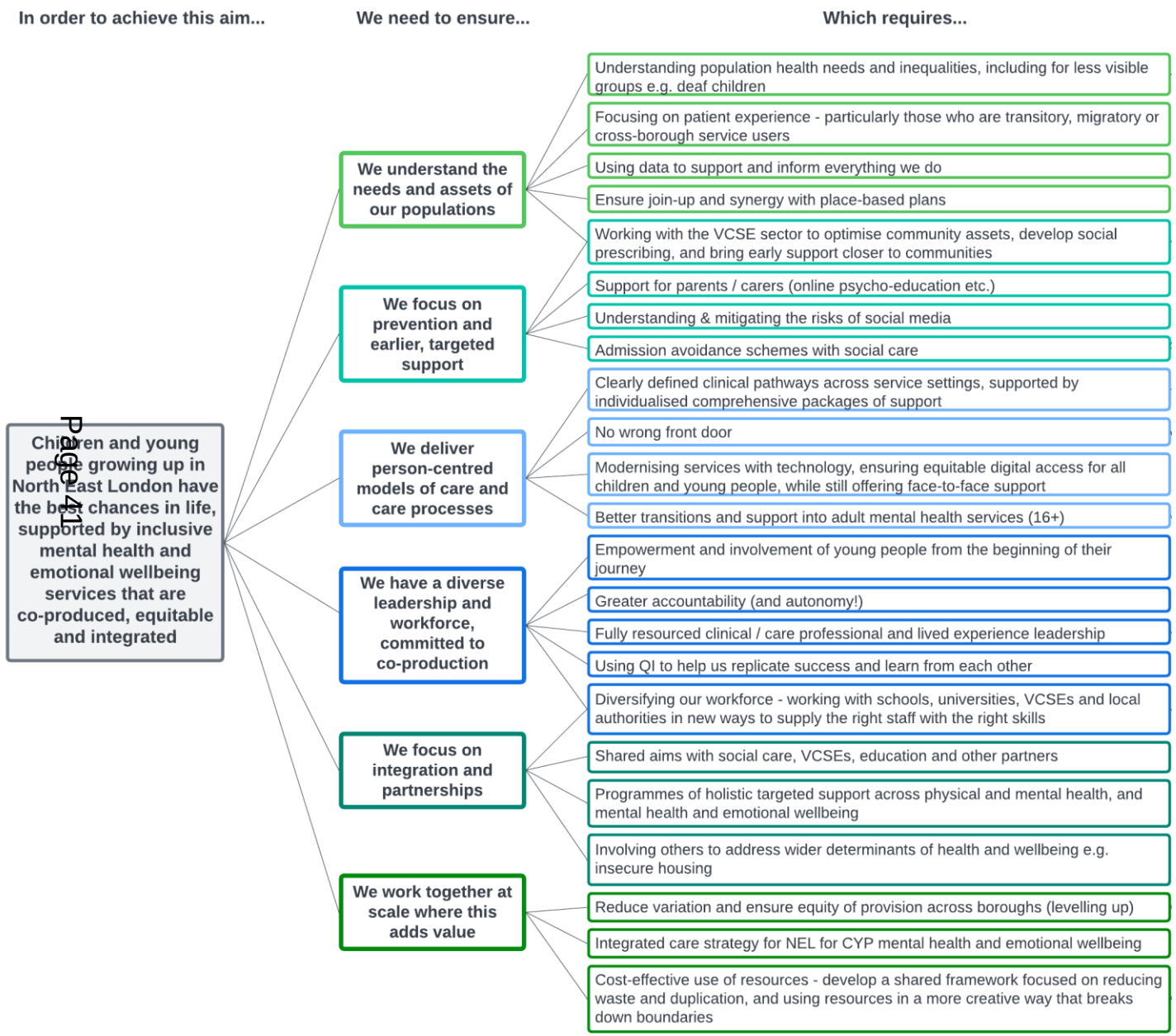
London Vanguard Violence Reduction

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

Advantage Mentoring

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

What are we doing at scale across NEL?



