NHS
North East London

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

Monday 17 July 2023; 1500-1700 meeting via Microsoft Teams

Members:	
Jacqui Van Rossum (Chair)	Chief Executive, North East London NHS Foundation Trust
Ruth Bradley	Director of Nursing, East London NHS Foundation Trust
Ben Braithewaite	Medical Director, Community Health Services, East London NHS Foundation Trust
Paul Calaminus	Chief Executive, North East London NHS Foundation Trust
Selina Douglas	Executive Director of Partnerships, North East London NHS Foundation Trust
Charlotte Pomery	Chief Participation and Place Officer, NHS North East London
Bas Sadiq	Deputy Chief Executive, Homerton Healthcare NHS Foundation Trust
Mags Shaughnessy	Homerton Healthcare NHS Foundation Trust
Attendees:	
Sally Adams	Director for the Community Collaborative Programme, North East London NHS Foundation Trust
Toyin Ajidele	Transformation Programme Lead Community / Community Health Services, NHS North East London
Anna Bjorkstrand	Director, Adult Community Health Services, East London NHS Foundation Trust
Brid Johnson	Executive Director of Integrated Care London, North East London NHS Foundation Trust
Nina Griffith	City & Hackney Place Delivery Director, NHS North East London
Dilani Russell	Deputy Director of Finance, NHS North East London
Matthew Knell	Senior Governance Manager, NHS North East London
Apologies	
Richard Fradgley	Director of Integrated Care and Deputy Chief Executive Officer, East London NHS Foundation Trust
Johanna Moss	Chief Strategy and Transformation Officer, NHS North East London
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
Ann Hepworth	Director of Strategy and Partnerships, Barking, Havering & Redbridge NHS University Trust
Helen Woodland	Director of Adult Social Care, London Borough of Hackney
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 & Partnerships, Homerton Healthcare

Item	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 July 2023 meeting of the NHS North East London (NEL) Community Health Collaborative Sub-Committee (CHCSC or 'the Collaborative'). Selina Douglas (SD) chaired the initial opening of the meeting due to technical issues. 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 15 May 2023 and agreed them as a true reflection of the meeting. The Collaborative recognised that no actions arising from previous meetings remained open.
3.	**Developing the Community Collaborative** Selina Douglas (SD) and Sally Adams (SA) verbally briefed members on the work of the Collaborative team since the last meeting, including that: • Efforts had been focused on how to develop and strengthen services under the umbrella of the Collaborative, especially in terms of seeking clarity and confirming arrangements for finances. • Interdependencies across the work of the Collaborative, and with other teams in NEL were becoming apparent and it was important to ensure that the voice of the Community Health Collaborative wasn't lost in these system discussions. • An 'away day' was planned to take place on 25 August to revisit the role and form of the Collaborative, with a particular emphasis on the required interface with Places and the Primary Care Collaborative. The results of these discussions would be updated on in the September 2023 Collaborative meeting. • The Collaborative Delivery Board was vital to the success of the overall Collaborative, to address operational and specific challenges while the Sub Committee concentrated on oversight and strategy. • Work was underway to assess and scope exactly which programmes of work remained under the Collaborative, with discussion on the Virtual Wards programme featuring later on the agenda and a focus on eliminating any duplication of work across the system. • Community Collaborative colleagues were in contact with those working in the Mental Health Collaborative to look at adapting some of the work underway in that team, particularly around capacity and demand mapping. Collaborative members thanked the team for the update and their work and discussed the following points:

