Agenda

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

Date	**Monday 13 September 2021**
Time	**7:00 PM – 9:00 PM**
Venue	Council Chamber, Hackney Town Hall, Mare St, London E8 1EA The press and public are welcome to join this meeting remotely via this link: https://youtu.be/jBKsi6kLJ_M 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 0771 3628561

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 Sept 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	Urgent items/order of business		19.00
3	Declarations of interest		19.01
4	**Whipps Cross Redevelopment programme** Briefing paper TO FOLLOW from Barts Health, further to update on 25 Nov 2020.	Ralph Coulbeck	19.02
5	**Structure of Barts Health and developing Provider collaboration** Verbal briefing from Barts Health followed by discussion.	Dame Alwen Williams DBE	19.30
6	**Implementation of North East London Integrated Care System** Briefing paper ATTACHED from NEL ICS	Marie Gabriel CBE Henry Black Dame Alwen Williams DBE	19.55
7	**Covid-19 Vaccination programme in NEL** Briefing paper to be TABLED.	Simon Hall	20.30
8	Minutes of previous meeting.		20.55
9	INEL JHOSC future work programme		20.56
10	Any other business		20.59

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

Guidance on public attendance during Covid-19 pandemic

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

Before attending the meeting

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

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

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

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

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

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

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

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

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

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

Attending the Town Hall for meetings

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

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

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

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

Rights of Press and Public to Report on Meetings

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

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

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

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

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

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

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

Providing oral commentary during a meeting is not permitted.

Getting to the Town Hall

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

Accessibility

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

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

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Item No **4**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Whipps Cross redevelopment programme**
Date of Meeting	13 September 2021
Attending	Ralph Coulbeck, Director of Strategy, Barts Health NHS Foundation Trust
OUTLINE	Building on update provided on 25 Nov '20. To cover how plans have changed in response to public engagement, the funding structure and the next steps. PAPER TO FOLLOW.
RECOMMENDATION	Members are asked to give consideration to the briefing.

Item No **5**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Structure of Barts Health and developing provider collaboration**
Date of Meeting	13 September 2021
Attending	Dame Alwen Williams DBE, Group Director, Barts Health NHS Trust
OUTLINE	Verbal update on the Barts Health group structure: how it was developed and evolved; why it is the preferred model; and how it is expected to evolve further with the Barts Health-BHRUT collaboration.
RECOMMENDATION	Members are asked to give consideration to the briefing.

Item No **6**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Implementation of NEL ICS**
Date of Meeting	13 September 2021
Attending	Marie Gabriel CBE, Independent Chair, NEL Integrated Care System Henry Black, Acting Accountable Officer, NHS NEL CCG/SRO for NEL ICS Dame Alwen Williams DBE, Group Director, Barts Health NHS Trust
OUTLINE	Briefing paper to cover: any changes to NEL ICS plan envisaged in light of amendments to Health & Care Bill going through Parliament; update on governance structure; ensuring transparency and accountability and patient voice (role of Healthwatches); role of local authorities.
RECOMMENDATION	Members are asked to give consideration to the briefing.

North East London Health & Care Partnership

Update on ICS development

Henry Black

September 2021

Contents

The Health and Care Bill

North East London Health & Care Partnership

- The government published a Bill on 6 July setting out how it intends to **reform the delivery of health services and promote integration between health and care in England**.
- This is the **first major piece of primary legislation on health and care in a decade** (since the Health and Social Care Act 2012)
- The Bill **builds on** the proposals for legislative change set out by NHS England in its **Long Term Plan**, it also incorporates many of the lessons learnt from the pandemic, which will benefit both staff and patients
- The Bill **includes specifications on how integrated care systems (ICSs) are to be set up** and the distinct statutory functions for the integrated care board (ICB) and integrated care partnership (ICP).
- The Bill is **expected to become law in early 2022**

- The Health and Care Bill outlines that the **statutory ICS arrangements** will comprise:
  - **an Integrated Care Board (ICB)*** – CCGs are to be legally abolished and provisions made for the transfer of CCG resources to ICBs
  - **an Integrated Care Partnership**, a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS

  *this is the name currently in the Bill for the new NHS body, we anticipate the new organisation will be known as NHS North East London or similar

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Integrated Care Partnership (ICP)

- The Bill states that an ICB and relevant Local Authorities must establish **a statutory joint committee for the system** – **an Integrated Care Partnership** – which will bring together health, social care, public health and wider partners
- The **ICP membership** will include **one member appointed by the ICB**, **one member appointed by each of the relevant LAs**, **and any other members appointed by the ICP**. The ICP will be able to determine its own procedures locally.
- **The ICP must prepare an 'integrated care strategy',** building on the relevant joint strategic needs assessments (JSNAs) and considering the effectiveness of establishing section 75 arrangements.
- The ICP must have regard to guidance issued by the secretary of state. An ICP may include in this strategy a statement of its views on how the provision of health-related services could be more closely integrated with health and social care services. The strategy must detail how it will be delivered by the ICB, NHS England or LAs.
- There is a requirement for LAs and the ICB, in response and with regard to the integrated care strategy, to create a **joint local health and wellbeing strategy**.

Integrated Care Board (ICB)

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ICB overview

- ICBs will be responsible for commissioning a range of functions including primary care services, ambulance and nursing services, and dental services other than primary dental services.
- ICBs will have a range of legal duties including to promote the NHS Constitution, reduce inequalities, maintain patient choice and promote integration
- ICBs must ensure that there is public involvement in the planning of commissioning arrangements and operational commissioning decisions

Minimum membership of the ICB	
Independent non-exec members	• Chair • A minimum of two other independent non-exec members
Executive Roles	• Chief exec • Chief Finance Officer • Director of Nursing • Medical Director
Partner members	At least one member from: • NHS Trusts • Primary Medical services • Local Authorities
ICBs will be able to supplement the minimum board positions. Local discussions across partners regarding prospective membership are progressing well.	

