NHS
North East London

Minutes of the North East London Community Health Collaborative Sub-Committee

Monday 20 March 2023; 1500-1700 meeting via Microsoft Teams

Members:	
Jacqui Van Rossum (Chair)	Chief Executive, North East London NHS Foundation Trust
Dylan Jones	Deputy Chief Executive, Homerton Healthcare NHS Foundation Trust
Richard Fradgley	Director of Integrated Care and Deputy Chief Executive Officer, East London NHS Foundation Trust
Kate Turner	Strategy Programme Manager, Barts Health NHS Trust
Ann Hepworth	Director of Strategy and Partnerships, Barking, Havering & Redbridge NHS University Trust
Mags Farley	Divisional Operations Director for Community and Children's Services, Homerton Healthcare NHS Foundation Trust
Helen Woodland	Director of Adult Social Care, London Borough of Hackney
Ruth Bradley	Director of Nursing, East London NHS Foundation Trust
Charlotte Pomery	Chief Participation and Place Officer, NHS North East London
Johanna Moss	Chief Strategy and Transformation Officer, NHS North East London
Selina Douglas	Executive Director of Partnerships, North East London NHS Foundation Trust
Attendees:	
Sunil Thakker	Director of Finance, NHS North East London
Dilani Russell	Deputy Director of Finance, NHS North East London
Malcolm Young	Executive Director of Finance, North East London NHS Foundation Trust
Matthew Knell (MK)	Senior Governance Manager, NHS North East London
Saem Ahmed	Head of planning and performance, NHS North East London
Lauren Jones	NHS North East London, NHS North East London
Tanvir Ahmed	Planning and Performance Manager, NHS North East London
Apologies	
Mark Turner	Director of Strategy and Integration, Barts Health NHS Trust
Caroline O'Donnell	Director of Strategy and Partnerships, North East London NHS Foundation Trust
Julia Simon	TBC

Item No.	Item title
1.	**Welcome, introductions and apologies:** • Declaration of conflicts of interest The Chair, Jacqui Van Rossum (JVR) welcomed those present in the Teams meeting to the March 2023 meeting of the NHS North East London (NEL) Community Health Collaborative Sub-Committee (CHCSC or 'the Collaborative').

	Apologies were received as indicated above and the Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the committee. No additional conflicts were declared.
2.	**Sub Committee business:** • Minutes of the last meeting • Action Log • Matters Arising The Collaborative received minutes of the meeting that had taken place on Monday 16 January 2023 and agreed them as a true reflection of the meeting. The Collaborative recognised that 3 actions arising from the previous meeting had been closed and that no actions remained open.
3	**2023/24 Priorities and Operational Planning Update** Saem Ahmed (SA) and Sunil Thakker (ST) joined the Collaborative to brief members on the 2023/24 Priorities and Operational Planning for the local system, summarising the circulated paper and highlighting the following: • That the Integrated Care Board (ICB) team had been working with system partners to produce an operating plan submission to NHS England (NHSE) for 30 March 2023 and which would be examined at the 27 March 2023 Finance, Performance and Investment Committee. It was flagged that the paper circulated to Collaborative members had been based on February 2023 data. • That the circulated plan covered two years of priorities, with those relating to community health services (CHS) highlighted, with some key CHS priorities reflected in the growth projections, for instance around clearing waiting lists. Collaborative members thanked SA and ST for the presentation and raised and discussed the following points: • Whether there may be an opportunity for North East London (NEL) based providers to work together to tackle any CHS related contract convergence needs, noting that East London Foundation NHS Trust (ELFT) were treating this as a decommissioning requirement as opposed to a cost saving at this point. • That work was underway to develop a process to sort through investment and growth proposals for inclusion and coverage in the 2023/24 operating plan with more information hoped to become available soon. • That it would become increasingly vital to ensure that each call on funding was applied to the most appropriate funding route and that ownership of asks and commissioning responsibilities was clear, especially between the various Collaboratives established and the Place structures. • The Collaborative recognised that other funding streams outside of those currently covered in the operating plan would be available, for instance, virtual ward work was funded separately and confirmation from NHSE on what form this would take for 2023/24 was pending. £8.8 million had been made available for this area of work in 2022/23, which was now covered in the baseline plan, with slippage of some of that investment held in section 256 agreements for mobilisation in 2023/24. Members recognised that this level of funding may not be adequate for 2023/24 and that work may need to take place to assess and align the three different models of virtual ward in place across NEL currently and secure savings through economies of scale.

