NHS
North East London
Integrated Care Board

Agreed minutes – Audit & Risk Committee
24 April 2023, 2.00pm – 4.30pm, Unex Tower

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 (CVdB)	External Auditor, KPMG
Nick Atkinson (NA)	Internal Auditor, RSM
Tim Merritt (TM)	Local Counter Fraud Specialist, RSM
Henry Black (HB)	Chief Finance and Performance Officer
Steve Collins (SC)	Director of Finance
Sunil Thakker (ST)	Director of Finance – MS Teams
Rob Adcock (RA)	Director of Finance
Marie Price (MP	Director of Corporate Affairs
Charlotte Pomery (CP)	Chief Participation and Place Officer – MS Teams
Paul Hunt (PH)	Senior Finance Manager, Strategy and Business Development (item 2.1) - MS Teams
Anna McDonald (AMc)	Senior Governance Manager
Apologies:	
Tracy Rubery	Borough Director, Redbridge
Mark Kidd	Local Counter Fraud Specialist, RSM

1.0	**Welcome, introductions and apologies**
	The Chair welcomed everyone to the meeting including Charlotte Pomery who advised that she was attending as an observer and will be attending the committee meetings going forward.
1.1	**Declaration of conflicts of interest**
	The Chair declared an interest relating to Community Health Partnerships, an organisation referred to in the year-end accounts. It was noted that the interest is declared on the ICB's register of interest and that no further action was needed. 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. Declarations declared by members of the ICB are listed on the ICB's Register of Interests. The Register is available either via the Governance Team or on the ICB's website.
1.2	**Minutes of the last meeting**

	The minutes of the meeting held on 15 March 2023 were agreed as a correct record.
1.3	**Actions log**
	Continuing Health Care (CHC) audit progress update from Diane Jones – the progress update provided by the management lead Diane Jones, Chief Nurse was noted. NA advised that Internal Audit will need to see further evidence before agreeing that some of the actions can be marked as complete. **ACTION: NA** The committee noted that the remaining actions were either in progress or included as part of the agenda.
2.0	**Performance and planning**
	2.1 Procurement Group progress report including risks and single tender waivers PH presented the report to update committee on the progress made to date. The key points were: • Work on improving the accuracy of the contracts register is on-going. The aim is to have a fully completed and up to date contracts register which will feed into a pipeline which can then undergo reprioritisation to allow the ICB to re-profile its procurement activities. • The Procurement Group Chair has requested a procurement pipeline to be produced for the upcoming two-year period and for it to be shared with the Procurement Group on a quarterly basis to enable forward planning and to inform the procurement work programme for 23/24. • A review of the Procurement Group Terms of Reference is taking place to address a number of issues which have arisen over the last year. Any proposed changes will be presented to the Finance, Performance and Investment Committee for approval. • A number of waivers continue to be submitted for endorsement, some retrospectively. Fourteen waivers were submitted to the Procurement Group for endorsement in March 2023. • e-Procurement – the expected drop in purchase order (PO) performance continues to be seen with the figure now at 41.01% based on revised reporting data since the latest metrics were applied as reported at previous meetings. Further work is required to improve PO performance against revised national measures. • Risks continue to relate to insufficient staffing resources across the wider organisation to support and deliver the procurement programme, resulting in the continued use of STWs together with the failure to plan for contract end dates. • The key discussion points were: • PO compliance – concerns were raised about the reduction in compliance. PH explained why a change to the metrics was causing the dip. Assurance was given that the situation is being closely monitored and the team are working closely on this with budget holders in order to meet the national mandate for 100% PO usage by April 2024. • Recommendations made in the Internal Audit report – PH confirmed they will all be actioned and followed up by the Procurement Group. NA commented that the problem continues to be the ability to get all the necessary information in one place within the organisation. • Moorhouse consulting – SC confirmed that approval from NHSE had been sought and received.

	• Triple lock – HB gave a brief summary of what this is anticipated to mean and advised that what it means at local level still has to be worked through with NHSE. The Chair brought the discussion to a close by emphasising the need for the Procurement Group to keep a tight grip on all the issues particularly the requirement to have all the information in one place and advised that she has made the Chair of the Procurement Group aware of the Committee's concerns. The Audit and Risk Committee noted the update report
3.0	**Governance**
	3.1 Draft annual report and year-end accounts 22/23 *The agenda order was changed slightly at this point.* **3.1.1 Draft year-end accounts 22/23** HB presented the ICB's draft financial statements for the period ending 31 March 2023 and advised they are required to be submitted to NHS England (NHSE) on 27 April 2023. The ICB's Finance, Performance and Investment Committee (FPIC) reviewed the month 12 position together with the draft accounts earlier in the day and they made a recommendation to the Audit and Risk Committee to endorse the draft accounts for onward submission to NHSE. The key messages in relation to the month 12 finance position and draft year-end accounts were: • The final ICS year-end reported position is a deficit of £24m. • The deficit position is driven by Barts Health Trust and BHRUT whose combined deficit at year-end is £27.4m, partly offset by a reported surplus at ELFT, NELFT and Homerton, resulting in a provider year-end variance to plan of £24.1m. • The ICB has reported a small surplus of £0.04m. • The pressures reported in previous months have continued to year-end. Providers have reported inflationary, efficiency and payroll pressures, whilst the ICB continues to see run rate pressures in continuing healthcare (CHC) and prescribing. These have been mitigated in part using non-recurrent measures but continue to be a risk moving into 2023/24. • The ICB's draft financial statements cover the period ended 31 March 2023 and have been prepared in accordance with legislation and national guidance. • The statements will form the basis of the upcoming external audit process. • An analytical review has been carried out to compare the 9 months of NEL ICB costs in 22/23, added to the 3 months of NEL CCG costs in 22/23 with the reported NEL CCG position of 21/22 and the review has not highlighted any issues. • There is still an outstanding query to resolve relating to the CCG closure and the opening for the ICB in regard to the Elective Recovery Fund (ERF). SC summarised the key points in the notes section of the financial statements. There was one discussion point relating to exit packages agreed and clarification was given in terms of those agreed and those still to be agreed by NHSE. Committee members and ICB officers thanked the Finance Team for producing an excellent set of draft accounts. The Audit and Risk Committee:

- Approved the draft financial statements for submission to NHSE.

3.1.2 Draft annual report 22/23

MP presented the draft annual report. The key messages were:

- The draft annual report is due to be submitted to NHSE on 27 April 2023.
- A final draft annual report and a final draft set of audited accounts are expected to be presented to the Audit and Risk Committee on 22 June 2023 for a final review.
- Based on the Audit and Risk Committee's review of the annual report and accounts, a recommendation will be made to the ICB board to approve the annual report and accounts for the period 1 July 2022 and 31 March 2023. at its meeting on 23 June 2023.
- Final documentation is required to be submitted to NHSE no later than Friday 30 June 2023.
- The ICB is required to publish CCG and ICB annual reports and accounts alongside the External Auditor's annual report on its public facing website.
- A summary version of the annual report which will be more user friendly will be produced and shared more widely with local people and stakeholders.
- The ICB has been advised by NHSE that the annual report will be used to help with their assessment of the ICB to see how we are meeting eight of our statutory duties and also meeting the aims of the ICB. They will be providing helpful feedback following their review of the draft version.
- NHSE has also asked for us to seek wider feedback from stakeholders to include in the annual report.

MP thanked all the teams involved in submitting the information and thanked the teams involved in collating the draft report within the required timeline.

Feedback on the draft to be provided to MP by Wednesday 26 April. **ACTION: ALL**

3.2 Governance Policies

MP recapped that at the ICB's inaugural meeting on 1 July 2022, the board agreed the initial governance handbook which sets out the governance arrangements for the organisation, including governance policies. The handbook has since been updated and agreed by the board at its meeting in November 2022. Further minor updates are now required. The key changes in relation to the two policies were:

- Standards of business conduct and conflicts of interest policy - the policy has been updated to include changes to guidance on receiving gifts, training and contact details.
- Freedom to speak up (FTSU) policy – the policy has been updated to include changes to contact details of the guardian service given we have now commissioned an independent organisation to provide this service (commenced in February 2023).
- Primary care FTSU - these concerns currently need to be addressed through NHSE where they cannot be resolved locally. FTSU in primary care is currently being developed through the GP provider group which reports to the Primary Care Collaborative. An update on this has been added to this committee's forward plan for August 2023.

The Audit and Rick Committee:

- Agreed the Standards of Business Conduct and Conflicts of Interest Policy
- Agreed the Freedom to Speak up Policy

	3.3 Committee effectiveness survey MP explained the purpose of the survey which will be undertaken annually going forward. Comments will be considered in future planning and key themes will be included in the ICB's annual report. The discussion points were: • Board app for annotating - the Chair asked for a timeline for purchasing a board app for the ICB. MP agreed to have a further discussion with the ICB Chair. **ACTION: MP** • Policies being presented to the committee – the reduction in the number of policies being presented to the Audit and Risk Committee where possible was welcomed by NA. The role of the committee is more about seeking assurance that the right policies are in place rather than being asked to review individual policies particularly in regard to Information Governance and IT, noting that there will always be exceptions in regard to governance policies. • Where risk sits within the ICB and the ICS – NA referred to the related comment in the survey and fed back that he recently attended a Provider Audit Committee within the system where they had our Board Assurance Framework (BAF) on the agenda and the discussion was around ensuring that their risks are aligned to the ICB's risk framework. It was agreed that this is a very positive step forward. The Audit and Risk Committee: • Noted and discussed the results of the recent committee effectiveness survey. • Agreed next steps in terms of future improvements as to how the committee operates in future.
4.0	**Risk**
	4.1 Risk management update incorporating the Board Assurance Framework MP updated the committee on progress. The key messages were: • Since the last meeting of this committee, the ICB board has approved the BAF. Governance team members continue to work with executive team members and department risk champions to ensure the recommendations from the recent governance and risk internal audit review are addressed, with the following progress made to date: o All ICB committees have a standing item on agendas to discuss risk management. o Chief Officers are responsible and own their portfolio registers with support from a dedicated risk champion. o Risk management training on the application of the risk management policy and strategy is planned for the summer after further discussion with EMT. • Following the recent approval of the BAF, risk champions are updating their portfolio risk registers with the next iteration of the corporate risk register to be presented to EMT and the next meeting of this committee. • Updates to the governance handbook will be presented for approval to the ICB Board at its meeting in May. Committee members welcomed the progress made particularly the inclusion of digital risks and estates risks. The Audit and Risk Committee: • Noted the update • Noted that the BAF was approved by the ICB board and the progress on addressing the recommendations from the internal audit review.