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

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

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

Coproduction with CYP across NEL

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

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

Item No **6**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**NHS North East London Health Updates**
Date of Meeting	15 December 2022
Attending	Zina Etheridge, Chief Executive Officer, NHS North East London Shane DeGaris, Group Chief Executive, Barts Health/BHRUT Paul Calaminus, Chief Executive, East London NHS Foundation Trust
OUTLINE	This is a regular briefing which brings together current issues from the key local trusts: Barts Health, BHRUT, Homerton Healthcare, ELFT and NELFT and the system. Attached please find a briefing note on the headline issues entitled *NHS NEL Health Updates*.
RECOMMENDATION	Members are asked to give consideration to the briefing.

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North East London Health & Care Partnership

North east London Health update

15 December INEL JHOSC

NELFT and ELFT

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

Barts Health update November 2022

North East London Health & Care Partnership

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

BHRUT

North East London Health & Care Partnership

Reducing our waiting lists

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

Care Quality Commission (CQC) inspection: November 2022

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

Urgent and emergency care (UEC)

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

Supporting our staff with cost of living

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

Senior leadership

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

Homerton Healthcare NHS FT

North East London Health & Care Partnership

Operational performance

- **Daycase and elective activity** achieving 104.67% against plan in October.
- **Outpatient first appointment activity** achieving 103.46% against plan.
- **Elective care performance** Trust's PTL increased to 25,466. This includes the addition of patients transferred from other NEL trusts – c. 4,300 patients transferred to-date. 72 patients waiting over 52 week at end of Oct.
- **Cancer** – currently below 62-day treatment target (81%); achieving 2ww referral target (94.3%)
- **4-hour emergency care target** in October fell to 77.1%. This is linked to a rise in attendances, north east London system challenges and on-going staffing challenges.
- **Community services:** compliant IAPT position (100% seen within 18 weeks) with strong performance against the recovery rate also (over 50%). Waiting times for community physical therapies vary across services but remain below the 5-week waiting time target and below the pre-pandemic performance.
- **Winter resilience** plan being implemented across trust and local place

Corporate activity

- In October **Louise Ashley started as Chief Executive** of Homerton Healthcare and Place-based Leader of the City & Hackney Health and Care Partnership
- **Homerton Healthcare is an anti-racist organisation** the Chief Executive and Chairman wrote to all staff setting out the Trust's commitment to anti-racism and reiterating that racist actions and behaviours will not be tolerated.
- The Trust launched a comprehensive **Financial Wellbeing programme** of support; this includes advice, guides, signposting to support, a new system providing earlier access to earned salary as well as a review of bank rates.
- **Vacancies** the Trust has been focussing on recruiting its people and in October reduced its vacancy rate 1.5 % and reduced its time to hire to 26 days.

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

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NHS
North East London

NEL Financial Strategy Update

Key messages from the financial framework currently under development

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

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

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

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

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

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

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

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

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

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

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

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

The ambitions of our financial framework

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

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

Improving quality and outcomes for residents

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

Securing greater equity for our residents

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

Maximising value for money

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

Deepening collaboration between partners

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

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

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

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

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

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

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

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

Moving to a population-based approach

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

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

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

Reflecting the costs of care provision to support partnership working

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

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

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

- **Trust partners** (NELFT, ELFT, Barts Health, BHRUT, Homerton and London Ambulance Service) should hold and manage budgets for the care they provide and should receive “block payments” directly from NHS NEL to cover this.
- For non-trust budgets the default assumption is that **place committees** (on behalf of PbPs) hold budgets, unless coordination/planning for the services concerned is best done over a larger footprint (in which case they will either be held by the ICB centrally, or by one of the place committees on behalf of several).

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

Creating headroom for investment

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

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

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

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

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

Item No **8**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Verbal update on work of Whipps Cross JHOSC**
Date of Meeting	15 December 2022
OUTLINE	In the past this Committee has received reports on the redevelopment proposals for Whipps Cross hospital. A special **Whipps Cross Joint Health Overview and Scrutiny Committee**, comprising councillors from Waltham Forest, Redbridge and Essex County Council was created for this purpose and has been meeting since Sept 2021. Its Chair, Cllr Sweden, is also a member of this Committee and has undertaken to give regular verbal updates on their work.
RECOMMENDATION	Members are asked to note the report and ask questions of Cllr Sweden, Chair of the committee, if necessary. Further inquiries can be made to DemocraticServices@walthamforest.gov.uk

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Item No **9**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Minutes of the previous meeting and matters arising**
Date of Meeting	15 December 2022