	• Work was underway to capture each Places bids and investment needs for the upcoming financial year in order to provide transparency and oversight of the quantum of calls on funding across each Place. This information would be collated and shared in the near future. • The Collaborative recognised that work was likely needed to establish and document a business cycle for both the Collaborative and ICB as a whole to support colleagues timely work across the system. • Work would also need to take place on establishing a consistent set of standards and approaches to ensure that all partners are working and reporting consistently on, for instance, clock start and how waiting lists are calculated. It was recognised that this work would likely to be complicated by impacts on partners and interdependencies that would emerge.
4.	**Community reference group proposal** Selina Douglas (SD) briefed the Collaborative members in the circulated proposal to form a community reference group, to engage with the provider network present across NEL beyond the members within this meeting and ranging from Trusts to GP Federations and Community Interest Companies. SD highlighted that: • The Collaborative Executive Group (CEG) had discussed and refined this proposal. • A workshop session was due to take place on 27 April 2023 to discuss this proposal with community providers and gather views on the best ways to engage and support them in this work. • Further updates on this work would be provided to the Collaborative at future meetings, but the CEG would be undertaking the direct support and establishment of this Reference Group.
5.	**User of services and carers proposal** SD drew the Collaboratives attention to the circulated paper which set out a proposal for approval on how to identify existing user voice and resident engagement mechanisms and insights across NEL and develop processes to utilise these on behalf of the Collaborative. SD briefed the Collaborative on some of the efforts already in place across NEL directed at this work and the learning gathered from those teams and initiatives. The Collaborative thanked SD for the paper and discussed: • That a gap analysis would be useful to look at the existing efforts and best practice to inform the future of this work. • That care would need to be taken to avoid duplication of work in this area across the involved partner organisations and to bring all those already involved in this area of work along with these proposals. • That there was recognition that initial work in this area may need to be careful and slower than perhaps expected to identify and create the strong links that would be needed to make this work a success. It probably would not be sensible to involve the wider user voice until partner organisations were working together consistently in this area of work. • The user voice was central and vital to the future work of the Collaborative and carers would need to be included in this work, as part of the core offering, or alongside it. • The Collaborative would be kept updated on this work at future meetings.
6. & 7.	**Deep Dive areas & Community Mapping** SD noted that she would present the deep dive and community mapping papers alongside each other, briefing the Collaborative on the circulated papers and highlighting that:

	• The Collaborative was leading on resolving pinch points around speech & language therapy (SALT) and children and young people's community services and the waiting lists present for these services. • A scoping exercise to gather information on gaps, finances and investments and services in place would be commencing shortly. This exercise would also look at any variations in provision across providers and any outliers in terms of demand and capacity in order to identify and share best practice. The Collaborative thanked SD for the update and discussed the following points: • That efforts to reduce waiting lists would need concerted partnership action and that data cleansing alone would not solve the issues present in the area. • That partnership working would be required to address issues in SALT services, as the ICB did not directly commission from its budget. Work was underway to look at good practices elsewhere in the country, for instance in Essex to identify and adapt potential other models of delivery. The funding arrangements around SALT were complicated and a whole system lens would be needed to explore and address local issues. • Relevant outcome metrics and measures would need to be developed alongside financial monitoring to ensure value for money, good performance and high quality services. • Any work undertaken on SALT would also need to consider and document any possible impacts on other special educational needs and disabilities (SEND) services and adult SALT services. • Action to assess and address the workforce landscape would be vital to the success of any of the work covered in the Collaboratives deep dive areas and would need to consider and mitigate cross provider competition. • A whole system/population approach would be needed to the work of the Collaborative to produce sufficient impacts on deprivation and need and to track and measure the consequences of addressing these services on the rest of the local health system. • Partners needed to share information and discuss how to best use community assets to support this work and how to involve families and local people at locations closer to home, in innovative ways as the available workforce evolves and changes in the coming years. • While other NEL Collaboratives were in the process of launching a 'diagnostic tool', the Community Collaborative needed to first establish the resources available to partners, linkages present in this work and refine the mapping exercise. • Work on SALT needed to push forward ahead due to the concerns present around waiting lists and impacts on local people. • Work was in progress on virtual wards, with efforts focused on building momentum and securing some quick wins to ensure the best use of NEL resources. There was clear opportunity present in this work to support the NEL wide health and care system. • The Collaborative was in the process of building grip and oversight of the virtual ward models present across NEL to ensure the best use of resources across the system and enable local delivery rooted in Places.
8.	**Any Other Business** No further business was discussed.

Date of next meeting: Monday 15 May 2023 1500 – 1700

Agreed minutes of the Mental Health, Learning Disabilities and Autism Collaborative Sub-Committee

