

North East London Integrated Care Partnership

Thursday, 4 October 2023; 11:00-13:00; **Venue** Held on MS Teams

AGENDA

	Item	Time	Lead	Attached/ verbal	Action required
1.0	Welcome, introductions and apologies	11:00	Chair		
1.1.	Declaration of conflicts of interest			Attached	Note
1.2.	Minutes of last meeting - 6 July 2023			Attached	Approve
1.3.	Matters arising and action log			Attached	Note
2.0	Questions from the public	11:05	Chair	Verbal	Discuss
3.0	Workforce Strategy	11:15	FO	Attached	Note
4.0	Reflections on the Big Conversation Themes and development of success measures	11:35	CP	Attached	Discuss
5.0	ICP system planning cycle	12:15	JM/AC	Attached	Discuss
6.0	ICP development plan	12:30	CP	Attached	Approve
7.0	System pressures	12:40	All	Verbal	Discuss
8.0	Any other business	12:55	Chair	Verbal	
9.0	Close	13:00	Chair		
Date of next meeting: 10 January 2024					

North East London Integrated Care Partnership Register of Interests

- Declared Interests as at 25/09/2023

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Christopher Kennedy	Councillor	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	Non-Financial Professional Interest	London Borough of Hackney	Cabinet Member for Health, Adult Social Care, Voluntary Sector and Leisure in London Borough of Hackney	2020-07-09		
			Non-Financial Personal Interest	Lee Valley Regional Park Authority	Member of Lee Valley Regional Park Authority	2020-07-09		
			Non-Financial Personal Interest	Hackney Empire	Member of Hackney Empire	2020-07-09		
			Non-Financial Personal Interest	Hackney Parochial Charity	Member of Hackney Parochial Charity	2020-07-09		
			Non-Financial Personal Interest	Labour Party	Member of the Labour Party	2020-07-09		
			Non-Financial Personal Interest	Local GP practice	Registered patient with a local GP practice	2020-07-09		
			Non-Financial Personal Interest	Hackney Joint Estate Charities	Sit in the board as trustee	2014-04-07		
			Non-Financial Personal Interest	CREATE London	LBH appointed rep	2023-04-05		
Dr Paul Francis Gilluley	Chief Medical Officer	Acute Provider Collaborative Joint Committee Clinical Advisory Group ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Primary care contracts sub-committee	Non-Financial Professional Interest	British Medical Association	I am a member of the organisation.	2022-07-01		
			Non-Financial Professional Interest	Royal College of Psychiatrists	Fellow of the College	2022-07-01		
			Non-Financial Professional Interest	Medical Defence Union	Member	2022-07-01		
			Non-Financial Professional Interest	General Medical Council	Member	2022-07-01		
			Non-Financial Personal Interest	Stonewall	Member	2022-07-01		
			Non-Financial Personal Interest	National Opera Studio	Member	2023-08-01		
Eileen Taylor	Joint Chair, East London NHS Foundation Trust and North East London NHS Foundation Trust	ICP Committee Mental Health, Learning Disability & Autism Collaborative sub-committee	Non-Financial Professional Interest	MUFG Securities EMEA PLC	Non Executive Director	2019-04-01		
			Non-Financial Professional Interest	North East London NHS Foundation Trust	Chair from January 1, 2023	0202-01-31		
Elsbeth Paisley	Member of B&D Place Based Partnership	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board ICP Committee	Non-Financial Personal Interest	Healthwatch	Member of the Healthwatch board	2021-01-04		
			Indirect Interest	Community Resources	Health Inequalities Funding 2022-23 from NHS North East London to Community Resources for Change as the incumbent secretariat for the BD Collective	2022-07-06		

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Gillian Ford	Councillor, The London Borough of Havering	Havering ICB Sub-committee Havering Partnership Board ICP Committee	Non-Financial Personal Interest	Avon Road surgery	Patient of the practice	2012-06-30-		
Ian Buckmaster	Member of PCCC Joint Committee	ICP Committee	Non-Financial Personal Interest	Havering Healthwatch C.I.C. (Healthwatch Havering)	Director of company	2013-04-01		
Jenny Ellis	Member of Redbridge Partnership Board	ICP Committee Redbridge ICB Sub-committee Redbridge Partnership Board	Financial Interest	Redbridge Council for Voluntary Service (Redbridge CVS)	RedbridgeCVS is a provider of social prescribing, community engagement and infrastructure support for the voluntary and community sector.	2020-01-19		
			Financial Interest	Odd Eyes Theatre Company	Trustee of a North East London-based charity that specialises in community empowerment and social inclusion through theatre.	2018-05-24		
Johanna Moss	Chief strategy and transformation officer	Community Health Collaborative sub-committee ICB Board ICB Population, Health & Integration Committee ICP Committee ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee Primary Care Collaborative sub-committee Primary care contracts sub-committee	Non-Financial Professional Interest	UCL Global Business School for Health	Health Executive in Residence	2022-09-01		
John Gieve	Chair of Homerton Healthcare	Acute Provider Collaborative Joint Committee City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	Indirect Interest	Pause	My wife is a trustee of Pause, the charity to support women whose children have been taken into care, and a board member of Pause Hackney.	2015-06-01		
			Non-Financial Professional Interest	Homerton Healthcare NHS Foundation Trust	I am Chair of Homerton Healthcare whose interests are affected by ICP and City and Hackney Partnership decisions	2019-03-01		

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Marie Gabriel	ICB and ICP Chair	ICB Board ICB Finance, Performance & Investment Committee ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICB Workforce & Remuneration Committee ICP Committee NEM Remuneration Committee	Non-Financial Personal Interest	West Ham United Foundation Trust	Trustee	2020-04-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	East London Business Alliance	Trustee	2020-04-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Race and Health Observatory	Chair of the Race and Health Observatory, (paid). The Race and Health Observatory are now considering the potential to enter into contracts with NHS organisations to support their work to tackle racial and ethnic health inequalities	2020-07-23		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Member of the labour party	Member of the labour party	2020-04-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	NHS Confederation	Trustee Associated with my Chair role with the RHO	2020-07-23		Declarations to be made at the beginning of meetings
			Financial Interest	Local Government Association	Peer Reviewer	2021-12-16		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	UK Health Security Agency	Associate NED, (paid), UKHSA works with health and care organizations to ensure health security for the UK population	2022-04-25		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Institute of Public Policy Research (IPPR)	Commissioner on the IPPR Health and Prosperity Commission	2022-03-13		Declarations to be made at the beginning of meetings
Mark Santos	Redbridge Cllr & Cabinet Member Adult Services & Public Health	ICP Committee Redbridge ICB Sub-committee Redbridge Partnership Board	Financial Interest	Positive East	I am the Executive Director of the HIV Charity Positive East. Positive East receives statutory income via NEL Local Authorities & NHS via London HIV Fast Track Cities & via ICB supporting opt out HIV testing in Emergency Departments	2022-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Bart's Health	My sister is a Finance Manager at Barts Health	2022-04-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	North East London Foundation Trust (NELFT)	I am an LA Governor for NELFT	2023-08-02		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Redbridge Rainbow Community	Trustee Redbridge Rainbow Community previously received funding from Redbridge Council	2023-07-02		Declarations to be made at the beginning of meetings

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Neil Wilson	Cabinet Member for Health and Adult Social Care	ICP Committee	Non-Financial Professional Interest	London Borough of Newham	Cabinet Member for Health and Adult Social Care	2022-05-25		
			Non-Financial Personal Interest	The Labour Party	Member of The Labour Party	1981-09-01		
			Non-Financial Personal Interest	The Co-operative Party	Member of the Co-operative Party	1990-01-01		
			Indirect Interest	Barts Health	My nephew, James Wilson, is a ST5 Registrar, Cardiology	2022-10-01		
Rt Hon Jacqui Smith	Member of Integrated Care Partnership Board	Acute Provider Collaborative Joint Committee ICP Committee	Financial Interest	Barking, Havering & Redbridge University Hospitals Trust	Chair in common with Barts Health NHS Trust	2021-10-01		
			Financial Interest	Sandwell Children's Trust	Chair	2021-10-01		
			Financial Interest	Jacqui Smith Advisory Limited	Director	2021-10-01		
			Financial Interest	Dalgety Limited	Non-Executive Director	2021-10-01		
			Financial Interest	Global Partners Governance	Associate	2021-10-01		
			Non-Financial Personal Interest	Jo Cox Foundation	Chair	2021-11-01		
			Non-Financial Professional Interest	Kings Fund	Trustee	2021-10-01		
			Non-Financial Personal Interest	The Precious Trust	Chair	2021-10-01		
			Non-Financial Professional Interest	UCL Partners	Director	2021-10-01		
			Non-Financial Professional Interest	Barts Charity	Trustee	2021-10-01		
Tony Wong	Chief Executive, Hackney Council for Voluntary Services	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	Non-Financial Professional Interest	Hackney Council for Voluntary Services	Chief Executive for Hackney Council for Voluntary Services	2021-10-04		Declarations to be made at the beginning of meetings
Zina Etheridge	Chief Executive Officer Designate of the Integrated Care Board for north east London	Acute Provider Collaborative Joint Committee ICB Audit and Risk Committee ICB Board ICB Population, Health & Integration Committee ICB Workforce & Remuneration Committee ICP Committee ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee NEM Remuneration Committee	Indirect Interest	Royal Berkshire NHS Foundation Trust	Brother is employed as Head of Acute Medicine at Royal Berkshire hospital	2022-03-17		Declarations to be made at the beginning of meetings

- Nil Interests Declared as of 25/09/2023

Name	Position/Relationship with ICB	Committees	Declared Interest
Dianne Barham	Healthwatch, Tower Hamlets	ICP Committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Community Health Collaborative sub-committee Havering ICB Sub-committee Havering ICB Sub-committee Havering Partnership Board ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Maureen Worby	Councillor In London Borough of Barking & Dagenham	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee	Indicated No Conflicts To Declare.
Cathy Turland	Member of a committee	ICP Committee Redbridge ICB Sub-committee Redbridge Partnership Board	Indicated No Conflicts To Declare.
Paul Rose	Chair of the Havering Compact	Havering Partnership Board ICP Committee	Indicated No Conflicts To Declare.
Matthew Adrien	Partnership working	ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Caroline Rouse	Member of IC Board (VCS rep)	ICB Board ICP Committee	Indicated No Conflicts To Declare.
Veronica Awuzudike	Healthwatch Newham Manager	ICP Committee Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Catherine Perez Phillips	Committee member	ICP Committee	Indicated No Conflicts To Declare.
Naheed Asghar	Committee member	ICP Committee Waltham Forest Health and Care Partnership Board	Indicated No Conflicts To Declare.
Gulam Kibria Choudhury	Member	ICP Committee	Indicated No Conflicts To Declare.