OUTLINE

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

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

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

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

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

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

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

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

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

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

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

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

Date of meeting: Wed 19 October 2022 at 7.00pm

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

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1. Welcome and apologies for absence

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

2. Urgent items order of business

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

3. Declarations of interest

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

4. NHS NEL Health updates

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5. Developing ICS Strategy

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

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

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

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

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

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

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

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

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

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

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

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

6. Acute Provider Collaborative - developing plans

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

6.2 He welcomed for this item:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8. Minutes of previous meeting

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

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

9. INEL JHOSC future work programme 2022/23

9.1 Members gave consideration to the updated work programme.

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

10. Any other business

10.1 There was none.

Item No **10**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**INEL JHOSC work programme**
Date of Meeting	15 December 2022
OUTLINE	The updated wok programme is attached. This is a working document. The 28 February meeting will be the final meeting of this municipal year.
RECOMMENDATION	Members are asked to note the work programme and give consideration to items for future meetings.

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INEL JHOSC Rolling Work Programme for 22-23 as at 7 Dec

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
	Municipal Year 2022/23					
25 Jul 2022	**Implementation of NEL ICS**	Briefing	NHS NEL	Independent Chair	Marie Gabriel CBE	
			NHS NEL	CEO	Zina Etheridge	
			NHS NEL	Chief Finance Officer	Henry Black	
	East London Health and Care Partnership updates inc.	Briefings	NHS NEL	CEO	Zina Etheridge	
	Trust updates and health updates		Barts Health/BHRUT	Group CFO	Hardev Virdee	
	Continuing Healthcare proposals		NHS NEL	Chief Nursing Officer	Diane Jones	
	Community Diagnostic Hubs		BHRUT/NEL ICS	Director of Strategy and Partnerships/ SRO for CDCs	Ann Hepworth	
	Operose and primary care issues		NHS NEL	Deputy Director Primary Care	Alison Goodlad	
			NHS NEL	Director Primary Care Transformation	William Cunningham-Davis	
			NHS NEL	Diagnostics Programme Director	Nicholas Wright	
	Whipps Cross redevelopment		Barts Health/BHRUT	Ralph Coulbeck	CE of Whipps Cross	
	Proposed changes to access to fertility treatment for people in NE London	Briefing	NHS NEL	Chief Nursing Officer	Diane Jones	
			NHS NEL	GP and Clinical Lead	Dr Anju Gupta	
19 Oct 2022	**NHS NEL Health Updates**	Briefing	NHS NEL	CEO	Zina Etheridge	
deadline 7 Oct	Trusts performance		Barts Health/BHRUT	Group CEO	Shane DeGaris	
	Winter planning and resilience		NHS NEL	CEO	Zina Etheridge	
			NHS NEL	Transformaton Director	Siobhan Harper	
	Vaccinations update - monkeypox and polio		NHS NEL	Chief Nursing Officer	Diane Jones	
	Developing ICS Strategy	Briefing	NHS NEL	CEO	Zina Etheridge	
	Acute Provider Collaborative - Developing Plans	Briefing	Barts Health/BHRUT	Group CEO	Shane DeGaris	
	Update on work of Whipps Cross JHOSC	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
15 Dec 2022	**NEL ICS Strategy (final)**	Briefing	NHS NEL	CEO	Zina Etheridge	
deadline 5 Dec	**NHS NEL Health Updates**	Briefing	Various		Shane DeGaris, Louise Ashley, Paul Calaminus	
	What we are doing to improve access, outcomes, experience and equity for children, young people and young adults' mental health	Briefing	ELFT	CEO	Paul Calaminus	

	Financial Strategy for ICS	Briefing	NHS NEL		Zina Etherdige, Henry Black	
	Update on work of Whipps Cross JHOSC	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
28 February 2023						
deadline 16 Feb						
Final meeting of the year						
	Update on work of Whipps Cross JHOSC	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
	ITEMS TO BE SCHEDULED					
	Monitoring new Assurance Framework for GP Practices	follow up from July 22				
	Continuing Healthcare Policy focusing on 'placements policy' or 'joint funding policy for adults'	follow up from July 22				
	NEL Estates Strategy	from 21/22				
	Acute Provider Collaborative	follow up from Oct 22				