North East London
Integrated Care Board

Agreed minutes – Audit & Risk Committee
1 February 2023 at 2.00pm – 4.30pm - room F01, Unex Tower, 4th Floor

Members:	
Cha Patel (CP) - Chair	Non-executive member
Imelda Redmond (IR)	Non-executive member
Kash Pandya (KP)	Associate non-executive member
Sue Evans (SE)	Associate non-executive member
In attendance:	
Auditors	
Dean Gibbs (DG)	External Auditor, KPMG
Carl Van Den Berg (CV)	External Auditor, KPMG - on MS Teams
Nick Atkinson (NA)	Internal Auditor, RSM – on MS Teams
Mark Kidd (MK)	Local counter fraud specialist, RSM
Henry Black (HB)	Chief finance and performance officer
Steve Collins (SC)	Executive director of finance
Marie Price (MP	Director of corporate affairs
Rob Adcock (RA)	Director of finance
Tracy Rubery (TR)	Borough director-Redbridge **(item 3.0)** on MS Teams
Anna McDonald (AMc)	Senior governance manager
Bryan Matthews (BM)	Finance Director (BI & ICT) **(item 2.0)**
Simon Midlane (SM)	Head of Primary Care IT **(item 2.0)**
Apologies:	
None.	

1.0	**Welcome, introductions and apologies**	
	The Chair welcomed everyone to 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 issues arising at the meeting which might conflict with the business of the ICB. No additional conflicts were declared. The registers of interests held for ICB members and staff are available from the Governance Team.	
1.2	**Minutes of the last meeting**	
	The minutes of the meeting held on 7 December 2022 were agreed as a correct record. The chair referred to the 3rd bullet point under item 5.0 in regard to disaggregated pension data not being available for the remuneration reports and requested that whatever the decision is regarding that, it should not have any adverse effect on the final accounts. DG confirmed that the ICB will be treated consistently with all other organisations.	

1.3	**Actions log**	
	The committee noted the action taken since the last meeting.	
2.0	**Information Governance and IT**	
	2.1 Framework for digital integrity and current IT risks BM presented the report. The following key points were highlighted: • The next submission of the Data Security Protection Toolkit (DSPT) is due in July 2023. A key area of concern is staff IG training which is currently at 75% but needs to be 95%. Work is underway to improve the target. • The ICB has recently been re-accredited with Cyber Essentials Plus certification which is valid for 12 months. The independent auditors who carried out the accreditation made a recommendation to review the Business Intelligence (BI) service at the point of transfer from London Shared Services (LSS) as the ICB will inherit all the responsibilities and liabilities. They also flagged three high risk areas which are being addressed. The key discussion points were: • The LSS transfer – BM confirmed that the expected date for the transfer is the end of March 2023. • The transfer of additional primary care services into the ICB – clarification was given that the additional services are subject to the same systems and processes as other primary care services. • System level risks – an overview was given as to how system partners have their own organisational requirements to meet in regard to areas such as the DSPT. An outline of the work being carried out in terms of data flows and the security of data was given and members were updated on a plan to procure an electronic patient record with BHRUT going forward which will create more security in terms of data sharing and data flow across the system. The Chair added that as part of that process, the overarching system digital protections will need to be looked at and that was confirmed. The Audit and Risk Committee: • Noted the update report • Noted the Cyber Essentials Plus certificate • Noted the I.T. risk register.	
3.0	**Performance and planning**	
	3.1 Procurement Group progress report including risks and single tender waivers TR presented the report to update committee on the progress made to date. The following key points were highlighted: • Provider Selection Regime - this is not expected to be in time for the 2023/24 NHS contracting round which is likely to mean that changes will not be made for the next financial year. Further clarity on time frames awaited. • Planning and development of the procurement pipeline and contracts register – this continues to be carried out to support the commencement of procurements. There are still some data accuracy issues and work on improving that is continuing.	

	• Single tender waivers (STWs) - the improved sign off process put in place recently is working well and committee members were made aware that only the Chief Finance Officer will have authorisation to sign off STWs going forward. The procurement Group continues to focus on reducing the number of unplanned STW applications being submitted to facilitate the extension of contracts beyond their stated term or the direct award of contracts to providers without undertaking a competitive procurement or using a recognised framework. To help with this, a list of upcoming contract end dates (for the next 18 months) will be shared with Place Directors and the Director of Planned Care to ensure greater oversight of the position. Attention was drawn to Append 4 in the meeting papers pack which provided details of contracts that are expiring between now and the end of September 2023 where it is very likely that a waiver will be required, noting that there is a projection of 75 waivers being presented for approval over the coming months. • e-procurement – a new nationally procured finance system will be mandated from April 2024 and as a consequence, a mandatory requirement for 100% PO compliance will come into force. Indications from the work being undertaken by the Finance Team show that reporting against the new requirements will show a deterioration in the current compliance figures. This is expected to have been worked through in time for the next report and monitoring will commence in order to track progress is being made to meet the April 2024 deadline. • Key risks - relate to staffing capacity constraints. The key discussion points were: • HB expressed his thanks to TR and the Procurement Team for the improvements made and the progress achieved to date particularly in regard to STWs and confirmed that the proposed changes to the authorisation process had been agreed by the ICB board at its meeting on 25 January 2025. • Contracts register – NA recognised the improvements made but flagged the work still to be done in regard to primary care contracts and referenced the follow-up action in the internal audit report. TR confirmed this links to the PO compliance work being undertaken by the Finance Team referred to earlier. • Whether the differences in maturity at Place level reflects the number of contracts coming through for different boroughs – TR confirmed it is partly due to the level of maturity but also partly due to resource levels within the teams and also the financial flows. The Audit and Risk Committee: • Noted the update report • Noted the register of procurement group decisions • Noted the single tender waivers processed since the last report and the position for Q4 of 2022/23 • Noted the risk register	
4.0	**Governance**	
	4.1 Q2-4 2022/23 annual report and annual accounts timetable MP presented the paper. The key highlights were:	

	• The process is slightly different this year as an annual report has already been submitted for Q1 of the 2022/23 financial year as NEL CCG before we became an ICB. • The timetable and template have been received from NHS England. • Committee were asked to agree the two proposed dates for the committee to meet to review and discuss the drafts and the date for the ICB board to meet to sign off the annual report and accounts for submission to NHS England. • It is likely that a draft version of the annual report will be available for sharing with the Committee for comments before the 21 April when the accounts will be circulated. • The required content of the annual report template is basically unchanged. The Audit and Risk Committee: • Agreed the proposed dates. **4.2 Freedom to speak up – policy amendment** MP explained that a minor update to the policy is required following the procurement of the external 'speak up' service for staff that committee members were informed about at the December 2022 meeting. The key discussion point was: • The work being undertaken in north east London in regard to having a primary care forum for 'speak up' and whether the ICB has a responsibility to ensure that its policy aligns to that – MP confirmed we would need to reference it in the policy and said she would provide an update at the next meeting. **ACTION: MP** The Audit & Risk Committee agreed the amendment to the policy.	MP
5.0	**Risk**	
	5.1 Risk management update MP grouped the risk items together and gave an overall update which included the board assurance framework (BAF) and the corporate risk register. The key highlights were: • Board Assurance Framework (BAF) - discussions are on-going as to whether the risks are articulated in the right way and whether the controls and assurances are right. The BAF was presented to the ICB board on 25 January where it was suggested that a meeting is convened between the ICB Chair, Audit Chair and other key people to see how the BAF can be developed further. The outcome of the recent governance audit will help to inform the discussion. • Risk champions have been identified in each department and risk registers are in place but there is still work to be done. • NHS England are holding a session on risk management to look at what other colleagues are doing across London. • The Healthcare Financial Management Association (HFMA) has also held a round table discussion looking at what is happening in other areas. Key discussion points included: • NA commented that other ICBs in London are struggling and gave his view that one of the challenges is knowing where risk is owned	

	within the system and who is responsible and accountable for what. NA will share any best practice when available. • The process for escalating and de-escalating risks – members noted the difficulties in doing this as a system and it was suggested that this could be discussed at a future meeting. • Corporate risk register – IR referred to the register that is presented at the Quality, Safety and Improvement Committee and fed back that the narrative includes too much detail and the term CCG is still being used. MP to feedback to the team and will also suggest a refresher session on risk is organised for staff. **ACTION: MP.** The Audit and Risk Committee noted the progress report.	MP
6.0	**External Audit**	
	6.1 Progress report and technical update DG presented the report. The key highlights were: • DG expressed his thanks to the Finance Team for their continued support with the three months CCG audit. • Most of the work on the Mental Health Investment Standard audit for the year ending 31 March 2022 has been completed to meet the deadline of 28 February 2023. **6.2 ICB March 2023 Audit Plan** The key highlights were: • All of the risk in regard to over or under achievement against the resource limit sits within the ICB for this year. This is articulated around completeness of expenditure and in particular accruals. • There is a requirement to recognise a risk relating to management override of controls and there is nothing specific in regard to the ICB relating to that risk. • Another area of focus is regularity and DG advised it is noted in the report that the ICB has needed NHS England approval for some of the termination processes that have taken place through the year and that will be validated as part of this process. • There is a requirement in regard to the regularity of the expenditure that the ICB has incurred. SC thanked the Finance Team for continued work and support. The Audit and Risk Committee: • Noted the progress report and technical update. • Noted the update on the ICB audit plan.	
7.0	**Internal Audit**	
	7.1 Progress report NA presented the report. The key highlights were: • IR35 arrangements – received partial assurance opinion. No major issues were found as part of the testing in terms of the sampling work but there was no clear overview of how the process is controlled. An action plan has been agreed which HR will lead on with support from other teams such as Finance. • Primary Care Commissioning – received a reasonable assurance opinion. A few areas needing improvement such as the contracts register and KPIs for primary care. There is now an action for the	

	ICB to review the quality of the action plans relating to primary care CQC visits. • The overall plan is on course to be completed on time. Three of the remaining six pieces of work are nearing completion and a number of reports will be presented at the next meeting. • Good progress has been made in regard to management actions. Key discussion points included: • DG drew attention to Page 5 of the IR35 report and clarified that off-payroll workers are not subject to audit by the external auditor. • The September 2023 deadline for completion of the management actions relating to the IR35 arrangements - the Chair asked if that could be brought forward. It was noted that capacity within the HR team and the fact they are working on the re-structure is likely to be the reason, however, due to the long gap, HB agreed to feed that back to the lead: **Action HB.** The Audit and Risk Committee noted the progress report. **7.2 Draft Head of Internal Audit Opinion (HoIAO)** NA advised that he would have liked to have had more of the work completed but the timelines have been different this year. Overall, it is likely that a positive opinion will be issued and a fuller update will be provided for the next meeting. **ACTION: NA** **7.3 Review of 21/22 internal audit high priority management actions** NA confirmed this was shared for information. **7.4 Financial sustainability benchmarking** NA confirmed this was shared for information. **7.5 Data Security and Protection Toolkit benchmarking** NA confirmed this was shared for information. The Audit & Risk committee noted the draft HoIAO update and the benchmarking reports.	**HB** **NA**
8.0	**Local counter fraud specialists**	
	8.1 Progress report MK presented the report. The key messages were: • Conflict of Interest and Fraud and Bribery training sessions have been very well attended and the training will continue through February to capture all staff. MP explained that on-line sessions were set up as NHS England's on-line training module has not been updated as yet. The intention is to continue with these sessions even when the NHS England training package is re-instated as it was much more engaging for staff and generated a lot more questions. • The work on the Fraud & Bribery risk assessment has been completed. • Referrals continue to be received from staff and alerts continue to be shared. • Thanks were conveyed to the LCFS Team for their continued work.	

