Agenda

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

Date **Wednesday, 23 June 2021**

Time **7:00 PM – 9:00 PM**

Venue **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/yalbITPqp_c

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

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

Hackney currently holds the Secretariat for the 5-borough committee.

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

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

MEMBERSHIP at June 2021:

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

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

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

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

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

OBSERVER MEMBER:
Councillor Neil Zammett - London Borough of Redbridge

SUBSTITUTES:
Common Councilman Christopher Boden (Substitute Member) - City of London Corporation

Agenda

No.	*Item*	*Contributors*	*Timing*
1	Welcome and apologies for absence		19.00
2	Declarations of interest		19.00
3	**Challenges of building back elective care post pandemic** Briefing paper attached from NEL ICS and verbal update from Barts Health and HUHFT.	Henry Black Tracey Fletcher Dame Alwen Williams DBE Stephen Edmondson	19.01
4	**Implications for NEL ICS of the Health and Care White Paper** Briefing from Henry Black attached was circulated in March. Verbal update on progress.	Henry Black Marie Gabriel CBE Dame Alwen Williams DBE	19.20
5	**Covid-19 Vaccination programme in NEL** Briefing paper attached from NEL ICS. To note also the latest Covid dashboard.	Henry Black Simon Hall Selina Douglas	20.00
6	**Accountability of processes for managing future changes of ownership of GP Practices** Discussion item arising from transfer of some GP Practices from AT Medics to Operose Health Ltd. Chair's letter and response attached.	Henry Black William Cunningham-Davis Selina Douglas Marie Price *LMC and KONP reps:* Dr Jackie Applebee Dr Gary Marlowe	20.20
7	Minutes of previous meeting and Matters Arising Minutes attached.		21.00
8	INEL JHOSC future work programme Work programme attached.		21.02
9	Any other business		21.03

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

Guidance on public attendance during Covid-19 pandemic

Scrutiny meetings are held in public, rather than being public meetings. This means that whilst residents and press are welcome to attend, they can only ask questions at the discretion of the Chair. For further information relating to public access to information, please see Part 4 of the council's constitution, available at http://www.hackney.gov.uk/l-gm-constitution.htm or by contacting Governance Services (020 8356 3503)

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

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

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

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

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

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

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

Getting to the Town Hall

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Accessibility

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Item No **3**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Challenges of building back elective care post pandemic**
Date of Meeting	23 June 2021
Attending	**Henry Black,** Acting Accountable Officer, NHS North East London CCG and ICS SRO, NHS North East London Health & Care Partnership **Tracey Fletcher,** Chief Executive, Homerton University Hospital NHS Foundation Trust **Dame Alwen Williams**, Group Chief Executive Officer, Barts Health NHS Trust **Stephen Edmondson**, Consultant Cardiothoracic Surgeon and Chief of Surgery, Barts Health NHS Trust
OUTLINE	Briefing paper from NEL ICS with verbal updates from CEOs of Barts Health and HUHFT on the challenges of building back elective care post the pandemic. Strategic focus for the item on reducing waiting lists.
RECOMMENDATION	Members are asked to give consideration to the briefing.

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North East London Health & Care Partnership

NEL Recovery and transformation

INEL JHOSC

23 June 2021

Background: Our response to Covid

North East London Health & Care Partnership

- Over the past year, our hospitals, urgent care, primary care and other services have been under incredible pressure due to the pandemic.
- Across NEL we have continued to work in partnership, and across organisational boundaries to rapidly respond to the devastating impact of Covid-19, and care for our patients as soon and as safely as possible.
- In line with the rest of the NHS, our acute trusts temporarily suspended the majority of non-urgent planned surgery in order to concentrate on caring for huge numbers of Covid patients during both waves of the pandemic and control infections. We reported these changes to JHOSCs and published them on our website.
- To minimise the impact and support critical services and our patients:
  - Life saving services continued, and vital cancer services were kept running in all areas, including diagnostics and screening, by creating a cancer hub at the London Independent, near the Royal London Hospital
  - As part of London-wide arrangements to ensure highest risk patients were treated, St Bart's Hospital continued to perform urgent thoracic, breast, lung and eye surgery
  - We offered treatment to those who needed urgent surgery through NHS contracts with independent sector
  - Primary care, mental health and community services adapted, and many of our staff were redeployed to support critical care.

Elective recovery: Our challenges

North East London Health & Care Partnership

- Over the past few months, we have been phasing the restoration of NHS capacity, balancing the need for staff rest and recovery. We are ahead of our plan but, on 23 May 2021 in north east London:
  - There were 14, 865 people waiting more than 52 weeks for treatment.
  - This compares with February 2020 when in Barts Health there were only 23 patients breaching 52-weeks.
- We need to reduce the waiting lists but we also need to:
  - continue to care for Covid patients, and to be prepared for a third wave – ensuring our system-level reporting is robust and gives us early warnings and real time data on where issues are occuring
  - cope with the increased number of urgent non-Covid critical care patients
  - treat people who didn't come forward during Covid
  - prioritise those most in need
  - continue to implement infection prevention and control measures
  - ensure our workforce is prepared and looked after

Elective recovery: Principles and approach

North East London Health & Care Partnership

- Staff wellbeing is a priority.
- Primary focus will be on patients with the most urgent clinical need; secondary focus will be on treating those who have been waiting longest for care.
  - Prioritisation of patients will be in line with national and local evidence-based interventions guidance including the latest clinical pathway guidelines for 31 tests, treatments and procedures published by NHS England in November 2020.
- To receive the fastest care and treatment, patients may be asked to go to a hospital that is not their nearest (either another NHS facility or the independent sector). Choice will still be offered in line with Trust access policies.
- We are establishing an elective recovery health inequalities working group to better understand the demographics of patients and where there may be access or waiting time inequalities, so we can tackle them.
- The NEL system-wide Planned Care Recovery and Transformation Board will oversee progress.
- We have strengthened our approach to sharing data.
- Other innovations e.g. agreeing whole pathway transfer of care to reduce administration and improve patient experience.

Elective recovery: Increasing capacity

North East London Health & Care Partnership

- We are increasing and protecting surgical capacity. Total inpatient and day case activity reached over 12,000 cases in May 2021 (77% capacity). We expect to reach 88% from July onwards.
  - Redeploying staff back to theatres as they are released from critical care wards.
  - Additional evening and weekend theatre sessions, e.g. Super Saturdays, where staff are available to do so.
  - Creating four speciality high volume, low complexity (HVLC) surgical hubs at Homerton, King George, Newham and Whipps Cross focused on the six priority specialties identified by London (ENT, general surgery, gynaecology, ophthalmology, orthopaedics and urology). Queen's Hospital will also be used to do some HVLC work in the short term.
  - Also creating 'hub' capacity for pain at Mile End hospital and for paediatric dentistry at The Royal London.
- Mutual aid will be used as there is a significantly larger waiting list at Barts. E.g. Since March 2021, over 300 patients from Barts Health have been transferred for treatment at the Homerton.
- Continued use of the independent sector to provide additional capacity as quickly as possible, generally focused on treating people who have been waiting longest; though some urgent treatment may be transferred to the sector for specific specialities e.g. breast surgery. More complex work will be brought back to the NHS, and more outer London providers used that the more costly inner London providers.
- We will spread good practice from proven innovations.

Increasing our diagnostic capacity

North East London Health & Care Partnership

- As part of our recovery, there is an immediate need for additional diagnostic capacity to support services but infection prevention and control guidance is not expected to change. So existing capacity is reduced.
- The recently opened Mile End Early Diagnosis Centre has been planned for a number of years. It is a welcome facility which will provide additional services for NEL people who are living with conditions that could increase their risk of cancer, such as gastric ulcers and inflammatory bowel disease.
  - One of the first of its kind nationally, the dedicated facilities will help to detect disease early to boost survival rates and we expect to carry out around 16,500 procedures over the next year.
  - The new service provides additional capacity and ensures more patient choice.
- Partners across NEL continue to collaborate on plans to further increase diagnostic capacity across our boroughs, in line with NHS England's objective to deliver further hubs in our communities over the next five years. NEL is looking to develop Community Diagnostic Hubs that would deliver nearly 47,000 additional diagnostics tests in 2021/22.
  - Mile End Hospital: expanding capacity to provide an additional mobile MRI scanner and 7-day endoscopy in July, increased ultrasound capacity from August and expansion of long Covid clinics.
  - Barking Hospital: re-deployment of a mobile MRI and modular CT scanner plus additional capacity in ultrasound, ECHO, phlebotomy and mobile ophthalmology in July.
  - King George Hospital: additional weekend endoscopy sessions.

Outpatients

North East London Health & Care Partnership

- We also continue with outpatient transformation plans – key challenges and plans are similar to elective and diagnostics e.g. infection control and prevention; concern over a third Covid wave; use of independent sector when necessary; provision of mutual aid and a focus on clinically priority patients and reducing health inequalities.
- Currently performing around 80% of outpatient appointments compared to 2019/20.
- NEL providers have submitted plans to reach c85% activity (compared to 2019/20) by June 2021 and c95% by Sept 2021.
- c27% of activity is expected to be virtual.
- Maximising existing community provision including single points of access for multiple specialties such as cardiology, dermatology, colorectal, MSK, gastroenterology etc.
- Procuring new community services e.g. new Ear, Nose and Throat (ENT) service in Tower Hamlets, Newham and Waltham Forest (TNW) and plans for further provision e.g. trauma and orthopaedics and gynaecology.
- Use of Patient Initiated Follow Up (PIFU) – where patients choose to have a follow up when it is convenient and useful for them, rather than at a set pathway time chosen by clinicians.
- Maximising use of advice and guidance for GPs and using GP referral hubs to support GPs help patients faster, and reduce unnecessary referrals to hospitals.

Looking ahead

North East London Health & Care Partnership

- Across all of our services, we will need to remain flexible to any changing circumstances. This includes our planning for any potential impact of a third wave of Covid demand on our services.
- Our continued drive to vaccinate the population of NEL will also help mitigate the number of patients who are severely ill if they catch Covid in the future.
  - As of end of May 2021, working with local authorities and partners we have already delivered over 1.3 million vaccinations in NEL (and we are close to vaccinating 1 million individuals); but there continues to be urgent partnership work to do in order to reduce the impact of a third wave.
  - As we progress with the number of eligible cohorts now becoming more widely available, we continue to focus on identifying and vaccinating older people and those classed as clinically vulnerable as they are most at risk of Covid-19.
  - We also are working with local organisations and communities on pop ups and other ways to encourage smaller, more hesitant communities to come forward.
- Currently reviewing Covid changes to consider which would be beneficial to keep, which could be returned to pre-pandemic arrangements, and what new services/changes need to be made. We are looking to develop an outline by September 2021.

Item No **4**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Implication for NEL ICS of the Health and Care White Paper**
Date of Meeting	23 June 2021
Attending	**Henry Black**, Acting Accountable Officer, NHS North East London CCG and ICS SRO, NHS North East London Health &Care Partnership **Marie Gabriel**, Independent Chair, NHS North East London Health & Care Partnership **Dame Alwen Williams**, Group Chief Executive Officer, Barts Health NHS Trust
OUTLINE	The purpose of the item is to give consideration to a briefing paper on the Health and Care Bill and the implications for North East London which was circulated to Members in March by Henry Black following discussions at the previous meeting. The Chair has asked for a verbal update on progress since then including on the new 'provider collaborative' within NEL between Barts Health and BHRUT. A copy of the briefing is attached. The full text of the Bill is here. The King's Fund produced this briefing on the Bill and the Local Government Association also produced this guide, which provides a local government perspective.
RECOMMENDATION	To give consideration to the briefings.

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East London Health & Care Partnership

Integration and innovation: working together to improve health and social care for all

Overview of Government White paper setting out legislative proposals for Integrated Care Systems and what this means for NEL

Update for the INEL JOSC, March 2021

White paper - key points to note

East London Health & Care Partnership

The white paper outlines plans to build on the 2019 NHS Long Term Plan and proposes the following:

- **Improving accountability in the system**. A merged NHS England and NHS Improvement will be placed on a statutory footing and will be designated as NHS England.
- **Legislate for integrated care systems**, focusing on integration within the NHS to remove boundaries to collaboration as well as integration involving greater collaboration between the NHS and local government and wider partners
- NHS and local authorities will be given a **duty to collaborate** with each other
- **ICS's will be put on a statutory footing** comprising of an ICS health and care partnership bringing together the NHS, local government and partners alongside an ICS NHS body which will be responsible for the day to day running of the ICS
- A key responsibility for these systems will be to support **place-based joint working** between the NHS, local government, community health services, and other partners such as the voluntary and community sector.
- There are also measures around **reducing bureaucracy** (a focus on changes to competition law and procurement) and improving accountability (more powers for the Secretary of State over NHS England)

ICS legislation

East London Health & Care Partnership

- A statutory ICS will be formed from
  - NHS ICS body
  - ICS health and care partnership

Integrated Care System

NHS ICS body	Health and care partnership
Will merge some of the functions currently being fulfilled by STPs with the functions of a CCG and will be responsible for: • Day to day running of the ICS • Developing a plan to meet the health needs of the population within their defined geography; • Developing a capital plan for the NHS providers within their health geography; • securing the provision of health services to meet the needs of the system population	Will bring together health, social care, public health (and potentially representatives from the wider public space where appropriate, such as social care providers or housing providers) and be responsible for: • developing a plan that addresses the wider health, public health, and social care needs of the system • the ICS NHS Body and Local Authorities will have regard to that plan when making decisions.

A key responsibility for ICSs will be to support **place-based joint working** between the NHS, local government, community health services, and other partners such as the voluntary and community sector as well as delegate to emerging **provider collaboratives**

ICS Governance

East London Health & Care Partnership

NHS ICS body

- Each ICS NHS body will have a unitary board, and this will be directly accountable for NHS spend and performance within the system, with its Chief Executive becoming the Accounting Officer for the NHS money allocated to the NHS ICS Body.
- The board will, as a minimum, include:
  - A chair and the CEO
  - Representatives from:
    - NHS trusts
    - general practice
    - local authorities
    - others determined locally for example non-executives.
- NHSE will publish further guidance on how Boards should be constituted, including how chairs and representatives should be appointed.

Health and care partnership

- Members of the ICS Health and Care Partnership could be drawn from a number of sources including:
  - Health and Wellbeing Boards within the system
  - partner organisations with an interest in health and care (including Healthwatch, voluntary and independent sector partners and social care providers)
  - and organisations with a wider interest in local priorities (such as housing providers).
- ICS should set up a Partnership and invite participants – local areas can appoint members and delegate functions to it as they think appropriate.
- The ICS Health and Care Partnership could also be used by NHS and Local Authority Partners as a forum for agreeing co-ordinated action and alignment of funding on key issues

Clinical leadership - ICSs will also need to ensure they have appropriate clinical advice when making decisions.

How the ICS will work

East London Health & Care Partnership

Financial remit - a duty will be placed on the ICS NHS Body to meet the system financial objectives which require financial balance to be delivered. The ICS NHS Body will not have the power to direct providers but arrangements will be supplemented by a new duty to compel providers to have regard to the system financial objectives so both providers and ICS NHS Bodies are mutually invested in achieving financial control at system level.

Duty to collaborate - placed on NHS organisations (both ICSs and providers) and local authorities with the Secretary of State for Health and Care to be able to issue guidance on what delivery of this duty means

Triple Aim duty on health bodies, including ICSs focused on: better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.

Joint committees - proposing to create provisions relating to the formation and governance of these joint committees and the decisions that could be appropriately delegated to them; and separately, allowing NHS providers to form their own joint committees. Both types of joint committees could include representation from other bodies such as primary care networks, GP practices, community health providers, local authorities or the voluntary sector.

Collaborative commissioning – focus on working across ICS boundaries allowing services to be arranged for combined populations - allow ICSs to enter into collaborative arrangements for the exercise of functions that are delegated to them, enabling a "double-delegation".