Wednesday 22 March 2023, 9.00am – 11.00am via MS Teams

Members:	
Eileen Taylor (ET), Chair	Joint Chair, East London NHS Foundation Trust and North East London NHS Foundation Trust
Zina Etheridge (ZE)	Chief Executive Officer, NHS North East London
Johanna Moss (JM)	Chief Strategy and Transformation Officer, NHS North East London
Paul Calaminus (PC)	Chief Executive Officer, East London NHS Foundation Trust
Richard Fradgley (RF)	Director of Integrated Care & Deputy CEO, East London NHS Foundation Trust
Sultan Taylor (ST)	Non-Executive Director, North East London NHS Foundation Trust
Selina Douglas (SD)	Executive Director of Partnerships, North East London NHS Foundation Trust
Attendees:	
Marcella Cooper (MC)	Lived Experience Leader – Participant Observer
Rachel Obanubi (RO)	Lived Experience Leader – Participant Observer
Suresh Singh (SS)	Lived Experience Leader – Participant Observer
Nawshin Ali (NA)	Lived Experience Leader – Participant Observer
Malcolm Young (MY)	Executive Director of Finance, North East London NHS Foundation Trust
Carys Esseen (CE)	Deputy Director of Integrated Care, East London NHS Foundation Trust
Sue Boon (SB)	Director of Delivery, Waltham Forest, North East London NHS Foundation Trust
Sarah Khan (SK)	Chief of Staff to Chair of ELFT & NELFT
Anna McDonald (AMc)	Governance Manager, NHS North East London
Apologies:	
Jacqui Van Rossum (JVR)	Acting Chief Executive Officer, North East London NHS Foundation Trust
Professor Dame Donna Kinnair DBE (DK)	Non-Executive Director, East London NHS Foundation Trust
Henry Black (HB)	Chief Finance and Performance Officer, NHS North East London
Dr Mohit Venkataram (MV)	Lead Director for New Models of Care, East London NHS Foundation Trust
Brid Johnson (BJ)	Acting Executive Director of Integrated Care, North East London NHS Foundation Trust

1.0	**Welcome, introductions and apologies**
	The Chair welcomed the recently appointed service user and carer representatives to the committee; Marcella Cooper, Rachael Obanubi, Suresh Singh and Nawshin Ali and thanked them for the helpful comments they had provided in advance of the meeting, in particular, the comments relating to the meeting papers and how they need to be more concise and accessible. The Chair confirmed that it is her aspiration for that to happen not only at this committee but also the East London NHS Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) board meetings.

1.1	**Declaration of conflicts of interest**
	The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the sub-committee. No additional conflicts were declared.
1.2	**Minutes of the last meeting**
	The minutes of the meeting held on 25 January 2023 were agreed as an accurate record.
1.3	**Actions log**
	Members noted that actions 004, 005 and 006 were complete. The remaining action relating to information required in the finance reports going forward was also noted.
2.0	**Senior Responsible Officer (SRO) report**
	PC began by welcoming the four Lived Experience Leaders to the meeting. The following key points in the report were highlighted: • Development of our Improvement Networks is progressing and an overview of the recent primary care talking therapies improvement network away day held at the start of March was given. The overall aim is to develop networks that will be organised around identifiable populations that will focus on delivering improved outcomes, quality, value and equity. • National Provider Collaborative Innovator Sites – this collaborative has been selected as one of nine successful sites. The support available from NHS England and the nine peers will provide a real opportunity for us to strengthen the collaborative and build on our service user priorities. PC suggested it would be helpful to add this to the next agenda for an update on progress. **ACTION: RF** • Developing and implementing our place-based approach – an update on the work that the collaborative has been undertaking with the Tower Hamlets Together Partnership was provided. Updates on the work taking place with other Place areas will be given in future SRO reports. Members discussed the report and the key points included: • There is an opportunity to share ideas with the Mid & South Essex Community Health Services Collaborative as they have also been selected to be an innovator site. The Chair asked SD and to organise a meeting. **ACTION: SD.** There are a number of opportunities to explore. and it was acknowledged that some of the work being done to improve outcomes and build the collaborative is already been noted in other areas. As part of the discussion, the Chair congratulated PC on being number seven on the HSJ's top 50 CEOs list. The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee: • Noted the report.
3.0	**Strategy**
	3.1 Draft mental health joint forward plan RF presented the report which outlined the mental health, learning disability and autism (MHLDA) elements of the NEL Joint Forward Plan. The key messages were: • The 5-year Joint Forward Plan details a number of things including how we intend to deliver the Integrated Care Partnership (ICP) Strategy.

- A draft version of the Joint Forward Plan needs to be submitted to NHSE by 1 April 2023 and following that, an updated version will come back to the MHLDA Collaborative sub-committee meeting in May 2023 ahead of publication by 30 June 2023. **ACTION: RF**
- There is more work to be done in regard to service user and carer priorities as well as the whole mental health commitment made in the ICP Strategy, particularly the connection between mental health and physical health. Events will be organised at the start of May to bring system partners, service users, carers and other key partners together to work through the gaps.

The need to ensure the Joint Forward Plan clearly articulates how we intend to address in-equalities, particularly racial inequalities was emphasised which is one of the key themes in Joint Forward Plan.

The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee:

- Noted the draft Joint Forward Plan and the accompanying slide pack.