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The role of place and providers

- **Providers and provider collaboratives**
  - From April 2022 trusts providing acute and/or mental health services are expected to be part of one or more provider collaboratives.
  - Provider collaboratives will agree specific objectives with one or more ICBs, to contribute to the delivery of that system's strategic priorities.
  - using scale and local relationships to address variation in access, experience, and outcomes

- **Place-based partnerships**
  - Each system asked to define its place-based partnership arrangements, covering all parts of its geography, agreed collaboratively between the NHS, local government and other system partners working together in a particular locality or community.
  - These will bring together all local partners to implement an integrated neighbourhood health and care delivery model'
  - The ICS NHS body will remain accountable for NHS resources deployed at place-level.
  - There are provisions for place-based partnerships to make decisions on behalf of the ICB

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What this means for NEL

A focus on place

North East London Health & Care Partnership

Local partnership arrangements - We have seven place-based partnerships, one for each of our Boroughs, but with London Borough of Hackney and the City of London Corporation operating as a single place-based partnership. Each has a structure that suits local need and engages local partners.

Local decision-making - These partnerships are the building block of local decision-making and are close integrated arrangements between our local authorities, NHS bodies and other stakeholders, with each having a local partnership board.

Cross borough partnerships - Our borough partnerships can and in some places do come together across boroughs where they feel there is added value to plan for some services or delivery of some programmes. This will be for local place determination.

Population health management - Borough based and integrated care partnerships will drive delivery at a local level around the patient, using a population health approach, focusing on reducing inequalities, prevention and a personalised approach to meet patient need ensuring decisions are made with the patient not about the patient.

Place based partnerships:

- Barking and Dagenham
- Havering
- Redbridge
- City and Hackney
- Tower Hamlets
- Newham
- Waltham Forest

Provider collaboration

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Provider collaboratives

- **From April 2022 Trusts providing acute and/or mental health services are expected to be part of one or more provider collaboratives**
- **Provider collaboratives will agree specific objectives with one or more ICS**, to contribute to the delivery of that system's strategic priorities
- It will be up to providers, working with partners, to decide on the specific model and best governance arrangements for their collaborative

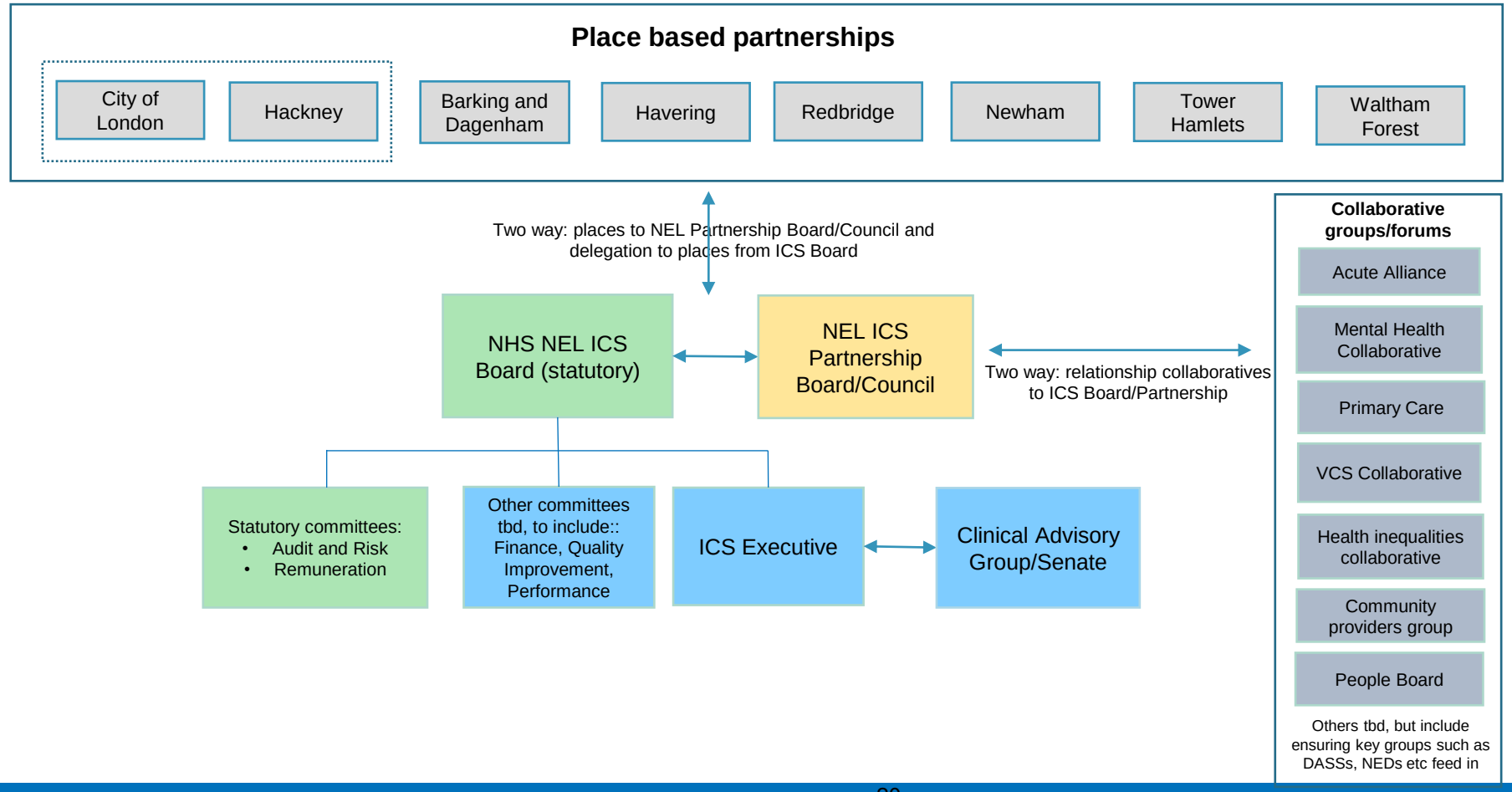
Across NEL we have already started establishing:

- **Acute Alliance** – bringing together BHRUT, Barts and the Homerton
- **Mental Health collaborative** – bringing together ELFT, NELFT and the Homerton
- **Primary Care Networks** – we have 49 PCNs bringing together GP practices across NEL
- **Care Provider group** - brings together providers of care and support at a NEL level across a number of areas including digital innovations, data capture, mutual aid, service improvement and sharing best practice

3.2 Emerging high level governance structure

North East London Health & Care Partnership

We await further guidance on mandatory requirements and functions before we finalise our governance structure, however a number of working groups are developing proposals for consideration in October. Further work on information flows is also underway. Partners are keen that form follows function, but based on guidance to date we expect it to include these components:



Patients at the heart of NEL ICS

North East London Health & Care Partnership

- Patient involvement will be fundamental to our ICS and we are working closely with Healthwatch and the voluntary and community sector
- We are in the process of applying for the VCSE leadership programme which will support our development of a VCSE partnership/alliance across NEL. In addition we are funding a role based within a NEL CVS to progress this work – led by and through all CVS or equivalent umbrella bodies across NEL. The VCS has a key role in helping the ICS reach our wider communities and as a provider of services.
- We have an established Citizen's Panel and a range of channels across our place based partnerships that we use to ensure we engage and involve patients
- We bring engagement leads together at a NEL level to share good practice and facilitate NEL wide discussions and have established two working groups looking at the development of patient and staff focused training on patient and public involvement and a second which will work together on a NEL definition of patient and public involvement

How we are working with ICS partners

North East London Health & Care Partnership

- **Local Authorities** – Marie Gabriel, NEL ICS Chair, has been meeting with local authority leaders and political leaders to discuss the ICS transition, a working group has been established to discuss governance and representation on the boards
- **Healthwatch** – With our Chair, we meet with all eight Healthwatch leads to ensure they are engaged in the developments and are discussing plans for patient engagement and the role of Healthwatch in the new ICS body
- **Voluntary and Community Sector** – have been meeting with this group collectively to discuss their role in the ICS and have committed funding to support this work
- **NHS Trusts** – Marie Gabriel meets regularly with the Trust Chairs to discuss ICS developments and hear their views
- **Executives across the ICS** – a series of meetings have been set up with executives across LAs, the CCG and NHS Trusts to consider and discuss our approach in NEL

Timelines

- **Chair** of the new Integrated Care Board - In July Marie Gabriel, currently Independent Chair of the ICS was confirmed as the Chair designate for the Integrated Care Board
- **Dis-establishment of CCGs** - Subject to the legislation achieving Royal Assent, it is expected that the CCG will be abolished and there will be a new Integrated Care Board in **April 2022** with current CCG and wider functions – staff will be transferred over to the new organisation and there is an employment commitment for those below board level
- **Recruitment to Executive Roles** - over the coming months there will be a process to recruit a substantive CEO and other key Board roles ahead of the new ICB forming in April

Overall the Health and Care Bill is signalling a fundamental culture shift in how we work as a system, with a duty to cooperate across all partners to ensure we deliver the triple aim of: **better health for everyone, better care for all patients, and efficient use of NHS resources**

Thank You

North East London Health and Care Partnership is our integrated care system, which brings together NHS organisations, local authorities, community organisations and local people to ensure our residents can live healthier, happier lives.

www.northeastlondonhcp.nhs.uk | Follow us on Twitter @nelhcp

North East London Health and Care Partnership Citizen's Panel

Join our Citizen's Panel and help us shape health services in north east London.
Help create services that work for you and others in your area and get your voice heard.
enquiries@northeastlondonhcp.nhs.uk

Item No **7**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Covid-19 vaccination programme in NEL**
Date of Meeting	13 September 2021
Attending	Simon Hall, Director of Transformation and NEL Covid-19 Vaccination Programme Lead, NHS NEL CCG
OUTLINE	Briefing paper to be TABLED on latest stats; trends; plan for vaccine boosters; aligning Covid and flu vaccine programmes.
RECOMMENDATION	Members are asked to give consideration to the briefing.

Item No **8**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**Minutes of the previous meeting and matters arising**
Date of Meeting	13 September 2021
OUTLINE	Draft minutes of the meeting held on 23 June are attached. **Action at 4.14** *MG to share the 'Integrated Care System: design framework' guidance which had just been published by NHSE.* **Action at 5.10** *SH to share a full updated list of NEL vaccination sites and the regularly updated dashboard with Members.* Both completed. **Action at 6.19** *a) Chair to write to INEL region MPs lobbying for a change in NHSE legislation/regulations, so that when groups of GP Practices are taken over, this should automatically trigger a full review of their APMS or GMS contracts.* The letter attached. *b) Chair to request from HB that INEL Members only might be given sight of the legal advice which was the basis for NEL CCG PCCC making the decision to agree the transfer of ownership of AT Medics to Operose Health Ltd.* HB's office replied on 9 July that: "The CCG is not in a position to share the report as it contains confidential and legally privileged information".
RECOMMENDATION	Members are asked to AGREE the minutes and note the matters arising