DRAFT

Minutes of the North East London Integrated Care Partnership

Wednesday 6 July 2023; 14:00-15:00; Venue: Stratford Old Town Hall

Members:		
Marie Gabriel	(MG)	Chair, NHS North East London
Cllr Neil Wilson	(NW)	Cabinet Member, London Borough of Newham
Cllr Gulam K Choudhury	(GKC)	Cabinet Member, London Borough of Tower Hamlets
Sir John Gieve	(JG)	Chair, Homerton Healthcare
Paul Gilluley	(PG)	Chief Medical Officer, NHS North East London
Eileen Taylor	(ET)	Joint Chair, East London Foundation Trust and North East London Foundation Trust
Liesa Sandt	(LH)	Healthwatch City of London
Catherine Perez Phillips	(CPP)	Healthwatch Hackney
Elspeth Paisley	(EP)	Lifeline Community (Barking & Dagenham Healthwatch)
Tony Wong	(TW)	Hackney CVS
Vanessa Morris	(VM)	Waltham Forest CVS
Vicky Scott	(VS)	Tower Hamlets CVS
Jenny Ellis	(JE)	Redbridge CVS
Attendees:		
Charlotte Pomery	(CP)	Chief Participation & Place Officer, NHS North East London
Anne-Marie Keliris	(AMK)	Head of Governance, NHS North East London
Laura Anstey	(LA)	Chief of Staff, NHS North East London
Keeley Chaplin	(KC)	Minutes - Governance Manager, NHS North East London
Apologies:		
Zina Etheridge	(ZE)	Chief Executive Officer, NHS North East London
Johanna Moss	(JM)	Chief Strategy & Transformation Officer, NHS North East London
Rt Hon Jacqui Smith	(JS)	Chair, Barts Health and Barking Havering and Redbridge University Hospitals Trust
Cllr Maureen Worby	(MW)	Cabinet Member, London Borough of Barking & Dagenham
Cllr Christopher Kennedy	(CK)	Cabinet Member, London Borough of Hackney
Cllr Mark Santos	(MS)	Cabinet Member, London Borough of Redbridge
Cllr Gillian Ford	(GF)	Cabinet Member, London Borough of Havering
Cllr Mary Durcan	(MD)	Cabinet Member, London Borough of City of London
Cllr Naheed Asghar	(NA)	Cabinet Member, London Borough of Waltham Forest
Pip Salvador-Jones	(PSJ)	Barking & Dagenham CVS
Paul Rose	(PR)	Havering Compact
Caroline Rouse	(CR)	Compost London (Newham)
Cathy Turland	(CT)	Healthwatch Redbridge
Matthew Adrienne	(MA)	Healthwatch Tower Hamlets
Dianne Barham	(DB)	Waltham Forest Healthwatch
Ian Buckmaster	(IB)	Healthwatch Havering
Manisha Modhvadia	(MM)	Healthwatch Barking & Dagenham

Item No.	Item title	Action
1.0	Welcome, introductions and apologies	
	<p>The Chair welcomed everyone to the meeting of the Integrated Care Partnership (ICP) held in person.</p> <p>The Chair noted that due to a number of apologies from members the meeting was not quorate at commencement. As there were no items for approval and other members may still arrive the Chair agreed that the meeting could commence.</p>	
1.1.	Declaration of conflicts of interest	
	<p>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the ICB.</p> <p>No additional conflicts were declared.</p> <p>Declarations made by members of the ICP are listed on the Register of Interests. The Register is available from either the Governance Team or on the ICB's website (northeastlondonicb.nhs.uk)</p>	
1.2.	Minutes of last meeting	
	<p>The minutes of the meeting held on 5 April 2023 were noted as a correct record.</p>	
1.3.	Matters arising	
	<p>Actions from the last meeting were noted as completed and action closed.</p>	
2.0	The Big Conversation	
	<p>CP provided an update on progress on the Big Conversation. Since the survey opened there have been 800 responses received. These have been from individuals or people that have been supported by local voluntary and community sector organisations including Healthwatch.</p> <p>There have been three events held so far in Barking and Dagenham, Redbridge and in Waltham Forest with more planned for the remaining places. People have been keen to get involved and it has also provided an opportunity to explain to the public what the integrated care system and the partnership are.</p> <p>Main themes emerging from these were:</p> <ul style="list-style-type: none"> • People want more empathy and compassion from health and care staff • People don't feel that agencies/organisations are working well together and don't know where they can go to get help/answers. • Need ways to support people to be physically and mentally well in local communities. • Navigating ways into health and care jobs is complicated and complex – not sure where to start/being put off. • A common theme also being raised relates to housing. <p>CPP advised that they have arranged a Community Voice event on 2 August which will be an opportunity to support people to respond. CP</p>	

Item No.	Item title	Action
	<p>confirmed that though the survey closes on 31 July, dialogue is ongoing and it will be valuable to receive feedback following this event.</p> <p>TW noted that the Hackney Big Conversation event is clashing with another community event and will discuss this with CP. TW also noted the use of language ensuring accessible formats are used and to consider easy read documents.</p> <p>MG advised that there is a growing migrant population in north east London and it would be worth contacting the people that work with asylum seekers and refugees to obtain this cohort's views as part of the Big Conversation.</p> <p>The meeting began to identify additional ways of gaining insight, such as street surveys and the need to reach out to communities. It was agreed that the ICB, in conversation with Healthwatch and the Voluntary, Community and Social Enterprise Collaborative, would consider how to evaluate the Big Conversation.</p> <p>Members noted the update and then split into two groups to consider the following questions:</p> <p>a) How do we define a success measure for the ICS? b) How would we measure success for empathy and compassion?</p>	<p>TW/CP</p> <p>CP</p> <p>CP</p>
2.1.	Feedback from groups on success measures were:	
a)	<p>Defining success measures for the ICS:</p> <ul style="list-style-type: none"> • Our success measures should focus on improving people's lives not just services, there is some work being undertaken at place that could support this, for example, City and Hackney. • Success measures should focus on the wider determinants of health and whilst recognising that tackling health inequalities requires a longer-term indicator; it would be useful to break success measure down into stages. • Build trust and respect across the system, learning from the voluntary sector who have a better and holistic relationship with residents. • Success should be measured in a qualitative way as well as quantitative • Consider adapting services for places as some demographics differ. • There needs to be a success measure for integration as a result, one that helps us to build structures around people rather than squeezing people into our structures. • People should feel in control of their own health and personalisation widened. • In addition to success measures, we also need to ensure that we build in learning from each other, including with joint training and development across partners. • In setting the success measures, the meeting reconfirmed that feedback and testing was also very important, to maintain dialogue and interest. 	
b)	<p>Measuring success for empathy and compassion:</p> <ul style="list-style-type: none"> • This was recognised to be challenging but equally all agreed it is very important that we find ways to describe and measure this. • Some areas could include measures of personalisation and feedback from interactions. 	

Item No.	Item title	Action
	<ul style="list-style-type: none"> • The success measures should support us working in a much more relational way and one of the ways to measure empathy was to focus on pre and post health and care intervention support, bringing in the contribution of the voluntary sector. • People should feel they have been heard eg co-creation of services ensuring residents feel involved. • There are established measures we should consider, for example the use of 'What Matters to Me' by clinicians to support a different power dynamic. This means people will have more control as those who use services as they co-create their pathway of care. • VM informed members that there are some useful resources on compassionate leadership on the Kings Fund website that may be of interest. 	
3.0	Review/Reflection on the past year	
	<p>The chair highlighted feedback received from the committee effectiveness survey. A number of the recommendations from the survey have already been taken forward, for example meeting face to face and wider priorities fed into the forward plan for this committee. Whilst it was acknowledged that attendance was lower than sometimes, face to face meetings are very valuable and should be part of the meeting pattern of the Partnership.</p> <p>A more detailed plan based on the recommendations will be developed for consideration by the steering group, and then this committee.</p> <p>Social care providers through Care Provider Voice, which co-ordinates across the whole care sector, have requested a place on the Integrated Care Partnership, the Chair also asked members whether they feel there is also value in including a Housing Association representative, bearing in mind local authorities represent homelessness and other areas of housing and housing policy. It was also suggested that blue light services such as the fire brigade and police could be helpfully invited to join the Partnership.</p> <p>Members agreed that a representative from each of these should be invited. CP will take this forward.</p>	CP
4.0	ICP Work Plan	
	Members noted the ICP meeting work plan.	
5.0	Questions from the public	
	No questions were received.	
6.0	Any other business	
	None raised.	
	Date of Next meeting – 4 October 2023	

Integrated Care Partnership Actions Log

OPEN ACTIONS

Action ref:	Date of meeting	Item no	Action required	Lead	When	Status
ACT005	06/07/23	2.0	The Big Conversation Hackney BC event clashing with local community event and CP will ask the Comms team to consider moving it.	CP	Oct 2023	Spoke to community event organisers who advised the event only overlapped by an hour – we offered to end the BC event early, but were advised this wasn't necessary and the audiences were different.
ACT006	06/07/23	2.0	MG advised that there is a growing migrant population in north east London and it would be worth contacting the people that work with asylum seekers and refugees to obtain this cohort's views as part of the Big Conversation.	CP	Oct 2023	Action completed Explored opportunities through targeted focus groups and when reviewing the responses, will consider if further engagement is needed with this group
ACT007	06/07/23	2.0	It was agreed that the ICB, in conversation with Healthwatch and the Voluntary, Community and Social Enterprise Collaborative, would consider how to evaluate the Big Conversation.	CP	Oct 2023	Ongoing
ACT008	06/07/23	3.0	Review/Reflection on the past year A representative from social care providers, the housing association and blue light services (fire and police) should be sought and invited to the ICP.	CP	Oct 2023	Proposal on the agenda and action completed

People and Workforce Strategy Update

Francesca Okosi, Chief People and Culture Officer

Integrated Care Partnership

Context and ambition and change levers



Current Challenge

- Considerable workforce challenges with high vacancies in some sectors and a reliance on temporary staff
- High proportion of ageing workforce in some professions and sectors in health and social care
- Fragmented and varying offers across sectors and unlevel playing field on terms and conditions
- Increase in NEL population and diversity driving social care and health care demand but increases the potential workforce supply
- Education expansion and placement capacity (in estates and services) to meet Long Term plan expansion to train more entrants
- Challenges in delivering increased in work training requirement on employers to expand apprenticeships to 22% of this growth

Our ambition

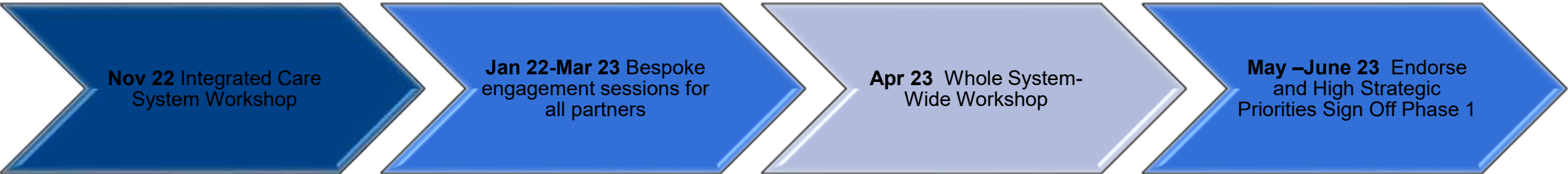
- That as a system we develop a single workforce with the skills to be deployed across organisations and locations to ensure our residents receives the best health and social care services
- To build on existing work and develop an equitable offer to inform schools of the career opportunities in health and social care and develop a uniform offer of work experience to 16 year olds
- That collectively we work together to develop consistent seamless pathways that allow our population to join our workforce underpinned by a core competitive offer that is attractive in a competitive job market to attract a new generation of health and social care workers
- We have a flexible offer of career development for our staff in health and social care to meet our commitment that our workforce at all levels reflects the rich diversity and representation of our population in North East London
- That our workforce offer is flexible and adaptable is trained to deliver health and care services that meet the needs of our partner organisations, places and neighbourhoods to reflect local labour market conditions
- To ensure that we develop an culture to ensure that we attract and develop our workforce addressing inequities, giving opportunity to progress from within and improving diversity at all levels. (With a focus on management and executive posts) and holding ourselves to account on progress