	4.2 Digital risk The Chair commented that this will be a standing agenda item going forward. HB provided a verbal update advising that there is still a lot of work to be done on the Digital Strategy particularly in regard to the issues relating to BHRUT not yet having a single electronic patient record. The Audit and Risk Committee noted the update and that a draft Digital Strategy will hopefully be ready to present to the committee at its meeting in June 2023. **ACTION: HB**
5.0	**External Audit**
	5.1 Progress report and technical update DG presented the update. The key points were: • Work on the CCG and ICB audits is progressing. • Guidance issued by NHS Pensions in regard to the remuneration report – DG confirmed that following this guidance would not lead to a modified conclusion on the remuneration report. • There is no requirement to make a change to the Elective Recovery Fund (ERF) in either the CCG or ICB accounts. The Audit and Risk Committee noted the progress made and noted the technical update.
6.0	**Internal Audit**
	6.1 Progress report NA presented the progress report. The key messages were: • Final reports have been issued for: o Procurement and Contracts Register – a partial assurance rating was received. NA reiterated the point made earlier in the meeting that the problem continues to be the ability to get all the necessary information in one place within the organisation and being able to have a contracts register that is accurate and complete is not something the Procurement Team can achieve alone, it needs to be driven by the whole of the ICB. o Medicines Optimisation – a partial assurance rating was received. NA fed back that there is a need for greater alignment and greater consistency. An action plan is being drawn up. • Work in progress: o Data Security Protection Toolkit. o Delegated Duties - Dental, Optometry and Pharmacy – NA advised that there is a strong memorandum of understanding in place with the other ICBs. There are still some areas of work where further assurance is needed but overall it is positive. • Managements actions – this remains in a good position in regard to follow-ups. As reported under agenda item 1.3, further evidence is required by RSM in regard to some of the CHC actions that have been marked as complete. Key discussion points included: • The need for the ICB to be mindful of the importance in having the right level of resource in CHC in view of the recommendations made in the audit report. IR added that this is being discussed at the Quality, Safety and Improvement (QSI) Committee. • The need for all areas of the ICB to feed into the Procurement Team in order to achieve delivery of an accurate and complete contracts register.

	The Audit and Risk Committee noted the update. **6.1.1 Draft Head of Internal Audit Opinion** NA presented the draft and advised that the only change to the draft that was presented at the last meeting is that more detail has been added following the issue of the two final reports mentioned above. The Audit & Risk committee noted the draft Head of Internal Audit Opinion 2022/23.
7.0	**Local counter fraud specialists**
	7.1 Progress report TM presented the report and gave a summary of the key cases that have been closed since the last meeting and some of the key cases that are in progress. No new cases have been received since the last meeting. The Audit and Risk Committee noted the progress report. **7.2 Counter Fraud Functional Standard Return 22/23** TM presented the document and advised it is a Government standard. Everything is progressing positively and the return will be signed off by the Audit Chair and HB by the end of May. TM clarified that the return covers a rolling 12-month year end position and as such it will be on behalf of the former CCG and the ICB The Audit and Risk Committee noted the update.
8.0	**Finance**
	9.1 Finance overview HB provided a verbal update in regard to 2023/24, noting that a more detailed update had been given at the FPI Committee held earlier in the day. The key messages were: • The draft operating plan submitted at the end of March is subject to a high level of scrutiny from the national team, mainly due to the size of the gap nationally. • A summary of the discussion held with the NHSE national team on 20 April was given which included quality and performance. • A break-even plan needs to be submitted and we need to work through some very difficult choices. • A lot of work has been done resulting in £16m still left to find but there is still a huge amount of work to do before the final submission on 4 May 2023. • If we are not able to submit a break-even position, we will have financial restrictions placed on us. The Audit and Risk Committee noted the update and the significant challenges ahead.
9.0	**Future planning**
	9.1 Committee workplan – 2023-24 The Committee members noted and reviewed the draft workplan. **9.2 Items for exception report to next ICB board meeting** The Chair advised that the exception report would be drafted after the meeting based on the minutes of the meeting. **9.3 Items to disseminate**

	IR to feedback the discussion points relating to Continuing Healthcare and any relevant quality elements in the Medicines Optimisation audit report back to the QSI Committee. **ACTION: IR**
10.0	**Items for information**
	10.1 Procurement group minutes The committee noted the minutes of the meetings held in February and March 2023. **10.2 Information governance group minutes** The committee noted the minutes of the meeting held in March 2023. **10.3 RSM – Strategic appetite** The Committee noted the information. **10.4 RSM – news briefing** The Committee noted the briefing.
11.0	**Any other business and close**
	SC fed back that following the procurement exercise for Internal Audit and LCFS, RSM have been re-appointed. NA advised that a draft plan had been produced as part of the procurement exercise and agreed to circulate the draft in advance of it being on the agenda for the June meeting. **ACTION: NA** TM advised that he will share the LCFS draft plan and annual report ahead of the June meeting. **ACTION: MK/TM**
	Date of next meeting – Thursday 22 June 2023

Minutes of the Executive Committee

Thursday 9 March 2023; 3.30pm – 5.30pm; via MS Teams

Members:	
Zina Etheridge (ZE) - Chair	Chief Executive Officer, NHS North East London
Diane Jones (DJ)	Chief Nursing Officer, NHS North East London
Paul Gilluley (PG)	Chief Medical Officer, NHS North East London
Charlotte Pomery (CP)	Chief Participation and Place Officer, NHS North East London
Francesca Okosi (FO)	Chief People and Culture Officer, NHS North East London
Johanna Moss (JM)	Chief Strategy and Transformation Officer, NHS North East London
Louise Ashley (LAs)	Chief Executive Officer, Homerton Healthcare NHS Foundation Trust
Andrew Blake-Herbert (ABH)	Chief Executive, London Borough of Havering
Heather Flinders (HF)	Strategic Director of People, London Borough of Waltham Forest
Gladys Xavier (GX)	Director of Public Health, London Borough of Redbridge
Brid Johnson (BJ)	Acting Executive Director of Integrated Care, North East London NHS Foundation Trust *(for Jacqui Van Rossum)*
Lorraine Sunduza (LS)	Chief Nurse and Deputy CEO, East London NHS Foundation Trust *(for Paul Calaminus)*
Steve Collins (SC)	Director of Finance, NHS North East London *(for Henry Black)*
Attendees:	
Laura Anstey (LAn)	Chief of Staff, NHS North East London
Katie McDonald (KMc)	Governance Manager, NHS North East London
Apologies:	
Henry Black (HB)	Chief Finance and Performance Officer, NHS North East London
Shane DeGaris (SD)	Group Chief Executive, Barts Health NHS Trust
Paul Calaminus (PC)	Chief Executive Officer, East London NHS Foundation Trust
Matthew Trainer (MT)	Chief Executive, Barking, Havering and Redbridge University Hospitals Trust
Jacqui Van Rossum (JVR)	Acting Chief Executive Officer, North East London NHS Foundation Trust
Tim Aldridge (TA)	Corporate Director of Children and Young People, London Borough of Newham
Sarah See (SS)	Managing Director of Primary Care, NHS North East London

Item No.	**Item title**
1.0	**Welcome, introductions and apologies**
	The Chair welcomed members to the meeting of the Executive Committee of the Integrated Care Board 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 committee. No additional conflicts were declared.

1.2	Minutes of the meeting held on 9 February 2023
	The minutes of the meeting held on 9 February 2023 were agreed as an accurate record.
1.3	Actions log
	Members noted the actions taken since the last meeting: • ACT003 – to be reassigned to Francesca Okosi as Will Tuckley is no longer a committee member. • ACT006 – to be reassigned to Johanna Moss and Zina Etheridge who will discuss outside of the meeting. • ACT007 – agreed to close. • ACT008 – agreed to close.
2.0	**Pharmacy, Optometry & Dental Services (PODs) Delegation Programme**
	JM presented the report and explained: • NHS England will be transferring the London-wide PODS to ICBs from April 2023 and all London ICBs have agreed the commissioning and operating model for delegated functions across London. North East London ICB has been supported to host the PODS Hub team on behalf of all five London ICBs. • The staff transfer of the PODS Hub team to NEL ICB will take place on 1 July 2023 and the region will host the team on behalf of the London ICBs for the first quarter of the year until this date. • Each ICB will be responsible for holding their own financial risks. • NEL ICB has requested that internal auditors review the transition, including the MoU and governance arrangements, providing recommendations on any further actions to minimise risk and assure the ICB of a safe transfer. The committee discussed the report with key points including: • The hub team will comprise of commissioners with expertise in this field. • The regional London infection prevention and control team will continue to hold responsibility for auditing dentistry. • Managing primary care complaints will also be transferred from NHS England to ICBs and a report regarding this will be presented at a future meeting. The Executive Committee noted the report.
3.0	**Operating plan update**

	SC presented the report and highlighted the following points:
	• Outpatient activity has been excluded from the 109% elective targets and there is improvement required across the Trusts.
	• The current Trust-based draft trajectories for delivering the 65 week wait requirement are:
	  o Homerton Healthcare expected to clear all waits over 65 weeks by end of July 2023
	  o BHRUT expects to clear all waits over 65 weeks end of March 2024
	  o Barts Health expects to have approximately 60 people waiting over 65 weeks at the end of March 2024.
	• The community waiting list has particular challenges around children's therapy services across NEL. Key issues impacting on the waiting list are workforce, estate or demand and therefore requires further investigation.
	• A draft system deficit has been submitted at £198m. This includes an additional £25m system efficiency added to the ICB position. Further work is required to complete the final submission on 30 March 2023.