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

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

Date of meeting: Wednesday 23 June 2021 at 7.00pm

Chair	Councillor Ben Hayhurst (Hackney)
Members in attendance	Councillor Gabriela Salva-Macallan (Vice-Chair) (Tower Hamlets) Councillor Kam Adams (Hackney) Councillor Umar Ali (Waltham Forest) Councillor Ayesha Chowdhury (Newham) Common Councilman Michael Hudson (City of London) Councillor Susan Masters (Newham)
Members joining remotely	Councillor Shah Ameen (Tower Hamlets) Councillor Nick Halebi (Waltham Forest) Councillor Councillor Anthony McAlmont (Newham), Councillor Peter Snell (Hackney) Councillor Richard Sweden (Waltham Forest) Councillor Neil Zammett (Chair, ONEL JHOSC, Chair of Redbridge Health Scrutiny Committee (Observer at INEL)
All others in attendance:	Marie Gabriel CBE (Independent Chair, NHS North East London CCG an Independent Care System) Henry Black (Acting Accountable Officer, NEL CCG and SRO for East London Health and Care Partnership) Tracey Fletcher (Chief Executive, Homerton University Hospital NHS Foundation Trust) Dame Alwen Williams DBE (Group Chief Executive, Barts Health NHS Trust) Stephen Edmondson (Consultant Cardiothoracic Surgeon and Chief of Surgery, Barts Health NHS Trust) Dr Mark Rickets (NEL CCG Clinical Chair for City & Hackney) Simon Hall (Director of Transformation, North East London Health & Care Partnership, and North East London Covid Vaccination Programme Lead) Selina Douglas (Managing Director – Tower Hamlets-Newham-Waltham Forest ICP, NHS North East London CCG) William Cunningham-Davis (Director of Primary Care Transformation – TNW ICP, NHS NEL CCG) Marie Price (Director of Corporate Affairs, NHS NEL CCG) Dr Jackie Applebee (GP and Chair, Tower Hamlets Local Medical Committee and Member of Keep Our NHS Public) Dr Gary Marlowe (GP, City & Hackney Local Medical Committee and Keep Our NHS Public) 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)

Member apologies Councillor Faroque Ahmed (Tower Hamlets)

YouTube link for meeting INEL JHOSC - 23/06/2021

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1. Welcome and apologies

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

Apologies were noted from Cllr Ahmed.

2. Declaration of interest

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

The Chair asked that it be noted as a standing declaration of interest for each meeting.

RESOLVED:	**That Cllr Masters' declaration of interest be noted for each INEL JHOSC until otherwise stated.**

3. Challenges of building back elective care post pandemic

3.1. Members gave consideration to a briefing paper 'NEL Recovery and Transformation'.

3.2. The Chair introduced Henry Black to give context, outlining that due to how hard NEL had been hit by both waves of the pandemic that the area's acute trusts were in one of the most challenging positions in the country in terms of the size of the backlog and remediation efforts required.

3.3. Tracey Fletcher outlined that HUHFT had reestablished their elective operating, outpatient and diagnostic services with performance at about 85%, compared to pre covid levels of activity. A key emerging challenge was balancing face to face and remote (phone, online) appointments. They have stepped up a significant amount of face to face appointments, but in many cases remote appointments remain as the best option for patients.

3.4. Dame Alwen Williams outlined that the backlog reduction required at Barts was very significant and sits similarly at around 85%, however all elective services have resumed. They are balancing the resumption of elective services with the need to ensure that 50% of capacity has to be dedicated to life saving surgery (P1&P2), while dealing with an increased demand for elective surgery and reduced staff capacity.

3.5. Stephen Edmondson (Consultant Cardiothoracic Surgeon and Chief of Surgery, Barts Health) explained the joint working happening as an ICS where 6 speciality hubs (orthology, ophthalmology, ear nose throat, eurology, general surgery and gynecology) have been created to cover 50-60% of the demand for high volume low complexity work across multiple sites across NEL. They are making good progress with an enormous backlog of patients due to covid, however it was noted that throughout the pandemic they have continued to meet the needs of life saving surgery.

3.6. In response to clarification on emergency surgery backlog targets, SE outlined that they prioritise surgery for patients needing surgery within 24 hours who are classed as P1&P2 and are up to date with these targets across the trust. Currently 17 out of 51 theatres across Barts Health are dedicated to emergency surgery and some urgent gynecology and oncology cancer surgeries are being completed within the independent sector due to the unprecedented levels of elective program, truma and non elective surgery.

3.7. In response to a question from the Chair seeking clarification on the pathway for cancer patients and targets, SE clarified that they are generally compliant with their cancer targets and are meeting all P1 and P2 patients (requiring surgery within 24 hours to one month), with clearance times down to 4 weeks. AW added that NEL region was currently the best in class in the country for a number of tumor types.

3.8. In response to questions from Cllrs on staff morale AW emphasized that staff were tired, however the staff dedication to patients was unwavering and they were taking action to ensure that staff health and wellbeing is supported.

3.9. AW outlined that there is simply not enough staff to clear the backlog, due to the size of the task and that this is the main constraint to the time it will take. Even with unlimited financial and physical resources, there would not be enough staff to complete the backlog as quickly as possible, however they are ensuring that urgent care and long term waiting list patients are being cleared as quickly as possible through prioritisation.

3.10. In response to a question on prioritisation categories, SE outlined that pediatric dentistry, ear nose and throat, and gynaecology patients make up 60% of those waiting more than a year for surgery and they accept this is a challenge to overcome. Initiatives such as operation tooth fairy are joint strategies they are using to overcome challenges, however they must always prioritise P1 and P2's.