Patient voice – role of Healthwatch and others in strengthening patient voice at place and system levels – focus on genuine co-production

What this means for North east London

East London Health & Care Partnership

- These proposals are broadly in line with our direction of travel. We have a strong history of partnership working in NEL and our collective response to the Covid-19 pandemic, across health and care has demonstrated the strength of this approach
- We have established strong borough based working and integrated care partnership working across boroughs where it makes sense and place based working will be at the core of our ICS and the proposed legislation supports us to continue to do this
- We have also already been establishing strong provider collaboratives between our acute providers and we have a community based out of hospital collaborative which brings together mental and community health services, as well as a reducing health inequalities collaborative and a primary care collaborative to and these form a key part of our ICS approach
- In April 2021 our seven CCGs will become one single CCG for NEL, we will still be establishing our ICS board and reviewing our clinical leadership and focusing on reducing health inequalities. We are expecting further guidance and will continue to work with our partners to shape the emerging governance structures and priorities

A locally focused approach

- The borough based partnerships are the building block of local decision-making and will each have a local partnership board.
- Where there is benefit in working across larger footprints, especially around transformation of acute pathways, our Integrated Care Partnerships bring all partners together to improve services.
- The vast majority of responsibility will be delegated down to the local level, but NEL ICS will maintain some functions where it is appropriate to operate at scale.

People at the heart of everything we do

We are committed to:

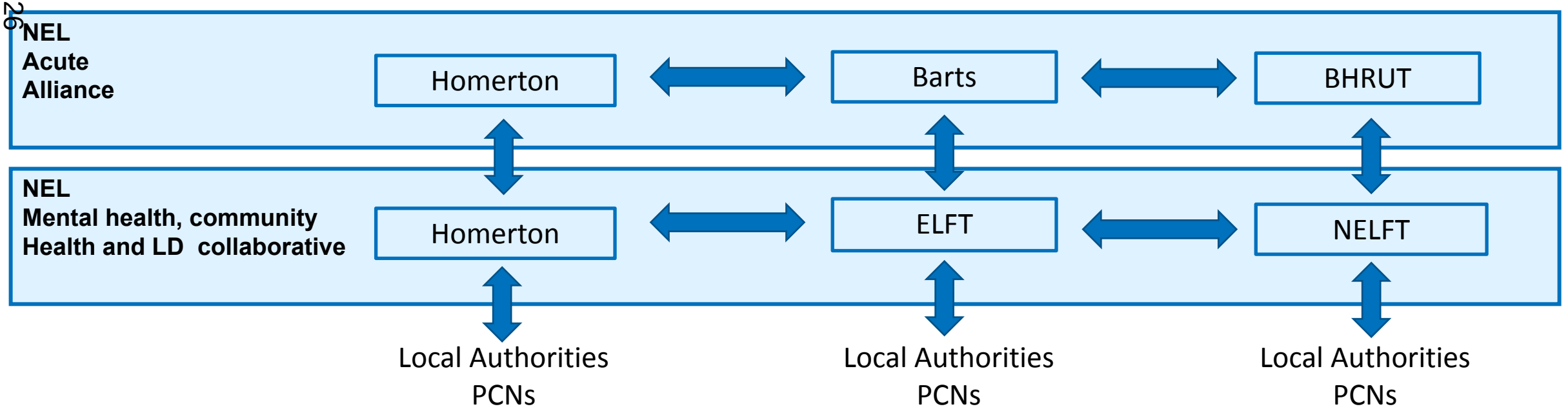
- Exploring opportunities for co-design and co-production
- Establishing an oversight group of experts to support change programmes
- Looking at how we can involve local people with lived experience in the transformation of health and care services
- Involving community and voluntary services and look at how we involve and inform critical friends
- Where significant change is required, a public consultation process would ensure further engagement opportunities for local people.

Provider collaboration

East London Health & Care Partnership

NHS provider trusts will be expected to be part of provider collaboratives, in order to:

- deliver relevant programmes on behalf of all system partners;
- agree proposals developed by clinical and operational networks, and implement resulting changes (from standard operating procedures to wider service reconfigurations);
- challenge and hold each other to account through agreed systems, processes and ways of working, e.g. an open-book approach to finances/planning;
- enact mutual aid arrangements to enhance resilience, for example by collectively managing waiting lists across the system.



Expected timeline

- The Bill is likely to go through Parliament in the summer, with Royal Assent expected by January 2022.
- We will be aiming to move in to a transition phase in NEL from September 2021.

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Item No **5**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Update on Covid-19 Vaccination programme in NEL**
Date of Meeting	23 June 2021
Attending	**Henry Black,** Acting Accountable Officer, NHS North East London CCG and ICS SRO, NHS North East London Health & Care Partnership **Simon Hall**, Director of Transformation, North East London Health & Care Partnership, and NE London Covid Vaccination Programme Lead **Selina Douglas**, Managing Director – TNW ICP (Tower Hamlets, Newham, Waltham Forest Integrated Care Partnership), NHS North East London CCG
OUTLINE	The purpose of this item is to receive an update from NEL ICS on the latest data on Covid-19 in NEL and the roll-out of the vaccination programme. Attached please find the latest NEL Covid-19 dashboard. For your information there is also a national Covid-19 dashboard which is here: https://coronavirus.data.gov.uk/details/interactive-map
RECOMMENDATION	To give consideration to the briefings.

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Covid-19 stakeholder update for INEL JHOSC
11 June 2021

This is an update on how the NHS across north east London is responding to the Covid-19 pandemic.

Covid-19 cases in north east London

The number of Covid-19 cases per 100,000 people in north east London has risen rapidly, although it still remains low overall and well below the London and national averages. Hospital admissions remain low, although general ED attendances are growing.

The rise in cases is mainly due to the Delta variant, first identified in India. Both of the most-used vaccines (AstraZeneca and Pfizer) are effective against this strain, especially after a second dose, according to Public Health England. So it is important that everyone who had their first dose at least eight weeks ago, has their second dose.

Last day reported: 2 June

Vaccine update

We have given over 1.5 million Covid-19 vaccinations in north east London. See the attached document for a breakdown of uptake by cohort.

We are now vaccinating people aged 25 and over and some at-risk younger people. You do not need to wait to be contacted by the NHS – vaccinations can be booked at a large vaccination centre or a pharmacy using the national booking system.

Visit our website, frequently asked questions and videos for all the facts. New FAQs include information on the vaccine and women's menstrual cycles, questions around second doses and information for students.

Across north east London, staff and volunteers have done a fantastic job in ensuring vaccinations are available to everyone who is eligible. The drive to ensure as many people as possible get both first and second doses continues, however the Covid-19 vaccination centres at Hornchurch Library and at St Edmund's Church in Chingford have now closed as part of changes to the way vaccination is provided.

People can still get their vaccine at local sites via the national booking system or by calling 119. In Havering, a new vaccination centre has recently opened at the Day Lewis Pharmacy in Gooshays Drive, Harold Hill.

London Stadium vaccination event
NHS partners across north east London are working together to run a mass vaccination event on Saturday 19 June at the London Stadium in the Olympic Park.

The event will be open to all eligible people across north east London who are yet to receive their first dose. It will be by appointment only.

A special booking link has been created for the day and we are making this public now. We are sharing this with partners across north east London today, with a big push on social media and in press planned for next week.

Please share the following message with local residents through your usual communications channels.

Aged 25+, live in north east London and need your first Covid-19 jab?

You're invited to have your NHS Covid-19 vaccination on Saturday, 19 June from 10am to 8pm at the London Stadium in the Olympic Park, Stratford, London.

If you live in Barking and Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets or Waltham Forest, register here https://nelvacc.eventbrite.co.uk to have your first Covid-19 vaccination. Booked appointments only – do not walk in.

For more details and the locations of over 50 other vaccination sites in north east London see https://www.eastlondonhcp.nhs.uk/ourplans/covid-19-vaccination-programme.htm

We have also tweeted about the event so please try and use this text when tweeting or posting on other social media.

Aged 25+, live in north east London and need your first Covid-19 jab? Come get your

NHS jab on Saturday 19 June, 10am - 8pm at the London Stadium, Olympic Park, Stratford. No walk-ins. Book here: https://nelvacc.eventbrite.co.uk.

Find out more here https://www.eastlondonhcp.nhs.uk/ourplans/covid-19-vaccination-programme.htm

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North East London Health & Care Partnership

North East London

COVID-19 Vaccination Dashboard

NEL COVID-19 Vaccine Uptake

North East London Health & Care Partnership

Total Vaccinations	Eligible Population	Individuals Vaccinated	Percent Vaccinated
1,503,156	1,799,987	941,379	52%
(Across all sites)	Individuals	First Dose (all cohorts)	% Vaccinated (1st dose)

Total Vaccinations by Site (includes non-NEL residents)

Hospital Hubs	134,772
Local Vaccination Sites - PCN	852,172
Local Vaccination Sites - Pharmacy	180,611
Vaccination Centres	335,601
Care Home	8,149

Total First Vaccinations Delivered, Cohorts 1-2

1. Care home residents	3603	92%
1. Care home staff	4381	77%
2. Age 80+	37,545	88%
2. NHS and social care workers	15,126	77%

Total First Vaccinations Delivered, Cohorts 3-12

Priority Groups	First Doses	% Vaccinated
3. Age 75-79	29,035	88%
4. Age 70-74	43,067	87%
4. CEV	60,214	82%
5. Age 65 to 69	51,178	83%
6. Carers - DWP	8,249	68%
6. Carers - LA	1,529	76%
6. COVID19 at risk	64,593	72%
7. Age 60-64	55,003	79%
8. Age 55-59	69,772	76%
9. Age 50-54	80,185	72%
10. Age 40-49	181,585	61%
11. Age 30-39	184,192	41%
12. Age 18-29	59,483	15%

Data sources: Site data from Foundry, cohort data from NIMS dashboard, care home data from Capacity Tracker.

NOTE: cohort totals and site totals will not add up due to non-NEL residents receiving vaccinations at NEL sites, and NEL residents receiving vaccinations at non-NEL sites.

Latest Date Reported:

10 June 2021

COVID-19 Vaccinations: Totals by CCG

North East London Health & Care Partnership

Total Vaccinations by Clinical Commissioning Group

CCG Name	Individuals	First Dose	First Dose %	Remaining First Doses	Second Dose	Second Dose %
NHS BARKING AND DAGENHAM CCG	171,152	90,243	53%	80,909	58,035	34%
NHS CITY AND HACKNEY CCG	265,405	126,265	48%	139,140	70,089	26%
NHS HAVERING CCG	222,758	149,831	67%	72,927	105,887	48%
NHS NEWHAM CCG	337,392	153,916	46%	183,476	90,678	27%
NHS REDBRIDGE CCG	260,426	156,069	60%	104,357	99,305	38%
NHS TOWER HAMLETS CCG	291,217	131,958	45%	159,259	68,894	24%
NHS WALTHAM FOREST CCG	251,637	133,097	53%	118,540	81,022	32%
Total	**1,799,987**	**941,379**	**52%**	**858,608**	**573,910**	**32%**

Data sources: Cohort data from NIMS dashboard. Totals include all cohorts 1-12.

Latest Date Reported:
10 June 2021

Vaccinations by cohort:	Eligible Population	Total Vaccinations	Percent of Eligible Vaccinated
NEL	1,799,987 (All cohorts)	941,379 First Dose (all cohorts)	52% First Dose (All cohorts)

North East London Health & Care Partnership

Total Vaccinations by Cohort Group

Priority Groups	Individuals	First Dose	First Dose %	Remaining First Doses	Second Dose	Second Dose %
2. Age 80+	42,613	37,545	88%	5,069	36,139	85%
2. NHS and social care workers	19,551	15,126	77%	4,425	13,285	68%
3. Age 75-79	33,010	29,035	88%	3,975	27,961	85%
4. Age 70-74	49,503	43,067	87%	6,437	41,329	83%
4. CEV	73,021	60,214	82%	12,807	53,007	73%
5. Age 65 to 69	61,418	51,178	83%	10,240	47,490	77%
6. Carers - DWP	12,158	8,249	68%	3,909	6,208	51%
6. Carers - LA	2,007	1,529	76%	478	1,231	61%
6. COVID19 at risk	90,036	64,593	72%	25,443	51,703	57%
7. Age 60-64	69,694	55,003	79%	14,692	48,176	69%
8. Age 55-59	91,946	69,772	76%	22,174	54,520	59%
9. Age 50-54	111,212	80,185	72%	31,027	54,483	49%
10. Age 40-49	298,741	181,585	61%	117,156	59,711	20%
11. Age 30-39	451,651	184,192	41%	267,459	48,364	11%
12. Age 18-29	392,801	59,483	15%	333,318	30,043	8%
13. Other 0-17	625	625	100%	0	260	42%
Total	**1,799,987**	**941,379**	**52%**	**858,608**	**573,910**	**32%**

Data sources: Cohort data from NIMS dashboard. Individuals that appear in more than one cohort group will be divided across the groups evenly.

Latest Date Reported:
10 June 2021

Vaccinations by cohort:	Eligible Population	Total Vaccinations	Percent of Eligible Vaccinated
BHR	654,336 (All cohorts)	396,143 First Dose (All cohorts)	61% First Dose (All cohorts)

North East London Health & Care Partnership

Total Vaccinations by Cohort Group

CCG Name	NHS BARKING AND DAGENHAM CCG					NHS HAVERING CCG					NHS REDBRIDGE CCG				
Priority Groups	Individuals	First Dose	First Dose %	Second Dose	Second Dose %	Individuals	First Dose	First Dose %	Second Dose	Second Dose %	Individuals	First Dose	First Dose %	Second Dose	Second Dose %
2. Age 80+	3,948	3,366	85%	3,221	82%	12,214	11,520	94%	11,297	92%	8,549	7,717	90%	7,465	87%
2. NHS and social care workers	2,370	1,776	75%	1,514	64%	2,989	2,550	85%	2,304	77%	2,856	2,349	82%	2,092	73%
3. Age 75-79	2,928	2,479	85%	2,366	81%	8,807	8,279	94%	8,132	92%	6,347	5,689	90%	5,535	87%
4. Age 70-74	4,495	3,774	84%	3,599	80%	12,108	11,246	93%	11,031	91%	9,345	8,305	89%	8,018	86%
4. CEV	8,026	6,625	83%	5,917	74%	7,879	7,064	90%	6,620	84%	10,159	8,736	86%	7,798	77%
5. Age 65 to 69	5,895	4,733	80%	4,330	73%	11,955	10,845	91%	10,381	87%	10,962	9,484	87%	8,966	82%
6. Carers - DWP	1,471	1,018	69%	794	54%	1,375	1,046	76%	812	59%	1,352	970	72%	745	55%
6. Carers - LA	170	150	89%	129	76%	340	304	89%	253	74%	342	290	85%	254	74%
6. COVID19 at risk	9,399	6,795	72%	5,630	60%	11,931	9,919	83%	8,459	71%	13,563	10,426	77%	8,677	64%
7. Age 60-64	6,843	5,263	77%	4,636	68%	12,869	11,383	88%	10,431	81%	11,723	9,681	83%	8,588	73%
8. Age 55-59	9,721	7,249	75%	5,808	60%	15,317	13,297	87%	10,202	67%	14,436	11,564	80%	9,086	63%
9. Age 50-54	12,231	8,664	71%	6,037	49%	15,939	13,360	84%	8,857	56%	17,292	13,083	76%	8,790	51%
10. Age 40-49	30,948	18,622	60%	6,984	23%	32,633	23,536	72%	7,466	23%	45,367	29,321	65%	10,814	24%
11. Age 30-39	37,961	14,760	39%	4,438	12%	38,795	18,900	49%	5,703	15%	58,072	26,669	46%	7,546	13%
12. Age 18-29	34,708	4,929	14%	2,614	8%	37,516	6,494	17%	3,895	10%	49,828	11,553	23%	4,851	10%
13. Other 0-17	39	39	100%	18	46%	89	89	100%	44	49%	233	233	100%	81	35%
Total	**171,152**	**90,243**	**53%**	**58,035**	**34%**	**222,758**	**149,831**	**67%**	**105,887**	**48%**	**260,426**	**156,069**	**60%**	**99,305**	**38%**

Data sources: Cohort data from NIMS dashboard. Individuals that appear in more than one cohort group will be divided across the groups evenly.

