North East London Integrated Care Partnership

9 January 2024; 10:00-12.00; **Venue** F01, 4th Floor, Unex Tower, Stratford

Agenda

	Item	Time	Lead	Attached/ verbal	Action required
1.0 1.1. 1.2. 1.3.	**Welcome, introductions and apologies** Declaration of conflicts of interest Minutes of last meeting – 24 October 2024 Matters arising and action log: - ICS Strategy Success Measures	10:00	Chair	 Attached Attached Attached Attached	 Note Approve Note Approve
2.0	**Questions from the public**	10:05	Chair	Verbal	Discuss
3.0 3.1.	**Chair's feedback from the ICB** Chair's appraisal	10:20	Chair	Verbal	Consider
4.0	**Horizon scanning – into 2025 and beyond**	10.30	System partners	Attached	Discuss and comment
5.0	**Workplan of the Integrated Care Partnership**	11.00	Charlotte Pomery	Attached	Discuss and comment
6.0	**Winter update**	11.25	NHS/LA/CPV	Presentation on the day (system partners)	Comment
7.0	**Partner updates**	11.40	Chair	Verbal	Discuss
8.0	**Governance update**	11:50	Chair	Attached	Agree
9.0	**Any other business**	11:55	Chair	Verbal	Discuss
Date of next meeting: 10 April 2025					

North East London Integrated Care Partnership Register of Interests

- Declared Interests as at 18/12/2024

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
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 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	Non-Financial Personal Interest	Pomery McGregor Consultancy Limited	Director of consultancy company, with husband who is also a director of the company. There are no employees and I have not carried out work through the company since 2011 and have never carried out any work in north east London	2009-06-01	Current	No action required as no conflicts declared.
Christopher Kennedy	Councillor	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Board ICB Finance, Performance & Investment Committee 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	Active	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	Active	
			Non-Financial Personal Interest	Hackney Empire	Member of Hackney Empire	2020-07-09	Active	
			Non-Financial Personal Interest	Hackney Parochial Charity	Member of Hackney Parochial Charity	2020-07-09	Active	
			Non-Financial Personal Interest	Labour Party	Member of the Labour Party	2020-07-09	Active	
			Non-Financial Personal Interest	Local GP practice	Registered patient with a local GP practice	2020-07-09	Active	
			Non-Financial Personal Interest	Hackney Joint Estate Charities	Sit in the board as trustee	2014-04-07	Active	
			Non-Financial Personal Interest	CREATE London	LBH appointed rep	2023-04-05	Active	

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
Dr Paul Francis Gilluley	Chief Medical Officer	Clinical Advisory Group 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 contracts sub-committee	Non-Financial Professional Interest	British Medical Association	I am a member of the organisation.	2022-07-01	Active	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Royal College of Psychiatrists	Fellow of the College	2022-07-01	Active	
			Non-Financial Professional Interest	Medical Defence Union	Member	2022-07-01	Active	
			Non-Financial Professional Interest	General Medical Council	Member	2022-07-01	Active	
			Non-Financial Personal Interest	Stonewall	Member	2022-07-01	Active	
			Non-Financial Personal Interest	National Opera Studio	Member	2023-08-01	Active	
			Non-Financial Professional Interest	University of East London	Health Fellowship	2024-10-01	Active	
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	Active	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	Active	
			Non-Financial Professional Interest	Mid and South Essex ICS	Chair Community Collaborative	2023-07-01	Active	
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	Active	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	Active	
Gillian Ford	Councillor Deputy Leader, Cabinet Member for Adults and Wellbeing	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 Committee	Havering ICB Sub-committee Havering Partnership Board ICB Finance, Performance & Investment Committee ICP Committee	Non-Financial Personal Interest	Healthwatch Havering	I am a director of Healthwatch Havering, which receives some funding from NHS NEL.	2023-04-01	Active	Declarations to be made at the beginning of meetings
Jenny Ellis	Member of Redbridge Partnership Board and ICB Sub committee, ICP Committee and NEL VCSE Collaborative Leadership Group	ICP Committee Redbridge ICB Sub-committee Redbridge Partnership Board	Financial Interest	Redbridge Council for Voluntary Service (Redbridge CVS)	Some Redbridge CVS services are funded by NEL ICB and Redbridge Placebased Partnership.	2020-01-19	Active	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	Active	
John Gieve	Chair of Homerton Healthcare	Acute Provider Collaborative Joint Committee City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	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	Active	Declarations to be made at the beginning of meetings

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Marie Gabriel	ICB and ICP Chair	ICB Board ICB Finance, Performance & Investment Committee ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICB Remuneration Committee ICP Committee NEM Remuneration Committee	Non-Financial Personal Interest	West Ham United Foundation Trust	Trustee	2020-04-01	Active	Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	East London Business Alliance	Trustee	2020-04-01	Active	
			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	Active	
			Non-Financial Personal Interest	Member of the labour party	Member of the labour party	2020-04-01	Active	
			Non-Financial Professional Interest	NHS Confederation	Trustee Associated with my Chair role with the RHO	2020-07-23	Active	
			Financial Interest	Local Government Association	Peer Reviewer	2021-12-16	Active	
			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	Active	
			Non-Financial Professional Interest	Institute of Public Policy Research (IPPR)	Commissioner on the IPPR Health and Prosperity Commission	2022-03-13	Active	
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	Active	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	Active	
			Non-Financial Professional Interest	North East London Foundation Trust (NELFT)	I am an LA Governor for NELFT	2023-08-02	Active	
			Non-Financial Professional Interest	Redbridge Rainbow Community	Trustee Redbridge Rainbow Community previously received funding from Redbridge Council	2023-07-02	Active	

