

North East London Integrated Care Partnership

Thursday, 25 April 2024; 10:00-12:00; **Venue** F01, 4th Floor, Unex Tower, Stratford

AGENDA

	Item	Time	Lead	Attached/ verbal	Action required
1.0	Welcome, introductions and apologies	10:00	Chair		
1.1.	Declaration of conflicts of interest			Attached	Note
1.2.	Minutes of last meeting – 10 January 2024			Attached	Approve
1.3.	Matters arising and action log			Attached	Note
2.0	Questions from the public	10:05	Chair	Verbal	Discuss
3.0	Success measures and the integrated care strategy: developing an outcomes framework across north east London	10:20	Charlotte Pomery	Attached	Note
4.0	Care provider voice introduction	10:35	Mike Armstrong	Attached	Discuss
5.0	Voluntary Sector update	11:00	Charlotte Pomery	Verbal	Note
6.0	Reducing health inequities by improving access to social welfare advice	11:20	Dan Hopewell / Charlotte Pomery	Attached	Discuss
7.0	Any other business	11:50	Chair	Verbal	Discuss
8.0	Close	12:00	Chair		
Date of next meeting: 18 July 2024					

North East London Integrated Care Partnership Register of Interests

- Declared Interests as at 15/04/2024

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
Caroline Rouse	Member of IC Board (VCS rep) Member of VCSE Collective	ICB Board ICP Committee	Financial Interest	Compost London CIC	As part of the VCSE Collective we may receive funds to promote and carry out activities as part of the VCSE Collective	2023-12-01	2023-12-30	
Christopher Kennedy	Councillor	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB 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		Declarations to be made at the beginning of meetings
			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		
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		Declarations to be made at the beginning of meetings
			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		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	North East London NHS Foundation Trust	Chair from 1 January 2023	0202-01-31		
			Non-Financial Professional Interest	Mid and South Essex ICS	Chair Community Collaborative	2023-07-01		
Elspeth 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		Declarations to be made at the beginning of meetings
			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-	2023-08-16	Declarations to be made at the beginning of meetings
Ian Buckmaster	Member of PCCC Joint Committee	ICP Committee Havering ICB Sub-committee Havering Partnership Board	Non-Financial Personal Interest	Healthwatch Havering	I am a director of Healthwatch Havering, which receives some funding from NHS NEL.	2023-04-01		Declarations to be made at the beginning of meetings
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)	Some RedbridgeCVS services are funded by NEL ICB and Redbridge Placebased Partnership.	2020-01-19		Declarations to be made at the beginning of meetings
			Financial Interest	Odd Eyes Theatre Company	Trustee of a charity that may be eligible for some NEL ICB and partnership committee funding schemes	2018-05-24		
Johanna Moss	Chief strategy and transformation officer	Community Health Collaborative sub-committee ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee Primary Care Collaborative sub-committee	Non-Financial Professional Interest	UCL Global Business School for Health	Health Executive in Residence	2022-09-01		Declarations to be made at the beginning of meetings
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		Declarations to be made at the beginning of meetings
			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		
			Financial 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		
			Non-Financial Personal Interest	Member of the labour party	Member of the labour party	2020-04-01		
			Non-Financial Professional Interest	NHS Confederation	Trustee Associated with my Chair role with the RHO	2020-07-23		
			Financial Interest	Local Government Association	Peer Reviewer	2021-12-16		
			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		
			Non-Financial Professional Interest	Institute of Public Policy Research (IPPR)	Commissioner on the IPPR Health and Prosperity Commission	2022-03-13		
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		
			Non-Financial Professional Interest	North East London Foundation Trust (NELFT)	I am an LA Governor for NELFT	2023-08-02		
			Non-Financial Professional Interest	Redbridge Rainbow Community	Trustee Redbridge Rainbow Community previously received funding from Redbridge Council	2023-07-02		

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
Michael Armstrong	Co-Chair Care Providers Voice	Havering Partnership Board ICP Committee	Financial Interest	Havering Care Homes	Director of Havering Care Homes	2014-01-03		
			Non-Financial Professional Interest	Havering Care Association/ CPV	Non exec Director	2018-11-01		
			Non-Financial Professional Interest	NHS England - London Region	Care Home special advisor to Health and care in the community team	2018-11-01		
			Financial Interest	NEL ICB	I am a paid Clinical and Care Lead in NEL ICB in Havering.	2023-04-01		
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		Declarations to be made at the beginning of meetings
			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 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		Declarations to be made at the beginning of meetings
			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		
			Non-Financial Personal Interest	Jo Cox Foundation	Chair	2021-11-01		
			Non-Financial Professional Interest	Kings Fund	Trustee	2021-10-01		
			Non-Financial Professional Interest	UCL Partners	Director	2021-10-01		
			Non-Financial Professional Interest	Barts Charity	Trustee	2021-10-01		
Financial Interest	Flint Global	Specialist Partner	2023-10-02					
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 Clinical Advisory Group 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
			Non-Financial Professional Interest	UCL Partners	Member of the Board of UCLP on behalf of NHS NEL and by extension a Director	2023-09-18		

- Nil Interests Declared as of 15/04/2024

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 Audit and Risk Committee 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 Patient Choice Panel 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.
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.
Jenny Hadgraft	Partnership working	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board ICB Board ICP Committee	Indicated No Conflicts To Declare.

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Minutes of the North East London Integrated Care Partnership

Wednesday 10 January 2024; 10:30-12:30 4th floor, Unex Tower, Stratford

Members:		
Marie Gabriel	(MG)	Chair, NHS North East London
Cllr Neil Wilson	(NW)	Cabinet Member, London Borough of Newham (Vice Chair)
Cllr Maureen Worby	(MW)	Cabinet Member, London Borough of Barking & Dagenham
Cllr Mary Durcan	(MD)	Cabinet Member, London Borough of City of London
Cllr Christopher Kennedy	(CK)	Cabinet Member, London Borough of Hackney
Cllr Gillian Ford	(GF)	Cabinet Member, London Borough of Havering
Cllr Mark Santos	(MS)	Cabinet Member, London Borough of Redbridge
Eileen Taylor	(ET)	Joint Chair, East London Foundation Trust and North East London Foundation Trust
Catherine Perez-Phillips	(CPP)	Healthwatch Hackney
Dianne Barham	(DB)	Waltham Forest Healthwatch
Vicky Scott	(VS)	Tower Hamlets CVS
Mike Armstrong	(MA)	Care Providers Voice
Attendees:		
Abi Olapade	(AO)	Non-Executive Director, Homerton Healthcare <i>for John Gieve</i>
Sue Lees	(SL)	Non-Executive Director and Vice Chair, East London Foundation Trust
Charlotte Pomery	(CP)	Chief Participation & Place Officer, NHS North East London
Johanna Moss	(JM)	Chief Strategy & Transformation Officer, NHS North East London
Anne-Marie Keliris	(AMK)	Head of Governance, NHS North East London
Anna Carratt	(AC)	Deputy Director of Strategy, Planning and Performance, NHS North East London
Keeley Chaplin	(KC)	Minutes – Governance Lead, NHS North East London
Apologies:		
Sir John Gieve	(JG)	Chair, Homerton Healthcare
Cllr Naheed Asghar	(NA)	Cabinet Member, London Borough of Waltham Forest
Rt Hon Jacqui Smith	(JS)	Chair in Common, Barts Health and Barking Havering and Redbridge University Hospitals Trust
Jasmine Smith	(JS)	Healthwatch Newham
Rachel Cleave	(RC)	Healthwatch City of London
Cathy Turland	(CT)	Healthwatch Redbridge
Matthew Adrien	(MA)	Healthwatch Tower Hamlets
Jenny Hadgraft	(JH)	Healthwatch Barking & Dagenham
Ian Buckmaster	(IB)	Healthwatch Havering
Pip Salvador-Jones	(PSJ)	Barking & Dagenham CVS
Elspeth Paisley	(EP)	Barking & Dagenham CVS and ICP steering group rep
Tony Wong	(TW)	Hackney CVS
Paul Rose	(PR)	Havering Compact
Caroline Rouse	(CR)	Newham CVS
Vanessa Morris	(VM)	Waltham Forest CVS
Zina Etheridge	(ZE)	Chief Executive Officer, NHS North East London
Paul Gilluley	(PG)	Chief Medical Officer, NHS North East London

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) which was held in person at Unex Tower.</p> <p>Apologies were noted as above.</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 Integrated Care Partnership.</p> <p>Eileen Taylor added the following declarations which will be added to the register of interests:</p> <ul style="list-style-type: none"> • Chair of Mid and South Essex Community Collaborative <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 4 October 2023 were noted as a correct record except for amending item 3.0 initials SW to SN.</p>	
1.3.	Matters arising	
	<p>The action log was noted.</p>	
2.0	Questions from the public	
	<p>No questions were submitted in advance of the meeting.</p>	
3.0	Success measures – progress update	
	<p>CP provided members with an update on the Big Conversation and development of success measures. Key points noted were:</p> <ul style="list-style-type: none"> • An initial analysis of the data from all the conversations has been completed and findings clustered into themes. • The themes have the most immediate relevance for the six cross-cutting ways of working but are also relevant to how to take forward the four priorities set out in the Integrated Care Strategy for tackling health inequalities and improving outcomes and quality. • Findings will not only be used to shape the success measures but also be used to inform the commissioning model and will provide service specific feedback at both place and collaborative on what matters most to people. • Place specific reports will be presented to the place based partnerships. • The ICP will be able to monitor the outcome measures and will receive ongoing feedback. <p>Members discussed the update and the following comments were raised:</p> <ul style="list-style-type: none"> • Should be in a format that is easy to communicate and understand by all. • Local Authorities can provide data down to ward level and this could be used when localising the plans and, by using existing data from across the whole partnership, it would help reduce duplication. • It is aligned with those established by partners based on their own consultation, building upon, and not duplicating. 	