3.11. In response to a Cllr question on whether they are using independent sector capacity, AW confirmed that they are using as it enables them to treat more patients. They are trying to do everything they can to transform the approach to waiting lists as there is a degree of outdated practice and categorisation that is exacerbating waiting list lengths and that through innovative practices they are working to bring their targets back up to from 85% to 90-100%. Outpatient

targets are over 100% and they are also waiting to see what happens with July 19 in regards to how infection control measures may change approach.

3.12. In response to a Cllr question on financial resourcing, AW confirmed that financial resourcing was not the issue in terms of clearing the backlog, it was staff availability and workforce.

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

4. Implication for NEL ICS of the Health and Care White Paper

4.1. Members gave consideration to a briefing paper 'Integration and Innovation: working together to improve health and social care for all'.

4.2. The Chair introduced the Item and Marie Gabriel gave background on the two specific updates that staff would be giving; the publication of the ICS design framework and the work being done to think about how as a partnership they can best respond to the new structure and how they will address the key challenges in a way that reduces health inequalities.

4.3. Henry Black stated that the White Paper had been presented to parliament in February, and that the key change was the concept of an Integrated Care System that brings together the various health networks in the region in a formally constituted and governed system. The 7 CCGs would be abolished, with the new ICS body taking on most of its functions including commissioning and finance. The ICS body would have a board containing key statutory posts, alongside representatives from providers and local authorities. The ICS partnership would also comprise a separate broader partnership board made up of members of the health and social care network and would have a much wider remit and membership. Recent guidance had been released detailing how these were expected to function, including HR considerations and information on roles, however key considerations around delegation and governance from the ICS body to other parts of the ICS will not be known until the actual Bill is published and then passes through Parliament.

4.4. HB described how the two key bodies within the NHS would be the provider collaboratives and borough-based partnerships. There will be 7 formal borough-based partnerships, with representatives from all providers with a key function of designing and implementing a wrap-around health and social care service for a community. Provider collaboratives, then, are a number of key providers (acute trusts) working together collaboratively to share best practice and develop clinical networks and leadership. This would give the ICS a coherent vehicle through which to deliver outcomes. HB outlined that details of these may change as the Bill passes through the legislative process.

4.5. AW outlined that the Covid-19 pandemic required providers to work more closely together and the Integrated Care System aims to build on these joint relationships. They were already working together in a partnership on the planned recovery, including through the 6 hubs. They were exploring where they could further develop opportunities for stronger collaboration between Barts and BHRUT due to their similarities. At present they were undertaking an inquiry to build an initial set of propositions to be in place by the end of July. The key elements were to ensure that collaboration was focused on

improvement, outcomes and equity, building stable leadership teams and enabling large scale transformation and collaboration. There were currently various interviews taking place which would inform the outline proposition which was expected in the autumn.

4.6. In response to a Cllr question on how patient voice was being incorporated into the system, MG outlined that this has been a key area and they have been working with the 8 Healthwatches and a number of local and patient organisations. They were working with these stakeholders to co-produce a set of principles to be shared across the ICS on how best to incorporate patient voice into practice.

4.7. In response to a question from a Cllr on how Scrutiny would sit within the new system, HB explained that this wasn't part of the White Paper and there was no expectation therefore that current structures of Health Scrutiny would change.

4.8. Selina Douglas responded to a Cllr question on the role of continuing care within the ICS, highlighting that they undertook a review of all policies and procedures when merging to a single CCG and were in the process of understanding the differences across these to ensure they were in line with the national framework. The aim was to ensure continuing care was delivered within the 28 day timeframe, within the right setting and preferably within the patient's home. Across NEL CCG they would be ensuring they were in line with the nationally mandated framework.

4.9. In response to a question from the Chair regarding whether the existing 3 sub-systems (City-Hackney; Tower Hamlets-Newham-Waltham Forest; Barking & Dagenham-Havering-Redbridge) would continue, HB explained that the plan was to continue to do this where it still made sense, however the 7 new borough-based partnerships (based on the old CCGs) were intended to support the partnership arrangements and this would likely affect the old 3 system model in some ways.

4.10. In response to a question from the Chair on where the Homerton would fit within the provider collaborative concept, AW outlined that there would be opportunities for partnerships that included the Homerton, including the current work with the planned care recovery. As more detail emerged on what the collaboration between Barts and BHRUT would look like, they would then expect that there would be similar opportunities for collaboration also with the Homerton.

4.11. In response to further questions on who would represent the system at Scrutiny committees, Henry Black clarified that there was nothing to suggest any scrutiny functions would change and that the chief executives of the statutory bodies would continue to attend scrutiny when required as borough-based leads. The Chair clarified that scrutiny emerged from different legislation and was separate from what was being proposed in the White Paper.

4.12. In response to Chair and Cllr questions about how the ICS financing would work, HB outlined that the principle of 80:20 (80% of budgets going down to borough level) was still in use; however this was likely to look different after the legislative process had been completed. In terms of overall financial outlook, HB explained that they currently only had a financial settlement up until the end of September, but they were hearing that the settlement for the second half of

the year should be similar. However, they anticipated a revised settlement to be offered in an upcoming spending review post-pandemic. Responding to how funding would be dispersed through the 7 borough based partnerships, HB outlined that the previous settlement offer (based on borough needs) that takes CCGs to 2025 would be maintained and ring fenced for defined populations. It was still unclear how contracting would work exactly in the new system.

4.13. Selina Douglas explained two key changes to the Better Care Fund, one being that the BCF and Section 75 agreements would move from the 7 CCGs to the new single CCG, adding that how it would work in detail under the ICS framework had still not been fully resolved. They were still seeking guidance, too, on what the changes to the BCF percentages would be, as well as further detail on hospital discharge funding.

