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

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

Date of meeting: Mon 25 July 2022 at 7.00pm

Chair	Councillor Ben Hayhurst (Hackney)
Members in attendance	Councillor Kam Adams (Hackney) Cllr Afzal Akram (Waltham Forest) Councillor Catherine Deakin (Waltham Forest) (Vice Chair) Cllr Ahmodul Kabir (Tower Hamlets) Cllr Ahmodur Rahman Khan (Tower Hamlets) Councillor Susan Masters (Newham) Councillor Sharon Patrick (Hackney)
All others in attendance remotely	Marie Gabriel CBE, Independent Chair, NHS North East London Zina Etheridge, Chief Executive, NHS North East London Henry Black, Chief Finance and Performance Officer, NHS NEL Diane Jones, Chief Nursing Officer, NHS NEL Hardev Virdee, Group Chief Finance Officer, Barts Health NHS Trust Ralph Coulbeck, Chief Executive, Whipps Cross Hospital, Barts Health Dr Anju Gupta, GP and Clinical Lead for Fertility Services, NHS NEL Ann Hepworth, Director of Strategy & Partnerships, BHRUT and SRO for Clinical Diagnostic Hubs Alison Goodlad, Deputy Director Primary Care, NHS NEL William Cunningham-Davis, Director of Primary Care Transition, NHS NEL Nicholas Wright, Diagnostics Programme Director, NHS NEL Dr Mark Rickets, Primary Care Partner Member, NHS NEL ICB Cllr Chris Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture, Hackney Council
Member apologies:	Councillor Abdul Malik (Tower Hamlets) Councillor Anthony McAlmont (Newham) Common Councilman David Sales (City of London) Councillor Harvinder Singh Virdee (Newham) Councillor Richard Sweden (Waltham Forest)
YouTube link	The meeting can be viewed here: https://youtu.be/Xd5nno84IeY

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1. Election of Chair and Vice Chair

1.1 The O&S Officer stated that as it was the first meeting of the new municipal year it was necessary to elect a Chair and Vice Chair. He called for nominations for Chair. Cllr Adams nominated Cllr Hayhurst and Cllr Masters seconded. There were no other nominations. Cllr Hayhyurst was unanimously elected Chair.

1.2 Cllr Hayhurst, as Chair, invited nominations for Vice Chair. He nominated Cllr Deakin and Clls Masters seconded this. There were no other nominations. Cllr Deakin was unanimously elected as Vice Chair.

RESOLVED:	**That Cllr Hayhurst be elected Chair and Cllr Deakin as Vice Chair for 2022/23.**

2. Welcome and apologies for absence

2.1 Apologies for absence were received from Common Councilman David Sales, Cllr Singh Virdee, Shane De Garis (new Group Chief Executive of Barts Health) and Rt Hon Jacqui Smith. The Chair stated that Hardeep Virdee was attending in place of Mr DeGaris.

2.2 The Chair welcomed the new members of the Committee: Cllr Patrick from Hackney, Cllrs Khan and Kabir from Tower Hamlets and Cllrs Deakin and Akram from Waltham Forest.

2.3 The Chair congratulated Henry Black and Diane Jones on their new executive appointments in NHS NEL.

3. Urgent items order of business

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

4. Declarations of interest

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

5. Implementation of NHS North East London ICS

5.1 The Chair welcomed for this item:

Marie Gabriel CBE (**MG**), Chair of NEL ICS
Zina Etheridge (**ZE)**, Chief Executive, NHS NEL
Henry Black (**HB**), Chief Finance Officer, NHS NEL

5.2 Members gave consideration to briefing papers on: *Update on North East London Health and Care Partnership, NEL Financial Strategy* and *Working with People and Communities Strategy.*

5.3 Zina Etheridge (CE) gave a presentation on NHS NEL, the organisation that has replaced the CCGs on 1 July. Cllr Maureen Warmby (Barking and Dagenham) and Mayor Philip Glanville (Hackney) will be the two local authority reps on the ICB. The wider body, the ICPB, has also been set up and will set the Strategy that the ICB must have regard to. Marie Gabriel (MG) explained that with the ICPB the aim was not to duplicate arrangements but build on what they all do already and she detailed the 4 aims of the System. Most of the work would take place at the Place level and not at the board itself. Henry Bock (HB) stated that 22/23 would be a transition year for finances and full delegation would take place in 2023/24. He described how ICS's finances will focus on a stewardship of resources approach rather than a pure contracting and commissioning approach as in the past.

