

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

Monday 15 May 2023; 1500-1645 meeting via Microsoft Teams

<b>Members:</b>	
Jacqui Van Rossum (Chair)	Chief Executive, North East London NHS Foundation Trust
Bas Sadiq	Deputy Chief Executive, Homerton Healthcare NHS Foundation Trust
Kate Turner	Strategy Programme Manager, Barts Health NHS Trust
Mags Farley	Divisional Operations Director for Community and Children's Services, Homerton Healthcare NHS Foundation Trust
Selina Douglas	Executive Director of Partnerships, North East London NHS Foundation Trust
Richard Fradgley	Director of Integrated Care and Deputy Chief Executive Officer, East London NHS Foundation Trust
Ann Hepworth	Director of Strategy and Partnerships, Barking, Havering & Redbridge NHS University Trust
Charlotte Pomery	Chief Participation and Place Officer, NHS North East London
Johanna Moss	Chief Strategy and Transformation Officer, NHS North East London
<b>Attendees:</b>	
Sally Adams	Director for the Community Collaborative Programme, North East London NHS Foundation Trust
Dilani Russell	Deputy Director of Finance, NHS North East London
Matthew Knell	Senior Governance Manager, NHS North East London
Toyin Ajidele	Transformation Programme Lead Community / Community Health Services, NHS North East London
<b>Apologies</b>	
Helen Woodland	Director of Adult Social Care, London Borough of Hackney
Ruth Bradley	Director of Nursing, East London NHS Foundation Trust
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	Director of Strategic Implementation and Partnerships, Homerton Healthcare NHS Foundation Trust

Item	Item title
1.	<p><b>Welcome, introductions and apologies:</b></p> <ul style="list-style-type: none"> <li>Declaration of conflicts of interest</li> </ul> <p>The Chair, Jacqui Van Rossum (JVR) welcomed those present in the Teams meeting to the May 2023 meeting of the NHS North East London (NEL) Community Health Collaborative Sub-Committee (CHCSC or 'the Collaborative').</p>

	<p>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.</p>
<p><b>2.</b></p>	<p><b>Sub Committee business:</b></p> <ul style="list-style-type: none"> <li>• Minutes of the last meeting</li> <li>• Action Log</li> <li>• Matters Arising</li> </ul> <p>The Collaborative received minutes of the meeting that had taken place on Monday 20 March 2023 and agreed them as a true reflection of the meeting.</p> <p>The Collaborative recognised that no actions arising from previous meetings remained open.</p>
<p><b>3.</b></p>	<p><b>Update from Community Reference Group</b></p> <p>Selina Douglas (SD) updated members on the recent development session, noting that key findings had been circulated the previous day. A task and finish group was now being formed to take forward and co-produce this work with the Integrated Care Board (ICB) / Integrated Care System (ICS) and local smaller providers to identify and document the top two to three needs, in order to highlight key issues for community service providers. SD continued to update the Collaborative that:</p> <ul style="list-style-type: none"> <li>• Key themes from the development session had included that the smaller provider voice was vital to the success of local services and for local people, that it needed to be amplified across NEL; perhaps under a similar approach to that being taken to support the Voluntary and Community Sector (VCS). There was also a clear need to work with and avoid duplication of work, and discussions with Places.</li> <li>• As a result of the feedback from the development session, more work would be needed on including the service user voice and ensuring effective representation as part of the Collaborative, along with securing clinical representation for future meetings.</li> <li>• Discussions had not highlighted that the expected role of Collaboratives was not widely understood and that work was needed to explore, confirm and communicate with partners.</li> <li>• The linkages between Collaboratives need to also be explored and work would be needed to ensure that all those working across NEL are joined up and aware of each other's work.</li> <li>• There was a need to confirm the Collaboratives function as the voice and champion of community services across NEL, along with a secondary purpose to explore what the community health standard offer needed to be across NEL, and what is needed in terms of a plan to reach consistency across the area.</li> <li>• Waiting lists remained a significant concern amongst those present at the development session, particular in wound care and speech and language services.</li> </ul>
<p><b>4.</b></p>	<p><b>Community Collaborative updates from leads</b></p> <ul style="list-style-type: none"> <li>• Update on Community Reference Group Workshop event</li> <li>• Virtual Wards Deep Dive</li> <li>• Babies, Children &amp; Young People (BCYP) Speech &amp; Language Therapy (SALT) services verbal update</li> </ul> <p>SD drew members attention to the circulated papers, which set out information and recommendations relating to Virtual Wards and Babies, Children &amp; Young People (BCYP) Speech &amp; Language Therapy (SALT) services. Members discussed the following points:</p>

- That while work on virtual wards had been underway for some time across NEL, some basic questions remained unclear and needed to be addressed quite urgently across the various programmes relating to this work. These included whether current providers were confident in the planned trajectories and projected outcomes for this work.
- Members recognised that there had been concerted efforts aimed at virtual ward programme finances, along with a stock take of activity and beds having been undertaken to allow this group to performance monitor progress in this work. Initial analysis was indicating that mixed approaches were present, across NEL Places in terms of financial performance and bed activity and capacity.
- Members discussed how the 2023/24 operating plan would impact work on virtual wards, noting that while capacity was being added to the system, meeting the requirements of the plan would be complicated with the different approaches in place across NEL.
- It was raised that the virtual ward model in Essex had recently been positively evaluated and that there may be valuable learning for NEL in that community led model. The team were linked in to this work and was assessing the acute led models present in NEL to confirm contracting arrangements in place and potential options available to NEL should any changes be required in this work.
- There was recognition that concerted efforts across partners would be needed to deliver effective virtual wards, possibly supported by a action plan to drive change in the coming months, as the current approach may prove to be unlikely to deliver the kind of results indicated in the operating plan.