	• That many other Integrated Care Systems (ICSs) did not operate a Community Health Collaborative, but instead a Primary Care and Community Services Collaborative. • That effective integration across the system was possibly more important for the Community Health Collaborative than the other Collaboratives in operation, as very little care or work is generated or starts in Community services, with demand driven by Primary Care and from the Acute setting. • Ensuring that a strong, active voice was present for the Community Collaborative in the system would be vital to the success of the teams work, which was made more complicated due to the mixed funding and ownership of services across NHS and local authority organisations. • Any action to reduce duplication and avoid silo working was welcomed, especially in light of pathways under the Collaborative often crossing organisational boundaries and care settings across the entire NEL system. • Exploration and confirmation of the role of the Population Health & Integration Committee (PHIC) would be helpful to confirm relationships between Collaboratives and Places, how the system worked together and where strategies should be developed, aligned and held. • Any 'away day' needed to conclude with a clear remit, confirmation of the Collaboratives added value for the system and how it interfaces with Place and the wider NEL system. Sub Committee members would be invited to the session. **ACTION:** SD to ensure that CHCSC members are invited to the 25th August 2023 away day.
4.	**Community Collaborative Finance Update** Dilani Russell (DR) briefed the Collaborative on the contents of the circulated paper, highlighting that: • The ICB was currently forecasting an overspend on community services, although there was some limited opportunity to move funding around within the plan, with for instance, spend on hospice care looking to be less than planned. • Spend on Aging Well, Covid and Sustainable Development Funding (SDF) remained consistent, with Aging Well spend now mostly recurrent business as usual. An assessment of Covid services was underway across NEL to look at delivery models, with firmer long Covid proposals to be discussed at a future Collaborative meeting. Members thanked DR for the presentation and discussed the following points: • There was an opportunity window present to take an overarching look at community services across NEL and consider options for potential integration, sharing of best practice or changes in approach needed at the NEL level. There were not any obvious conclusions formed at this point, and further work would be needed to take this kind of holistic assessment of the care sector. • Work on the development of a longer-term financial strategy and review plan for the Community contracts in place across NEL should be planned for in the near future. • Whether it would be possible to receive future iterations of the finance report cut by Place to support discussions on variance across NEL. • That it was acknowledged that East London NHS Foundation Trust (ELFT) had raised the possibility of reviewing and removing some of the current key performance indicators (KPIs) in place around continuing healthcare (CHC). Discussions on this matter were continuing.

5.	**Partnership working in Babies, Children & Young People** Brid Johnson (BJ) verbally updated members, noting that Siobhan Hawthorn (SH) had not been able to join the Collaborative on this occasion. The Committee noted that: • Concerns were present around waiting times across the system, with a working group being set up to explore and establish greater visibility of the issues present. • The work underway within this group was integrating with the Special educational needs and disabilities (SEND) work underway at Place, recognising that concerns and scrutiny of Speech and Language Therapy (SALT) services and community paediatrics was increasing. • An action plan should be available by the following meeting to provide further information on this work.
6.	**Virtual Wards: Programme update and governance** Nina Griffith (NG) and Charlotte Pomery (CP) shared the circulated paper with Collaborative members, noting that: • The virtual wards programme of work was moving to be aligned under the Urgent and Emergency Care (UEC) Programme, with governance now managed through that programme. The system-wide virtual ward steering group will continue as the forum to bring place teams together and identify system wide opportunities, with it now reporting into the NEL UEC Programme Board. • Links in to the Collaborative will be retained, with step up and down services remaining with the Community Collaborative, along with any early interventions. • Care will be needed when working with winter discharge funding, as while this has been used to support virtual wards in the past, if the frailty model to keep people in their own beds works, funding may need to flow to Community services in the future to support this work. • Virtual wards for children had been launched at the national level recently, with Barking, Havering & Redbridge NHS Trust (BHRUT) looking at early adoption in the coming months. • There were significant opportunities present in this work that teams across the system would be exploring in the run up to winter, for instance flexible monitoring at home that can expand to address demand and available funding. • PricewaterhouseCoopers (PWC) were engaged with the Integrated Care Board (ICB) to help produce a system resilience plan that will include coverage of winter pressures. • It was recognised that the finance plans and reports would need to be updated to reflect this change in accountability, although further discussion would be needed outside of the Sub Committee to look at specifics, with the possibility of retaining some coverage of virtual ward reporting for information.
7.	**Community Reference Group Update** Toyin Ajidele (TA) briefed the Collaborative members on the circulated paper, highlighting that: • A meeting of the initial group was planned to take place in August, while further work on the exploration of roles and governance/decision making arrangements was underway. This would include confirmation of chairing arrangements and meeting frequency. • Two further development meetings of the group were planned to build a fuller proposal for its ongoing operation, that would return to this Sub Committee for debate and agreement. It was hoped that the Reference Group would then be able to meet formally in September or October 2023.