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	Active	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Havering Care Association/ CPV	Non exec Director	2018-11-01	Active	
			Non-Financial Professional Interest	NHS England - London Region	Care Home special advisor to Health and care in the community team	2018-11-01	Active	
			Financial Interest	NEL ICB	I am a paid Clinical and Care Lead in NEL ICB in Havering.	2023-04-01	Active	
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	Active	Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	The Labour Party	Member of The Labour Party	1981-09-01	Active	
			Non-Financial Personal Interest	The Co-operative Party	Member of the Co-operative Party	1990-01-01	Active	
			Indirect Interest	Barts Health	My nephew is a ST5 Registrar, Cardiology	2022-10-01	Active	
Vanessa Morris	Member of City and Hackney Neighbourhood Health and Care Board	ICP Committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub committee	Financial Interest	Mind in the City, Hackney and Waltham Forest	Employer	2019-12-09	Active	Declarations to be made at the beginning of meetings
			Financial Interest	Mind in North East London/ Mind in London	Direct and indirect potential interests through business and campaigning partnerships	2024-01-01	Active	
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 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	Active	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	Active	
			Non-Financial Professional Interest	Mission Employable	I have recently become a trustee of Mission Employable who provided supported employment placements for young people with a learning disability. They do not work in NEL.	2024-11-15	Current	No action required as no conflicts declared.

- Nil Interests Declared as of 18/12/2024

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.
Cathy Turland	Member of a committee	ICP Committee Redbridge ICB Sub-committee Redbridge Partnership Board	Indicated No Conflicts To Declare.
Catherine Perez Phillips	Committee member	ICP Committee	Indicated No Conflicts To Declare.
Gulam Kibria Choudhury	Member	ICP Committee	Indicated No Conflicts To Declare.
Vicky Scott	CEO	ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Rachel Cleave	Member of NEL ICB and ICP	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Population, Health & Integration Committee ICP Committee	Indicated No Conflicts To Declare.
Paul Rose	Chair of the Havering Compact	Havering Partnership Board 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.
Mary Durcan	Member of a committee	City & Hackney ICB Sub-committee ICP Committee	Indicated No Conflicts To Declare.
Maureen Worby	Member of committee	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.
Matthew Adrien	Partnership working	ICB Quality, Safety & Improvement Committee ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

DRAFT

Minutes of the North East London Integrated Care Partnership

Thursday 24 October 2024; 10:00-12:00 Unex Tower, Stratford and via MS Teams

Members:		
Marie Gabriel	(MG)	Chair, NHS North East London *(MS Teams)*
Cllr Neil Wilson	(NW)	Cabinet Member, London Borough of Newham (Vice Chair)
Cllr Maureen Worby	(MW)	Cabinet Member, London Borough of Barking & Dagenham *(MS Teams)*
Cllr Mark Santos	(MS)	Cabinet Member, London Borough of Redbridge *(MS Teams)*
Adam Sharples	(JS)	Acting Chair, Barts Health
Andrew Hudson	(AH)	Non-Executive Director, Homerton Healthcare for John Gieve
Zina Etheridge	(ZE)	Chief Executive Officer, NHS North East London
Paul Gilluley	(PG)	Chief Medical Officer, NHS North East London
Eileen Taylor	(ET)	Joint Chair, East London Foundation Trust and NELFT *(MS Teams)*
Jenny Hadgraft	(JH)	Healthwatch Barking & Dagenham *(MS Teams)*
Rachel Cleave	(RC)	Healthwatch City of London *(MS Teams)*
Cathy Turland	(CT)	Healthwatch Redbridge *(MS Teams)*
Dianne Barham	(DB)	Waltham Forest Healthwatch *(MS Teams)*
Vicky Scott	(VS)	Tower Hamlets CVS
Mike Armstrong	(MA)	Care Providers Voice
Attendees:		
Charlotte Pomery	(CP)	Chief Participation & Place Officer, NHS North East London
Najnin Islam	(NI)	Partnerships Development Director, VCSE Collaborative
Johanna Moss	(JM)	Chief Strategy & Transformation Officer, NHS North East London
Diane Jones	(DJ)	Chief Nursing Officer, NHS North East London
Anne-Marie Keliris	(AMK)	Head of Governance, NHS North East London
Keeley Chaplin	(KC)	Minutes – Governance Lead, NHS North East London
Emmie Bathurst	(EB)	Strategic Delivery Officer, London Borough of Hackney (MS Teams) – Item 3
Laura Anstey	(LA)	Chief of Staff, NHS North East London
Apologies:		
Cllr Gillian Ford	(GF)	Cabinet Member, London Borough of Havering
Cllr Mary Durcan	(MD)	Cabinet Member, London Borough of City of London
Cllr Christopher Kennedy	(CK)	Cabinet Member, London Borough of Hackney
Cllr Louise Mitchell	(LM)	Cabinet Member, London Borough of Waltham Forest
Cllr Gulam Choudhury	(GC)	Cabinet Member, London Borough of Tower Hamlets
Sir John Gieve	(JG)	Chair, Homerton Healthcare
Mehboob Khan	(MK)	Acting Chair, BHRUT
Catherine Perez Phillips	(CPP)	Healthwatch Hackney
Ian Buckmaster	(IB)	Healthwatch Havering
Jasmine Smith	(JS)	Healthwatch Newham
Matthew Adrien	(MA)	Healthwatch Tower Hamlets
Pip Salvador-Jones	(PSJ)	Barking & Dagenham CVS
Paul Rose	(PR)	Havering Compact
Caroline Rouse	(CR)	Newham CVS
Jenny Ellis	(JE)	Redbridge CVS
Vanessa Morris	(VM)	Waltham Forest CVS
Gladys Xavier	(GX)	Director of Public Health, London Borough of Redbridge