	Key discussion points were: • The National Fraud Initiative – an update will be included in the next report to the committee. **ACTION: MK** • Training for board members – is scheduled to take place at the board development session on 22 February 2022. The Audit and Risk Committee noted the progress report.	**MK**
9.0	**Finance**	
	9.1 Finance overview including year-end update HB presented the report and gave the key messages: • The overall financial position remains extremely challenged. • A revised forecast outturn for month 10 will be submitted. • We have agreed a revised deficit plan of approximately £35m which is recognised by NHS England. • Committing to an agreed revised plan means we will receive a small additional allocation and we also qualify for some additional capital monies for the next financial year. The key discussion points were: • The additional funds recently announced for the ICB – the committee were advised that we are waiting for further information as there have only been press announcements so far. • The controlled process and protocol followed in regard to the break-even position. • The value for money risk in regard to hospital discharge funding. • The challenges next year in regard to one-off funding. The Audit & Risk Committee: • Noted the content of the report and the key risks to the expected year-end breakeven position.	
10.0	**Future planning**	
	10.1 Committee's workplan The Committee noted the workplan for the remainder of 2022/23. A new workplan will be drafted for the new financial year. **10.2 Items for exception report to next ICB board meeting** The report will be drafted outside of the meeting based on the minutes. MP clarified that going forward, 'agreed' committee minutes will not be included with the exception reports to the board, they will be uploaded to the ICB's website for transparency. **10.3 Items to disseminate** The Chair to consider if there are any messages to disseminate.	**CPa/ AMc** **CPa**
11.0	**Items for information**	
	11.1 Final Terms of Reference The committee noted the final version. **11.2 Procurement group minutes**	

	The committee noted the minutes. **11.3 Information governance group minutes** The committee noted the minutes.	
12.0	**Any other business**	
	12.1 Additional primary care services transferring to the ICB – HB advised that discussions are currently being held at the Finance, Performance and Investment Committee as only the functions are transferring for now. The Chair asked for the committee to be sighted on the governance arrangements for the transfer and requested an assurance report at the next meeting that outlines what the risks are and where they sit in terms of the ICB and the other partners involved in the hosting arrangement. **12.2 New finance system from April 2024** – RA flagged that progress on this work will need to be reported to this committee. **ACTION: RA**	**MP** **RA**
	Date of next meeting – 15 March 2023	

North East London
Integrated Care Board

Agreed minutes – Audit & Risk Committee
15 March 2023 at 2.00pm – 4.20pm – MS Teams

Members:	
Cha Patel (CP) - Chair	Non-executive member
Imelda Redmond (IR)	Non-executive member
Kash Pandya (KP)	Associate non-executive member
Sue Evans (SE)	Associate non-executive member
In attendance:	
Auditors	
Dean Gibbs (DG)	External Auditor, KPMG
Carl Van Den Berg (CvB)	External Auditor, KPMG
Nick Atkinson (NA)	Internal Auditor, RSM
Mark Kidd (MK)	Local counter fraud specialist, RSM
Henry Black (HB)	Chief finance and performance officer
Marie Price (MP	Director of corporate affairs
Rob Adcock (RA)	Director of finance
Tracy Rubery (TR)	Borough director-Redbridge **(item 3.0)**
Anna McDonald (AMc)	Senior governance manager
Diane Jones (DJ)	Chief Nurse **(item 2.0)**
Sarah See (SS)	Managing Director of primary Care **(item 4.2)**
Apologies:	
Steve Collins (SC)	Executive director of finance
Sunil Thakker (ST)	Director of Finance

1.0	**Welcome, introductions and apologies**
	The Chair welcomed everyone to 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 issues arising at the meeting which might conflict with the business of the ICB. No additional conflicts were declared. The registers of interests held for ICB members and staff are available from the Governance Team.
1.2	**Minutes of the last meeting**
	The minutes of the meeting held on 1 February 2023 were agreed as a correct record.
1.3	**Actions log**
	The committee noted the action taken since the last meeting. In regard to **Action 4.2 – New primary care forum for 'speaking up'** – an update on this will be given at the April meeting, noting that this will need to be referenced in the ICB's policy which is being updated as part of the governance handbook review at the end of March. **ACTION: MP**

2.0	**Continuing Health Care (CHC) audit progress update**
	DJ presented an update on progress made to date in regard to actions that remain outstanding following the audit undertaken by RSM in 2021. The key messages were: • Existing policies have been harmonised and four policies have been drafted together with local authority colleagues. An engagement plan is being drafted which will be launched at the end of March 2023. • A data cleansing process is being undertaken as there are currently two systems in operation - Broadcare and MyCareBank. The latter has given notice on the contract and a procurement process is being undertaken and a data migration process is taking place. • A project team is being mobilised to focus on outstanding documentation storage issues. • An audit on existing backlogs has been undertaken and the outcome is being reported through the CHC Transformation Board. Workforce issues have been the cause of some of the delays. • A draft Standard Operating Procedure (SOP) for CHC has been developed which local authority colleagues will be asked to agree. The main discussion points were: • The need to include completion dates for the actions/recommendations that are in progress. **ACTION: DJ** • Assurance was given that the MyCareBank contract coming to an end will not impact on the quality and quantity of the provision of services available to residents. Packages will continue to be brokered for people who are eligible for CHC but there will be a delay in the office administration function. • Confirmation was given that the CHC digital procurement risk is on the appropriate risk register. NA aligned the discussion to the draft Head of Internal Audit Opinion (HoIAO) and said he would liaise with DJ outside of the meeting in order to review the latest evidence so that the progress can be reflected in the HoIAO. **ACTION: NA/DJ** The Audit and Risk Committee noted the update and the progress made.
3.0	**Performance and planning**
	3.1 Procurement Group progress report including risks and single tender waivers TR presented the report to update committee on the progress made to date. The following key points were highlighted: • Provider Selection Regime for procurement - no further update has been received in terms of timeframes. • Work on planning and developing the procurement pipeline and contracts register is continuing. The exercise to update the named commissioning lead in the contract register will need to be repeated to reflect the change in the roles and responsibilities once Phase 2 of the ICB's re-structure has been completed. • Single Tender Waivers - 34 waivers were submitted to the Procurement Group for endorsement during January and February and all but one were formally approved. As expected, a high number of STWs is being seen as we reach the end of the financial year. • e-procurement – reporting now reflects the new NHSE requirements that will take effect from April 2024. That has led to a significant deterioration for month 10 in performance. A report will be presented to the Procurement Group in

	March in regard to the action plan to deliver the required 100% compliance by April 2024. Further information will be included in the next committee report. • Risk - staffing resources across the wider organisation to support and deliver the procurement programme is the key risk and contributes to the continued use of STWs. The key discussion points were: • Single tender waivers – Concerns were raised about the increase in the number of urgent requests and also the number coming through multiple times. TR outlined the actions she is taking as Chair of the Procurement Group. The role of the Audit and Risk Committee in regard to STWs was discussed and KP recapped that historically, the role had been to ensure the correct process was being followed. It was suggested that the STWs could either be provided separately from the main meeting papers pack or the summary table could continue to be provided with individual STWs being made available on request. MP to review the Standing Financial Instructions within the Governance Handbook and feedback to the Chair outside of the meeting. **ACTION: MP** • Resource within the Procurement Team when the transfer of Dental, Optometry and Pharmacy Services (DOPS) takes place – SS clarified that the majority of contracts in this area are nationally negotiated and more will be known once information regarding budgets is determined. • The need to review existing separate contracts to see where there could be one common contract across the system – TR confirmed that the Contracts Group has oversight of all the contracts and they are looking to see where it makes sense to consolidate services to ensure value for money. NA aligned the discussion to the procurement audit draft report that will be presented at the next meeting and commented that there are still issues with completeness of information and suggested there needs to be a continued drive across the whole organisation to ensure all the necessary information is collated in the right place which will help with consistency checks. The Audit and Risk Committee noted the update report
4.0	**Governance**
	4.1 Annual report progress update MP provided an update in regard to the main content of the report. • An updated template has recently been received with some additional requirements but overall, the template remains the same. • Guidance has been received regarding engagement and participation indicators. • Relevant leads have been asked to submit initial draft sections of the annual report to the Communications Team by 27 March and a first draft will be completed by the end of march. • Comments from External Audit on the NEL CCG Q1 report have been received and are being addressed. As part of the discussion, HB confirmed that everything is on track to meet the national timetable in regard to the 2022/23 annual accounts for the ICB from 1 July 2022 to 31 March 2023. The Audit and Risk Committee noted the update. **4.2 Update on the transfer of additional primary care services into the**

	ICB SS gave an overview of the paper due to be presented at the ICB board meeting on 29 March 2023. The report will be seeking approval from the board to proceed with the London-wide proposal to have a hub model for Pharmacy, Optometry & Dental commissioning services (DOPS) and for it to be hosted by NEL ICB for an 18-month period on behalf of the five London ICBs. A local Task and Finish Group has been in place since January 2023 and the staff transfer under TUPE is planned for 1 July 2023. RSM has been commissioned by the ICB to undertake a due diligence process. The agreed scoping document for the process had been shared with Committee members in advance of the meeting. The key discussion points were: • The need to understand the issues and implications for the ICB in terms of being a commissioner for the DOPs but also as the host of the whole of the DOPs – SS gave her view that this would be included in our annual audit cycle similar to the same way that general practice is. A lot of work needs to be carried out during the18 month period and Internal Audit will play a key role in that. • Memorandum of Understanding (MOU) – NA gave his view that the MOU will be critical on both sides in understanding the risks. It will set out the responsibilities of NEL ICB as the host and also the responsibilities of NHSE and the other London ICBs. Guidance from NHSE has not been issued as yet in regard to audits, however, LCFS guidance has been issued. • 2023/24 DOPS budget - RA confirmed the budget for NEL ICB will be £215m. The Audit and Risk Committee noted the update.
5.0	**Risk**
	5.1 Risk management update MP updated the Committee on progress made since the last meeting. The key messages were: • Internal audit has finalised the report on the governance and risk audit which members noted would be discussed further later on the agenda. MP advised that overall it is a broadly positive report but there are some areas requiring improvement in relation to risk management. • Governance team members are working with the executive team and risk champions to ensure the recommendations are addressed. External audit has also advised that the target dates for risks should be reviewed to ensure they are realistic. • Following a request from the ICB Chair at the January board meeting, a meeting has taken place involving the ICB Chair, Audit Chair and other key people to consider the overall Board Assurance Framework (BAF) and strategic risks. The BAF is being updated following the outcome of the discussion and will be presented to the ICB board at the end of March 2023. • A risk on infrastructure combining data and estates has been added to the Chief Finance and Performance Officer's risk register following discussions at the February Audit and Risk Committee meeting. The Audit and Risk Committee: • Noted the update. • Noted that the updated BAF and progress on addressing the recommendations from the internal audit review will be presented at the next meeting. **ACTION: MP**

6.0	**External Audit**
	6.1 Progress update Verbal updates on the progress of the financial statements for NEL CCG and NEL ICB audits were given. The key points were: • NEL CCG audit - the aim is to complete the work by the end of March 2023. Discussions with management are continuing on some areas but overall, no significant issues have been identified. • NEL ICB audit – work is underway and the final audit will commence at the end of May 2023. **6.2 ICB 20223-23 Value for Money risk assessment** DG advised this is the third year that a public facing commentary has been required. An outline of what the commentary is anticipated to look like was given. The key messages were: • Financial sustainability 2023/24 – DG flagged this as an area that needs further work. • Formation of governance and risk management processes – a high level view of these areas will be taken. • The final version of the VFM risk assessment will be presented to the Committee in June. • The final commentary needs to be published on the ICB's website on completion of the audit alongside the annual report. **ACTION: HB/MP** Discussion points included: • Operating Plan - a first draft of the Operating Plan was submitted on 23 February and weekly returns to the national team are required. The final submission is due by 31 March and it is hoped that the trajectory will continue to improve. • Break-even position – HB advised that it is unlikely that a fully break-even plan will be submitted by 31 March 2023 and that a process will need to be undertaken with External Audit on what an acceptable financial sustainability position looks like in terms of an agreed trajectory with NHSE. • DG clarified that it is possible to reach a conclusion that whilst the system is in deficit, there may not be weaknesses in arrangements. • Members were advised that at this point in time, there is only one London ICB that looks likely to submit a break-even plan by 31 March 2023. It was noted that a consistent approach will be taken. • The need to review current risk management delivery dates – MP confirmed the review will be undertaken with ICB board members. The Audit and Risk Committee noted the update and the progress made.
7.0	**Internal Audit**
	7.1 Progress report NA presented the progress report. The key messages were: • Final reports have been issued for: o Governance Arrangements and risk management – a reasonable Assurance rating was received. Further work is needed in some areas such as the corporate risk register. The positive impact of the preparation work undertaken in the lead up to becoming an ICB was noted and NA commented that progress made is in advance of what is being seen across other London ICBs. o Conflicts of Interest – a substantial assurance rating was received and NA commended the achievement.