	• It was recognised that there was dissatisfaction with the name 'Community Reference Group' and that alternatives were being looked, with suggestions from Collaborative members welcomed.
8.	**Update from Delivery Group & Leads** TA and SA updated Committee members on other key items not already covered on the agenda, including: • Clarity on any post Covid services funding gap was expected to emerge in the coming days with the confirmation of allocations. • Work on integrating Sickle Cell programmes of work across NEL was commencing, reporting in to the Community Delivery Group and updates would be available to this Committee in future meetings. • An End of Life Care (EOLC) strategy had been launched, with arrangements for governance and oversight under discussion, with roles expected for both Place linkages as well as at the NEL level.
9.	**Draft North East London Community Collaborative Business Case Approval Process** SA drew the Committee's attention to the circulated paper for approval, noting that process outlined sets out the steps that should be followed when a business case relating to the areas of responsibility that fall within the remit of the Community Collaborative needs approval. Where a business case is required for an area that falls outside these areas of responsibility, the NEL ICB business case process should be followed. SA highlighted that the process had been drafted to ensure that quick decisions can be made outside of meetings, as the Collaborative only meets every 2 months and in order to avoid any delays in releasing funding. The Committee discussed the proposal, recognising that the process may not be as simple as indicated as responsibility for the services in question often sat with Places, which would also need to be involved in any approval process. Members raised that some form of flow chart detailing the journey towards final approval for a business case would be useful, to make clear what decisions points sat where and what oversight was in place to ensure that no duplication exists in the system. Discussions on these matters could continue at the Delivery Group and at the August away day.
10.	**Any Other Business** No further business was discussed.

Date of next meeting: Monday 18 September 2023, 1500-1700

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

Friday 21 July 2023, 1130 – 1330 via Microsoft 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
Henry Black (HB)	Chief Finance and Performance Officer, NHS North East London
Lorraine Sunduza (LS)	Chief Nurse and Deputy Chief Executive Officer - representing Paul Calminus
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
Selina Douglas (SD)	Executive Director of Partnerships, North East London NHS Foundation Trust
Attendees:	
Nawshin Ali (NA)	Lived Experience Leader – Participant Observer
Aurora Todisco (AT)	Lived Experience Leader
Marcella Cooper (MC)	Lived Experience Leader – Participant Observer
David Bridle (DB)	Chief Medical Officer, East London NHS Foundation Trust
Carys Esseen (CE)	Deputy Director of Integrated Care, East London NHS Foundation Trust
Malcolm Young (MY)	Executive Director of Finance, North 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
Chris Nightingale (CN)	PA Consulting
Gareth Fitzgerald (GF)	PA Consulting
Matthew Knell (MK)	Senior Governance Manager, NHS North East London (Minutes)
Apologies:	
Professor Dame Donna Kinnair DBE (DK)	Non-Executive Director, East London NHS Foundation Trust
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
Darren McAughtrie (DM)	Director, Adult Care & Quality Standards, London Borough of Walthamstow
Not in attendance:	
Dr Mohit Venkataram (MV)	Lead Director for New Models of Care, East London NHS Foundation Trust