10 June 2021

Vaccinations by cohort:

TNW

Eligible Population	Total Vaccinations	Percent of Eligible Vaccinated
880,246	418,971	48%
(All cohorts)	First Dose (All cohorts)	First Dose (All cohorts)

North East London Health & Care Partnership

Total Vaccinations by Cohort Group

CCG Name	NHS NEWHAM CCG					NHS TOWER HAMLETS CCG					NHS WALTHAM FOREST CCG				
Priority Groups	Individuals	First Dose	First Dose %	Second Dose	Second Dose %	Individuals	First Dose	First Dose %	Second Dose	Second Dose %	Individuals	First Dose	First Dose %	Second Dose	Second Dose %
2. Age 80+	4,332	3,601	83%	3,371	78%	3,302	2,832	86%	2,669	81%	6,264	5,321	85%	5,101	81%
2. NHS and social care workers	3,309	2,412	73%	2,052	62%	2,764	2,054	74%	1,781	64%	2,778	2,114	76%	1,869	67%
3. Age 75-79	3,730	3,093	83%	2,922	78%	2,612	2,242	86%	2,081	80%	5,089	4,395	86%	4,228	83%
4. Age 70-74	6,257	5,168	83%	4,841	77%	4,225	3,617	86%	3,373	80%	7,364	6,285	85%	6,046	82%
4. CEV	16,039	12,980	81%	11,207	70%	12,159	10,275	85%	8,702	72%	8,751	7,009	80%	6,204	71%
5. Age 65 to 69	9,427	7,487	79%	6,779	72%	6,081	4,980	82%	4,409	72%	9,341	7,523	81%	6,998	75%
6. Carers - DWP	2,216	1,478	67%	1,110	50%	2,515	1,797	71%	1,281	51%	1,513	982	65%	726	48%
6. Carers - LA	39	23	58%	15	37%	179	150	84%	112	62%	457	292	64%	214	47%
6. COVID19 at risk	16,205	10,887	67%	8,529	53%	12,128	8,553	71%	6,023	50%	13,675	9,536	70%	7,511	55%
7. Age 60-64	11,228	8,194	73%	6,873	61%	7,043	5,517	78%	4,678	66%	10,631	8,141	77%	7,164	67%
8. Age 55-59	15,440	10,735	70%	8,208	53%	9,305	7,197	77%	5,635	61%	14,542	10,645	73%	8,435	58%
9. Age 50-54	19,955	13,163	66%	8,585	43%	12,707	9,488	75%	6,448	51%	17,803	12,132	68%	8,264	46%
10. Age 40-49	57,046	31,837	56%	11,085	19%	43,773	27,297	62%	8,223	19%	45,642	26,817	59%	8,446	19%
11. Age 30-39	91,445	32,093	35%	9,289	10%	88,130	34,638	39%	7,956	9%	60,996	25,737	42%	6,382	10%
12. Age 18-29	80,648	10,687	13%	5,773	7%	84,247	11,276	13%	5,514	7%	46,703	6,079	13%	3,389	7%
13. Other 0-17	77	77	100%	38	49%	46	46	100%	9	20%	88	88	100%	45	51%
Total	**337,392**	**153,916**	**46%**	**90,678**	**27%**	**291,217**	**131,958**	**45%**	**68,894**	**24%**	**251,637**	**133,097**	**53%**	**81,022**	**32%**

Data sources: Cohort data from NIMS dashboard. Individuals that appear in more than one cohort group will be divided across the groups evenly.

10 June 2021

Vaccinations by cohort:	Eligible Population	Total Vaccinations	Percent of Eligible Vaccinated
CITY AND HACKNEY	265,405 (All cohorts)	126,265 First Dose (All cohorts)	48% First Dose (All cohorts)

North East London Health & Care Partnership

Total Vaccinations by Cohort Group

CCG Name	NHS CITY AND HACKNEY CCG				
Priority Groups	**Individuals**	**First Dose**	**First Dose %**	**Second Dose**	**Second Dose %**
2. Age 80+	4,005	3,187	80%	3,015	75%
2. NHS and social care workers	2,486	1,872	75%	1,672	67%
3. Age 75-79	3,497	2,859	82%	2,697	77%
4. Age 70-74	5,708	4,672	82%	4,421	77%
4. CEV	10,007	7,524	75%	6,559	66%
5. Age 65 to 69	7,757	6,125	79%	5,627	73%
6. Carers - DWP	1,716	958	56%	739	43%
6. Carers - LA	481	320	67%	256	53%
6. COVID19 at risk	13,135	8,477	65%	6,874	52%
7. Age 60-64	9,357	6,823	73%	5,805	62%
8. Age 55-59	13,185	9,083	69%	7,145	54%
9. Age 50-54	15,285	10,296	67%	7,503	49%
10. Age 40-49	43,331	24,154	56%	6,693	15%
11. Age 30-39	76,251	31,396	41%	7,050	9%
12. Age 18-29	59,151	8,466	14%	4,008	7%
13. Other 0-17	53	53	100%	25	47%
Total	**265,405**	**126,265**	**48%**	**70,089**	**26%**

Data sources: Cohort data from NIMS dashboard. Individuals that appear in more than one cohort group will be divided across the groups evenly.

Latest Date Reported:
10 June 2021

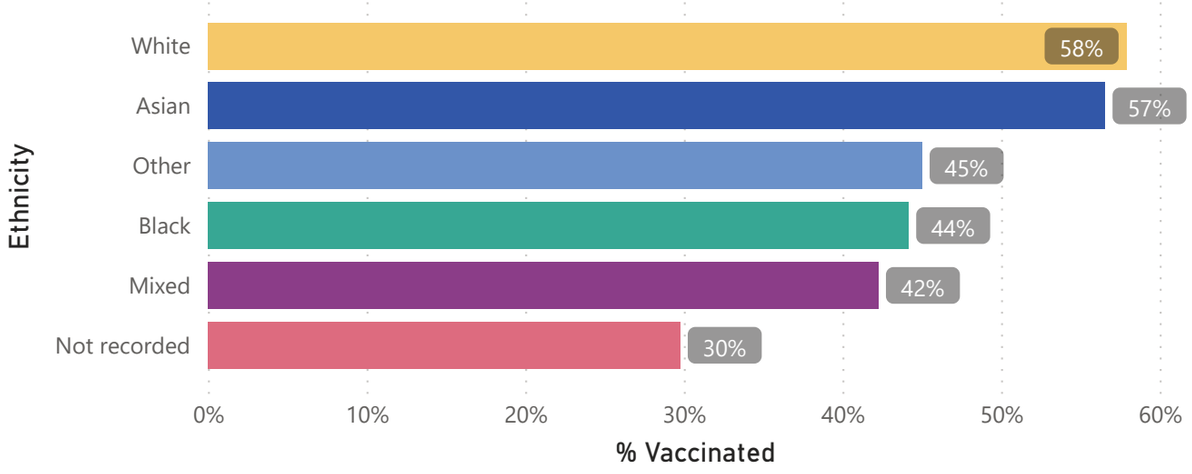
COVID-19 Vaccinations: Ethnicity

North East London Health & Care Partnership

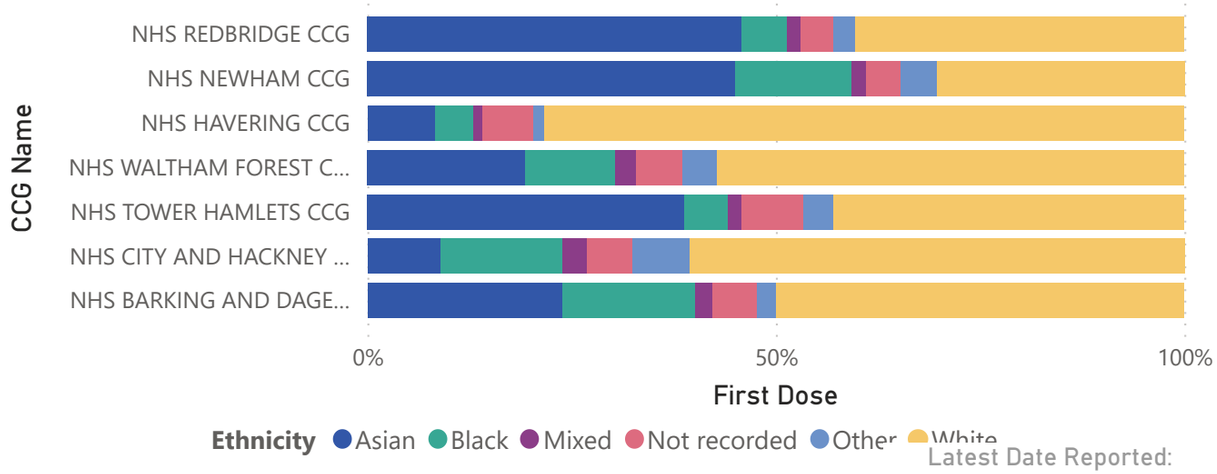
Total Vaccinations by CCG and Ethnicity (all cohorts)

CCGName	NHS BARKING AND DAGENHAM CCG		NHS CITY AND HACKNEY CCG		NHS HAVERING CCG		NHS NEWHAM CCG		NHS REDBRIDGE CCG		NHS TOWER HAMLETS CCG		NHS WALTHAM FOREST CCG		Total	
Ethnicity	First Dose	%	First Dose	%	First Dose	%	First Dose	%	First Dose	%	First Dose	%	First Dose	%	First Dose	%
Asian	21,585	60%	11,377	52%	12,485	67%	69,259	53%	71,480	64%	51,206	50%	25,775	56%	**263,167**	**57%**
Black	14,607	48%	18,782	40%	6,859	49%	21,977	44%	8,654	47%	7,015	41%	14,583	44%	**92,477**	**44%**
Mixed	1,944	43%	3,750	40%	1,818	51%	2,640	39%	2,580	50%	2,265	36%	3,390	44%	**18,387**	**42%**
Not recorded	4,909	29%	7,101	28%	9,219	48%	6,655	21%	6,358	31%	9,987	27%	7,577	31%	**51,806**	**30%**
Other	2,153	43%	8,768	41%	2,096	53%	6,788	49%	4,210	51%	4,880	41%	5,684	47%	**34,579**	**45%**
White	45,045	57%	76,487	55%	117,354	72%	46,597	44%	62,787	65%	56,605	48%	76,088	59%	**480,963**	**58%**
Total	**90,243**	**53%**	**126,265**	**48%**	**149,831**	**67%**	**153,916**	**46%**	**156,069**	**60%**	**131,958**	**45%**	**133,097**	**53%**	**941,379**	**52%**

Percent of Eligible Population Vaccinated (all cohorts)



Total Vaccinations by CCG and Ethnicity (all cohorts)



Data sources: Cohort data from NIMS dashboard. Individuals that appear in more than one cohort group will be divided across the groups evenly.

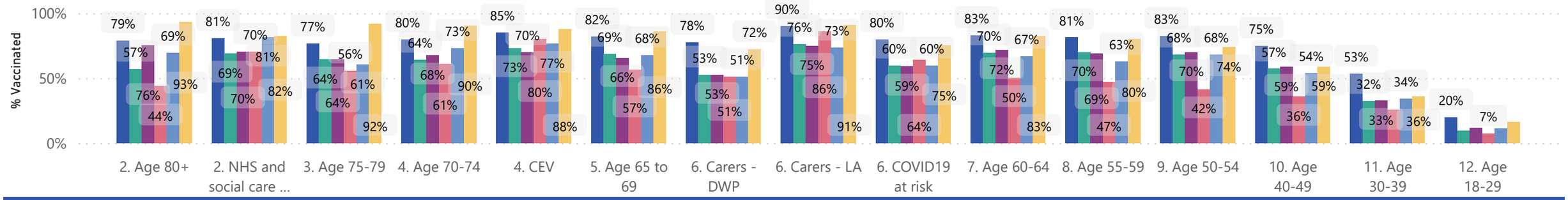
Latest Date Reported:

10 June 2021

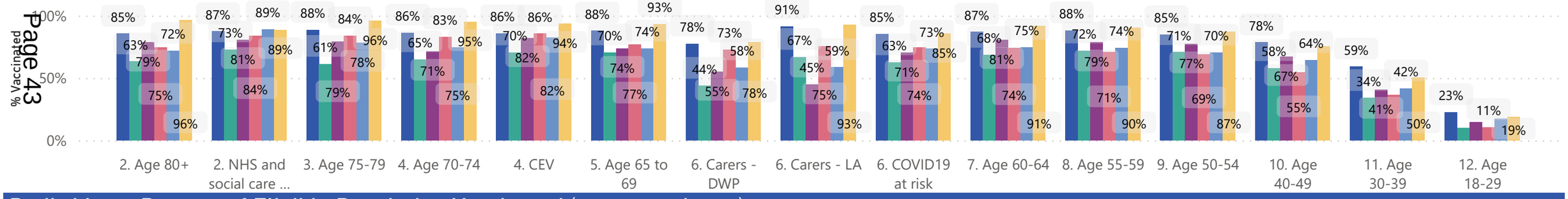
COVID-19 Vaccinations: Cohort by CCG & Ethnicity

North East London Health & Care Partnership

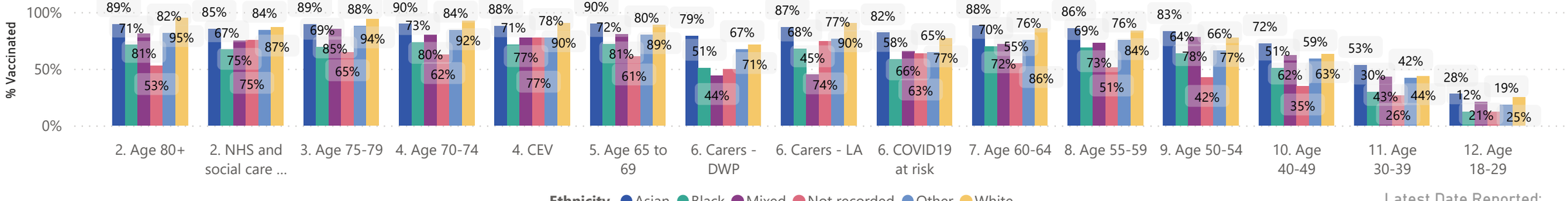
Barking & Dagenham - Percent of Eligible Population Vaccinated (current cohorts)



Havering - Percent of Eligible Population Vaccinated (current cohorts)



Redbridge - Percent of Eligible Population Vaccinated (current cohorts)



Ethnicity Asian Black Mixed Not recorded Other White

Latest Date Reported:

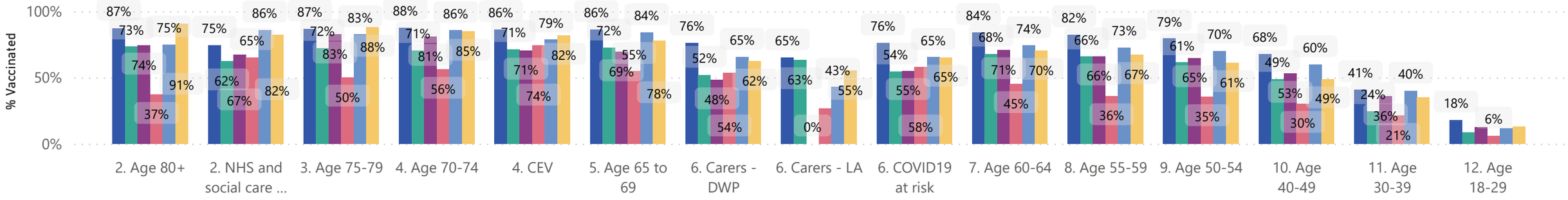
10 June 2021

Data sources: Cohort data from NIMS dashboard. Cohort ethnicity breakdowns are updated weekly.