	Members discussed the report with key points including: • Triangulation between activity, performance, workforce and finance will be key as the plan needs to be evidenced. • Transparency of budgets is important to making this work as well as transparency of efficiencies across providers. • Due to the difficult position, there is a risk that a focus on productivity rather than quality could affect patient care and outcomes. A level of quality should be preserved across Trusts and included within the triangulation. The Executive Committee noted the report.
4.0	**Community health assumptions: Virtual Wards and Urgent Community Response - NEL impact analysis**
	LA presented the impact analysis slides and explained: • NHS England has asked all ICSs nationally to project ambition towards 40 to 50 virtual ward (VW) beds per 100,000 population, for North East London this would equate to between 735 and 919 VW beds respectively. Current capacity across NEL is 174 VW beds, which is a gap of 377 to be achieved by December 2023. The gap towards 50 VW beds per 100,000 population is 745. • The NHSE virtual ward model assumes an average of three hospital bed days saved for every patient in a virtual ward. The trajectory towards 40 to 50 beds per 100,000 population shows, upon maximum achievement, there could be a possible 5954/7444 hospital bed days saved across NEL each month (at 90% occupancy). This would mean a possible £2.9m to £3.6m saved across NEL each month. • In the draft trajectory for the 2023/24 operating plan, NEL has committed to providing approximately 2500 Urgent Community Response interventions each quarter. Each intervention is designed to avoid a conveyance to A&E across NEL. A 20% increase in activity equates to approximately 165 interventions per month that avoid a direct conveyance to A&E of which 24% will avoid hospital admission that has a subsequent bedday saving of 1679 annually, which represents a bed benefit of 4.60 beds per year. The gross cost benefit based on beddays saved is £809k annually. Members discussed the presentation and made the following comments: • Transparency is needed as to which models are being used across the Trusts as there is a need to describe the variation between them. • Consideration should be given as to how this work joins up with Local Authorities. • The Community Health Collaborative should host the management of this work and act on behalf of the system. • Consideration should be given as to whether there are any mitigations that could ensure that health inequalities are not exacerbated, as digital poverty could have unintended consequences. • There are opportunities to work differently by utilising Allied Health Professionals within the virtual ward. • The system will need to be confident that there is appropriate infrastructure in place to deliver virtual wards on a larger scale. The Executive Committee noted the update.
5.0	**Joint forward plan**
	JM presented the report and explained the following areas: • It is proposed that the Joint Forward Plan (JFP) opens by framing the challenges faced by the system and the consequences of what could happen if no changes are

	made. The JFP will then go on to explain the ways in which the system will tackle the challenges. • The ICB Board made some suggested amendments to the plan which will be worked through in time for the final submission in June 2023. It was suggested that the plan should start with people rather than services and that it should communicate how things will be different, but with a joined-up approach. • Existing transformation programmes need to be aligned with the priorities and this will be reviewed within the next fortnight. Members discussed the report and points included: • There is a need to refer to the resident, rather than just their behaviours. • It is important that learning is incorporated into the new ways of working, which will also be important for staff. There could be opportunity to utilise the System Quality Group for learning, similar to the North East London Local Maternity and Neonatal System (NEL LMNS). The Executive Committee noted the report.
6.0	**Making north east London a Living Wage Place**
	FO presented the report and highlighted the following points: • The proposal is for North East London Integrated Care System (NEL ICS) to commit to implementing the Living Wage across the system, including NHS Trusts, GP practices, local authorities, and social care providers. In order to qualify for this recognition, senior leaders at the ICS must commit to the aim to implement the London Living Wage (LLW). • North east London is not yet reaching the London-wide hospital trust targets and the ICB needs to lead a programme of transformation and meet the expectations set out by the Making London a Living Wage Place Health Action Group. • Oversight of the programme will be held via the NEL People Board. Members discussed the report with key points including: • North east London's Directors of Adult Social Services will be receiving a demand and capacity approach proposal in a fortnight to build into this work. • Consideration should be given to including home care, opposed to just care homes. • Further thought may be required to determine how this is reconciled with finances in light of the current position. The Executive Committee committed to the development of a programme of work that supports the development of an NEL action plan and to galvanise progress towards accreditation.
7.0	**Place partnership mutual accountability framework**
	CP presented the report and explained the following points: • The place partnership mutual accountability framework has been developed with north east London's place partnerships and aims to establish a common understanding of shared ambitions, mutual expectations, and way of working between place partnerships and other parts of north east London's integrated care system. • The framework sets out the role of place partnerships in delivering the integrated care system's strategic objectives, alongside local priorities. It also contains metrics to underpin place partnerships' accountability for improving local quality and performance. It concludes by explaining how NHS North East London will support place partnerships in each of these areas.

	• A similar and interlinked framework for the collaboratives is being developed with partners and will be brought to a future committee meeting. The committee welcomed the framework and noted the progress that has been made since forming the Integrated Care System and members expressed how the new ways of working have changed health and care culture to form a true partnership. The Executive Committee noted the report
8.0	**Month 10 2022-23 finance overview**
	SC presented the report and outlined the following: • The ICS has reported a system variance to plan at month 10 of £44.2m, primarily due to inflationary pressures and slower than planned delivery of system savings and cost improvements. • The ICB and system partners have been in discussion with regulators regarding a movement from a break-even position to a year-end deficit position. It has been agreed that the year-end 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 year-end deficit of £24.5m. • Key risks have been identified as inflation, efficiencies and ICB run rate pressures within continuing healthcare and prescribing. Further system risk has been identified in relation to workforce and pay pressures with partners and system wide investment programmes. Members discussed the report, with points including: • Quarterly system meetings with Chief Finance Officers from health and local authorities have been established, which will enable the local authorities' position to be fed into the update reports. The Executive Committee noted the report.
9.0	**March ICB Board agenda**
	The Chair presented the Board agenda and highlighted the following items which will be presented: • A deep dive into urgent and emergency care • To approve the pharmacy, optometry and dental services delegation programme and hosting of the PODS team. • To approve joint working arrangements for the commissioning of specialised services in 2023/2024 The Executive Committee noted the ICB Board agenda.
10.0	**Any other business**
	The Chair highlighted the significant work taking place across the system in relation to planning for the junior doctors' industrial action taking place from Monday 13 March. The Chair thanked all colleagues for their work on this.
11.0	**Key messages to feedback to the ICB Board (exception report)**
	There were no items of exception to escalate to the ICB Board.
	Date of next meeting – 6 April 2023

NHS
North East London

Minutes of the NEL Finance, Performance and Investment Committee meeting

Monday 24 April 2023, 1000 – 1115 meeting in room TO1, 3rd 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
Mohit Venkataram (MV)	NHS Trust Partner Member
Mayor Philip Glanville (PG)	Local Authority Partner Member
Henry Black (HB)	Chief Finance and Performance Officer, NHS North East London
Attendees:	
Steve Collins (SC)	Executive Director of Finance, NHS North East London
Rob Adcock (RA)	Deputy Chief Finance Officer, 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
Dr Mark Rickets (MR)	Primary Care Partner Member
Michael Duff (MD)	Deputy Director of Finance – North East London, NHS England - 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 April 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. Cha Patel (CP) raised that she held a position on the Board of Community Health Partnerships, who were mentioned in the related party transactions section of the 2022/23 annual accounts on this meeting's agenda. 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 March 2023 and agreed that CP's minor changes that she would send by email would be required to be actioned for approval of the circulated minutes.

	The Committee recognised that 4 actions arising from previous meetings had been closed and confirmed the work underway to address the remaining 9 open actions, noting that further progress was expected to be seen at the May 2023 meeting.
3.	**2022/23 Draft Annual Accounts** • **Annual Report & Accounts plan** Henry Black (HB) briefed the Committee members on the circulated Month 12 2022-23 Finance overview along with the section 256 agreements for approval and draft 2022/23 Annual Accounts that had been provided for endorsement, before discussion at the Audit Committee meeting later in the day. HB highlighted that: • The final Integrated Care System (ICS) year-end reported position, as expected, was at a deficit of £24 million, an improvement to the month 11 reported deficit of £24.5m. This position included £11.5m released by NHS England (NHSE) to help support the system, as previously agreed with the regulator and discussed with the Committee. • This deficit position had been largely driven by two system providers (Barts Health and Barking, Havering & Redbridge NHS Trust (BHRUT)). Their combined deficit at year-end stood at £27.4m which had been partly offset by reported surpluses at East London NHS Foundation Trust (ELFT), North East London NHS Foundation Trust (NELFT) and Homerton Healthcare NHS Foundation Trust (HHFT), resulting in a provider year-end variance to plan of £24.1m. • The Integrated Care Board (ICB) was reporting a very small surplus of £0.04m. • Pressures reported in prior months to the Committee had continued through to year-end. Providers reported inflationary, efficiency and payroll pressures, whilst the ICB experienced run rate pressures in continuing healthcare (CHC) and prescribing. These were mitigated in part using non-recurrent measures but will continue to pose a risk moving into 2023/24. HB drew the Committees attention to the section of the circulated report covering a proposed section 256 arrangement with the London Borough of Havering (LBH) and recommended approval of the transfer of demand and capacity funds to LBH to support the continuation of schemes that support acute hospital flow. Committee comments on the proposal included: • That there may be some emerging concerns around mismatched timing across the different Places and local authorities in NEL, with, for instance, the proposal before the Committee being the first tranche of section 256s in Havering, while similar agreements had been in place for some time in, for instance, Hackney. HB set out the circulated ICB's draft Financial Statements for the period ended 31st March 2023. The annual accounts had been prepared in accordance with legislation and national guidance, with submission to NHS England required on Thursday 27th April 2023. HB noted that: • NHSE had been involved in the drawing up of the ICBs first year of annual accounts, which covered the 9 month period from July 2022 to March 2023. The predecessor organisation, North East London Clinical Commissioning Group (NEL CCG) had submitted accounts for April 2022 to June 2022. • There had been helpful learning recorded through the drawing up of these accounts which would be used to support the process in future years, this included the possible need to expand work on Place based reporting to expand the information provided on, for instance, use of section 75 agreements and funds.