4.14. The Chair thanked the officers for their updates and stated that the Committee would be returning to the subject once the legislation was in place and the implications for NEL ICS were clearer.

ACTION:	**MG to share the 'Integrated Care System : design framework' guidance which had just been published by NHSE.**

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

5. Covid-19 Vaccination programme in NEL

5.1. Members gave consideration to two documents 'Covid-19 stakeholder update' and 'NEL Covid-19 vaccination dashboard'.

5.2. Simon Hall (NEL Covid Vaccination Programme Lead) took Members through the latest detailed stats noting that 1,652,000 vaccinations had been distributed in NEL, translating to approximately 1,030,000 people having received a vaccination. They now have two key objectives with the first being vaccinating the vulnerable groups through targeted interventions. Secondly, ensuring all adults are vaccinated, which poses specific challenges for NEL due to a large proportion of the population being in the younger age groups. The programme was taking a multifaceted approach, with GP's and community pharmacies continuing to vaccinate locally and now through large vaccination drives at centers such as ExCeL and Westfield. The latest mass event was able to vaccinate over 7,000 people in one day. They continue to work closely with borough teams for hyper-local events such as pop ups, and are using local authority call centers to signpost people.

5.3. Cllr Snell requested that a full list of vaccination sites and data be shared with the committee and expressed concern about the low rate of uptake (for both doses) among domiciliary care workers. SH stated he shared this concern and commented that it was proving challenging to collate vaccination data on this cohort. He added that they were working closely with Directors of Adult Services across the NEL boroughs to get more accurate data and to incentivise vaccinations among this cohort.

5.4. In response to a Cllr question around whether or not there was adequate supply of vaccines, SH outlined they were working to ensure supply went to the areas with lowest uptake rates and to align this data with the local vaccination drives taking place in those areas

5.5. In response to a Cllr question on how they are challenging vaccination myths, SH outlined that there were still myths and anti-vaccination activists circulating in the community, and while there was not much they could do they were working to identify the sources of these and had them removed online where possible. They were working on a positive London wide publicity campaign to get the messaging out there.

5.6. Regarding the approach to vaccinating homeless people, they had been working closely with local service providers and GP's who have dedicated services aimed at the homeless. They have been running, as a priority, more outreach clinics for homeless people compared to other areas nationally. He added that there was a "no questions asked" approach to ensuring homeless and other vulnerable groups were able to be vaccinated without any identification, proof of address or NHS number.

5.7. In response to a question on whether or not there was ONS data on antibody prevalence in NEL, SH outlined that they did not get ONS data broken down by area, however, the last data from the local NHS staff suggested there were high levels of antibodies. Any data that can be found on antibodies, however, has to be now looked at in the context of people who are vaccinated.

5.8. In response to the Cllr question on whether they were using a specific approach to reaching asylum seekers, SH outlined that the same strategies were being used for asylum seekers as with other harder to reach populations i.e. targeted pop ups and a "no questions asked" approach. SH added that they wanted to work closely with borough teams to increase the effectiveness of this.

5.9. In response to an enquiry about NEL's progress, considering the high youth population, SH confirmed that NEL had the highest number of care home vaccinations in London, but yet, as you go down the age ranges, many NEL boroughs were lagging behind in terms of uptake. This was linked to health inequalities which the pandemic had exacerbated and they were using targeted approaches such as family group vaccinations to try to address this.

5.10. The Chair thanked Simon and his team for their very valuable work and for briefing the Committee.

ACTION:	**SH to share a full updated list of NEL vaccination sites and the regularly updated dashboard with Members.**

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

6. Accountability of processes for managing future changes of ownership of GP Practices

6.1. Members gave consideration to 4 documents:

(i) Letter from INEL Chair to Marie Gabriel on 5 March 2021
(ii) Response from Jane Milligan on 11 March 2021
(iii)Briefing note from NEL CCGs on 'AT Medics transfer of holdings to Operose Health Ltd' dated 9 March 2021
(iv) Briefing to INEL JHOSC from NEL CCG entitled 'AT Medics transfer of holdings to Operose Health Ltd' dated 23 June 2021

6.2. The Chair introduced the background to the item and stated that as well as the NEL CCG representatives present he had also invited two GPs who had raised concerns with the Committee about this issue back in Jan/Feb after the NEL CCG PCCC had ratified the transfer of ownership of AT Medics to Operose Health Ltd. The purpose of the item was to look at the broader issues here. He welcomed:

Dr Jackie Applebee (Chair of Tower Hamlets Local Medical Committee)
Dr Gary Singh Marlow (City and Hackney Local Medical Committee)

6.3. The Chair invited Henry Black to outline the sequence of events leading up to the change of ownership. HB started by explaining that 15 years previously government policy to expand capacity within primary care led to a switch from the standard General Medical Services GMS) contracts only to the addition of Alternative Provider of Medical Services (APMS) contracts. These contracts enabled private providers to bid for GP contracts without being registered practitioners themselves but to employ GPs to deliver services, enabling the market to be expanded. The national focus was now much more on collaboration instead of competition but this was the context within which private companies like AT Medics would hold GP contracts.

6.4. He added that while a company, such as AT Medics, cannot transfer it's contract to another company, like any private entity it can be bought and sold in its entirety. In this matter, Operose brought AT Medics, which is allowed under both the specific contract and the legislation.