Item No.	Item title	Action
	<ul style="list-style-type: none"> • Used by the Integrated Care Board to measure its work and to inform all its frameworks and approaches, such as those used for planning, for example, do they align with the Joint Forward Plan • A thread from aim to strategy but also from place to system, providing a framework for place to illustrate their work within. • Embed collaboration and prevention, with a view to Marmot's principles, which may require partnerships to agree financial shifts and it would be good to see how these can be factored into the success measures. • Balancing the work of the different components of the ICS, including collaboratives. • There should be balance with the priorities and measures across the seven places as what is measured as good in one place may not be as good in another and therefore working on averages may not provide a clear picture. • There are wider determinants at place such as housing conditions, poverty with mental health. A way of recording the effect it has on the whole system can be picked up in place based partnerships, but it is important they are reflected in the success measures. • It should be made relevant to social care and embedded. • Addressing poverty and maximising income was highlighted as a significant contributor to health and wellbeing. It was noted that the London Health Board were informed that there is £3bn in unclaimed welfare benefits for Londoners. Many partners have worked to address this, such as ELFT who have completed some work in the community relating to this and so far have helped five families find £120k that they had not accessed before. It was agreed that this is an item the ICP would like to look further into. • A way to secure learning and the spreading of best practice across the system. • Able to inform and shape the way we understand and manage risk. <p>Action: The ICP will consider maximising income and welfare benefits at a future meeting.</p> <p>The Integrated Care Partnership agreed the overall approach to finalising the success measures incorporating the discussion points noted above and with a request that the complexity be simplified, whilst acknowledging that we are working in a complex landscape. CP noted that the proposed approach allows for join up with the work already carried out to capture the voice of local people and those who draw on services.</p> <p>Next steps were noted that input will be sought from those working on the outcomes frameworks for the priorities to agree a final set of measures. A 'Big Event' is being planned for the Spring to test the emerging success measures with system partners, including statutory and non-statutory partners and local communities, and to agree the final set.</p>	<p>Added to forward plan</p>
4.0	Community Cohesion	
	<p>Following a discussion at the ICP steering group on the impact and stress being felt by communities from the current political pressures, as well as economic and other factors, NW and MS agreed to present to the ICP a review of Community Cohesion. Key points from the presentation were:</p> <ul style="list-style-type: none"> • North east London (NEL) has some of the most diverse populations in the UK, as well as some of the most deprived. 	

Item No.	Item title	Action
	<ul style="list-style-type: none"> • There has been a marked rise in tension in some communities because of World conflict such as between Israel and Gaza. • The long-standing inequalities experienced by communities in north east London have been exacerbated by the cost of living crisis. • Local Authorities are struggling with severe cuts in funding leading to undermining of social capital. • Economic factors include housing and the inability to provide enough affordable housing, increasing mobility for people placed in short term lettings. • Other factors include social such as social media, which has not helped in most issues by spreading misinformation, however, there are some improvements with digital such as the NHS App. • The report provides some good examples of responses to the issues such as being visible and present, focusing on whole community, celebrating diversity and acknowledging and addressing inequalities. <p>The Chair thanked NS and MS for providing the report and asked if there is anything the partnership could do to support its communities. Members suggested the following:</p> <ul style="list-style-type: none"> • There was also a clear understanding that we all have a responsibility to address behaviour that does not further community cohesion and a recognition that the need to belong to a community is a basic human need. • Good housing and the role of the independent sector were also highlighted. • Many voluntary sector organisations have the trust of their communities however a number of these are facing closure due to funding constraints. The Joint Forward Plan involves the voluntary sector but there should be a discussion on who is funding them. • The Partnership should consider how we commission for community cohesion including support to the voluntary sector, particularly the smaller organisations, in commissioning processes. Also, by looking at commissioning for longer periods of time. • There was debate as to whether prevention should be considered separately to inequalities or whether they were two sides of the same coin. • Examples of good practice should be shared between places. • Opportunities should be advertised to local people and person specifications written so that people can use transferable skills. • A future ICP item on housing will encompass environment. <p>Action: In the discussion, which had a strong focus on the role of the voluntary, community, social enterprise and faith sector, it was suggested that the VCSE Collaborative be invited to a future meeting of the ICP to facilitate a discussion on the state of the voluntary sector in North East London and the role of both the wider sector and the Collaborative. Aligned to this, it was recommended that a VCSE Strategy for north east London could be a useful way forward.</p> <p>The Integrated Care Partnership noted the report.</p>	<p>CP</p>

Item No.	Item title	Action
5.0	Supporting Equity and Sustainability in north east London – briefing pack for NHS England meeting, outcome and next steps	
	<p>North east London has the fastest growing population forecast in London and equally fast changing demographics. The briefing pack provided outlined the case as a system to explain the context of the population, the changes being seen and the implications this has.</p> <p>JM outlined the report noting the following:</p> <ul style="list-style-type: none"> • Currently neither revenue nor capital funding is adequate to keep pace with the needs of our fast growing population and the algorithms used are not able to reflect the rate and nature of the growth we are experiencing. • This report has been presented at a number of fora to share the information which can then be used as a cohesive narrative. • There is a need to make significant changes on where investment is placed, for example funding prevention and earlier intervention in the community to effect change, although this cannot be done without double running to help make the shift for residents seamless. • The national team have not yet agreed to additional revenue however they have agreed to work with the ICB on developing our approach and response to the fast rate of population growth locally. <p>Members noted the report and comments included:</p> <ul style="list-style-type: none"> • This is a good tool for all partners to make the case for NEL and is demonstrating unity as a partnership. • Additional slides were suggested on the financial pressures affecting local authorities, social care, voluntary and community sectors and the demand figures that VCS partners are struggling with. It is also affecting the independent sector as well as charities. • The presentation could be strengthened further with the inclusion of a clinical voice. • Digital transformation could also be included in the pack on what can be done to enhance the offer. • The use of stories from local people on what this means for local people would add reality and draw attention to the issues. <p>Action: Healthwatch offered to provide a joint statement detailing concerns of Healthwatch and residents.</p> <p>The Integrated Care Partnership noted the briefing document and that the comments made would be incorporated to ensure this is a partnership document with input from all including Healthwatch, local authorities, the clinical and care voice and resident story to strengthen the points made.</p>	DB/JM
6.0	Joint Forward Plan refresh 2024/25 & System Planning Process	
	<p>Members were provided with an update on the proposed changes being made to the Joint Forward Plan (JFP) for 2024/25 as well as on the prioritisation criteria and process we propose for new investments as part of the system planning for 2024/25. JM noted the following from the report:</p> <ul style="list-style-type: none"> • The JFP is being updated with partners to ensure it reflects the work for the next year. • It is being shared widely including all places via their place based partnerships and/or health and wellbeing boards. 	

Item No.	Item title	Action
	<ul style="list-style-type: none"> • It is part of the NHS planning process but working in collaboration with partners including how to prioritise resources in the system. • Principles for the system prioritisation process are detailed in the report and it is important that all decision makers adopt a system mindset, seeking to do the right thing for NEL residents rather than acting in the interests of a particular team or organisation. • To help inform the priority criteria it uses the ICS strategy, as well as the key operational challenges outlined in the JFP. • There are two key system wide operational challenges: substantial pressures on same day urgent care and a large backlog of people waiting for planned care. <p>Members discussed the system planning process and proposed priorities and raised the following:</p> <ul style="list-style-type: none"> • One of the biggest areas raised by local residents is on waiting lists and it needed to be clear that waiting lists was in reference to access to all services, therefore prioritising community based care should be an important focus for any one off growth funding which may become available. • There is a need to simplify the complexities of the document so that it can be presented back to partner boards and forums. • The wording on health inequalities should be strengthened to ensure that any schemes approved for growth actively reduce health inequalities. • The principle of supporting areas with the highest levels of need was supported, whilst recognising that levelling up may never succeed due to historical background. An alternative suggestion was to consider redistribution of funding instead. Some partners are already adopting this. • Rather than describing finances, we should emphasise creating value. • The projects for investment are revenue related but should there be consideration of capital and digital investments. • The prioritisation criterion should reflect the measures set by our residents through the Big Conversation. <p>The Chair thanked members for their valuable input to consideration of the process and priorities, recognising that final decisions rest with the ICB Board. Members noted the Joint Forward Plan refresh process and proposed changes and that it will be presented for final sign off at the March ICB Board. Members also noted the system planning prioritisation approach and discussions today will be fed in.</p>	
7.0	System pressures	
7.1.	<p>Industrial Action</p> <p>The longest period of action by junior doctors has now ended and a resolution to the dispute is still awaited. CP praised all colleagues who have worked so hard to support patients across the system and noted that work on understanding the impact of the action is now underway.</p>	
7.2.	<p>Winter plan</p> <p>There have been high levels of activity in both physical and mental health services and there is a slow rise in cases of flu. The winter plan work focused on keeping people well at home, encouraging vaccination and</p>	

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	working together to address high demand in each Place and across the System supporting this.	
7.3.	<p>Financial position Sign off on local authority budgets is due at end February. There are intense funding pressures for all local authority organisations.</p> <p>For NHS NEL we are in negotiations on the end of year outturn, and currently forecasting a £25m deficit for the system. All partners are under significant pressures and are using non recurrent funding underspend to seek as close to a balanced budget as possible.</p> <p>It was noted that acute hospitals are discharging patients with high cost care packages which is putting additional pressures on social care and at times it is not always appropriate for the patient, it has implications on social care finances. Patients should be placed at the heart of the decision ensuring they are in the right place and this needs to be part of the discharge process. An outcome from the industrial action has been there have not been as many admissions or discharges in part due to the role of senior clinical decision makers. This learning is being shared across the system.</p> <p>Action: CP to reflect on the discussions held and propose where to take this next, given the existing high level of focus on UEC at Place, Collaborative and System.</p>	CP
	<p>Political landscape As is well known, a general election will take place later in the year. All agreed to share insights on impacts locally.</p>	
	<p>Right care Right person changes There has been a lot of collaborative working to ensure the changes are going smoothly. Police call outs have reduced but it is not clear where these cases have transferred to and how this is captured. The Local Government Association will be publishing a report on the learning from the pilot.</p>	
8.0	Any other business	
	None raised.	
	Date of next meeting – 25 April 2024	

Integrated Care Partnership Actions Log

OPEN ACTIONS

Action ref:	Date of meeting	Item no	Action required	Lead	When	Status
ACT013	10/01/24	3.0	Success Measures The ICP will consider maximising income and welfare benefits at a future meeting.	KC	Completed	Added to forward plan and action closed
ACT014	10/01/24	4.0	Community Cohesion It was suggested that the VCSE Collaborative be invited to a future meeting of the ICP to facilitate a discussion on the state of the voluntary sector in NEL and the role of both the wider sector and the Collaborative. Aligned to this, it was recommended that a VCSE Strategy for north east London could be a useful way forward.	CP	Apr 2024	In progress – <i>awaiting update</i>
ACT015	10/01/24	5.0	Supporting Equity and Sustainability in north east London Healthwatch offered to provide a joint statement detailing concerns of Healthwatch and residents	DB/ JM	Apr 2024	<i>Awaiting update</i>
ACT016	10/01/24	7.3	Financial position Reflect on the discussions held on patient discharge and implications for social care and where to take this next, given the existing high level of focus on UEC at Place, Collaborative and System	CP	Apr 2024	<i>Awaiting update</i>

Integrated Care Partnership

25 April 2024

Title of report	Success measures and the integrated care strategy: developing an outcomes framework across north east London
Author	Charlotte Pomery and Jo Moss
Presented by	Jo Moss and Charlotte Pomery
Contact for further information	Charlotte.pomery@nhs.net
Executive summary	<p>This paper follows through on our commitment to ensure local people shape the success measures of our Integrated Care Strategy through the Big Conversation whilst aligning with other strands of resident informed work on outcomes, to position the success measures for the Integrated Care Strategy in a wider context.</p> <p>We have for some time been committed to ensuring that the Big Conversation shapes the success measures for the Integrated Care Strategy – whilst at the same time recognising the range of outcomes and priorities already developed in Collaboratives, in Programmes and in Place Partnerships with the active engagement of local people including those who draw on services and their carers. At the last Integrated Care Partnership, it was agreed that the success measures pulled out from the Big Conversation need to be triangulated with the work on what matters to local communities which has already been carried out through those settings. This consolidation work – bringing together a long list of outcomes and things that matter to local people, covering a range of settings across north east London – is reflected here in a draft ICS wide outcomes framework and set of success measures that will support our population health approach as part of determining the impact of our implementation of the Integrated Care Strategy. The approach we are adopting is to propose that the success measures for the Integrated Care Strategy are those which ultimately affect the whole population, as shaped by local people.</p> <p>It asks for ICP comments on the proposed approach, building on the feedback from the last meeting</p>
Action / recommendation	<p>The slide deck presents some outstanding questions which the ICP is asked to discuss:</p> <ul style="list-style-type: none"> • Success measures for the Integrated Care Strategy: does the framing within this single framework/approach sufficiently highlight the role of the Integrated Care Strategy in galvanising joint approaches and setting out a common endeavour?

