

**Agreed minutes – NHS North East London ICB board**

**30 November 2022 - 1.30pm – 4.05pm, Council Chamber, Barking Town Hall**

<b>Members:</b>	
Marie Gabriel (MG)	Chair, NHS North East London and North East London Health and Care Partnership
Zina Etheridge (ZE)	Chief executive officer, NHS North East London
Paul Calaminus (PC)	NHS trust partner member
Shane DeGaris (SD)	NHS trust partner member (via MS Teams at 2.00pm)
Cllr Maureen Worby (MW)	Local authority partner member
Caroline Rouse (CR)	CVSE partner member
Diane Jones (DJ)	Chief nursing officer, NHS North East London
Henry Black (HB)	Chief finance and performance officer, NHS North East London
Paul Gilluley (PG)	Chief medical officer, NHS North East London
Dr Mark Ricketts (MR)	Primary care partner member (from 2pm)
Dr Jagan John (JJ)	Primary care partner member
Diane Herbert (DH)	Non-executive member, NHS North East London
Imelda Redmond (IR)	Non-executive member, NHS North East London
Sue Evans (SE)	Interim non-executive member, NHS North East London
<b>Attendees:</b>	
Manisha Modhvadia (MM)	Healthwatch participant
Andrew Blake-Herbert (ABH)	Local authority executive participant
Charlotte Pomery (CP)	Chief participation and place officer, NHS North East London
Francesca Okosi (CO)	Chief people and culture officer, NHS North East London
Johanna Moss (JM)	Chief strategy and transformation officer, NHS North East London
Marie Price (MP)	Director of corporate affairs, NHS North East London
Anne-Marie Keliris (AMK)	Head of governance, NHS North East London
Anna McDonald (AMc)	Senior governance manager, NHS North East London
<b>Apologies:</b>	
Mayor Philip Glanville (PG)	Local authority partner member
Will Tuckley (WT)	Local authority executive participant

<b>1.0</b>	<b>Welcome, introductions and apologies</b>
	<p>The Chair welcomed everyone to the meeting including Manisha Modhvadia, Healthwatch participant and Johanna Moss, Chief strategy and transformation officer who were attending the formal board meeting for the first time.</p> <p>The Chair also welcomed members of the public who had joined the hybrid meeting to observe either in person or via the MS Teams virtual link.</p> <p>The Chair advised people of the fire alarm procedure and other housekeeping matters before proceeding.</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 ICB.</p> <p>No additional conflicts were declared.</p> <p>Declarations declared by members of the ICB are listed on the ICB's Register of Interests. The Register is available either via the Governance Team or on the ICB's <a href="#">website</a>.</p>
<b>1.2</b>	<b>Minutes of the last meeting</b>
	The minutes of the meeting held on 28 September 2022 were agreed as a correct record.
<b>1.3</b>	<b>Matters arising</b>
	<p>The ICB board noted the update on the September resident story and the action being taken by the ICB. The two key points were:</p> <ul style="list-style-type: none"> <li>• The resident story reinforced the importance of the work we do with carers and informal carers including those within our own workforce.</li> <li>• Carers are likely to be our largest unpaid workforce and we need to include support for carers as part of the development of our workforce plans going forward.</li> </ul> <p>A progress report on the resident stories will come to the Board in March 2023. <b>ACTION: CP</b></p>
<b>1.4</b>	<b>Action log</b>
	<p>The ICB board noted the action taken since the last meeting.</p> <p>The Chair asked for the target dates action 7.0 relating to 'non' constitutional performance to be reviewed as the discussions are ongoing. <b>Action: HB</b></p> <p>The updated governance principles were circulated at the meeting and will be part of each board pack going forward along with our purpose and design principles. <b>Action: CP</b></p>
<b>2.0</b>	<b>Resident story</b>
	<p>The board listened to an audio recording from a care co-ordinator based in a Primary Care Network (PCN) in Barking and Dagenham. He talked about his employment journey into the health and care sector following an accident that had resulted in him being unable to continue his work as an engineer. Following a role as a security guard and finding out more about health and care through a role with a vaccination centre, he joined a practice as a receptionist and then progressed into a social prescribing and as a care co-ordinator. He spoke with enthusiasm and explained how each new role has given him job satisfaction and fulfilment, knowing that he is helping people in the community.</p> <p>Discussion points included:</p> <ul style="list-style-type: none"> <li>• How the shared experience is an inspiration and we could consider how it could be used to inspire others.</li> <li>• The huge opportunities there are for employing local residents in health and social care and the need to maximise the opportunities by finding new ways in which we can promote employment opportunities to our residents.</li> </ul>