Change Levers

- We will need to move from competition to collaboration in recruiting, employing and deploying our staff.
- Consistent offer across health and care, starting with sharing offers of training and employment
- Flexibility in work offers and career development to attract our future workforce
- Development and agreement of long term funding models to support transformation and innovation pilots across NEL
- Clear delivery model and governance with agreement of delivery level to avoid duplication of effort

Development and Engagement

Our Development Journey –Phase 1 – (New slide)



Key themes from the initial engagement were used to develop further engagement sessions with all stakeholders

Bespoke engagement sessions with our partners across the system

Our Phase 2 Engagement in the last 3 months

Staff



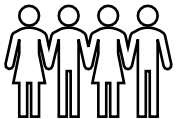
staff from the ICB and partner organisations to gain views on what should be in the strategy

Partners



engage to establish what they wanted to see in the strategy

Residents



ask what was important be in the strategy and will also get feedback from the big conversation



What we found from our staff

- ❖ **Pay and Offer:** Attractive roles across teams (acute/community etc)
- ❖ **Diversity:** Diverse Leadership at senior management level
- ❖ **Development and Growth:** Greater shadowing options across NEL and partner organisations.
- ❖ **Talent pipelines** for underrepresented groups of staff at senior levels
- ❖ Unconscious bias **training openness and transparency** at all levels
- ❖ Demonstrate that NEL is an organisation that **value** its staff.
- ❖ **Transparency** of career pathways at the time of application.
- ❖ **Consistency** in banding of jobs across all ICS.
- ❖ Invest in **digitalised passport system** for Staff on-boarding and transfer across NEL
- ❖ More flexible and **agile ways of working** across NEL



What we found from our partners

- ✓ **Invest in upskilling for international arrivals** to NEL who may bring qualifications from countries of origin and coordinate centrally
- ✓ **Equal pay and parity** across London
- ✓ Greater **flexibility** for retiring staff
- ✓ Support **career progression** for staff to feel valued and supported
- ✓ **Transferable careers** between trusts and providers
- ✓ Open **Continuous Personal Development** (CPD) approach with rewards for personal and professional development
- ✓ Bank staff to be able to **access shifts** across all NEL Trusts
- ✓ **Protected time** for Clinicians for admin tasks



What we found from our residents

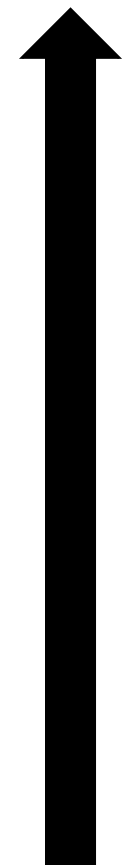
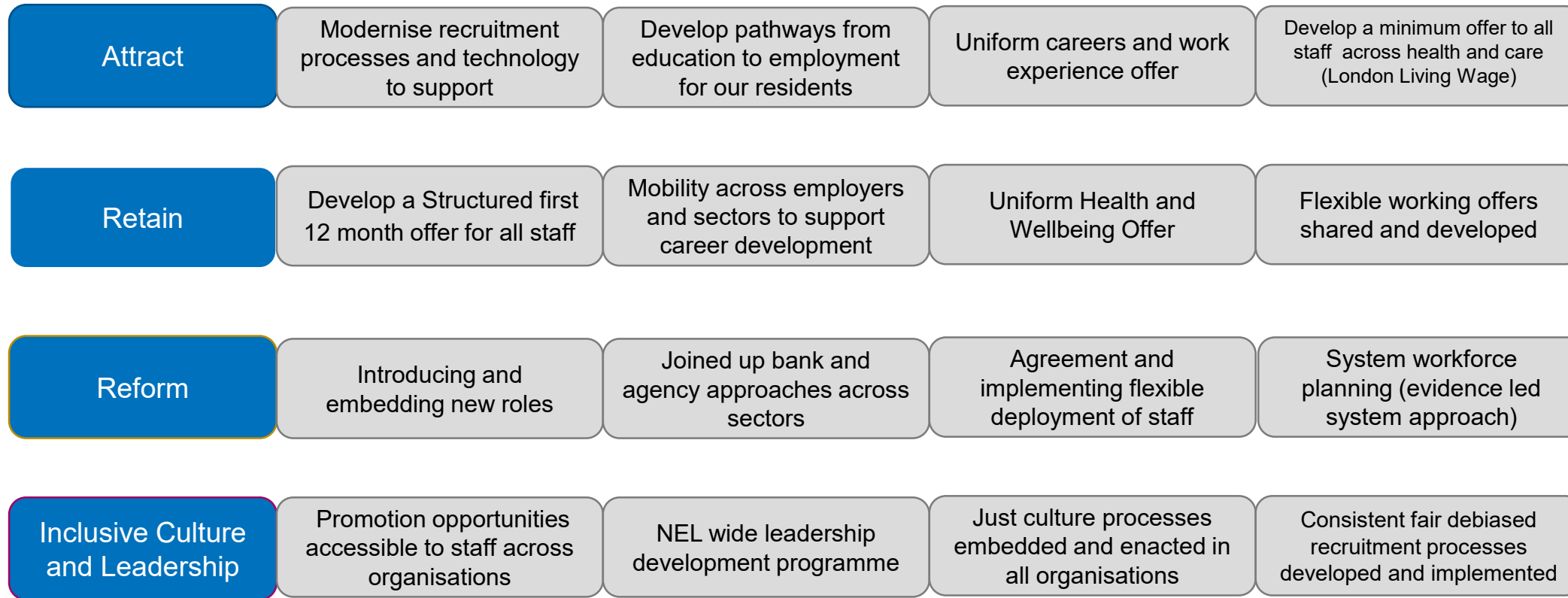
- Have a **centralised portal** for live job advert in NEL across Health Care, Social care and Voluntary Organisations.
- **Clarity in types of roles advertised:** Some jobs are not clearly advertised for example on NHS website
- **Application process:** Simplify application process for job advert i.e. no lengthy supporting statement
- **Clarity** in requirement and qualifications for jobs advertised
- **Adaptation and support** for potential candidates with different needs and abilities e.g. have an application day support clinic at recruitment fairs to help people navigate vacancies.
- **Use of social media** to target younger residents and inform about roles in Health and Social Care Sector
- **Training and development:** Apprenticeship and work experience across health or social care
- **Remove barriers to work** i.e. more childcare and carer support services on interview days
- **Understanding of cultural diversity** and inclusion across NEL Organisations

Key overall Themes from engagement

Category	Theme
Attract	Health and Social Care careers information and advice throughout all school years
	Ensuring education capacity at further and higher education to deliver health and social care workforce requirements
	Availability of the right role in the right place: joint website for advertising vacancies across Health care, social care and voluntary sector
Retain	Modernise our ways of working; make it an exciting place to work - empower, enable, reduce hierarchies
	Support mobility of workforce across NEL to access training, skills to develop and build career opportunities
Reform	Transferable careers between trusts and providers across health and social care
	Equitable pay and conditions across NEL organisations
Inclusive Culture and Leadership	Diverse careers across organisation and structures developed to support progression
	Ensuring our leadership and senior posts are more diverse and represent the people we serve

Strategy and Plan

Strategy and plan: High level areas of work for development



Level of Implementation to be determined Place, Organisation, Collaborative, ICS

Workshop (10 October 2023) – The Outline

Present findings from engagements undertaken in July/August

Share, agree and gain consensus for key emerging themes

Share actions and delivery plans

- Quick wins (0-6months)
- Short term (6 -12months)
- Medium term (1 – 2 years)
- Long term (2 – 5years)

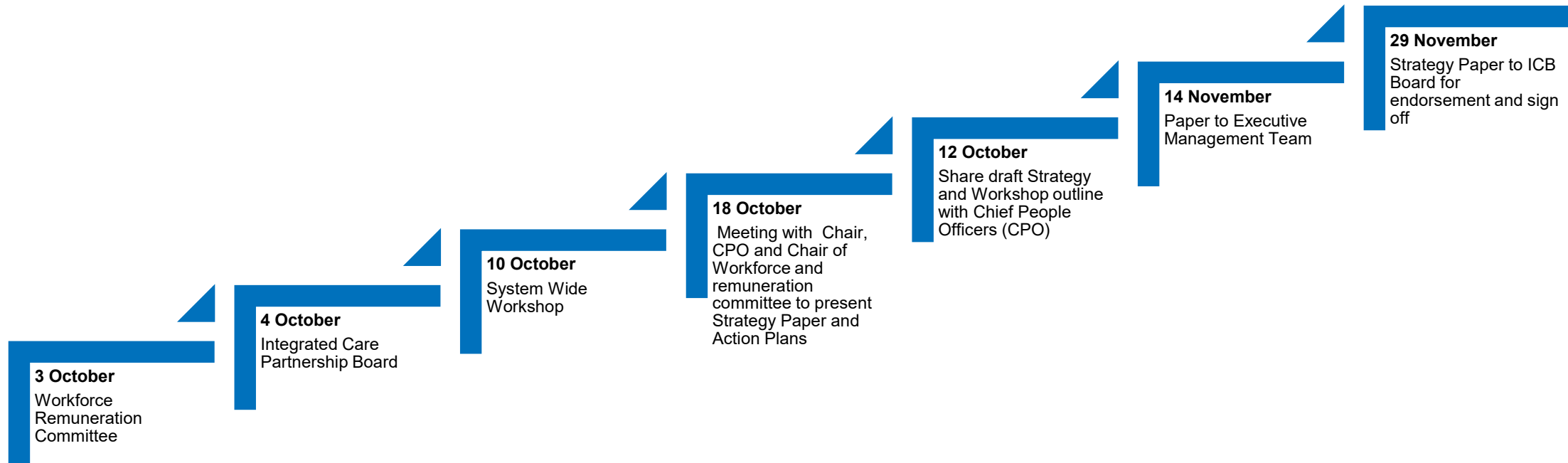
Agree actions and ownership for delivery plan

*

Agree next steps

(plan to deliver. Develop working groups and governance)