5.4 The Chair outlined for newcomers the background to the creation of the ICS.

5.5 The Chair asked how the financial flows will work from the centre to the 'place based areas'. HB explained that certain aspects of funding will still sit with the 'provider collaboratives' and they will ensure there are no conflicts of interest involved. HB explained how each 'place' in NEL will receive allocations for its out-of-hospital activity and will see the notional budget for the total NEL. There won't be a contractual relationship between the 'place' and the provider as this wouldn't work in the new context. So there will be an attempt to move on from the old rules of commissioning which had been very contractual. ZE explained that the overall aim was to move beyond the old commissioner-provider model and the conversation at place level then needs to be about what are the outcomes that we are jointly trying to achieve.

5.6 Cllr Deakin asked why it was the Group CEO and not the Chair of Barts Health-BHRUT who will sit on the ICB and about how the VCS reps are selected. MG replied that this is what emerged from the conversations that had taken place with the relevant stakeholders in the process and that the view as that they needed to have the Chief Execs there so there could be a direct focus on delivery and so they can be held to account more directly. The VCS orgs are going through their own similar processes to select their reps for ICB and ICPB, she added.

5.7 Cllr Masters asked about the scheme of delegation and in relation to a large number of small contracts. HB replied that the contracting organisation would be ICB but the decision making would sit at 'place' level. The Chair asked whether there would be a role veto of a Place decision and HB replied there would not. The expectation would be that the decision making would happen at Place.

5.8 Cllr Akram asked about the impact of ICS on changes to primary care registration i.e. moving GP Practice. ZE replied there would be no change as to how primary care registration worked. She referenced the Fuller Review on the importance of integrated local care at local level e.g. using the PCNs.

5.9 The Chair asked HB for an illustration of the financial scheme of delegation and how it has changed from the old CCG system. HB replied that the principles (as set out on p.150) where budgets include in-patient or acute services, that

Provider Collaboratives are best to hold those budgets but for everything else the aim should be that budgets be held at Place level. The Chair asked who was making the decisions during the interim/shadow year. HB replied that the shadow year should enable them to enact the new system and test it and each Place Based Partnership was at a different level of maturity. ZE added that they were still awaiting guidance from NHSE about how all these processes can work.

5.10 Cllr Adams asked about the process to select the 2 Local Authority members from the 8 authorities onto the ICB. MG replied that they had asked the LAs to nominate the two members and they weren't party to that. The Chair asked whether the ICPB membership (c. 40 people) and frequency of meetings had been finalised yet. MG replied that there would be an executive steering committee of the ICPB and that membership would be clear shortly. It was a work in progress. The big partnership will meet 4 times a year and the smaller steering group will meet bi monthly.

5.11 The Chair asked about Hackney's concerns at not having CE of Homerton on ICB and on the risk of a conflict of interest with just one secondary care lead on it and not the other. MG replied that the approach to working with the acute sector generally was going to be via the Provider Collaboratives. And the Acute reps would have to act on the ICB on behalf of the sector and not just their own Trust. ZE added that they have identified, as required, 'Place Leader' for each of the Places within NEL and in City and Hackney it would be Louise Ashley who is the incoming CE of the Homerton. The Executive Cttee will also comprise the key Executives of each of the Trusts.

5.12 The Chair asked what support was being given to PCNs who will be key to success of ICS at the Place level. ZE replied that there was a lot of learning across the 'places' within NEL, for example in City & Hackney, to make integrated locality working a success so that this can be mainstreamed. NEL is unusual as a system in setting up a Primary Care Collaborative so that there is a clear support for them.

5.13 Cllr Masters asked how they would ensure that culturally each part of the system will come together. MG replied that a lot of work has been done on signature behaviours and design principles for the partnership. There is also a legal duty to collaborate and regulators will judge the partnership on that.

5.14 The Chair thanked officers for their detailed paper. He added that as the ICS was now bedding in there wasn't a need for updates on this at the same frequency and thanked officers for their contributions on this over the period of the development of the ICS.