	<ul style="list-style-type: none"> <li>• The need to be focussed on career development and retention and to regularly ask our workforce what they want to do and how they would like to progress.</li> <li>• The important role of the voluntary sector in supporting local people into employment and as employers.</li> <li>• The importance of seeing the ‘whole person’ and considering all staff including sub contracted staff</li> <li>• The need to focus on our ICB role and that of ICS member organisations as Anchor institutions.</li> </ul> <p>The Chair expressed her thanks for the care co-ordinator for sharing his experience of working in the health and care sector and for explaining how his role is enabling him to live a fulfilling life and making such a positive contribution to the local community. The Chair added that the story is relevant to the Workforce Strategy item later on the agenda and will feed into the strategy.</p>
<b>3.0</b>	<b>Chair and chief executive reports</b>
	<p><b>3.1 Chair’s report</b></p> <p>The Chair presented her report to inform the Board of the key points arising from NEL Integrated Care System, (ICS) Non-Executive meetings to ensure their views are taken in to account in board decision making. The report also provided an update on the most significant activities undertaken by the Chair and Non-Executives since the last Board meeting.</p> <p>The following key areas in the report were highlighted:</p> <ul style="list-style-type: none"> <li>• The Integrated Care Partnership (ICP) – the first formal meeting was held on 23 November and members considered the ongoing development of our ICP led system integrated care strategy including the key emerging themes following a series of workshops: <ul style="list-style-type: none"> <li>○ Co-production with residents, drawing on individual and community strengths and assets, rebalancing power.</li> <li>○ Greater focus on prevention across all parts of our system including primary prevention and wider determinants.</li> <li>○ Holistic and personalised care that is integrated seamlessly across service or organisational boundaries.</li> <li>○ A high trust environment supporting partnership working, collaboration and integration across all parts of our system, with the contribution all partners valued equally.</li> <li>○ Working as a learning health system to drive continuous development, improvement and shared learning.</li> <li>○ A relentless focus on equity underpinning all that we do.</li> </ul> </li> <li>• The two visits to North East London by the Chair of NHS England, Richard Meddings. Themes included the need for a meaningful focus on staff morale including capacity, to improve national clinical recruitment processes, to consider the interface between primary and community care, to explore the use of digital and to tackle inequalities and to focus on the wider determinants of health, particularly housing. The Chair thanked the team the team at Woodgrange Practice and the frontline staff from, across our Trusts and primary care for their openness in sharing their experiences with Richard.</li> <li>• The Chair also highlighted that she had been invited to speak to the Newham GP Federation in regard to what is meant by clinical leadership. The Chair suggested it would be helpful to have clinical leadership as an item for discussion at either the January or March board meeting and</li> </ul>

advised that Dr Tamara Hibbert had agreed to present as part of this item.

**ACTION: PG.**

- Health Education England (HEE) - presented its draft 'Framework 15' at the London People Board. The aim of the Framework is to ensure that there is a reference point for the national health and care system so that it understands how HEE will approach workforce planning and will provide a structure for decision making for both annual and longer-term workforce plans. FO clarified that the work being undertaken by HEE is at an ICS level and we will look at the wider remit and incorporate that into the Workforce Strategy.
- NEL Trust Chairs and ICB Non-Executive members received presentations on the ICS approach to workforce and our ICB financial Strategy and their comments will be incorporated in Board contributions as the items are discussed within the agenda.