6.5. William Cunningham-Davis (Director of Primary Care Transformation – TNW ICP, NHS NEL CCG) was requested to outline the specifics of the contracting process that led to the Chair's action. WDC stated that all GP practices hold NHS contracts and can be considered private companies, however companies like AT Medics are able to hold more than one contract as they have a corporate structure. The process of scrutinising the request from AT Medics was the same across London when they asked for a change of ownership and this was permitted under the NHSE contractual framework. While at a national level this was uniformly allowable, they added in extra 'due diligence' steps to ensure AT Medics would still hold all contracts, that there would not be changes in staffing, and that the directors of AT Medics would not change. Legal advice surrounding the change of ownership was not taken individually by the 5 London STPs to reduce the taxpayers' burden as the legal advice would not differ. South East London STP led this legal and 'due diligence' intelligence gathering on behalf of the other 5 STPs, and this process determined that the change in ownership was contractually permissible.

6.6. WCD outlined disruptions to the committee meeting schedule due to work pressures created by the pandemic, was the major reason that the decision had been taken by Chair's Action. While AT Medics wanting the change to occur before the end of December had been challenged, there was no other legal or contractual reason to stop the change of ownership and the decision

was taken in parallel across the 5 STP's in London

6.7. Dr Jackie Applebee gave an overview of some broader issues relating to the Chair's Action decision and on APMS contracts. She gave the example of Atos, an IT company based in France, who had held an APMS contract for 3 years before this was changed due to performance issues. Responding to WCD points above, JA questioned where the patient voice was in informing this decision. She also highlighted concerns about Centene (the US based parent company of Operose) and that many had been expressing concern about the private ownership of these holding companies once they had been made aware of it. JA acknowledged that the timing during the pandemic had been a barrier but questioned what was so important about this change that it had to be taken via the Chair's Action. She stated that the reasons given in the paper of commercial confidentiality didn't fully justify this. JA stated that Centene had a poor reputation and that Operose had poor financial records and questioned what the impacts of Operose 'going bust' would be on patients. JA challenged the assertion of MCD that all GP practices were private companies, stating that they were under fixed contracts to the NHS and that profits didn't result in those GP contract holders paying dividends to shareholders. In response to MCD's statement that part of due diligence was to ensure that AT Medics directors would not change, JA highlighted that the day after AT Medics had been sold all of the directors had resigned and were replaced by Operose directors.

6.8. Dr Gary Marlowe clarified that he was speaking in his capacity as a recent past Chair of the London Regional Council of the BMA, as a general practitioner. GM reiterated that the comparison of GP's to private companies was 'chalk and cheese'. He questioned whether or not the full legal advice had been shared across the ICS, and that without seeing the full legal advice the process could not be transparent. GM challenged that just because the transfer was legally allowable did not mean that it was the right thing to do and there were options that had been left unexplored, such as looking at the length of the contract and implementing the ability to review it. GM took issue with the assertion that APMS contracts were the only contracts to be permitted in these circumstances. If so, he added, this should be clarified with the committee. Finally, GM highlighted that a major concern was that when private companies hold APMS contracts they are firstly focused on the need to be profitable, leading to an increased hiring of allied health professionals instead of GP's in order to save on staff salaries and these steps could ultimately lead to a decrease in patient access to GP's.

6.9. In response to a Cllr question seeking reassurance from ICS colleagues that Operose would not be involved in partnership boards of the new ICS system, WCD stated that he was not aware that there would be any requirements for a parent organisation to be on the ICS partnership boards.

6.10. Members asked if when a contract was up for renewal commissioners could guarantee the same standards of service as AT Medics provided in their original contract. WCD replied that all contracts must follow the national NHS England procurement guidelines. He stated that this was a robust and comprehensive process and once a contract came to an end there were mandated steps that then needed to be followed.

6.11. In response to a Cllr question requesting clarification on whether or not APMS contract holders were charged a commercial rent by the NHS, MCD outlined that it was determined by the District Valuer and the benefit went to the landlord

or building owner, there was no profit to be had or subsidies on rentals for the GP contract holder.

6.12. In response to a Cllr request for the full legal advice to be shared with the committee, MCD outlined that the full advice was likely to be deemed commercially confidential and legally privileged. Furthermore in the North West London STP area the transfer there was subject to a legal challenge and while that was ongoing none of the advice (as it was common to all 5) would be shared.

6.13. Members asked whether preference for a more local procurement could be embedded into the procurement process of GP Practices. MCD replied that they were not able to favour any local provider, but they were looking to engage better with local stakeholders to ensure questions were pertinent to the local landscape and providers were able to deliver within this context. A Cllr challenged this response as to why this could not happen and MCD responded that this approach would lack transparency and fairness. Further to this, Dr Mark Rickets (Clinical Chair for City and Hackney) highlighted that companies were often still locally embedded and that there had not been a rise in complaints locally due to changes of ownership.

6.14. A Cllr questioned what was being done to ensure the standard of patient care was not compromised, especially in terms of changes to online appointments due to Covid, and how the complaints process was being handled. WCD reinforced that they were doing their best to get back to the normal way of working, but Practices had been inundated with patients as the Covid situation changed and this was a challenge. WCD outlined that they worked closely with local Healthwatches to look at complaints, as well as receiving them via NHS England. These were picked up and worked through directly with Practices and patients, and where required they would meet with both.

6.15. A Cllr inquired as to why, if proper procurement processes had been followed, did the Chair's Action occur? WCD clarified that it wasn't a full procurement process that was being followed in this instance, it was rather a change in ownership, so not the same process.

6.16. The Chair asked WCD whether, if a similar situation arose in the future, would the Chair's Action be used? WCD explained that in future they would most likely not follow a Chair's Action route and that the Covid-19 situation in which it arose had been the main driver. He added that, in his personal view, the result would have been the same had it gone to full committee.

6.17. The Chair asked whether or not if a parent company had corporate charges against them, would this be considered in the due diligence process? WCD replied that it would be difficult to say one way or the other because it would depend on the specific company's corporate structure and where such charges might lie within that.