	• Work in progress: o Procurement and contracts register - a draft report has been issued. There is one high priority action regarding the contracts register. Progress is being made but there is further work to do in that area. o Medicines Management - work is nearing completion and there is nothing major to report. o Dental, Optometry and Pharmacy audit – work is commencing. o Data Security Protection toolkit – work will commence in April 2023. Key discussion points included: • National Cyber Security Centre (NCSC) - the Chair fed back on discussions she has recently been involved in in regard to the collaboration between NHSE and the NCSC and the support they can provide to the ICB if we are able to provide a full list of our suppliers. • Digital Strategy – the Chair asked for the Committee to be sighted on the strategy. HB alerted the Committee to the main risk in regard to the availability of capital particularly in regard to BHRUT which does not have an electronic patient record. The Chair asked for 'digital risk' to be a standing agenda item going forward and HB agreed to bring the digital strategy to a future meeting. **ACTION: HB** The Audit and Risk Committee: • Noted the progress report and appended final reports **7.2 Draft Head of Internal Audit Opinion (HoIAO)** NA provided an update following the presentation of the initial draft HoIAO at the February committee meeting: • The revised draft reflects the reports that have been completed since the last meeting. • The report will be updated again to reflect the discussion earlier on in the meeting in regard to CHC. The Audit & Risk committee: • Noted the draft Head of Internal Audit Opinion 2022/23.
8.0	**Local counter fraud specialists**
	8.1 Progress report MK presented the report. The key messages were: • Planned training sessions with staff on Conflicts of Interest (COI) and Fraud and Bribery (F&B) are now complete. A total of 543 staff took part. Thanks were conveyed to Keely Chaplin in the Governance Team who assisted with the successful roll out of the training. Feedback from staff has shown that they welcomed the interactive format and it has since been agreed to continue with the same format going forward. A session with board members is being planned for April. • The Fraud and bribery risk assessment for the ICB has been completed and an overarching F&B risk will be added to the risk register that sits with the Chief Finance and Performance Officer's area of responsibility and the F&B risk register will sit under that. • National Fraud Initiative matching for 2022/23 has been released and work is underway to review the data. • Investigation work is continuing and alerts continue to be received.

	As part of the discussion, MK and MP provided assurance to the Committee on the process in place to alert the Committee and board members where necessary of any LCFS investigations that might be a risk to the ICB's reputation. The Audit and Risk Committee noted the progress report. **8.1.1 Fraud and bribery risk register** The Audit and Risk Committee noted the register.
9.0	**Finance**
	9.1 Finance overview RA presented the report and explained it had been discussed in detail at the March meeting of the Finance, Performance and Investment Committee. The key messages in the report were outlined: • The ICS has reported a £44.2m deficit at month10, the ICB's element of that is £1m. • The ICB and its system partners have been in discussion with NHSE and it has been agreed that the year-end system deficit will be £35m. • If this position is achieved, the ICS will receive an additional £10.5m of funding. • A finance recovery working group has been established across the whole of the ICS to review and drive forward the in-year financial position, efficiency and savings targets and oversee the development of a 5-year system financial plan. • The ICB continues to face challenges in a number of areas such as CHC and prescribing. • Work is underway to develop a 2023/24 finance plan. • The ICS will be entering 2023/24 with a financial pressure from 2022/23. The Chair commented on the length of the report presented and asked for the supplementary information to be more succinct going forward. **ACTION: HB.** The Audit & Risk Committee: • Noted the report and the risks to the financial position. **9.2 Going concern assessment – 2023/23** RA explained that the report considers NEL CCG becoming an ICB after 30 June 2022 and NEL ICB at the end of 2022/23. The main points were: • A number of items have been assessed including risk. • The conclusion reached is that as at 30 June 2022, NHS NEL CCG at its demise was deemed to be a going concern given its transfer of its commissioning responsibility to NHS NEL ICB and the NEL ICB assessment is that the entity is also a going concern in to 23/24. • The report has been shared and discussed with External Audit colleagues and the conclusion will be reflected in the annual accounts. As part of the discussion DG advised that from an External Audit perspective, the deficit is considered to be a value for money risk rather than a going concern risk. The Audit and Risk Committee: • Noted and approved the approach and the assessment.

	9.3 Update on how progress relating to the new finance system for April 2024 will be reported RA provided an update and the key points were: • The new finance system that is due to be implemented on 1 April 2024 will be across all ICBs and all who use the current SBS service and will encompass all aspects of the finance system with the aim of improving the national and regional reporting framework. • Each organisation has been asked to nominate a champion and NEL ICB's champion is Paul Hunt, an experienced member of the Finance Team having been the lead for the merger of the seven NEL CCGs ledgers into one and the NEL CCG ledger into an ICB ledger. • A comprehensive training programme will be required as well as governance process by way of a program board with representation from NHSE, SBS and RSM. • A further update will be brought back to the Committee later in the year. **ACTION: RA** The Audit and Risk Committee noted the update.
10.0	**Future planning**
	10.1 Draft Committee's workplan – 2023-24 The Committee members noted and reviewed the draft workplan. **10.2 Items for exception report to next ICB board meeting** It was noted that an exception report covering items discussed at the February Committee meeting had been submitted for the March ICB board meeting and that any items suggested at this meeting would be flagged verbally by the Chair. • NA suggested - concerns raised around procurement processes and the number of STWs coming through. **10.3 Items to disseminate** • Digital Strategy – KP in his capacity as Chair of the Finance, Performance and Investment Committee (FPIC) advised that the digital strategy has been added to the FPIC forward plan in regard to capital spend and confirmed that he would disseminate items to the FPIC when appropriate. **ACTION: KP** • 'MyCareBank' – IR in her capacity as Chair of the Quality, Safety and Improvement Committee to seek further assurance from DJ that the ending of the contract will not have an impact on the quality of service provision. **ACTION: IR**
11.0	**Items for information**
	11.2 Procurement group minutes The committee noted the minutes of the meeting held in January 2023. **11.3 Information governance group minutes** The committee noted the minutes of the meetings held in January and February 2023.
12.0	**Any other business**
	There were no additional items to be discussed.
	Date of next meeting – Monday 24 April 2023

Final

North East London

Minutes of the Quality, Safety, and Improvement (QSI) Committee

Held on 8th February 2023

Members:	
Imelda Redmond (IR) - Chair	Non-Executive Member, NHS NEL board member
Fiona Smith (FS)	Associate Non-Executive Member, NHS NEL
Diane Jones (DJ)	Chief Nursing Officer, NHS NEL Item 3.0 & 7.0
Charlotte Pomery	Chief Participation & Place Officer – NSH NEL
Attendees:	
Chetan Vyas (CV)	Director of Quality Development, NHS NEL – for items 4.3, 5.0 & 6.0
Nina Griffiths	Director of Delivery, City and Hackney Place Based Partnership – for item 3.0
Emma Rowland	Emergency Medicine Consultant, Homerton University Hospital – for item 3.0
Moira Coughlan (MC)	Deputy Director for Screening, Prevention and Vaccination, NHS NEL – for item 4.1
Korkor Ceasar (KC)	Associate Director, Children's Safeguarding, NHS NEL – for items 4.2
Celia Jeffreys (CJ)	Associate Director, Safeguarding Adults, NHS - for item 4.2
Mary Jamal	Head of CHC (London) and Governance – for item 4.4
Philippa Cox (PC)	Assistant Director of Maternity Programmes NHS NEL – for item 4.5
Helen O'Connor (Ho'C)	Interim Senior IPC Lead – for item 4.6
Dotun Adepoju (minutes)	Senior Governance Manager, NHS NEL
Apologies:	
Marie Gabriel (MG)	Chair, NHS NEL
Cllr Maureen Worby (MW)	Councillor, London Borough of Barking & Dagenham
Dr Jagan John (JJ)	Primary Care board member, NHS NEL board member
Dr Paul Gilluley (PG)	Chief Medical Officer, NHS NEL (part) – Item 3.0
Francesca Okosi	Chief People & Culture Officer, NEL NHS
Mark Gilbey-Cross	Director of Nursing, NHS NEL

Item No.	Item title	Action
1.0	**Welcome, introductions and apologies**	
	• The Chair welcomed all members and attendees to the meeting. As it was quite a full agenda she reminded everyone of the format for the meeting. Presenters of agenda items should be aware that the papers have been read by Committee and therefore, presentations at the meeting should be concise, indicate purpose of paper, why it was brought to the Committee and what was the 'ask' in the papers of the Committee.	
1.1.	**Declaration of conflicts of interest (DoI)**	
	• The Chair informed the meeting the meeting that she a had new declaration of interest to add to the records. She now sits on the Commission for the Devolution for Health as Chair. However, this does	

Item No.	Item title	Action
	not have any conflict with the meeting agenda. She would update the DoI register in due course. ➢ **Action Point:** ▪ Chair to update her Declaration of Interests register with the new item described above.	**Action Chair**
1.2	**Draft Minutes of meeting of the previous meeting of 07-12-22**	
	• Celia Jeffreys informed the meeting that although she attended the meeting and left after a few minutes her attendance had not been noted in the minutes. • The minutes were agreed	
1.3	• Actions Log	
	• Act 009 – **Update on Learning Disability and Autism (LDA)** - Dr. Paul Gilluley to provide at the next meeting. • Act 011.1- **Safeguarding policies paper for approval** – the internal review has been completed as requested by the Committee. The meeting learnt that the draft documents would be brought back to the Committee at the next meeting with tracked changes.	
2.0	**Industrial action**	
	Diane Jones (DJ) and Charlotte Pomery (CP) standing in for Francesca's agenda item gave verbal updates. • Although there have been a number of strikes across London, not all have affected NEL. The Ambulance Service strikes have affected NEL and the next planned strikes will also have similar impact. Managers and other personnel will be called upon to fill gaps in the system. • The 111 Call Centres will also go on strike for 6 hours but there is provision for Primary Care for next month's strike. • Learning points have been picked up to ensure we don't have delays for the Ambulance Service. • Gratitude was extended to the Primary Care and volunteers within the Safety Cells for Category 2 calls for their help during the strikes. • Other aspects of learning were: o Good collaboration across the system. o Proactive work on discharge. o Improved ambulance handover times. o Collective support and pulling in the same direction o Pathways were used in determining those who needed ambulance and triage for those who were brought in through the ambulance system. o Primary Care adopted a "Wait & Watch" policy. o Communications were clear in terms of priority and expectations. The Committee appreciated the feedback and would welcome regular updates.	
3.0	**Resident Access to Urgent and Emergency Access**	
	Diane Jones (DJ), Nina Griffiths (NG) and Emma Rowland (ER) jointly presented the agenda item paper. Each would present different aspects of the agenda. The paper could be summarised as follows:	

Item No.	Item title	Action
	• The challenge between capacity and demand for access to urgent and emergency care means we are not meeting all our residents' needs to urgent care in a timely manner. • We know this based on surge and LAS handover data, what our residents (all age) tell us and the more recent Care Quality Commission (CQC) publications on outer North East London Urgent & Emergency Care (UEC) pathway. • This has been exacerbated during the winter period, where we face challenges that include: surges in infectious diseases, a rising tide of non-communicable diseases and increasing vulnerability of our population due to the impact of the Cost of Living. • Our residents have said that they want to be seen, be heard and receive appropriate care when seeking UEC. We are developing patient focussed outcome measures that enables us to monitor progress towards what our residents want. • CQC inspections across Barking & Dagenham, Havering & Redbridge found our system and some services lacking in areas to respond to the demands. • Our NEL winter plan and provider CQC improvement plans have been developed to address these challenges, which is monitored through the UEC Programme Board. • The level of risks the challenges bring is on the risk register and Board Assurance Framework, however we need to recognise these as system risks that can be safely distributed across organisations to ensure safe care for all our residents of all age groups from babies, children and young people to adults. • The paper therefore seeks to identify where the quality issues including risks are, against our emerging vision for UEC for NEL (note: this is an emerging vision, as we plan to engage and co-produce it with residents). Additional contributions on the 'discharge' component of the paper were as follows: • Quality of care of the individual discharged. • Quality of care of new entrants into the system. • 9 -11% of bed are occupied by people ready for discharge. It should be noted that NEL's record in this area is positive compared to the national picture • Hospitals working with communities to enhance discharge. • Support for people discharged with additional care and support via 'Integrated Care'. • Cross-borough discharge is enhanced via focus. Much better oversight of the Step Process. • Home First approach and promoting independence of the individuals. • Re-enablement approach. • Capacity challenges not helped by low wages. • An overall system approach to challenges posed. Additional contributions on 'urgent care, quality and risks': • We are seeing some evidence that patients may be coming to harm due to the current UEC system i.e. insufficient services, particularly beyond 5pm and weekends, workforce challenges	