The ICB board noted the report.

**3.2 Chief executive's report**

ZE presented her report which covered the following areas:

- Preparing for winter – the system is working collaboratively to do all we can to keep our residents safe and well.
- Financial recovery summit.
- System visits – including primary care sites in Barking and Dagenham and an overview of some of the new initiatives underway such as the 'winter coat collection' demonstrating the added support primary care is providing.
- Health Service Journal (HSJ) top 50 – congratulations were conveyed to our chair Marie Gabriel on being listed in the HSJ's annual list of the 100 most influential people in health and in the 50 most influential Black, Asian and minority ethnic leaders alongside Tanya Carter, chief people officer at East London Foundation Trust. Both of whom have been recognised by the HSJ for their contributions to the NHS.
- Diabetes award - congratulations were conveyed to everyone involved.
- NHS safeguarding award – congratulations were conveyed to Eve McGrath from the NHS North East London team on winning an safeguarding award in recognition of her dedication to ensuring the strategic priorities of the adult safeguarding agenda were maintained in Barking and Dagenham, Havering and Redbridge at a time when those areas were experiencing challenges with resources.
- The Fuller Event workshop - held on 29 November to launch the north east London implementation for the Fuller review. Dr Claire Fuller focussed on a number of key themes and reiterated how important primary care is in providing continuity of care, as well as urgent care.

As part of the discussion, MM advised that Healthwatch has been commissioned to work with the London Ambulance Service. The work is due to be completed by the end of January 2023 and the results will be shared locally.

The Chair added congratulations for winners of the annual HSJ Awards, each of which illustrated our collaboration. These were for Workforce Initiative of the Year, Collaboration of the Year and Place Based Partnership of the Year awards.

The ICB board noted the report.

**4.0 Board assurance**

#### 4.1 Board assurance framework

CP presented the report which outlined progress made to date on the draft Board Assurance Framework (BAF) which captures the highest risks to meeting the integrated care system (ICS) aims, our purpose and four priorities.

The key points were:

- The BAF has been further developed following a series of discussions including the discussion at the September board meeting and the board development session in October, along with executive, committee and wider partnership sessions. It will be a standing agenda item.
- Current key risks on the BAF relate to:
  - Ownership of ICP integrated care strategy
  - Air quality
  - Health inequalities
  - Collaborative working across partners
  - Delivery against control total and operating plan
  - Resourcing of ICB and ICS structures
  - Population growth

Key discussion points:

- Members acknowledged the huge amount of work involved in getting the BAF to this position, noting that it is work in progress and needs to reflect the whole system.
- MW advised that local authority chief executives will be reviewing the BAF to ensure it reflects local authority risks and issues including shared risks; cost of living crisis; air quality; population growth.
- Members agreed that some of the narrative needs to change. Air pollution was given as an example, noting that it is a much wider issue and the risk needs relate to the 'environment' including for example damp housing and health impacts. It was suggested that consideration needs to be given as to how we can challenge planning permission in regard to new homes being built next to dual carriageways.
- The focus is currently on adults and needs to reflect the risks and issues within children's services particularly those relating to housing issues.
- It was noted that some risks may not be positioned in the right place on the BAF and the Chair advised that is being reviewed.
- A clearer understanding of what we are trying to achieve in terms of the likelihood of a risk alongside its severity was requested and it was suggested it would be helpful to see the likelihoods. Including civil contingencies was also suggested.
- The Chair asked for our four priorities to be included on the BAF, noting that the risks need to reflect our strategic ambitions.
- The Chair also asked for a box on gaps in control/assurance and said asked that the Finance Team include productivity.
- Long term financial support for the voluntary sector was suggested as an area for consideration.