	• There was potential to host a workshop for the ICB Board later in the year to look at the accounts and 2023/24 operating plan and establish shared understanding of what resources were available to the ICB and what principles should be in place to support the best use of those resources in the coming months and years. • There remained the possibility of immaterial tweaks to the accompanying notes supporting the accounts based on regulator and audit feedback. The Committee would be briefed on any substantial changes. • It was confirmed that no special payments had been entered in to through the financial year, however a small number of substantial exit packages had been agreed and would be covered in the ICBs account accounts and report. Provision had been made to support the ICBs restructure in 2023/24, which included £3.6m for any restructure costs or redundancies. • KPMG's (the ICBs external auditors) advice was being sought on how to account for and/or backdate any pay award that may be agreed through the national discussions underway. • There had been a lack of comparator organisations to look at in relation to the ICBs operating expenses – the landscape in place had changed since the Covid-19 pandemic, rendering many historical comparisons no longer valid and the ICB was a new organisation, presenting further challenges. It was hoped that more data would became available in the next year. • A disclosed adjustment would be required to cover changes in approach around the elective recovery fund (ERF), with the initial NHSE London guidance changing through the year to align with the national position. • KPMG had been engaged to cover off any perception that NEL CCG had under-declared income at its closure and a note would be added to explain the situation. It was possible that up to 2 unadjusted errors may needed to address this issue. • Comparison between CCG, ICB and Trust accounts may prove to be challenging for 2022/23 due to the split between CCG & ICBs mid financial year, while Trusts continued to produce a single set of accounts for the year. • Further discussion was likely to be needed through the year and through the ICB Board to address the future role of the ICB and the extent of responsibility for health system partners and how this should be best reflected in annual reporting and accounts processes. • The process to identify and list related party transactions may need to be reviewed and updated for the following financial year end, with the current process reliant on analysis and cross comparison of existing registers of interest and contractual registers to flag any payments. **ACTION:** Matthew Knell (MK) to ensure that the FPIC agenda is circulated alongside the complete paper package in future circulations to enable easier navigation of papers. **DECISION:** The FPIC approved the section 256 agreements totalling £269,000 over 5 schemes with London Borough of Havering (LBH) to support the continuation of schemes that support acute hospital flow. **ENDORSEMENT:** The FPIC reviewed the draft 2022/23 Financial Statements and endorsed the paper as circulated ahead of Audit Committee approval for submission to NHS England in line with national deadlines.
4.	**2023/24 Operating Plan** HB flagged that the latest version of the 2023/24 operating plan had only become available and been circulated to FPIC members the day before the meeting, which followed on from draft submissions in February and March 2023. Since that point, discussions had been held

	with NHSE regarding the NEL position and work was underway to identify further savings, document these and plan for them to be realised within the year. The Committee discussed: • That NHSE were seeking a breakeven position, which was a statutory requirement of the ICB. There was potential for this position to be supported through excess inflation and/or supersurge funding from NHSE. • There were indications that if the gap in NEL could be closed down to the £40m region, that NHSE may be able to support the further gap to breakeven. • Discussion were underway with system partners to produce achievable, documented savings through more substantial routes than utilised in the past. Inevitably, these would need to include actions like staggering and slowing investments in to services where this is possible, withdrawal of fragile or borderline services and an inevitable impact on headcount across the area. • In any case, an increased grip on non-recurrent spend, innovation funding and all contracts would be needed to produce the required position through the year. • Some elements of this work had commenced already, with, for instance, a review of single tender waivers underway and the Procurement Group engaged to help support and steer some of this work. • Against this background, vital work needed to continue to ensure that out of hospital services remain well supported and that the movement of activity from the acute setting to the community was on track. Perverse incentives needed to identified and avoided. • There was awareness that there was little indication that inflationary pressures were reducing and that some providers will need more support than others on this front, particularly vital local smaller providers. • The system as a whole needed to quickly engage in a balanced, mature debate about the role of the acute setting and how out of hospital services could better support people and the balance of resources across NEL. This discussion needed to embrace partnership working and sharing of best practices to, for instance, look at any cost differences in hip operations across NEL Trusts and move to a consistent position and co-operate to save, share costs or activity across partners. • There was potential for shifting to a 'hub' specialised model, where better care and savings could be achieved through consolidating care. Any such move was in the exploratory phase, with any service change a long way off and the role of the local patient voice would be vital in shaping this discussion. • In the meantime, it was thought that partners needed to work together to develop a series of 'system rules' and incentives to steer providers, with the FPIC holding a key role in leading and influencing this discussion. • Any discussion or proposed changes needed to involve the patient voice and directly address patient need and the needs of local communities from the start and be steered by a clear clinical strategy. • It was confirmed that the Mental Health Investment Standard (MHIS) will be achieved in the 2023/24 operating plan, but that further clarity was being sought to confirm exactly what was covered within the standard. • The Financial Recovery Group (FRG) needed to be reviewed and reformed in light of the incoming challenges in 2023/24 and was though to have a key role in developing the system rules that would be needed and picking up much of the oversight of the system through the upcoming year. The Group would report in to the FPIC and members would be kept updated on progress in this area of work. • It was recognised that the capital allocation of £73m for 2023/24 would be insufficient to properly support the areas premises. NHSE had recognised that the allocation was not consistent with other areas in London due to the areas sizable private finance initiative (PFI) commitments. Additionally, the delay of funding to address longstanding maintenance issues at Whipps Cross Hospital while

	development of new hospital facilities was ongoing had not been helpful. NHSE had confirmed that a discussion would be held to look at possible access to other non-recurrent capital routes or access to funds and that an update on this area of work would be provided when available. • It was flagged that there may be potential for rekindled partnership working to maximise the usage of local premises, with, for instance, Community Health Partnerships (CHP) having recently undertaken a mapping exercise to look at community usage of their facilities across NEL that may make a helpful starting point. • There may also be role for local procurement teams to ensure that existing premises are being used to their fullest extent, across partners before looking at entering in to any new commitments. Much of this work would not be best driven from the centre of NEL, but actioned through Places and with partners as the subject matter experts. **ACTION:** Steve Collins (SC) to update FPIC on the role of the Financial Recovery Group (FRG) and its work, particularly in developing a set of system rules in June 2023.
5.	**Any Other Business** SC confirmed that RSM had been re-appointed as the ICB's internal auditors. No further business was discussed.

Date of next meeting: Tuesday 30 May 2023, 1400-1700

NHS
North East London

Minutes of the NEL Finance, Performance and Investment Committee meeting

Tuesday 30 May 2023, 1400 – 1630 meeting in rooms TO1 & TO2, 3rd 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
Fiona Smith (FS)	Associate Non-Executive Member, NHS North East London
Henry Black (HB)	Chief Finance and Performance Officer, NHS North East London
Dr Mark Rickets (MR)	Primary Care Partner Member
Attendees:	
Marie Gabriel (MG)	Chair, NHS North East London
Steve Collins (SC)	Executive Director of Finance, NHS North East London
Clive Walsh (CW)	Interim Director of Performance, NHS North East London
Shivani Choudhary (SC)	NHS North East London
Richard Clements (RC)	NHS North East London
Sanjay Patel (SP)	Deputy Director of Medicines Optimisation, NHS North East London
Simon Milligan (SM)	Barts Health NHS Trust
Matthew Knell (MK)	Senior Governance Manager, NHS North East London
Apologies	
Mayor Philip Glanville (PG)	Local Authority Partner Member
Mohit Venkataram (MV)	NHS Trust Partner Member
Rob Adcock (RA)	Deputy Chief Finance Officer, NHS North East London
Michael Duff (MD)	Deputy Director of Finance – North East London, NHS England - 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 May 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. Mark Rickets (MR) flagged that while he was not working as a GP in the Barking, Havering and Redbridge (BHR) system, as a GP employed elsewhere in NEL, he would not take part in the decision relating to agenda item 8, the extension of a Local Improvement Scheme with GP practices in BHR Places. No additional conflicts were declared. KP notified Committee members that Greg Cairns, a colleague working with the Londonwide Local Medical Committee (LMC) had sadly passed away at the end of March 2023 and Committee members expressed their condolences and that their thoughts were with Greg's family.

	KP updated the Committee that Marie Gabriel (MG) would be re-joining the Committee as a member from this meeting onwards and that recent discussions had confirmed the need for the FPIC to focus on its core objectives, which included the 2023/24 operating plan, NEL sustainability and transformation plans and to help assess how investment and disinvestment decisions should be made. Further work was underway with NEL colleagues to look at how the business case and procurement cycle should function in and across the ICB's governance structure and the FPIC would be kept up to date on the findings of this work.
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 24 April 2023 and agreed that they represented an accurate record of the meeting. The Committee recognised that 5 actions arising from previous meetings remained open, noting that progress was expected to be seen at the June 2023 meeting. With regards to action 2702-01, relating to questions around cancer metrics and impacts of histology delays, the Committee requested further information over and above that supplied alongside the circulated performance report. Members highlighted that it was challenging to draw out the impact of issues in this area of work on the overall cancer pathway and the impacts on front line delivery. Members requested further information on this matter, along with any information on where capacity in the system may be lacking and in need of support. **ACTION:** Clive Walsh (CW) to clarify any impact of issues in histology on the overall cancer pathway and the impacts on front line delivery, along with information on where capacity in the system may be lacking and in need of support.
3.	**Month 11, 2022-23 Performance Overview** CW briefed the Committee on the circulated performance report, highlighting that: • NHS NEL had been placed in 'tier 1' for intensive support by NHS England (NHSE) in relation to progress in urgent and emergency care (UEC) recovery and performance. The specifics of what support and ask would be involved in this status was still developing but was thought to be focussed on the provision of support and guidance to improve local performance in UEC services. While the whole system had been placed in 'tier 1', efforts would be directed at Barking, Havering & Redbridge University NHS Trust (BHRUT) and the Queens Hospital site in particular. • A further strike by junior doctors would be taking place in mid June 2023, with impacts expected on long waiters for planned care in particular. Current analysis expected around 70 patients across NEL to be rescheduled, while NHSE expectations remained that there would be zero 72 week waits at the end of June 2023. The Committee thanked CW for the briefing and discussed the following points: • That the data used in performance reports for the FPIC was based on validated data, which did involve a certain overhead in terms of when it became available. This resulted in the data lagging meetings of the FPIC by approximately 3 months, while UEC data was often a little more up to date at 2 months old. • While there was an option available to switch to reporting based on unvalidated data, this would present its own set of issues in terms of accuracy. The Committee