1.0	**Welcome, introductions and apologies**
	Eileen Taylor (ET), chairing the meeting of the Mental Health, Learning Disabilities and Autism Collaborative Sub-Committee (MHLDA Collaborative Sub-Committee) welcomed members and attendees and noted apologies as indicated above.
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. David Bridle (DB) raised that he needed to be added to the register of interests as Chief Medical Officer (CMO) with East London NHS Foundation Trust (ELFT) and Matthew Knell (MK) was asked to pick this up with David outside the meeting. The register of interests was noted and no additional conflicts were declared. **ACTION:** Matthew Knell (MK) to work with David Bridle to secure access to Disclose and record any applicable conflicts of interest.
1.2	**Minutes of the last meeting**
	The minutes of the meeting held on 31 May 2023 were agreed as an accurate record.
1.3	**Actions log**
	Members noted the action taken since the last meeting.
2.0	**Senior Responsible Officer (SRO) report**
	Jacqui Van Rossum (JVR) presented the report, highlighting the following key points: • Work on the Children and Young Peoples' Improvement Network was well underway as covered in the circulated paper. • A focus on urgent and emergency mental health services was in place, in response to issues in bed occupancy (including through an increase in length of stay) and subsequent impacts on the flow of patients from Emergency Departments, and community crisis settings into inpatient mental health capacity. • The team was actively sharing information on the work underway across North East London (NEL) with the NHS England (NHSE) London team and it was noted that colleagues across London were learning from the work underway in this area. • A NEL wide work programme has been established with Borough Commanders across North East London in response to the Sir Mark Rowley, the Metropolitan Police Commissioner communication on Right Care and Right Place. • NELFT had launched a new adult Autistic Spectrum Disorder (ASD) service in June to help assess and diagnose adults and start to develop post diagnostic support. Valuable feedback to inform the plans for intensive support services had also been gathered from a series of listening events in the same month. • The North Central East London Children and Adolescent Mental health Services (CAMHS) Collaborative celebrated two years of operation in June, at an event led by young leaders who have accessed inpatient services across the five involved providers. • The collaborative has been commended on its performance around physical health checks for people with serious mental health issues, with North-East London in the top ten of Integrated Care Board's (ICB) for performance nationally, with particular improvement over the last year in outer North-East London and in Newham. The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee: • Noted the report.

	• Highlighted and welcome the fantastic CAMHS collaborative performance that has made significant contributions to keeping local children cared for within local systems. • Discussed whether there may be an opportunity to re-visit the historical process where a vulnerable adults list was shared with the local police to help share awareness and support an appropriate response. • Recognised that capital funding for Mental Health Urgent and Emergency Care was expected to be addressed shortly through the ICB's financial processes. This was expected to be prioritised to support health based places of safety, with due diligence work underway currently and an update expected to be available at the next Sub Committee meeting. **ACTION:** JVR to investigate potential for re-visiting the process in place in the past, where a vulnerable adults list was shared with the local police to help share awareness and support an appropriate response. **ACTION:** Update on capital funding for Mental Health Urgent and Emergency Care to be placed on forward plan for next meeting of the Sub Committee.
3.0	**Strategy and Planning**
3.1	**Update on the mental health, learning disability and autism system diagnostic**
	Selina Douglas (SD) presented the circulated paper, joined by Chris Nightingale (CN) and Gareth Fitzgerald (GF) from PA Consulting, who together highlighted the following key points: • PA Consulting are concluding work on the production of a diagnostic assessment that documents demand & capacity across Mental Health, Learning Disability and Autism (MHLDA) services. This work has been based on information & data drawn from across the whole NEL system to detail expected increased demand and a look forward at the capacity needed and the appropriate interventions required, to focus partners attention in the upcoming years. The outcome of this work will help inform, for example, bed planning and factor in to all work on reviewing and planning for new services going forward. • Through this work, 6 system level insights had been identified: o There is low system spend o There is a focus on acute care o Accessibility is challenging o Imbalanced demand and capacity o Lack of integration across services o Insufficient bed capacity • The team were now working to quantify potential options for interventions to support a work plan. The Mental Health, Learning Disabilities and Autism Collaborative Sub-Committee: • Noted and discussed the report. • Recognised that a pivot in service delivery was needed from the acute to community setting, which will need a more collaborative approach across partners to assess services and the configuration of resources, including workforce across the area. This will require close cross collaboration across the Acute & MHLDA Collaboratives to succeed. • Acknowledged that local authority colleagues had been involved in the development of this work from the start, with representatives from each NEL local authority in the initial working groups and present at the workshops that had informed the report. • Agreed that the next steps of this work and any cross-collaborative efforts to look at the potential movement of services from the acute setting to the community would