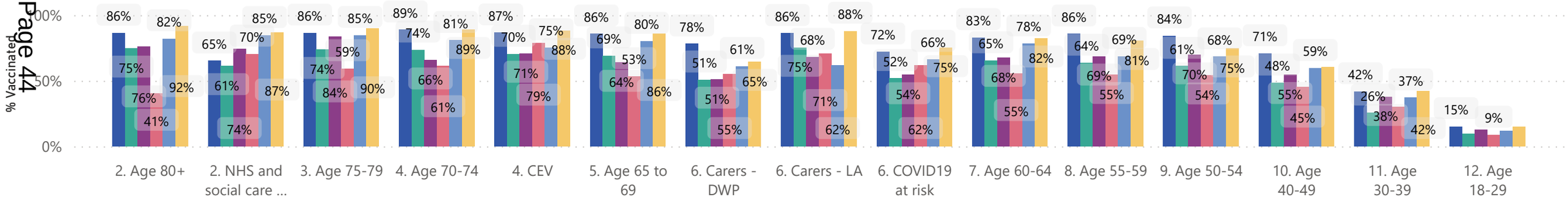
COVID-19 Vaccinations: Cohort by CCG & Ethnicity

North East London Health & Care Partnership

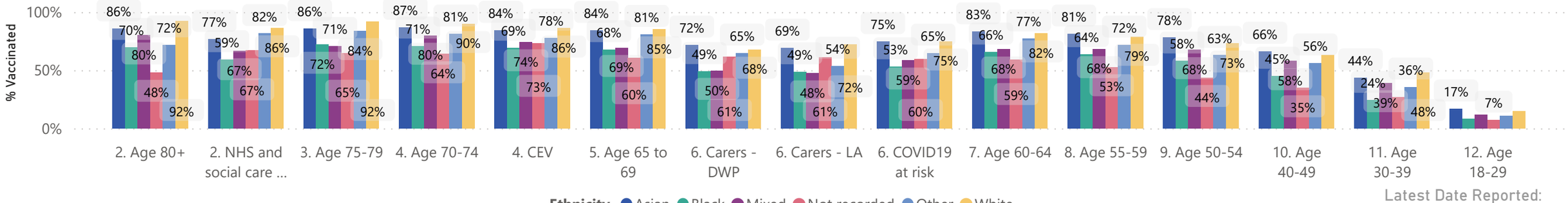
Newham - Percent of Eligible Population Vaccinated (current cohorts)



Tower Hamlets - Percent of Eligible Population Vaccinated (current cohorts)



Waltham Forest - Percent of Eligible Population Vaccinated (current cohorts)



Ethnicity Asian Black Mixed Not recorded Other White

Data sources: Cohort data from NIMS dashboard. Cohort ethnicity breakdowns are updated weekly.

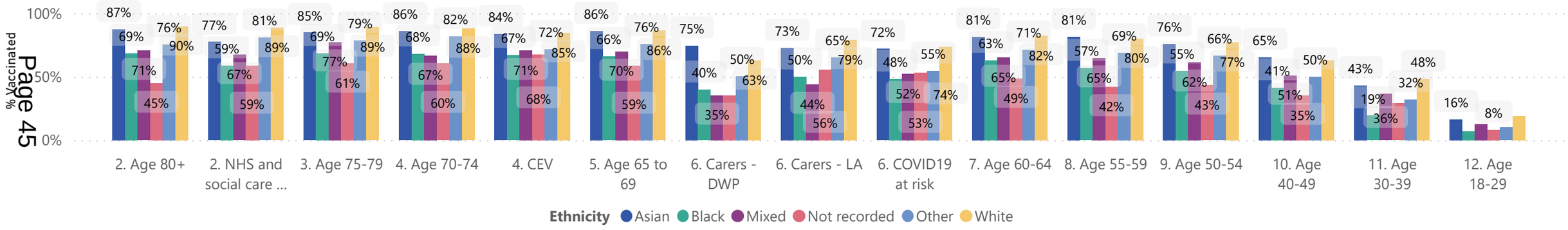
Latest Date Reported:

10 June 2021

COVID-19 Vaccinations: Cohort by CCG & Ethnicity

North East London Health & Care Partnership

City and Hackney - Percent of Eligible Population Vaccinated (current cohorts)



Data sources: Cohort data from NIMS dashboard. Cohort ethnicity breakdowns are updated weekly.

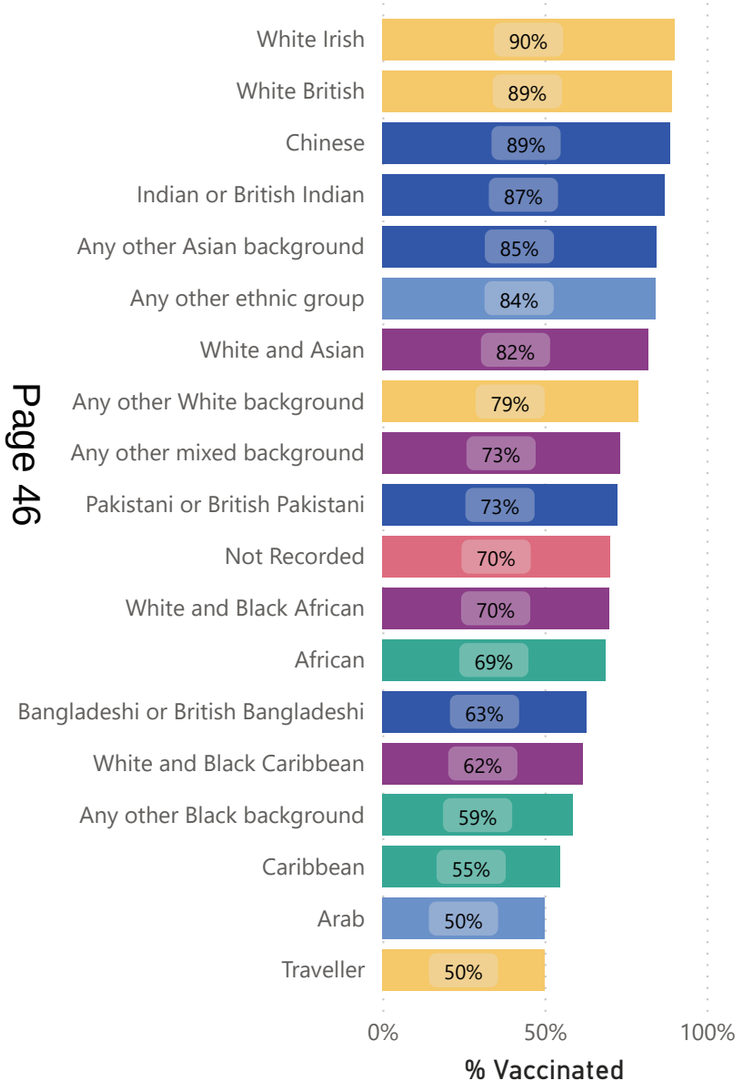
Latest Date Reported:

10 June 2021

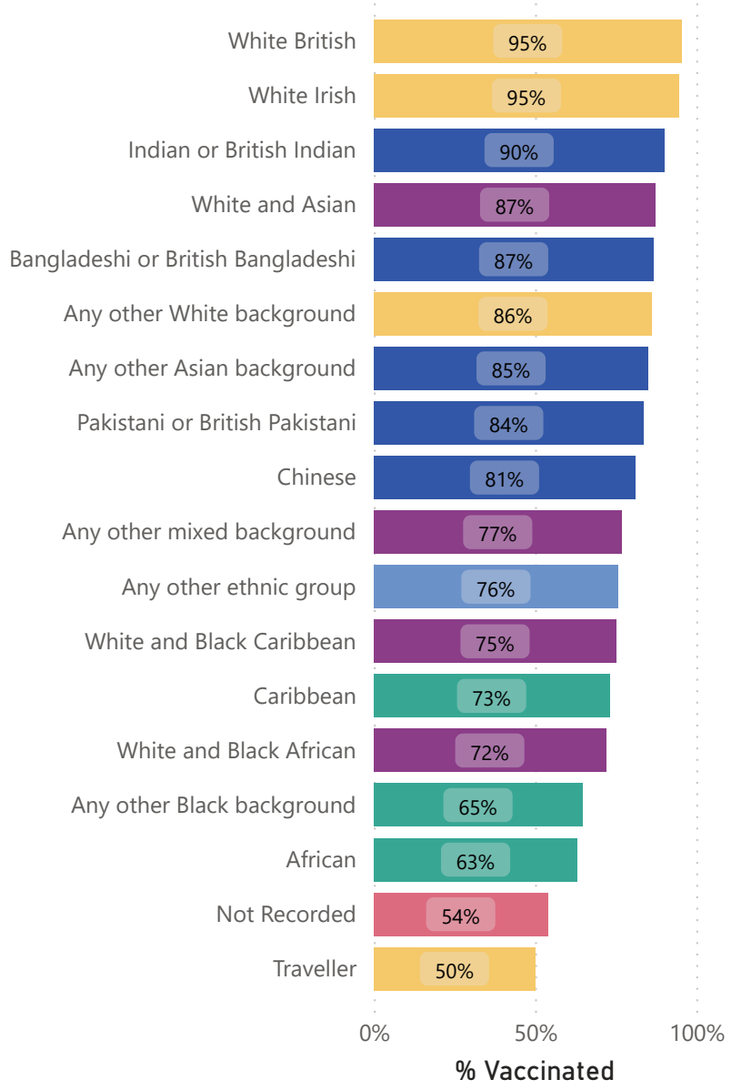
COVID-19 Vaccinations: % Vaccinated by Ethnicity (NEL level)

North East London Health & Care Partnership

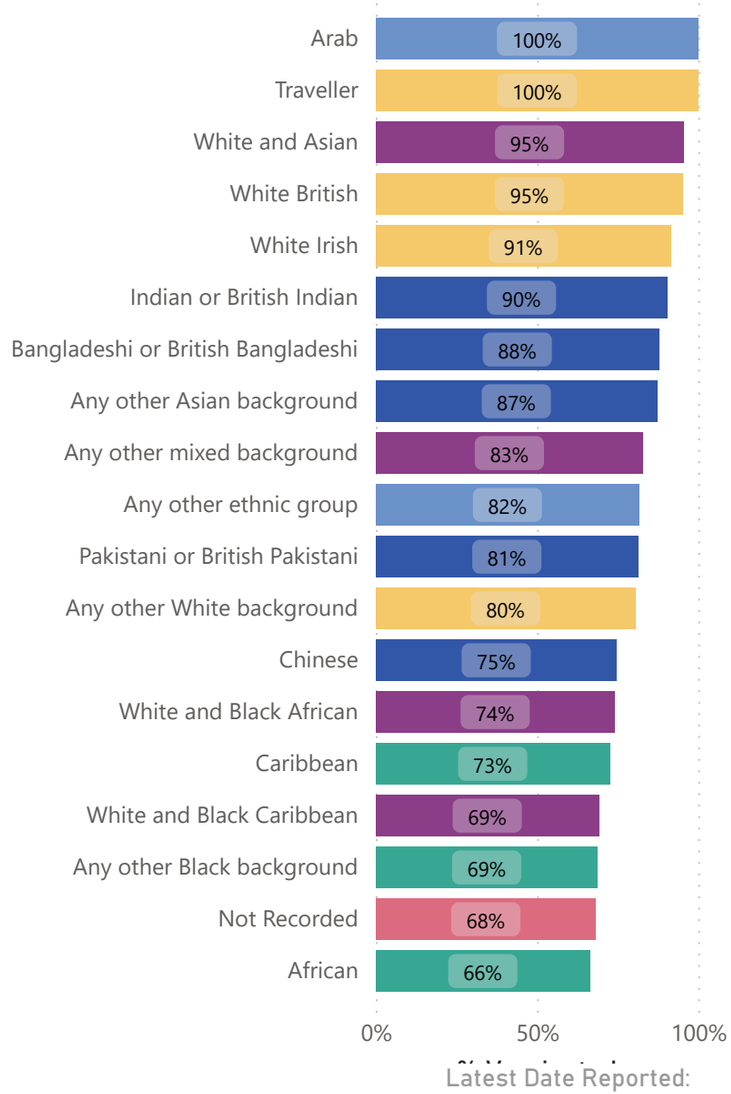
Cohort 2: Health and Social Care Workers



Cohort 2: Age 80+



Cohort 3: Age 75-79



Latest Date Reported:

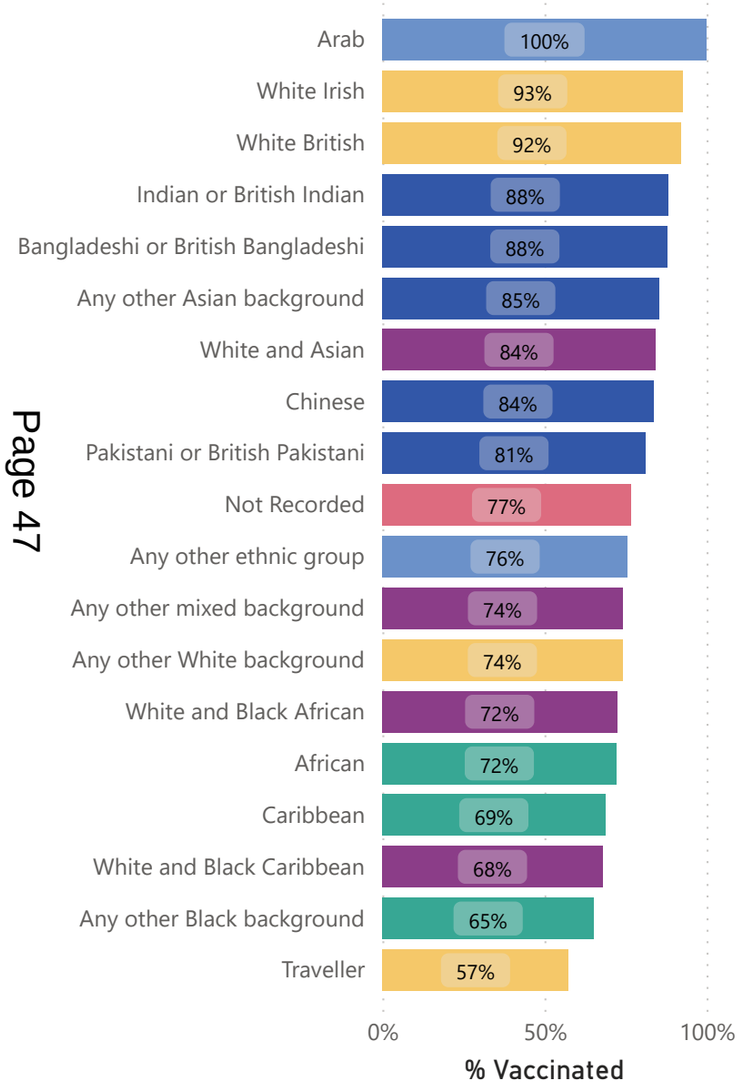
10 June 2021

Data sources: Cohort data from NIMS dashboard. Cohort ethnicity breakdowns are updated weekly.