Item No.	Item title	Action
	• We need to be brave as a System to have a conversation about risk tolerance regarding UEC and also if there is anyway in getting an agreement across NEL to flex the system to reduce pressure points • We have already designed an Emergency Care Hub to mitigate against some of these risks • CV suggested that these are the conversations that need to be taking place in the NEL System UEC Programme Board *Comments* • The Committee enquired about the constraints and help needed to reduce the risks. What would make change happen and what was the 'Ask' of the Committee? • In response to question was: - (i) visibility and sustained and (ii) the concept of risk. Risks, harm and patient care should be on everyone's agenda. There should be an awareness that the Urgent Care system has changed. Expectations have to be managed. • There are alternative options/services that can deliver to support the need for Urgent Care • There is a need to break down barriers between health and social/ community care. For example, the 9 -11 % discharged patients occupying beds in NEL need to be moved on. • How much risk can be taken by Acute Care providers? • Need to create awareness in local people and confidence in alternatives to urgent care. • Referrals to Urgent Care pathways need to be standardised and there is a need to address delays and responses to Planned Care. • The 4-hour target for patients to be seen at the Emergency Department poses risks to staff and patients due to expectations. Staff would need support in making tough decisions and moving on users who do not necessarily need urgent care. It was however noted that tolerance of risk levels would determine this approach. Nonetheless, communication is key to addressing the anxieties of patients. • In response to the question by the Committee of what could be done to shape the Carers' market, the following answers were provided. o It was a system quality issue. o Reduce harm by increasing capacity. o Improve rehabilitation. o Work with local government colleagues to understand their pressure points. • The Committee heard that the reason for this agenda item was to try to understand the impact on patient care, quality and system risk in the delivery of urgent and emergency care. • The following were posed: o do we have a genuine understanding of the system risks? o Are we utilising the Better Care Fund (BCF) efficiently? o Are we addressing social care issues and concerns? • The Committee heard that we have a NEL ICS Urgent and Emergency Care Programme Board that would be holding the ring on all urgent and emergency care aspects across the ICS. Programmes of work would be reported into the Board • Updates against the NEL Winter Plan would be reported into the NEL UEC programme Board	

Item No.	Item title	Action
	• Dr Paul Gilluley is the NEL Senior Responsible Officer of this Programme Board and the Committee have asked for an update at the next meeting • In conclusion after the discussions on this agenda item, the Committee expressed appreciation for the paper and the ensuing discussions. Going forward, the Committee advised that more time than allocated in the agenda items timings on this occasion should be given to items such as this in future meeting plans. ➢ **<u>Action Point</u>:** ▪ Dr. Paul Gilluley to provide an update on NEL UEC Programme at the next meeting.	**Action Paul Gilluley**
4.0	**Quality Exception Reports** <u>Introduction</u>; • Chetan Vyas opened this section of the agenda by informing the Committee that authors have listened to feedback on the way information is shared and presented through these reports. To this end what you should see is an improved version of information coming to the Committee and this will continue to improve	
4.1	**<u>Immunisations and Screening.</u>** • Moira Coughlan (MC) presented the report. Key issues: • Evergreen Covid vaccinations continue to be available to all eligible cohorts in 107 sites across NEL. • The Autumn/ Winter Covid vaccination booster will finish mid-February. We are preparing for a Spring and Autumn Booster in 2023/24 pending national guidance. • Flu vaccinations continue to be available for eligible cohorts with an increase in uptake. However, uptake in children is still low. • The NHSE additional dose polio vaccination programme was paused in 23/12/22. We are awaiting an update from NHSE on next steps. In the meantime, children can be offered their routine vaccination in general practice as usual. In conclusion the Committee was asked to note the activities in place to deliver Covid, Flu and Polio vaccinations in NEL in 2022/23 financial year. *<u>Comments</u>* • It was notable that immunisation ties in with the previous agenda above in terms of resilience. • It was reassuring to see the uptake of vaccines amongst those most vulnerable. • There is intelligence from the Polio programme. • There seems a low uptake of vaccines amongst staff. • The movement of children and people from locations also had impacts on take up rate of vaccinations. • The Committee requested for vaccination updates across the system. The Committee noted the report.	

Item No.	Item title	Action
4.2	**<u>Safeguarding (Adults, Children and Looked After Children) Report</u>** Korkor Ceasar (KC) and Celia Jeffreys (CJ) presented the paper. • The report outlined key safeguarding issues, risks, mitigation and recommendations that need to be brought to the attention of the Committee as part of the NEL safeguarding governance framework for noting and approval where relevant. The purpose of this report was to provide assurance to the Committee that safeguarding across NEL is being delivered in line with the Safeguarding Accountability and Assurance Framework (2022) and where it is not, that the safeguarding team have recognised the risks and are supporting partners to mitigate the risk. The report takes a life course approach, which reflects the configuration of the NEL safeguarding teams and workplan. • **Safeguarding issues, risks and mitigation** The report evidences the impact of the work Safeguarding Leads have undertaken with safeguarding partners and relevant agencies on outcomes for children and families including vulnerable groups such as unaccompanied asylum-seeking children (UASC), children with complex needs within the SEND cohort, looked after children, care leavers and adults with care and support needs. • The report provided an analysis of where there are strengths and any areas where there have been limited evidence of progress on agreed priorities and the plans afoot to progress them. It also covered the decisions and actions taken by the partners (or planned to be taken) in the report's period to implement the recommendations of any local and national child safeguarding practice reviews (CSPRs), Rapid Reviews (RRs), Safeguarding Adult Reviews (SAR's), Domestic Violence Homicide Reviews (DHR's) and Serious incidents including any resulting improvements, where relevant and possible. The report also covered when partners have sought and utilised feedback from children, vulnerable adults and families to inform their work and influence service provision and make safeguarding personal. • <u>Recommendations</u>: o The committee was asked to note the contents of reports in relation highlights and exceptions. o Agree/approve the recommendations which have been proposed in line with best practice and statutory guidance. *<u>Comments</u>* • The Committee suggested that the report could have been better written to inform on the comparisons with Places. The risks identified could have documented mitigating actions rather than merely reporting them and the big key issues could have been pulled to the front rather than within deeper recedes of the paper. • In response, the Committee was informed by the team that the risks identified in the report and their mitigations are documented in the operational risk register and when applicable in terms of ratings, would be escalated to the strategic risk register • The Committee was informed by the team that the exception report format and presentation would continue to be further improved to meet the expectation of members.	

Item No.	Item title	Action
4.3	**Quality Report** • Chetan Vyas informed the Committee that information in the report has been collated with Place Directors of Delivery to ensure the reporting from Place, with additional NEL key areas – additionally the paper outlines the issues and actions taken or planned to be taken • Key issues in the paper were: o Urgent and Emergency Care: ▪ Winter pressures and possible impact on quality of care and patient safety. ▪ Partnership of East London Co-operatives (PELC) - CQC identified significant delays in patients to be streamed and treated in November 2022. As a result, PELC were issued with a Notice to Impose Conditions on registration related to Section 31 of the Health & Social Care Act[1]. o Acute Barts Health and Homerton Healthcare ▪ Barts Health serum prostate-specific antigen (PSA) reference levels were not updated to reflect the pan-London referral guidance reference ranges agreed in 2019. These differences may have clinical significance. The discrepancy was initially highlighted to Barts colleagues in September 2020. The reference values were amended to agree with the 2019 guidance in June 2022. Reference ranges are age specific. A lookback exercise was agreed in 2022 to identify men who should be advised to have another blood test and to identify any potential harm. ▪ Different references values, not in line with the Pan-London guidance, were in place for Barts Health patients and Homerton patients for different time periods creating further complexity and the need for separate reviews to take place and potential harm identified. Additional contributions to the paper were reported by Fiona Smith as follows: • PELC urgent treatment centres have received an inadequate CQC rating • Immediately, NHS NEL convened a rapid quality review in line with the national Risk Escalation regarding quality • This has since moved into a fortnightly PELC Assurance Group where the groups look at PELC has an organisation regarding its response to the CQC ratings via their Action Plan along with a number of quality matters picked up through the CQC reports i.e. management of complaints/ incidents • In addition, the improvement aspect has to be done with partners across the BHR footprint and this work will be driven through the BHR UEC Place Improvement Board – the system issues that PELC alone cannot resolve will come through this Board	

[1] The CQC has various powers of enforcement but one of the most draconian is in section 31 of the Health and Social Care Act 2008, under which they can decide to impose, remove or vary conditions of registration, with immediate effect.

Item No.	Item title	Action
	• Finally, progress from these groups will ultimately report into the NEL System UEC Programme Board *Comments* • Our principles should be sustainable change. • Attention was drawn to the comments raised by Cllr Maureen Worby and the **Chair suggested an urgent meeting with Cllr Worby** and some colleagues to talk through plans in detail. The report was noted by the Committee.	
4.4	**Continuing Healthcare.** Mary Jamal presented her paper. • The purpose of the report was to (i) Provide a progress update from the last CHC report (May 2022) presented to the Committee and (ii) for the Board to be aware of the progress, challenges and risks to the CHC Service and their mitigations. • The key matters arising for CHC relate to: (a) System cost pressures, (b) Market Digital, (c) System Procurement and (d) Standard Operating Model Management. • Historically within NEL ICS and currently there are two operating models - a legacy from the Clinical Commissioning Groups (CCGs). • Barking Havering and Redbridge (BHR) which has an end to end CHC Clinical Pathway, where the clinical staff are employed by the ICB, i.e. managed in-house. • Tower Hamlets Newham Waltham Forest, and City &Hackney (TNW C&H) which has a fragmented pathway, where the clinical pathway is managed by a number of commissioned providers i.e. ELFT (Tower Hamlets and Newham), NELFT (Waltham Forest), Homerton Hospital (C&H) and Barts Healthcare (Tower Hamlets), which poses a number of challenges. • BHR is the preferred model. • The current CHC pathway has a number of service delivery issues broadly across both service areas. • Of note is the transformation programme which is comprised of 12 workstreams. • Main Issues: Progress and Challenges are managed through the CHC transformation board. To enable an integrated CHC standard model of delivery there are a number of steps required over the next one to two years to implement this: o Need to implement a 5-year CHC strategy o Implementation of digital management programme. o Staffing issues. o Integrated point of contact. o Need for brokerage function. o Review of personal healthcare budget. o Performance has improved. The Committee was asked to note performance improvement with national key performance indicators in the report	

Item No.	Item title	Action
	Comments • The Committee enquired about what should be in or out of the 5-year strategy? For example, should the complexity of patients be taken onboard? • In response, the question was raised regarding where CHC sits in the system in the NEL ICB? The report was noted by the Committee.	
4.5	**Local Maternity, Neonatal System** Philippa Cox presented her report. • This paper outlines the outputs of the initial meeting of the Acute Provider Collaborative for the maternity and neonatal programme. It was agreed that the programme would work on the following priorities: (i) Capacity and demand (ii) Workforce, (iii) Digital and (iv) Equity. • The paper outlined work that the Local Maternity and Neonatal system has already undertaken and the resources that may be required to undertake this programme. *Comment* • The good alignment between collaboratives and the LMNS was noted. The report was appreciated by the Committee.	
4.6	**Infection, Prevention and Control** Helen O'Connor (Ho'C) presented her paper. • The report updated the Committee on the progress made in the development of infection prevention and control within NEL. Work that has taken place to inform the production of an Infection Prevention and Control Strategy and Assurance Framework both of which are currently in draft format. On the 1st July 2023 there was no Infection Prevention and Control (IPC) Team or governance structure in place within IPC. Working within and alongside colleagues in both the Partnership Organisations and Placed based Partnerships, a "Collaborating for the Future Event" was held in November 2022. This event was the catalyst for establishing IPC Strategy and Assurance Framework. Further work is required to produce an agreed Annual IPC Plan of work to provide the assurances required and achieve the longer-term Strategy. A NEL Urinary Catheter Passport has been developed through a broad task and finish group. This is currently with Communications. • Recruitment is taking place for a Project Manager to roll out and embed the principles of this work. The risk on staffing has been reduced due to increased funding and recruitment. • Working is taking place in Primary Care on Monkey pox. There is a roll of infection control manual. The increase in the number of asylum hotels within the NEL sphere was noted. *Comments* • The Committee enquired if there had been an issue with Invasive GAS (iGAS). It was informed that the number of cases has come down. A system approach had been applied in addressing the issue.	