The discussion points will be taken in to account as part of the on-going development of the BAF. **ACTION: CP**

The ICB board noted the proposed Board Assurance Framework.

<b>5.0</b>	<b>Strategy</b>
	<p><b>5.1 Integrated care strategy</b></p> <p>JM presented the update and highlighted the key points:</p> <ul style="list-style-type: none"> <li>• The intention is to sign off the interim strategy at a meeting of the Integrated Care Partnership in January 2023 following a period of engagement with local health and wellbeing boards, joint overview and scrutiny committees and place-based partnerships.</li> <li>• This strategy is being co-produced with our residents and the Strategy Task and Finish Group, chaired by ZE, has overseen a series of well attended system-wide stakeholder workshops to feed into the process and shape the strategy. The workshops during October and November focused on progressing our system priorities of babies, children and young people; mental health; long term conditions; and workforce and employment. In addition, over 120 people attended a workshop on our system response to the cost of living increase.</li> </ul> <p>Discussion points included:</p> <ul style="list-style-type: none"> <li>• Board members noted and welcomed the inclusive engagement process being undertaken, given the tight timelines.</li> <li>• The next phase of development needs to align further with Place.</li> <li>• There needs to be a feedback mechanism for work that is being undertaken by the voluntary sector which is not funded by the system, in order to be able to capture what has been trialled and is working.</li> <li>• Carers need to be included.</li> <li>• Some of the language needs to change in regard to use of NHS acronyms.</li> <li>• The strategy needs to be cross referenced with other strategies particularly our workforce strategy.</li> <li>• Our four priorities need to be the common thread in all our strategies.</li> </ul> <p>JM to take the suggestions forward. <b>ACTION:JM</b></p> <p>The ICB board noted the report.</p> <p><b>5.2 Integrated Care System workforce strategy</b></p> <p>FO presented the update to inform the board on the progress made to date on the development of the workforce strategy. The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• We are working with system partners to transform and move to a one north east London workforce that can work across the health and care system.</li> <li>• The update is based on key themes and actions that came out of the workforce strategy workshop held on 1 November 2022.</li> <li>• The growing population that we have within north east London is a positive opportunity that we are building on by working collaboratively with local schools, colleges, universities and other organisations across the system to create meaningful employment for all our residents.</li> <li>• Disparity of pay (including inner vs outer London rates) is one of the things that is being looked at in order to address some of the recruitment and retention challenges.</li> <li>• Further engagement will take place between now and March 2023 with our staff, our local communities, stakeholder groups, including primary care, local Government, voluntary sector colleagues, the wider care sector and higher education institutions.</li> </ul> <p>The key discussion points were:</p>

	<ul style="list-style-type: none"> <li>• The huge opportunity this provides us with to combine our strengths to get our local community into employment within health and social care.</li> <li>• The need to fully engage with local schools and colleges – the importance of this was emphasised.</li> <li>• The need for the strategy to clearly reflect career progression.</li> <li>• The need to explore our role as Anchor organisations.</li> <li>• The need to think of our workforce as a population group.</li> <li>• The need to have a flexible approach that enables carers to return to employment with hours that suit their caring responsibilities and enables volunteers to consider employment within the health and care sector.</li> <li>• How a pan-London approach is needed for some elements.</li> <li>• The need to include joint commitment made at the London Health Board for all health and care employers to work towards the London living wage. There was recognition of the challenge of inner and outer London weighting.</li> <li>• The need to consider having shared training across health and social care.</li> <li>• The positive impact of changing the narrative from BAME to global majority.</li> <li>• The need to address the retention challenge and explore the psychological contract with staff with a focus on wellbeing and ensuing work was a positive experience.</li> <li>• There was a need for a reflection on what it means for an integrated workforce that can provide integrated care.</li> <li>• The need to consider what we can do collectively to leverage around apprenticeships, anchor roles and new roles within the workplace.</li> </ul> <p>FO to take the suggestions forward as part of the on-going development of the strategy. <b>ACTION:FO</b></p> <p>The ICB board noted the update.</p>
<b>6.0</b>	<b>Finance and performance overview</b>
	<p>HB presented the report which outlined the year-to-date financial position for the ICS and the ICB and included the August performance position, outlining key issues across a number of areas including urgent and emergency care.</p> <p>An update on the Better Care Fund (BCF) was also included with a recommendation to the board for approval of the 2022/23 borough BCF Section 75 arrangements and approve the delegation of the authority to sign a Section 75 agreement with the London Borough of Waltham Forest that will contain the BCF Plan and BCF Financial Schedules for 2022/23 to the Waltham Forest Place Based Sub-Committee. The key points highlighted from the finance section of the report were:</p> <ul style="list-style-type: none"> <li>• The financial position at month 7 continues to be challenging with a £57m deficit.</li> <li>• The key issues causing the financial pressures are; inflation, particularly the cost of utilities which is a huge issue for providers; payroll costs including high agency spend; delivery of efficiency programmes and cost improvements plans; elective recovery within planned care.</li> <li>• We are still forecasting a break-even position at the end of the year in accordance with national guidance.</li> <li>• The recent financial recovery summit held in October – commitment to a formal recovery plan was agreed. Resources are in place to oversee the work.</li> </ul>