	<ul style="list-style-type: none"> • Inclusion of non-NHS outcomes: we are proposing that the framework encompasses non-direct NHS improvement aspects like air quality, adult social care outcomes – is this supported? • Internal vs. external outcomes: How do we differentiate between internal system outcomes (finance, estates) and those relevant to broader public health goals? Should we include both? • Integration with other initiatives: How can the framework effectively link with public health initiatives and broader transformation programmes? <p>The ICP is also asked to:</p> <ol style="list-style-type: none"> 1. Comment on and discuss the approach proposed in the attached slide deck 2. Support the proposed selection of Success Measures for the Integrated Care Strategy 3. Support next steps, including further development of the outcomes framework alongside segmentation as a way of better meeting need
Previous reporting	Integrated Care Partnership
Next steps/ onward reporting	Integrated Care Board
Conflicts of interest	N/A
Strategic fit	<p>Which of the ICS aims does this report align with?</p> <ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To support broader social and economic development
Impact on local people, health inequalities and sustainability	As set out in the paper, aligning our system around a single outcomes framework, incorporating our Integrated Care Strategy Success Measures will contribute to ensuring we have a sustained and positive impact on the health and wellbeing of our local population. Focusing on outcomes rather than services or outputs will further strengthen our focus on making a difference, as reflected in the Big Conversation discussions.
Has an Equalities Impact Assessment been carried out?	No
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising from this report.
Risks	We need a clear outcomes framework for our work as an integrated care system, to ensure that we focus on delivering our core purpose and aims as an ICS. There are financial, reputational, delivery and quality risks of failing to cohere around an agreed set of high level outcomes.

Developing an outcomes framework across the Integrated Care System

Integrated Care Partnership

April 2024



North East London

Introduction

Introduction – what have we been doing since the last ICP?

- We know that people have rich lives with health and care needs – they cannot be thought about solely in terms of the services they access and or need but in terms of what makes a difference to them how much of a difference we can make to their health and wellbeing
- We understand what this looks like by working alongside our local population, talking to them and working out what really makes a difference and is important to them. The Big Conversation is one of many examples of working with local people to understand the outcomes they are seeking and the things that are important to them.
- Developing the success measures for our Integrated Care Strategy has been reliant on responding to what people feel is most important and want us to take forward and measure
- We know that there are many outcome frameworks in existence and are keen that we both reflect the complexity of our existing network of outcomes and focus on key overarching success measures for the Integrated Care Strategy – which affect our whole population
- Building on the feedback from the Integrated Care Partnership, we are proposing a single outcomes framework for the people of NEL which incorporates the success measures for the Integrated Care Strategy and the range of outcomes throughout our system. Its development is informed by:
 - The Big Conversation and co-production work with local people
 - Our existing outcomes at Place, Programme, Collaborative
 - National work in this area

Introduction – what have we been doing since the last ICP?

- We have started to bring all the various outcomes frameworks into a single list. This includes desired outcomes emerging from
 - The Big Conversation
 - Four strategic priority programmes (CFYP, mental health, LTC and workforce)
 - Places, Collaboratives and Trusts
 - Other strategic programmes
 - Published outcomes frameworks including outcomes held in local authority led outcomes frameworks
- The approach is to identify outcomes which affect the whole population as well as individual segments of our population
- The proposal is that those outcomes which do affect the whole population, and which have arisen from the Big Conversation as well as the consolidation work, are highlighted as the success measures for the Integrated Care Strategy
- The aim is not to create a hierarchy but an interconnected framework which enables the system to share work and focus on outcomes and improving overall health
- We are separately following through work on segmenting our population by need to enable us to work with them closely and we will bring these pieces of work together over the coming days and weeks
- Positive news is that all outcomes to date have slotted into a single framework

Proposed approach: Success measures and outcomes

Background: What are health and wellbeing outcomes and why are they important to us?

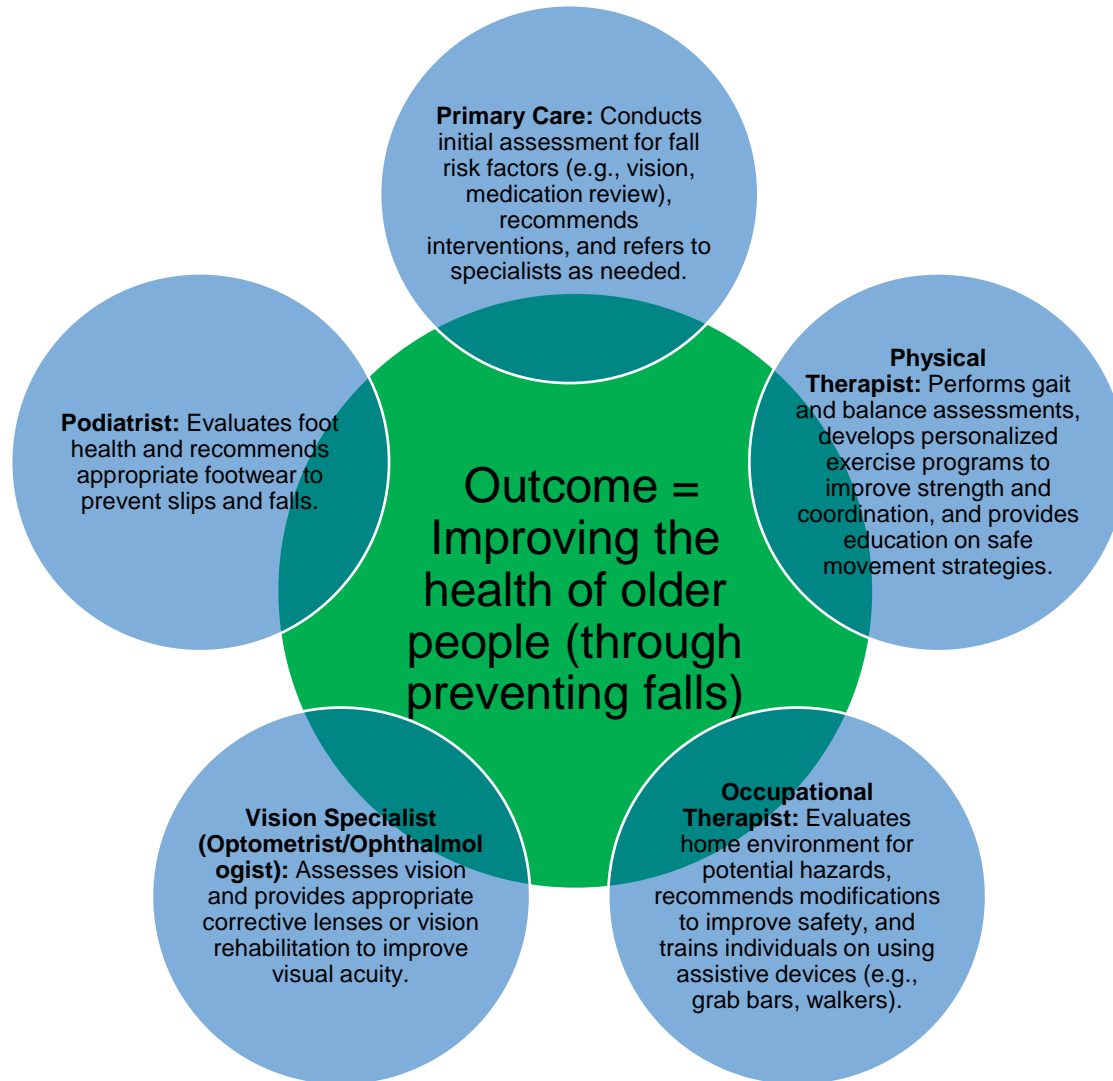
ICHOM definition of health outcomes: *'The results people care about most when seeking treatment, including functional improvement and the ability to live normal, productive lives'*

Health outcomes measures serve several crucial purposes in the healthcare system, benefiting both patients and healthcare providers:

- 1. Evaluating the effectiveness of care:** They provide objective data to assess the impact of different treatments, interventions, and healthcare programmes on patient health. This helps healthcare providers understand what works and what doesn't, allowing them to continuously improve the quality and effectiveness of care delivered.
- 2. Promoting patient-centred care:** By focusing on the patient's well-being and experience, outcomes measures encourage healthcare and wider system professionals to consider the full scope of the patient's needs, not just diagnosing and treating illnesses. This fosters a more personalised and patient-centred approach to healthcare.
- 3. Incentivising all providers to deliver what matters to the population:** By defining outcomes as what local people want and organising care integrate around them, we end up with a health and care system that focuses on what local people want.
- 4. Improving resource allocation:** By quantifying the impact of different interventions on health outcomes, outcomes measures can inform resource allocation decisions. This allows healthcare systems to efficiently utilise their resources and prioritise interventions with the greatest potential benefit for patients.
- 5. Driving accountability and transparency:** By measuring and reporting health outcomes, accountability for delivering quality care and improving population health is increased. This transparency allows patients, policymakers and the public to hold healthcare systems accountable for their performance and facilitates informed decision-making.
- 6. Identifying disparities in care:** Outcomes measures can help identify disparities in the quality of care received by different groups of people. By highlighting these disparities, they can inform efforts to address them and ensure equitable access to quality healthcare for all.