Item No.	Item title	Action
1.0	**Welcome, introductions and apologies**	
	The Chair welcomed everyone to the meeting of the Integrated Care Partnership (ICP) which was held both online and in person. Introductions were made and apologies were noted as above. The meeting was not quorate however as no decisions were required the Chair agreed the meeting could continue.	
1.1.	Declaration of conflicts of interest	
	The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Integrated Care Partnership (ICP). Declarations made by members of the ICP are listed on the Register of Interests. No further declarations were advised. The register is also available from either the Governance Team or on the ICB's website (northeastlondonicb.nhs.uk)	
1.2.	Minutes of last meeting	
	The minutes of the meeting held on 18 July 2024 were noted as a correct record.	
1.3.	Matters arising	
	Members reviewed the action log and noted all actions were completed with the exception of: ACT017 In conjunction with HealthWatch, a survey to test the success measures has been shared with the North East London (NEL) People's Panel (made up of 2,200 NEL residents) and asked for further comments from members of the public. HealthWatch are also testing this with their respective communities, ensuring a broad and inclusive approach. The final set of success measures will be finalised and shared at the next ICP for approval.	
1.4	Chairs report to the ICP	
	The Chair provided feedback from the Integrated Care Board, highlighting the adoption of housing as a key system issue and the focus to reflect on its own diversity as a recommendation from the ICP. The importance of reporting on outcomes and their impact on local people is also key. The NEL People Board has been reconstituted as the People and Culture Committee and is a formal committee of the Integrated Care Board. It has a system-wide membership and is in the process of finalising representation which will include local authorities, social care, clinical input, HealthWatch, the voluntary sector and Trusts. Part of its brief will be on system succession planning. The committee structures have been shared with the local authority executives to identify and fill any gaps. At each board meeting a patient story is shared. In July the patient story was on the experience of a virtual ward which linked to a deep dive on digital and in September it was the cardiac pathway with a deep dive into long term conditions.	

Item No.	Item title	Action
	The digital deep dive included the transition from analogue to digital technology noting the benefits for improving access and patient outcomes but a risk is that it could exacerbate inequalities. It will be important to work with the voluntary sector to reach underserved communities and ensuring staff are able to navigate the digital landscape. The Chair highlighted the impact to residents and staff from industrial action including costs associated with this and potential deterioration of patient conditions due to delays in treatment. The Consultants action has now ended however GP collective action is steadily increasing and is being monitored closely. NHSE has undertaken an annual assessment of performance, which recognised the progress being made but highlighted some areas of focus. The ICB will be responding to the recommended actions arising from this. The outcome from the Darzi Review provided recommendations which will inform the development of a ten-year health plan. The consultation has opened for members of the public, as well as NHS staff and experts to share their experiences, views and ideas via the Change NHS online platform. Going forward there will be a regular report focusing on the success measures and set in the national context.	
2.0	**Questions from the public**	
	No questions were submitted from members of the public.	
3.0	**Community Cohesion**	
	In connection to the recent civil disturbances over the Summer and as part of the ICBs commitment to being an anti-racist integrated care system, the Chair introduced the discussion on community cohesion and anti-racism. Emmie Bathurst (EB) presented on the London Borough of Hackney's initiatives to reduce inequalities and the development of their Equality Plan, approved in February 2024. • The three main frameworks linked to their Equality Plan aimed at reducing inequalities in three specific areas - Poverty Reduction, LGBTQIA+ and Anti Racist. • There was wide consultation and engagement, particularly with targeted groups most likely to experience inequality and least likely to engage. • Equality objectives, including anti-racism, are embedded throughout service planning and they have a new approach to equality impact assessments, which meets legal compliance but is used to actively tackle inequalities. • Challenges and learning points include establishing effective governance early which is adaptable and flexible and being clear on accountability and collaboration as well as developing learning cultures. • It is important to consider intersectionality in equality impact assessments, to recognise the unique experiences of individuals with multiple protected characteristics. Members thanked EB for the presentation and key points raised were:	

Item No.	Item title	Action
	• NHS England's anti-racism framework: the Patient and Carer Race Equality Framework (PCREF), has similar threads including collaboration, co-production and co learning. • There is good practice within the ICB but there is a need to pull this together. • DJ is the system lead for developing the system's anti-racist strategy which will have measurable impacts and will align with local work. The strategy will be presented at the next meeting. • The Equalities Impact Assessment will be updated and best practice examples, such as Hackney's will be considered. • ELFT was an early pilot trust for PCREF and advised that there is a need to ensure the patient voice is heard as well as staff. • Newham Council has been awarded Borough of Sanctuary status by the national City of Sanctuary charity. It is committed to creating a culture and practice of welcome for all seeking sanctuary in the borough. The Chair summarised that we should build upon work across NEL with an integrated system view, ensuring staff are kept informed and are supported. A review of the NEL Working with People and Communities Strategy is being undertaken which may be brought to the ICP during its development. **Action:** VS will send an invite to members to join a learning event hosted by Tower Hamlets Cornerstone. The project aims to create a model for partnership with the voluntary, community and social enterprise (VCSE) and residents to address inequalities within policy making, specifically looking at Equality Impact Assessments.	**VS**
4.0	**Wider determinants of health: Employment**	
	ZE and CP outlined the importance of the link between employment and health including: • The Government have set out five missions, two of which are relevant to the discussion: o Secure the highest sustained growth in the G7 – with good jobs and productivity growth in every part of the country making everyone, not just a few, better off. o Build an NHS fit for the future by reforming health and care services to speed up treatment, harnessing life sciences and technology to reduce preventable illness, and cutting health inequalities • In NEL there are currently two life sciences hubs in Whitechapel and Canary Wharf and the development of the largest wetland in Europe. • There is an increase in people that are classed as economically inactive. Some reasons for this include long term conditions such as musculoskeletal (MSK) and mental health conditions. The top reason for young people aged 18-24 being economically inactive is due to mental health. • An individual's health and the economy are inextricably linked. Being in well paid jobs is linked to prosperity and good health and less rewarding jobs or in uncertain work can contribute to health issues. • Skills programmes are targeted in areas of high deprivation to support people into work. • There have been a number of projects and pilots across the system such as BHRUT supporting internships for young people with learning disabilities and local authorities have a wide range to initiatives to support people into work. The MSK pathway across all NEL is being	