Speech & Language Therapy (SALT) services

- The Collaborative was updated that a deep dive in to waiting list issues in SALT, had been due to complete in the following week, but was now extended by 1 week due to the need to be clearer on messaging around this work – this deep dive would not be a whole service review, instead focused only on waiting lists.
- It would be difficult to unlink waiting lists from ongoing demand & capacity issues, which are often heavily supported by non-recurrent (NR) funding that will end in March 2024. There is a pressing need to be clear on what to expect in terms of future funding and service needs, as well as consideration of links and dependencies with SEND services
- There will be clear next steps and an action plan to explore elements of this work in more depth – this is just the start and first step for substantial work in this area.

**5. Community Health Collaborative finance update**

Dilani Russell (DR) briefed the Collaborative on the circulated paper, highlighting that the system was projecting break even at the end of 2023/24, with the ICB in surplus along with ELFT, HUH & NELFT, while BHRUT & Barts Health were looking at ending the year in deficit. Community health services numbers were covered in the plan and included 7.8% growth, with a more detailed plan expected to become available in the upcoming weeks that will need to balance underspends and address any potential risk of slippage in delivery. The Collaborative thanked DR for the briefing and discussed:

- That while the plans in place around aging well looked well developed, there were concerns around the funding provided for long covid services and an assessment of what would be deliverable within the available envelope may be required.
- That a more robust approach to hospital discharge funds may be needed to provide clarity on partner roles and the sharing of information across the system.
- Clarity from the ICB on available funding streams, whether recurrent or non-recurrent would be vital to the successful management of pressures though the upcoming year. A

	<p>wider conversation with system partners would also be useful to ensure that issues encountered in previous years do not repeat in 2023/24, and to bring community health services funding to a similar level of oversight and standing as present in other Collaboratives.</p> <ul style="list-style-type: none"> <li>• Similar clarity on the decision-making powers of Places, and what budgets or services were held at Place would be useful, to provide transparency on how the Collaborative should be working across the NEL system.</li> </ul>
<p><b>6.</b></p>	<p><b>NEL Joint Forward Plan</b></p> <p>Charlotte Pomery (CP) and Johanna Moss (JM) updated the Collaborative on the work underway to produce a NEL Joint Forward Plan, with members having received the first version of the plan with papers in advance of the meeting. It was hoped that the plan would help support what were likely to be some difficult conversations in the upcoming year, as the ICB seeks to provide a complete, unprioritized picture of everything that it is doing. Further discussions across partners may be needed to talk about how some of the work illustrated in the plan is needed to be prioritised. The plan will be refreshed on an annual basis, and feedback from partners would be welcomed at any time. The Collaborative discussed the plan, highlighting that:</p> <ul style="list-style-type: none"> <li>• While it was very helpful to see the totality of the work underway under the ICB, prioritisation of it seemed to be the sensible next step. Members also expressed hope that the plan could help with clarity on what the role of Places was in terms of decision making.</li> <li>• There was some slight concern regarding committing to firm numbers as part of the plan and members discussed the confidence levels that these would be achieved through the year.</li> <li>• The plan presented a good opportunity to identify and share successes, good work, best practices and collaborative approaches across services and partners to ensure that, for instance, everyone involved in delivering the plan was learning consistently across NEL.</li> <li>• Members needed to become familiar with, and take responsibility for delivery of the content that covered community services in the plan, and that this Collaborative would need to focus its efforts on this work through the year, working with partners to ensure that efforts are aligned and integrated.</li> </ul>
<p><b>7.</b></p>	<p><b>The Big Conversation</b></p> <p>CP updated the Collaborative that ‘the big conversation’ would be running over the summer of 2023, and would form the start of a 5 year rolling conversation. The activities planned for the summer would be the first stage to explore local people’s expectations, needs and start to seek recognition around the current financial situation. Members discussed the plans, and feedback included:</p> <ul style="list-style-type: none"> <li>• That the discussion, views and feedback gathered through the conversation needed to be shared across the system and with relevant parties. The Collaborative noted that they wanted to hear back on the outcomes of the listening exercise to help shape their work around community services.</li> <li>• It would be interesting to hear about, and discuss the overlapping of services with local people and those involved in designing and delivering those services. Triangulating this overlapping feedback properly could be very valuable, if it can be taken onwards to the right place in the system.</li> <li>• There were existing community and voluntary organisations present across NEL who could support and promote this work and care should be taken to integrate this conversation with other work underway across the system and to not duplicate or repeat discussions if at all possible.</li> </ul>

	<ul style="list-style-type: none"><li>• Working towards resident led outcomes could help the system hold itself to account, with local support from residents.</li></ul>
<b>8.</b>	<b>Any Other Business</b> No further business was discussed.
<b>Date of next meeting:</b> Monday 17 July 2023 1500 – 1700	

**Minutes of the Mental Health, Learning Disabilities  
and Autism Collaborative Sub-Committee**

**Wednesday 31 May 2023, 9.00am – 11.00am via MS Teams**

<b>Members:</b>	
Eileen Taylor (ET), Chair	Joint Chair, East London NHS Foundation Trust and North East London NHS Foundation Trust
Professor Dame Donna Kinnair DBE (DK)	Non-Executive Director, East London NHS Foundation Trust
Zina Etheridge (ZE)	Chief Executive Officer, NHS North East London
Henry Black (HB)	Chief Finance and Performance 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
Jacqui Van Rossum (JVR)	Acting Chief Executive Officer, North East London NHS Foundation Trust
Sultan Taylor (ST)	Non-Executive Director, North East London NHS Foundation Trust
Darren McAughtrie (DM)	Director, Adult Care & Quality Standards, London Borough of Walthamstow
Selina Douglas (SD)	Executive Director of Partnerships, North East London NHS Foundation Trust
<b>Attendees:</b>	
Marcella Cooper (MC)	Lived Experience Leader – Participant Observer
Gordon Moser (GM)	Lived Experience Leader (Deputy) – 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
Alex Harborne (AH)	Clinical Director, ELFT
Anna McDonald (AMc)	Governance Manager, NHS North East London (Minutes)
<b>Apologies:</b>	
Rachel Obanubi (RO)	Lived Experience Leader
<b>Not in attendance:</b>	
Dr Mohit Venkataram (MV)	Lead Director for New Models of Care, East London NHS Foundation Trust

<b>1.0</b>	<b>Welcome, introductions and apologies</b>
	The Chair welcomed everyone to the meeting including the Lived Experience Leads, the new local Authority sub-committee member - Darren McAughtrie (DM) and Alex Harborne who was in attendance as an observer. Apologies were noted.