Overall, **health outcomes measures are essential tools for improving the quality of healthcare, enhancing patient well-being, and optimising resource utilisation within the healthcare system.**

Case study: Multiple elements of care are needed to achieve an outcome – this requires integrating care across a whole pathway, across all providers

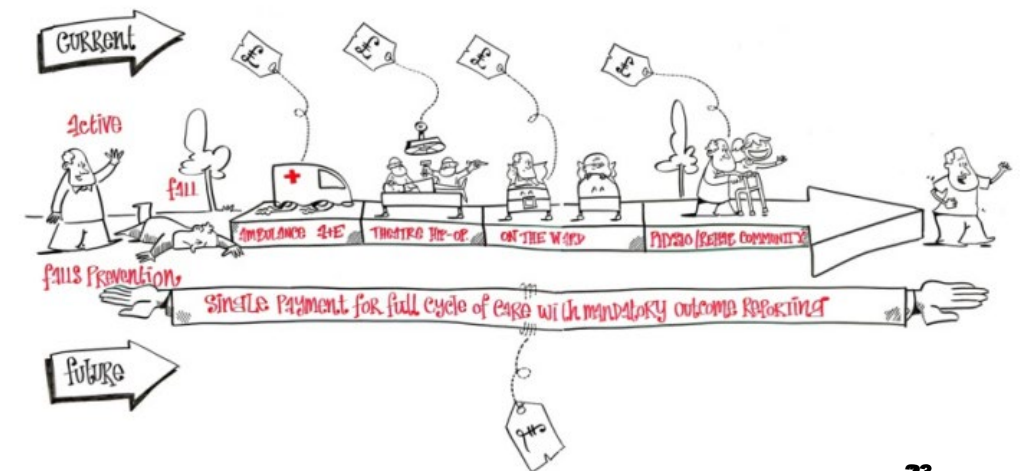


Collaboration Across Providers:

- The primary care team coordinates the overall care plan and shares information with other healthcare professionals involved.
- The physical and occupational therapists work together to develop a comprehensive exercise program that addresses both physical and functional limitations.
- The vision specialist and podiatrist collaborate with the other providers to address any sensory or mobility issues that may contribute to fall risk.

Additional Considerations:

- **Community Support Services:** Home healthcare aides or social workers can assist with daily living activities and provide additional fall prevention education; VCSE can engage and enable; delivery route can vary
- **Family and Community Involvement:** Educating and empowering family members and wider community to play an active role in supporting the individual's safety and well-being is crucial.
- **Aligning bundled payment to this approach:** See below



Recap: a single NEL Outcomes Framework

- **How will we achieve the intended solution?**
 - There over 10 outcomes frameworks emerging across NEL (some examples include: Big Conversation, Collaboratives, Programmes, Places) – we are pulling them into a single list to ensure we have outcomes for all parts of the population
- **What would a single NEL-wide outcomes framework enable us to do and what benefits might it offer?**
 - **Strategic alignment:** success measures for the Integrated Care Strategy would link to our Outcomes Framework and engagement
 - **Wider determinants:** Outcomes operate at the level of impact, thereby recognising the contribution of wider determinants of health, of providers beyond health and social care, of demography and of geography on people's health and wellbeing
 - **Comprehensive coverage:** The framework would encompass all health impacts relevant to local residents, ensuring every programme contributes data on their specific outcomes.
 - **A strong foundation for Population Health Management:** This unified framework would support the population health management approach, which relies on a robust population segmentation model and the centrality of Place
 - **Resource allocation and commissioning by outcomes:** A common framework facilitates commissioning services based on predefined outcomes, promoting accountability and effectiveness.
 - **Driver for integration:** opportunity to align approaches and services to better meet outcomes at Place and or Collaborative, strengthening the argument for greater collaboration and integration as shared outcomes drive shared models of working
 - **Transparency and alignment:** A single framework provides a clear picture of the system's priorities, fostering transparency and alignment across various initiatives, including public health and transformation programs
 - **Improved efficiency:** The data team would only need to manage one set of outcomes, streamlining reporting and analysis.
 - **Improved impact:** Enabling us to measure what local people consider important – and to improve
- **How might it look? An example is on the next slides**

Draft outcomes framework provides both the success measures for the Integrated Care Strategy and a working Outcomes Framework

Whole Population	Proposed success measures for the Integrated Care Strategy	Outcome details
<p>These outcomes will form the success measures for the Integrated Care Strategy as they apply to the whole population, have been identified through the Big Conversation as important to local people, focus on our key aims and flagship priorities as an Integrated Care System and reflect a holistic approach to health and wellbeing.</p> <p>The outcomes aligned to segments/clusters can also be aligned geographically to Places as well as across the work of Collaboratives.</p> <p>The aim is not to create a hierarchy but an interconnected framework which enables the system to share work and focus on outcomes and improving overall health.</p>	<p>People living longer and healthier lives – improvement in healthy life expectancy</p> <p>Improved health equity amongst all communities in north east London</p> <p>Reduction in numbers of local people in employment in health and care who experience in work poverty. These are most likely to be disabled people and households with children.</p> <p>Reduction in people reporting that they are socially isolated</p> <p>Reduction in the rate of increase in long term conditions across north east London NB: also in the segmented outcomes below</p> <p>Reduction in the rates of childhood obesity in each of the Places across north east London NB: also in the segmented outcomes below</p> <p>Increase in people experiencing good care: across the dimensions of trustworthy, competent, accessible and person-centred</p>	<p>Framework in development - long list of 110 outcomes measures available</p>

Draft outcomes framework provides both the success measures for the Integrated Care Strategy and a working Outcomes Framework

Population segment	Proposed outcome bucket	Outcome details
1. Healthy	Reduce premature mortality/progression to other segments Improve identification and care for people with MH conditions	Framework in development - long list of 110 outcomes measures available >100 outcomes ready for validation
2. Maternal and child health (up to age tbc)	Improve maternal health Improve early life conditions for infants Reduced rates of childhood obesity in each of the Places across north east London Children are supported to have good physical and mental health	
3. Acutely ill, with likely return to health	Support those with acute illness to return to health	
4. Chronic conditions, with generally “normal” function	Reduction in the rate of increase in long term conditions across north east London Increase people with LTC able to manage their conditions themselves Reduce premature mortality/progression to other segments Ensure people with LTCs are managed in the community where possible Condition specific sub-outcomes - replace this chunk with LTC outcome framework Improved health and life outcomes for people with, or at risk of, mental health conditions	
5. Significant but relatively stable disability, including mental disability	People with learning and physical disabilities are supported to have good health	
6. “Dying” with short decline = incurable cancer and EOL	People at end of life are supported with overall wellbeing/quality of life; pain reduction and information needs/preferences	
7. Limited reserve and serious exacerbations = organ failure	Improve quality of life for people with organ failure	
8. Long course of decline, from dementia and/or frailty	Enable people to age well	

Framework in development - long list of 110 outcomes measures available

>100 outcomes ready for validation



North East London

Proposed approach: next steps

How do we take this forward: next steps

- Some outstanding questions
 - **Success measures for the Integrated Care Strategy:** does the framing within this single framework/approach sufficiently highlight the role of the Integrated Care Strategy in galvanising joint approaches and setting out a common endeavour?
 - **Inclusion of non-NHS outcomes:** we are proposing that the framework encompasses non-direct NHS improvement aspects like air quality, adult social care outcomes – is this supported?
 - **Internal vs. external outcomes:** How do we differentiate between internal system outcomes (finance, estates) and those relevant to broader public health goals? Should we include both?
 - **Integration with other initiatives:** How can the framework effectively link with public health initiatives and broader transformation programmes?
- **Next steps**
 - Revise approach based on ICP input and build engagement on the approach building in our emerging segmentation approach
 - Agree governance channels noting role of the Integrated Care Partnership (in success measures for the Integrated Care Strategy) and of the Population Health and Integration Committee and the ICB Board (in links with Resource Allocation and Commissioning)
 - Stand up a reporting process to help monitor progress and hold us to account on health and care improvements for our local population, as set out in our shared Strategy

Integrated Care Board

25 April 2024

Title of report	Care Providers' Voice
Author	Michael Armstrong: Co-Chair, Care Providers' Voice
Presented by	Michael Armstrong: Co-Chair, Care Providers' Voice
Contact for further information	mike@cpvnel.co.uk
Executive summary	<p>This report seeks to inform members of the work that Care Providers' Voice (CPV) are involved in across North East London (NEL).</p> <p>CPV was set up in 2020 to give Social Care Providers a network of support and to share good practice through Covid. As of the 1st April 2024 it is funded by each of the North East London Boroughs, and is free for social care providers to get involved and become members. CPV is funded and supported by the GLA as one of the Mayor's Skills Academies.</p> <p>There are 4 directors who are all social care providers and have services in Home Care, Care Homes, and Learning Disability services. The directors all give their time at no cost, which is our investment in kind.</p> <p>CPV seeks to represent the views of Social Care Providers in a coherent and constructive manner. It focuses on what we refer to as the 3 R's; Representation, Resources and Recruitment. With a cross cutting theme of workforce development.</p> <p>CPV works with a range of system partners which are set out within the presentation, including being the strategic partner for the GLA's Social Care Hub in North East London. CPV believe social care providers are an important delivery partner if we are to have a truly integrated system, that seeks to develop services with the resident at the centre and if there is a more seamless transition between the health service and social care.</p> <ul style="list-style-type: none"> • Attachment/Appendix 1 CPV Presentation
Action / recommendation	The Committee is asked to note the paper and presentation for information.

Previous reporting	CPV have previously presented at a meeting of the DASS's in North East London, Havering and Redbridge Partnership Board and Barking and Dagenham Adults board. Monthly statistics are sent to the funding local authorities and quarterly meetings are held with the local authority leads.
Next steps/ onward reporting	To be discussed at the meeting.
Conflicts of interest	Not applicable
Strategic fit	The ICS aims this report aligns with are: <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 sector care for some of the most vulnerable people and the CPV aim is to support care providers in areas such as workforce and development, helping with recruitment and retention. In turn this will increase quality of care and create a more positive experience for clients/residents.
Has an Equalities Impact Assessment been carried out?	No
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising from this report.
Risks	Currently the budget is agreed on an annual basis, which causes significant challenges with workforce turnover. This is currently being considered by the North East London Commissioning Group.



CARE PROVIDERS' VOICE

cpvlondon.co.uk



OUR STORY



“It was a very lonely time. Friends did not understand what we in social care were going through. Guidance was changing all the time and our teams were looking to us for answers, when often we did not have them. The need for peer-to-peers support became very apparent.”