	require comprehensive service user & carer involvement from the start to ensure that the local community can shape and embrace change. • Welcomed the recognition of unpaid carers, noting that involvement from this group may help to further understand and provide support for where the family carer to professional carer handover needs to happen. Raising awareness of the differences between a family member carer and professional carer who is being paid to provide a service was important. • Recognised that the final diagnostic report from PA Consulting will be available in time for the 2024/25 planning round and will be able to be used to help steer that process. The Sub Committee noted that it would be an important tool to support future work and help in forecasting demand. • Noted that a cut of the report would be presented to Place meetings in the coming months to share this information and inform work across the NEL system and that a similar diagnostic process was likely to be undertaken for each of the other Collaboratives operating in NEL. • Acknowledged that best practice and research from England and internationally had been considered as part of the report and included in benchmarking where useful, however not all of these comparators had been modelled in the report.
3.2	**Plans to deliver on service user and carer priorities for mental health**
	SD presented the circulated paper and highlighted the following key points: • Recruitment for patient leadership roles had successfully concluded, and role holders were hoped to start with the team within the next two months. The first Lived Experience Leadership Group was planned to take place at the end of July and will help support the acceleration of patient involvement across all NEL work. • The team was continuing to build on the seven strategic outcomes under the mental health priorities in the integrated care strategy, concentrating initially on four of them that represent foundational principles and ways of working. All work underway in the team is being aligned to these 4 key areas to ensure delivery of all priorities. • The team working on Children and Young Peoples services have coproduced a set of eleven 'I statements' which represent the outcomes they wish to achieve. Of these, four have been selected as priorities for this year. • The team will return to the November Sub Committee meeting to set out work on learning disabilities and autism, areas of work which perhaps weren't discussed enough at the NEL level currently. • Work was underway to look at local improvement networks, while ensuring that robust co-design processes are in place to include service users. The Mental Health, Learning Disabilities and Autism Collaborative Sub-Committee: • Recognised that the Sub Committee's role remained as oversight of this work, while Places led on much of the local development work. As such, the priorities developed within the Collaborative team will need to be shared with, and embedded/aligned with Place teams and colleagues. • Emphasised that much of the work planned to take place across NEL partners would require resourcing in order to achieve the stated priorities. • Noted that the planned work would be supported by measurement frameworks that are being developed, with performance reports to be made available in the upcoming month to allow progress against these priorities to be tracked. • Raised that some reflection may be needed on the available improvement capacity across the NEL system, recognising that the team is currently using more than the 0.5 working time equivalent (WTE) Senior Improvement Advisor allocated to this work. Further clarity and agreement to ensure that the whole NEL system is joined up and aligned on this work may help achieve this – including local public health, Trust & ICB teams working together.

	• Discussed how Places and Health Wellbeing Boards (HWBS) are being engaged with on this work and what arrangements are in place to ensure successful partnership working and reflection of the Collaboratives priorities in relevant other strategies. **ACTION:** Item on learning disabilities and autism priorities to be added to forward plan for the November 2023 Sub Committee meeting. **ACTION:** Item on Collaborative engagement with Places to be placed on the forward plan for a future Sub Committee meeting.
4.0	**Assurance**
4.1	**Performance report**
	SD presented the circulated paper and highlighted the following key points: • While the report in papers was helpful, further work was underway to improve it both in terms of the content and timeliness of information under an integrated approach. Some of the metrics were not timely currently, with those around improvements in physical health checks not well illustrated, especially considering the positive performance highlighted earlier in the meeting. • Improvement networks were now in place, but at different levels of development. The longer-term intention is that the improvement networks lead on performance management of their individual areas as there is no need to have parallel work streams. The Mental Health, Learning Disabilities and Autism Collaborative Sub-Committee: • Recognised that while early intervention psychosis metrics had dipped in performance, they remained on target to meet the planned trajectory. • Noted that the achievements in physical health checks had been reached through peer support under primary care networks (PCNs) and use of system development funds to target the most vulnerable.
4.2	**Finance report**
	Malcolm Young (MY) presented the circulated paper and highlighted the following key points: • The circulated report had been produced through the lens of Mental Health Investment Standard (MHIS) finances at month 3, 2023/24. The targets indicated in the paper had increased since original plans were drawn up, due to the implementation of the Agenda for Chance (AfC) pay award and ICB out turn position being slightly higher than anticipated. The Mental Health, Learning Disabilities and Autism Collaborative Sub-Committee: • Discussed whether this finance report could be further refined to be aligned to the priorities discussed earlier in the meeting, to provide Sub Committee members with more information on progress towards achieving these goals. Taking this approach could help demonstrate the demand and capacity gaps discussed earlier in the meeting and clearly demonstrate that funding was being targeted at local needs. • Recognised that truly aligned financial reporting would be challenging in the current system, with each of the partner organisations having set up their financial operating frameworks and budgets slightly differently. This is something that could be worked on for future discussion however. • Acknowledged that the current focus of the performance and finance reports was geared towards NHS management and that changing to a more open, understandable approach may help if this information needed to be shared more widely, or with the public.