	<p>The Chair advised that Marcella Cooper had provided helpful comments and questions on the papers in advance of the meeting which would be responded to outside of the meeting. <b>ACTION: SD</b></p>
<b>1.1</b>	<b>Declaration of conflicts of interest</b>
	<p>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.</p> <p>The Chair advised that the declaration relating to DM would be added to the register in advance of the next meeting.</p> <p>The register of interests was noted and no additional conflicts were declared.</p>
<b>1.2</b>	<b>Minutes of the last meeting</b>
	<p>The minutes of the meeting held on 22 March 2023 were agreed as an accurate record pending one minor correction.</p>
<b>1.3</b>	<b>Actions log</b>
	<p>Members noted the action taken since the last meeting.</p>
<b>2.0</b>	<b>Senior Responsible Officer (SRO) report</b>
	<p>PC presented his report and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Workshops are being planned for June 2023 in order to consider the results of the work undertaken by PA Consulting in regard to outcomes achieved across NEL relating to value and equity across different communities. The workshop dates were provided in the paper and members were advised that the 15 June date has been moved to the June 2023 due to the planned doctors strike.</li> <li>• The National Provider Collaborative Innovator launch was held on 24 May 2023 hosted by Sir David Sloman, Chief Operating Officer of NHS England. Our primary care talking therapies improvement network led by our clinical leads was showcased as part of a breakout on “embedding clinical leadership”.</li> <li>• Our children and young people’s mental health improvement network held an in-person workshop on 29 April 2023 involving children and young people and their families. The event has given us a clear sense of children and young peoples’ priorities for improving mental health and emotional wellbeing.</li> <li>• Our priority work to improve the experience of people with mental health conditions in emergency departments continues and as part of that, a north east London Urgent &amp; Emergency Care Summit was held on 22 May 2023 to consider opportunities for further improvement.</li> <li>• A ‘Mental Health in Emergency Care Improvement Network’ has recently been established to drive our approach to improvement and a north east London wide event is being planned for 19 July 2023 which will bring together our emergency department and psychiatric liaison clinical and operational leads, using quality improvement to help us to develop and test our approach to change.</li> <li>• An update was given in regard to the Child and Adolescent Mental Health Services (CAMHS) Collaborative and the North London Forensics Consortium.</li> </ul> <p>The discussion points were:</p> <ul style="list-style-type: none"> <li>• There may be opportunities for shared learning with other service users at other innovator sites as this moved forward.</li> <li>• The work undertaken by PA Consultants covers all ages.</li> </ul> <p>The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee:</p>

	<ul style="list-style-type: none"> <li>• Noted the report.</li> </ul>
<b>3.0</b>	<b>Deep dive</b>
	<p><b>3.1 Learning disabilities and autism deep dive</b></p> <p>The Chair asked members to consider ways in which elements of this report can be embedded into other areas of work and the overall agenda for this committee going forward to ensure that learning disability and autism are fully embedded.</p> <p>SD presented the paper and acknowledges that this was a starting position to update the committee about Learning Disability and Autism and that further work is required to ensure there is a comprehensive update at every meeting. The key messages were:</p> <ul style="list-style-type: none"> <li>• Our local authority partners are the lead statutory organisations for learning disabilities and they are crucial in the development of all health care services and we have a duty to work together as a system.</li> <li>• The national Learning Disabilities Mortality Review Program aims to review and decrease the number of preventable deaths of people with learning disabilities and autism. The national target for reviews to be completed within six months is 75% and north east London (NEL) is currently achieving 100%. We have increased staff numbers in order to support the demand in terms of learning disabilities and autism mortality reviews and they are hosted within the Quality Directorate.</li> <li>• We need to ensure that at least 75% of our local residents with a learning disability receives an annual health check. NEL is close to achieving that and the number is likely to rise before the final figures are published for 2023/24. Our aim is to continually improve on the number of annual health checks undertaken. City &amp; Hackney, together with NHS England is piloting an annual health check for people with autism.</li> <li>• A central model of training has been developed - 'The Oliver McGowan Training' which has been co-produced by people with learning disabilities and autism.</li> <li>• The 'Stopping over medication for people with a learning disability (STOMP) and the 'Supporting treatment and appropriate medication in paediatrics' (STAMP) initiatives have produced evidence of the reduction of side effects and increase in the quality of life for patients and as part of NEL's response to these areas of work, two dedicated pharmacists have been recruited.</li> <li>• The Learning Disabilities and Autism Transformation Board is focussing on the needs of people with learning disabilities and autism in partnership with local authorities and Place based partners which provides a local approach.</li> <li>• Intensive support Services are being developed in order to help to reduce the number of people requiring a hospital admission due to a mental health crisis and reducing the number of people requiring an admission outside of NEL.</li> <li>• Resources across our diagnostic services for autism people are being increased to improve waiting times.</li> <li>• Pressures on Autistic Spectrum Disorder diagnosis services in ELFT and NELFT continue to increase dramatically and the increase is being seen nationally.</li> <li>• We are aligning our service user experience and we are comparing what is happening in inner and outer NEL to ensure the offer to our residents is the same regardless of which NEL borough they live in.</li> </ul> <p>The key discussion points were:</p> <ul style="list-style-type: none"> <li>• Consideration is needed as to what integration means to people with learning disabilities and autism and what our service users and carers want from an integrated approach. We need to challenge ourselves on how ambitious we intend to be and how we are going to hold ourselves to account in regard to integration.</li> <li>• There needs to be a focus on eligibility criteria and models of service to ensure residents have the same level of service available to them regardless of which NEL borough they live in.</li> </ul>