– Tayvanie Nagendran, Registered Manager/Director, Cambridge Nursing Home, LBR

<p>Mike Armstrong and Tayvanie introduced by Skills for Care locality manager, Ali Rusbridge</p>	<p>Care Providers' Voice started in 2020 during the first wave of COVID-19</p>	<p>Voluntary organisation set up by care providers for providers</p>	<p>Social responsibility and all the directors, give their time for free to CPV and other organisations</p>	<p>We are often better placed to deliver results quicker and more effectively than the rest of the system as we are small and agile</p>
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OBJECTIVES

We are a publicly funded network connecting all care providers across London. Most of our activities are currently in Northeast London.

Care Providers' Voice is a free platform created by providers, for providers, to:

- (1) Collate and provide RESOURCES for care providers
- (2) Ensure care providers are REPRESENTED
- (3) Support care RECRUITMENT



CPV DIRECTORS [VOLUNTEERS]



TAYVANIE NAGENDRAN | Co-Chair

Tayvanie is Managing Director of KTN Group that has care homes across Southeast England. She is a Trustee at Age UK RBH and sits on the Mayor of London's Skills for Londoners Business Partnership and the Local London Skills and Employment Board. Previously she has been a CEO/trustee for housing and care organisations as well as a Registered Manager of a nursing home. Tayvanie has an Executive MBA from Saïd Business School and a MA in Public Policy from King's College London. She has a personal interest in encouraging new entrants into the sector and community engagement.



MIKE ARMSTRONG | Co-Chair

Mike is Managing Director of Havering Care Homes which provide nursing care to the elderly. Previously he was Chief Executive of a charity running a residential care home and was Deputy Leader on Havering Council. He is currently the Provider Lead for the London Oversight group on behalf of the Care Association Alliance, The Care Provider Lead for the Healthy London Partnership and Northeast London STP, He sits on the BHR Care Home Group and is Chairman of the Havering Care Association.



JOHN TIMBS | Director

John is owner and Managing Director of Lodge Group Care UK Ltd, a provider of domiciliary home care across Havering, children and adults' residential homes and supported living for those with a learning disability and/or autism throughout BHR. He currently sits on NEL STP as home care and LD/Supported Living provider lead, BHR Care Provider Group and is a Director of Havering Care Association. John is also Director of Housing & Care with Abbeyfield South Downs, a not-for-profit social housing provider of supported living schemes for older people in Sussex and Kent.



POOJA BAROT | Director

Pooja has strong family values and 15 years of industry experience, She has grown and nurtured Shreeji care services from the early days, working out of her dining room through to today, working out of the innovative CEME Centre in Rainham. Shreeji care services provide care in the community to children and adults with Mental Health, Dementia, physical disability and clinical care needs. In 2014 she met with an accident where she needed care which inspired her to give back to community. Being the Owner and Registered manager of the Shreeji Inc organization gives her the values and understanding required to deliver outstanding training.

CPV TEAM

■ In-house ■ Outsourced



CPV DIRECTORS




John Timbs, Pooja Barot,
Tayvanie Nagendran,
Michael Armstrong
(L-R)

CPV BOROUGH LEADS



Averil Pooten-Watan
Waltham Forest Lead





Alvaro de la Camara
Operations Manager



Sabbir Ahmed
Business Administrator

DIGITAL TEAM



Peter Brennan and Tilly Kiff
IW Team (Website & App)

RECRUITMENT TEAM



Michaela Gordon
Senior Job Brokerage Officer



Eniola Otoki
Job Brokerage Officer



Samuel Akintokun
Job Brokerage Officer

New starter expected April 24
Job Brokerage Officer

TRAINING & DEVELOPMENT TEAM



Charlotte Stanford-Gibbs
Training & Placements Lead

Currently Recruiting for
Training & Placements Officer

OUTREACH TEAM

Currently Recruiting for
Provider Relationship Manager

Currently Recruiting for
Provider Relationship Manager

BOROUGH LEAD POSITION



- Care Provider Borough Leads for Barking & Dagenham, Havering, Redbridge and Waltham Forest.
- Out to advert in Newham and Tower Hamlets.
- Engagement work required in Hackney before advert will go out.
- We would like each Borough Lead to have a seat on the Place-based borough partnerships
- Funded roles

WORKFORCE

Key findings 2022/23

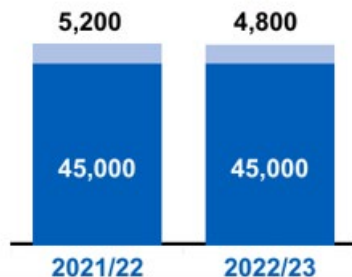
This page contains information about the **local authority** and **independent** sectors only



In the local authority and independent sector:

50,000 total posts
45,000 filled posts
30,000 FTE filled posts
 (full-time equivalent filled posts)

Change in filled posts and vacant posts



There was a change of **0 filled posts (0%)** since 2021/22 in local authority and independent sectors



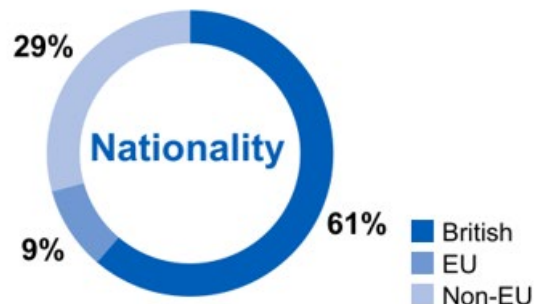
Average hourly pay for care workers

Local authority

£13.89

Independent sector

£10.52



46% of workers were on zero-hours contracts



11.4% average vacancy rate in 2022/23



The average turnover rate was **19.7%**



25% were aged 55 or above





RESOURCES



FREE OFFER FOR PROVIDERS



Website access

Influence ICS spending & pilots

Co-developing solutions with LA and support Partnership boards

Training and Development for new entrants to managers

Provider Events

WhatsApp group and peer support

Grey Matter Learning Access

Job Broker & Recruitment Support

Courses

Spectrum Benefits

CPV NEL Care Awards



RESOURCES



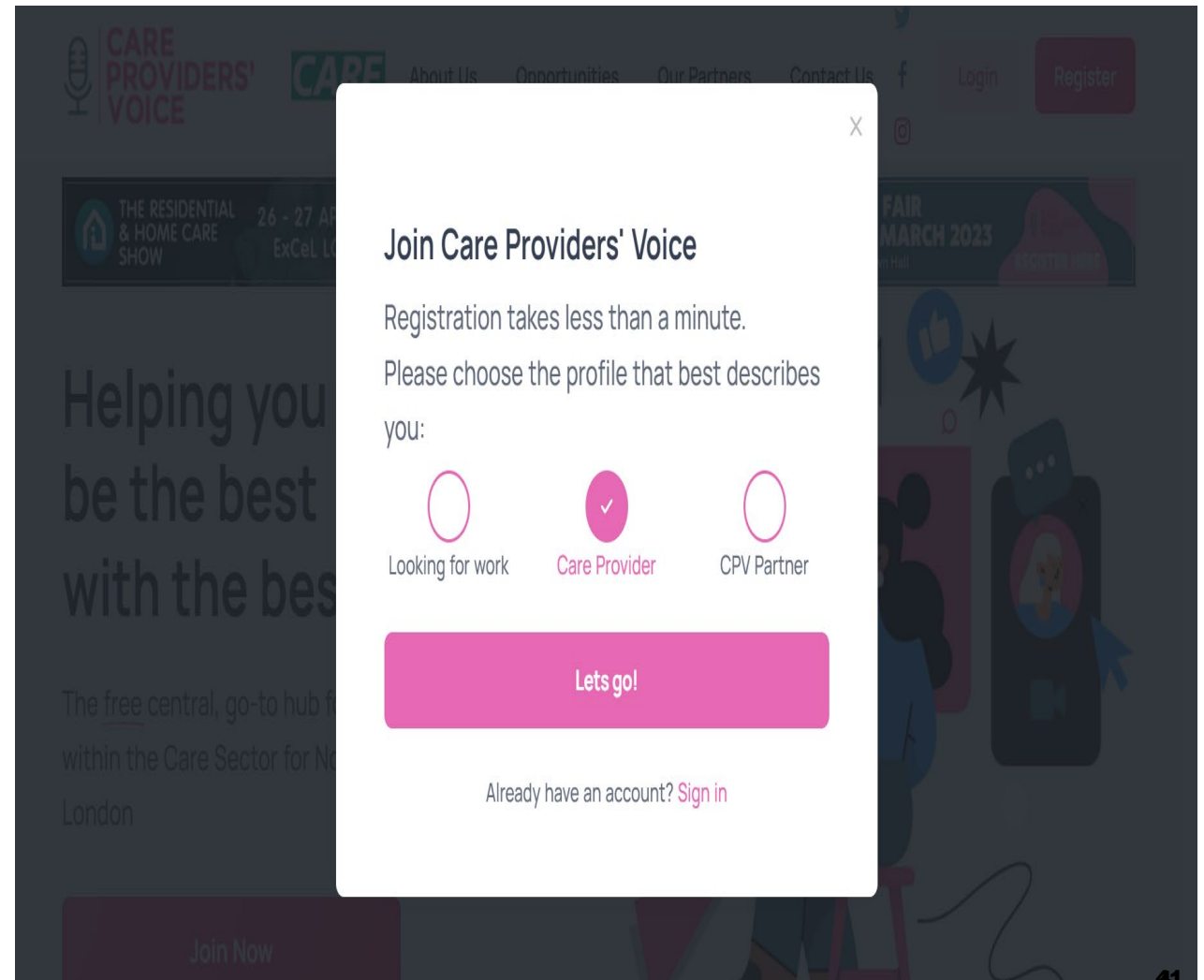
WEBSITE REGISTRATION



 www.cpvnel.co.uk

 hello@cpvnel.co.uk

Scan & register!



Join Care Providers' Voice

Registration takes less than a minute.
Please choose the profile that best describes you:

Looking for work

Care Provider

CPV Partner

Lets go!