Item No.	Item title	Action
	reviewed and the Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative are working to improve access. • A London wide partnership workshop has been held which focused on employment issue and the link with Integrated Neighbourhood Teams (INTs). There is a cross-government mission to work locally to support people into work and they recognise the role of big organisations. Members reflected upon the connection between health and employment and how as partners they can support this: • People with long term conditions are impacted the most by employment and housing and if people are supported to prevent, improve or are better manage their conditions, they will be able to access employment, which in itself is preventative. They should also be involved in the design of a health and employment programme for NEL. • Unemployment due to ill health has been a long-standing problem and is increasing. • People go through different stages of their health journey and initial contacts made could offer services that will support their transition e.g. social prescribers or voluntary and community services. Prevention is important, by treating people before their conditions worsen. • The ICB was encouraged to include Jobcentre Plus in discussions relating to employment. • Care provider staff cite MSK and mental health issues as the main reason for resigning from work. • Pre-employability training is important for people who have been out of work for some time to build confidence which some partners already provide. • ELFT and NELFT have several schemes to help people into employment including individual placements, working closely with Jobcentre Plus and confidence building. They have also worked with the Financial Conduct Authority and HSBC to act as sponsors for people with no fixed address to obtain bank accounts for employment. They also have a cost of living ambassador. • NHS North East London has become the first Integrated Care Board to be accredited as a London Living Wage employer. The Chair thanked members for sharing of good practice and the richness of discussion. It is important to tackle health issues early in the person's journey and prevent conditions from worsening and acknowledged that Jobcentre Plus should be considered when discussing employment solutions.	
5.0	**Progress update on the VCSE collaborative and strategy**	
	VS and NI provided members with an update on the development of the NEL Voluntary, Community and Social Enterprise (VCSE) Collaborative. This group now includes faith therefore this is now referenced as VCFSE. Collectively, all of the individual organisations that make up this sector amount to a large employer. However much of health funding is allocated to the larger organisations and the smaller ones often struggle with funds. The VCFSE Collaborative are working with the ICB to integrate and raise the profile of this sector to become equal partners, identify new opportunities and align funding.	

Item No.	Item title	Action
	Short term priorities include developing the VCFSE strategy and a system wide 'state of the sector' report. A workshop was held to set priorities, which includes housing, and to work on the strategy. The Collaborative has been working with the LTC team to identify health champions and on a health check event. Other progress to date includes work to address health inequalities and support to the VCFSE workforce. Vacant roles at ICB committees are being identified. The ICP was asked to support the VCSFE to achieve equity in representing the sector, what information would be useful to capture in the state of the sector report and to seek local authority representation and would welcome an ICP development session on VCSFE. Members discussed the presentation and the following key points were raised: • The 'Joy' app can capture how many people are using the voluntary sector and reduce burden. The entire voluntary sector needs to be registered and taught how to use the system. • Some good examples of working with the VCSFE sector were shared and it was highlighted the importance of timely payments, particularly for the smaller organisations. • It was suggested ICB colleagues ask UCL Partners to connect with them to support their evaluation work. • The strategy could include areas such as interaction with the community and mobilising volunteers and how this can be done most effectively. • Other suggestions that may support the VCFSE would be providing honorary contracts and examples of good practice. • Smaller VCFSE organisations may not have the workforce or expertise when procurements arise. The VCFSE are keen to have input into the procurement policy and commissioning strategy. • Another challenge for organisations is dealing with finances year to year but providing longer term contracts would provide more stability. • The emerging benefit of the Collaborative is to manage the single voice and looking at how to build capacity and infrastructure. Members acknowledged the progress being made in the development of the Collaborative and agreed that a future development session will focus on VCSFE.	
6.0	**ICP Improvement Plan**	
	Following discussions held at the ICP development session held in July and from the outcome of the committee effectiveness survey, the ICP improvement plan was developed and highlights areas of progress and objectives. The ICP Steering Group had discussed this in detail at its last meeting. The forward planner/work programme will be refreshed including its objectives and priorities for the year and this will be discussed at the next steering group meeting.	