3.2 Mental Health, Learning Disabilities & Autism (MHLDA) diagnostic update

SD presented the update report. The key messages were:

- PA Consulting has been commissioned through a competitive tender process to develop a programme that will allow us to look at the demand for our services and our capacity and will also predict what our future demand will be which will help us with future planning. It will help us to understand the outcomes, quality, value and equity we achieve for the money we spend on mental health, learning disability & autism, across the lifecourse and by place.
- Local Authority data is being used as well as health data to ensure we fully understand the demands and capacity they are experiencing.
- Delays in receiving some of the data have been experienced and members were advised of the mitigations put in place.
- The data is being collated and checked and it is hoped that the outcome of the demand and capacity work will be available to present to the sub-committee in May.
- The data will enable us to build the best possible model for the future in NEL.

The key discussion points were:

- Further work will be needed in order to be able to interpret the data.
- We will need to establish what we intend do with the outputs from this piece of work.
- There is a framework by which PA Consulting are sorting the data and once complete, various workshops will be organised consisting of clinical leads and services users from different service areas in order to test the findings.
- The data that PA Consulting will provide is a rich source of data that can be broken down by Place, by GP practice, by condition etc
- Consideration will be needed as to how we can use the data for other purposes.
- The data will be static but the method and approach will be able to be used by our internal Informatics Team on a longer-term basis. **Action: RF** to follow up.
- The data being collated by the BHR Academy was referenced and the need to connect with the Academy was suggested.
- The principles and approach can be shared as learning across the other collaboratives.

The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee:

- Noted the report.

3.3 Introducing anti-racist commissioning

CE presented the report. The key messages were:

- The work is about developing anti-racist commissioning principles, building on work undertaken in City & Hackney led by Hackney CVS with the community in Hackney.
- There is a lot more work to do before this can be launched system-wide.
- The four anti-racist principles span a vast range of commissioning activity.
- Following a recent presentation to the MHLDA Programme Board, different areas of our overarching collaboratives have been identified where the principles can be applied in order to work towards a more anti-racist commissioning system.

The key discussion points were:

- Developing approaches to procurement and contracting that are longer term and more developmental, with statutory and smaller VCSE organisations working in partnership was discussed. Encouraging large organisations to join with voluntary organisations is something that should be looked at. It was also suggested that we need to think about the wording used in our questions when issuing invitations to tender along with the social value element.
- The importance of humility in regard to the whole tendering process was recognised.
- De-colonising commissioning was discussed which challenges us to be more ambitious and to think about how bold we intend to be in tackling this agenda, particularly in regard to how we spend our money. The question was raised regarding whether we should identify some funding in our 2023/24 plan to support this agenda.
- The importance of this work was acknowledged and it was suggested that further consideration is needed as to how this can be applied to procurement across the system and what lessons can be learnt. PC to take this through the NEL chief executive officers' group. **ACTION: PC**

The Chair brought the conversation to a close by confirming the sub-committee's overwhelming support adding that it links closely with the system's ambitions in regard to equity.

The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee:

- Noted and supported the work.

3.4 Perinatal provider collaborative development

PC gave a verbal update on behalf of MV and explained the item was for noting at this stage. The key messages were:

- Perinatal services predominately include in-patient mother and baby unit services.
- Specialist commissioning funding is being moved so that it sits within ICB's and closer to the services. Until now, for mental health, this has included in-patient services for adolescents, forensic services and eating disorder services. Mother and baby in-patient services are being added in to these arrangements.
- Areas are being asked to consider how they think the collaboratives might be organised.
- There are three mother and baby in-patient units in London.
- The proposal is that the resource would move into a new perinatal provider collaborative together with existing community funded services and the timeframe for this to happen is October 2023.
- The aim will be to reduce reliance on in-patient care and to enable people to be seen locally.

The key discussion point was that by creating different collaboratives, we run the risk of losing some of the join-up particularly in regard to children and young people where consistency is key.