Discussion points included:

- The BCF arrangements – HB clarified that there are variable arrangements between each borough but there is consistency in regard to the mandatory sections of the agreements.
- The huge financial pressures that the system is facing and the need for the system to find sustainable solutions was recognised.
- The positive work undertaken by BHRUT to reduce agency rates that could be shared.
- Cost Improvement Plans (CIPs) and whether a different approach is needed, with long term solutions and changing our approach to delivery. HB confirmed there is an opportunity now to look at whole system pathways and agreed to expand of that in the next report. **ACTION: HB**
- Independent Sector spending – a request was made for that to be included in the report and HB agreed adding that a breakdown by borough will be included in the next report. **ACTION: HB**
- It was suggested that it would be helpful to include the financial position of the whole system in the report going forward as well as our medium-term financial strategy, our decisions and the impacts on the voluntary sector. **ACTION: HB.**

Board members were advised that performance section of the report is under review and that the new format will be presented at the next meeting. The performance section of the current report provided an update on the latest performance across north east London in regard to elective care, cancer, diagnostics, urgent care and mental health.

The key discussion points were:

- The need to have performance data by Place in order to enable the discussions to be held at Place, noting that each borough has different challenges.
- The need for local authority and primary care performance to be included, noting that the level of detail that comes to the board needs to be at system level but triangulation of the data held is needed.
- The need for trend data to be included.
- The need to balance the data and exception reporting and to combine local intelligence was recognised.

HB to consider all the discussion points in regard to future finance and performance reports and to also consider what needs to be at Place level and what needs to come to the board by way of an exception report. **ACTION: HB**

The ICB board:

- Noted the content of the report and the key risks to the expected year-end breakeven position.
- Noted the performance report
- Approved the borough BCF plans:
  - Approved the signing of a variation to an existing Section 75 agreement to add the BCF Plan and BCF financial schedules for 2022/23 with:
  - Approved the retrospective signing of a Section 75 agreement with the London Borough of Waltham Forest that will contain the BCF Plan and BCF Financial Schedules for 2021/22.
  - Approved the delegation of the authority to sign a Section 75 Agreement with the London Borough of Waltham Forest that will contain the BCF Plan