Timeframe for ICB Board Approval



Integrated Care Partnership

4 October 2023

Title of report	Update on the Big Conversation and developing success measures
Author	Zoe Anderson, communications and engagement
Presented by	Charlotte Pomery, participation and place
Contact for further information	zoe.anderson@nhs.net
Executive summary	<p>The ‘Big Conversation’ is the result of the commitment that was made in the ‘<i>working with people and communities</i>’ strategy to work with local people to identify priorities and the criteria against which we will evaluate our impact. This has been followed through to the Integrated Care Partnership’s Interim Integrated Care Strategy, where we agreed that the success measures would be initiated and shaped by local people through a big conversation approach.</p> <p>Over the summer we heard from around 2000 local people via:</p> <ul style="list-style-type: none"> • face to face events in each of our eight areas • focus groups with under-represented groups in our community run by our local Healthwatch organisations • online survey <p>The Big Conversation focused on the four priorities for improving quality and outcomes and tackling health inequalities set out in our interim Strategy. The data from all the conversations is still being analysed but we have identified the following emerging themes as the basis for developing success measures:</p> <ul style="list-style-type: none"> • how we are ensuring good care which is human and person-centred • how we are supporting people’s wellbeing through taking a genuinely broad focused approach • how we are ensuring organisations work well together • how we are enabling good access to services for everyone equitably • how we are supporting opportunities to work in health and care with flexible and accessible routes to apprenticeships, work experience and employment

Action / recommendation	The Board is asked to note the content in the presentation and provide feedback on next steps including the development of new success measures.
Previous reporting	Previous Integrated Care Partnership and Integrated Care Partnership Steering Group meetings; Place based Partnerships; updates provided to the ICB Board and the Population Health and Integration Committee.
Next steps/ onward reporting	Future Integrated Care Partnership meetings and Population Health and Integration Committee.
Conflicts of interest	n/a
Strategic fit	<p>The Big Conversation has offered an opportunity to engage in some depth with local people on all four ICS aims as follows:</p> <ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development
Impact on local people, health inequalities and sustainability	The Big Conversation aims to reduce health inequalities by using feedback to understand what local people feel will make the most difference to their health and wellbeing. Using the findings of the Big Conversation will help inform the improvement focus of the north east London system.
Impact on finance, performance and quality	As a result of the 'Big Conversation' we are developing new success measures developed to understand how well we are achieving our strategic priorities and objectives – and whether we are making a difference.
Risks	There is a risk that we are not able to respond to the success measures developed. We recognise the importance of trust and there is a risk that we are not able to follow through the outcomes of the success measures agreed as we seek to implement the Strategy across our system.

The Big Conversation

Update for the Integrated Care Partnership

4 October 2023

About the Big Conversation

Background:

- We made a commitment in the '*Working with people and communities*' strategy to work with local people and those who draw on our services to identify priorities and the criteria against which we will monitor and evaluate our impact.
- The Big Conversation is about listening to the people in our communities, and understanding their views about health, care and wellbeing, to help us to focus on what matters to them, and to help us to improve what we do. It builds on the [interim integrated care strategy](#) that is turning our ambitions into actions.
- Based on what we already know about the needs of local people and what residents have told us before, the Big Conversation process focused on asking people open questions about our four priorities for improving quality and outcomes and tackling health inequalities:
 - Babies, children and young people
 - Long term conditions
 - Mental health
 - Local employment and workforce
- The findings are intended to help inform the development of success measures - helping us to understand whether we are making a difference to health and wellbeing outcomes - which we will report on annually.
- We know it is not the only way either the ICB or wider ICP engages in dialogue with local people.

Listening to local people

Over the summer we engaged with around **2000 people** across north east London:

We promoted an online survey (over 1000 responses) including questions on:

- Our four ICS priorities
- Living a healthy life, voice and influence and receiving care
- Experiences of using health and care services in north east London

We held face to face sessions and community events across north east London

- Eight drop in sessions in places across north east London using facilitated table discussions to enable detailed discussion on the four priorities
- Presence at community events including the Wanstead (Redbridge) Disability Festival and the Waltham Forest women's health event organised with the network of mosques
- Ad hoc sessions e.g. informal discussions with Romanian community in high road cafes
- Targeted focus groups (see next slide) selected in light of the fact that 53% of the respondents to the survey were white British and 73% were women and there were some clear gaps in the voices we heard in the earlier face to face sessions and community events

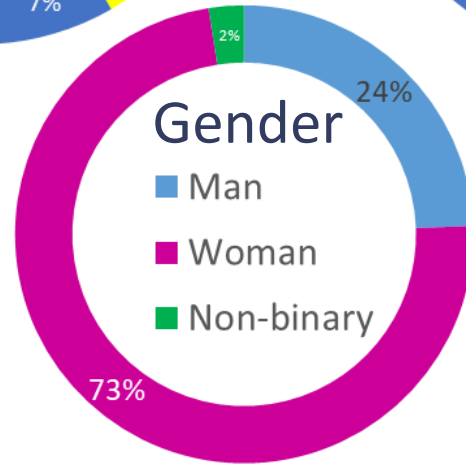
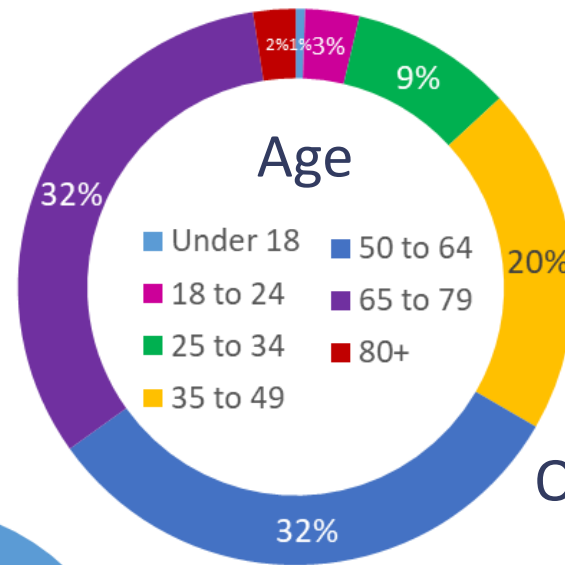
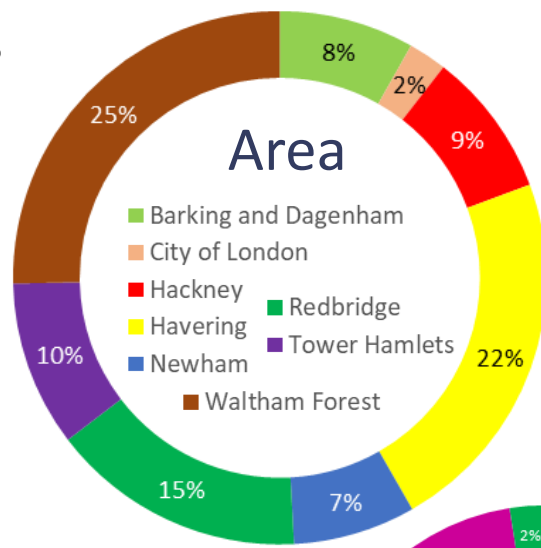
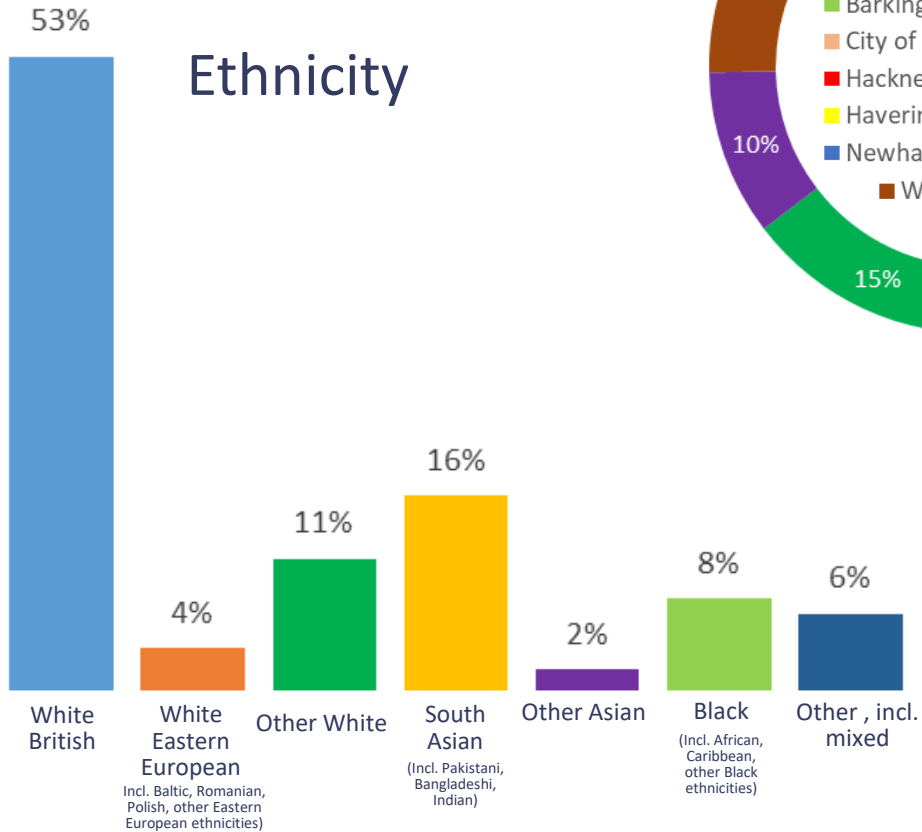
Additional focus groups

Facilitated by local Healthwatches which selected focus group communities to better reflect the diversity of the local populations they work with. Engaging with these target communities in smaller focus groups enabled more in-depth discussion to explore health, care and wellbeing with groups under-represented in other forms of engagement during the Big Conversation. Examples include (not exhaustive):

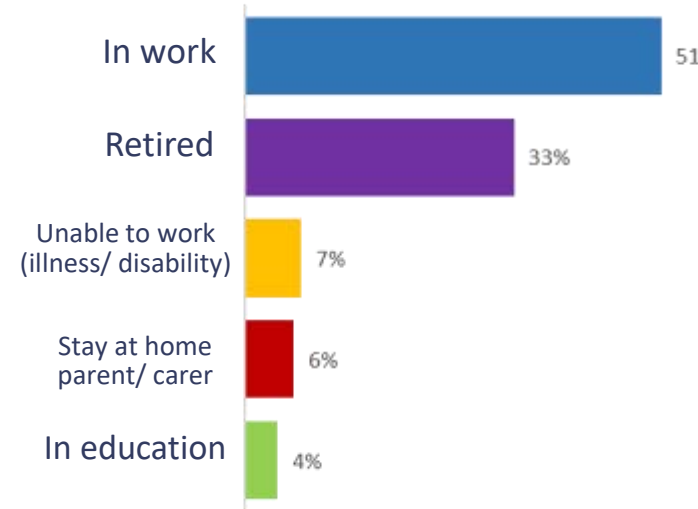
- Turkish mothers in Hackney
- South Asian men in Newham and Tower Hamlets
- Black African and Caribbean men in Hackney
- Older people in the City of London
- Patients living with Long Covid in Hackney
- Men in Barking and Dagenham
- Deaf BSL users in Redbridge
- Young people in Barking and Dagenham
- Pakistani women in Waltham Forest

Survey respondents

(some additional information)



Occupational status



98% were registered with a GP
93% had used health or care services in the last 12 months
7% were parents of a child/ children aged under 18
7% were carers for an adult loved one or family member
23% were digitally excluded
6% were disabled
3% were neurodivergent
41% had a long-term condition
3% were LGBT
32% were struggling financially or just getting by

Emerging themes: Babies, children and young people

What we've heard people would like to see more of and what they believe makes a difference:

- A consistent focus on nutrition – healthy eating, cooking, school meals
- Activities – playgrounds, parks and green spaces, areas that are safe to socialise
- Helping children and young people to understand what good physical and mental health looks like, how to attain it and how to maintain it.