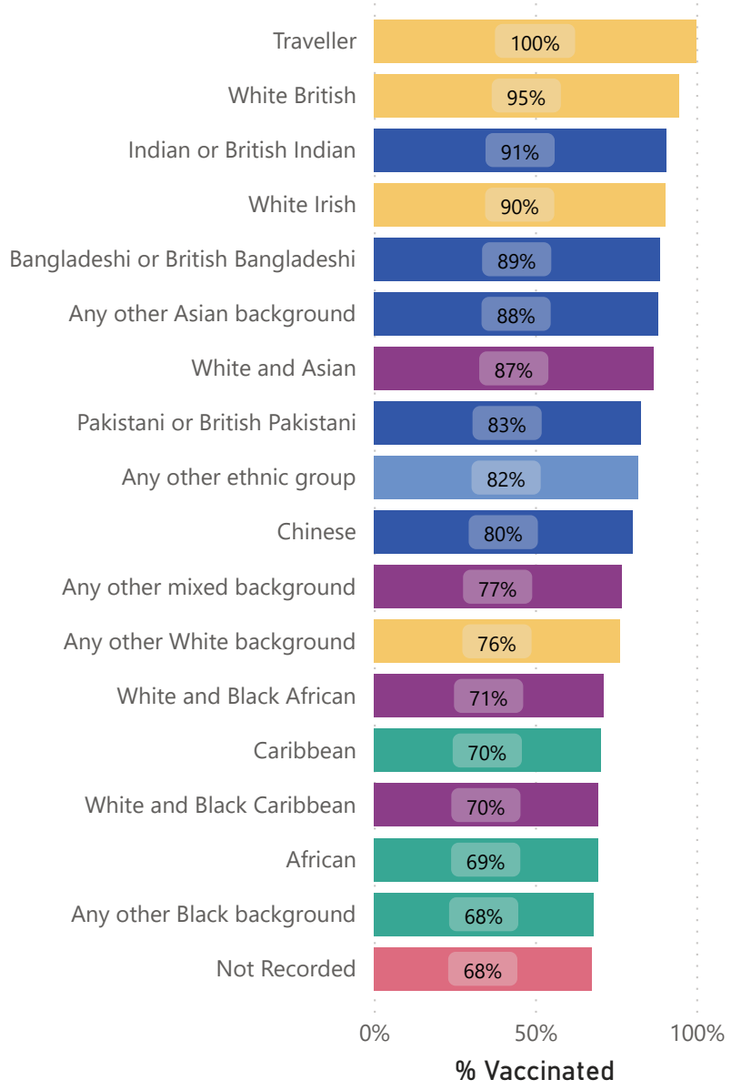
COVID-19 Vaccinations: % Vaccinated by Ethnicity (NEL level)

North East London Health & Care Partnership

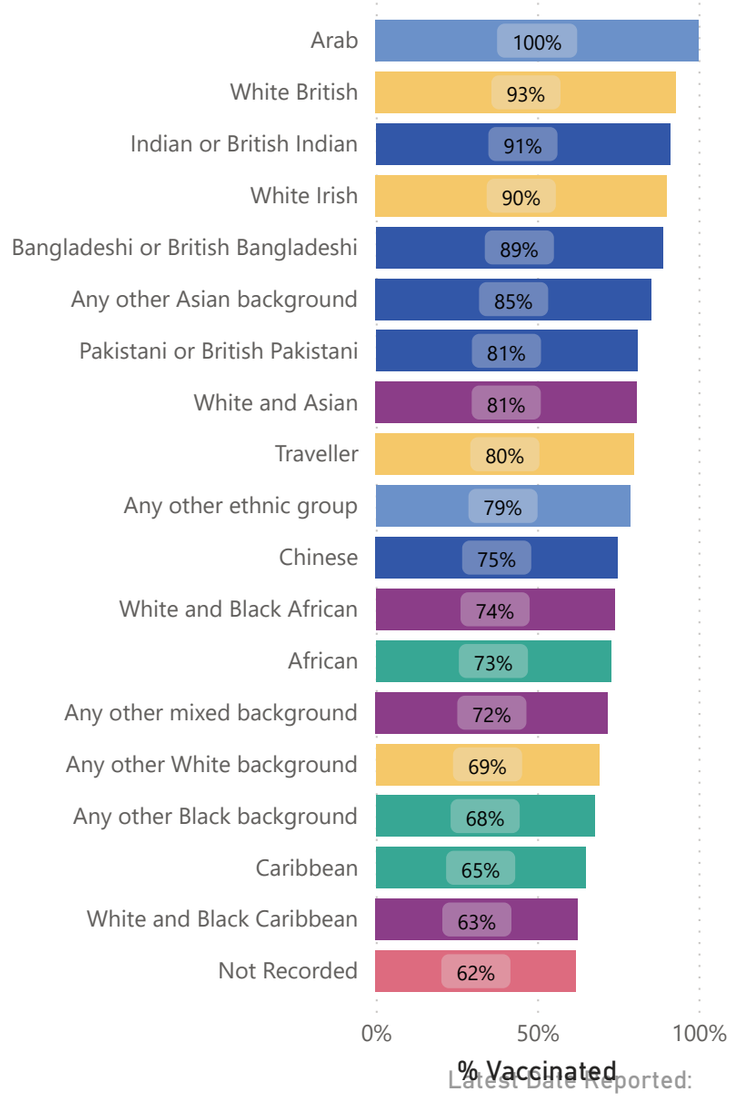
Cohort 4: Clinically Extremely Vulnerable



Cohort 4: Age 70-74



Cohort 5: Age 65-69



Data sources: Cohort data from NIMS dashboard. Cohort ethnicity breakdowns are updated weekly.

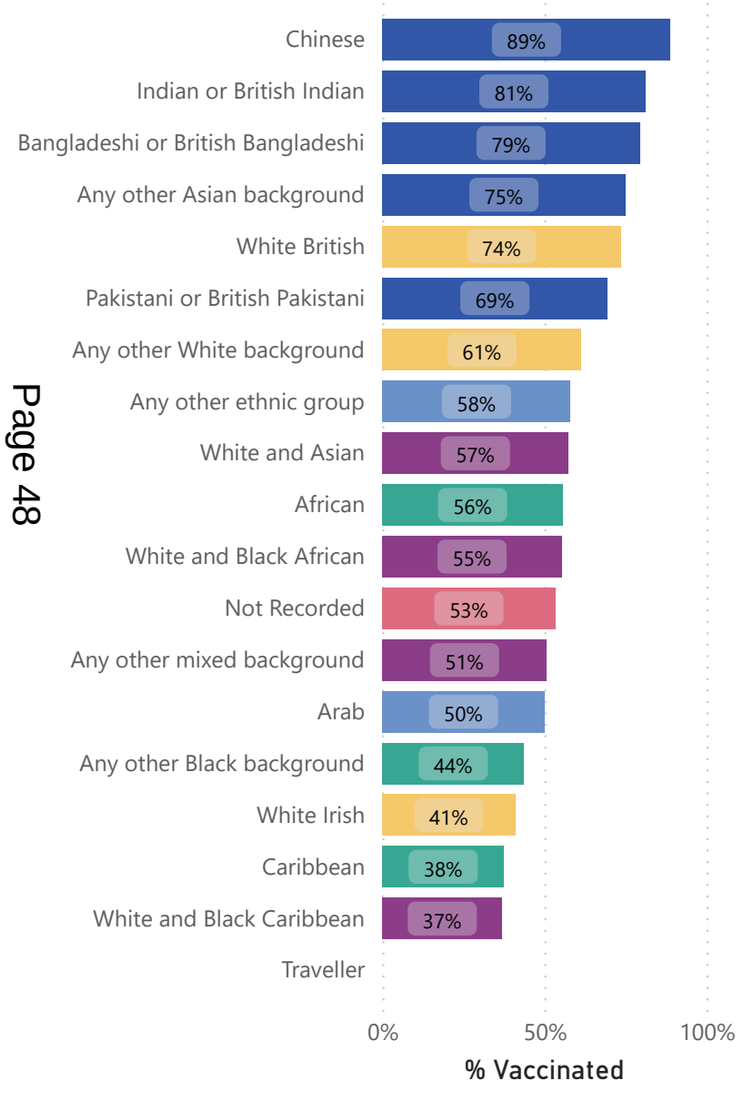
Latest Date Reported:

10 June 2021

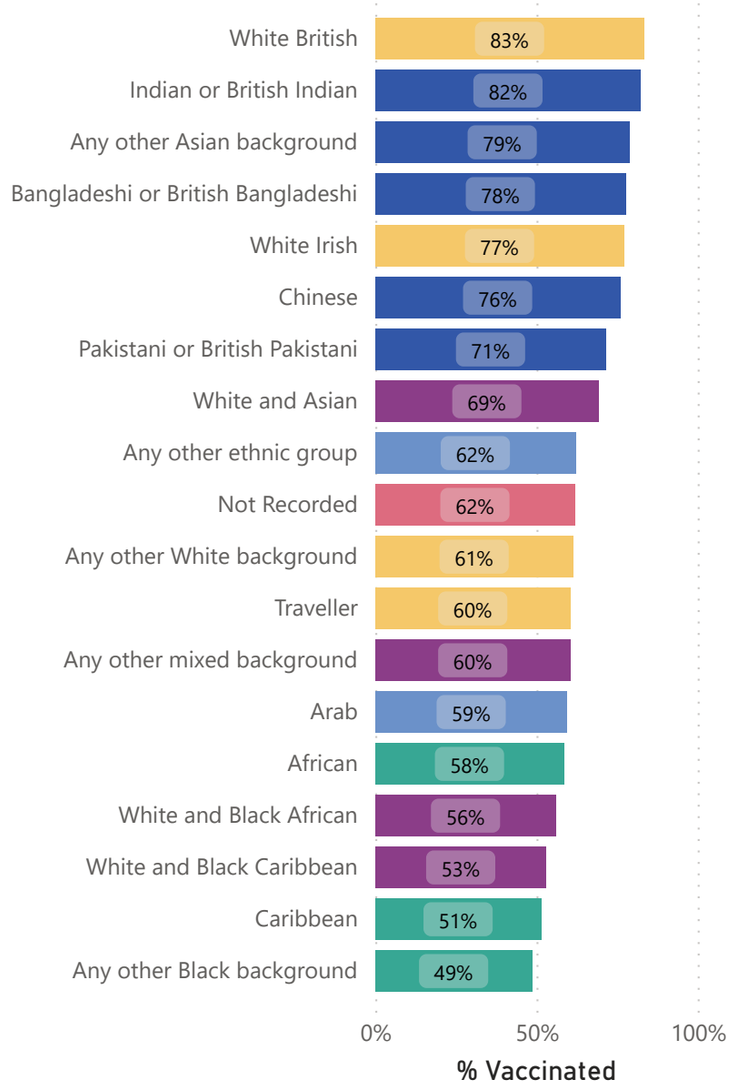
COVID-19 Vaccinations: % Vaccinated by Ethnicity (NEL level)

North East London Health & Care Partnership

Cohort 6: Carers (DWP)



Cohort 6: At risk of COVID-19



Data sources: Cohort data from NIMS dashboard. Cohort ethnicity breakdowns are updated weekly.

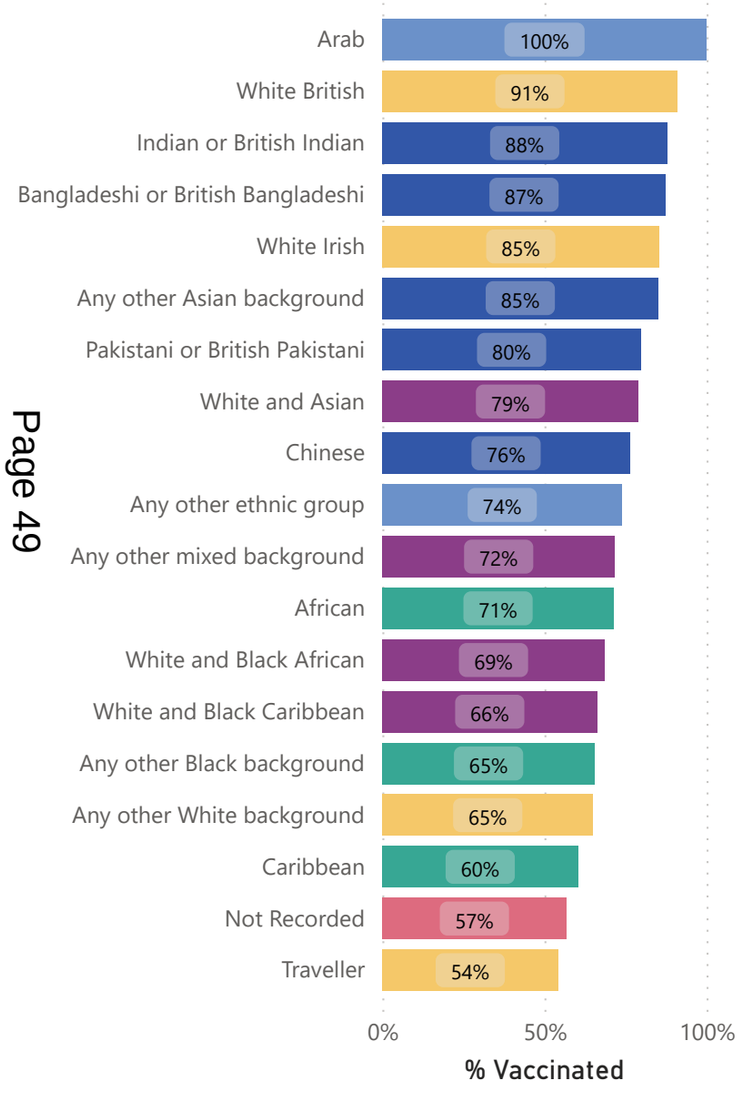
Latest Date Reported:

10 June 2021

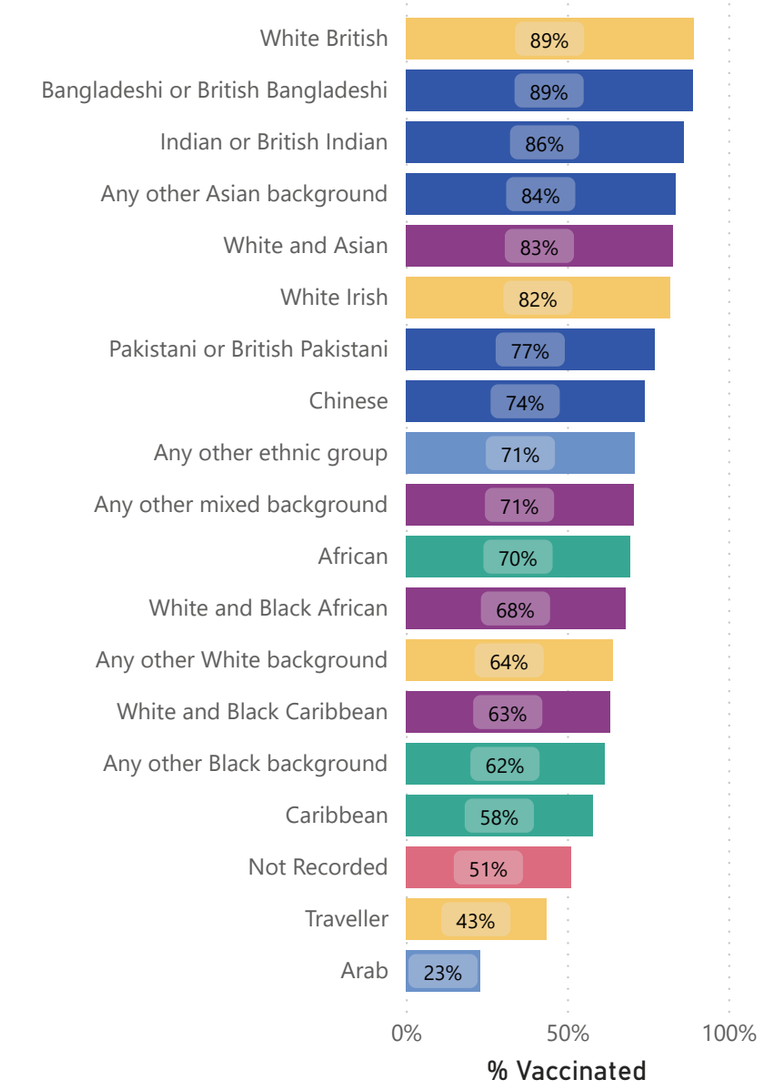
COVID-19 Vaccinations: % Vaccinated by Ethnicity (NEL level)

North East London Health & Care Partnership

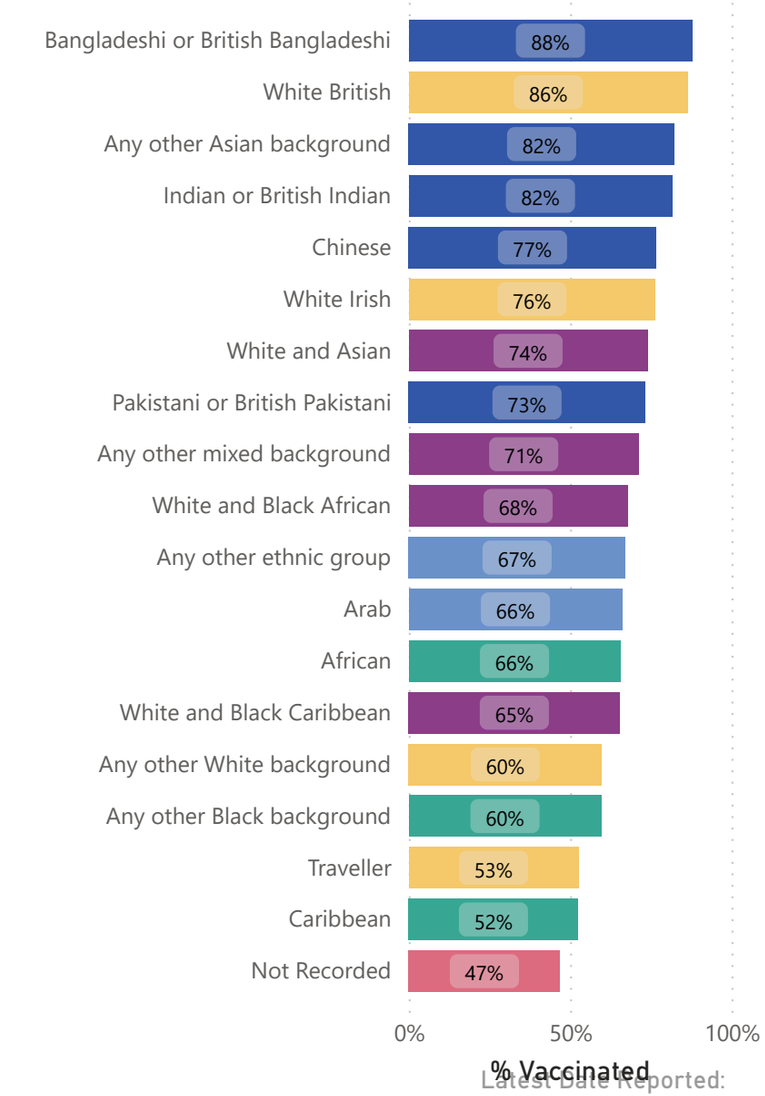
Cohort 7: Age 60-64



Cohort 7: Age 55-59



Cohort 9: Age 50-54



Latest Date Reported:

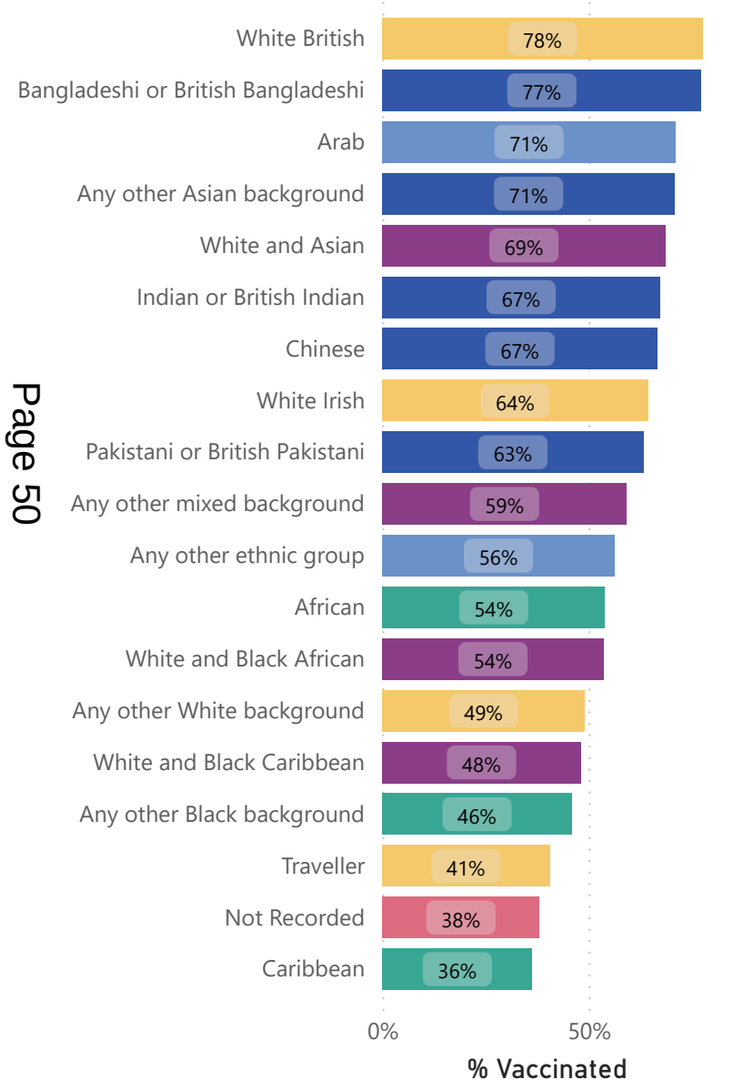
10 June 2021

Data sources: Cohort data from NIMS dashboard. Cohort ethnicity breakdowns are updated weekly.

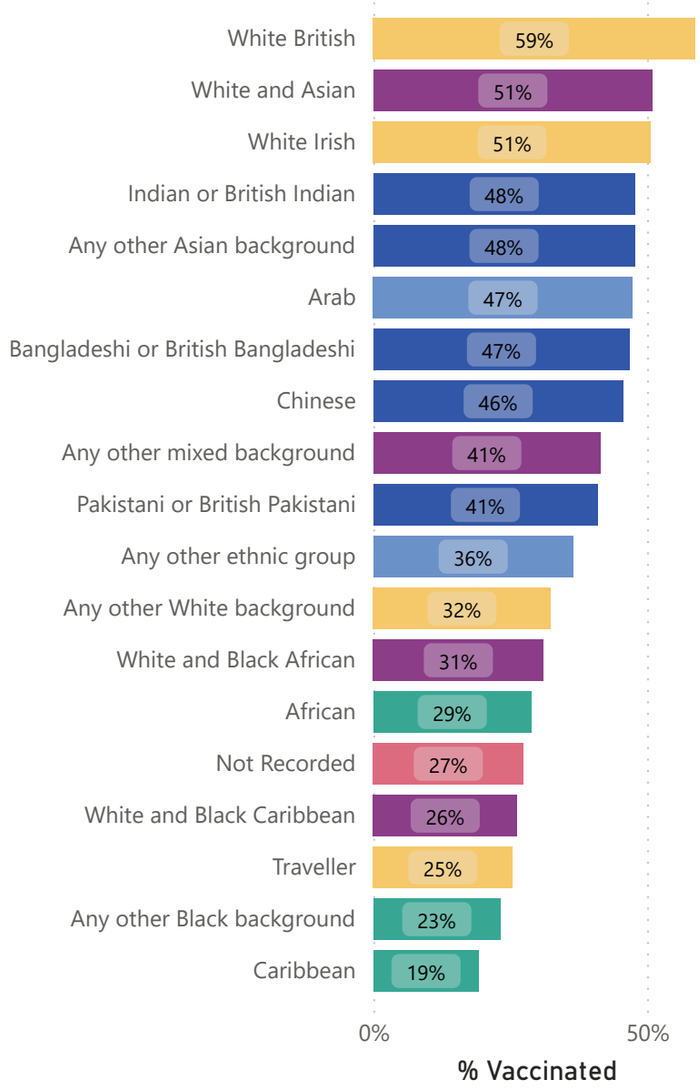
COVID-19 Vaccinations: % Vaccinated by Ethnicity (NEL level)

North East London Health & Care Partnership

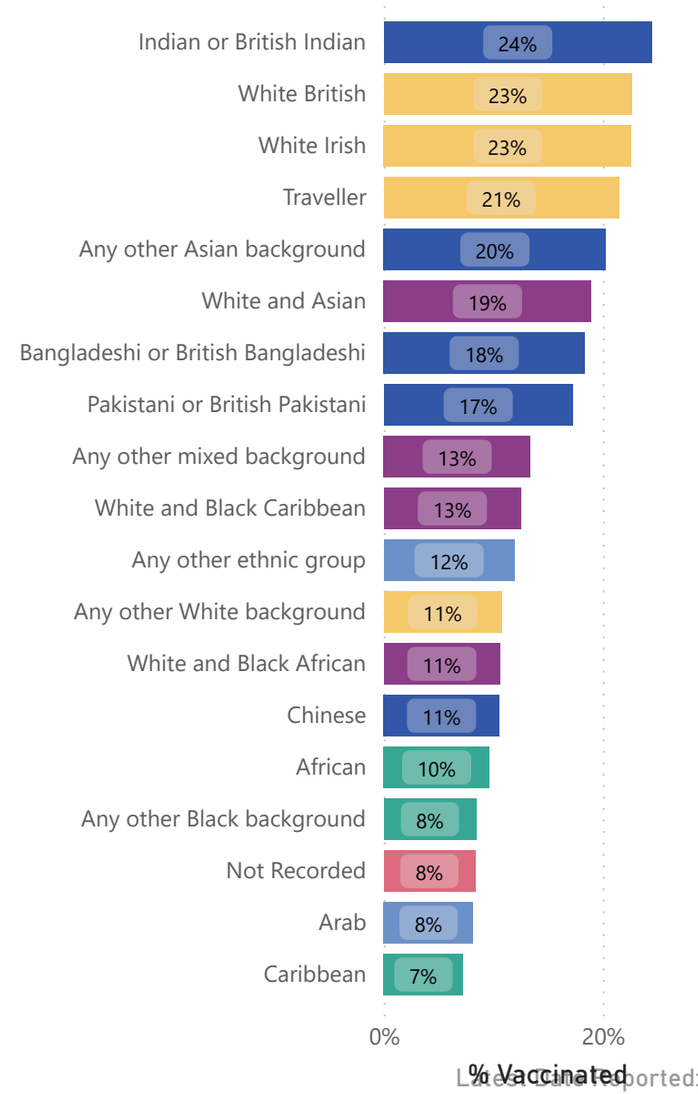
Cohort 10: Age 40-49



Cohort 11: Age 30-39



Cohort 12: Age 18-29



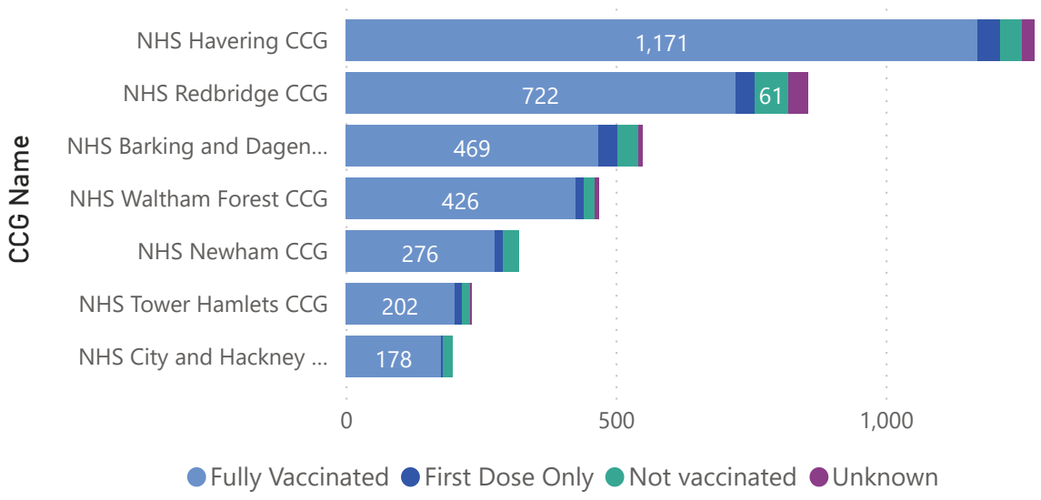
Data sources: Cohort data from NIMS dashboard. Cohort ethnicity breakdowns are updated weekly.

Latest Date Reported:
10 June 2021

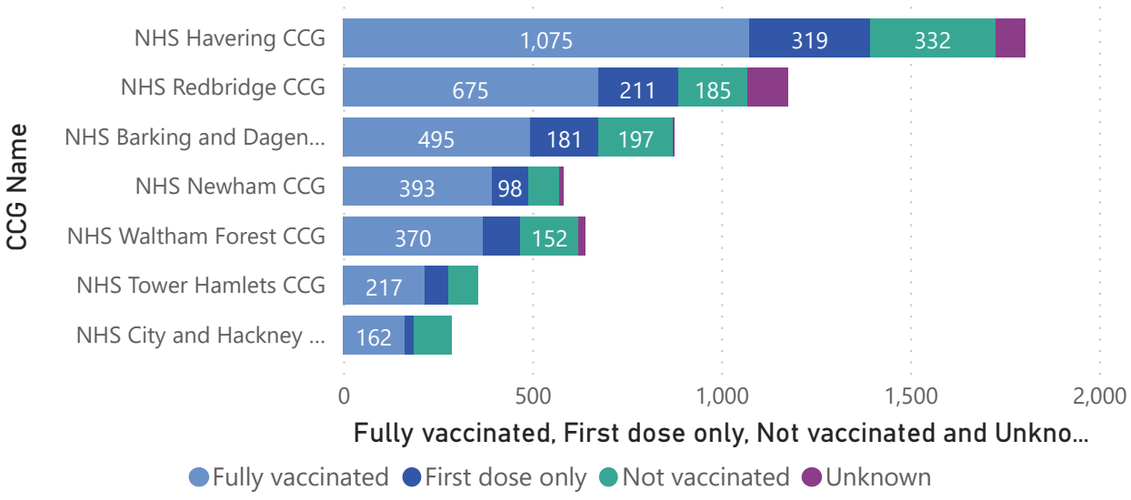
COVID-19 Vaccinations: Older Adult Care Homes

North East London Health & Care Partnership

Residents vaccinated by CCG



Staff (including agency) vaccinated by CCG



Remaining Residents by Home

CCG Name	Residents not vaccinated	% First Dose	% Second Dose
NHS Barking and Dagenham CCG	40	91%	85%
NHS City and Hackney CCG	18	91%	90%
NHS Havering CCG	41	95%	92%
NHS Newham CCG	29	91%	86%
NHS Redbridge CCG	61	89%	84%
NHS Tower Hamlets CCG	15	92%	86%
NHS Waltham Forest CCG	19	94%	91%
Total	**223**	**92%**	**88%**

Remaining Staff by Home

CCG Name	Staff not vaccinated	% First Dose	% Second Dose
NHS Barking and Dagenham CCG	197	77%	57%
NHS City and Hackney CCG	101	65%	56%
NHS Havering CCG	332	77%	60%
NHS Newham CCG	81	84%	68%
NHS Redbridge CCG	185	75%	57%
NHS Tower Hamlets CCG	77	78%	61%
NHS Waltham Forest CCG	152	73%	58%
Total	**1,125**	**77%**	**59%**

Data sources: Care home 1st dose vaccination data from Capacity Tracker (vaccinations of residents and staff in Older Adult Care Homes, as specified by NHSE/I London). Staff figures includes agency staff.