	<ul style="list-style-type: none"> <li>• There is a lot of work happening in partnership with our local authorities not only in social care but in other areas such as housing to ensure that this is embedded at Place level.</li> <li>• More needs to be done about the length of time people in crisis are having to spend in A&amp;E.</li> <li>• Life expectancy of people with autism needs to be looked at.</li> <li>• Data on the autism disorder waiting list for the inner NEL boroughs needs to be included in the report going forward in order to be able to see where improvements are being made.</li> <li>• The gaps in support when a child becomes an adult need to be fully identified and addressed.</li> <li>• Access to all services including GP surgeries, crisis centres, hospitals etc needs to be improved.</li> <li>• We need to ensure that proactive work is taking place in regard to the number of people who have not had an annual health check.</li> <li>• The other NEL collaboratives will receive updates to support them in understanding this critical agenda, particularly the acute and primary care collaboratives. SD to liaise with Sarah See in regard to the Primary care Collaborative. <b>ACTION: SD.</b></li> </ul> <p>SD to follow-up the comments put forward during the discussion and ensure that the comments and questions submitted by MC in advance of the meeting are responded to outside of the meeting. <b>ACTION: SD</b></p> <p>The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee:</p> <ul style="list-style-type: none"> <li>• Noted the content of the report</li> <li>• Approved the approach.</li> </ul>
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<b>4.0</b>	<b>Strategy and Planning</b>
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	<p><b>4.1 Final 2023/24 Mental Health Plan</b></p> <p>RF explained that the report outlined the priorities set out in the national planning guidance. The plan for how we intend to approach the delivery of the seven service user and carer priorities is being drafted with lived experience colleagues, quality improvement colleagues and others and will be presented to the committee in July. <b>ACTION: RF.</b> The key messages in the report were:</p> <ul style="list-style-type: none"> <li>• There are six national priorities for mental health in the national plan for 2023/24: <ul style="list-style-type: none"> <li>○ Increase the number of pregnant women and new mothers able to access perinatal mental health services</li> <li>○ Increase the number of children &amp; young people able to access NHS funded mental health support</li> <li>○ Increase the number of adults and older adults accessing primary care talking therapies services</li> <li>○ Increase the number of adults and older adults supported by community mental health services</li> <li>○ Work towards eliminating inappropriate adult acute out of area placements</li> <li>○ Ensure that 66.7% of people expected to have dementia in the population have a diagnosis.</li> </ul> </li> <li>• Approximately £27m of growth funding is available for mental health for 2023/24.</li> <li>• The detailed planning work to determine what it would cost to deliver the six Long Terms Plan priorities has been undertaken in partnership with NELFT, ELFT, the ICB and our Place based partnerships.</li> <li>• £16m has been allocated to Place-based planning and circa. £11m has been reserved for NEL-wide programmes.</li> </ul>
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- One of the significant investments for the inner NEL boroughs is the development of a community crisis service for children and young people with mental health conditions.
- The outer NEL focus is on delivering the final year of the previously agreed three year-plan to invest in crisis services.
- Some of the significant NEL-wide schemes are; developing additional in-patient beds for adults with mental health conditions in NEL; developing capacity in female psychiatric intensive care at Mile End Hospital for NEL patients; funding the clinical decision unit at Goodmayes Hospital; developing our health-based place of safety arrangements; developing our crisis lines with the NHS 111 service.
- NELFT, ELFT, the ICB and our Place-based partnerships have worked in an unprecedented collaborative way to achieve this position.

The collective work achieved by the system was commended.

Members discussed the report and the key points included:

- It was noted that the key performance indicators (KPIs) have been slimmed down this year. However, members were advised that the submitted plan is not compliant for all of the KPIs. There are mitigating circumstances regarding children & young people's access, perinatal mental health and primary care talking therapies and discussions need to be held in regard to what our plans are for addressing those and how we are going to improve those areas.
- Careful consideration will need to be given in regard to the impact that the recent announcement made by the Metropolitan Police Commissioner will have on the experience of our service users and carers, the timeline in particular.
- An options appraisal is being drafted to help us understand where best to site our health-based places of safety going forward and that will be presented to the Mental Health Program Board.
- Consideration is needed in regard to the impact on service users when decisions are made to merge existing centres into one. The Donald Winnicott Centre in Hackney was given as an example and the impact on services users' in terms of medication, sleep and overall mental health was explained. RF to follow-up the discussion with the appropriate borough director outside of the meeting. **ACTION: RF**

The Chair drew the discussion to a close by asking for the language used in the reports to be more accessible.

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

- Approved the proposed plan.

#### **4.2 NEL Joint Forward Plan**

The Chair advised that due to the size of the full plan, a summary had been included in the meeting papers pack and that the full plan was available to anyone who wanted to see it. The Chair recapped on a question asked at a recent ELFT board meeting which was 'what is the ICS for?' and asked for this to be explained in the Joint Forward Plan document and also communicated as part of the 'Big Conversation'.

JM presented the report. The key messages were:

- The NEL Joint Forward Plan (JFP) is our system delivery plan which demonstrates how we are going to implement and develop change programmes in order to collectively deliver on our ambitions set out in our strategy.
- The JFP reflects all the system work that is underway and it will be updated as a system on an annual basis.
- We need to submit the plan to NHS England by the end of June 2023.