5.0	**Draft Mental Health, Learning Disability and Autism Committee's forward plan**
	SD presented the circulated paper, the first draft forward plan that covered through to March 2024, with priorities for the next four meetings to support agenda planning. SD added that it was important to be clear that if an area of work only appeared on the plan at one meeting at the moment, it was still likely that the same work would be considered at every meeting as part of wider work and updates.
6.0	**Any other business and close**
	Committee members raised the following points: • That clarity on where the service user voice is heard within the various governance structures present in the area – both ICB and partner Trusts - may be useful, to ensure that there is transparent decision making across the system. • A form of structured feedback to be clear about how service users have been involved in decision making / shaped services may be helpful in building relationships and confidence in the work of the ICB and local partners. • The committee discussed how the voice and views of patient leaders and carers were captured and how assurance can be given that plans are co-produced. This needs to be at every level including places, ICB and Collaboratives. **ACTION:** Selina Douglas (SD) and Carys Esseen (CE) to work together to investigate and update on the feedback from lived experience leaders around how user voice is utilised and informs the work of the ICB and partners. No additional items were discussed.

Date of next meeting – 13 September 2023

Minutes of the Primary Care Collaborative Sub-Committee

Wednesday 12 July 2023; 13:00 – 15:00; via MS Teams

Members:	
Mark Rickets (MR) – Chair	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
Dr Ben Molyneux (BM)	Associate Medical Director for Primary Care, NHS North East London
Shilpa Shah (SSh)	CEO NEL Local Pharmaceutical Committee
Raliat Onatade (RO)	Chief Pharmacist and Director of Medicines and Pharmacy, NHS North East London
Attendees:	
Dr Kirsten Brown (KBr)	Place based clinical lead (C&H)
Dr Janakan Crofton (JC)	Place based clinical lead (WF)
Dr Ann Baldwin (AB)	Place based clinical lead (Havering)
Dr Shabana Ali (SA)	Place based clinical lead (Redbridge)
Alison Goodlad (AG)	Deputy Director of Primary Care
Keeley Chaplin (KC)	Minutes - Governance manager, NHS North East London
Apologies:	
Jagan John (JJ)	Primary care board rep
Dr Mohammed Naqvi (MN)	General practice rep - clinician
Henry Black (HB)	Chief Finance & Performance Officer
Mark Gilbey-Cross (MGC)	Director of Nursing & Safeguarding, NHS North East London
Dr Khyati Bakhai (KBa)	Place based clinical lead (TH)
Dr Kanika Rai (KR)	Place based clinical lead (B&D)
Steve Collins (SC)	Director of Finance, NHS North East London rep for Henry Black
Dr Sanjoy Kumar (SK)	General practice rep - clinician