	and BCF Financial Schedules for 2022/23 to the Waltham Forest Place Based Sub-Committee.
<b>7.0</b>	<b>Governance</b>
	<p><b>7.1 Executive committee exception report</b>  ZE presented the report and highlighted the following key points in the report:</p> <ul style="list-style-type: none"> <li>• Specialised services – a joint arrangement with NHS England will be put in place for all ICBs during 2023/24 with full delegation in April 2024. The joint working arrangements will allow some of the opportunities to start to be realised whilst the risks are better understood and mitigated.</li> <li>• Dentistry, Optometry and Pharmacy (DOPs) - commissioning responsibility for Dentistry, Optometry and Pharmacy (DOPs) will transfer from NHS England to ICBs on 1 April 2023. London ICBs have agreed the commissioning and operating model for delegated functions across London and North East London ICB will host the team.</li> </ul> <p>The ICB board noted the exception report.</p> <p><b>7.2 Quality, safety and improvement (QS&amp;I) committee exception report</b>  IR presented the report which provided the board with an overview of the key items discussed at the October meeting of the QS&amp;I committee and the action taken.</p> <ul style="list-style-type: none"> <li>• Looked After Children wellbeing reviews</li> <li>• Vaccination campaigns</li> <li>• Maternity</li> <li>• The committee approved the following documents: <ul style="list-style-type: none"> <li>○ Individual Funding Request policy (IFR)</li> <li>○ Fertility policy</li> <li>○ All age safeguarding annual reports 2021/22</li> <li>○ Learning Disability mortality Review (LeDeR) annual report 2021/22</li> <li>○ Child Death Overview Panel (CDOP) annual report 2021/22</li> </ul> </li> </ul> <p>The Chair added that we are considering how future annual reports can reflect the specific system role.</p> <p>The ICB board noted the exception report.</p> <p><b>7.3 Finance, performance and investment committee exception report</b>  HB presented the report which highlighted the following key messages:</p> <ul style="list-style-type: none"> <li>• The committee received an update on the current financial position for the ICS and the ICB and an overview of the July performance position, outlining key issues across a number of areas including urgent and emergency care.</li> <li>• The committee received an update following the recent financial summit and welcomed the proposal to develop a systemwide financial recovery plan and the commitment of all participants to work together to achieve required financial targets for 2022/23. However, members remained concerned about the scale of the challenges faced in achieving this objective.</li> <li>• The committee noted the plans being developed to determine systemwide financial allocations for 2023/34, including the setting up of an investment pool to drive innovation and transformation.</li> <li>• The committee approved the business case for creating a single fertility policy across north east London.</li> <li>• The committee approved the Primary Care Prescribing Efficiency Plan 2022/23.</li> </ul>

	<ul style="list-style-type: none"> <li>The committee approved the standard operating procedure for operating Primary Care Rebate Schemes (PCRS).</li> </ul> <p>The ICB board noted the exception report.</p> <p><b>7.4 Population health and integration committee exception report</b>  The Chair presented the report which provided the key messages from the committee meeting held in October:</p> <ul style="list-style-type: none"> <li>The committee received a report which provided the population health profile for north east London which supports the shift towards a population health approach for the system with clarity on the shared population health and inequalities challenges across north east London. The Committee welcomed the information and asked for the data to be used at Place Partnerships and Collaboratives to drive change.</li> <li>The Committee had a detailed discussion on how we need, as a system to evolve our approach to addressing inequalities so that it is fully embedded in our work and we can evidence the change we are seeking to make.</li> <li>The Committee highlighted how we should consider poverty rather than purely the current cost of living challenges and agreed that a Big Conversation with local people should take place in the Spring to further inform our work.</li> </ul> <p>The ICB board noted the exception report.</p> <p>As part of the overall discussion, HB addressed a question relating to the approval of the fertility policy referred in the QS&amp;I committee exception report under item 7.2 and clarified that one single policy was needed for the ICB.</p> <p>The Chair reminded board members that they are all welcome to attend any of the ICB committees.</p> <p><b>7.5 Governance handbook and constitution update</b>  CP presented the update and advised that the revised governance handbook together with the committee Terms of Reference are available to view on the ICB's <a href="https://northeastlondon.icb.nhs.uk/about-the-north-east-london/our-governance/">https://northeastlondon.icb.nhs.uk/about-the-north-east-london/our-governance/</a></p> <p>The high-level principles for decision making that were approved by the board in September are included in handbook and the Chair confirmed the principles will be included in the meeting papers pack going forward. Thanks were conveyed to the team involved in producing the handbook and the Terms of Reference, acknowledging the huge amount of work involved.</p> <p>In regard to the Constitution, NHS England advised of several amendments required for all ICB constitutions which relate to points of technical detail rather than substantive matters and were detailed in the meeting papers pack as Appendix 1.</p> <p>The ICB board:</p> <ul style="list-style-type: none"> <li>Approved the updated Governance Handbook</li> <li>Approved the proposed amendments to the Constitution</li> </ul>
<b>8.0</b>	<b>Board forward plan</b>
	<p>The ICB board noted the forward plan and the Chair advised that discussions will be held at the local authority chief executives meeting, voluntary sector collaborative and Healthwatch collaborative about items they would like included on the forward plan. <b>Action: CP/MP</b></p>