Members commented on the document:

- It needs to be much more accessible - less technical and more service user friendly.
- Having a 'plan on a page' would be more helpful to the Lived Experience Leads in order to help them to gain a better understanding of the document and enable them to have a better understanding of the key messages.
- References to the back log in planned care need to be reworded so that it is clear that this is across mental and physical health services.
- The Urgent & Emergency Care program description should cross check the mental health crisis care work to ensure it is joined up.
- It needs to reflect that all health and care services across NEL work well for people with mental health issues, learning disabilities and autisms and we need to set that as an ambition for the next iteration of the document.
- The description of social care on slide 5 of the summary slide set needs to be reworded.

As part of the discussion, the variation between service user experiences of using primary care services across our boroughs particularly in regard to access to GPs was raised. It was agreed that this is a challenge that needs to be explored at Place level by coming together to co-produce, design and develop services with the help of our services users and carers.

JM to follow-up the comments and discussion points. **ACTION: JM**

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

- Reviewed and commented on the plan and how it aligns with their collaborative priorities.
- Approved the draft.

#### **4.3 The Big Conversation**

The Chair introduced this item by saying that we need to harness the knowledge that exists within our communities. JM presented the report. The key messages were:

- This is a comprehensive on-going engagement exercise which is being co-produced with local residents across NEL about all of the services we provide across our boroughs.
- We want to build on all the good work that is already happening locally.
- People will be able to participate through surveys online or face to face, at drop-ins, events, online discussions and more.
- Healthwatch are developing a consistent set of questions, building on previous work and insight, with the opportunity to include more locally targeted questions.
- We hope to be able to build a rich picture of what matters most to local people which will inform all our future plans.

The key discussion points were:

- Advice and support from people with learning disabilities and autism is key to making this meaningful to everyone. JM to discuss this further with MC outside of the meeting. **ACTION: JM**
- Some of the difficulties in navigating all the different services available for people with mental health, learning disabilities and autism were highlighted by the Lived Experience Leads. Members agreed that the range of different professions, interventions and therapies available to people can be confusing. RF suggested an analysis of talking therapies and prescribing activity for people with common mental health problems could be undertaken and presented to the committee in the autumn as part of the forward plan. **ACTION: RF**

	<ul style="list-style-type: none"> <li>• The committee’s forward plan will be added to the next agenda so that people can suggest future agenda items. <b>ACTION: RF.</b></li> <li>• There needs to be the opportunity to sign post people to services during the Big Conversation. <b>ACTION: JM</b></li> </ul> <p>As part of the discussion, it was suggested that it would be useful going forward to have specific aims and goals that we want to achieve rather than keep talking about lots of different topics which generate more questions than answers. RF and SD to discuss what more can be done at the de-brief sessions that CE holds with the Lived Experience Leads after each meeting. <b>ACTION: RF/SD</b></p> <p>The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee:</p> <ul style="list-style-type: none"> <li>• Noted the proposed approach.</li> </ul> <p><b>4.4 Mental Health priority in the Joint forward Plan</b></p> <p>FR presented the report. The key messages were:</p> <ul style="list-style-type: none"> <li>• Feedback given at the March meeting has been action including the request to strengthen our focus on inequalities.</li> <li>• The key areas of focus were highlighted.</li> <li>• This will continue to be developed.</li> </ul> <p>The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee:</p> <ul style="list-style-type: none"> <li>• Approved the content of the report.</li> </ul>
<b>5.0</b>	<b>Governance</b>
	<p><b>5.1 Creating an inclusive and effective committee</b></p> <p>RF presented the report. The key messages were:</p> <ul style="list-style-type: none"> <li>• Discussions have been held with our Lived Experience Leaders to review and reflect on how the Mental Health, Learning Disability and Autism Collaborative sub-committee has been operating to date and how we can ensure it is effective at conducting business and is accessible and inclusive as possible. Some progress has been made and that will continue as we move forward.</li> <li>• A committee effectiveness survey has been undertaken.</li> <li>• We are working together across NEL and with NHS England through the NHS Provider Collaborative Innovators Scheme to look at how this committee might become a joint committee of the Integrated Care Board and the two trust boards. This is a key step on our journey as an integrated system. A draft terms of reference (ToR) has been produced and it is hoped that a final draft will be able to be taken through the governance process of each organisation in July in readiness to meet as a joint committee in September.</li> </ul> <p>Members provided comments on the draft ToR:</p> <ul style="list-style-type: none"> <li>• How the new joint committee interfaces with Place-based partnerships needs to be clearly stated and explicit</li> <li>• How the new joint committee feeds into each individual organisations’ board needs to be explicit.</li> <li>• Meeting papers need to be circulated in a timely manner to allow sufficient time for people to read and understand them.</li> </ul> <p>The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee:</p> <ul style="list-style-type: none"> <li>• Noted the feedback from Lived Experience Leads and deputies</li> <li>• Commented on the plans.</li> </ul>

<b>6.0</b>	<b>Assurance</b>
	<p><b>6.1 Performance report</b> SD presented the report for noting and advised that a planning session with the authors of the performance report has been arranged with the key aim of developing an integrated quality and performance report going forward.</p> <p>The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee:</p> <ul style="list-style-type: none"> <li>• Noted the report and welcomed the plans to improve the report.</li> </ul> <p><b>6.2 Finance report</b> MY presented the report for noting. The key messages were:</p> <ul style="list-style-type: none"> <li>• A summary of the 2023/24 Mental Health and System Development Fund (SDF) that was submitted to NHS England in May 2023 was included in the report which shows that the ICB is planning to meet the Mental Health Investment Standard (MHIS) target and commitments against the SDF plan for 2023/24.</li> <li>• The month 12 submission to NHS England is showing that the ICB has exceeded the MHIS target by £0.5m.</li> <li>• We need to consider what this committee expects and needs to see included in future finance reports so that it is meaningful for this committee.</li> </ul> <p>The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee:</p> <ul style="list-style-type: none"> <li>• Noted the report.</li> </ul>
<b>7.0</b>	<b>Any other business</b>
	There were no additional items to be discussed.
<b>Date of next meeting – 21 July 2023</b>	