Latest Date Reported:
11 June 2021

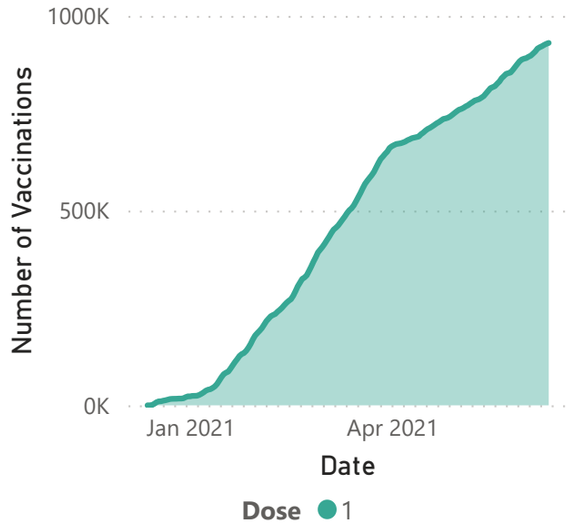
COVID-19 Vaccinations: All Sites

North East London Health & Care Partnership

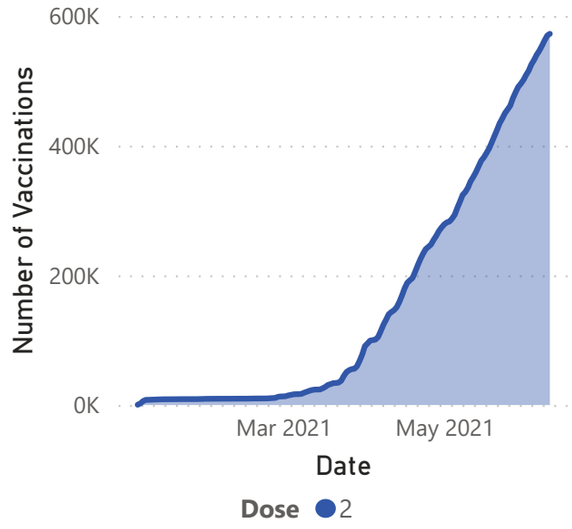
Total Vaccinations by Site

Delivery Model	AZ	Moderna	Pfizer	Total
Hospital Hubs	**42,860**		**92,573**	**135,433**
BARLEY COURT	12,973		1	**12,974**
HOMERTON UNIVERSITY HOSPITAL	15,397			**15,397**
KING GEORGE HOSPITAL	7,284		80	**7,364**
MILE END HOSPITAL	6,084			**6,084**
NEWHAM GENERAL HOSPITAL			8,931	**8,931**
QUEEN'S HOSPITAL	1,122		37,522	**38,644**
ST BARTHOLOMEW'S HOSPITAL			11,345	**11,345**
THE ROYAL LONDON HOSPITAL			18,643	**18,643**
WHIPPS CROSS HOSPITAL			16,051	**16,051**
Local Vaccination Sites	**629,314**	**2,504**	**400,965**	**1,032,783**
Bees Pharmacy	12,496		246	**12,742**
Blakeberry Pharmacy	25,359			**25,359**
Bocking Centre	28,985		22,356	**51,341**
Boots - Armada Way		801		**801**
Boots - Canary Wharf		551		**551**
Boots - Fleet Street	866	761		**1,627**
Broadway Theatre	38,035	1	21,143	**59,179**
Total	**971,690**	**2,519**	**529,608**	**1,503,817**

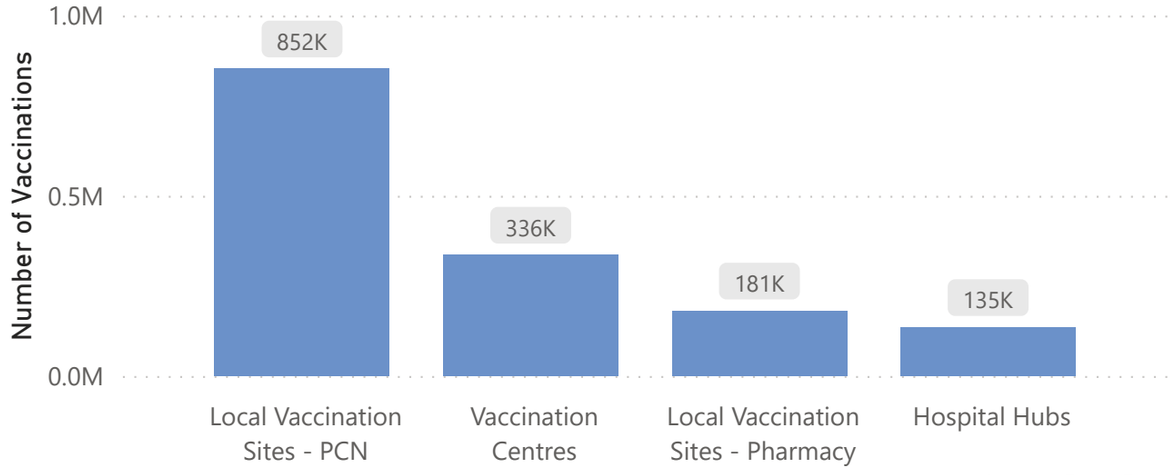
Total 1st Doses by Date



Total 2nd Doses by Date



Total Vaccinations by Delivery Model



Latest Date Reported:
10 June 2021

Data sources: Foundry extract for East London Health and Care Partnership. ***Hospital hub site totals are not correct - fix is under development.***

Notes, Assumptions & Definitions

East London Health & Care Partnership

Notes and Definitions

Vaccinations by site type:

Number of vaccinations by site is from NHS Foundry. There are some discrepancies between totals from Foundry compared to local collections due to incorrect labeling of data in Foundry. Queens Hospital was incorrectly labelled King Georges. All Barts Health sites were labelled as Royal London Hospital, they have since been split out but the cumulative totals remain incorrect.

Vaccination by cohort group:

Number of vaccinations by cohort group is obtained from NIMS dashboard. NIMS report "provides a user with information on patient populations who are within the age groups for COVID vaccinations, their vaccination statues and whether they have been invited for a vaccination by the National immunisations service.
The data used to feed the age group criteria has been defined by NHS Digital. Data is mainly derived from primary care records but is also contributed to by national maternity data and NHS and social care Electronic Staff Record (ESR) data."

The recording of vaccination of Health and Social Care Workers in the NIMS database is an underestimate, based only on workers recorded in the NHS and social care ESR data. Some individuals who have been vaccinated because they are workers, will be counted under other age-based cohorts if their worker status is not recorded at the time of vaccination. As a result, the percentage of Health and Social Care Workers vaccinated is also an underestimate. Similarly, individuals who qualify for Cohort 6 (16-64 with underlying conditions and/or informal carers), may not be identified as such in their vaccination record, and will be counted under age-based cohorts instead. This may lead to Cohort 6 progress being underestimated.

UPDATE 22/04/2021: Where an individual appears in more than one cohort group NIMS database divides that individual evenly across the cohort groups. e.g. a healthcare workder aged 45, high COVID-19 risk will appear 0.33 in Cohorts 2, 6 and 10. This leads to a decrease in the denominator figures by cohort group, but allows cohort totals to be added together to reach the overall totals by CCG or STP.

Care home vaccinations:

Care home data is obtained from Capacity Tracker, which is completed by care home organisations themselves. In this report we are only presenting data for 'older adult' care homes.

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Item No **6**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Accountability of processes for managing future changes of ownership of GP Practices**
Date of Meeting	23 June 2021
Attending	**Henry Black**, Acting Accountable Officer, NHS North East London CCG and ICS SRO, NHS North East London Health & Care Partnership **William Cunningham-Davis**, Director of Primary Care Transformation – TNW ICP, NHS North East London CCG **Selina Douglas**, Managing Director – TNW ICP, NHS NEL CCG **Marie Price,** Director of Corporate Affairs, NHS NEL CCG **Dr Jacky Applebee**, Chair of Tower Hamlets Local Medical Committee **Dr Gary Singh Marlowe**, City and Hackney Local Medical Committee
OUTLINE	In January concerns were raised about a decision of NEL Primary Care Commissioning Committee to approve the transfer of ownership of 8 GP surgeries in the area from AT Medics to Operose Health Ltd, part of a wider sale of 34 Practices across London. Members of the committee and others were unhappy about how the decision was made and communicated. The Chair wrote to the CCG (letter attached) and received the attached briefing. The Chair has now invited CCG leaders to discuss the wider issues raised by this transfer of ownership and in particular the accountability and transparency of current processes for managing changes of ownership of GP Practices. He has also invited two LMC representatives from Tower Hamlets and Hackney who campaigned against the change.
RECOMMENDATION	To give consideration to the discussion.

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INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Councillor Ben Hayhurst

Chair, INEL JHOSC

Please reply to:
jarlath.oconnell@hackney.gov.uk

020 8356 3309

5 March 2021

Marie Gabriel

Independent Chair, North East London Integrated Care System

marie.gabriel1@nhs.net

Jane Milligan

Accountable Officer, East London Health and Care Partnership

jane.milligan1@nhs.net

Dear Marie and Jane

Change in ownership of AT Medics

I am writing to express concern about a decision taken by Chair's Action on the change in ownership of AT Medics by the NEL CCGs in common.

We note that the NHS in London had been advised that the holding company of AT Medics Ltd, which runs 34 GP contracts and other services across London, including 8 GP Practices in the NEL patch, has transferred to Operose Health. AT Medics had to ask permission of the NHS for the change in ownership. We note that this was allowed under the GP contract, but the CCGs which commission the GP Practices run by AT Medics had to give their consent.

Our concern relates to the nature in which this consent was given at the NEL Primary Care Commissioning Committee, which I understand is a shadow body until 1 April.

We note that consent was granted on the basis the change in ownership would not have any impact on service delivery and that it was approved by each Primary Care Commissioning Committee in NEL via Chairs action in December. The decision was made taking into account the due diligence process which had been carried out by South East London CCGs on behalf of the 13 London CCGs affected (some are outside NEL).

We appreciate that this request came to the NEL ICS during the midst of the Covid-19 crisis, however, several local stakeholders, including local GPs, feel the decision was rushed through via Chair's Action with summary oversight and limited, if any, scrutiny. Our concern is that this gives the impression that not enough time was taken consulting the individual PCCCs in each CCG. We understand that in some of them there are opposing views about the decision and one senior member of City and Hackney CCG has written to the Secretary of State expressing his concerns.

Members of North East London Save Our NHS and the LMC Chair in Tower Hamlets have also already raised concerns with us about the change in membership of the Board of AT Medics and when NEL Primary Care Commissioning Committee was made aware of this.

We write at this stage to express our concerns about the process and ask that you answer questions about this issue at our next INEL JHOSC on 23 June. We will also invite local GPs to give their view.

This is no longer about the merger of neighbourhood GP Practices but rather an evolution of this market into one where major corporate interests are playing a role. Public and GP confidence needs to be maintained and it strikes us that transparency around these decisions needs to be improved. As part of this we ask if you can ensure that any future APMS contracts are required to keep service delivery control as close to the local decision makers as possible.

It should be noted that INEL JHSOC is made up of members from a number of different boroughs. Whilst a number of members of the committee feel strongly about this issue the committee's views are not unanimous and so this letter should not be seen as a reflection of every members view.

We look forward to hearing from you.

Yours sincerely

Councillor Ben Hayhurst

Chair of INEL JHOSC

cc Members of INEL JHOSC

Henry Black, Incoming AO, ELHCP

Dr Jackie Applebee, Chair of Tower Hamlets LMC

NHS
North East London
Commissioning Alliance

Jane Milligan
Accountable Officer
NHS North East London Commissioning Alliance
4th Floor, Unex Tower
5 Station Street
Stratford
E15 1DA

11 March 2021

Re: Change in ownership of AT Medics

Dear Councillor Hayhurst

Thank you for your letter on behalf of the Inner north east London Joint Health Overview and Scrutiny Committee in relation to the recent change in control of AT Medics.

We are aware of the interest on this locally, and as this is a matter that relates to the NHS in London, we have worked closely with colleagues in neighbouring boroughs to provide collective reassurance on the process, and particularly that the change does not affect service provision for our patients. I have provided our joint statement attached with this letter.

Our Interim Accountable Officer, Henry Black and relevant NHS colleagues can attend your next meeting in June to further discuss this and we of course welcome the opportunity to include the view of local GPs in the discussions as well.

Yours sincerely

Jane Milligan
Accountable Officer
NHS North East London Commissioning Alliance (City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)
Senior Responsible Officer North East London Sustainability and Transformation Partnership

E: jane.milligan1@nhs.net

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North East London CCGs: AT Medics transfer of holdings to Operose Health Ltd

9 March 2021

AT Medics Ltd (ATML) holds 34 Alternative Provider of Medical Services (APMS) contracts and a small number of NHS Standard Contracts across London. In North East London (NEL) it holds eight APMS contracts which are for:

- Trowbridge Surgery (City and Hackney)
- Albert Road and E16 Surgery (Newham CCG)
- Carpenters Practice (Stratford/Manor Park/Canning Town branches (Newham CCG)
- Lucas Avenue Practice (Newham CCG)
- Whitechapel Health Centre (Tower Hamlets CCG)
- East One Health (Tower Hamlets CCG)
- Loxford Practice (Redbridge CCG)
- Temporary caretaking contract for Victoria Medical Centre (Barking and Dagenham CCG).

Change of control of ATML has transferred from the directors of ATML to Operose Health Ltd – a company that holds a number of GP contracts and other health service contracts across London and in other parts of the country.

All GP practices work under contract to the NHS and whether owned by GPs or other organisations can bid for contracts across the country. However they must be able to meet strict standards and regulations that apply to all NHS providers.

AT Medics had to ask permission of the NHS (the CCGs that commission the relevant services) for the change in control. This is allowed under the terms of the GP contract. In this case, the transfer was approved as there was no legal or contractual basis for the CCG to reject the transfer of control and it will not alter the service that is required under the contract.

The change in control was approved by each NEL Primary Care Commissioning Committee (PCCC) via Chair's action in December 2020 as there were no such committees in December due to the focus on managing the pandemic. The NEL Primary Care Commissioning Committee in common for ratified the decision on 4 February 2021.

As a commissioner of health services, CCGs' role is to ensure the provision of high quality, safe services for local people. In addition, all health service providers are regulated and inspected by the Care Quality Commission to ensure they meet fundamental standards of quality and safety.

As part of a due diligence process undertaken prior to considering the change in control we sought assurance that our patients and their care would not be affected. AT Medics advised us that they will continue to run the GP practices as they do now and patients will continue to see the same doctors and nurses although over time there may be some natural changes in staff as people choose to move to new jobs. Care remains free at the point of delivery.

Our commissioning practices in relation to AT Medics have followed the same rules and guidance as we apply to all our GP contracts and any decisions taken were informed by legal and national guidance. In this case, there was no legal or contractual basis for the CCG to reject the transfer of control of AT Medics Ltd, and doing so would have posed a risk to continuity of high quality of care for local residents.

When existing contracts are up for renewal, AT Medics, along with all other appropriate providers, will be able to bid for the contracts and as part of this will need to demonstrate their performance on a range of different parameters such as service quality, access, workforce and patient engagement.

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Item No **7**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Minutes of previous meeting and Matters Arising**
Date of Meeting	23 June 2021
OUTLINE	Draft minutes of the meeting held on 10 Feb 2021 are attached. **Matters Arising from 10 Feb:** **Action at item 6** *Henry Black (ELHCP) to provide a summary analysis on the implications for east London of the impending White Paper on health and care.* This is dealt with under item 4 of this meeting. **Action at item 8** *(a) Chair to write to the Secretary of State on the overseas patient charging issue and public health impacts of these during the Covid 19 pandemic.* This was done and the reply circulated to Members and stakeholders involved. *(b) Chair to write to Marie Gabriel as Chair of the NHS Race and Health Observatory on the need to encourage acute trusts to refer their overseas charging procedures to that body for informal approval.* This was done and the reply circulated to Members and stakeholders involved.
RECOMMENDATION	To AGREE the minutes of the meeting held on 10 February and to note the matters arising.

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

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

Date of meeting: Wed 10 February 2021 at 7.00 pm

Chair	Councillor Ben Hayhurst (London Borough of Hackney)
Members present	Councillor Gabriela Salva-Macallan (Co Vice-Chair, London Borough of Tower Hamlets) Councillor Winston Vaughan (Co Vice-Chair, London Borough of Newham) Councillor Patrick Spence (London Borough of Hackney) Councillor Peter Snell (London Borough of Hackney) Councillor Ayesha Chowdhury (London Borough of Newham), Councillor Mohammed Pappu (London Borough Tower Hamlets), Councillor Umar Ali (London Borough of Waltham Forest) Councillor Richard Sweden (London Borough of Waltham Forest) and Councillor Neil Zammett Chair, Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JHOSC) from London Borough of Redbridge) (Observer).
Guests and officers in attendance	Marie Gabriel CBE (Independent Chair, North East London Independent Care System) Jane Milligan, (Accountable Officer, East London Health and Care Partnership) Henry Black (Chief Financial Officer, East London Health and Care Partnership) Dame Alwen Williams (Group Chief Executive, Barts Health NHS Trust) David Maher, (Managing Director, City & Hackney CCG) Dr Mark Rickets (Chair of C&H CCG) Dr Ken Aswani (Chair, Waltham Forest CCG) Denise D'Souza (Interim Group Director Adults Health and Integration, Hackney Council) Don Neame (Senior Communications Consultant, ELHCP) Jo Carter (Senior Communications Manager, ELHCP) Roger Raymond, Senior Scrutiny Policy Officer, Newham Council) Caitlin Clifton (Scrutiny Team, Hackney Council) Jarlath O'Connell (Overview & Scrutiny Officer Hackney Council)
Members absent:	Councillor Anthony McAlmont (London Borough of Newham), Councillor Shah Ameen (London Borough of Tower Hamlets), Councillor Nick Halebi (London Borough of Waltham Forest).
YouTube link for meeting	https://www.youtube.com/watch?v=gXa0uuHcZrM

Officer Contact: Jarlath O'Connell
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1. Election of Chair and Vice-Chairs

1.1. The Overview & Scrutiny officer explained the process for electing a new Chair of INEL JHOSC and invited Members to propose a nomination, a second and then vote on a new Chair.