Help to foster community cohesion and identity, help them avoid junk food, make interesting out of school activities available

Emerging themes: Long term conditions

What we've heard people would like to see more of and what they believe makes a difference:

- Want support to understand and proactively manage their condition/s
- Want to be empowered to advocate for themselves
- Continuity of care/Long term relationships with health and care staff to develop an understanding of their situation is really important

I get stuck between the GP and the hospital, I have several conditions and the various specialists do not consider these - just their own speciality.

Emerging themes: Mental health and wellbeing

What we've heard people would like to see more of and what they believe makes a difference:

- Access feels hard to get the support I need
- Availability of support before crisis hits
- People with mental health needs are still stigmatised
- Cause of mental ill-health can be linked to a whole range of reasons, don't make assumptions

I feel rushed anytime I call up to talk to the doc about how I feel.

Emerging themes: Local employment and workforce

What we've heard people would like to see more of and what they believe makes a difference:

- Apprenticeships and work experience across health and care
- Be clear what opportunities are available
- Simplify application process for job advert i.e. no lengthy supporting statement
- Flexibility is key - Remove barriers to work i.e. more childcare and carer support services on interview days
- Employ local people and target younger people
- Help publicise volunteering opportunities

Work that inspires us to be better individuals and help create a great community. Jobs that people can feel proud and passionate about. Career pathways that support financial independence, sustain living in East London and/or provide potential for growth and development if wanted.

Theme: Good care

What we've heard people would like to see more of and what they believe makes a difference:

Trustworthy

- health and care services respond to and anticipate people's needs and are accountable to patients and local people
- patients get reassurance that they are well
- patients' worries and concerns are understood and addressed

Competent

- cultural differences are taken into account
- patients understand how care decisions are taken and believe professionals are providing good treatment
- there is consistency of care, quality of care does not vary based on individual and staff turnover

Theme: Good care (cont.)

What we've heard people would like to see more of and what they believe makes a difference:

Person centred

- continuity of care between services and within services
- services work well with each other, at community level/beyond just health and care
- services are interconnected around the patient, not just centred on a condition or specialism
- patients get to make appointments and be seen in a way that works for them
- cultural differences are taken into account
- patients understand how care decisions are taken and believe professionals are providing good treatment

Accessible

- barriers to accessing care are understood and addressed – disability, language barriers, IT literacy, knowledge, costs.

Emerging themes: overarching

What we've heard people would like to see more of and what they believe makes a difference:

- People like to see empathy and compassion from health and care staff
- People like to see agencies/organisations working well together and to know where they can go to get help/answers
- People would like to see more ways to support people's wellbeing - to be physically and mentally well - in their local communities
- People find navigating ways into health and care jobs complicated – people are not sure where to start/being put off
- People like it when access is made straightforward, especially to primary care

Developing success measures

Using the analysis to date, we propose success measures based on what is most important to local people, clustered as follows:

- Compassionate care and support which feels human, culturally competent and personalised
- Organisations working closely together to provide joined up care and support
- Improved access to primary care as for the majority of local people it is their key connection with health services
- Clearer ways to support everyone to be physically and mentally well in their local communities by incorporating the wider determinants of health (employment, housing, environment, poverty)
- Greater opportunities to work in health and care with flexible and accessible routes to apprenticeships, work experience and employment

Next steps: keep talking

- Continued analysis of data and identification of themes
- Development of detailed report to share with ICS partners to inform their work
- Findings inform development /refinement of I statements/success measures
- Test findings and draft I statements/success measures with local people
- Further engagement with seldom heard/underrepresented groups where data identifies this is needed
- Agree new/additional success measures and reporting mechanisms (annually?)
- Develop a public-facing summary report and commit to regular progress reports

Integrated Care Partnership

4 October 2023

Title of report	Our system planning cycle for 2024/25
Author	Anna Carratt, Deputy Director of Strategic Development, NHS North East London Hilary Ross, Director of Strategy, NHS North East London
Presented by	Johanna Moss, Chief Strategy and Transformation Officer
Contact for further information	A.carratt@nhs.net
Executive summary	<p>To help us work closer as a system we have co-designed a system planning process to ensure planning is driven by local needs and agreed ways of working, while at the same time meeting the national requirements set out by DHSE and NHS England, regarding guidance and timelines.</p> <p>The pack sets out a process for 23/24 which is a staging post towards the new ways of working that will ultimately increase integration, collaboration and trust across the system.</p> <p>In 23/24 we are aiming to address elements of the feedback from this year including starting our processes earlier, creating more deliberate ways of co-designing and engaging with local people within planning timeframes, increasing and widening engagement and improving visibility across all partners in the planning process, ultimately supporting greater alignment and impact.</p> <p>Our system planning process will continue to evolve as we continue our system development journey, gaining greater clarity on key outstanding questions in relation to roles and accountabilities, as well as developing the culture / behaviours needed to underpin successful system working.</p> <p>The plan outlines:</p> <ul style="list-style-type: none"> • Why we need a system planning roadmap • What we learned from this year’s process • System planning design principles • Overview of the system planning deliverables • System planning timeline – 2023/24 • Portfolio deep dives • Overall governance
Action / recommendation	<p>The Integrated Care Partnership is asked to review and comment on the roadmap, paying particular attention to the following slides:</p> <ul style="list-style-type: none"> • System planning design principles • Overview of the system planning deliverables • System planning timeline – 2023/24

Previous reporting	<p>The system planning roadmap has been designed with input from a wide range of system partners including at a workshop in July 23. The final draft plan has been discussed at an ICB system planning working group, at the ICS Strategy Group involving system partners as well as at the ICS Executive Committee.</p> <p>We are asking the Integrated Care Partnership to note the approach for this year.</p>
Next steps/ onward reporting	<p>Simultaneously, task & finish groups are being stood up to support specific deliverables.</p> <p>The planning process has now started and has been shared widely across the partnership. I</p>
Conflicts of interest	None identified
Strategic fit	<ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money
Impact on local people, health inequalities and sustainability	<p>It is proposed that the system planning cycle will embed our strategic intent to reduce health inequalities in our approach to planning NEL services and resource allocation. An equalities impact assessment has not been undertaken of the system planning cycle at this time.</p>
Impact on finance, performance and quality	<p>This document outlines the process and timelines related to planning, but not the funding related to delivering the plans.</p>
Risks	<p>If we do not change how we plan this year, there is a risk that our plans do not meet the needs of our population while staying within the financial envelope for the system.</p> <p>There is a risk that we sign off a new process but revert to old ways of working and behaviours. Ongoing leadership of the committee will be essential and supported by a further programme of system development as noted in the pack.</p>



**North East London
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North East London

Our system planning cycle for 2024/25

12 September 2023

Content

- Why we need a system planning roadmap
- What we learned from this year's process
- System planning design principles
- Overview of the system planning deliverables
- System planning timeline – 2023/24
- Portfolio deep dives
- Overall governance

Why we need a system planning roadmap

- The ICS brings both the opportunity and expectation for greater collaboration and alignment between partners – we are asked to plan as a system with one strategy, one delivery plan (in the form of the joint forward plan) and within a single system financial envelope.
- Our ICP strategy set out the key success measures to help us understand where we are making a difference, together with the key strategic challenges facing our system including the highest population growth forecast in London coupled with some of the worst pockets of poor health, and the longest waits to see GPs or get treatment in hospitals and A&E.
- We have to build on the partnership working we have put in place since covid to tackle these challenges as a system, and at the same time meet the financial constraints we are required to work within.
- By planning together as a system, we will move closer to:
 - creating an environment that enables us to be guided by the voices of local people and of clinical and care professionals to help us find new ways of tackling entrenched problems.
 - taking a population health approach to our planning ensuring that we are addressing health inequalities as well as moving us towards our net zero goals.
 - prioritising the different initiatives and transformation programmes across NEL as a system to ensure we are delivering our ICS strategy and meeting the needs of local people. This will require us to think differently about how we use our resources to: ensure sustainability of core services while continuing to strive for better quality and value, test and accelerate the adoption and spread of innovation, shift pilots to core business where evaluation has demonstrated their impact.

To help us work closer as a system we have co-designed a system planning cycle that is driven by our local needs and agreed ways of working, while at the same time meets the national requirements set out by DHSE and NHS England, regarding guidance and timelines.

Our system planning process will continue to evolve as we receive greater clarity on national and regional priorities and funding. We recognise there is further work we need to do as a system, in particular to

- Align our planning process with our financial recovery plan and medium term financial strategy work
- Understand and mitigate risk
- Develop a system approach to prioritisation

What we learned from this year's process

- This year saw the development and publication of our first Integrated Care Partnership Strategy, our first five –year delivery plan or ‘Joint Forward Plan’ and an extended two-year operating plan.
- To ensure we learnt from this process we have gathered feedback through a survey, through an After Action Review and through capturing and logging all of the engagement with HWBs, place-based partnerships, provider collaboratives and wider partners.

Emerging key themes

- Start our annual planning cycle early to ensure there is a logical flow from the strategy through to five year plans and then annual plans
- Communicate clearly the timing of planning submissions with stakeholders in advance - full participation / engagement takes time and leg work and needs planning in early
- Provide clear guidelines with articulated purpose, value and benefits
- Create more deliberate ways of co-designing and engaging with local people within planning timeframes
- Better co-ordination of local and NEL plans - agree how we are going to reconcile place versus system plans
- Clarify role of provider collaboratives versus individual organisations
- Ensure all our partners are involved in the JFP development - there is more to do to integrate social care

We are aiming to address elements of this feedback including starting our processes earlier, increasing and widening engagement and improving visibility across all partners in the planning process, ultimately supporting greater alignment and impact.