Already have an account? [Sign in](#)



REPRESENTATION & ENGAGEMENT



PROVIDER ENGAGEMENT

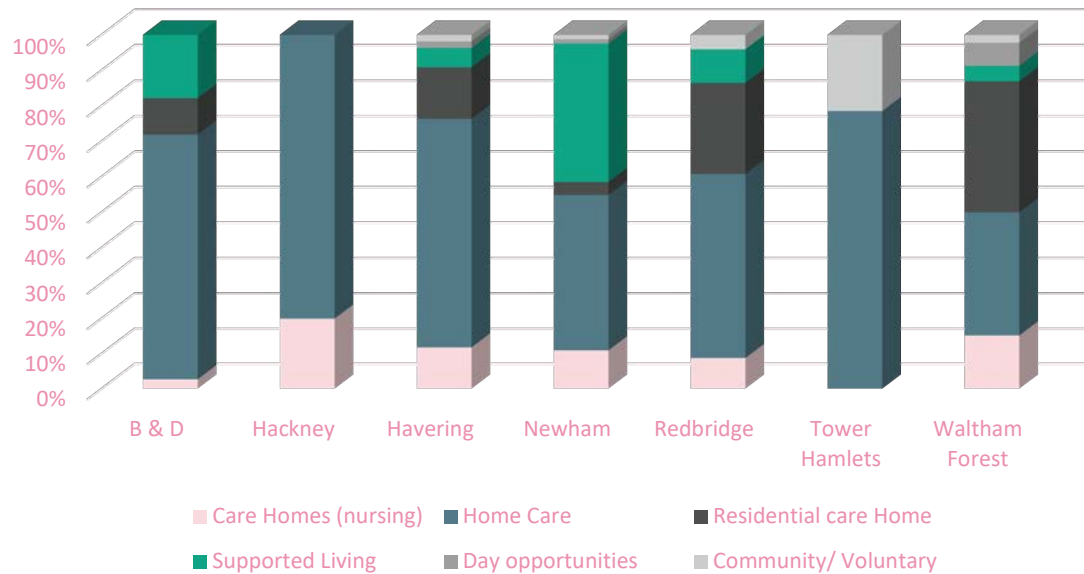
1ST APRIL 2022 – 19TH MARCH 2024



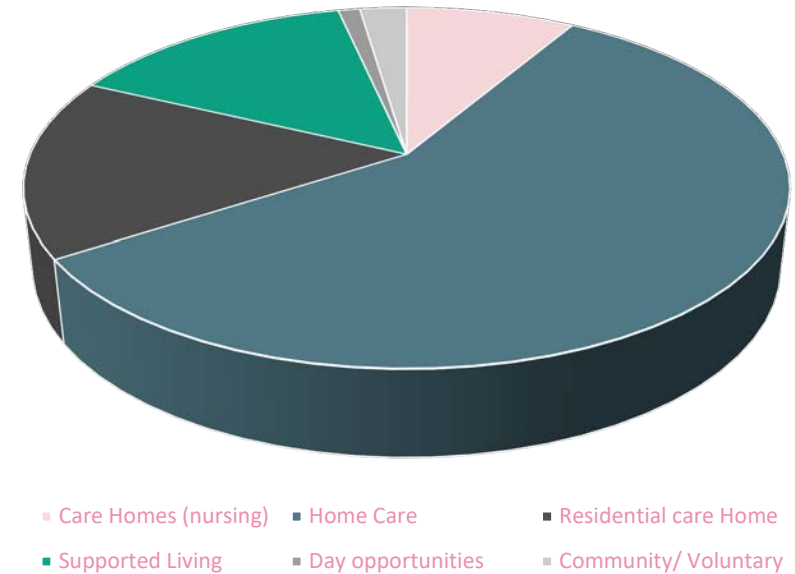
Borough	Registered CQC providers	CQC Total	CQC %	Total Providers Registered	Providers Total	Current %
Barking & Dagenham	89	106	84%	148	210	70%
Hackney	3	91	3%	3	109	3%
Havering	78	129	60%	109	185	59%
Newham	56	86	65%	75	167	45%
Redbridge	92	146	63%	141	207	68%
Tower Hamlets	11	60	18%	12	68	18%
Waltham Forest	27	91	30%	38	111	34%
NEL Total	356	709	50%	526	1057	50%
Other London Boroughs				41	44	
Grand Total				567	1101	

MEMBERSHIP

Membership by Borough



Membership by service type



PROVIDER REPRESENTATION



Borough Level

- LB Havering Care Association (in partnership)
- LBR Place Based Partnership Board
- LBH Place Based Partnership Board
- LBBD Place Based Partnership Board
- LBWF Place Based Partnership Board
- LBBD Safeguarding Board
- LBH Safeguarding Board
- LBBD Adult Delivery Group

BHR Level

- BHR CEPN Board
- BHR Academy Steering Group
- BHR Places UEC Improvement Group

NEL Level

- NEL ICP Board
- NEL People Board
- NEL Digital Group
- NEL Care Provider Group
- NEL Infection Prevention and Control Group
- Skills for Care Registered Managers Group (inner NEL)
- Skills for Care Registered Managers Group (outer NEL)
- NEL Urgent Care Plan and Care Coordination Group
- NEL Health and Care Partnership Building and Accessing Careers Programme – Operations Group
- NEL Apprenticeship Working Group
- Care City Community Board
- NEL Anchors Steering Group

London Level

- Mayor of London Jobs and Skills Partnership Board
- London Digital Team
- London Care Provider lead with the Healthy London Partnership, Health and Care in the Community programme
- Integrated Digital Care and Health Network
- London Care Provider Oversight Group
- Skills for Care Chief Executive London Group
- Care Home Resource Pack Group
- Local London Skills and Employment Board
- London Regional Social Care lead - Domiciliary Care
- Local London Careers Hub – Cornerstone Group

National Level

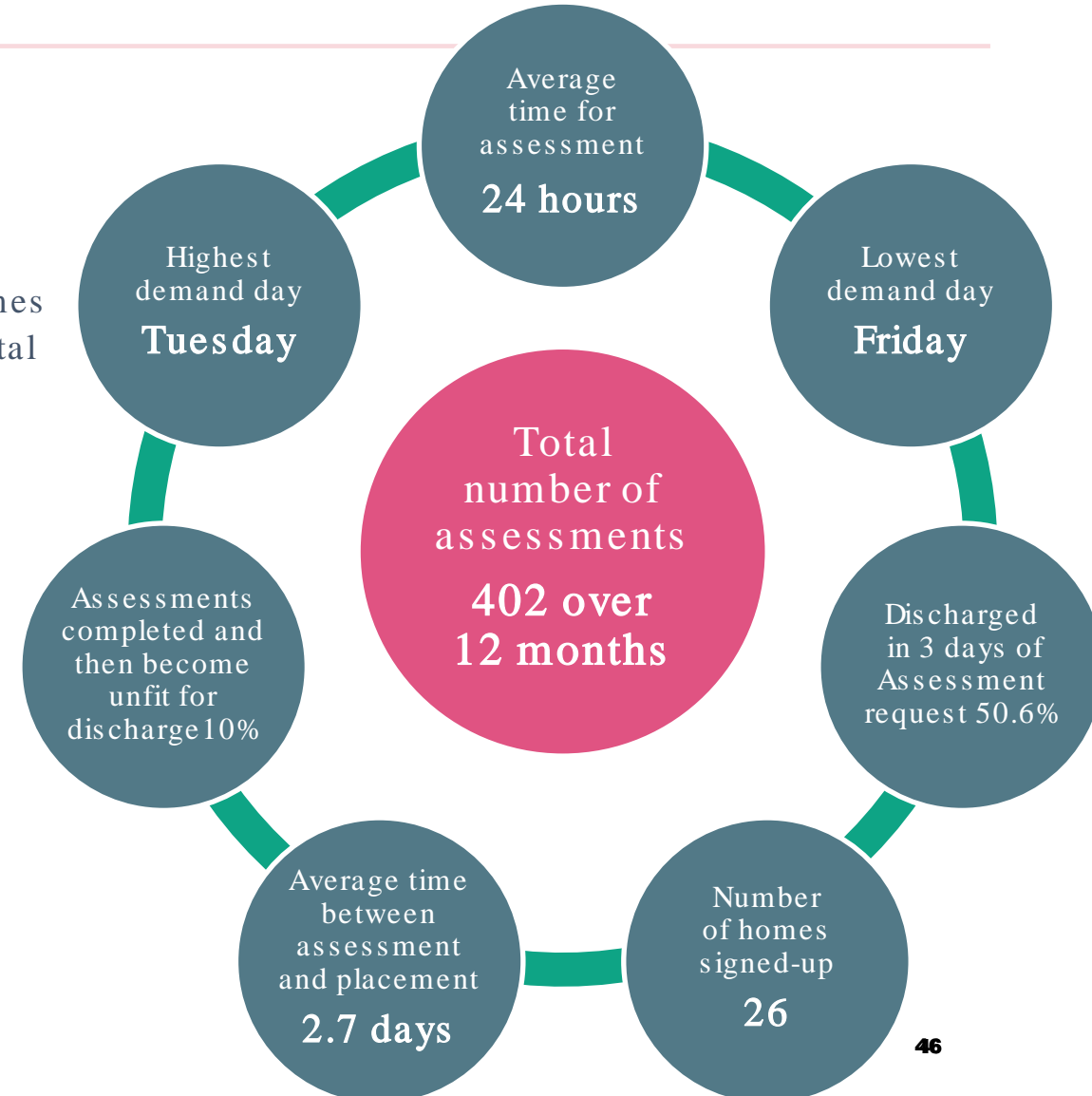
- Contributor to Cabinet Office research/consultations
- National Homecare Stakeholder group
- Care Association Alliance
- Social Care Nursing Advisory Board

TRUSTED ASSESSOR

- Employed by Havering Care Association.
- Scheme is open for Barking and Dagenham, Havering and Redbridge providers.
- The Assessors are based at Queen's Hospital and will carry out care homes pre-admission assessments at Queen's Hospital and King George Hospital on behalf of the care homes.
- All Trusted Assessors are trained nurses.
- The scheme runs Monday to Saturday 8am to 4pm.
- 4 days quicker than those providers not using the service.

"The trusted assessor has been a great help, most assessments are carried out the same day. I used to spend at about 3 hours carrying out assessments including travel, now it takes me 15 minutes to read through the trusted assessors assessment and make a decision on if want to accept them."

This manager saved approximately 34 hours a month on carrying out assessments.