Item No.	Item title	Action
	The report was noted by the Committee.	
5.0	**Care Quality Commission assessment of Integrated Care Systems**. • Due to time constraints the report was noted by the Chair and outlined she found the report very clear and helpful.	
6.0	**Quality at Place** • Due to time constraints the report was noted by the Chair and outlined she found the report very clear and helpful to gauge what governance systems were operational at Place regarding Quality.	
7.0	**Review of Risk Register** • Due to time constraints the reports were noted. • However, the Committee would like future meeting agenda items to be aligned with identified strategic risks. Chetan Vyas confirmed that what the Committee will see is that the agenda at this meeting was fully structured around the current high-level strategic risks and this will be the plan going forward.	
8.0	**Any Other Business** None	
Date of Next meeting: 12th April 2023 @ 10:00 A.M via MS Team		

NHS
North East London

Minutes of the NEL Finance, Performance and Investment Committee meeting

Monday 27 February 2023, 1400 – 1700 meeting in room FO1, 4th Floor, Unex Tower, Station Street, Stratford, London, E15 1DA

Members:	
Kash Pandya (KP) - Chair	Associate Non-Executive Member, NHS North East London
Cha Patel (CP)	Non-Executive member for Audit, NHS North East London
Henry Black (HB)	Chief Finance and Performance Officer, NHS North East London
Mohit Venkataram (MV)	NHS Trust Partner Member
Mayor Philip Glanville (PG)	Local Authority Partner Member
Dr Mark Rickets (MR)	Primary Care Partner Member
Attendees:	
Steve Collins (SC)	Executive Director of Finance, NHS North East London
Rob Adcock (RA)	Deputy Chief Finance Officer, NHS North East London
Clive Walsh	Interim Director of Performance, NHS North East London
Sunil Thakker	Director of Finance, NHS North East London
Archna Mathur	Director of Specialised Services and Cancer, NHS North East London Acute Provider Collaborative
William Cunningham-Davis	Director of Primary Care, NHS North East London
Sarah See	Managing Director of Primary Care, NHS North East London
Jane Lindo	NHS North East London
Matthew Knell (MK)	Senior Governance Manager, NHS North East London
Apologies	
Fiona Smith (FS)	Associate Non-Executive Member, NHS North East London

Item No.	Item title
1.	**Welcome, introductions and apologies:** • Declaration of conflicts of interest The Chair, Kash Pandya (KP) welcomed those in attendance to the February 2023 meeting of the North East London (NEL) Finance, Performance and Investment Committee, noting apologies as indicated above. 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.	**Committee business:** • Minutes of the last meeting • Action Log • Matters Arising The Committee received minutes of the meeting that had taken place on Monday 6 January 2023 and agreed that the following changes were required for approval:

	• That the reference on page 10 of the circulated minutes be changed to reflect 'Monday 6 January 2023' • That "positive" on page 10 be changed to "position" • That the minute of agenda item 7 be updated to reflect the fuller conversation The Committee recognised that 17 actions arising from previous meetings had been closed and confirmed the progress on the remaining 5 open actions. It was confirmed that action 0601-11 could be closed, as while work on capital spend and funding remained in progress, it will be updated on as much of the Committees standard business.
3.	**Month 8, 2022-23 Performance Overview** Clive Walsh (CW) joined the Committee to present the circulated Performance Report, based on November 2022 data with data for Urgent & Emergency Care (UEC) metrics from December 2022. CW noted that the reports addressed previous Committee feedback to provide historical trends and work was underway to model and assess demand and capacity for coverage in the operating plan. Other highlights from the briefing included that: • UEC metrics indicated a deterioration in local performance through December 2023, in line with that seen nationally. It was becoming clear that December had been a low point for emergency care flow, although initial data for January and February 2023 was pointing towards a recover. • A national UEC recovery plan was published at the end of January 2023, which set out the NHS performance aims and expectations for 2023/24 and 2024/25. A NEL approach and response to this plan would be presented to the Integrated Care Board (ICB) Board in March 2023. • The NEL system had not been as impacted as some other areas through recent strike action, although local ambulance staff had called a number of 12 hour strikes, which had recently expanded to include 111 staff in addition to emergency response. Further strike action was expected in March, both by ambulance staff and junior doctors and work was underway to plan for and mitigate the impacts of the actions. • Improvements in local cancer related metrics were recognised, with local performance now at a higher point than some other London areas, although this was still underperforming against the planned trajectory and the London NHS England (NHSE) team were working with the NEL team on this area. Members thanked CW for the briefing and discussed the following points: • Whether work in the performance and UEC teams was underway and integrating with workforce colleagues to address relevant cross cutting issues across the system, for instance, the impacts of understaffing of the modular ambulance receiving units at Barking, Havering & Redbridge NHS Trust (BHRUT). It was confirmed that aspects of this would be addressed through the NEL response to the UEC recovery plan and operating plan, but that it was an area that would need further work in the coming months. • Whether there may be value in exploring metrics relating to advice & guidance and referral rates, which appeared to be underperforming across several areas. Members expressed concern that there may be missed opportunities to secure better value for money in this area of work. • That members had some specific questions regarding metrics around cancer that they will pick up with CW directly. • That the response to the UEC recovery plan would be developed through the UEC Programme Board, chaired by Paul Gilluley before examination at either the March 2023 FPIC, or Quality, Safety and Improvement Committee (QSIC) and then approval at the March 2023 ICB Board.

	• Members recognised that while investment in the mental health investment standard (MHIS) had significantly increased, performance in the outcomes and metrics associated with the services did not seem to reflect this. This would be investigated and further information provided in a future report to the Committee under a 'deep dive' exploration. • The Committee discussed whether future performance reports could explore breaking down data by Place, perhaps on a periodic or rotating basis. • That future performance reports would benefit from coverage of discharge metrics to provide context for members. **ACTION:** Clive Walsh (CW) to pick up specific questions outside of meeting by email regarding cancer metrics and impacts of histology delays directly with Committee members to provide detailed information on mitigations and timelines. **ACTION:** CW to explore performance in services invested in through the mental health investment standard (MHIS) and provide information on outcomes and trends in a future performance report to the Committee to support a deep dive discussion. **ACTION:** 'Deep dive' on the mental health investment standard (MHIS) funding and performance to be placed on the Committee forward plan by Matthew Knell (MK). **ACTION:** CW to explore breaking down performance data by Place, perhaps on a periodic or rotating basis in future performance reports, potentially with an expanded report providing Place data on a six monthly basis. **ACTION:** CW to add section to future performance reports covering discharge.
4.	**Month 10, 2022/23 Finance Report** Henry Black (HB) presented the circulated report to Committee members, highlighting the following points: • The ICS have reported an unfavourable system variance to plan at month 10 of £44.2 million, primarily due to inflationary pressures and slower than planned delivery of system savings and cost improvements. • Following discussion with NHSE and as discussed in the February 2023 Committee meeting, the year-end system deficit has been revised to be £35 million, made up of £34 million provider deficit and £1 million ICB deficit. If this position is achieved, it will result in NHSE releasing £10.5 million resource, resulting in a final year-end deficit of £24.5 million. It is expected that this resource will be received in month 12 but it is assumed as an income source in the month 10 position. • This revised position was largely achieved through the deployment of non-recurrent funding movements and masked the underlying position that would need to be addressed in the upcoming 2023/24 and beyond planning processes. The Committee thanked HB for the briefing and discussions concentrated on the following points: • That a holistic lens was needed to retain a focus on long term transformation and delivery of innovative service changes to create and address system capacity and pressures, especially in light of concerning deficit positions. • That a balance would likely need to be struck in the local financial strategy, between challenged positions and ring-fenced innovative investments, in light of the limited uplift to funding. Careful clinical prioritisation of investments would be a key tool in maximising resources.

	• The Committee needed to receive detailed information on risks emerging in the upcoming financial year, along with something of a deep dive in to prescribing, which would need to explore the overspend in the current year and what mitigations were in place going in to 2023/24. • Whether exploring a potential NEL wide approach to bank staff may help support both workforce issues present in the area, as well as help to address overspends on agency staff, recognising the efforts underway to address this covered in the circulated report. **ACTION:** MK to place deep dive on prescribing on forward plan, with request to cover the 2022/23 overspend and mitigations in place to avoid any repeat in 2023/24.
5.	**Finance and Performance risk register** HB drew the Committees attention to the circulated risk register, noting that the document would be evolving in the coming months, and that work was underway to work with colleagues across the ICB to establish, for instance, whether risks relating to agency costs should be recorded in the Finance risk register, or People & Culture register. Members raised and discussed the following points: • Further work was needed to complete information against some risks, with mitigations needing deadlines and timelines to be in place. • With regards to risk CFPO40, that the current reporting lines for Information Governance (IG) in the ICB and ICS are unclear, with more organisations across the system accessing our data - leading to higher workload and staff being overloaded, members discussed how the ICB is working with partners across London to address and support a resolution. It was recognised that this risk may need to be refined to reflect the changing landscape in this area work. • A greater focus on actionable, evidenced mitigations was needed and the cover sheet or associated report needed to provide summary information on risk score movements, new and closed risks. • It was flagged that risks will need to reassessed in light of the 2023/24 operating plan, and that the Committee will start to see this happening in the coming months. **ACTION:** MK to feed back Committee's needs for actionable, evidenced mitigations and a cover sheet or associated report to provide summary information on risk score movements, new and closed risks to inform future iterations of the report.
6.	**2023/24 Operating plan: draft submission summary** HB highlighted that a first formal submission of the 2023/24 Operating Plan had been made to NHSE in the previous week, which was summarised in the circulated paper for members. Highlights from the presentation included: • That while the uplift for 2023/24 was in the region of 4.7%, there was also a reduction in Covid related funding of 3.7% and the local area was experiencing the fastest population growth in the country, of around 2%. • Inflation in excess of 10% witnessed over the last year had not been accounted for in the 2022/23 allocation, and these factors, when taken together made for a challenged position in 2023/24 and beyond. • The initial, basic ICB operating plan had indicated a £50 million overspend, while a revised plan had bought this down to a £18 million overspend. Looking across the Integrated Care System (ICS) and partner plans, the initial position indicated a £198 million deficit. Similar positions were being reported across London.

	• This ICS deficit position included £225 million of efficiency savings, with risks attached that needed to be explored. • Ending 2023/24 with the ICB in deficit would be a breach of its statutory duties. • There would be other elements of funding to be confirmed outside core funding, for instance, the sustainable development fund (SDF), but these were expected to be at a reduced level than in the past. • The team would be taking a detailed look at cost inflations across the system, as some appeared to be outliers and may possibly be able to be adjusted. • It was recognised that the majority of NHS organisations would be looking at deficits in 2023/24 and that not all of these positions would be addressed in final plans. The Committee thanked the finance team for the briefing, recognising that work would continue to refine the operating plan and an updated version would be available at the March 2023 meeting for further examination. Other discussions focussed on: • The work underway to address and assess any risk of the ICB ending the year in deficit and consequential breach of statutory duties. • That work was also in train to explore possible scenarios for the next year, to support clarity and recognition of the upcoming challenges. • That a commitment to Place and flexible working across Places would remain key to the ICBs financial strategy, with efforts underway to share the approach and understanding of the operating plan. • A joint forward plan was being drawn up across partners through the Spring, with a final version expected to be available in June 2023 that will set out further detail on the priorities, objectives and plans for NEL, places and partners. • Careful risk assessment and more detailed information was needed to demonstrate that the planned efficiencies would be achievable. **ACTION:** Further version of the 2023/24 Operating plan to be presented to the March 2023 Committee, taking account of Committee feedback and revisions emerging through the month.
7.	**NHS System Oversight Framework (SOF) 2022/23** It was confirmed that the NEL system remained at System Oversight Framework (SOF) level 3, with BHRUT at level 4. Colleagues working with BHRUT had been focussing on addressing the drivers around financial issues, including concerted efforts to address agency costs. Members requested that the Committee receives a substantial, written update on the plan in place to address the SOF assessment, to include information on progress and risks. **ACTION:** MK to place substantial item future meeting agenda on NHS System Oversight Framework (SOF) 2022/23 with a focus on BHRUT's plan, progress and risks.
8.	**Oversight and due diligence update on transfer of delegated responsibility for commissioning of Pharmacy, Optometry and Dental services (PODS) from NHS England to London ICBs hosted by NEL ICS** William Cunningham-Davis (WCD), Sarah See (SS) and Jane Lindo (JL) joined the Committee to help support discussion on this, and the following agenda items. Members were briefed on the circulated paper, which updated on progress against this area of work since it was discussed at the previous Committee meeting. Discussions amongst members included:

	• That the memorandum of understanding (MoU) had been updated and now addressed much of the members previous feedback and areas that had been in need of further exploration form the previous discussion. This included clarity that each ICS would have its own allocation of staff and staffing costs, hosted within NEL. • The operating manual for support and delivery of the commissioning functions being delegated was extensive, with little wriggle room in how this business could be conducted. • That RSM, the ICB's internal auditors were supporting the transfer process for assurance purposes and that they would be able to brief the Committee further down the line if required on progress. The Audit & Risk Committee would also be updated and receive reporting from RSM on this work. • That legal review had been sought from the ICBs in house legal advice service. • That a risk register was held by the Task and Finish Group supporting this work, and was regularly shared with the finance member of that group. • It was recognised that the bulk of the delegated responsibility would relate to national, standard contracts that NEL would have limited ability to fundamentally revise. Local efforts would instead be better directed at the incentive schemes to shape services for local people, for instance through use of the historic underspend positions and non-recurrent funding relating to dentistry to meet local need. • Hosting the entire suite of primary care teams within NEL will allow for integrated working, and the primary care strategy is in the process of being updated to cover these new responsibilities and explore how services and teams can work together. • The Committee recognised that NHSE retained responsibility for any staff redundancy costs in the cohort of commissioners moving to NEL for 6 years, while NEL had provided a commitment that there wouldn't be changes to teams or roles for the first year. Negotiations could continue and further changes to the MoU were possible to address, for instance, possible further transfers of teams to other ICBs in London if closer working was required. • Work was underway to interface with public health and population health colleagues to align dental care with need for key populations, including homeless people. • The final decision on the transfer would be made by the ICB Board, while RSM's work on examining the process and transfer would continue and report after July 2023, when the staff transfer was due to take place. **ACTION:** William Cunningham-Davis to share PODS risk register with Sunil Thakker and confirm finance representation on the Task and Finish Group.
9.0	**GP Access Hub business case** SS briefed the Committee on the business case before members for approval, apologising for the very late circulation of the supporting paper earlier the same day. SS flagged that this had been necessary due to late availability of information needed in the paper and the urgent need to reach a decision before the end of February 2023 in order to notify providers in line with contractual timelines. SS clarified that the recommendation to the Committee was to extend the existing arrangements and contracts for GP Access Hubs with the relevant providers across NEL through to the end of September 2023, an up to 6 month extension at an indicative cost of £4,589,490. The urgent care and primary care teams would use this time to investigate and develop an integrated approach to same day access and assess the demand and capacity needs and potential efficiencies that could be identified across the system. The Committee discussed the business case, highlighting that:

	• Due to the circumstances of the business case before the Committee, there was little choice for members but to approve the proposal to extend for 6 months, as the consequences for the local health system would not be helpful if it was refused. NEL colleagues needed to review and improve the working practices around contract monitoring to ensure similar situations do not occur. • Focussed work by colleagues would be needed in the upcoming months to develop a new model and proper evaluation framework ready for mobilisation after this extension. The Committee would need to be kept up to date on progress of this work and receive a full update well in advance of the contract extension expiring. • It was confirmed that technically, the current contract ended in March 2023 and the notice being given today was for extension to September 2023 and notification of a new contract being under development, there was no notice being served to end a contract. • HB was asked to brief the ICB Chair and Chief Executive Officer on this item and the Committee decisions after the meeting. **DECISION:** The FPIC approved the extension of existing Extended Access Hubs in Primary Care contracts with the relevant providers across NEL through to the end of September 2023, an up to 6 month extension at an indicative cost of £4,589,490. This extension would be served with a notice that the contracts would end and be replaced with a new model of service, aligned with the work being undertaken as part of the Fuller review, to consider the need to develop new access pathways at an integrated neighbourhood level. **ACTION:** HB to brief the ICB Chair and Chief Executive Officer on this item and the Committee's decision. **ACTION:** Extended Access Hubs in Primary Care delivery model and update to be placed on the forward plan by MK for the meeting in June 2023.
10.0	**Joint Working Agreement for Specialised Commissioning** Archna Mathur (AM) joined the Committee to present the circulated paper to members, highlighting that the paper before the Committee was for recommendation to the ICB Board, where it would be presented for approval in March 2023. The proposal set out was that specialised commissioning would be fully delegated in 2024/25 and jointly commissioned between NHSE and ICBs in 2023/24. The Committee discussed the following points: • That there was an intensive governance process in place around this delegation of commissioning responsibilities from NHSE to the ICB. • That while major risks, both financial and in other areas existed around specialised commissioning, there were also significant opportunities to produce benefits for local people. • That resourcing and support to deliver an effective transfer and ongoing commissioning of specialist services in the ICB was under investigation with a resource plan under development and available for sharing in the near future. That resourcing plan would interface with the work underway on the restructure of the ICB. • The agreement in front of the Committee had been developed nationally and there was little leeway to negotiate locally specific change. • The Committee recommended that when this work was presented to the ICB Board for approval, it would be useful if it could be accompanied with an early exploration of the opportunities that the transfer could deliver for local people and how outcomes could be improved.

	RECOMMENDATION: The FPIC recommended approval to the ICB Board of the joint working model for the commissioning of specialised services in 2023/2024 to enable the ICB Chief Executive to sign the Joint Working Agreements on behalf of North East London ICB to enable new commissioning arrangements to 'go live' from April 2023.
11.0	**Continuing Health Care (CHC) Any Qualified Provider (AQP) / non-AQP cost uplifts for 2023/24** HB verbally briefed members on the work underway with other ICBs and partners across London to look at the size, and impact of the proposed uplift to the Continuing Health Care (CHC) Any Qualified Provider (AQP) arrangements in place and efforts to encourage take up of the AQP mechanism. It was noted that a substantial update would be needed at a future meeting, once discussions were concluded but that the current arrangements were unhelpful for all parties – both commissioners and providers and that despite the pressured timeline, the working group was hoping to reach a satisfactory conclusion shortly. It was recognised that the conclusion to this work would also impact on the 2023/24 operating plan. **ACTION:** MK to place substantial update on Continuing Health Care (CHC) Any Qualified Provider (AQP) / non-AQP cost uplifts for 2023/24 the forward plan for the March 2023 meeting.
12.	**Update on HFMA checklist progress** Rob Adcock (RA) verbally briefed the Committee on progress against the Healthcare Financial Management Association (HFMA) checklist that RSM had audited the ICB against, resulting in an action plan that had been discussed and accepted by the Audit and Risk Committee. RSM had also benchmarked NEL's performance against the checklist against other ICBs that they worked with, and NEL ranked in the middle of the pack, with work to address and refine the ICBs planning cycle and develop key reporting processes to support the ICB Board flagged as high priority actions.
13.	**Updates from Committee sub groups** The Committee received updates from its Sub Committees and Groups, noting that work on the operating plan had drawn a significant amount of focus and resources recently. The Recovery Group would be relaunching shortly to help support further refinement of the 2023/24 Operating Plan.
	Any Other Business It was flagged that there may be incoming requests to seek investment in Primary Care Network (PCN) supporting structures through the upcoming financial year. The Committee recognised that any such requests would need to be assessed through the ICB's investment process, unless funded through core budgets. The Committee requested a substantial written update to set out how the contract monitoring process was operating in NEL to promote understanding amongst the members and provide assurance. **ACTION:** MK to place item on the ICBs contract monitoring process on the forward plan for an upcoming meeting.

	No further business was discussed.

Date of next meeting: Monday 27 March 2023 1400 – 1700

NHS
North East London

Minutes of the NEL Finance, Performance and Investment Committee meeting

Monday 27 March 2023, 1400 – 1700 meeting in room FO1, 4th Floor, Unex Tower, Station Street, Stratford, London, E15 1DA

Members:	
Kash Pandya (KP) - Chair	Associate Non-Executive Member, NHS North East London
Henry Black (HB)	Chief Finance and Performance Officer, NHS North East London
Cha Patel (CP)	Non-Executive member for Audit, NHS North East London
Fiona Smith (FS)	Associate Non-Executive Member, NHS North East London
Dr Mark Rickets (MR)	Primary Care Partner Member
Mayor Philip Glanville (PG)	Local Authority Partner Member
Mohit Venkataram (MV)	NHS Trust Partner Member
Attendees:	
Steve Collins (SC)	Executive Director of Finance, NHS North East London
Rob Adcock (RA)	Deputy Chief Finance Officer, NHS North East London
Clive Walsh (CW)	Interim Director of Performance, NHS North East London
Michael Duff (MD)	Deputy Director of Finance – North East London, NHS England - London
Matthew Knell (MK)	Senior Governance Manager, NHS North East London
Prakash Pote (PP) for agenda item 9	Head of Continuing Healthcare Business MDT, NHS North East London
Zeshan Mahmood (ZM) for agenda item 10	Senior Transformation Lead – Planned Care, NHS North East London
Syeda Alam (SA) for agenda item 10	NHS North East London
Julie Van Bussel (JVB) for agenda item 10	NHS North East London
Alison Glynn (AG) for agenda item 10	NHS North East London
Sanjay Patel (SP) for agenda item 11	Deputy Director of Medicines Optimisation, NHS North East London
Apologies	
None	

Item No.	Item title
1.	**Welcome, introductions and apologies:** • Declaration of conflicts of interest The Chair, Kash Pandya (KP) welcomed those in attendance to the March 2023 meeting of the North East London (NEL) Finance, Performance and Investment Committee, noting apologies as indicated above.

	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.	**Committee business:** • Minutes of the last meeting • Action Log • Matters Arising The Committee received minutes of the meeting that had taken place on Monday 27 February 2023 and agreed that the following changes were required for approval: • Date of the next meeting at the end of the minutes to be updated to reflect March 2023. The Committee recognised that 9 actions arising from previous meetings had been closed and confirmed the progress on the remaining 9 open actions. The Committee recognised that progress was being made on training for Committee members outside of the meeting and that action 0601-22 could be updated with a deadline at the end of June 2023. The next Performance Report would feature the cancer and histology metrics requested in action 2702-01
3.	**Month 9, 2022-23 Performance Overview** Clive Walsh (CW) joined the Committee to present the circulated Performance Report, based on December 2022 data with data for Urgent & Emergency Care (UEC) metrics from January 2023. Highlights from the briefing included that: • The winter had been challenging, both for the local system and nationally and hospital site performance was varied across NEL. • Progress was being made on waiting list reductions, although the trajectory to reduce list sizes was underperforming plans. • The impact of upcoming junior doctors strikes on services and waiting list performance was expected to be substantial, with elective care significantly impacted by cancellations required to maintain safe emergency care services. Members thanked CW for the briefing and discussed the following points: • Mutual aid for diagnostic services had been paused in NEL while a longer-term strategy for 2023/24 was developed and implemented. In general, activity was now balanced across the system and the current approach to mutual aid was no longer required. Work was also underway to look at a small number of issues that had been identified as a result of some of this cross organisational working, which would be addressed in the new 2023/24 approach. • The UEC recovery plan was being monitored by the UEC Programme Board and the Executive Management Team (EMT) meetings received regular updates on progress. The recovery plan itself had been agreed by the ICB Board earlier in the year, although adjustments were in development to mitigate strike actions and address waiting list performance. • The Committee noted that Homerton Healthcare NHS Foundation Trust (HHFT) appeared to be performing at a relatively higher level than other Trusts in NEL and recognised that learning was being shared to support partners across the clinical groups, with HHFT colleagues also producing a slightly higher level write up of the Trusts successes. • Members flagged that there was a possible risk around the development of diagnostic centres and the expansion of services which were looking to recruit from

	already pressured and limited experienced staff. This risk needed to be explored and the potential for any destabilisation of existing services made clear. • The performance report may benefit from more coverage of primary care related metrics in future iterations, either on a regular basis or in a cycle over a span of months. Additionally, the timeliness of the reports in terms of reporting periods needed to be reviewed, as the Committee discussing data from December 2022 in March 2023 was not ideal. **ACTION:** Matthew Knell (MK) to place briefing on UEC Recovery Plan performance on the forward plan for future FPIC meeting.
4.	**Month 11, 2022/23 Finance Report** Henry Black (HB) presented the circulated report to Committee members, highlighting the following points: • The Integrated Care System (ICS) have reported an unfavourable system variance to plan at month 11 of £43.8m, although the ICB and system partners have agreed with regulators to move from a break-even position to a year-end deficit position. It has been agreed that the yearend system deficit will be £35m (£34m provider deficit and £1m ICB deficit). If this position is achieved, it will result in NHSE releasing £10.5m resource, resulting in a final yearend deficit of £24.5m. It is expected that this resource will be received in month 12 but it is assumed as an income source in the month 11 position. • The variances against plan were primarily driven by inflationary pressures in continuing healthcare (CHC) and prescribing, along with slower than planned delivery of system savings and cost improvements. Local experiences around inflation were being seen and recognised at the national level as well. • That the circulated finance report also included an update on proposed section 75 and section 256 (s75 and s256) arrangements with the local authorities across NEL and recommended approval of them in relation to the transfer of funds to place to deliver virtual wards targets deliver the priorities of the babies, children and young people programme. The Committee thanked HB for the briefing and discussions concentrated on the following points: • That it would be helpful for the Committee to receive information on the expected performance impact of service change proposals when being asked to approve funding and business cases. These should be measurable over time to ensure successful services and in many cases, directly impact on waiting lists and times. • It was confirmed that a prioritisation exercise covering the use of capital funding in 2023/24 was underway, noting that movements in this area of work can be volatile and the timelines around elements of this work risky. The Committee would be kept up to date on this work through further discussion on the 2023/24 Operating Plan and the upcoming deep dive on estates. **APPROVAL:** The Committee approved the proposals to enter in to section 75 and section 256 agreements for virtual wards and the babies and young people programme with NEL local authorities, as covered in the circulated paper.
5.	**Finance and Performance risk register** HB drew the Committees attention to the circulated risk register. Members raised and discussed the following points:

	• That target completion dates needed to be reviewed and set to realistic, achievable values, while the register as a whole may need a refresh to cover risks associated with the 2023/24 operating plan and to accurately reflect the operating environment in the upcoming financial year. • Members noted that mitigations detailed in the register also needed to include dates, to provide context and the ability to measure whether risks were being adequately addressed. • The Committee highlighted that a risk around workforce was needed in this register, or assurance provided that such a risk was being managed elsewhere in the system. This risk needed to set out the dynamics present around high agency usage and cost, recruitment challenges and that NEL was still seeking to mobilise new services, pressuring existing resources further. There were risks present around this both in terms of the physicality of the workforce, but also in terms of the costs to the system and it was likely that both would probably be ICB Board level risks. • The lens through which risk CFPO40, regarding information governance, was presented needed to be reviewed to better reflect the risk to the ICB. A similar approach was needed to refine risk CFPO41, while risk CFPO14 appeared to be quite broad, covering all health inequalities present across NEL and may benefit from a review to concentrate on the most important aspects. **ACTION:** Risks present around workforce to be investigated by Henry Black's team and CFPO risk register updated to reflect any new additions required. **ACTION:** Risks CPFO40 and CFPO41 to be reviewed and updated to reflect the risk to the ICB.
6.	**2023/24 Operating Plan** Steve Collins (SC) shared the tabled 2023/24 Operating Plan slides with members, highlighting that: • The slides set out NEL's compliance with most, but not all national objectives and key targets and work was underway to explore and address those identified as more challenging to achieve. • Work had already commenced to meet the needs of the targets around the use of virtual wards, while the requirements in place in relation to dentistry would be challenging, as the ICB was not the lead commissioner. • The guidance received around the elective recovery fund (ERF) was complex and the ICB team was looking at some specific experiences and opportunities, for instance in the Barts Health Child Health Dentist service, where local demand was significantly lower than the available capacity. The Committee discussed: • That while full achievement of the virtual ward's targets would be challenging, there was the potential for NEL to still be amongst the highest performing areas and positive outcomes were achievable. • That the plan included a mostly flat workforce plan, with a pivot away from the use of agency and bank staff and towards recruitment of permanent staff. It was recognised that the plan does not deliver the agency cap on spend, but did purse an achievable plan to reduce spend on agency staff. • The plan set out a budget with spend slightly higher than in the past on acute services and it was confirmed that the mental health investment standard (MHIS) would be met. • The plan contained significant risk, circa £80 million and set out a £73 million deficit position, without the inclusion of any pay award for 2023/24.

	• It was flagged that the plan did not set out the largest deficit position in London, but that NHS England (NHSE) were expected to seek engagement with the ICB over the course of the upcoming month to examine and refine the plan. • The members flagged that there was no coverage of how the plan would address, or impact on health inequalities across NEL and that making these linkages clear would be vital for its delivery in the coming year.
7.	**NHS System Oversight Framework (SOF) 2022/23** SC noted that Michael Duff (MD) would be joining the FPIC as an attendee to support on discussions around System Oversight Framework (SOF) from this meeting onwards. SC drew the members attention to the circulated paper, highlighting that: • That Barking, Havering and Redbridge NHS Trust (BHRUT) remained in SOF 4 measures due to concerns around it's UEC performance, finances and quality and safety performance. The ICS as a whole was in SOF 3, largely due to BHRUT's status, but also due to local issues around the GP/patient ratio and longer term workforce concerns. • In response to the local situation, a Financial Recovery Group had been set up and exit criteria for BHRUT to move out of SOF 4 had been agreed. Exit criteria for the ICS to move to SOF 2 were under development, but likely to be reliant on BHRUT moving to SOF 3 at a minimum. Committee members raised and discussed the following points: • Members recognised that BHRUT had seen targeted investment from NHSE to support movement from the SOF 4 status, with a work plan being drawn up between BHRUT and Barts Health to support this funding. • The ICB was working with colleagues across the system to provide appropriate support and oversight that didn't duplicate work or interfere with progress.
8.	**Update on HFMA checklist progress** The Committee recognised progress against the Healthcare Financial Management Association (HFMA) checklist, noting that the final operating plan would impact on this work and that it was likely that a new version of the checklist would be drawn up for the upcoming financial year in the near future. The Committee recognised that this item may no longer need to be a standing item on the agenda and will return when there are any significant changes to discuss.
9.0	**Continuing Health Care (CHC) Any Qualified Provider (AQP) / non-AQP cost uplifts for 2023/24** Prakash Pote (PP) joined the Committee to recommend that NEL join the London wide approach to Continuing Health Care (CHC) Any Qualified Provider (AQP) and non-AQP cost uplifts for 2023/24. PP set out that London Purchased Healthcare (LPH) Team had held discussions across London ICBs and was now recommending that the 2023/24 AQP cost uplift for residential care be agreed at 16.9% (from £975/week to £1140/week), and for domiciliary care averaging at 11.8%. For the non-AQP residential and domiciliary providers, an uplift of 4.1% was instead recommended, noting that it was anticipated that the lower figure will encourage providers to become part of the AQP framework. The forecast outturn figure for 2023/24 is based on expectation that 65% of residential placements and domiciliary packages will be at AQP rates. This is a much higher expectation when compared to 2022/23 where the placement figures for AQP rates were close to 30%.

	PP recommended that the FPI committee accepts the AQP and non-AQP uplifts along with the CHC forecast outturn figure of £206,669,811 The Committee discussed the proposal, noting that: • The uplift for 2023/24 was significantly higher than in the past to address inflation and that it was hoped that this increase would encourage providers to return to the AQP framework. • The ICB was witnessing increased in both the price of CHC placements, but also in volume. Work was underway to return to pre-pandemic practices to secure efficiencies in this area. • The AQP framework did provide providers with long term stability, with NHS placements through the framework tending to provider dependable, long term income, resulting in stability for providers. • That if these efforts to encourage providers to rejoin the AQP framework are not successful, a deeper exercise to look at the market may be needed to produce clarity on how the ICB could work with providers. **APPROVAL:** The Committee approved that NEL ICB should join the Pan-London AQP Nursing home standard weekly rate at £1140, while an uplift of 4.1% for Non AQP Nursing homes and Domiciliary care providers would be offered in line with other London ICBs. **ACTION:** PP to return to provide update to FPIC on progress and position at September / October 2023 FPIC meeting and for this update to be placed on the Committee's forward plan.
10.0	**Business Cases: Tower Hamlets, Newham and Waltham Forest Ear, Nose & Throat Community Service** Alison Glynn (AG) and colleagues joined the Committee to present and support discussion around the Tower Hamlets, Newham and Waltham Forest Places business case for an Ear, Nose and Throat (ENT) Community service, highlighting that the ask of the Committee was to take the currently live pilot service on to a recurrently funded position. AG set out: • That an evaluation of the service had highlighted the significant benefits the pilot has delivered and provided clear evidence of activity shifting from the acute setting to a community service. • Funding was in place for the existing contract until 30th June 2023, while the business case before the Committee sought to acquire funding for the service to continue on a recurrent basis. • That community ENT had been identified as an area with significant potential where the ICB could enable increased collaboration in the commissioning of services across the NEL system and consolidate contracts. Further work would be underway to align contracts and reduce disparity in the coming months. • The funding source, if approved, would be generated from a financial reduction (underperformance) in the Barts Contract for ENT, which will be utilised to fund the Communitas service and therefore reflect the shift in activity. Committee members thanked the team for the presentation and discussed the following points: • While the clear movement of care from the acute to community settings was welcomed, members questioned whether the Barts Health in house service had been assessed against similar offerings from Homerton Healthcare NHS Foundation Trust (HHFT) or BHRUT, as setting a clear baseline and making sure that a proper comparison is being made will be important to the future of this work.

	• That a clinical audit of the community ENT service may be advisable before widening this service, as the paper before the Committee indicated that only 2% of cases were being sent back to the referring GP for care. Clear pathway guidance and advice would be vital for the future of these services. • The Committee recognised that the proposed service did not compensate extra for follow up appointments, providing an incentive to minimise non-vital activity and discharge patients when safe to do so. Further potential efficiencies in the service were being monitored closely, but to date, there had not been a significant uptake from local GPs in the advice and guidance component of the service. • Whether the movement of this funding from Barts Health to the community provider would impact on work underway to address waiting list backlogs either in the short term, or whether these changes may impact on the service offering from Barts Health in the context of the complete pathway across NEL. • Care may be needed to ensure that clinical quality is retained in the acute setting, even as activity potentially decreases in favour of community care. **APPROVAL:** The Committee approved the proposal contained in the circulated business case for a Tower Hamlets, Newham and Waltham Forest Ear, Nose and Throat (ENT) Community service. This service would take the currently live pilot service on to a recurrently funded position, secured through financial reduction (underperformance) in the Barts Contract for ENT.
11.0	**Primary Care Rebate Scheme for Freestyle Libre** Sanjay Patel (SP) joined the Committee to present the circulated paper setting out a recommendation for the ICB to join a primary care rebate scheme for the use of Freestyle Libre, offered by Abbotts and as evaluated by the Pharmacy and Medicine's Optimisation Team. Mark Rickets (MR) highlighted that as the Committee's Primary Care Partner Member and a local GP, he would not be taking any role in reaching a decision on this item to mitigate any potential conflict of interest. SP set out that Freestyle Libre is an accepted medical device on NEL wide formularies for use to measure interstitial fluid glucose levels for eligible patients with diabetes and that the proposed rebate schemes could be worth approximately £56,000 annually to the ICB. SP noted that this scheme had not been evaluated by PrescQIPP in this case, but that the local medicines management team had utilised the same set of criteria to reach this recommendation. The Committee thanked SP for the presentation and discussed: • That there was a small level of risk in the proposal, with only two suitable products on the market that were not compatible with each other – usage of either product tended to be long term. • The rebate scheme, in line with NELs practices, would not be promoted and usage of this product was normally initiated by secondary care. • Uptake of primary care rebate schemes (PCRS) was not unlawful, but members recognised that the schemes had not been challenged to provide clarity. It was noted that NHSE utilise these schemes and their use was widespread and openly accepted across the NHS. **APPROVAL:** The Committee approved the proposal contained in the circulated paper to enter in to a PCRS for use of Freestyle Libre, offered by Abbotts for 12 months with the option to extend for a further 12 months.

12.	**Updates from Committee sub groups: Financial Recovery Group** No updates were provided on this occasion due to the Recovery group not having met since the previous Committee meeting.
13.	**Any Other Business** No further business was discussed.
Date of next meeting: Monday 24 April 2023 1000 – 1300	

NHS
North East London

Minutes of the Population Health and Integration Committee

Wednesday 22 February 2023; 12.30pm - 2.30pm; Unex Tower and MS Teams

Members:	
Marie Gabriel (MG)	Chair, NHS North East London and North East London Health & Care Partnership
Zina Etheridge (ZE)	Chief Executive Officer, NHS North East London
Cllr Maureen Worby (MW)	Local authority partner member
Charlotte Pomery (CP)	Chief participation and place officer, NHS North East London
Paul Gilluley (PG)	Chief medical officer, NHS North East London
Imelda Redmond (IR)	Non-executive member, NHS North East London
Fiona Smith (FS)	Associate non-executive member, NHS North East London
Dr Jagan John (JJ)	Primary care partner member
Noah Curthoys (NC)	Associate non-executive member, NHS North East London *via MS Teams*
Louise Ashley (LA)	Chief Executive, Homerton Healthcare NHS Foundation Trust
Attendees:	
Johanna Moss (JM)	Chief strategy and transformation officer, NHS North East London
Andrew Blake-Herbert (ABH)	Chief executive officer, London Borough of Havering
Adrian Loades (AL)	Corporate Director of People, London Borough of Redbridge *via MS Teams*
Ralph Coulbeck (RC)	Chief Executive, Whipps Cross Hospital *via MS Teams*
Paul Calaminus (PC)	Chief Executive, East London NHS Foundation Trust
Jacqui Van Rossum (JVR)	Acting Chief Executive, North East London NHS Foundation Trust *via MS Teams*
Dr Mark Rickets (MR)	Primary care partner member
Hilary Ross (HR)	Director of Provider Development and Collaboration, NHS North East London *via MS Teams*
Katie McDonald (KMc)	Governance Manager, NHS North East London (minute taker)
Ellen Bloomer (EB)	Consultant in Public Health, NHS North East London - for item 2.0 *via MS Teams*
Joe McDonnell (JMc)	Director of Public Health, London Borough of Waltham Forest - for item 4.0 *via MS Teams*
Simon Reid (SR)	London Borough of Newham *via MS Teams*
Jo Frazer-Wise (JFW)	Newham Director of Delivery (Interim/job share) - for item 5.4 *via MS Teams*
Apologies:	
Colin Ansell (CA)	Interim Chief Executive, London Borough of Newham
Fiona Taylor (FT)	Acting Chief Executive, London Borough of Barking and Dagenham
Heather Flinders (HF)	Strategic Director of People, London Borough of Waltham Forest
Will Tuckley (WT)	Chief Executive, London Borough of Tower Hamlets