<b>9.0</b>	<b>Questions from the public</b>
	<p>The Chair advised that a number of questions had been received from Josh Mellor, local democracy reporter, who was in attendance and invited him to ask two of his questions. The answers to the remaining four questions will be responded to outside of the meeting due to time constraints.</p> <p>Josh Mellor, local democracy reporter</p> <p><b>Question:</b> North east London (particularly the outer boroughs) suffer from a disproportionately low ratio of GPs and nurses compared to other parts of London, does the ICB see this as an urgent issue and what actions have the ICB's previous bodies taken and what does the ICB plan to take to address this in the short to medium term?</p> <p><b>Answer:</b> JM responded advising that the data provided to her shows the ratio of GPs per 100,00 population for London is 51 which compares to an average of 59 for north east London. There is a variation between our boroughs across the system and the ICB recognises the ratio of GPs is an issue that needs to be addressed collectively as a system. In regard to the London ratio of nurses, the data shows the ratio is 15 per 100,000 population which is the same for north east London. A summary of previous action taken by the CCG to address the lower ratio of GPs was given and JM confirmed the ICB is absolutely committed to increasing the number of GPs in north east London and the target that has been agreed is at least a ratio of 44 per 100,00 in all of our neighbourhoods by 2025.</p> <p><b>Question:</b> Access to face-to-face appointments and the "telephone triage" of patients by receptionists who appear not to have any medical qualifications is a widespread concern for residents, what is the ICB's policy on access to face-to-face appointments and what oversight does it have on the policy region-wide?</p> <p><b>Answer:</b> Face to face appointments can be delivered in a variety of ways depending on the need, including phone, video and face-to-face. Across north east London approximately 65% of appointments are face to face and appointments are provided in the most appropriate way, depending on need. The receptionist role is not clinical, however they will try to get the patient to see the most appropriate healthcare professional within the multi-disciplinary team in the practice. There isn't a universal approach to the role of receptionist, as it will depend on each individual practice. Practices are focusing upon the multi-disciplinary role of their team but if patients are unhappy with the response they receive from the receptionist they can complain to the practice manager in the first instance. The ICB does not have an explicit role in the oversight of the role of receptionists, it is determined by GPs as independent providers and employers. The north east London training hub has developed various training support programmes which are offered to practice staff and we are keen to continue working with residents and Healthwatch to address any future concerns.</p> <p>A summary of questions submitted and answered by the board will be uploaded here <a href="https://northeastlondon.icb.nhs.uk/about-the-north-east-london/our-board/questions-from-members-of-the-public/">https://northeastlondon.icb.nhs.uk/about-the-north-east-london/our-board/questions-from-members-of-the-public/</a></p>
<b>10.0</b>	<b>Any other business and close</b>
	The Chair outlined the plan for future meetings to be held at different locations across the boroughs covered by the ICB. This will also provide an opportunity for

	board members to meeting with Place-based partnership colleagues from whichever borough the meeting is held.
	<b>Date of next meeting – 25 January 2023</b>