RECRUITMENT & WORKFORCE DEVELOPMENT

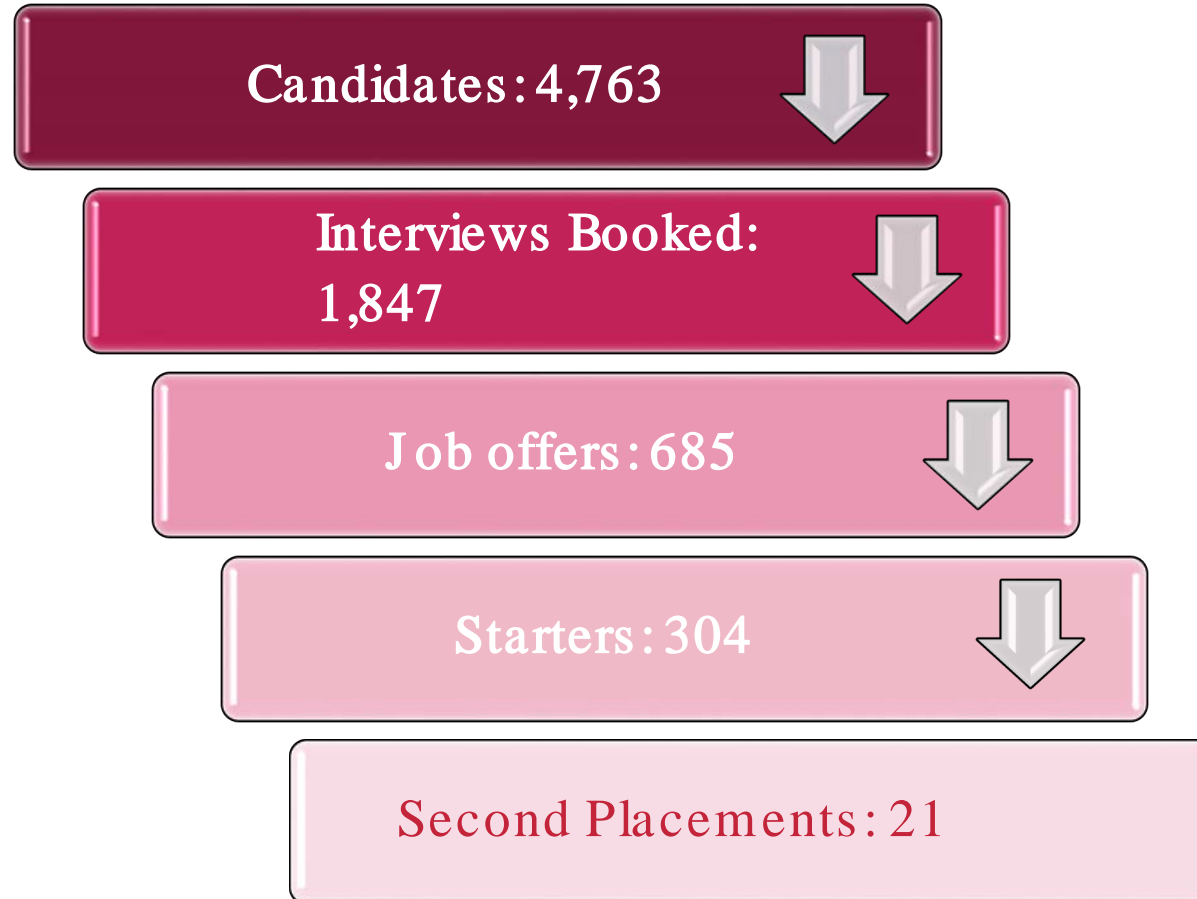


RECRUITMENT



RECRUITMENT FIGURES

1ST APRIL 2022 – 19TH MARCH 2024



RECRUITMENT



Purple tribe

Recruitment specialists

Applications:	1,240
Interviews:	328
Job offers:	97
Starters:	72
Average cost:	£1,104.00
Conversion applicant to start:	5.8%

Care Providers' Voice

Applications:	4,763
Interviews:	1,847
Job offers:	685
Starters:	304
Average cost:	£371.89
Conversion applicant to start:	6.4%

March 24 Data

WORKFORCE DEVELOPMENT



GREY MATTER LEARNING

1ST APRIL 2022 – 19TH MARCH 2024



Borough	Users signed up	Completed courses	Cost per user	Cost per course
Barking & Dagenham	1,304	23,738	£8.73	£0.53
Hackney *	492	4,280	£20.37	£2.71
Havering	2,140	38,140	£5.31	£0.34
Newham	1,245	11,602	£9.98	£1.46
Redbridge	1,799	28,200	£6.65	£0.40
Total	6980	105960		

*LBH signed up with GML in Nov 22 but did not fund wider CPV services until April 24

Social Care TV (as example alternative eLearning provider) cost per course £1.49 (if you purchase over 5,000 courses).

Havering Care Homes (as an example organisation) was spending £3,300 training system pa for 90 employees which is a cost of £36.67 per employee.

CARE AWARDS & CARE SHOWS



National Care Shows

- Hosted panels at The Residential and Homecare Show, London 2023
- Asked to host panels at Care Show Birmingham 2023

Organised Inaugural CPV NEL Care Awards October 2023

- Awards attended by 300 people
- Awarded 9 different awards
- Hosted by 'Big Ian'



WEDNESDAY 24TH APRIL 2024

Find us located next to our stand at G70

09:45am - 10:30am

Creating a Culture of Resilience and Wellbeing in Your Service

Tom Owen, Director - My Home Life

10:45am - 11:30am

How To Get Amazing CQC-Ready Feedback Evidence

Louie Werth, Director - Care Research

12:00pm - 12:45pm

2024 Recruitment Trends and Best Practices

Neil Eastwood, CEO & Founder - Care Friends

14:30pm - 15:15pm

Beyond Compliance: Innovations in Texture Modification for an Enhanced Resident Experience

Iain Clague, CEO & Founder - The Care Connector Network & Complete Nutritional Care & Richard Pearshouse, Group Executive Chief - Cinnamon Core Collection



CARE PROVIDERS' VOICE *masterclasses*



THURSDAY 25TH APRIL 2024

Find us located next to our stand at G70

09:30am - 10:15am

International Recruitment: How To Support People Once They Are in The UK

Sarah Swinge, Havering Social Care Academy Manager - London Borough of Havering & Dipesh Shah, Head of Corporate Immigration - JMW Solicitors LLP

10:45am - 11:30am

Using Apprenticeships for Succession Planning

Jo Barter, NEL Apprenticeship and Job Brokerage Lead - North East London Health & Care Partnership

12:00pm - 12:45pm

Confidence to Care: LGBTQ+ Inclusion at Work

Jim Glennon, Policy Director & Beverly Smith, Training Director - Pride UK

13:30pm - 14:15pm

Changes to DBS: What You Need to Know

Dominic Hedley, Director - Dominic Headley & Associates

Book your free ticket
www.careshowlondon.co.uk/cpv

PARTNERS



Integrated Care Partnership

25 April 2024

Title of report	Reducing health inequities by improving access to social welfare advice
Author	Dan Hopewell, Ellie Hobart and Charlotte Pomery
Presented by	Dan Hopewell and Charlotte Pomery
Contact for further information	Ellie.hobart@nhs.net
Executive summary	<p>This paper sets out how integrating social welfare legal advice with healthcare, social prescribing and in other settings can help to address the needs of those with the poorest health outcomes and the greatest health inequalities. It describes activities currently underway in the NEL ICB to support this agenda and invites the ICP to discuss how the NEL ICS should take this forward at Place.</p>
Action / recommendation	<p>The Partnership is asked to consider the following questions in relation to the development of social welfare advice in North East London:</p> <ul style="list-style-type: none"> • What are the main issues faced by the voluntary and community sector in supporting residents to access social welfare advice in north east London? • What examples of best practice are you aware of in north east London that we should be learning from and promoting? • Are you aware of examples of partnership working to commission and deliver social welfare advice in north east London? • What additional quick wins/ immediate actions could you propose that can be sustainably taken forward at low or little cost in north east London? • What gaps need immediate attention in north east London? • What is the route for building the business case to invest in social welfare advice in Places across north east London given current financial challenges? <p>It is proposed that this paper and the report's recommendations are brought through each of the seven Place Partnerships to consider over the coming weeks, offering further occasion to reflect on these questions.</p>
Previous reporting	N/A

Next steps/ onward reporting	Seven Place Partnerships to discuss report and recommendations.
Conflicts of interest	N/A
Strategic fit	Which of the ICS aims does this report align with? <ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To support broader social and economic development
Impact on local people, health inequalities and sustainability	The importance of the social determinants of health and their role in creating health inequalities are widely understood, with 47% of health outcomes attributable to socio-economic factors, 34% to behavioural factors and only 16% to healthcare. The provision of social welfare advice speaks directly to supporting the most vulnerable with access to accredited advice that can address some of the social determinants that impact on poorer health outcomes e.g. income, housing etc.
Has an Equalities Impact Assessment been carried out?	No
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising from this report. The cost of training programme has been met from within existing resources
Risks	System risks to be identified as part of the discussion at Place Partnership. NVQ training risks <ol style="list-style-type: none"> 1. Risk that appropriate cohort across NEL won't be identified to enable a good spread across the NEL footprint and / or the infrastructure required to support the training work placements is not available consistently across NEL. 2. Risk of up skilling current social prescribers that there will not be the funded roles for them once that achieve NVQ accreditation.

Reducing health inequities by improving access to social welfare advice

Introduction

In 2023 Bromley by Bow Insights, in collaboration with Transformation Partners for Health and Care, published [a new, independent report](#), funded by the **Mayor of London** entitled *“Reducing health inequities in London by improving access to social welfare advice through greater collaboration between the healthcare, local authority and advice sectors”*.

This briefing sets out how integrating social welfare legal advice with healthcare, social prescribing and in other settings can help to address the needs of those with the poorest health outcomes and the greatest health inequalities, sets out activities currently underway in the NEL ICB to support this agenda and sets out some questions as to how the NEL ICS should take this forward at Place.

Background

The report, commissioned by the London Health Board, focuses on the opportunities and need for greater collaboration between healthcare provision, local authorities and the social welfare legal advice sectors to meet the advice needs of Londoners. The overarching, foundational recommendations made in the report were as follows:

1. Creating a commitment at London and ICS level, that Londoners should have access to social welfare advice, and that ICP partners will commit to funding a level of advice to meet their needs. This commitment should include the development of training programmes and career pathways for social welfare legal advisors and or hybrid advice/link workers, which should be seen as a counterpart to social prescribing.
2. The development of a pan London network and/or ICS level networks to encourage the implementation of the recommendations and the sharing of good practice should be considered.
3. That each ICP should develop guidance for implementation of the commitment at Place (Borough) and Neighbourhood (PCN) levels.
4. ICP guidance to include encouragement for the formation of borough level task and finish groups consisting of Local Authority, Healthcare, CVS/VCSE, and community to take forwards the borough level recommendations. Such task and finish groups to include advice providers (and borough based advice provider networks where they exist), and social prescribing link workers.
5. To carry out Place (Borough) level assessments of the need for advice with consideration of varying levels of deprivation etc, and current provision of welfare advice. To assess the funding required to meet demand for social welfare legal advice in healthcare settings, the high street and other relevant settings.

The report noted that the assessment should be undertaken in collaboration with the local authority, healthcare and voluntary sector and should include social prescribing link workers and advice providers who have a keen understanding of need and the current challenges and incorporate the findings of the Advice Services Alliance’s (ASA), *Advising Londoners* report

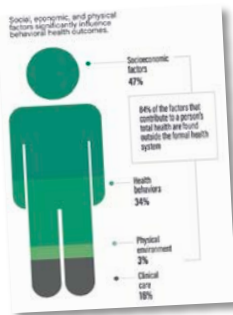
At its November 2023 meeting, the London Health Board asked London’s five ICSs to:

“endorse the principle that free social, welfare and legal advice should be available to any Londoner who needs it and ensure that London’s ICSs have plans in place for such provision”.