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

6. East London Health and Care Partnership updates

6.1 The Chair stated that there were two papers starting on p.39 an overall Health Update and a separate note on Whipps Cross redevelopment. He welcomed:

Zina Etheridge **(ZE)**, Chief Executive Officer, NHS North East London,
Hardev Virdee **(HV)**, Group Chief Finance Officer, Barts Health (*rep of Shane DeGaris the new Group CE of Barts Health and BHRUT)*
Diane Jones **(DJ)**, Chief Nursing Officer, NHS North East London
Ann Hepworth **(AH)**, Director of Strategy and Partnerships
Alison Goodlad **(AG)**, Deputy Director Primary Care, NHS North East London
William Cunningham-Davis **(WCD)**, Director of Primary Care Transformation
Nicholas Wright **(NW)**, NHS North East London Diagnostics Programme Director
Ralph Coulbeck **(RC),** newly appointed as CE of Whipps Cross

6.2 Members gave consideration to two papers:
a) NEL Health update
b) Note on Whipps Cross redevelopment

6.3 ZE took Members through the presentation. The NEL Update covered: Acute Provider Trusts; Covid-19; Cancer; Continuing Healthcare Policy; Highlights from the Winter Access Fund; Enhanced Access to Primary Care; Operose Health; Community Diagnostic Centres; Development of acute specialities and clinical services across NEL and Targeted Investment Fund Bids.

6.4 Hardev Virdee, (Group CFO Barts), detailed the new appointments and gave a summary of the work being done on elective catch-up. Diane Jones (Chief Nursing Officer, NEL) provided an update on vaccinations and the Continuing Healthcare proposal. Alison Goodlad (Deputy Director Primary Care, NEL) presented information on the Primary Care Winter Access Fund, on the plan for Enhanced Access and ended on the assurance that was being provided in response to the concerns regarding Operose Health following on from the BBC *Panaroma* investigation which focused on a GP Practice in Tower Hamlets, part of that Group. Nicholas Wright (Diagnostics Programme Director, NEL) presented an update on the development of the Community Diagnostic Hubs and the public consultation on them and ZE concluded the presentation by giving details on the proposals to review the spread of acute specialisms across the NEL patch.

6.5 Cllr Masters stated that many people were highly disturbed by the findings of the BBC *Panorama* programme and asked about the timelines attached to the new proposed Assurance Framework. WCD described the assurance framework that was being put in place regarding Operose and all the GP providers. The team had investigated the Practice concerned and were now using these Key Lines of Enquiry on all Practices in NEL. He clarified that roles such as 'Physician Associates' were were nationally mandated. He stated that the CQC had also been into the Practice. They had asked the BBC for other information to assist them and they had put in place additional clinical oversight.

6.6 Cllr Masters asked how NHS NEL can assure itself that the information being provided by Operose is accurate. WCD explained that they had validated the information that had been provided against what they had seen and would be using that feedback to produce a wider framework for use across all Practices.

6.7 The Chair asked whether the evidence was dated pre or post the Panorama programme and about the need to seek better assurances. WCD said they had taken a 12 month analysis of all the information available. The Chair asked how they were responding if it was clear that the activities being carried out weren't in line with a previously agreed policy and were they accepting that there was an issue. WCD replied that they were and NHS NEL was using it as a learning experience. So far the evidence they'd seen and been supplied would suggest that there were robust systems in place and where there were failings the Provider clearly understood that they needed to improve.

6.8 The Chair asked what powers/contract levers did NHS NEL have with Operose if there was no improvement within 6 months. WCD said a breach notice would be applied to the contract and this has happened in other cases and CQC had also gone in. The Chair asked whether Operose were currently in breach. WCD replied that they were not in terms of the evidence that they had seen and because of how the lessons learned were now being implemented. The Chair stated that they would return in a future meeting to the broader issue of how the assurance framework is being monitored.

ACTION:	**Future item on the monitoring of the new Assurance Framework for GP Practices to be added to the work programme.**

6.10 Cllr Adams asked about the Community Diagnostic Hub being mentioned for St Leonard's and how this aligns with the Homerton's own plans for the site. He also asked about the robustness of the response to the monkeypox virus. NW replied the St Leonard's was just one of the many possible sites for future expansion as Community Diagnostic Hub 3,4 or 5 and they were working with the Homerton and local stakeholders on any decision to site the centre there. Westfield in Stratford and St George's sites were no further advanced as yet but they were looking at a number of possibilities. Ann Hepworth (Director of Strategy and Partnerships at BHRUT and the SRO for Community Diagnostic Centres in NEL) described the work being done trying to identify possible sites. Population Health Need was the main driver as was the need to increase access and make more diagnostics available.

6.11 DJ replied that they are applying a system wide approach to the monkeypox outbreak as they had with Covid. They'd set up clinics in 3 sexual health clinics in NEL and they were targeting those exposed and their carers. The Chair asked whether the prevalence in NEL was the same as for the rest of London.

DJ replied that NW and SE London had higher prevalence and they have bigger sites within their acute hospitals.

6.12 Cllr Akram asked whether the Enhanced Access to Primary Care plan was part of the core contract or would be an opt in. AG replied that it was part of Primary Care Networks and every GP Practice had to be part of a PCN so there wouldn't be gaps, it would be universal.