**Minutes of the Primary Care Collaborative Sub-Committee**

**Wednesday 10 May 2023; 13:00 – 15:00; via MS Teams**

<b>Members:</b>	
Jagan John (JJ) – Chair	Primary care board rep
Mark Rickets (MR)	Primary care board rep
Johanna Moss (JM)	Chief Strategy and Transformation Officer, 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
Dr Ben Molyneux (BM)	Associate Medical Director for Primary Care, NHS North East London
Shilpa Shah (SSh)	CEO NEL LPC
<b>Attendees:</b>	
Dr Khyati Bakhai (KBa)	Place based clinical lead (TH)
Dr Janakan Crofton (JC)	Place based clinical lead (WF)
Dr Shabana Ali (SA)	Place based clinical lead (Redbridge)
Steve Collins (SC)	Director of Finance, NHS North East London rep for Henry Black
Joanne Triggs (JT)	Head of Communications and Engagement, NHS North East London – for item
Keeley Chaplin (KC)	Minutes - Governance Manager, NHS North East London
<b>Apologies:</b>	
Henry Black (HB)	Chief Finance & Performance Officer
Sarah See (SSe)	Managing Director of Primary Care, NHS North East London
Dr Kirsten Brown (KBr)	Place based clinical lead (C&H)
Dr Kanika Rai (KR)	Place based clinical lead (B&D)

<b>Item No.</b>	<b>Item title</b>
<b>1.0</b>	<b>Welcome, introductions and apologies</b>
	<p>The Chair welcomed members to the meeting. Membership changes since the last meeting were as follows</p> <ul style="list-style-type: none"> <li>• Ben Molyneux has been appointed as the Associate Medical Director for Primary Care</li> <li>• Shabana Ali is representing Redbridge as the place based clinical lead.</li> <li>• Yogendra Parmar has stood down as the pharmacy provider rep and the pharmacy group will be nominating their representatives.</li> </ul> <p>Apologies were noted as above.</p>
<b>1.1.</b>	<b>Declaration of conflicts of interest</b>
	<p>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.</p> <p>No additional conflicts were declared.</p> <p>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.</p>

1.2.	Minutes of the meeting held on 8 March 2023
	The minutes of the last meeting held on 8 March 2023 were accepted as an accurate record.
1.3.	Matters arising/action log
	Members noted the action log and agreed to close ACT005, ACT007, ACT008, ACT009, ACT010 and ACT011 as completed or on the agenda.
<b>2.0</b>	<b>Terms of reference</b>
	<p>The primary care collaborative sub-committee terms of reference include a primary care management representative which is currently vacant. It was noted that the process to fill this role will commence soon.</p> <p>Healthwatch will be asked to nominate a representative to join this sub-committee and, as part of the Big Conversation, a resident representative will be sought.</p>
2.1.	General practice provider group
	The updated terms of reference was presented to note progress. Changes made include the addition of a descriptor of the organogram and the provision for two salaried GP representatives to sit on the group. Members agreed that the term 'salaried' should be changed to 'sessional'. The terms of reference are currently with the solicitors and once they have returned their comments this change can be made.
2.2.	Pharmacy provider group
	The draft terms of reference were presented to note progress. These are currently with the solicitors for review and will be presented for approval once finalised.
<b>3.0</b>	<b>Update from provider groups</b>
3.1.	Pharmacy provider group
	<p>The group met on 18 April, co-chaired by the NEL Chief Pharmacist and another yet to be agreed. The group is evolving and is becoming more interactive and two members of the group will be nominated to represent the group at the collaborative. Key discussion points noted were:</p> <ul style="list-style-type: none"> <li>• There are increasing pressures in community pharmacy</li> <li>• Supply chain issues are causing an increase in the number of out of stock medications. This could cause added cost pressures for pharmacies with some alternative medications costing double the price of reimbursement.</li> <li>• Promotion of the Electronic Repeat Dispensing (ERD) would relieve some admin pressure for GPs as they could prescribe for six to twelve months and the pharmacy will then dispense these medications monthly. This will also help to manage reduced stock.</li> <li>• Workforce pressures are also being seen in pharmacy.</li> <li>• National pharmacy services were also discussed and how successful the NEL Community Pharmacy Consultation Services (CPCS) is and the launch of Hypertension and Blood Pressure Monitoring service which GPs can refer into. A new oral contraceptive service has been announced which may not receive a high uptake from pharmacies, however, since the latest announcement of additional funding into the sector this may encourage more to sign up to this which will also free up GP practice time.</li> </ul> <p>Discussion points noted:</p> <ul style="list-style-type: none"> <li>• GP members requested a 'live' directory of pharmacy services being provided and in which pharmacies which would allow them to signpost patients accurately. This could be kept on the NEL intranet to use as a resource for all primary care colleagues. There</li> </ul>