Item No.	Item title	Action
7.0	**Any other business**	
7.1.	The Chair, on behalf of the partnership, thanked Johanna Moss for her contribution to the ICP, as this will be her last meeting before leaving NHS North East London.	
	Date of next meeting – 9 January 2025	

Integrated Care Partnership Actions Log

OPEN ACTIONS

Action ref:	Date of meeting	Item no	Action required	Lead	When	Status
ACT017	25/04/24	3.0	**Success measures** To discuss detail to feedback to communities and to the collaboratives. CP, DB and the Head of Communications and Participation have met and discussed the plan to feedback on the success measures agreed following the Big Conversation. Healthwatch colleagues have met with engagement leads and feedback should commence from August. 10/24 Update: In conjunction with HealthWatch, a survey to test the success measures has been shared with the North East London (NEL) People's Panel (made up of 2,200 NEL residents) and asked for further comments from members of the public. HealthWatch are also testing this with their respective communities, ensuring a broad and inclusive approach. The final set of success measures will be finalised and shared at the next ICP	CP/DB	Completed	Action completed. A survey has been discussed at the People's Panel and will be tested by HealthWatch.
ACT020	24/10/24	3.0	Community Cohesion VS will send an invite to members to join a learning event hosted by Tower Hamlets Cornerstone. The project aims to create a model for partnership with the voluntary, community and social enterprise (VCSE) and residents to address inequalities within policy making, specifically looking at Equality Impact Assessments	VS	Completed	Invite circulated

NHS
North East London

Success measures from the Big Conversation and the Outcomes Framework

Integrated Care Partnership

January 2025

NHS
North East London

Recap: success measures

Recap: Success measures and outcomes

1. We want to receive trustworthy, accessible, competent and person-centred care from health and care staff

- Increase in people experiencing good care: across the dimensions of trustworthy, competent, accessible and person-centred

2. **We want to see agencies/organisations working well together and to know where they can go to get help/answers**

- People living longer and healthier lives
- Improved health equity amongst all communities in north east London

3. **We want more ways to support people's wellbeing - to be physically and mentally well - in their local communities**

- Reduction in people reporting that they are socially isolated
- Reduced rates of childhood obesity in each of the Places across north east London
- Reduction in the rate of increase in long term conditions across north east London

4. **We want it to be easier to find work within the north east London health and care system**

- 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
- % increase in numbers of people who enter and remain employed (on a paid or voluntary basis) in health and social care locally who also live in north east London

5. We want straight forward access to care, especially to primary care

- People living longer and healthier lives
- Improved health equity amongst all communities in north east London

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

Population Segment	Proposed success measures for the Integrated Care Strategy	Outcome details
0. Whole population 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. The outcomes aligned to segments/clusters can also be aligned geographically to Places as well as across the work of Collaboratives. 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.	People living longer and healthier lives	Framework in development - long list of 110 outcomes measures available
	Improved health equity amongst all communities in north east London	
	Increase in people experiencing good care: across the dimensions of trustworthy, competent, accessible and person-centred	
	Reduction in people reporting that they are socially isolated	
	Reduced rates of childhood obesity in each of the Places across north east London	
	Reduction in the rate of increase in long term conditions across north east London	
	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.	

NHS
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Testing process

Update

Following the support of the ICP in moving forward with the approach to the success measures and outcomes framework already developed, we tested out the agreed set of success measures with local people.

- We used the refreshed People's Panel to get in touch with over 2000 people across north east London and to ask for any feedback on the proposed approach

- With local HealthWatch colleagues, we asked local people in place settings to comment on the draft success measures and whether they thought the approach would be useful

- We have incorporated the Good Care Framework (care that is person-centred, competent, accessible and trustworthy) in a whole raft of initiatives and it is increasingly being embedded as the articulation of good care and what we are aiming as a system to deliver, prompting opportunities for feedback and debate

- As we have further iterated and developed the details in the Outcomes Framework with a range of practitioners across every part of the system, we have by default tested the success measures and their use as its frame

In summary, people have recognised the work to develop the success measures, their value in ensuring we are testing the impact we are having on the things which are most important to local people and their links to the wider Outcomes Framework and are supportive of the approach we have outlined. They now just want us to demonstrate how we are making a difference against the measures.

The detailed Outcomes Framework will come to Population Health and Integration Committee in February and from April we will be using this, framed through the Success Measures as set out here, to measure the impact of the Integrated Care Strategy.

It's probably worth noting that the 10 Year Health Plan should be published in June of this year and may lead to changes in the Strategy at this point. There has been widespread engagement both nationally and locally on the 10 Year Health Plan so hopefully this will reflect a similar set of priorities and things that matter for local people.

NHS
North East London
Integrated Care Board

Integrated Care Partnership

9 January 2025

Title of report	Horizon scanning – into 2025 and beyond
Author	Charlotte Pomery, Laura Anstey, Anna Carratt NHS North East London
Presented by	Charlotte Pomery Chief Participation and Place Officer NHS North East London
Contact for further information	charlotte.pomery@nhs.net
Executive summary	Attached to this brief report is a set of slides setting out the wider policy and legislative context in which we are operating as a system. It is designed to prompt debate about some of the key changes being effected at national level which are likely to influence the work of the Integrated Care Partnership (ICP) going forward. There will undoubtedly be changes which have not been captured in this set as the government settles its key focus at national level and indicates its future direction of travel. Members of the ICP are asked to consider the context set out in the slides, to identify any missing developments which could usefully be captured and to comment on how we ensure the appropriate levels of awareness and understanding. We are awaiting the national operating plan guidance which on an annual basis sets out the rhythm of performance and activity in the NHS. It is unlikely to be ready before the meeting on 9th January. However, the more strategic areas of focus are increasingly clear as the shifts set out in Darzi have now been reinforced in a number of ways as we approach the start of the new financial year.
Action / recommendation	Members of the Partnership are asked to consider and discuss the attached deck.
Previous reporting	N/A
Next steps/ onward reporting	This will be returned to at future meetings of the ICP.
Conflicts of interest	None known at this stage
Strategic fit	This report aligns with each of the four ICS aims: • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development

Impact on local people, health inequalities and sustainability	The core business of the ICP has a lasting impact on local people, health inequalities and sustainability as does the wider policy context in which we are operating.
Has an Equalities Impact Assessment been carried out?	N/A at this point.
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising directly from this report although the ICP will pay attention to supporting financial sustainability across the system through its various roles.
Risks	None identified at this stage – but risks could arise if the ICP does not ensure its work and ways of working are aligned with partners across the system.