	recognised that such unvalidated data could not be reported on or used in the public domain, for instance in ICB Board reports. • The Committee recognised its role as a system wide body, concentrating on examining the system overview and trajectory and discussed how data might be better presented at the system level in its reports, perhaps through the use of statistical charts to indicate trends over time. • Members flagged that more information in the performance report on community health services would be useful to provide the Committee with assurance that performance is improving, with more data and metrics provided to illustrate a positive trajectory. • Committee members suggested that more information on plans and expectations around timings in relation to performance improvement in the monthly report would be useful, to help the Committee have oversight of what improvements were expected to be delivered, by when and what, if any, slippage may have occurred. • The Committee recognised that many performance trajectories across NEL were not compliant with NHSE's expectations in 2023/24.
4.	**Operating Plan and 23/24 ICB Budget** Henry Black (HB) briefed FPIC members on the circulated papers, advising that the latest revisions to the 2023/24 operating plan covered a closure of the gap flagged in previous FPIC meetings and that a balanced operating plan had been submitted to NHSE earlier in the month. HB continued to inform members that: • The 2023/24 operating plan contained significant risk and delivery would be heavily dependent on effective partnership working and require the system's collective good will to achieve. • An underlying deficit remained in place for 2024/25, which had been addressed through the mobilisation of non-recurrent funding in 2023/24. • Several performance trajectories were not anticipated to be reached under this operating plan, with those in the Mental Health and Children & Young People areas of work at particular risk. Committee members discussed the latest and final version of the 2023/24 operating plan, with key points of discussion including: • That while FPIC members were content to recommend the 2023/24 operating plan for approval by the ICB Board, the Committee would need to receive further detail on how progress against the plan was performing and information on the specific risks to its delivery and how those would be mitigated and monitored. • A novel approach that broke with past practices would be required to deliver the contents of this years operating plan, driven by the Financial Recovery Group (FRG) and supported through the provision of external strategic advice to help steer the FRG in its work. • Work was underway to bring together teams across the ICB and system partners to ensure that all partners recognise one single version of data to help bring conversations forward on an equal footing. While delivery would remain the purview of each local partner, a collaborative approach would be required across the system and Deputy Chief Financial Officers were engaged to work up what else would be needed to support operating plan delivery. • That there was urgency in much of the work to get processes in place to support the FRG and produce tools to support delivery of the operating plan, with recognition that the plan contained unidentified and non-recurrent savings that still needed to be explored. • That a form of formal reporting from the FRG would be needed to provide assurance for the FPIC, potentially within the monthly financial report but a standalone item and

	supporting material may be warranted in future meetings of the FPIC, depending on progress and performance trajectories. Initial data on performance against the plan should become available for the June 2023 meeting with month 1, 2023/24 data. FPIC members noted that coverage in a report would be vital, as after the June 2023 meeting, the FPIC did not meet again until 4th September 2023. • Challenges were present, and still needed to be overcome in terms of organisational culture across partners and while intensive efforts were being made to create an environment for collaboration and success. More progress had been made to encourage a willingness to address the system issues, but more, longer term work would be needed to move towards a population health based approach to local services and care. • There was recognition that no area of the country was indicating a compliant plan with NHSE's requirements around dentistry and with NEL taking on commissioning responsibility for these services in 2023/24, there also needed to be recognition that the historic underspends in this area of work had used to support other parts of the system in recent years. If NEL's allocation for dentistry services was utilised to its fullest extent, this would drive further financial pressure for the rest of the system. **ACTION:** Henry Black to ensure that future FPIC meetings receive briefings containing detail on how progress against the 2023/24 operating plan is performing and information on specific risks to its delivery and how those are being mitigated and monitored.
5.	**NEL ICB Restructure update** HB noted that the ICB Board would be updated on this area of work the following day and summarised the circulated paper, noting that the work underway to reduce spend against the ICB's running cost allowance (RCA) was complicated, with the organisation's management costs drawn from across the RCA and programme budgets. While the national requirement was to reduce the RCA spend, the ICB was looking at costs as a whole to take an equitable approach. Currently, the ICB was on track to meet national requirements, although the 20% reduction in spend may not be entirely achieved through the restructure process and the true position would not become clear until after the restructure process ends and ICB teams are working in the new formations. It was hoped that any remaining needs to secure further savings would be secured through attrition and normal business planning processes. FPIC members thanked HB for the update and recognised the need for further discussion of this item at the ICB Board.
6.	**Financial Recovery Plan** The FPIC noted that this item had been addressed in discussions relating to agenda item 4.
7.	**CFPO Risk Register** Steve Collins (SC) briefed the FPIC on the latest revisions to the Chief Finance and Performance Officer's (CFPO) Risk Register, which included that: • Risks relating to delivery of the 2023/24 operating plan both for the ICB and the wider ICS had been added, both in the red range at a score of 20 to indicate the significant potential impact. • A risk relating to potential disruption to the NHS 111 service provided by the London Ambulance Service (LAS) had also been added at a score of 20 and in the red rated range.

	Committee members discussed the following points: • That further work may need to be considered across the Finance and Performance teams to reflect the contents of the Performance report in the risk register, although it was recognised that the metrics and data often fed in to the impacts of documented risks, rather than being risks in of themselves. • The Committee noted that a major data breach involving Facebook had been reported on in the national news and questioned whether it reached the point of requiring coverage in the risk register for the ICB, or if this matter was better addressed by the impacted providers. • The Committee asked that the register is considered by colleagues when presenting 'deep dives' to the Committee, so as to prepare teams for discussion of associated risks around their areas of work. • There were other risk areas that could be considered for coverage in the risk register, recognising that the Committee only looked at a cut of the register covering red rated risks. These areas included dentistry and the risks present around the underspend present in this allocation, the placement of NEL in the tier one UEC recovery system by NHSE, risks present around meeting the requirements of the System Oversight Framework and estates and capital allocation and spend in 2023/24. The Committee highlighted that it was likely that most of these areas would be covered and refreshed through the work of the Financial Recovery Group.
8.	**Business Cases:** • **Long Term Conditions Local Improvement Scheme (LTC LIS) for BHR Places; Extension for 2023-24** Richard Clements (RC) and Shivani Choudhary (SC) joined the meeting to brief Committee members on the circulated paper, highlighting that approval of a 12 month extension of the current Long Term Conditions (LTC) Local Incentive Scheme (LIS) for Barking, Havering and Redbridge (BHR) places at an investment of £3,210,243 was being sought from members. Committee members discussed the following points: • That the system needed to move away from 'old world' working and look at investment to encourage and support the movement of resources from in hospital services towards being delivered in the community, closer to patients where this was possible. • Care needed to be taken when stating costs being relinquished from the acute setting however, with any such statements able to be evidenced and concrete. The FPIC was not assured that the savings detailed in the circulated paper would be necessarily realised in totality. • With regards to this proposal, it was recognised that the LIS had been in place for 4 years already, and absent significant changes in the scope of the service, it appeared unlikely that further savings would be achieved. • Members expressed concern that the contract had ended in March 2023, with work continuing in the meantime based on goodwill while this extension had been unapproved. • The LIS supported the respiratory hub for BHR places and formed a model for how the hub model could be expanded on across NEL and other areas of work. There was a role for more feedback from Places in shaping the future of this work, and there was potential for the basis delivery to switch from the current Confederation model to something driven by Primary Care Networks (PCNs) in the coming months and years. • The ICB Executive Team needed to look at the overarching flow of business cases and the ICBs procurement pipeline to provide a stronger steer on what needed to happen, where in the system in terms of development, engagement, discussion and

	examination, feedback and recommendations/approvals. The FPIC needed to move towards holding a full system picture without getting caught up in detailed examination in future meetings. **APPROVAL:** The FPIC approved the 12 month extension of the current Long Term Conditions (LTC) Local Incentive Scheme (LIS) for Barking, Havering and Redbridge (BHR) places at an investment of £3,210,243, as detailed in circulated papers.
9.	**Primary Care Prescribing 2023/24:** • **Continuous Glucose Monitoring (CGM)** • **Prescribing QIPP efficiency plans** Sanjay Patel (SP) and colleagues joined the Committee to brief on the circulated papers, which set out a proposal for Continuous Glucose Monitoring (CGM) adoption across NEL for patients with type 1 and type 2 diabetes, and for children and young people in addition to top-slicing £1m from the Primary Care prescribing budget to facilitate implementation and delivery of the Quality, Innovation, Productivity and Prevention (QIPP) plan, which would be overseen by an Integrated Medicines Optimisation and Prescribing Committee (IMOC). SP flagged that: • NEL was the only London ICS not to have implemented the CGM scheme at this point. • The prescribing team was recognising a £5.5m cost pressure against its budget of £17m, which would pose a significant challenge in 2023/24. Committee members discussed the circulated papers, highlighting that: • A plan was needed to evaluate the successes of the CGM scheme, which should be able to identify and document savings to the system as a whole, potentially through modelling to confirm its effectiveness. • The prescribing challenges had been documented in the 2023/24 operating plan, with this area of work experiencing significant and continuing inflationary cost pressures. ICB resources will be directed to support the team in this challenging environment, with the Delivery Support Unit (DSU) engaged to help support the team. • There was helpful sharing of information and guidance on high performing QIPP schemes across ICBs, along with benchmarking data and best practice information in place. The work covered in the circulated papers around CGM would be formally evaluated to document savings, which were expected to be realised in high risk populations in particular. **APPROVAL:** The FPIC approved the full adoption of Continuous Glucose Monitoring at a cost of £3.4m through to 2027/28 (costs in 2023/24 would be £566,000). Members recognised that there was an expectation of significant cost avoidance for NEL from full CGM adoption through a reduction in emergency care callouts and admissions associated with acute type 1 diabetes conditions and that as a system CGM adoption is potentially estimated to have a net cost benefit over 5 years. **APPROVAL:** The FPIC approved the top-slicing of £1m from the ICB's prescribing budget to fund the cost of implementing prescribing QIPP efficiencies annually, to be used to fund additional pharmacist capacity to deliver QIPP prescribing programmes and/or establishing a QIPP prescribing incentive scheme. Progress, further governance and oversight for this sum will be provided through the NEL Integrated Medicines Optimisation and Prescribing Committee (IMOC) through a medicines value group.