	The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee welcomed the update.
4.0	**Planning**
	4.1 Operational planning 2023/24 RF presented the report and summarised the report content. The key messages included: • The annual planning process for 2023/24 is a complex area of work which is still being developed and members were advised that there will be some movement in assumptions and planning. • We now have the ICS Strategy, built around what matters most to service users and carers, and we need to ensure our plans for 2023/24 and beyond reflect these priorities, whilst also responding to the final year of the current phase of the NHS Long Term Plan for Mental Health • The four key priorities of the national operational planning guidance for the NHS are: o Recovering our core services and productivity o Delivering the key NHS long term plan ambitions and transforming the NHS o Continue transforming the NHS for the future o Local empowerment and accountability • We have worked collaboratively across NELFT, ELFT, the ICB and our place-based system to; finalise growth assumptions; confirm the cost of delivering our NHS long term plan for mental health targets and quality requirements; confirm the cost pressures and to develop a plan to address our planning priorities. • The cost of delivering the long-term plan and addressing all of the cost pressures in the mental health programme is estimated to be £55m noting that we have £27m worth of growth available to us. • The majority of NEL wide schemes are delivered across multiple place-based areas. Once the respective business cases have been agreed, the allocations will be attributed to the place-based budgets for mental health. • There is a proposal to develop the vacant Moore Ward into a 12-bed acute adult unit and a business case is being progressed. It is hoped that this will have a significant impact on our urgent and emergency care pressures. Members discussed the report and the key points included: • We need to challenge ourselves to not only look at improving on the national targets, but to look at what else we need to be doing in order to meet the needs of our diverse communities. Children and Young people were cited as an example. • Disappointment was expressed following a recent missed opportunity regarding a scheme involving capital money. Lessons need to be learnt and we need to ensure we make the most efficient use of any money available to us, particularly capital money. As part of the learning process, we will need to make the links between capital and revenue. The Chair made a request for the learning to be accelerated. • Examples of the current lack of support in the community in regard to CAMHS were given by MC who also provided feedback following her recent visit to Monet Ward. Concern was expressed that children with autism are being linked with mental health when challenging behaviour is the problem and that the meeting is heavily focussed around mental health and not learning disabilities and autism. As part of the discussion, the Chair thanked MC for her valuable feedback and agreed there needs to be more focus on people with learning disabilities and autism as they are one of the areas within our communities who are most at risk from the lack of access, experience and outcomes The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee noted the report.

	4.2 Learning Disability and Autism model of care and 2023/24 planning approach SD began by acknowledging the important points flagged by MC and fully agreed that we need to further develop the voice of the people who use our services and those who care for them particularly learning disabilities and autism. A summary of the report was given and the key points were: • Historically, the allocations were delivered at place-based level and at the end of 2022/23 we had different services across NEL, noting that there has to be certain elements that are different but it is also important to have minimum standards across NEL. • Working in partnership with local authority colleagues and at place level, a holding position has been developed for learning disabilities and autism for 2023/24. • Detailed mobilisation plans for 2023/24 will be co-developed alongside a wider Learning Disability and Autism strategy that is fit for purpose across NEL going forward. • We are proactively engaging with the people who use our services and with our carers around what their priorities are and in 2023/24 we will develop the model of care in the community around learning disabilities in particular. Members discussed the report and the key points included: • The need for this collaborative sub-committee to have the right level of focus on learning disabilities and autism. The Chair assured the Lived Experience leads that she is committed to achieving that. • We expect all our trusts to provide good quality care to all patients and in line with that, we need to consider what the role of this collaborative is in championing and holding our other collaboratives to account for the health and care services that learning, disables and autistic they receive. • We need to re-think our whole approach to transition from child to adult and think more about personalised services rather than transitions. SD advised that this came up as part of the Oliver McGowan training on learning disability and autism and discussions are being held about how we hold one another to account and part of developing the community model is to look at offering care in an individualised way. It was suggested that more support and analysis is needed for people with complex needs around the transition from child to adult along with more practical solutions. The issues experienced when transferring between providers also need to be addressed. NA fed back her views on the meeting overall and recapped on the reasons for involving the four Lived Experience leads in the meetings and suggested that more time on the agenda is needed for them to be able to provide their input. The Chair agreed and suggested a review of how best to structure the agenda going forward takes place in the follow-up meeting with CE and the four Lived Experience leads. **ACTION: Chair/CE/MC/RO/SS/NA** The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee: • Agreed the 2023/24 LDA Strategic priorities and financial allocations • Noted the progress made in scoping an intensive support model across NEL, as part of a wider LDA strategy/model that takes us beyond 2024
5.0	**Assurance**
	5.1 Mental health urgent and emergency care (U&EC) update SD and RF presented the report. The key points were: • Real progress is being made with our U&EC priorities and the programme of work. • Clinical decision unit – this has helped with the average length of stay which was 45 days in August 2022 – January 2023 to 8 days in February 2023.

	• NHS 111*2 - is being looked at which will allow people to access mental health support. • Section 136 suites and health base place of safety – provision is being looked at across NEL working with the people who are being seen through that pathway and also the police. • An audit has been undertaken involving the last 30 people that have waited 12 hours plus at all the A&E departments across NEL. The outcome of the data will be reviewed and examined at an event in April involving key people and the learning will show us how we can do things better with a more consistent approach • A system wide event on mental health urgent and emergency care is being planned for May 2023. The discussion points included: • The need for this sub-committee to focus on the people rather than the numbers. • A meeting has been organised as a follow-up to the Quality summit involving key people including the CEO of PELC. The Chair asked for the outcomes from the meeting to be fed back to the sub-committee. **ACTION: ZE** **5.2 Performance report** Due to time constraints, the report was noted but not discussed. **5.3 Finance report** Due to time constraints, the report was noted but not discussed.
6.0	**Governance**
	There were no items for discussion.
7.0	**Any other business**
	There were no additional items to be discussed. The Chair thanked the Lived Experience Leaders for their participation, helpful comments and feedback.
Date of next meeting – 31 May 2023	