North East London Health & Care Partnership

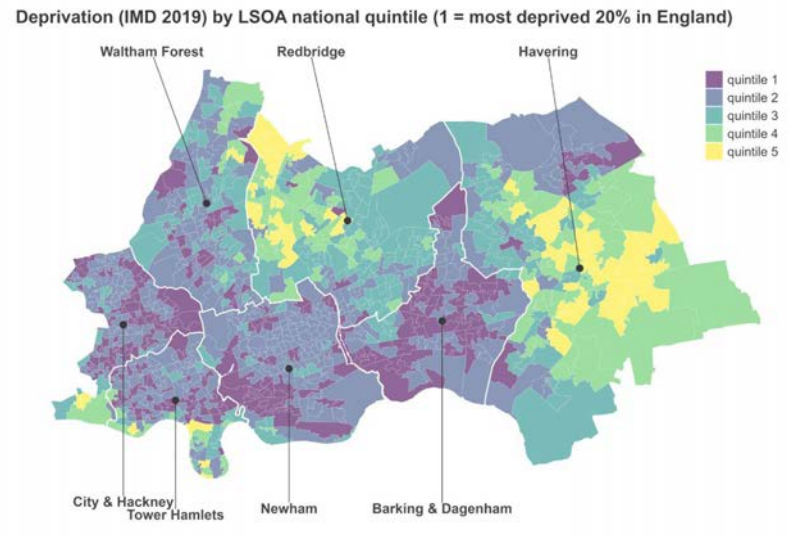
NHS North East London

Horizon scanning for 2025 and beyond

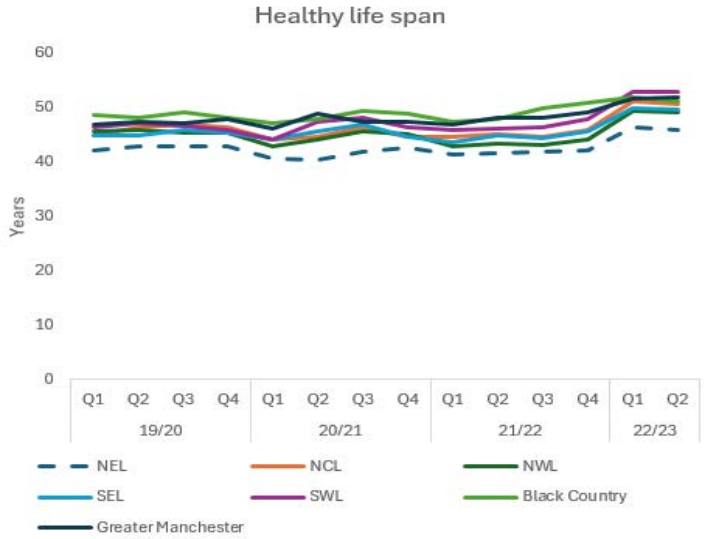
Integrated Care Partnership January 2025

Where we are in north east London

Widespread poverty & deprivation



Lower healthy life expectancy



- Diversity
- Population growth
- Demographic change

- Unmet need
- Variation
- Health inequalities

- Productivity challenges
- Underlying deficit
- Undercapitalisation
- Financial sustainability

Strong message from NHSE and the government: funding will continue to be tight and further expectation around savings. We will have to do more with existing funding and think differently around how it is being used.

North East London Health & Care Partnership

NHS
North East London

National policy, legislation and wider context:

10 year plan
National Care Service Commission
Key White Papers
Range of health and care legislation
Wider issues including SEND and finance

July ‘24 general election – mission driven government and three shifts

July ‘24 → Sept ‘24 → Oct ‘24

In July following the General Election the Labour Party came to power. They have been very clear about their focus on a **mission driven government** to rebuild Britain

1) Kickstart economic growth

to secure the highest sustained growth in the G7 – with good jobs and productivity growth in every part of the country making everyone, not just a few, better off.

2) Make Britain a clean energy superpower

to cut bills, create jobs and deliver security with cheaper, zero-carbon electricity by 2030, accelerating to net zero.

3) Take back our streets

by halving serious violent crime and raising confidence in the police and criminal justice system to its highest levels.

4) Break down barriers to opportunity

by reforming our childcare and education systems, to make sure there is no class ceiling on the ambitions of young people in Britain.

5) Build an NHS fit for the future

that is there when people need it; with fewer lives lost to the biggest killers; in a fairer Britain, where everyone lives well for longer.

An NHS fit for the future

Almost immediately after the election the Health Secretary appointed Professor Lord Darzi to undertake a rapid assessment of the NHS ahead of developing a ten year plan for the NHS – this report was published in September (and the following slide provides a snapshot).

Ahead of the publication of the Darzi report the Health Secretary and the Prime Minister started to talk about three shifts for the NHS, this is very much at the centre of the framing of the 10 year plan

Three shifts for the NHS from hospital to the community, analogue to digital, sickness to prevention

10 year plan engagement

In October the government launched a big conversation about the future of the NHS and are asking for all views, experience and ideas to shape the plan.

You can contribute as an organisation, member of the public or member of staff. NHS NEL ICB has submitted an organisational response

https://change.nhs.uk/en-GB/

and is convening local people in each Place to consider through January before public submissions close on14th February.

10 year plan – what we know so far

The 10 Year Health Plan is part of the government's health mission to build a health service fit for the future

A commitment to a **10-year health plan is central to the government's Health Mission** to fix the broken NHS and make it fit for the future.

The plan will deliver on the **3 big shifts** needed to move healthcare from hospital to the community, analogue to digital, sickness to prevention.