10.	**Issues with the access to capital in North East London ICS** Simon Milligan (SM) joined FPIC members to support discussion under this item. The Committee discussed the circulated draft letter, noting that a shorter, summary version had since been produced for use, but that the detail in this version may be useful to support Committee discussions. Members raised and discussed the following points: • That a fuller briefing on the estates allocation and situation would be useful at a future meeting, alongside, or ahead of the planned 'deep dive' session on the estates strategy expected in September 2023. • A prioritisation exercise had commenced across NEL system partners to document and self score capital schemes which would be shared and moderated at the NEL level to produce an investment pipeline, ready for any funding that may be secured. • There wasn't currently clarity on any allocation to address primary care capital needs and it was noted that no plans were in place for any new Local Improvement Finance Trusts (LIFT) investments, although refurbishment of existing premises may be possible. The Committee was informed that some of the 25 year leases were due in the upcoming year and consideration would need to be given to the future of these sites. • The Committee emphasised that it was vital for the capital allocation and funding work, along with the wider estates strategy to cover the breadth of the NEL system, including wider primary care needs.
11.	**Updates from Committee sub groups:** • **Primary Care Contracting Sub-Committee** The Committee received an update report from the March 2023 Primary Care Contracting Sub-Committee and members were further verbally on the May 2023 meeting, which had explored risks related to primary care, along with declining to agree the Refugee and Asylum Seeker LIS proposal, instead asking for further work to be undertaken. Members flagged that the FPIC did not need to receive full minutes of the meeting, with an exception report providing assurance instead. It was flagged that elements of the Sub Committee's discussions also needed to be flagged and potentially explored at the Quality Committee.
12.	**Committee effectiveness survey results** KP drew members attention to the circulated paper, noting that the limited feedback was useful while the role of the FPIC was developing, but that it may be useful to cross reference this feedback against other NEL Committees to provide a form of benchmarking. The Committee discussed how to best utilise effective forward planning, or whether exploration of Committee Chair meetings may help in terms of creating links across the ICBs various bodies.
13.	**Any Other Business** FPIC member briefly discussed the approach to partnership working and closer sharing of information across NEL and the need to build confidence across the system, noting that lack of a dispute resolution or mediation process in the legislation setting out the role of ICSs. No further business was discussed.

Date of next meeting: Monday 26 June 2023, 1400-1700

NHS
North East London

Minutes of the Population Health and Integration Committee

Wednesday 26 April 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
Dr Jagan John (JJ)	Primary care partner member
Louise Ashley (LA)	Chief Executive, Homerton Healthcare NHS Foundation Trust *via MS Teams*
Attendees:	
Johanna Moss (JM)	Chief strategy and transformation officer, NHS North East London
Adrian Loades (AL)	Corporate Director of People, London Borough of Redbridge
Dr Anil Mehta (AM)	Clinical Director for Redbridge, NHS North East London
Tracy Rubery (TR)	Director of Partnership, Impact & Delivery: Redbridge, NHS North East London
Jeremy Kidd (JK)	Deputy Director of Transformation, NHS North East London
Paul Calaminus (PC)	Chief Executive, East London NHS Foundation Trust
Dr Neil Ashman (NA)	Chief Executive, The Royal London and Mile End Hospitals *via MS Teams*
Fiona Taylor (FT)	Acting Chief Executive, London Borough of Barking and Dagenham *via MS Teams*
Jacqui Van Rossum (JVR)	Acting Chief Executive, North East London NHS Foundation Trust *via MS Teams*
Hilary Ross (HR)	Director of Provider Development and Collaboration, NHS North East London
Simon Reid (SR)	London Borough of Newham *via MS Teams*
Katie McDonald (KMc)	Governance Manager, NHS North East London (minute taker)
Apologies:	
Colin Ansell (CA)	Interim Chief Executive, London Borough of Newham
Fiona Smith (FS)	Associate non-executive member, NHS North East London
Noah Curthoys (NC)	Associate non-executive member, NHS North East London

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 22 February 2023
	The minutes of the meeting held on 22 February 2023 were agreed as an accurate record.
1.3	Matters arising
	<u>The Big Conversation</u> CP presented a slide set to provide members with an update regarding the Big Conversation with points including: • The Big Conversation is not intended to be a one-off exercise; it will build on the work already happening and cement the beginning of what is intended to be an ongoing process with local people. • Local Healthwatch have been commissioned to provide a summary across all of the key themes being explored, current suggestions for 'success measures', with a bespoke report for each place along with a cross-cutting and NEL wide report. High level reports will be produced by mid-May which will cover the two years previous, to provide trend data, with a focus on what residents have been informing over the past six months. • The ICP Committee held a development session in the form of a workshop to bring together best practice on coproduction. • Healthwatch are designing a new, user friendly survey which will be constructed with a focus on 'I' statements, tested through the Healthwatches and presented to the ICP Steering Group for discussion and initial sign off 9 May. • The series of planned events will also be used as an opportunity to identify issues within the health and care system and can be pulled into the Joint Forward Plan ahead of the final submission in June 2023. Members welcomed the update and made the following comments: • Targeted conversations with some communities will be beneficial, particularly as many residents with learning disabilities and autism do not have access to smartphones. • Transport is often one of the biggest issues affecting residents' access to services; whilst this may not be a health issue it is important to consider this. The Population Health and Integration Committee noted the update. *Katie McDonald shared the slides presented to members via email on 27 April 2023.*
1.4	Actions log
	Members noted the actions taken since the last meeting and agreed to close ACT005, ACT006, ACT007, ACT008 and ACT010. In relation to ACT009 regarding how the Marmot approach could inform work across the system, the Chair advised that the approach would be discussed by the ICB board at their development session later today and recommended that this action is also closed.
2.0	**Deep dive – Redbridge: Management of Long-Term Conditions (LTCs)**
	The Chair explained that each place-based partnership, in turn, will present a deep dive into a particular area of work at committee meetings going forward.

	AL, AM, TR and JK provided members with a presentation regarding the management of long-term conditions in Redbridge. Key points included: • There are approximately 310k residents in Redbridge and the population is diverse in terms of age, religion, ethnicity and household income. The partnership is undertaking a deep dive review of the population seeking to understand at Primary Care Network (PCN)-level ethnicity, deprivation and risk factors. This will enable a more targeted approach to prevention. • One of the key factors in managing long-term conditions is the joining up of preventative work and presenting opportunities. • There is a high degree of variation within the local population and residents with a long-term condition often have multiple conditions. • Redbridge is significantly underdiagnosed relative to national forecasts, meaning that people are accessing care later. • There is inequity of provision across the north east London boroughs. There is a case for a multi-morbidity approach to tackling this, however the fundamentals must be right in the first instance. • Since 2017, 20,201 people have been identified as at risk of diabetes of whom 8,167 have been referred to the National Diabetes Prevention Programme. 48% of those referred started the monthly sessions and 28% completed the programme. • Increasing rates of Albumin to Creatinine Ratio (ACR) testing in people with hypertension can help to identify cases of chronic kidney disease (CKD) at an early stage. The albuminuria testing service engages patients from areas of high socio-economic deprivation who have not previously engaged in conventional testing. Combining this with an education programme for primary care clinicians, the aim is to reduce cardiovascular risk and prevalence of End Stage Renal Disease (ESRD). An estimated 89 new cases of CKD have been identified and one case of ESRD has been avoided so far based on current testing rates. • Having targeted interventions using smartphones has been significantly beneficial. • Redbridge has an award winning long covid service which was driven through important coproduction with partners and residents. • To be effective in addressing LTCs it is important to provide support to the person, not treat the illness and mobilise all assets across the borough to do this. The person centric approach requires partners to understand the needs of the population and provide a level of coordination and understanding across services and to facilitate better continuity of care. Members welcomed the presentation and discussions included: • Continuity of care can become compromised if a multitude of access routes are provided; having an effective PCN structure will be central to this. • There may be opportunities to affect the commissioning of primary care services to enhance continuity of care and reduce clinical variation as the responsibility of commissioning these services has now been transferred to ICBs. • There is stigma associated with having multiple LTCs and the psychology involved. Residents need time and conversations with their health professionals in order to provide reassurance. • Coterminous boundaries in PCNs should be taken seriously as geographic coverage was not originally part of their establishment and is complex. • It is important to recognise that there are four types of knowledge to be considered when identifying performance gaps: o Propositional

	o Factual o Presentational o Experiential It is common that propositional and factual knowledge are considered whereas experiential knowledge is the least likely to receive focus, however all should be considered when reaching conclusions about improvement and priorities. • The Chair requested that this deep dive and its discussions are included within the committee's exception report to the ICB board. **ACTION:** Deep dive discussions from this meeting to be included in the exception report to the ICB board. The Population Health and Integration Committee noted the deep dive into the management of long-term conditions in Redbridge. *Jacqui Van Rossum and Zina Etheridge joined the meeting at 1.30pm.* *Anil Mehta, Jeremy Kidd and Tracy Rubery left the meeting at 1.30pm.* *Katie McDonald shared the slides presented to members via email on 27 April 2023.*
3.0	**Update on health inequalities funding**
	PG presented the report and explained the following points: • At the last committee meeting there was a discussion regarding the basis for allocating the funding to places across north east London. Feedback from members focused on the impact of using this formula in isolation, particularly on outer London places. Therefore, a new option for the allocation of funding to place-based partnerships has been developed for approval by the committee. • It is now proposed that each place is provided with a baseline allocation of £500k in recognition of the health inequalities across all places and the need to build focus and capacity across each place-based partnership. The remaining funding for place-based partnerships will be allocated using the NHSE health inequalities/unmet need formula, which enables consistency year on year. Members discussed the report with key points including: • Some boroughs will receive a higher allocation due to the national formula, but appreciation was demonstrated that this enables retention and consistency. • It would be beneficial for places and collaboratives to demonstrate how they are approaching all areas of work through a health inequalities lens. **ACTION:** Agenda item to be scheduled for the next meeting regarding how places and collaboratives approach work through a health inequalities lens. The committee **approved** the revised place-based allocations as set out in the paper.
4.0	**Sub-committee update reports: what do we mean by integration?**
	CP provided a summary of the reports and highlighted the range of integration underway, with examples of: • Strategic priorities and Outcomes – alignment of our core approaches and focus

- Decision making and governance – development of a Committees in Common model, move to ICB/trust joint committees
- Funding – use of aligned and pooled budgets, bringing together finance information to compare and understand
- Vertical – developing integration at Place across a range of partners
- Horizontal – developing integration in Collaboratives across a range of partners
- Structure and workforce – integrated leadership and management structures
- Topic and project – taking a system approach seeing the same issues from a range of perspectives
- Alignment/integration – phased approach building alignment before more formal integration
- Digital – huge appetite for greater integration of data and sharing of information

The reports also underlined the need for a range of enablers to be in place to support increasing focus on integration:

- Shared ambition and vision to drive change with leadership showing persistence and bravery
- Trust throughout an organisation and not just in pockets or at certain levels
- Alignment of processes and timing with a willingness to reshape processes and to compromise
- Brilliant basics – good information about workforce, budget, spend, adherence to policy and procedure so there is knowledge of where to change and have capacity to do so in a structured and timely way
- Willingness to learn from elsewhere
- Ability to take opportunities when they arise – each Place and Collaborative will follow a different route, building on what works best for them
- Conversation, collaboration and collective action.