6.13 Cllr Patrick asked whether all Practices within a PCN will offer it or just one. She also asked about shortages of staff and about the risks of pulling staff from elsewhere to operate it. AG replied that every patient will be able to access all the Enhanced Access offer equally. There would be more routine type care offered outside of core hours e.g flu jabs or smear tests etc. WCD added that it would be a more local service rather than from a confederation. Yes there was a shortage of staffing but the aggregation of PCNs they would be able to deliver it more efficiently and it would be for pre booked appointments for business as usual care and not urgent care. The issue was to work at scale and pool the resource and to focus on deploying the primary care staff in a more targeted way.

6.14 The Chair asked what was being done to positively communicate to patients being redirected to a surgery which was not their own. WCD replied that they had sent questionnaires to all patients in NEL and had received a 40k return rate. They were also working with PPGs in each Practice. These were pre-booked, not urgent care appointments. The Chair suggested that greater communications activity was needed to sell this as a 'positive' to residents. WCD replied that comms was vital and they were also engaging with Healthwatches also.

6.15 The Chair asked whether the Community Diagnostic Hubs were nationally driven and asked what was the evidence base for them. AH replied that the evidence base was built on the Covid vaccination plan, itself built on WHO guidelines, on reducing inequalities with a focus to increasing and broadening access. In NEL they were looking at demand against current capacity and analysing unmet demand. The Chair asked about the monitoring of throughput to the CD Hubs. AH replied that they would be examining both throughput and patient experience.

6.16 The Chair asked Ralph Coulbeck (CE Whipps Cross) about the recent media concerns (*Health Service Journal* in May and July) regarding the security of future funding for the Whipps redevelopment and a possible slow down in the funding. RC replied that they had planning consent for the second phase of the enabling work and had made good progress on beginning the clinical transformation required to support the redevelopment. They were still awaiting a response on the second phase of the business case. They had indications that there would be a decision in the autumn. On the reported £1m resource allocation, that was an initial allocation only and the same for all schemes. They had had assurance informally from the New Hospitals Programme that any

move to the next phase would be accompanied by further funding to support that piece of the work.

6.17 The Chair asked whether Whipps was now in a cohort being put on a slower track. RC explained the complex funding process. The New Hospitals Programme was divided into cohorts and Whipps Cross was in Cohort 3. Cohort 1 was for schemes already in construction and Cohort 2 referred to smaller and much less expensive schemes. Whipps was one of 8 in Cohort 3, previously known as 'pathfinders'. Cohort 4 contained the remainder of the 40 schemes which were all at a less mature stage. He added that they were focused on Cohort 3 now moving forward. There had been indications that Cohort 3 might be subdivided and this could yet happen but there had been a number of assessments of the scheme and the various formal and informal feedback received led them to believe that they were in the advanced end of Cohort 3 with similar schemes which have the same level of planning consent. The Chair asked about the government's approach to phasing the schemes. RC explained that they expected Cohort 2 to proceed much more quickly than cohort 3. The Chair thanked RC for attending and asked for an update when further progress had been made.

6.18 The Chair asked about the new Continuing Healthcare Policy and its impact on councils. He asked whether all local authority directors of adult services in NEL were around the table on an equal footing in the discussions about the redesign of this policy. DJ explained the context and the need for a systematic way of addressing these issues leading to calls from all quarters to sort out the huge divergence in provision. There was a wide variance across the patch with different places at different stages of development. She stated that they had done an impact assessment which pointed to a harmonised policy having a positive impact overall and they were now working through how each local authority views the current raft of policies. The prioritisation of which policies had been done and NHS colleagues were working at place level with councils and with clinical teams to produce a single document. An engagement exercise would then commence where local authorities, stakeholders and the public can input to the new single policy.

6.19 The Chair asked whether the imminent consultation would clarify the differences between the old and new policies. SJ replied that it wouldn't go into the details of each existing one, or lack of one, but would compare the previous offer to the current proposal. They would use a table to provide a high level summary of the key elements that will change and where a policy currently doesn't exist point out that one is needed.

6.20 The Chair stressed the need to go back to Directors of Adult Services to hear their views on the potential impact on councils. He suggested that at a future meeting it might be fruitful to take one or two of the overarching themes "placements policy" or " joint funding policy for adults' and do a deep dive on it so Members will be in a better position to scrutinise the changes. DJ explained that the current consultation would close in late September and they would then

do a sense check with the specialist group that was advising the project and would have a final version of the policy in place by the end of October to go through NHS governance procedures. A period of implementation would then follow and it was unlikely that changes would be seen until after Jan 2023 and all the stakeholders were happy with the final policy.