Item No.	**Item title**
1.0	**Welcome, introductions and apologies**
	The Chair welcomed all to the meeting. Membership changes since the last meeting were as follows: • Ann Baldwin has been nominated as the Havering place based clinical lead representative. Apologies were noted as above. The meeting was not quorate until JM joined the meeting.
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 10 May 2023
	The minutes of the last meeting held on 10 May 2023 were accepted as an accurate record.
1.3.	Matters arising/action log
	Members noted the action log and agreed to close ACT006, ACT012, ACT013, ACT015 as completed or on the agenda. Updates for remaining actions were: ACT014 – CPCS have 24 hours to respond as per the national spec. A NELLPC colleague will be visiting practices and pharmacies to provide information and training to ensure all are aware of the process. A written guide is being developed which will be circulated and can be uploaded to the primary care website. The GP provider group had also raised this service and this update will be fed back to them. JC asked if CPCS can be offered at scale in NEL and is there scope for pharmacies to look at triage system to help. SSh advised that surgeries should not be sending patients to pharmacies outside of NEL. PCN pharmacists are able to triage and send patients through to the CPCS such as for the Hypertension ABPN if they have capacity. RO added that they are looking at linking the CPCS with a minor ailment scheme and to make it affordable it will need more people referred by CPCS. This can be discussed in more detail outside of the meeting. ACT016 – The IT system cannot upload photos at present. A note can be added to the referral asking them to see the patient or the pharmacy can request a photo. ACT017 – Structure charts are due out in the week commencing 17/7 which can then be circulated and action will then be closed. ACT018 – BM has met with Simon Midlane (Head of IT) to discuss IT issues in primary care and has a meeting arranged with Steve Collins. Action can now be closed ACT019 – A meeting to discuss cross collaboration is being arranged ACT020 – BM is awaiting a summary on health inequalities funding from PG. ACT021 – BM/JM are looking at which reports would add most value to members. ACT022 - Work is progressing and reports will be regularly received by the collaborative and action closed.
2.0	**Provider groups terms of reference**
	The terms of reference presented have been reviewed and formatted by the solicitors, Browne Jacobson, and are now presented for the collaborative's approval. SSe noted that there has been further work on primary care governance, which may change the governance structure charts for both provider groups. The process has commenced to develop the dental provider group and two dental leads will attend the next collaborative meeting to get an overview of discussions held.
2.1.	General practice provider group
	The updated terms of reference for the general practice provider group were noted and approved, once quoracy was achieved.
2.2.	Pharmacy provider group
	The updated terms of reference for the general practice provider group were noted and approved once quoracy was achieved. <u>Community Pharmacy Provider Group appointment process for the primary care collaborative</u>

	RO advised this work has been undertaken in consultation with the Local Community Pharmacy Committee Representatives and ICB leaders. RO clarified that if it goes to a vote this will be undertaken by all members of the pharmacy provider group. This process could be adapted for all provider groups to use eg for the non-clinical primary care provider group representative. Members approved the appointment process, once quoracy was achieved.
3.0	**Update from provider groups**
3.1.	Pharmacy provider group
	RO gave a brief overview on discussions held at the last meeting. Main items were on: • Medicines shortages • Prescriber pathfinder bid for funding • Minor ailment scheme which will offer a whole system solution if funding from the inequalities fund is agreed. A wider discussion on medicines shortages and other common items should be undertaken with the GP provider group. Members noted the update.
3.2.	General practice provider group
	Members noted the update.
4.0	**Joint report from the managing director of primary care and associate medical director for primary healthcare**
	SSe highlighted the following from the report: • The outcome of the staff consultation is due to be published week commencing 17 July. The primary care team will then agree priorities and how it will work at place. • The Dentistry, Optometry and Pharmacy (DOPs) team have now moved into NEL ICB as host on behalf of all London ICBs. • Sustainability in primary care will escalate and there may be issues for some practices. SSe attended a national call with NHS Confederation team and a number of organisations are reporting difficulties with contracts. There is a need to put a framework in place to ensure primary care is sustainable and support is available for practices. BM noted the following: • The access contract is going through final governance approvals. PCNs will be picking up this activity to move it away from urgent treatment centres ensuring it is done safely and appropriately. • The access recovery plan is a substantial piece of work including understanding where opportunities are but recognising the system is already strained. Part of this work relates to the primary to secondary care interface and discussions are being held with secondary care and community health colleagues. Comments raised were: • The access recovery plan has specific must dos – onward referrals, complete care discharge letters, call and recall, single point of access primary care into secondary care. Advice and guidance has not been picked up but it will be useful to include this. The plan will be taken to the Clinical Advisory Group to test principles and will be led at place level or across the acute provider collaborative. • The seven place clinical leads and the heads of primary care at place should shape and influence the priorities and be supported to do this.