Item No.	**Item title**

1.0	**Welcome, introductions and apologies**
	The Chair welcomed those in attendance to the meeting and apologies were noted
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 ICB. No additional conflicts were declared.
1.2	Minutes of the meeting held on 13 December 2022
	The minutes of the meeting held on 13 December 2022 were agreed as an accurate record.
1.3	Actions log
	Members noted the actions taken since the last meeting and agreed to close ACT002, ACT003 and ACT004.
2.0	**Health inequalities funding proposal 2023/24**
	PG presented the report and highlighted the following points: • In 2022/23 NEL ICS received an allocation of £6.6m as part of a £200m national pot for tackling health inequalities. The majority of the funding (97%) was allocated to place-based partnerships, and £200k (3%) was allocated for clinical leadership, quality improvement facilitation and communities of practice to support place delivery and evaluation. • £5.6m (85%) of funding should be allocated to place-based partnerships. Place allocations will be managed and used to reduce health inequalities locally, building where possible on existing health inequalities projects. The allocation to each place will be based on a health inequalities/ unmet need formula and will consider population and levels of deprivation. • £1m (15%) of funding should be allocated towards a central NEL programme focused on the system enablers to support place and provider action on health equity through building capacity, capability and intelligence, as well as support for a 'grand ambition' for the whole system to take concerted action around an agreed area across NEL. • The ask of the committee is to note, comment and discuss the proposal and not to approve as was stipulated in the report. Members discussed the report with key points including: • Sustainability needs to be considered with place-level projects as these often involve the voluntary sector. As this is set funding for three years, when new projects are developed there may be a need to scale back others in order to maintain efficiency. • There is a need to review which data sets are being used in the allocation formula as it is not always reflective of experience; for example, the discharge fund allocation did not reflect premature aging in outer north east London and mortality statistics are approximately two years out of date. • The allocation formula should be tested in various scenarios and the committee will need to understand the associated risks if funding is reduced at a particular place as a consequence. • Thought should be given as to whether there are any gaps at place-level and if these can be prompted from NEL. The community chest scheme had positive feedback and outcomes last year. It would be beneficial for places to demonstrate how they are tackling at least one of the four flagship priorities.

	• The Finance, Performance and Investment Committee will need to approve the funding for projects, however the evaluation and learning from practice should be brought to the committee for assurance on at least a quarterly basis. *Dr Mark Rickets joined the meeting at 12:55pm.* • Consideration should be given to linking this in with public health funding and to think of it as collective monies available as a system. • The health inequalities fund is not the only money available for tackling health inequalities; all pieces of work should be looked at through a health inequalities lens. • Protected characteristics should also be included as part of the formula. **ACTION:** PG to review the data sets being used in the allocation formula to ensure they are reflective of experience and as up to date as possible. **ACTION:** Evaluation of projects and schemes using the health inequalities fund to be presented to the committee on a quarterly basis. **ACTION:** A further report to be presented to the committee to review and approve the allocation formula. The Population Health and Integration committee supported the three-year commitment and noted the report.
3.0	**Big Conversation – update and next steps**
	CP presented the report and explained the following points: • There is a budget set aside for the delivery of the Big Conversation, over time, at scale and in depth. The aim is that this becomes the foundation of a co-production approach which works alongside existing co-production activity at Place, in Collaboratives and for individual organisations at service and project level. • A programme of events is being planned during the spring, using a range of methods to deliver stimulating and productive activities which are theme focused and delivered at Place. The outcomes of these activities can be brought together to support continued focus on equity and prevention in all areas of work, including the delivery of urgent and emergency care and of end of life care. Members discussed the report, with key points including: • Having an ongoing dialogue with residents and service users is crucial, therefore it should be made explicit that the Big Conversation is an umbrella term and not a one-time event. • The events could also be utilised as an opportunity to engage local people in the prospects of working within the health and care sector. Engaging in this way with young people could help to improve the workforce position in the longer-term. • It could be beneficial to hold some smaller, targeted events which can focus on particular cohorts and would also support the needs of those with a neurodiversity. • The events should set some expectations so that local people are aware of the challenges being faced in north east London and do not feel let down by the system in any way.

	ACTION: Further update to be presented at the next meeting to provide further detail about the programme of activities and how different communities would be targeted. The Population Health and Integration Committee noted the report and approved the suggested way forward.
4.0	**Deep dive - Waltham Forest Place Partnership: Delivering at place**
	RC and JMc presented the report and highlighted the following: • The Waltham Forest partnership wants to provide proactive care for people with long term conditions and complex needs, but at the same time also wants to focus on prevention. This brings together population health management with a public health approach. • Neighbourhoods need to be at the heart of integrated care and organisational boundaries need to be removed to create neighbourhood teams. • The partnership has three complementary initiatives that need to be brought together to improve health outcomes for residents: o The approach to 15-minute neighbourhoods o Integrated Care Transformation Programme, particularly, Care Closer to Home o Marmot review to create a health equity system in Waltham Forest. • The work aligns to the assumptions in the Whipps Cross redevelopment business case and delivery of the strategy is critical to support the redevelopment. • Approximately 100 health and care professionals will be recruited to support people in the community and will include a range of professionals. Over £2m will be invested over the next two years to deliver significant change including new technology, training and development of staff. • There are examples of learning being shared across places and opportunities for places, or a collaboration of places, to lead on certain areas on behalf of the system. For example, the end of life strategy work in Waltham Forest and Redbridge influencing across NEL. • There are less developed relationships between provider collaboratives and place due to a lack of clarity where responsibility and accountability sits. • The Institute of Health Equity report suggests recommendations for action in Waltham Forest, 84 recommendations across the Marmot 8 principles alongside additional system wide recommendations that will enable, support and sustain the implementation of actions to improve health inequalities. • Work is underway to understand whether existing and emerging pieces of work meet the recommendations within the report. Some may be more appropriate to do at scale across north east London rather than just in Waltham Forest. There is a need to have a crossover with the Core20PLUS5 national approach. Members welcomed the report and key points of discussion included: • A Marmot approach would be welcomed across places and there is potential for other Trusts and primary care settings to be accredited by Marmot, as ELFT has already demonstrated. A conversation to explore this with Professor Sir Michael Marmot would be welcomed. • There has been a significant improvement in relationships with partners which was strengthened during the pandemic. Maintaining and continuing to improve these relationships will be the key to successful system working. • Each place is developing different models which is positive as they are based on the needs of the area. Imposing models could be counter-productive,

	however drawing out common factors of success can be shared and adopted if appropriate. **ACTION:** An item regarding how the Marmot approach could inform work across the system to be scheduled for a future meeting. The Population Health and Integration Committee noted the report.
5.0	**Exception Reports**
	MG invited place and collaborative sub-committee representatives to present their update reports to the committee and requested that, going forward, a separate cover sheet is included to summarise the cross-cutting themes from across the sub-committees. <u>Barking and Dagenham</u> • The partnership has been engaging with communities in the development of the localities lead model, the Best Chance Strategy for children and young people and is planning a programme of community engagement to help define 'what good looks like' against the agreed Joint Health and Wellbeing priorities. • The locality leads model has brought in six locality leads (from the VCSE) mapped to PCNs and working across three localities. The locality leads are experts in their locality (neighbourhood) whose role is to enable people to get the support they need in an effective way, through signposting, triage and support to community providers. • The capacity in primary care, community and mental health services is not keeping pace with demographic growth and the financial strategy to support demographic growth is not yet clear. This will have an impact on population health outcomes and inequalities and continue to contribute to pressure on acute trusts. <u>City and Hackney</u> • The partnership is developing an outcomes framework for the work of the partnership. This is being developed by the population health hub which is a small team made up of ICB and public health colleagues that provide specific expertise in population health and addressing inequalities. • We worked with our local residents to develop a co-production charter and this provides the framework and principles for how we involve residents in our work and in our decision making. • Mental health provision in emergency departments and vaccination uptake rates are the key risks within the partnership. <u>Havering</u> • The partnership has made significant progress to build strong local relationships and respond to challenges such as the Wennington fire and the cost of living crisis as a collective to support local people. • The Havering Clinical and Care Leadership is the most diverse team across the system. • The disbanding of the Barking & Dagenham, Havering and Redbridge partnership teams has caused capacity issues within the borough. London Borough of Havering is exploring the possibility of restructuring in order to better align with health. <u>Newham</u>

- Establishing a clear approach to population health is a key priority for Newham, although there are pockets of good practice within services and projects, there is further work to come together as a system in the approach.
- A key challenge is the predicted population growth; Newham has a population of over 361,700 people and is one of the fastest growing boroughs in London with a high projected rate of population growth over next 20 years. The partnership held a series of conversations to design a programme of work, however this has stalled due to ongoing capacity issues within the ICB and delays in establishing Newham's place-based team.

<u>Redbridge</u>

- Developing the partnership infrastructure has included the full recruitment of the Clinical and Care Pathway Leads and the Primary Care Lead; all postholders are expected to take up roles on 1 March 2023.
- The key challenges for the borough relate to housing/homelessness, employment, childhood obesity, Cardiovascular Disease, diabetes, dementia, vaccine uptake (particularly childhood vaccinations), cancer screening and poverty, further impacted by the cost of living crisis.
- The shortage of resources within the voluntary sector, specifically the
- Redbridge CVS who represent around 300 small local charities, poses a risk to the ongoing support and involvement that they can provide to the partnership and therefore our ability to further develop this key sector.

<u>Tower Hamlets</u>

- The partnership has co-produced a strong and clear vision, set of ambitions and objectives which all partners work together to achieve. There is a robust, well understood partnership structure which supports delivery of the objectives, where all partners are well represented and engaged at all levels.
- There is strong lay membership and a focus on inclusion, demonstrated by having an independent Chair since April 2019, ongoing investment in a community voice lead (now funded locally), commitment to regular user voice slots which have influenced both short-term improvements and long-term strategic priorities, as well as an anti-racism focus since 2020/21 and an emerging workstream to ensure LGBTQ+ equality.
- The partnership board is also a sub-committee of the local Health and Wellbeing Board.

<u>Community collaborative</u>

- A proposal to develop a community reference group to engage a wider range of community providers will be brought to the collaborative's March meeting. This will bring together the vast range of small, medium sized providers across north east London into a forum to ensure we hear the voice of sectors in a comprehensive manner.
- People who use services and their carers need to be a central part of the Community Collaborative. A formal proposal will come to the March meeting; however, this will build on place-based partnership co-production and existing work of providers.
- The main risk for the Community Collaborative is the resources to deliver. Historically this area has been overlooked due to the lack of national indicators and the contracting approach.

<u>Primary care collaborative</u>

- Four provider groups will be developed; general practice, pharmacy, optometry and dentistry. The collaborative also discussed the plan to launch

	the community pharmacy provider group in March, followed by the respective dentistry and optometry provider groups in the spring. It was noted that until that time representatives from dentistry and optometry were unlikely to join the collaborative. • The sub-committee recognised the need to have the voice of our community within its membership, and consideration was to be given how best to achieve this. • The main risk for the sub-committee will be having the resources, in terms of funding and human resource, to deliver. The sub-committee agreed the need to identify programme and projects already underway, which support the delivery of the primary care strategy and the Fuller Review, the need to prioritise areas of focus over the next 6-12 months, 12-24 months etc. <u>Mental Health, Learning Disabilities and Autism (MHLDA) collaborative</u> • The MHLDA sub-Committee includes membership of four service user and carer representatives. Collaborative partners have recently concluded a successful recruitment process (advert, expression of interest, interview) for the four members, and will shortly be recruiting four further deputy members. • The sub-committee has commissioned a mental health and learning disability, and autism diagnostic which will report in April 2023, and which is intended to enable us to understand what outcomes, quality, value and equity we achieve through our collective investment into mental health, learning disability and autism. Members welcomed the update reports and made the following points: • The strength within the partnerships are really positive and having these embedded within organisations is the way forward to achieve system working. • There is a common theme where the sub-committees are requesting clarity of resourcing and capacity which will require some further work. • The acute provider collaborative and VCSE collaborative should be included in providing an update report going forward. • Population growth is a common risk which may require NEL-level mitigations. • Consideration should be given as to whether all sub-committees should include lay or service user representation. • It would be beneficial to hold a development session to identify all themes and commonalities across the place and collaborative sub-committees. **ACTION:** Development session regarding commonalities and themes across place and collaborative sub-committees to be arranged. The Population Health and Integration Committee noted the reports.
6.0	**Any other business and close**
	There was no other business to note.
Date of next meeting: 26 April 2023	