Co-designed system planning principles

Our system planning cycle will be:

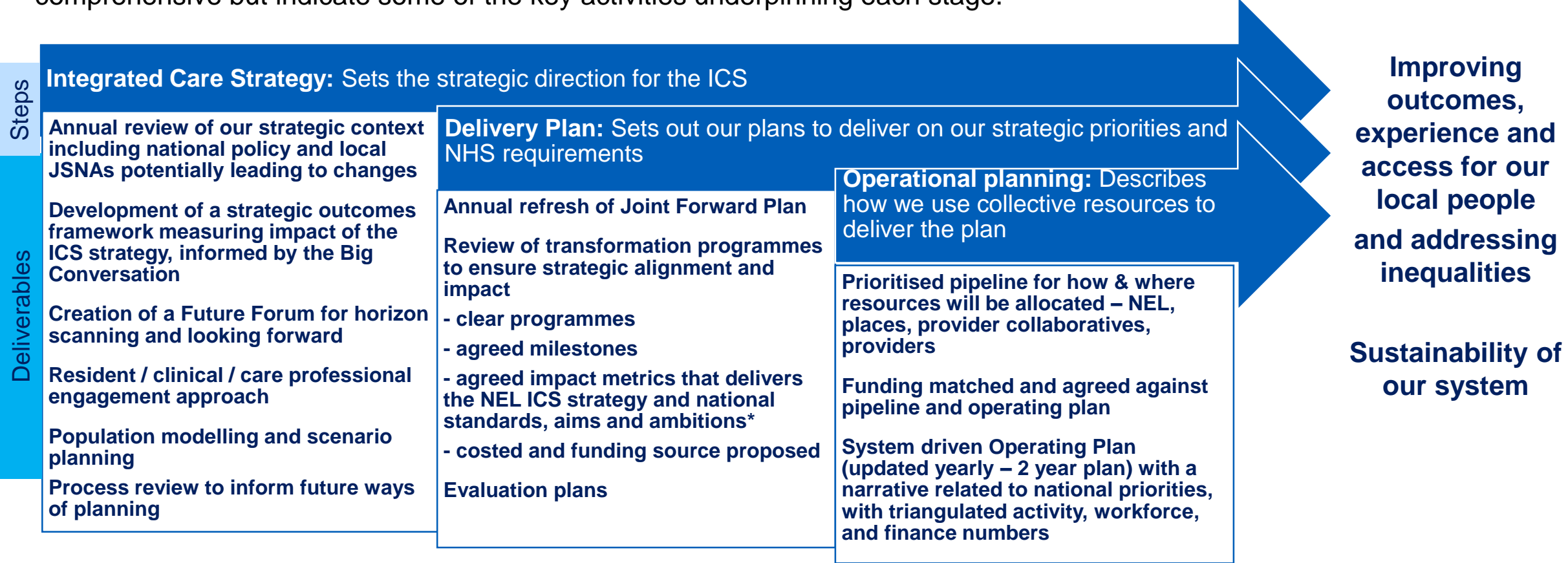
- informed by local people and patient voices and building and expanding on existing networks to better understand health and care needs.
- co-designed by partners from across the system, and include both health and care
- evidence-based, using learning from across our system to inform our plans for service delivery and improvement programmes, with opportunities for innovation
- include use of population health management as a tool to increase our focus on population health outcomes, prevention and equity
- delivered through an open, transparent and collaborative approach which nurtures a high trust environment, where plans are shared early in the process so that broad system engagement can take place
- clearly communicated to allow all partners to engage meaningfully

Our system planning cycle will enable NEL ICS to:

- meet the needs of our growing population, for example aligning prevention programmes and sharing best practice
- Sustain core services and drive greater value while reducing inequalities in access to healthcare, experience and outcomes
- operate within our financial envelope and move money effectively around the system by facilitating the development of the new ICB finance environment and finance mechanisms needed to support change
- develop a cohesive workforce plan that meets the need of our system
- better understand the inter relationships and inter dependencies in delivering health and care as a system partnership, ensuring codesign and input from all partners
- support the system in developing appropriate roles, responsibilities and an accountability framework

Overview of system planning deliverables

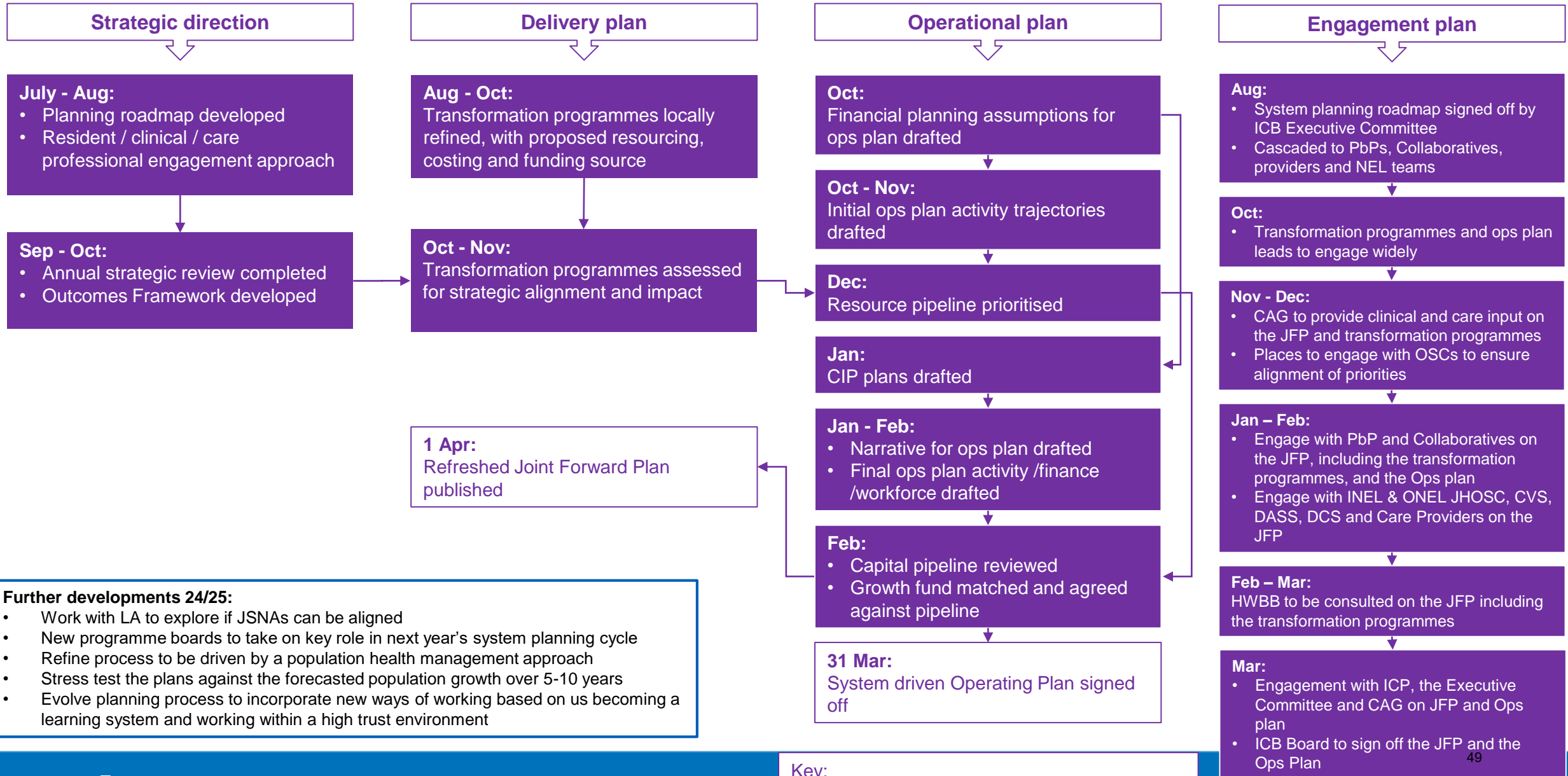
The system planning cycle has been divided into three steps: 1) integrated care strategy, 2) delivery plan, and 3) operational planning. These are outlined below with related deliverables included below each step. These are not comprehensive but indicate some of the key activities underpinning each stage.



*reflect the NHS planning guidance and other NHSE guidance

A series of system task and finish groups are being established to take responsibility for the above deliverables

System planning timeline – 2024/25



Timeline – key dates

We are working on the assumption that an ICB Board approved system operating plan for 2024/25 will need to be delivered by 31 March 2024.

Key deliverable	Deadline
Draft success measures submitted, based on the Big Conversation	4 October 2023
Annual strategic review of ICP strategy completed	27 October 2023
Draft of ICP strategy outcome framework submitted, informed by the Big Conversation	27 October 2023
Initial draft of ICS transformation programmes & resource requirements submitted	27 October 2023
Financial planning assumptions circulated	27 October 2023
Initial provider activity plans submitted	24 November 2023
Service development bids submitted	24 November 2023
Initial provider capital plans submitted	12 January 2024
Initial provider workforce plans submitted	12 January 2024
Initial provider financial plans submitted	26 January 2024
Final provider activity, capital, workforce and financial plans submitted	23 February 2024
Final ICS transformation programme plans & resource requirements submitted	23 February 2024
Final system operating plan submitted	31 March 2024



**North East London
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North East London

Portfolio deep dives

Aligning our system portfolios

We currently have 10 portfolios of system-wide work focused on delivering our Interim ICS Strategy:

- | | | | |
|----------------------------|----------------|----------------------|---------------------------|
| 1.LTC | 4.MHLDA | 7.Cancer | 10.Workforce & Employment |
| 2.Specialist Commissioning | 5.Planned Care | 8.Primary Care | |
| 3.Maternity & BCYP | 6.UEC | 9.Community services | |

To support the programme directors of our 10 system portfolios during the planning process a deep-dive process will take place which aims to:

- Reflect on the work that each portfolio has undertaken so far, including their successes and challenges
- Shape our portfolio plans for 24/25, including how we work with system partners and prioritise our work, informed by the system success measures
- Clarify resource required to support the portfolio in 24/25
- Enable system-wide prioritisation of resource allocation to each portfolio

There will be three stages to the deep-dive process:

1. Initial deep-dive in advance of the first submission of portfolio plans for 24/25. System partners will be invited but are not required (October 2023)
2. Follow up deep-dive with system partners to review proposed portfolio plans (December 2023)
3. Final approval of portfolio plans at ICS Executive Committee (March 2024)

The initial deep-dive session is intended to be an informal opportunity for programme directors to reflect with the ICS CEO on their portfolio, structured around six key lines of enquiry (see below). Strategic fit of the purpose and objectives

1. Governance, leadership and resourcing
2. Successes and learning
3. Cross-cutting themes
4. System enablers
5. Key programmes for 2024-2026

It is proposed that the first stage of the deep-dive process will be undertaken by the lead organisation (either a Provider Collaborative or the ICB). All later stages will be joint with all system partners, including Place Based Partnerships.