	• Workforce is a major issue in primary care and there needs to be a balance when looking at access expectations. • Primary care colleagues are experiencing repercussion sas a result of the consultant and junior doctor strikes. • There is a £2m cost improvement programme which was provided following a review of the ICBs £88m efficiency savings programme. This has been through the primary care contracts sub committee and is now looking at budget lines to identify efficiencies eg with digital programmes. A report on this will be presented at the next meeting. • BM and SSe have started to review transformation programmes but these may need to be scaled down. **Action** Items to add to the forward planner are: • An update on the cost improvement programme and finance (September) • A refresh of the primary care strategy • Primary care collaborative dashboard and outcomes framework (Nov) • An update on primary care risk register (September) • To append the business cases for the GP access hub and Asylum seekers to the next report. Members noted the update from the managing director of primary care and associate medical director for primary healthcare, including noting the approval of the GP Access Hub and Asylum Seeker business cases.
5.0	**Primary care access recovery plan**
	The report on the Delivery Plan for Recovering Access to Primary Care was presented. This has four key commitments - Empowering patients; Implementing 'modern general practice access; Building capacity; and Cutting bureaucracy. The following points were highlighted: • This is an ambitious complex programme, achievement of which will depend on PCNs reaching an increased level of maturity with significant dependence on infrastructure being in place and the ability of enablers (Estates, Digital, Workforce) to provide the right tools and resource. • Primary to secondary care interface will need to be strengthened in order to deliver on Reduction in Bureaucracy workstream and increasing self referral pathways. • This is a phased plan and regular reports will be presented to the ICB Board and will have oversight at Places. • Some resource for the recovery plan have been made available from national sources including Financial & procurement support to move from analogue to cloud based telephony and an increase in Additional roles reimbursement scheme (ARRS) flexibility and numbers. • Key risks and issues include capacity, inadequate funding, and signposting which may lead to pressures elsewhere. • There may be a need to encourage interest from providers in the GP Improvement Programme as update has been slow but they may feel overwhelmed. This therefore may need to be split into bitesize chunks. • Work is progressing with primary care leads and PCNs. It should also be noted this is a system level programme. • Capacity and access plans are to be agreed by the end of July. • A task and finish group has been set up to focus on contract changes and the access recovery plan Members raised the following: • The programme does look overwhelming and it would be appreciated by all concerned if this is undertaken slowly in smaller elements.

	• PCN maturity varies across NEL and support is being provided to ensure they make the best use of opportunities to get funding and work on the best ways to engage in local discussions. • It will be useful for PCNs to have a simple communication on funding that is available to share with their practices as a way to ensure this information is cascaded out. • Ongoing IT infrastructure issues such as a lack of equipment and poor connections could have an impact to sign up. **Action**: Following further discussions on PCN maturity, support and the roles of the PCN and primary care leads it was suggested that further discussions should be held at a future meeting. SSe, BM, JM, JJ, MR to discuss the best way to manage this. Members noted the report and the commitments, activity and actions within the access recovery plan noted the governance for the recovery plan. The Primary Care Collaborative agreed to oversee the delivery of recovery plan and noted that there will be a report presented to the September ICB Board.
6.0	**Items for exception report to PHIC**
	Items to feed up to the PHIC are: • Risk and risk mitigation on an understanding of funding, challenges and opportunities where we can think differently. • What is our understanding of neighbourhood teams and how do we ensure PCNs are thinking of neighbourhood teams in a more holistic way. Role to make places as effective as we can. • Interface and challenge of work into secondary care and impact of waiting lists. What do we do locally and what can we do across NEL?
7.0	**Any other business**
7.1.	<u>Meeting with community health collaborative</u> A collaborative to collaborative meeting is being arranged and MR/JJ will report back on discussions once held.
8.0	**Items for information**
8.1.	Collaborative reports to PHIC
	Members noted the collaborative reports that were received by PHIC as its meeting held in April.
8.2.	Meeting forward plan
	Noted.
8.3.	Primary care collaborative terms of reference
	The revised terms of reference that were approved by the ICB Board on 31 May 2023 were noted for information.
Date of next meeting – 13 September 2023	