	<p>are some services however which require GPs to use the referral system which will direct patients to pharmacies that have signed up to them eg blood pressure monitoring.</p> <ul style="list-style-type: none"> <li>• Training is provided to GP practice staff on pharmacy services and how to send patients to them. The LPC are hoping to get a small amount of funding to train staff in surgeries on ERD. The best person to train and lead this may be surgery dependent.</li> <li>• There is some variation on response time for CPCS and it would be good to be made aware of these with the directory.</li> <li>• A heatmap of NEL pharmacies which shows capacity in pharmacies would help to monitor areas at risk.</li> <li>• Relationship building between general practice and community pharmacies is important especially with the PCNs moving into neighbourhoods.</li> <li>• An area of concern for community pharmacy is with the ARRS funding, pharmacists are moving into PCNs so wide engagement will need to be done when details of the newly announced service is made available. Support will be made to these pharmacists by the LPC but they will advise only to sign up if the community pharmacy can cope with the workload.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• SSh will review the request for the directory of services with colleagues.</li> <li>• It will be useful for pharmacies to be provided with PCN key contacts.</li> <li>• SSh will feedback on the CPCS response times</li> <li>• SSh will clarify when a Serious Shortage Protocol (SSP) is put into place for example following the promotion of HRT, how this information is filtered to community pharmacies to prepare or how pharmacies be supported.</li> </ul> <p>Members noted the verbal update and asked SSh to feedback the ideas to the provider group.</p>
3.2.	General practice provider group
	<p>At the last meeting of the general practice provider group there was a round up of news from each borough. Key points from that meeting were:</p> <ul style="list-style-type: none"> <li>• The main themes of discussion relate to interface issues and that there is there is a shift in unsustainable workload in general practice as well as for dental, optometry and pharmacy (DOPS).</li> <li>• Medicines shortages were noted and work with pharmacy colleagues can be provide support where they can. There may need to be a NEL wide approach to clinical risk issues agreed with the collaboratives and the clinical advisory group.</li> <li>• The group also discussed legitimising PCNs and DOPs at places and that there are still gaps that should be addressed as well as links with other collaboratives that still need to be made.</li> <li>• Contract changes were discussed with the publication of the <a href="#">Delivery plan for recovering access to primary care</a> and the primary care team and others will pull together a briefing for provider colleagues to understand the full impact of the contract changes.</li> <li>• The collaborative is asked to be fully involved in the development of a strategy ensuring providers are kept engaged and informed.</li> <li>• The PCN extended access hours DES will end in September and a plan will need to be developed on where these appointments will go.</li> <li>• The CQC are developing a new regulatory model based on a single assessment framework and webinars are being held for providers to join.</li> <li>• A vaccination and immunisation strategy for NEL is being developed to improve vaccine uptake and reduce inequalities and two workshops have been arranged to co-design this.</li> </ul> <p>Members noted the verbal update.</p>



<b>4.0</b>	<b>GP Community Pharmacist Consultation Service</b>
	<p>SSh presented on the success of the NEL GP community pharmacist consultation service.</p> <ul style="list-style-type: none"> <li>• NEL is the highest ICB for referrals over the last two quarters nationally with 66k referrals in the year to March 2023 since its launch via EMIS. This has potentially saved the equivalent number GP practice appointments.</li> <li>• Referral is via EMIS integration local services. EMIS are scheduled to update their system to automatically update the patient record.</li> <li>• A small number go back to the GP eg for their prescription if they cannot afford to pay for the over the counter medication recommended or that they need to consult their GP on their condition.</li> <li>• Some surgeries have not yet used the service. The ICB have allocated some funding which will be used to appoint a dedicated person to support this service and will go into practices to provide training.</li> </ul> <p>Comments included:</p> <ul style="list-style-type: none"> <li>• There has been a mix of staff and patient experiences of this service received. The LPC does not have a role to monitor these pharmacies but would welcome feedback on pharmacists that are not performing as well as others so they can provide support where needed for this and future services.</li> <li>• The reasons for dropped referrals were discussed. Solutions are being looked at eg if funding were made available a text message reminder service could be put in place.</li> <li>• GP surgery/pharmacy relationships and support and supervision could be built upon.</li> <li>• The LPC have approached the ICB to provide a minor ailment scheme for patients that cannot afford to pay for medications. This will help with cost of living issues.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• SSh agreed to feedback to the national team that the service could be improved if they could add photos for an e-consultation.</li> </ul> <p>Members noted the presentation and thanked SSh for the update.</p>
<b>5.0</b>	<b>Joint report from the managing director of primary care and associate medical director for primary healthcare</b>
	<p>In the absence of SSe, JM updated on the following:</p> <ul style="list-style-type: none"> <li>• The ICB is currently in consultation with all staff employed by the ICB. The proposed structure will resource a managerial team, alongside clinical leadership, at place and neighbourhood to work across primary care. All places will have a head of primary care team and team at neighbourhood (except City &amp; Hackney which will have a different structure) with a centralised primary care contracting and improvement team working across NEL. If any urgent issues are not being addressed then please raise them with JM or SSe.</li> <li>• The ICS has submitted a final operating plan at the beginning of May. The overall plan for the system has a breakeven position however individual organisations may be planning to deliver a surplus result and some may have a deficit position.</li> <li>• The team are currently working through the primary care delegated funds looking at the impact on the latest contract position and quantifying the level of risk.</li> <li>• A review of the ICB and ICS investments is being undertaken and an ICS wide recovery group will be created.</li> <li>• Dental, ophthalmic and pharmacy budgets are currently with NHS England and these will be delegated over to the ICB.</li> </ul>