London’s ICSs will report to the Board on their progress to that end in November 2024.

Reducing health inequalities in London by improving access to social welfare advice

1. The contribution that social welfare legal advice makes to reducing health inequalities



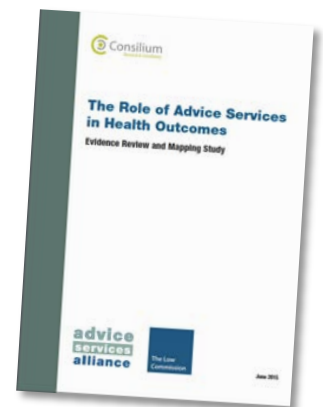
The importance of the social determinants of health and their role in creating health inequalities are now widely understood, with 47% of health outcomes attributable to socio-economic factors, 34% to behavioural factors and only 16% to healthcare.

GPs estimate that 1 in 5 consultations in General Practice is attributable to a social or economic need. In deprived communities the figure is considerably higher.

The relationship between health outcomes and social welfare legal advice is bi-directional in that the issues supported by social welfare legal advice may cause or exacerbate poor health outcomes, equally those with poor health often require social welfare legal advice as a result of their health issues and the impact they have on them. Social prescribing was adopted in 2018 by NHS England as a service in General Practice and Primary Care Networks to improve people’s socio-economic determinants of health.

London’s Social Prescribing Link Workers, (surveyed in 2023), estimate that 50% of their clients need Social Welfare Legal Advice, most notably for issues of housing, welfare benefits claims, unmanageable debt, employment rights and immigration issues. They also estimated that 40% of their clients are in food and/or fuel poverty.

The role of Advice Services in health outcomes is well documented, through addressing acute issues and medium and longer term improvements to the core determinants of health. Those who most need and benefit most from access to social welfare legal advice are those who suffer the poorest health outcomes and the greatest health inequalities.



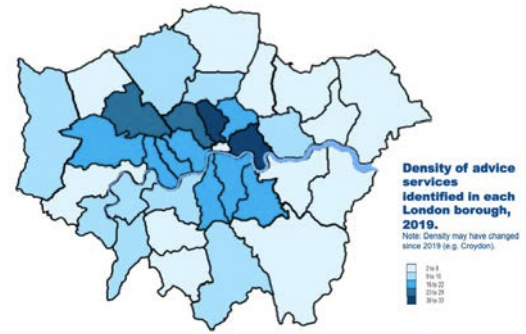
2. Current supply of social welfare legal advice and demand for social welfare legal advice

Demand for social welfare legal advice has been increasing for over a decade as a result of widening inequality, the reduction of many services due to austerity, the hostile environment to welfare benefits claimants, the move to digital access, the effects of Covid and more latterly the Cost of Living Crisis. Additionally the roll out of social prescribing, in which half of clients require social welfare advice has also significantly increased demand.

At the same time the availability of advice has reduced as a result of austerity policies and reductions in funding and the effect of Legal Aid reform in 2012.

The 2020 Advice Services Alliance report, commissioned by the Mayor of London, on the density of advice in London reveals a very uneven distribution of advice services.

Even in the better-funded boroughs demand for advice far outstrips supply and welfare advice providers regularly have to close their doors to new referrals, sometimes for a month at a time, while they clear backlogs. One east London legal advice centre turns away 80% of clients due to lack of capacity. The effect of housing costs has meant that many low income families have moved to outer London boroughs where there is often very little advice provision.



45% of London’s social prescribing link workers report that it is difficult or very difficult to refer their clients to an advice provider due to lack of capacity. 85% of London’s social prescribing link workers say they assist their clients with social welfare advice issues beyond their level of training and indeed insurance cover.

3. The opportunities for strengthening access to welfare advice allied to healthcare and social prescribing

A review of London’s five ICS’ strategic plans suggest that integrated care systems have yet to make the connection between access to social welfare legal advice and improving health outcomes and reducing health inequalities. Given the relative weight of factors that drive health outcomes it will be essential that, in discharging their legal duty to reduce health inequalities, Integrated Care Boards focus on the provision that can have greatest impact, particularly for those suffering poorest health outcomes and greatest health inequalities.

As the Marmot Review into the cost of living and health inequalities in London suggests **“...Investing in voluntary and community services, in particular advice and support services, is another obvious intervention as it offers a high return on investment.”**

The study suggests that given the relationship between social welfare legal advice and the securing of the most basic of Maslow’s hierarchy of needs, (access to shelter, food, utilities etc), social welfare advice provision should be considered a core service of an integrated system of care. Moreover that the concept of an integrated system of care would suggest that to be most effective social welfare legal advice would be integrated with other provision, particularly, but not only, with healthcare and social prescribing.

The establishment of Integrated Care Partnerships creates the opportunity of developing a balanced understanding of the provision that communities require to meet their needs and how its partners can work together to develop that provision. In doing so it will be helpful to consider the benefits of co-commissioning services between health agencies and local authorities.

See previous report on social prescribing and co-commissioning: [Here](#)

4. Examples of collaboration between healthcare, local authority, social prescribing and welfare advice providers.

The study highlights case study examples of collaboration between healthcare, local authorities, social prescribing and welfare advice providers. These include the integration of social welfare advice provision in General Practice and Primary Care Networks, Hospitals, and Mental Health services. It highlights initiatives covering whole boroughs including the provision of dedicated teams of social welfare advisors working with social prescribing at a borough level, and the importance of borough based networks of social welfare advice providers and on-line platforms that support easy referral to advice.

See report on case studies on good practice collaboration: [Here](#)

Current activities underway in NEL to support access to social welfare advice

The NEL ICB has commissioned some initial Social Welfare Advisor training for up to 15 social prescribing link workers to become a hybrid advice-social prescribing link workers in 2024. The training is to be delivered through a partnership between the Island Advice Centre and Bromley by Bow and should be considered as part of a wider range of initiatives to support closer integration between healthcare, social prescribing and social welfare legal advice at Systems, Place and Neighbourhood levels. The training consists of two parts, part one is a series of topic based learning sessions covering a variety of subjects (see below) that take up to 16 days to complete. The second part leads to a NVQ Level 3 in Advice and Guidance on the successful completion of a work experience placement over a 6 -9 month timeframe.

Topics covered in the training include:

- Advice giving skills including working with clients in distress
- Overview of Welfare Benefits
- Universal Credit
- Personal Independence Payments
- Debt Advice
- Understanding Council Tax
- Housing Status and Security of Tenure
- Homelessness Duties
- Housing Allocations
- Employment Rights
- Immigration
- Income maximisation

Successful completion of the NVQ relies on good placements and support for those completing the training. The uptake of places will be distributed equitably across NEL to ensure a wide a range of coverage as possible and take into account current levels of social welfare advice available in individual boroughs.

Embedding development of social welfare at Place

Places across north east London have developed different approaches to social welfare advice, although there is a consistent core response through social prescribing. We know from population health work in Barking & Dagenham that approximately 2 in 5 people attending primary care were in need of welfare advice, rather than medial or clinical input. Likewise, the demand for social welfare advice during the primary care pop ups there has been significant as people come forward to access support in a non-stigmatising and open way.

Health inequalities funding has been used in some places, for example Havering, to fund initiatives such as local area co-ordinators although they will not have been specially training on specific areas of welfare.

We are gathering a high level picture of provision across north east London, working with local authorities recognising that a number are reducing spend on welfare advice due to wider financial challenges and the reality that outer north east London places currently have lower levels of provision and access to support. Following this, we will be in a position to carry out more detailed mapping in individual places on what is available, how it is accessed, demand vs capacity, how it is currently funded and how sustainable it is. This work is currently underway in Tower Hamlets and we are keen to consider whether this can be a model for the approach across north east London.

We recognise the opportunities of working collaboratively across system partners, at both Place and the ICP, to ensure we have a joined up response to increasing demand for social welfare advice, which results in improvement in both health and wider economic, social and wellbeing outcomes. Given the significant financial challenges faced by all partners across the system, we understand we need to build a strong business case for any additional investment and for maintaining current levels of investment too. This work will need to be grounded in the impacts we can measure over time, recognising our reach impact data.

Teasing out how our Place Partnerships, and the ICP, can work through the collaborative arrangements required will be fundamental to agreeing how we take this work forward. The continued development of a population health outcomes-based commissioning model in north east London and of integrated neighbourhood teams more specifically, offer further opportunities to plan the provision of social welfare advice into a wider health and wellbeing offer locally, which aims to promote good health and wellbeing as well as responding to deteriorating health issues too.

Opportunities for further support

Transformation Partners for Health and Care and Bromley by Bow Insights, with funding from the Mayor of London are offering to London’s ICSs support to develop their plans, including bespoke support for individual ICSs as well as convening pan-London groups to continue building momentum and culture shift on social welfare legal advice within healthcare. The support will enable London’s ICSs to progress on the recommendations of the London Health Board and move to a position in which systems of integrated care include social welfare advice as a core provision as part of their strategy to reduce health inequalities.

ICS-specific support

Support ICSs to develop comprehensive plans for delivery to be shared ahead of the November 2024 London Health Board:

- Support the formation of ICS level working groups to take forward this agenda, including how they work with their individual boroughs to ensuring access to social welfare advice.
- Deliver ICS webinars to share the findings of the recent reports, and facilitate the consideration of what they mean to the ICS

Pan-London support

Monthly ICS - Social Welfare Legal Advice advisory group:

- Convening a forum to provide oversight and steer the work/tune to health system needs, set agendas, provide leadership, and map future work.

Bimonthly community of practice:

- Convening to share best practice and challenges, evidence, models of care and work together to advocate to leaders.

- Deliver ICS workshops to undertake a stocktake and facilitate plans to increase advice provision, working with boroughs.

For more information, please contact sandi.bhangu@nhs.net and dan.hopewell@nhs.net

Recommendations and next steps

Bearing in mind the report's recommendations and the ask from the London Health Board, the Integrated Care Partnership is invited to consider the following questions in relation to the development of social welfare advice in North East London

1. What are the main issues faced by the voluntary and community sector in supporting residents to access social welfare advice in north east London?
2. What examples of best practice are you aware of in north east London that we should be learning from and promoting?
3. Are you aware of examples of partnership working to commission and deliver social welfare advice in north east London?
4. What additional quick wins/ immediate actions could you propose that can be sustainably taken forward at low or little cost in north east London?
5. What gaps need immediate attention in north east London?
6. What is the route for building the business case to invest in social welfare advice in Places across north east London given current financial challenges?

It is proposed that this paper and the report's recommendations are brought through each of the seven Place Partnerships to consider over the coming weeks, offering further occasion to reflect on these questions.