Minutes of the Primary Care Collaborative Sub-Committee

Wednesday; 8 March 2023 13:00 – 15:00; via MS Teams

Members:	
Mark Rickets (MR) – Chair	Primary care board rep
Jagan John (JJ)	Primary care board rep
Johanna Moss (JM)	Chief Strategy and Transformation Officer, NHS North East London
Sarah See (SSe)	Managing Director of Primary Care, NHS North East London
Mark Gilbey-Cross (MGC)	Director of Nursing & Safeguarding, NHS North East London
Dr Mohammed Naqvi (MN)	General practice rep - clinician
Dr Sanjoy Kumar (SK)	General practice rep - clinician
Yogendra Parmar (YP)	Pharmacy group rep - clinician
Shilpa Shah (SSh)	Pharmacy group rep - clinician
Attendees:	
Dr Khyati Bakhai (KBa)	Place based clinical lead (TH)
Dr Kanika Rai (KR)	Place based clinical lead (B&D)
Dr Janakan Crofton (JC)	Place based clinical lead (WF)
Steve Collins (SC)	Director of Finance, NHS North East London for Henry Black
Keeley Chaplin (KC)	Minutes - Governance Manager, NHS North East London
Apologies:	
Henry Black (HB)	Chief Finance & Performance Officer
Dr Kirsten Brown (KBr)	Place based clinical lead (C&H)
Dr Ben Molyneux (BM)	Place based clinical lead (Havering)

Item No.	Item title
1.0	**Welcome, introductions and apologies**
	Since the last meeting the Chair of the NEL ICB/ICP agreed that the Primary Care Collaborative shall be co-chaired by the primary care board reps with effect from this meeting. The arrangement will be to alternate chairing at each meeting. The Chair welcomed members to the meeting and apologies were noted as above.
1.1.	Declaration of conflicts of interest
	The Chair reminded members of their obligation to declare any interest they may have on any business arising at the meeting which might cause them a conflict of interest. No additional conflicts were declared. Declarations made by members of the committee are listed on the register of interests. The register is included in the pack of papers and available from the secretary of the committee.
1.2.	Minutes of the meeting held on 18 January 2023
	The minutes of the last meeting held on 18 January 2023 were accepted as an accurate record.

1.3.	Matters arising/action log
	At the January meeting members provided comments on the terms of reference. JM will ensure these are considered when the terms of reference are reviewed in July 2023. This will be noted as an action. **Action:** JM to ensure comments are fed into the July review of the terms of reference in particular with reference to attendance. Members noted the action log and agreed to close ACT001 and ACT002. In addition: ACT003 – dates were reviewed by the governance team however a suitable alternative was not available. It was agreed to close this action. ACT004 – An MS Teams 'channel' has been created for members. This is to be tested if members with a non-NHS email can be added.
2.0	**Terms of reference**
2.1.	General practice provider group
	SSe provided a verbal update on the terms of reference for the GP provider group highlighting the following: • At the next GP provider group meeting the terms of reference will be presented with changes including a governance structure chart being incorporate and whether membership should include salaried GPs. • SSe and BM have discussed and agreed that a salaried GP could be invited as they could bring a different and valued view to discussions. Members raised the following: • Would salaried GPs want some financial support to join the provider group? There is no budget to offer any kind of reimbursement but BM has a network of salaried GPs to request any expressions of interest. Members of the primary care collaborative noted the verbal update and endorsed the decision to invite salaried GPs to the GP provider group. The updated terms of reference will be presented to the next meeting in May.
2.2.	Pharmacy provider group
	SSe provided a verbal update on the terms of reference for the Pharmacy provider group highlighting the following: • The group held its inaugural meeting on 7 March 2023. • The draft terms of reference were presented and it was agreed that they would be circulated to their group for comment and presented to their next meeting for agreement. • Membership will grow as the group develops, and it was agreed to include a pharmacy technician on the group. • The ICB Chief Pharmacist, Raliat Onatade, will chair as a transition arrangement and will support people into their roles until a chair is appointed from the group. • It was agreed at the meeting that SSh and YP will continue as members of the collaborative as a transition arrangement until the pharmacy group formally agree representation. • The pharmacy group terms of reference will be reviewed in 6 months after approval. Members of the primary care collaborative noted the verbal update.
3.0	**Update on the Primary Care governance review**
	SSe presented members with an update on the primary care governance and noted the following:

	• There has been a lot of work reviewing the governance of primary care. SSe acknowledged the work that Anna Carratt (Deputy Director of Strategy, Planning and performance) had undertaken as part of this at both NEL and place levels. • Now at stage 3 of the plan defining the structures together with key stakeholders. • Working with place teams to look at primary care contracting and transformation functions. • There are two main sub committees – the primary care collaborative sub committee and the primary care contracting sub committee. • A primary care development group is proposed to manage the day to day implementation and delivery of any primary care transformation programmes. • A primary care quality and performance group is also proposed to provide oversight, assurance and risk and issue management of areas related to quality and performance. The terms of reference for this are being developed. A dashboard will be produced that will provide a proactive view of practices in need of support. • Considerations are needed regarding engagement with residents and how their voice will be heard throughout the different forums. Members discussed the issues raised and key points included: • Paul Gilluley (PG) is the recruiting manager for the associate medical director (AMD) which is an interim six month post. PG/AMD will have discussions with place leads looking at the clinical needs of the ICB for both NEL and place level whilst considering cost savings being imposed by NHS England. • Much of the primary care resource will be at place. There already exists a centralised contracts function to generate efficiencies. • There is a need to consider changing the use of the word 'transformation' as it can be interpreted in different ways. MR suggested using place based improvement and delivery groups to focus on improvement. • Members discussed if the quality and performance group could form part of this group and report into the NEL Quality, Safety and Improvement (QSI) sub committee. It was clarified that it is an executive management group with a different focus to the collaborative and there is a need to ensure reporting is not duplicated. Any issues of quality and safety raised by the collaborative will be reported by exception into the QSI sub committee. • Connections across NEL ICS include receiving a regular report from the provider groups and the AMD/managing director. The collaboratives report into the Population Health and Integration Committee and these reports will be made available to this collaborative for information. **Actions:** • Develop and involve the resident voice into this collaborative. • Collaborative reports to be added to the primary care collaborative 'teams' channel. • Progress structure of standing items for future agendas and draft a forward plan of the work of the committee. Members noted progress to date on primary care governance and the collaborative will be kept informed of further progress; the revised primary care governance structure will be brought to the next meeting.
4.0	**Update on the Fuller programme**
	JM provided an update on the Fuller programme outlining the key next steps towards embedding the recommendations in NEL ICB including the setup of four key workstreams to progress this work. In addition, the following points were highlighted:

	• Suggested move away from using the term 'Fuller' was discussed (eg to 'system integration programme'). No endorsement for using an alternative term was reached at the meeting. • Next steps in the programme include development of the strategic case for change and testing with stakeholders; continue with the baseline mapping exercise; draft future ambitions/outcomes and 2023/24 priority actions; agree workstream membership and stand up the working groups for each of the workstreams; design workstream workshops to the test and agree priority projects for the year and work with the Communications and Engagement team to agree a comms and engagement approach. • The first workshop will start with same day access on 21 March. Task and finish groups will be set up to drive actions to deliver in 2023/24 with clear priorities from April. Members raised the following: • Concerns were expressed for the primary care workforce once the new contract commences, in particular relating to same day access and would these be factored into the workshop as well as managing public perception? To be proactive and prepared for these issues being raised at the workshop. • There are some good examples already aligned to the new contract which may be worth bringing to the workshop and use these as learning eg Tower Hamlets are proposing an urgent care hub. • The impact of same day access will pull resources away from other areas such as planned care and long term conditions and patients with complex needs. • Suggested name change for the workstream currently titled 'same day access' to eg 'meeting demand for unscheduled care' or 'streamlining access to care and advice' was discussed. • There are system pressures in other areas such as the impact of PELC's CQC inspection and if this is something that can be looked at as a system. • Some patients will not want same day access so there must be flexibility built in. • It would be helpful to see more detail on the workshop. • These workshops will be a good opportunity to build relationships across the system. • It was noted that EQUIP have a lot of data that could be used to support these workshops. • Community pharmacies provide schemes locally support such as a pharmacy consultancy service and hypertensive service with opportunities for the ICS. However, community pharmacy as a network is challenged with many projected to make losses and workforce constrained. Community pharmacy would welcome working together to find a sustainable solution. • To have a sustainable and equitable solution all must be involved including community pharmacy and AHPs and mental health services. • Patient and public education is also a key factor to ensure they know where to go for their healthcare needs. • The programme oversight group could feed into the primary care collaborative but it should be careful not to compartmentalise this so other collaboratives still engage. Members of the primary care collaborative noted the contents of the paper and discussed the proposed governance and name for the programme. The collaborative supported the programme approach and next steps.
5.0	**Update from provider groups**
5.1.	General practice provider group
	MN provided an update from the GP provider group: • These meetings are held monthly and are well attended and the reps will provide regular updates from the collaborative to the provider group.