Cllr Winston Vaughan proposed Cllr Ben Hayhurst; seconded by Cllr Ayesha Chowdhury. This was voted on and unanimously agreed. Cllr Ben Hayhurst took the Chair.

1.2. The Chair explained the process for electing two vice-chairs of INEL JHOSC, explaining that two nominations were sought to ensure gender parity.

The Chair proposed that Cllr Vaughan (London Borough of Newham) and Cllr Salva-Macallan (London Borough of Tower Hamlets) be nominated as vice-chairs. This motion was seconded by Cllr Mohammed Pappu (London Borough Tower Hamlets). The Chair welcomed any further nominations, for which none were put forward for consideration. This was voted on and unanimously agreed.

RESOLVED:	**That Cllr Hayhurst be elected Chair and that Cllrs Salva-Macallen and Vaughan be elected as co Vice Chairs.**

2. Welcome and Apologies

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

Apologies from Cllrs McAlmont, Ameen and Halebi were noted.

The Chair thanked Councillor Winston Vaughn and Roger Raymond for their previous contributions to the Committee in their respective roles and welcomed Cllr Mohammed Pappu to his first INEL JHOSC meeting.

The Chair congratulated Dame Alwen Williams on her recent Damehood and thanked Jane Milligan for her service and leadership of the East London Health and Care Partnership, wishing her success in her new role as Chief Executive of the Integrated Care System in Devon. Further, the Chair congratulated David Maher on his appointment as Deputy Chief Executive of an NHS Trust in Northamptonshire and thanked him for his service to the NHS in east London.

The Chair paid special thanks to all NHS staff across east London for their recent work on the Covid-19 pandemic response, highlighting the exceptional leadership displayed by senior NHS officials.

3. Declarations of interest

3.1. No new declarations of interest were noted.

4. COVID-19 Impacts in secondary care

4.1. The Chair introduced item 4, highlighting the challenges presented by Covid-19 and the impact of this on secondary care. The Chair invited Dame Alwen Williams to give the Committee a verbal update on progress, challenges, and significant issues being experienced in the Barts Health Group hospitals.

4.2. Dame Alwen Williams (AW) thanked the Chair for his congratulations during item 2 and outlined that when the Committee was last updated it was predicted that a slow recurrence of the virus, combined with usual winter pressures on health services, was to be expected, however by December the new variant had caused a significant increase in admissions of covid patients to hospitals. Bart's statistics outlined that at the end of August there were 8 Covid patients in their hospital beds which then increased to 835 by 14 January, with the second wave peaking over January 5 to 19. This second peak was 200% higher than the first peak in 2020.

4.3. AW outlined the significant impact this resurgence placed on the capacity of the Trust, doubling baseline capacity to 225 critical care beds. St Barts Hospital has been operating as a non-covid hospital due to the specialist ECMO service provision required. The Royal London became a surge centre with capacity increased from 44 to 150 critical care beds, utilising a new critical care unit. At present, a large number of patients continue to require critical care. While overall admissions were declining by 3% per day, critical care admissions were declining at 1% per day. AW stated that over the coming 6 to 8 weeks critical units will need to continue to work at this capacity in which baseline staffing numbers are insufficient, resulting in redeployment of staff to supporting covid patients and cancellations to routine elective surgery.

4.4. While routine elective surgery had been cancelled since 21 December, AW highlighted that urgent and lifesaving surgery had continued, making use of the independent sector services to ensure these patients received treatment. Staff redeployment to critical care and staff wellbeing as a result of working above capacity were all factors that were being considered seriously before staff transition back to their original posts to resume routine elective surgery. Further, despite these pressures, AW stated that infection control measures across the trust had been upheld to a high standard resulting in very low instances of nosocomial infections compared to other hospitals.

4.5. AW praised NHS staff, military personnel and colleagues within the wider system for high standards of collaborative working that have resulted in the Trust being able to provide a high quality of care to inpatients and those being discharged still needing outpatient care.

4.6. In response to a question from Cllr Vaughan on staffing capacity and whether or not retired staff have returned to work, AW highlighted that a comprehensive redeployment of staff had resulted in some staff deferring retirement or returning from retirement.

4.7. In response to a question from Cllr Chowdhury as to whether or not oxygen could have been administered to people at home to prevent them from going into hospital, AW outlined that admissions decisions were always made between a number of clinical stakeholders taking into account the personal, clinical and community support information available.

4.8. In response to questions from Members enquiring as to how the resumption of elective surgery is being planned in the context of staff physical and mental health and the need for annual leave, AW outlined that the blueprint for this transition is currently being mapped out. This process is taking into consideration the decline in admissions, the need for staff rest, annual leave considerations, the development of a comprehensive staff mental health offer and the pressures on elective surgery. AW stated that staff transitions back into post are likely to start in March and progress gradually through to April.

4.9. AW gave a brief update on staff vaccinations in response to a question from Cllr Sweden, highlighting that the Trust had vaccinated 26,000 staff (first dose), some patients and staff of key partners, equating to roughly 85% of staff. Efforts were now focused on developing strategies to address vaccination hesitancy of staff which appeared to be higher within BAME and young BAME staff. Bart's continued to oversee mass vaccinations at ExCeL London, delivering approximately 16,000 vacations since January.

4.10. Cllr Snell enquired if there was an impact yet of vaccinations on hospital admissions and deaths among the high risk priority groups. AW stated that the correlation between hospital admissions among priority groups and national vaccination data is starting to become clear and it indicates the success of the vaccination efforts, however she did not have this precise data at hand.

4.11. The Chair thanked AW for the update.

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

5. Covid-19 Strategy for rollout of vaccinations in INEL boroughs

5.1. The Committee gave consideration to a report from ELHCP entitled 'Covid-19 update for INEL JOSC 10 February 2021' on the rollout of the Covid 19 vaccinations programme in the NEL area. Jane Milligan (JM) took members through the local area figures on vaccination cohorts highlighting that they were working within a nationally directed strategy for vaccination rollout. JM outlined the requirement to offer the vaccination to cohorts 1-4 by Sunday 4 February, with progress currently sitting at over 220,000 vaccinations across north east London with another 35,000 to complete in those cohorts..

5.2. JM updated the Committee on the key issues of vaccination hesitancy among certain groups and harder to reach residents and how this was impacting the rollout. She also described some of the strategies being adopted to address

this. They were utilising all available communication channels through a variety of stakeholders including Local Authorities, Voluntary and Community Sector organisations, GP networks and community leaders. JM highlighted that significant cross stakeholder working and innovation has been required such as: pop-up vaccination centres in communities with accessibility issues, roving homebound vaccinations for those who cannot leave the house, and targeted strategies for hard to reach residents such as the Charedi and some BAME communities. The mass vaccination centres like ExCeL and Westfield are anticipated to come into their own when vaccinations are offered to larger, non-priority groups. Finally, JM outlined that there was a significant equality focus to data collection, however, the national data was not the best fit for understanding equalities based needs at a borough level. Work was being conducted at a primary care network level to better understand data and tailor strategies to suit this, including planning specific approaches for cohorts 5 and 6.

5.3. Dr Mark Ricketts (MR) further reinforced the need to understand and address vaccination hesitancy in a culturally sensitive way at a local level, and for delivery to reflect this. Working within the requirements for deployment of the vaccine, he described some of the work underway to engage with multiple stakeholders and to develop multidimensional approaches to communicate with those harder to reach communities.

5.4. The Chair questioned whether there was a staff member dedicated to leading an approach to vaccination hesitancy. JM confirmed that Dr Paul Gilluley of ELFT was leading this work, along with Jason Strelitz (Director of Public Health for Newham) and Ellen Bloomer (ELHCP).

5.5. Cllr Vaughan enquired as to what the map on page 12 of the agenda pack was highlighting. JM outlined that this was showcasing prevalence at a ward level of which they work with public health teams to target communities at a local level, linking them up with vaccination centres and primary care networks.

5.6. Cllr Sweden questioned what the approach was to ensure that the vaccine was rolled out to those with unsettled status in the UK. JM stated that they were working with organisations like Médecins du Monde who have a track record of reaching these communities to ensure they are connected to services and have access to vaccination centres. Further, MR explained that this type of outreach work was being focused across vulnerabilities, such as homelessness, and messages were being reinforced that no evidence of residency is required to register with a GP.

5.7. Cllr Chowdhury questioned the barriers that vaccination centres present for those arriving by car and asked whether or not data was being collected on the reasons given for declining the vaccine. Further, Cllr Salva-Macallan enquired about barriers to vaccination, highlighting that data had shown that 1 in 7 Latin Americans in London were not registered with a GP and so needed outreach. JM responded that the increase of available vaccines that do not have rigid storage requirements had enabled more flexible approaches to be devised to bring the vaccine to people with accessibility barriers. JM highlighted that they were using every available resource, primarily through GP's and borough level call centres to understand why and who was declining the vaccine. MR outlined that reasons for declining the vaccine vary widely

from mistrust of institutions to myths and misconceptions.

5.8. In response to a question from the Chair asking about how the rollout is administered, MR explained people in the various cohorts are contacted by their GP or sometimes pharmacist usually via text or phone and offered a timeslot. Those within the cohorts who have not been offered a vaccine are now able to contact the NHS directly to enquire. The roll-out of more pop up clinics was cited as being key to vaccinating residents who are harder to reach such as the homeless.

5.9. Cllr Snell asked if there was more flexibility to target people outside of the cohorts when there was a number of vaccination slots left empty and if this could be focused on care workers going to multiple homes. MR answered that the vaccination supply system was centralised nationally and distributed based on numbers within priority cohorts nationally. The system tries to balance the distribution and so permission needs to be granted at any one time if a centre is further ahead than others and wants to move on to the next cohort. Where there are opportunities to vaccinate outside of a cohort this is done using discretion, for example, if a carer brings in a client, the carer will also be vaccinated even if outside of the set cohort. MR cited that they recently opened up the slots to people in cohort 5 as they were able to show they had taken all steps to contact cohort 1-4 and slots were still available.

5.10. The Chair, further a question from Cllr Snell, asked what was being done to target groups who are not taking up the vaccine due to mistrust, asking how we can tackle vaccine misinformation via social media. JM highlighted that they were devising strategies to get information out in different ways over and above the national approach via a range of media and social media such as whatsapp or micro targeting specific groups e.g. using sign language etc.

5.11. Cllr Spence questioned if there was data about levels of attendance across the different local settings. JM highlighted that they were currently relying on Primary Care Networks as a key source of this data to use to develop targeted vaccination strategies locally but this would develop further

5.12. The Chair thanked the officers and guests for their report and attendance.

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

6. ELHCP's response to NHSE consultation on 'Integrated Care next steps to building strong and effective Integrated Care Systems across England'

6.1. The Committee gave consideration to the NHS's consultation document and the ELHCP's response submitted on 8 January. The Chair drew attention to the consultation document on page 19 of the agenda pack and requested that the ELHCP reps present outline why Option Two had been the preferred one in their response.

6.2. Marie Gabriel (MG) highlighted that the response had been developed inclusively with a number of stakeholders and that governance considerations ensure that each ICS can determine how they work with local partners. MG cautioned that the next iteration of this document in the form of the White Paper was due to be published the following day and it may change the

context of why Option Two was preferred. JM stated that Option Two would enhance borough level and place-based working across NEL and the changes represented a shift from a model that drives competition to one that encourages collaboration, essential to a joined-up health service. JM outlined that Covid had highlighted that a comprehensive response would not have been possible without significant system-level working and that while there was little difference between the two options, Option two had provided less ambiguity overall.

6.3. The Chair asked whether this could lead to adult social care being removed from Local Authorities and placed within the NHS and specifically Integrated Care Systems. JM responded that while there may be some benefits to this there were many examples of good practice already between councils and NHS (using Section 75 agreements to work collaboratively when required), without any statutory change but the White Paper aimed to build on this. Further, JM reinforced that the release of the white paper would provide more useful detail on the changes being proposed and she offered to provide a summary of their analysis of the White Paper to the committee.

6.4. Cllr Snell questioned whether or not the ongoing role of Ward Councillors as representatives of the community on health bodies would be safe under the new proposal. MG responded it should be because the White Paper would contain new information refined from the pushback government had already received on this aspect and that it should provide further clarity on the role of Local Authorities under in the new system. The Chair drew the item to a close, concluding that the release of the white paper and the summary analysis to follow should be discussed in the following meeting.

ACTION:	**Henry Black (ELHCP) to provide a summary analysis on the implications for east London of the impending White Paper on health and care.**

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

7. Update on recruitment process for new Accountable Officer for NELCA and Senior Responsible Officer for ELHCP.

7.1. Marie Gabriel reported that Henry Black (currently CFO) would step up as Interim Accountable Officer for the ELHCP as it evolves into the NEL ICS. She added that this interim approach was being taken at this time because the eligible applicants for such a role i.e. senior NHS executives would not currently have capacity to apply and this would adversely affect the recruitment. Furthermore, the remit of the role was closely linked to the outcome of the white paper. Plans were being developed to re-design the role through an inclusive process involving stakeholder engagement and consultation sessions to ensure that an excellent permanent appointment was made in due course. The Chair congratulated HB on his interim appointment.

8. Confirmation of minutes of the last meeting and matters arising

8.1. Members gave consideration to the draft minutes of the meeting held on 25 November 2020.

8.2. The Committee had received a written submission from NELSON on overseas patient charging which it was decided would be dealt with by correspondence because of pressure of agenda items for this meeting. It had been circulated to Members. The Chair stated that with regards to point one of the submission (p. 85 of the agenda pack), the Committee would write to the Secretary of State expressing concerns about the overseas patient charging issue and the public health implications of these acting as a deterrent on ill people seeking medical attention during a pandemic.. The Chair stated that some members of the committee held a neutral view on this matter and that this would be made clear in the correspondence. Regarding point two of the submission from NELSON, asking the Committee to write to the Chief Executives of all acute trusts in NEL asking them to to submit their overseas patient charging procedures to the new Independent NHS Race and Health Observatory, he stated that his preferred option would be to write to Marie Gabriel, who also happens to be the Chair of this new national body, asking her to ensure that trusts in east London submit their policies to her or that a template policy is developed if that were possible. Members agreed with this approach.

ACTION:	**a) Chair to write to the Secretary of State on the overseas patient charging issue and public health impacts of these during the Covid 19 pandemic.** **b) Chair to write to Marie Gabriel as Chair of the NHS Race and Health Observatory on the need to encourage acute trusts to refer their overseas charging procedures to that body for informal approval.**

RESOLVED:	**That the minutes of the meeting held on 25 November 2020 be agreed as a correct record.**

9. Work Programme for the Committee

9.1. Members' gave consideration to the updated work programme for the Committee and the dates for meetings during 2021/22. The Chair stated that he would continue with the approach of keeping the meetings shorter than usual for now because of the pandemic and its impact on NHS officers time and capacity to attend.

9.2. The following additions were noted: An update from the NHS on the implications of the White Paper AND a summary by the NHS of the vaccination programme, with a special focus on work being done to reduce vaccination hesitancy

10. **Any other business**

10.1 There was none. **Date of next meeting noted as 23 June 2021.**

Item No **8**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	INEL JHOSC future work programme
Date of Meeting	23 June 2021
OUTLINE	A copy of the INEL JHOSC future work programme is attached. Please note it is a working document.
RECOMMENDATION	To note the work programme and give consideration to items for future meetings.

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INEL JHOSC Rolling Work Programme for 2020-21 as at 14 June 2021

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

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

			NEL CCG	Director of Primary Care Transformation TNW ICP	William Cunningham-Davis	
			NEL CCG	Managing Director of TNW ICP	Selina Douglas	
			NEL CCG	Director of Corporate Affairs	Marie Price	
	Challenges of building back elective care post Covid pandemic	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			Barts Health	Consultant Cardiothoracic Surgeon and Chief of Surgery	Stephen Edmondson	
			Barts Health	Group Chief Executive	Dame Alwen Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
13 Sep 2021						
16 Dec 2021						
1 March 2022						
	Items to be scheduled/ returned to:					
	NEL Estates Strategy					
	Whipps Cross Redevelopment					
	Cancer Diagnostic Hub					
	Review of Non Emergency Patient Transport					
	Digital First delivery in NHS					
	Mental Health					
	Homelessness Strategy					

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