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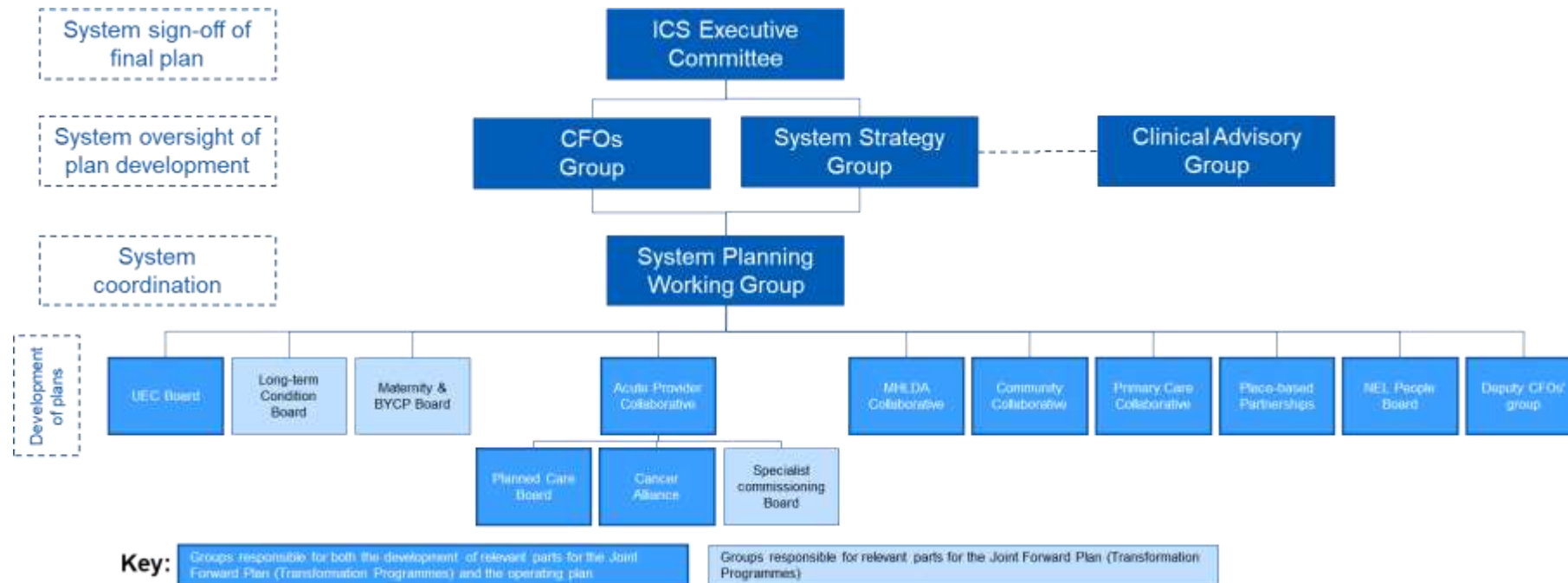
Overall governance

Governance

It is proposed that the system planning cycle development and execution sits within the remit of the ICB system planning working group, that reports to the System Strategy Group (for strategic oversight), the CFOs Group (for financial oversight) and the CAG (for clinical engagement and input), with approval from the ICS Executive Committee.

No new meetings will be created but the membership of the System Planning Working Group will be reviewed to ensure appropriate representation from system partners.

We propose refining the System Planning Working Group to accommodate more targeted discussions related to the system planning cycle. Until the end of November, we propose that the meeting takes place bi-weekly, to ensure work progresses as per the planning timeline. From December onwards, we propose to step up the frequency to weekly, and that we alternate agenda items between Joint Forward Plan / Transformation Programme development and Operational Planning. There will therefore be members that attend both meetings and some that only attend the JFP parts of the schedule. The membership will be based around the groups included below with responsibilities for developing the plans.



North East London Integrated Care Partnership

4 October 2023

Title of report	ICP development plan and ICP membership – proposal for additional members
Author	Anne-Marie Keliris, Head of Governance
Presented by	Charlotte Pomery, Chief Participation and Place Officer
Contact for further information	Annemarie.keliris@nhs.net
Executive summary	<p>Each integrated care system (ICS) must establish an integrated care partnership (ICP) joint committee comprised of all local authorities, the integrated care board (ICB) and local health and care partners. Following extensive discussions in north east London it was agreed in November 2022, given the size and complexity of our system, that we would establish a wide and inclusive partnership, with a smaller steering group to steer the work of the partnership and strategy.</p> <p>The partnership generally operates in workshop format to ensure effective contributions to the overall health and care strategy in north east London in line with our collective purpose, four priorities and design principles. This joint committee meets in line with the terms of reference purpose and to ensure the statutory requirements of the ICP are met.</p> <p>During recent meetings of both the steering group and the ICP committee, discussion focused on review and reflection of the last year. An improvement plan has been developed to address the issues raised during these discussions and the findings of the effectiveness survey. The ongoing progress of the actions will be monitored and updates presented to the ICP committee to provide assurance on the delivery and impact.</p> <p>One of the issues discussed was to include representation from other partners on the ICP as this would support the development of the partnership. Proposals to extend the membership are detailed within the report below.</p>
Action required	<ul style="list-style-type: none"> • Comment on the ICP Committee improvement plan • Approve the revised membership of the ICP committee
Previous reporting	<ul style="list-style-type: none"> • Wider partnership discussions to agree membership and approach • ICP steering group and ICP committee

Next steps/ onward reporting	To update the ICB board and respective organisation's boards or equivalents as required.
Conflicts of interest	N/A
Strategic fit	<p>Links to overall design and governance of the new integrated care system as established on 1 July 2022 and all objectives:</p> <ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development
Impact on local people, health inequalities and sustainability	This partnership is focused on improving the health and care of all the people in north east London.
Impact on finance, performance and quality	There are no immediate financial implications.
Risks	The risks of a large and unwieldy ICP are mitigated through the addition of a smaller steering group to work alongside, coordinating the work of the broader partnership.

North East London Health and Care Partnership – the Integrated Care Partnership

1. Background

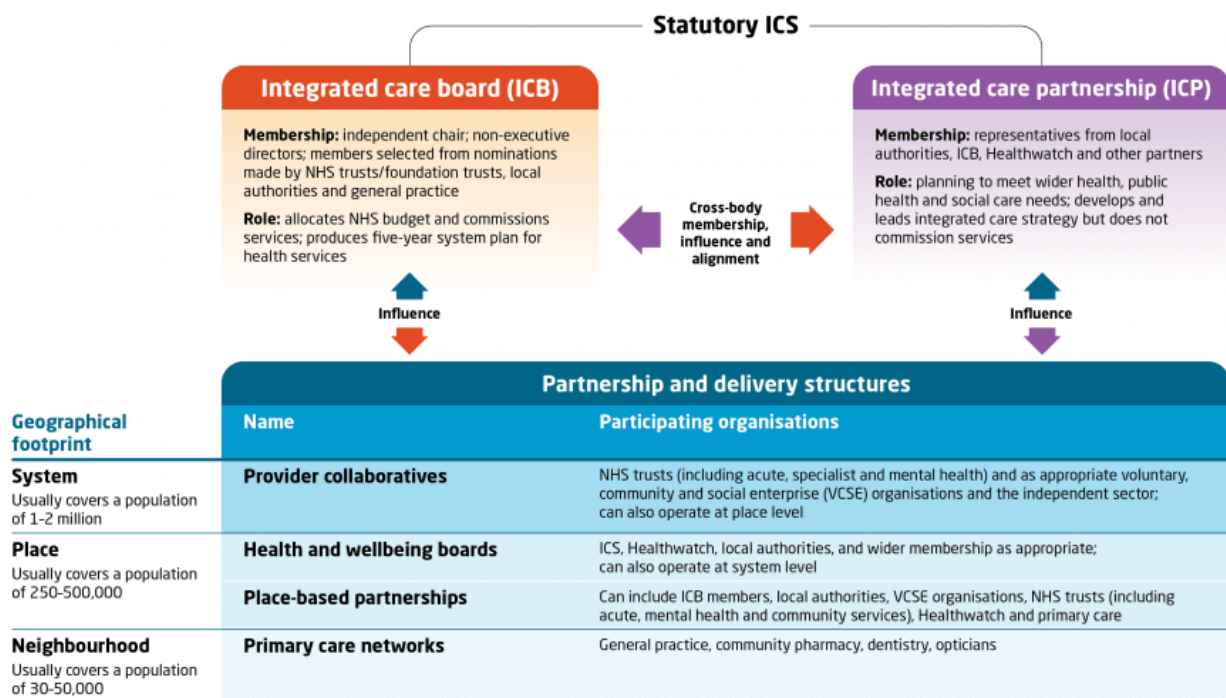
Each integrated care system (ICS) must establish an Integrated Care Partnership (ICP) joint committee as a core statutory component of the system. In north east London, partners agreed in November last year to establish an inclusive ICP, with wide membership across our partnership.

2. The role of the ICP

The ICP has a range of statutory responsibilities as set out in legislation and national guidance, summarised in [Appendix 1](#). For north east London, this translates into a responsibility for developing the integrated health and care strategy for the ICS including success measures, overseeing its delivery through co-ordinating partners to develop the strategic priorities of the ICS and providing a forum for system leaders to debate key system issues and to identify key outcomes, ensuring the experience of local people remain at the centre. There are key links and connections between the ICB and the ICP, together forming the overarching ICS. The below diagram from the King’s Fund shows the key role that the ICP and ICB play together strategically within the system.

Integrated care systems (ICSs)

Key planning and partnership bodies from April 2022



TheKingsFund

3. Work to date

Given the ICP is established by the ICB and eight local authorities, a number of local authority elected members worked with the ICS Chair as part of a smaller working group to explore how the ICP could operate in practice given the wide and inclusive membership.

It was agreed that a smaller steering group would be established to plan and coordinate the business of the ICP – which will be largely exercised through a series of partnership workshops, each focussed on one of the core ICS priorities and on development of the overall integrated health and care strategy. This approach was widely discussed through a partnership workshop in November last year.

In April this year Members of this committee agreed that Councillor Wilson would become the Deputy Chair to the ICP Chair, Marie Gabriel.

4. Review and reflections of the ICP Committee's first year

At the meeting of the ICP on 6 July 2023, the ICP reflected on its first year of operation and the Chair highlighted feedback received from the committee effectiveness survey, noting a number of the recommendations from the survey had already been implemented, for example face to face meetings and wider system priorities fed into the forward plan.

An improvement plan has been developed to address the issues discussed and outlined in the findings of the effectiveness survey, this was reviewed at the ICP steering group at its meeting on 21 September 2023. The ongoing progress of the actions will be monitored and updates presented to the ICP committee to provide assurance on the delivery and impact.

5. Membership of the ICP Committee

Given the ICP's role and key responsibilities, focusing on strategy development and oversight and on enabling system working and collaboration to ensure delivery, the membership of the ICP joint committee and steering group was discussed and agreed with local authority leaders and partners at the outset. The membership includes the ICB Chair and Chief Executive, elected members, acute and mental health trust leads, VCSE and Healthwatch nominees as well as local authority executive advisors, including a director of public health. The steering group was established on 8 September 2022 and has been meeting on a regular basis to steer the integrated care strategy development. The membership was agreed in recognition of the establishment of Place Partnerships and Provider Collaboratives as other parts of our system where a wide range of partners come together, both strategically and operationally, to support the health and wellbeing of local people often with a greater level of granularity and detail than is possible at the Integrated Care Partnership itself.

At the meeting of the steering group on 13 June, it was reported that there has been a request for representation on the ICP joint committee from Care Provider Voice, which co-ordinates care providers across the care sector in north east London. There was also a discussion about a housing and business presence on the integrated care partnership arrangements. Membership was further discussed at the ICP committee on 6 July noting the request of Care Provider Voice where there was also the suggestion of representation from social housing and other blue light services such as the London Fire Brigade and Metropolitan Police Service.