ACTION:	**That a future item on Continuing Healthcare Policy focusing on 'placements policy' or 'joint funding policy for adults' be added to the work programme and that Directors of Adult Services in the boroughs be fully involved in the redesign.**

6.21 The Chair asked about a story in the *Health Service Journal* about the new 10% cap on agency staff spend imposed on ICSs. HB replied that this related to the additional money given to the NHS to support inflationary pressures and one of the conditions was that each ICS had a cap on agency spend. Across the whole ICS they will need to reduce reliance on agency staff by 10%. This would require a switch from temp to permanent staff and from agency staff to bank staff. It would be challenging. The Chair suggested that it was unrealistic in the current climate. HB replied that they do spend too much on agency staff and although it would be difficult, the new regulation would make it easier in the short term as the labour market would respond so that more staff would, for example, register with banks as a consequence.

6.22 The Chair thanked the officers for their detailed and helpful reports and for their attendance. He suggested that there could be future items on the Acute Specialisms issue and a deep dive on aspects of the new Continuing Healthcare Policy.

ACTION:	**Future item on the development of acute specialities and clinical services across NEL to be added to the work programme.**

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

7. Proposed changes to access to fertility treatment for people living in north east London

7.1 The Chair welcomed for this item:

Diane Jones (**DJ**), Chief Nursing Officer, NHS NEL
Dr Anju Gupta (**AG)** GP and Clinical Lead at NHS NEL

7.2 Members gave consideration to a briefing paper '*NHS help to try and have a baby - proposed changes for people living in North East London"*. The Chair

added that Members in Hackney had requested a special local briefing on it and they were now reassured that overall it represented a levelling up of service.

7.3 Diane Jones took Members through the briefing paper. She explained that they had started from the NICE guidance and were proposing a single unified policy and they had clinical experts review existing policies and draft the new one. They were looking predominantly here at people who had a medical reason to receive assisted support with conception. They had also carried out an Equality Impact Assessment, had done a number of engagement events and had surveyed 230 stakeholders and were about to hold two more consultation events.

7.4 The Chair stated that broadly speaking this appeared to be a widening of access and a levelling up to effectively 3 full IVF cycles and he asked about the additional costs of this policy. HB replied that cost wasn't a driving factor here and it would be a relatively small amount of money out of the full £4bn budget.

7.5 Cllr Patrick asked about those unable to conceive without assistance having to prove they have a problem. DJ replied there were a variety ways in which people would arrive at eligibility for the service: either having tried to conceive or having previous surgery or recovering from cancer which would have had the side effect of inhibiting or preventing conception. All these would be discussed with GPs to determine the root cause. She reiterated that it was not the case that the cost of trying to prove whether there was a problem would fall on patients. It would be part of the core NHS offer and patients would be put in a pathway for tests to be done in the first instance.

7.6 The Chair asked about contingent rules re weight and smoking which might act as a barrier to receiving the treatment and asked what support was being put in place for these cohorts. DJ replied that smoking and weight can affect chances of success in conceiving and they would inform patients about healthy options and relevant programmes of support. There might also be other health components to a case and all these would be considered before the offer of assisted conception was made.

7.7 The Chair asked whether this evaluation was wider than just a BMI score? DJ replied that it would be a combination of factors and the GP would make a full assessment and would refer them as appropriate to the assisted conception programme so it was a holistic approach.

7.8 The Chair thanked DJ for her report and for taking on board the comments of Members at the previous meeting on the shaping of the consultation exercise and the documents.

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

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

8.1 The Chair stated that Cllr Sweden had to give apologies so there would be no regular verbal update at this meeting. However Members had discussed the issue under item 7 and had heard from the CE of Whipps Cross.

9. Minutes of previous meeting

9.1 Members gave consideration to the draft minutes for the meetings on 16 December and on 1 March.

RESOLVED:	**That the minutes of the meetings of the Committee on 16 Dec 2021 and 1 March 2022 be agreed as a correct record.**

10. Suggestions for INEL JHOSC future work programme 2022/23

10.1 Members noted the updated work programme document. The Chair stated that NHS NEL would want to bring items and it will be necessary to schedule items on the proposals around 'acute specialisms' and the next iteration of the Continuing Healthcare Plan. He asked Members to suggest items and added that the standing updates on ICS implementation would no longer be required.

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

11. Any other business

11.1 There was none.