The 10-year health plan will be focused on modernising the NHS, with an emphasis on meeting the healthcare needs of future generations.

The plan will be **co-developed with the public, patients and staff so that all these groups feel ownership of the plan.**

The plan's development will comprise the following key elements

Darzi investigation – found that the NHS is in a critical condition but its vital signs are strong *(published 12 Sept 24)*

Engagement – wide reaching dialogue with the public, NHS staff and leadership and stakeholders to inform the development of the 10 year health plan. *(launched Oct 24)*

Constructing the plan - Using insights from Darzi review and wide engagement, alongside policy development via dedicated workstreams involving clinical leaders and external partners, the Plan will draw together a vision for how to deliver the three goals and shifts set out in the government's manifesto. *(anticipated publication in spring 2025)*

Development of a National Care Service: launch of independent commission

An Independent Commission, with cross-party participation and engagement, to be chaired by Baroness Louise Casey, will get underway from April 2025 to build consensus for a National Care Service with its final report due in 2028.

The Commission will be split into two phases:
Phase 1: will report by mid-2026 and identify critical issues and recommend medium-term improvements.
Phase 2: will report in 2028 and look at how to organise care services and fund them for the future

The government also confirmed an extra £86m in Disabled Facilities Grant to be spent before the end of this financial year to help more older and disabled people to remain in their homes (this is in addition to a similar sum announced in the Budget for next financial year). Overall, it should allow about 7,800 disabled and elderly people to make improvements to their homes to increase their independence and reduce hospitalisations.

Other changes announced on 3rd January include:

- better career pathways for care workers
- better use of technology and new national standards to support elderly people to live at home for longer
- up-skilling care workers to deliver basic checks such as blood pressure monitoring
- a new digital platform to share medical information between NHS and care staff.

By way of national background, about 835,000 people received publicly funded care in 2022, according to the King's Fund. The charity Age UK estimates there are about two million people in England who have unmet care needs - and according to workforce organisation Skills for Care, while 1.59 million people work in adult social care in England, there are currently 131,000 vacancies.

Get Britain Working White Paper: good work is good for health

A key part of the government's mission to kick-start growth is a commitment to building an inclusive and thriving labour market where everyone has the opportunity of good work, and the chance to get on at work. It is also central to delivering on the missions to break down barriers to opportunity and to improve the health of the nation. The government's approach is based on 3 pillars:

1. a modern Industrial Strategy and Local Growth Plans – to create more good jobs in every part of the country
2. improving the quality and security of work through the Plan to Make Work Pay
3. significant reforms to employment support, bringing together skills and health to get more people into and on in work

This third pillar is the focus for the Get Britain Working White Paper, as part of a system based on mutual obligations, where those who can work, do work, and where support is matched by the requirement for jobseekers to take it up. To deliver this, fundamental reforms will transform the system so that there is better:

- support for people to get back into work if they are outside the workforce (and help to stay in employment if they have a health condition)
- access to training, an apprenticeship, or help to find work for young people (including help to avoid losing touch with the workforce at a young age)
- help for people to get a job, upskill, and get on in their career, whether they are unemployed or in employment, alongside clear obligations on people to take up support and do in return everything they can to work
- support for employers to recruit, retain and develop staff

Get Britain Working White Paper : good work is good for health

Proposals for action:

Scaling up and deepening the contribution of the NHS and wider health system to improve employment outcomes
Given the strong evidence on the health benefits of good work, this will include work to:

- support the NHS to provide 40,000 extra elective appointments each week and deploy dedicated capacity to reduce waiting lists in 20 NHS Trusts in England with the highest levels of health-related economic inactivity
- address key public health issues that contribute to worklessness, through an expansion of Talking Therapies, the Tobacco and Vapes Bill and a range of steps to tackle obesity (including trials of new treatments)
- expand access to expert employment advisers as part of treatment and care pathways, in particular mental health and musculoskeletal services.
- expand access to Individual Placement and Support (IPS) for severe mental illness, reaching 140,000 more people by 2028/29

Other proposals for action include:

- Supporting local areas to shape an effective work, health and skills offer for local people, with mayoral authorities leading
- Delivering a Youth Guarantee so that all 18 to 21-year-olds in England have access to education, training or help to find a job or an apprenticeship
- Creating a new jobs and careers service to help people get into work and get on at work
- Launching an independent review into the role of UK employers in promoting healthy and inclusive workplaces

Devolution White Paper: headline proposals

Wide ranging plans to strengthen devolution and decentralise decision making:

- deeper powers for mayors to help deliver the government's growth mission
- focus on easing constraints on building houses and infrastructure
- reform of funding of combined authorities – fiscal devolution is not on offer
- large regional authorities to be created across the country
- recognition of need for investment into combined authority governance and capacity
- commitment to public service reform – but success will be about more than structures and governance
- radical reorganisation of local government
- more flexibility for local government over how it spends money and designs services
- English devolution will be on a firmer constitutional footing

The Foreword to the White Paper sets out that the government will drive change at every level:
"We will give communities stronger tools to shape the future of their local areas, including through a strong new right to buy and maintain beloved community assets.
We will get councils back on their feet, by providing long-term financial stability, strengthening standards, streamlining structures and ending the destructive 'Whitehall knows best' mindset that micromanages their decisions.
We will give Mayors strong new powers over housing, planning, transport, energy, skills, employment support and more, backed up with integrated and consolidated funding.
Devolution will no longer be agreed at the whim of a Minister in Whitehall but embedded as a default into our country's constitution. We will rewire national government so that our first instincts are to deliver in partnership with Mayors and council leaders, not sideline them until the last moment."