	• Concerns have been raised regarding System Development Fund (SDF) funding and reduction in development funds. The group would like to know what is happening and an update on the SDF and a breakdown on the topslice was requested. • In terms of governance, SSe will continue to chair this group until the Associate Medical Director is appointed. The governance chart is now included in the terms of reference which highlights where the provider group fits in the system. • A gap in freedom to speak up was highlighted and Mehvish Shaffi-Ajibola will share her work with the group. Members of the primary care collaborative noted the verbal update.
5.2.	Pharmacy provider group
	SSh and YP provided an update from the first pharmacy provider group held on 7 March: • The meeting was also well attended. • A discussion on the terms of reference was held and minor amendments proposed for input before being presented for approval at the next meeting. • Nominations for chairing will be put forward as well as agreement on the primary care collaborative representatives will be held at a future meeting. • It was acknowledged that NEL has the highest number of Community Pharmacist Consultation Service (CPCS) in the country. Nationally there are 10-11% of patients sent back to the GP from the CPCS but in NEL this is only 3%. There is a lot of work to ensure patients understand this service. • The Community Pharmacy Hypertension Blood Pressure Check Service for people aged 40 and over is very successful and allows GPs to refer to pharmacy to undertake blood pressure checks eg for people on contraceptives. • Forward planning was discussed and community pharmacy are keen to work with the system to build its view into the primary care strategy and also to discuss medicines shortages which can create more work for primary care. Members noted the verbal update.
5.3.	Managing director of primary care update

	SSe provided a verbal report on primary care. This will be a regular report provided with the associate medical director, when in post. The following key points were provided:
	• The 2023/24 GP contract changes have been published and include:
	  ○ Access requirements include patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice
	  ○ All patients to be offered online record access by 31 October 2023.
	  ○ Mandated use of cloud based telephony as all analogue telephony will be removed
	  ○ Support will be offered including freeing up workforce capacity through changes to the Impact and Investment Fund (IIF) and through the QOF Quality Improvement (QI) modules. The number of IIF indicators will be reduced and will focus on flu vaccinations, learning disability health checks, early cancer diagnosis and 2-week access indicator.
	  ○ There are a number of changes to the ARRS, to support practices to recruit including adding Advanced Clinical Practitioner Nurses to the reimbursable roles, increasing the cap on Advanced Practitioners and removing the caps on Mental Health Practitioners.
	• Primary care budgets are being uplifted by c5% but no detail on the uplift to the contracts themselves (ie will it remain at 2.4%.)
	• Financial planning and budgets are being reviewed and a paper looking at budgets at month 10 and the plan for 2023/24 will be presented to the next primary care contracting sub-committee.

	• A six month extension to the GP hub was presented to the Finance Performance and Investment Committee and approved as well as giving six months' notice therefore these contracts are now due to expire on 30 September 2023. A task and finish group is being created to undertake a needs assessment as part of the same day access work. This presents a large risk in the system. • There has been a lot of work regarding the delegation of Dentistry, Optometry and Pharmacy contracting to ICBs. Subject to approval by all London ICB boards and NHSE, this function will be managed by NEL ICB from 1 April 2023. Transfer of staff is scheduled for July 2023 subject to the outcome of the consultation and due diligence. The internal auditors have been asked to provide an independent check on the transfer. • The reduction in ICB running costs (30% over 3 years) will impact the restructure and but will hope to retain the primary care team focus at place but will work to support across NEL. • Interviews for the AMD are scheduled for 10 March. • Planned industrial action by junior doctors – very few junior doctors are expected to be working in primary care during this period. Communications will be sent to all practices on how to prepare for this with a similar approach across London. Members discussed the following: • Staff from NHSE's dental, optometry and dental teams will be transferring over in its entirety subject to their consultation. NHSE staff have the same running cost savings to make however details for this cohort of staff has not yet been provided to the ICB. • Once the dental, optometry and pharmacy contracts have transferred, although ICBs cannot make changes to national contracts there may be opportunities to commission some schemes locally. • There is a transformation funding pot of £22m for 23/24 and there have already been a lot of presentations across the system to utilise this fund. These will need to follow the usual business case process to demonstrate value for money and are working closely with places to align with their priorities. • There is a need to ensure funds allocated are fully utilised. **Action:** SSe to share the finance report going to the primary care contracts sub committee. Members of the primary care collaborative noted the verbal update.
6.0	**Items for exception report to PHIC**
	• Update on governance including two of the provider groups are now up and running. • Reflect upon the work starting on improvement and look at writing up work eg access programme and refer back and flag inequalities and whatever we do we need to make sure we do not exacerbate inequalities. • Risk: The GP contract and the way it has been imposed could create issues with general practice colleagues' engagement in terms of transformation improvement. • Risk: Reduction in the running costs could create challenges in capacity for clinical leaders and management team.
7.0	**Draft forward plan**
	The draft forward plan was discussed and noted the following to be included: • Governance update • Update from place primary care leads eg on primary care improvement and delivery groups when set up. • Fuller - system integration • GP contract update and the general practice access recovery plan (once detail is known)

	• Specific areas that are discussed at provider group level could be brought to this sub committee for the strategic view and provide advice to help unblock any areas if needed. **Action:** KC to update the forward plan
8.0	**Any other business**
8.1.	JJ and MR may join provider group meetings on an occasional basis to keep up to date on issues raised and offer any support as required.
Date of next meeting – 10 May 2023	