	<p>BM provided an update on his work since starting in post.</p> <ul style="list-style-type: none"> <li>• BM attended the London primary care transformation board and London primary care board.</li> <li>• The primary care board focussed on estates strategy and net zero strategy which highlighted the scale of void space in London. Capital estates allocation is small and the London team are lobbying to improve on this position. A strategy to ensure this is undertaken equitably will be needed.</li> <li>• The transformation board noted that London GPs deliver more appointments than nationally. They have the highest proportion of same and next day appointments but with 20% fewer GPs than national average. The GP improvement programme was discussed with demand up on pre-pandemic levels. Other topics discussed were: <ul style="list-style-type: none"> <li>• An improvement programme is referenced in the recovery plan which has helped 724 practices with 94% reporting significant productivity gain. There is a universal offer for this.</li> <li>• The launch of an e-learning programme that the Equip team have led on regarding improving access using tools they already have.</li> </ul> </li> <li>• A NEL meeting was held with local constituency MPs with their main concern focused on access but they recognised that we are doing a good job in difficult circumstances, referencing accommodating people seeking asylum at short notice.</li> <li>• BM is chairing a task and finish group regarding the access contract which has been served notice. They deliver 22k appointments per month and the group will look at what can be done in the immediate future as well how it can feed into the Fuller work.</li> <li>• BM will also focus on the long-standing IT issues that colleagues are facing and will be joining IT meetings as well as convening a meeting of primary care with IT to investigate.</li> <li>• Provider groups are progressing with the GP and Pharmacy groups already established with dentistry estimated to commence by the summer and optometry by the end of the year.</li> </ul> <p>Comments included:</p> <ul style="list-style-type: none"> <li>• There has been no uplift to cover primary care bills due to the cost of living increases. The finance team are still working through the breakdown of delegated budgets.</li> <li>• SC advised that though the system is predicting a breakeven position there is still a large risk and a continued focus to drive difficult choices such as the extended access contract. There are pressures across the system including mental health and will need to continue to work together.</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• JM will share the proposed organisational structure charts with the group for information.</li> <li>• SC and BM to have an induction meeting and will discuss IT.</li> </ul> <p>Members noted the verbal update. A written report will be provided in future.</p>
<b>6.0</b>	<b>Joint Forward Plan</b>
	<p>JM presented the update on the five-year joint forward plan describing how we will, as a system, deliver the NEL Integrated Care Partnership Strategy as well as core NHS services. The plan will be submitted to NHSE at the end of June but will be a live document that will be subject to continued iteration. The primary care collaborative has oversight of the implementation of the primary care strategy which looks at the model of primary care as well as workforce and infrastructure. There is a need to ensure the plan reflects all of primary care to ensure its not GP biased.</p>

	<p>Comments from members were:</p> <ul style="list-style-type: none"> <li>• Key priorities and areas of risk for primary care are wellbeing, workload and workforce. We need a robust NEL workforce strategy rather than waiting for guidance from NHSE. This is a major risk across the whole system in NEL.</li> <li>• An ability to flex locally and deliver as much of core requirements is important.</li> <li>• A focus on recruitment and retention is vital including training hubs and having a clear remit on what should be done at NEL level and what is at a local level. Having a workforce strategy at NEL level may be unmanageable.</li> <li>• SSe and BM are going to look at all current workforce and training initiatives and collate the information to start the process. There should be a NEL wide principle but will work with places on what they would like. Wellbeing also feeds into this.</li> <li>• Co-production and personalisation should be themed across the whole plan.</li> </ul> <p>Members noted the report and JM will feedback comments made.</p>
<b>7.0</b>	<b>The Big Conversation</b>
	<p>Joanne Triggs presented on the big conversation which will launch soon as ongoing dialogue with residents.</p> <ul style="list-style-type: none"> <li>• This will also feed into areas such as the integrated care strategy.</li> <li>• Healthwatch are supporting the ICB on this work and are contracted to run a survey and provide insights.</li> <li>• There will be a number of events held across NEL to reach as many people and communities as possible.</li> <li>• This will be an ongoing programme.</li> </ul> <p>Comments included:</p> <ul style="list-style-type: none"> <li>• A report will be produced which will be shared widely.</li> <li>• Regarding tackling health inequalities and inequities in investment, it will be a challenge to make the different communities and groups feel that their voices count and how will they manage expectations if there is a need to prioritise? This has yet to be finalised but it has been suggested that budgets will be shared and there is a need to be open and honest with what can be achieved.</li> </ul> <p>The sub-committee noted the proposed approach and will feedback any further comments as required.</p>
<b>8.0</b>	<b>Items for exception report to PHIC</b>
	<p>Items that will be brought to the Population Health and Integration Committee are:</p> <ul style="list-style-type: none"> <li>• Reminding colleagues that primary care has a wider breadth and opportunities that can present to us such as the community pharmacy consultation service and will include the suggestion of the minor ailment scheme.</li> <li>• Note the London wide focus on estates.</li> <li>• Emphasise the challenges on primary care workforce and the importance of flagging that there is an urgent need to start working on this and there is an important subset of the Workforce Strategy which is to develop a primary care strategy.</li> <li>• Recent publication on primary care access improvement – we may want to highlight this publication and that further discussion on this will be held at our next meeting.</li> </ul>
<b>9.0</b>	<b>Results of the committee effectiveness survey</b>
	<p>The chair presented the results of the committee effectiveness survey and thanked those that participated. There was some good feedback which have been noted and suggestions for improvements will be incorporated such as a populated forward planner. A summary will also be included in the ICB's annual report.</p>

	Further comments on the sub-committee are welcomed by the chairs.
<b>10.0</b>	<b>Meeting forward plan</b>
	Members noted the forward planner for the meeting, noting that this is a live document and will be subject to change as new priorities come into the system.
<b>11.0</b>	<b>Items for information</b>
11.1.	Collaborative reports to PHIC
	Members noted the collaborative reports that were received by PHIC as its meeting held in April.  A request was made for a short summary report of the collaboratives including their current priorities and transformation ideas and the primary care collaborative should provide similar.  <b>Action:</b> MR, JJ, SSe and JM to consider a short summary / plan on a page of the collaborative that can be shared with other collaboratives and that could also be reciprocated.
<b>12.0</b>	<b>Any other business</b>
12.1.	<u>Health inequalities funding</u> Could colleagues share how the health inequalities funds are being allocated in each place eg TH together board have discussed this but have not yet decided on where it should be spent? <b>Action:</b> BM and PG to discuss further
12.2.	<u>Service reports</u> KB asked for access to service reports for hospital trusts as these can impact the local primary care system and is helpful to see service availability and performance. This may be part of the acute collaborative feedback.  <b>Action:</b> JM/BM will look into this and ensure this is not done in another forum.
12.3.	<u>Interface issues</u> Members asked for a holding position to communicate as it's a popular point of discussion.  <b>Action:</b> The chairs and JM will look into this and where it is appropriate for these items to be raised and not repeated with assurance that there are no gaps for important issues to fall through.
<b>Date of next meeting – 12 July 2023</b>	