A summary of each sub-committee's report is outlined below:

<u>Barking and Dagenham</u>

- There is currently a focus on families and there will be three family hubs opening soon.
- Barking and Dagenham may be participating in a pilot initiative regarding Special Educational Needs and Disabilities (SEND), which could hold potential to roll out across north east London.
- The sub-committee and Health and Wellbeing Board (HWB) have agreed to explore the option to establish "Committees in Common" of the ICB Sub-Committee and the HWB. Committees in Common are a mechanism for collaboration between statutory organisations, which create a framework for aligned decision-making and the approach promotes consistent decisions between organisations.

<u>City and Hackney</u>

- The focus of transformation in neighbourhoods has been on reorganising teams to work together on a neighbourhood footprint. The next stage from this structural change is to make the cultural and Organisational Development (OD) changes needed to get the benefit from the neighbourhood approach.
- Children's multi-agency teams (MATs) are being developed which work around the neighbourhood footprints. The MATs, which bring together children's social care, health visiting and children's community services will

	be working across neighbourhoods. Bringing together adults and children's services within the neighbourhood will strengthen relationships between them and enable a more holistic, family focused approach. <u>Havering</u> • Both Local Authority and health teams are concurrently undertaking restructures that will see running and management costs reduced over the next two years, in line with the resources available. Despite this, partners are being innovative in their approach and are seeking to further integrate work, and make best use of resources by looking to establish a joint health and care team at place. Legal and Human Resources advice is being sought and will undergo engagement with staff to shape this proposal. • The partnership has recruited clinical and care leads from a range of backgrounds including; general practitioners, nurses, speech and language therapists, care home providers, domiciliary care providers, those with a pharmacy background, and leads from the community and voluntary sector. <u>Newham</u> • Newham has agreed as a partnership to undertake a deep dive into long term conditions to understand the journey, data and service offer from prevention, early intervention through to the management of LTCs. • Newham has identified a number of key things it can do as a partnership to support its workforce such as support the Living Wage and encourage apprenticeships, but also to focus on key issues such as primary care and recruitment and retention of Allied Health Professionals. As the ICB develops the workforce strategy it will be key to understand how this framework links to place and what support is available in delivering key initiatives. <u>Tower Hamlets</u> • Having aligned health and care services around localities, the next phase of work for is to understand what impact this has had and to understand what is required at a neighbourhood/PCN level. • Tower Hamlets have been taking a whole population approach and in 2016 developed three life course workstreams and recently added a fourth focussing on mental health through establishing a partnership board. • A lot of work is moving through the borough at pace, meaning that developing the long-term prevention piece is challenging. <u>Waltham Forest</u> • Work that has taken place to develop a section 75 agreement between London Borough of Waltham Forest and NELFT for speech and language therapy and occupational therapy for Babies, Children and Young People (BCYP) in Waltham Forest, supported by the Waltham Forest Health and Care Partnership. • The BCYP therapies section 75 has provided a way for Waltham Forest to improve its delivery of speech and language therapy and occupational therapy through a more integrated model across partners. <u>Acute provider collaborative</u> • Working in collaboration has been beneficial as partners have historically worked in silos and clinicians are leading the way. • There is a risk of duplication where pieces of work overlap across the collaboratives as they are progressing autonomously without necessarily having an understanding on developments between each other.

Community health collaborative

- The collaborative has been developing new governance structures to support the delivery of key work priorities and oversee the work of the Collaborative. This has included an Executive Oversight Group, formed of members of the main 5 trusts and ICB to provide leadership in the initial mobilisation period and propose initial work priorities, a Programme Board with a remit to lead transformation and knowledge, and a Community Reference Group, to enable the community health providers to engage with the collaborative.
- A demand and capacity planning process is being scoped across community services with a view to developing a core community offer across north east London.
- The St Georges Health and Wellbeing Hub will be incorporated in the collaborative's work, as is Barking Riverside.

MHLDA collaborative

- The sub-committee has formally recruited to four service user and carer roles as participants of the sub-committee; one of the first examples of where service users and carers have formal representation within system governance.
- In March the primary care talking therapies clinical leads from across NEL, including from ELFT, NELFT and the Homerton, held an improvement network event, attended by members from teams across the whole of the system. There was a deep sense of collaboration and some creative ideas on how the ICS can collaborate more deeply across services to promote better outcomes, access and equity.
- The sub-committee partners have commissioned a NEL-wide diagnostic to aid the sub-committee in understanding more systematically where there may be unwarranted variation in outcomes or quality, where there may be inequity in financial allocations by programme area or place, and where there may be opportunities for improvement. This will help the sub-committee to make decisions about areas of focus for improvement, and a medium to longer term financial strategy.

Primary care collaborative

- The sub-committee has agreed priorities which include addressing inequalities, driving up quality and hearing the voice of residents and users. Population health management and preventative care were recognised as key drivers, along with the need to agree measurable indicators to support broader social and economic development as part of the wider ICS strategy.
- The Same Day Access workstream was launched on 21 March 2023, bringing colleagues together from across the system to identify the NEL system ambitions for same day access, decide what success will look like for staff, agree a set of same day access design principles for NEL and review and prioritise the system priorities across NEL.
- The Primary Care Collaborative is keen to explore and develop ways to work with local people, via representation on the sub-committee and/or through the programmes and projects for which it has oversight. This is an area for further development and on the forward planner for the collaborative.
- There is a risk that the GP contract could create a reduction in engagement in terms of transformation improvement.

	<u>VCSE collaborative</u> • A piece of development work has been funded to explore how the collaborative could work. • There is complexity at north east London in this sector, however it has been agreed that Redbridge CVS will host the funding and will be operational within six months. • Work is underway to look at how residents can be included. Members discussed the reports with keys points including: • The Population Health and Integration Committee should have a focus on coproduction at its meeting in August and cover reports should include how the partnership is working with HWBs. • There was discussion at the ICB Quality, Safety and Improvement (QSI) Committee regarding maternity services and the need to ensure work is aligning across collaboratives. It was explained that the Chair and ICB Chief Nurse ensure that the work of the Acute Provider Collaborative is featured in maternity conversations held within the QSI committee. • Success measures should come from residents. • It is important to remember the need to coproduce with staff. • Significant preparation is required prior to engaging residents and staff in coproduction. • It would be beneficial to spread learning about the project tackling the high rates of child poverty in Tower Hamlets at a future meeting. • There is a need to look into how collaboratives interface with one another as well as how they interface with places. It would be beneficial for reports to identify any barriers or tensions between collaboratives and places for the committee to discuss and work through. • The structure created is based on providers which means there is a risk that opportunities are missed. Having a life development theme could be beneficial. The Chair and CP agreed to discuss having a life development theme as a topic for a future meeting. **ACTION:** The committee to have a focus on coproduction at its meeting in August and cover reports to include how the partnership is working with Health and Wellbeing Boards. **ACTION:** Tower Hamlets to present a deep dive into the project tackling high rates of child poverty. **ACTION:** The Chair and CP to discuss having a life development theme as a topic for a future meeting.
5.0	**Any other business and close**
	The Chair advised that the feedback from the committee effectiveness survey will be presented at the next meeting.
Date of next meeting: 21 June 2023	

Final

North East London

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

Held on 26th April 2023

Members:	
Imelda Redmond (IR) - Chair	Non-Executive Member
Marie Gabriel (MG)	Chair
Cllr Maureen Worby (MW)	Local Authority Partner Member
Diane Herbert (DH)	Associate Non-Executive Member
Diane Jones (DJ)	Chief Nursing Officer
Charlotte Pomery (CP)	Chief Participation and Place Officer
Dr Jagan John (JJ)	Primary Care Partner Member
Attendees:	
Chetan Vyas (CV)	Director of Quality, NHS NEL
Mark Gilbey-Cross (MGC)	Director of Nursing, NHS NEL
Dawn Newman-Cooper (DNC)	Assistant Director of Maternity Programmes, NHS NEL – for item 4.5 (Maternity)
Celia Jeffreys (CJ)	Associate Director, Safeguarding Adults, NHS NEL – for item 4.2
Mary Jamal (MJ)	Head of Continuing Health Care (London) and Governance – for item 4.4
Philippa Cox (PC)	Assistant Director of Maternity Programmes NHS NEL – for item 4.5 (Maternity)
Timothy Bull (TB)	Designated Nurse for Safeguarding Children, Waltham Forest
Ryan Hainey (RH)	IFR Team Manager
Dotun Adepoju (minutes)	Senior Governance Manager, NHS NEL
Mirza Lalani (ML)	Observer
Apologies:	
Fiona Smith (FS)	Associate Non-Executive Member
Dr Paul Gilluley (PG)	Chief Medical Officer

Item No.	Item title	Action
1.0	**Welcome, introductions and apologies**	
	The Chair welcomed all members and attendees to the meeting. Apologies were noted as above.	
1.1.	**Declaration of conflicts of interest (DoI)**	
	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. CV noted that the register did not include his declaration on this occasion and this will be rectified for the next meeting.	**DA**

Item No.	Item title	Action
1.2	**Draft Minutes of meeting of the previous meeting of 08-02-23**	
	The minutes were agreed as accurate with the exception of a minor typo.	
1.3	• **Actions Log**	

	• Act 009 - **Update on Learning Disability and Autism (LDA)** – CV provided the update on behalf of PG.
	  • All the reviews were completed between within the 8 week time period between February and March 2022 as a one-off ask
	  • Usual assurance processes for LDA inpatients are that they are all reviewed within the Care Treatment Reviews (CTR) process and also the 8 weekly host commissioner reviews.
	  • Updates will be going through the Mental Health (MH) / LDA Programme Board chaired by PG.
	
	• Act 015 - **Update on NEL UEC Programme**.
	  ➢ To be provided at the next meeting by PG.
	