In response, thought has been given to how best to facilitate the involvement of this wide range of partners at the most appropriate level and geographic footprint in the work, strategic and operational, required across north east London. Alongside this, there is a

growing awareness of the pressures on all parts of our public services which are reflected in organisational capacity to join partnership groups, making it even more imperative to ensure that partnership working is strengthened where it will have most impact. Likewise, the ICP has agreed to take a thematic approach to its work inviting a wider set of partners and stakeholders to specific discussions where they can add to and augment the awareness, understanding and development of next steps.

In light of the above, the following proposals have been shaped and discussed at the steering group on 21 September, who have recommended these are endorsed by the Partnership:

Care Provider Voice: as a fundamental partner in the delivery of health and social care, in the integration of services and in health and wellbeing outcomes for local people, it is proposed, whilst recognising the strong relationships already established at a Place level, that membership of the Committee is opened up to a representative from Care Provider Voice.

Housing: as a key factor in improving health and wellbeing, it is recognised that many of the key relationships with housing associations and local authority housing departments will be developed through Place Partnerships and Health and Wellbeing Boards. There is practical work already underway to support local people in temporary accommodation or experiencing homelessness for example and some excellent joint working to share from Place Partnerships. It is felt that local authority partners on the Committee, with their landlord, statutory housing needs and homelessness functions will reflect the wider linkages to housing required on a day to day basis. We would propose that should the Committee wish to focus on housing as an area for greater consideration, we would invite a wider set of housing partners including housing associations, supported housing providers and homelessness agencies to a themed discussion convening health and care partners to that focus.

Metropolitan Police Service: again, the role that a sense of safety and that law enforcement agencies play in the health and wellbeing of local communities is well understood, with the most effective connections at Place level – linking across between existing statutory partnerships such as the Community Safety Partnership and Health and Wellbeing Board. We also recognise the acute operational pressures on the Metropolitan police at this time. As with the housing point above, we would suggest our most effective partnerships are at Place level, with police colleagues invited to themed discussions or wider partnership deep dives through the ICP as needed.

London Fire Brigade: Fire Brigade colleagues are involved in Place Partnerships to a greater or lesser extent, often when there is a clear focus on fire safety and to wider community wellbeing. Again, the proposal is to strengthen partnerships at a Place level and to invite Fire Brigade colleagues to any relevant ICP convened discussion.

London Ambulance Service: LAS are a provider of health services to our residents and also provide the north east London 111 service. Discussions will be held with LAS colleagues on their role within the ICP.

6. Next steps

To discuss and comment on the improvement plan.

To amend the terms of reference to include a representative from Care Provider Voice.

To approve the revised membership of the ICP committee to include representation from Care Provider Voice.

Appendix 1: Responsibilities of an ICP

The ICP is a key component in supporting the ICS with the achievement of the ‘four core purposes’ of Integrated Care Systems, namely to:

- a) Improve outcomes in population health and healthcare;
- b) Tackle inequalities in outcomes, experience and access;
- c) Enhance productivity and value for money;
- d) Help the NHS support broader social and economic development.

The ICP will aim to meet the five expectations of integrated care partnerships set out in the Department of Health & Social Care’s Guidance, dated 23 March 2022, and these shall guide its work. It shall:

- A. Drive the direction and policies of the ICS** (e.g. through building strong relationships across the ICS and driving a culture of collaboration)
- B. Be rooted in the needs of people, communities and places** (e.g. by promoting inclusive engagement in its activities; drawing on the insights from the existing work of the partners of the ICS; involving VCSE and Healthwatch partners in its work and ensuring mental health representation; by promoting subsidiarity)
- C. Create a space to develop and oversee population health strategies to improve health outcomes and experiences** (e.g. by looking beyond traditional organisational boundaries to address population health, health inequalities and the wider determinants of health, and by ensuring there is the space to take a long-term view and a considered approach to complexity issues)
- D. Support integrated approach to subsidiarity** (e.g. by ensuring that work at system level complements and supports the work undertaken at place level, whilst itself ensuring that the ICP does not duplicate the local role of the Health and Wellbeing Boards; and by engaging with other systems and sharing experience of how to create an effective culture and dynamic between partners)
- E. Take an open and inclusive approach to strategy development and leadership, involving communities and partners, and utilising local data and insights** (e.g. a focus of the ICP to be to build maximum consensus between partners, enabling good culture driven by shared goals and evidence informed by the communities which the ICS serves. This should be underpinned by strong relationship between leaders across the system, which the ICP will have a key role in nurturing)

The ICP has a statutory role as stated in the 2007 Act and reflected in the National Health Service Act 2006 (‘2006 Act’).

The core role of the ICP is described below:

Integrated care strategy

The ICP’s primary responsibility will be, in line with its statutory role, to develop an Integrated Care Strategy setting out how the assessed needs in relation to its area are to be met by the exercise of functions of the ICB, NHS England and/or the eight local authority partner organisations.

In preparing the Integrated Care Strategy, the ICP must, in particular, consider the extent to which the needs could be met more effectively by the making of arrangements under section 75 of the 2006 Act (rather than in any other way).

In preparing a strategy under this section, the ICP must:

- Have regard to the mandate published by the Secretary of State under section 13A of 2006 Act, and guidance issues by the Secretary of State.
- Involve the Local Healthwatch organisations whose areas coincide with or fall wholly or partly within its area.
- Involve the people who live or work in that area, of its views on how arrangements for the provision of health-related services in its area could be more closely integrated with arrangements for the provision of health services and social care services in that area.
- Additionally, the ICP may include in its strategy a statement of its views on how arrangements for the provision of health-related services in its area could be more closely integrated with arrangements for the provision of health services and social care services in that area.

Each time the ICP receives an assessment of relevant needs from a Health and Wellbeing Board it will consider whether its Integrated Care Strategy should be revised and, if so, shall prepare a revised strategy.

The strategy must be published, and copies given to the ICB and each local authority partner organisation.

Joint local health and wellbeing strategies

Where one of the eight local authorities and the ICB receives the Integrated Care Strategy from the ICP in accordance with the above, they (i.e. via the relevant Health and Wellbeing Boards) must prepare its Joint Local Health and Wellbeing Strategy, (unless they have considered that the existing joint local health and wellbeing strategy is sufficient), and in doing so must have regard to the Integrated Care Strategy.

Joint forward plans and joint capital resource use plans

In exercising any of their functions, so far as is relevant, the local authorities described above and the ICB, will be required to have regard to the Integrated Care Strategy. NHS England, in respect of any of its functions in arranging for the provision of health services in the local authorities' respective areas must do the same.

In particular, given the requirements above, ICBs must have regard to the to the Integrated Care Strategy prepared by the ICP when preparing their Joint Forward Plan and Joint Capital Resource Use Plan (and any such revised plans), which they are also required to give to the ICP.

Place Based Partnerships

Under the Place Based Partnership (PBP) governance model which has been developed by the ICS, each PBP is required to:

- Set its local system vision and strategy, which shall reflect system plans, including the Integrated Care Strategy;
- Prepare a plan (PBP) which is aimed at delivery of relevant system plans, especially the Integrated Care Strategy, and is aligned with that strategy.

- Oversee delivery against priorities, including those set by the ICP;
- Report to the ICP via the non-statutory element of its PBP (i.e. its partnership board or equivalent), which shall also provide an annual review of its effectiveness to the ICP - evaluating its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference

ICS strategic priorities and design

The ICP, through the development of the Integrated Care Strategy, and otherwise, will have a lead role in co-ordinating the partners to develop the strategic priorities of the ICS.

The ICS's current strategic priorities are as follows:

- Employment and workforce: To work together to create meaningful work opportunities for people in North East London
- Children and Young People: To make North East London the best place to grow up
- Long term conditions: To support everyone living with a long-term condition in North East London to live a longer, healthier life
- Mental Health: To improve the mental health and well-being of the people of North East London

The ICP will also make recommendations to the partners of the ICS on the development and refinement of the North East London ICS Operating and Design Principles.

Addressing key issues

The ICP will provide a forum for system leaders to:

- Discuss and debate on key system issues;
- Focus on facilitating agreement between partners on key health and well-being issues and responses;
- Identify key outcomes and ensure the experience of service users and patients remain at the centre;
- Set the culture and tone for the ICS through leading by example;
- Openly discuss difficult issues with a focus on what is best for the North East London population;
- Provide constructive challenge to the established ways of working; and
- Ensure that the needs of people, places and communities are widely understood.

NHS North East London Integrated Care Partnership

Joint Committee improvement plan – 2023/24

The Improvement Plan is separated into three themes:

- Strategy
- Governance
- Partnerships and Resident Engagement

Each theme has a number of actions linked to them, which combined, will address the concerns and issues raised by ICP members, who were all engaged with as part of the development of the plan and continue to be as the plan is implemented.

Theme	Action	What needs to be done	Lead	Time frame	Assurance mechanism	Current status
Strategy	ICP Development	Timely review of the of the ICP strategy and the aligned Forward Plan.	CPPO	March 2024	ICP	In development
	ICP Member impact	ICP members to effect strategic change which may have an impact on the Integrated Care Strategy and other strategies of the partners.	All	Ongoing	ICP	Identified at each meeting
	Success Measures	Further development and approval of ICP Strategy success measures which are informed by local people and communities, to shape our future agenda. Focused discussion on how we oversee impact of delivery against our success measures	Chair	March 2024	ICP	In progress

Theme	Action	What needs to be done	Lead	Time frame	Assurance mechanism	Current status
	Alignment of ICP with ICB	Continue to influence the ICB and system with effective links to partnership and delivery structures.	All	Ongoing	ICP	Established
	Effective forward planning	Comprehensive forward plan to ensure in line with strategic direction of the ICP. Focus on themes at each meeting.	CPPO	Ongoing	ICP	Established and discussed at steering group
Governance	ICP Development	Ensure that the ICP has a programme of continuous development ensuring sufficient time is allocated to effectively establish understanding of the role and responsibilities of the ICP following the approval of the interim Integrated Care Strategy.	Chair/ CEO	March 2024	ICP	As part of forward plan
	Style of meetings	Meetings in person will allow for members to build on effective working relationships and thereby maximise opportunities for involving all in discussions. Holding meetings in a physical environment will allow for smaller breakout discussions to take place in workshop-style sessions will ensure all voices are heard.	Chair	March 2024	ICP	Completed
	Good practice	Sharing good practice initiatives with clearer opportunities for boroughs to 'level up' on provision of services.	CPPO	Ongoing	ICP	Continuous development

Theme	Action	What needs to be done	Lead	Time frame	Assurance mechanism	Current status
Partnerships and Public Engagement	Resident at the heart of discussions	Holding meetings in person and in public will enable local people to engage and participate more effectively with the ICP.	CPPO	Ongoing	ICP	Completed
	Partnership input	All partners to propose key agenda items and themes for discussion.	All	Ongoing	ICP	As part of forward plan
	Appropriate representation from all sectors	Review committee membership. ICP extending membership to cover care provider sector, housing and blue light services to enable richer and more informed discussion. Membership to reflect population diversity.	CPPO	October 2023	ICP	On October agenda