6.18. To conclude, Henry Black stated that Operose would not be a part of any ICS Partnership Board. Further, due to the ongoing legal challenge in another STP, the full legal guidance could not be shared at this time. Finally, the reason that APMS contracts and mandated procurement processes existed, was to ensure that the highest standards existed within providers and he stated that it would be a priority of NEL CCG to ensure that the local primary care practices were

being developed so that they would be in a position to competitively bid in future procurement rounds.

6.19. The Chair thanked all the parties for their attendance and contributions.

ACTION:	**a) Chair to write to INEL region MPs lobbying for a change in NHSE legislation/regulations, so that when groups of GP Practices are taken over, this should automatically trigger a full review of their APMS or GMS contracts.** **b) Chair to request from HB that INEL Members only might be given sight of the legal advice which was the basis for NEL CCG PCCC making the decision to agree the transfer of ownership of AT Medics to Operose Health Ltd.**

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

7. Minutes of the previous meeting

7.1. Members gave consideration to the draft minutes of the meeting held on 10 February 2021.

RESOLVED:	**That the minutes of the meeting held on 10 February 2021 be agreed as a correct record and that the matters arising be noted.**

8. Work Programme for the Committee

8.1. Members' gave consideration to the updated work programme for the Committee and the dates for meetings during 2021/22.

RESOLVED:	**That the updated work programme for the Committee be noted.**

10. **Any other business**

10.1 There was none.

Date of next meeting noted as 13 September 2021.

INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Councillor Ben Hayhurst

Chair, INEL JHOSC

Please reply to:
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2 September 2021

To Members of Parliament for the INEL area:

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Stella Creasey MP stella.creasey.mp@parliament.uk

Dear Members of Parliament for City of London, Hackney, Newham, Tower Hamlets and Waltham Forest

Strengthening regulations around future transfer of ownership of GP Practices

I am Chair of Inner North East London Joint Health Overview and Scrutiny Committee, which comprises Scrutiny Councillors from the boroughs of Newham, Tower Hamlets, Waltham Forests, Hackney and the City of London Corporation. I also Chair Hackney's Health Scrutiny Committee.

I am writing to request that you give consideration to advocating and lobbying for changes to the NHS regulations so that when GP Practices undergo transfer of ownership, that this would automatically trigger a review of their APMS or GMS contracts for GP service providing Commissioners with legal or contractual powers to reject or impose conditions on a transfer as appropriate.

We have been very concerned at a recent decision by NHS North East London Primary Care Commissioning Committee (PCCC) to approve the transfer of ownership of 8 GP surgeries in our area from AT Medics Ltd to Operose Health Ltd, part of a wider sale of 34 GP practices across London.

At our recent Committee we held the local healthcare leaders to account on the issue and expressed our concerns about how this decision was made and communicated. We heard from local GPs who were very critical of the transfer and, as you know, the issue has attracted national media coverage.

Our key concern is the lack of accountability and transparency of current processes for managing changes of ownership of GP Practices. It seems likely such transfers of ownership may become more common in future so it is time to look again at the NHS's own regulations with regards to this.

The NHS explained that NHS Standard Contracts require only that the contractor inform the commissioner of a change of control within five operational days of the change taking place. Further, they argued, that the proposed change did not constitute a change in contract holders and therefore was not a novation and for this reason change was not likely to be subject to challenge under the Public Contract Regulations.

We suggest that both the transparency and accountability of such transfers needs to be tightened up and, at the very least, any significant transfer of ownership of a group of GP Practices should automatically trigger a review of the relevant APMS or GPS contract(s). This would be a practical measure that allows for far greater scrutiny and oversight of changes in GP ownership.

Yours sincerely

Councillor Ben Hayhurst

Chair of INEL JHOSC

cc Members of INEL JHOSC

Marie Gabriel CBE, Independent Chair, North East London Integrated Care System

Henry Black, Acting Accountable Officer NHS North East London CCG and SRO for East London Health and Care Partnership

Item No **9**	**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)**
Report title	**INEL JHOSC future work programme**
Date of Meeting	13 September 2021
OUTLINE	A coy of the INEL JHOSC future work programme is attached. Please note it is a working document.
RECOMMENDATION	Members are asked to note the work programme and give consideration to items for future meetings.

INEL JHOSC Rolling Work Programme for 2020-21 as at 3 September 2021

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

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

			NEL CCG	Director of Primary Care Transformation TNW ICP	William Cunningham-Davis	
			NEL CCG	Managing Director of TNW ICP	Selina Douglas	
			NEL CCG	Director of Corporate Affairs	Marie Price	
	Challenges of building back elective care post Covid pandemic	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			Barts Health	Consultant Cardiothoracic Surgeon and Chief of Surgery	Stephen Edmondson	
			Barts Health	Group Chief Executive	Dame Alwen Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
13 Sep 2021	**Whipps Cross redevelopment programme**	Update further to item on 25 Nov	Barts Health	Director of Strategy	Ralph Coulbeck	
	Structure of Barts Health and developing provider collaboration	Discussion	Barts Health	Group Chief Executive	Dame Alwen Williams	
	Implementation of North East London Integrated Care System	Discussion	NEL ICS	Independent Chair	Marie Gabrile CBE	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
				Group Chief Executive	Dame Alwen Williams	
	Covid-19 vaccination programme in NEL	Briefing	NEL CCG	Director of Transformation and NEL Covid vaccination Programme Lead	Simon Hall	
16 Dec 2021						
1 March 2022						
	Items to be scheduled/ returned to:					
	NEL Estates Strategy					
	Cancer Diagnostic Hub					
	Review of Non Emergency Patient Transport					
	Digital First delivery in NHS					
	Mental Health					
	Homelessness Strategy					