	• ACT 013.2 **Review of Risk Register** - The Committee to have session on risk appetite to enhance understanding of the risks it holds.
	  ➢ This is scheduled for the June meeting in the actions log.
		PG
		
		DJ

2.0	**Industrial Action – Impact on quality / patient safety.**	
	CV presented an update on the industrial action across NEL and any impact on patient safety as requested at the previous meeting. • <u>Dates & System working</u>: The paper noted the dates of industrial action (IA) NEL as London Ambulance Service - 21 & 28 December 2022, 10 February 2023: Junior Doctors – 13-16 March 2023, 11-15 April 2023. Incident Management Systems meeting took place daily. The Committee was informed of pinch points, areas of concern, risks regarding waiting lists / appointments and how the system could support one another are all considered and discussed. • <u>Impact to patients:</u> The Committee was informed that actual harm to patients throughout the Industrial Action is not known at this stage and it will be difficult to track. • There was skeletal workforce during the previous episodes of IA and the planned junior doctors' strike was likely to have an impact. Some elective procedures and outpatient appointments had been cancelled. However, no serious incidents have been reported by providers as a consequence of the IA. *<u>Comments</u>* • It was noted that the Clinical Advisory Group (CAG) would be holding an extraordinary system-wide meeting later in the day to discuss same topic. This would range from Acute perspective, Mental Health, Primary Health and Social Care. • The definition of 'harm' could be difficult to define. For example, the cancellation of elective appointments could lead to the deterioration of the condition and needing more treatment than was previously planned. • The threshold for ballots results for strike action by the Royal College of Nurses was noted in relation to NEL.	

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	• A system wide approach to assessing the impact would have added to the effective assessment of the impact of the IA rather than the hospital approach. The impact on Primary Care Network, Pharmacies, etc would add more towards a clearer picture. • The impact on the workforce and the potential harm was also acknowledged as the workload would have increased during the IA periods. • There is need to take a system wide approach to assessing the impact of the IA. • There were reductions in activity in the acute sector. The ability to transfer children to the relevant areas within the system could have been affected also. • The Committee also acknowledged the impact of the IA on staff and on residents. They would want to be kept updated. ➢ **Action Point:** • DJ to provide an update from the CAG discussion re-clinical at the next meeting.	**DJ**
3.0	**Violence Reduction duties for NHS NEL**	
	CJ summarised the report for the Committee to note the new duty and the ICB's responsibilities. • New statutory guidance was published on 16 December 2022 requiring organisations to work together to prevent and reduce serious violence within our local population. The ICB is a responsible authority along with police, local authority and other partners. The ICB will be required to contribute to a Strategic Needs Assessment (SNA) at place to develop a problem profile and action plan to tackle serious violence. • The designate professionals for adults and children have been identified within the ICB to lead and assure local input to the SNA and facilitate sharing of relevant health data, appropriate commissioning within the health system and provide assurance to NHSE via the safeguarding commissioning Assurance Toolkit. • Decisions regarding how funding is to be distributed locally will be a joint decision between the responsible authorities. The ICB will also have their implementation costs met through the Home Office Funding stream. • An action plan has been developed for the implementation of the ICB's responsibilities of the Serious Violence Duty. <u>*Comments*</u> • There seems to be commissioning within the strategy rather than a wider context. The strategy needs to reflect system and social care and to show how Place works within the System. There is also a need to ensure this is linked with the ICB's responsibility for addressing health inequalities, population health and wider determinants. • The reporting structures to the Police authority will be working together with Borough Commands in cases of reported violence. • There is need for the review across the Boroughs at Place for safeguarding adults and children. • The Committee was informed that Violence Reduction strategies were already in place at the local borough levels and welcomed the fact the	

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	ICB had also now taken this up. It was advised that implementation of the ICB's own strategy should complement efforts and practices already in place at the local level. • It was agreed that future reports on the strategy should come to the ICB via exception reports so that it is kept aware of progress across the ICS. ➢ **Action Point** • To decide where the future reports or feedback on the Violence Reduction duties for NHS NEL strategy lands within the current ICB structure and what the reporting mechanism will be.	**CV**
4.0	**Safeguarding Strategy**	
	The report had been presented to the Committee at a previous meeting and following feedback an update was brought back for review. The Committee was asked to approve the integrated Safeguarding Strategy. The committee to note: • that the integrated strategy provides a framework to support the delivery of safeguarding priorities for the ICS, promotes best practice and a safe system across the NEL system. • that the successful implementation of the strategic framework will enable NHS NEL ICB to fulfil statutory responsibilities to safeguard vulnerable children and adults within the local populations. • The strategy supports a life-course approach, promoting a 'think family' ethos. *Comments* • The strategy by the ICB needs to complement those at Place and to ensure that there were no contradictions with that of the individual Boroughs. • CV informed the Committee that the strategy has been through Safeguarding Adult Boards and Safeguarding Children Partnerships at Place and aligns to local Place Statutory strategies • The Committee reiterated that this strategy should involve areas around health inequalities and public health issues. • The Committee commented that the report still reads like a legacy CCG strategy and ideally, we need to move away from that. ➢ **Action Point** • Refreshed Safeguarding Strategy to come back for approval.	**CV**
5.0	**Quality Highlight Report**	
	The report was presented by CV for discussion and noting. • The paper outlined the range of exceptions across the Chief Nursing Officer portfolio areas (following agreement with the Chair to move away from individual area exception reports). • Each area provided an update (and where possible reported across Place and north east London), with an outline of actions that have been undertaken or are being planned to support improvements. • The report covered areas such as: o new systemic issues across NEL.	

Item No.	Item title	Action
	o Acute, Community, Primary Care, Mental Health and Social Care at each of the seven Places. o NEL Covid Vaccination Programme o Infection Prevention and Control o Individual Funding Requests (IFR) o Adult Safeguarding o Safeguarding children o Looked after Children o Maternity • The Committee was drawn to the BHRUT CQC report published on 10 February 2023 that was rated overall as 'Requiring Improvement' however 'Inadequate' for Urgent and Emergency Care. BHRUT have produced an Improvement Plan which is being worked through their internal CQC assurance meeting, of which the ICB Quality Team are part of. • The second item highlighted to the Committee in the report was Contingency hotels. Following the initial assurance visit at the IBIS hotels in Waltham Forest and follow up visit, there is now much more evidence across all Places that safeguarding arrangements and pathways within contingency hotels are not being discharged. • Action taken include the set up of Place based refugee and asylum seeker task and finish groups; they are looking at the issues locally. The NEL ICB Refuge and Asylum Seekers task and finish group are looking at all aspects at a system level. Safeguarding Adults Boards (SAB) and Safeguarding Children's Partnerships (SCP) at Place are being kept appraised of all work being undertaken including exceptions and mitigations. Finally, plans are in place to lobby the Home Office via a systems partnership letter to be drafted by the ICB and to include the SAB's and SCP's. • <u>Maternity</u>: the paper outlined an account of maternity service concerns across NEL raised at a meeting with the London regional maternity team. The concerns discussed were: o The in-utero transfer rate of extremely preterm babies across NEL. o Level 3 Neonatal intensive care unit (NICU) arrangements. o Specialised services across NEL. o Management of risk. o Maternity safety support programme (MSSP) at Barts Health and BHRUT / Maternity Improvement advisors' feedback. *<u>Comments</u>* • In response to the enquiry about absence of update on CQC inspection report of PELC in the exception report, CV added that the Committee have previously stated they wish for updates that have been progressed from previous updates on an exceptional basis and as such no update has been provided at this meeting beyond the content within the report. CV added that PELC have been informed of their CQC re-inspection dates of 6 and 7 June for interviews and site visits over 20, 21 and 22 June. CV added that an update will be provided at the next Committee meeting. • The Committee provided some examples where they are keen to understand further updates and if issues have been closed down that	

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	have been previously reported i.e. Domestic Homicide Reviews in Newham, Sudden child death. • The Committee appreciated the update on the concerns outlined in the Maternity paper and felt they would like to see a clearer presented paper that stipulated what the strategic priorities re maternity across NEL are, what programmes are being implemented to support delivery against these priorities, how is the system performing against the national must-do's and what are the risks and mitigations to delivery. ➢ **Action Point** • Future reports to reflect themes/overview for the attention of the Committee and updates on previously reported big issue items, progress on stated actions and the monitoring of their implementation dates.	**MGC**
6.0	**Strategic Risk**	
	The register reflected strategic risks on the following corporate objectives: o High quality services for patients. o Ensure the best use of resources and enhancing productivity and value for money. o To tackle inequalities in outcomes, experience and access. • The Committee was informed that strategic risks will continue to feature in the development of the meeting agenda. • The Committee acknowledged that it was able to see strategic risks woven through the agenda and was pleased with this approach.	
7.0	**Future items aligned to QSI ToR**	
	CV presented the report, outlining the likely topics that will need to be reported into the QSI Committee aligned to the statutory requirements placed on the ICB regarding Quality. • The paper outlined areas of positive progress being made in bringing system quality issues for discussion and tightening the quality of exception reports focussed around Quality risks. • In addition, the paper highlighted areas that will need to be woven into upcoming agendas around Quality Improvement, Horizon Scanning and Patient Safety plus continuing to undertake the assurance function of the Committee. *Comments* • The Committee welcomed the report and its clarity stating these are areas that needed to be brought to the attention of the Committee and are aligned with its Terms of Reference.	
8.0	**Committee effectiveness survey results**	
	Feedback on the survey questionnaire completed by Committee members was presented. • The paper noted that it is good practice to undertake a review of the effectiveness of the ICB's committees and this will be undertaken annually going forward. This will enable the ICB to ensure that its governance arrangements remain fit for purpose.	

Item No.	Item title	Action
	• The findings of the survey covered the following areas: o Things that went well. o What has not worked well. o Other comments. • The survey findings were acknowledged by the Committee with a commitment to work through on what needed improving. It also affirmed that it was working through quality and assurance issues and where there were exception reports needing further attention, these would continue to be referred up to the ICB. • The Committee also acknowledged the improvement in reporting standards in the meeting papers prepared by staff, which have been in response to meeting the requirements of the Committee.	
8.0	**Any Other Business** • The Committee agreed to postpone the August meeting to September • CV added that papers on the new Patient Safety Incident Response Framework, the CQC Assessment Framework of ICSs will be presented to the June meeting, along with a draft Horizon Scanning report and refreshed Quality Highlight report. ➢ **Action Point** • CV to update the forward planner with the revised date for September 2023.	**CV**
Date of Next meeting: 14 June 2023 @ 10:00am		