What else is happening in the health and care legislative landscape

Assisted Dying Bill – agreed to proceed through parliament 2nd December 2024, will have implications for palliative and end of life care, hospice investment

Mental Health Bill – launched 6th November – aimed at modernising the mental health act to better support patients, treat them more humanely and address disparities in care and treatment

Tobacco and Vapes Bill – launched 5th November – includes measures to create a smoke free generation and to ban disposable vapes from June 2025

Employment Rights Bill – introduced to Parliament October 2024 includes far-reaching measures to raise the minimum floor for employee rights such as banning zero hour contracts; day 1 rights to increased flexibility; strengthening fairness, increased equality and wellbeing rights and obligations; modernising TU legislation; ensuring fair pay

Procurement Act 2023 – implementation delayed until 24th February 2025 to allow for redrafting of National Procurement Policy Statement to meet value for money, social value and economic growth asks in line with 5 missions

Climate Emergency – continued focus on existing targets and plans affecting all sectors including reduction in air pollution and focusing on risks from flooding, fire etc.

Budget October 2024 impacts – including increase in Employer National Insurance Contributions for example and impact across sectors

Other initiatives and issues

As well as a busy legislative and policy context, there are a number of other initiatives and issues which are clear or emerging as significant factors in our work at national and regional level, these include:

We anticipate a focus on the three shifts in the Operating Planning Guidance, due in January 2025. This will include work on accelerating integrated neighbourhood working, already part of our strategic planning and business as usual work.

- Continuing to respond to significant and rapid population growth in north east London
- Flexible working – what does it mean for how we operate as organisations and as a system
- Increased focus on integration – building on integration roadmap
- Implementing consistent model of integrated neighbourhood working which flexes to local needs
- New GP contract in negotiation (2025) with focus on reducing bureaucracy (the red tape challenge) to “bring back the family doctor”, backed by some additional investment
- Rising demand for neurodiversity diagnosis and support
- Gambling and addiction – seen as rising issue for local government given limited levers through planning functions
- SEND reforms indicated – see next slide; Strategic funding changes – see slide after next

SEND inquiry

The cross-party Education Select Committee has launched a major new inquiry to find solutions to the crisis in special educational needs and disabilities (SEND) provision focusing on how to stabilise the system in the short term, and how to achieve long term sustainability with improved outcomes for children and young people, looking at every phase of education and development, from the early years through to the age of 25.

The Committee will look at how mainstream schools and other educational settings can be more inclusive to children with SEND by providing high quality support, including changes to the curriculum, defining what inclusivity looks like in mainstream settings, and improving support and training for education practitioners. Another focus will be increasing the capacity of SEND provision, including finding ways to help local councils plan sufficient SEND school places and examining capital investment in this area. The Committee will consider reforms to the way SEND is funded.

MPs will examine the Education Health and Care (EHC) Plan system and look for potential alternatives without reducing the level of support available. They will also look at the effectiveness of multi-agency working across education, health and social care.

With varying quality of provision across the country, the Committee will consider how to make provision more consistent between local authority areas, looking for examples of replicable best practice, as well as seeking evidence on how to make Ofsted’s accountability measures more effective. The Committee will investigate how SEND support is provided in other countries with better outcomes for children, parents and carers. During the inquiry, MPs will hear directly from young people and families about their experiences with the SEND system as well as professionals delivering SEND support.

Other initiatives and issues: funding

Changes to funding landscape for both NHS and local government as being indicated, with some changes affecting allocations for the financial year 2025/2026.

For the NHS, next year's funding settlement is expected to be very challenging. For specialised services, the delegation of commissioning to ICBs will mean that funding is based on our registered population rather than the activity of providers within our sub-region.

For local government, a 4 week consultation period (18 December 2024 to 15 January 2025) is underway on the provisional local government finance settlement, 2025-2026. It includes consolidation of a range of grants for adults and children's social care alongside indications of increased funding to local government for this sector as well as NIC contributions.

In addition, £2.6 billion will be distributed through the Local Authority Better Care Grant. This is a single grant, which will consolidate the previous Discharge Fund (£500 million) into the grant previously called the improved Better Care Fund (iBCF) (£2.1 billion). Like its predecessors this grant will be required to be pooled into the Better Care Fund (BCF). The objectives and conditions of the BCF will be set out in the 2025-26 BCF policy framework, due to be published soon, setting out further details on how local authorities and local NHS partners should work together with wider public services to plan integrated use of the BCF. Supporting the recovery of urgent and emergency care remains a priority, and local areas will be expected to use the grant to reduce delayed hospital discharges, as part of meeting the objectives to be set out in the framework.

Other initiatives and issues

And rounding up, there are a number of other initiatives and issues which are clear or emerging as significant factors in our work, these include:

- Response to new treatments including weight loss and dementia
- Cost of living – energy cap changes will mean households paying more for fuel, what will this mean for us in north east London?
- State of housing market – spend on temporary accommodation is rising exponentially
- Artificial intelligence – what focus and attention should we be giving this in light of rapid changes in application and impact?
- Social media and impacts on young people's development – where are we considering these as a system?
- International focus – where will the wider international political and diplomatic context take us? US/UK relations; UK/Europe relations; China/Russia etc.

North East London Health & Care Partnership

NHS North East London

Local approach: ICS focus

Integrated Care System strategy

Partners in NEL have agreed a collective ambition underpinned by a set of design principles for improving health, wellbeing and equity.

To achieve our ambition, partners are clear that a radical new approach to how we work as a system is needed. Through broad engagement including with our health and wellbeing boards, place based partnerships and provider collaboratives we have identified **six cross-cutting themes** which will be key to developing innovative and sustainable services with a greater focus upstream on population health and tackling inequalities.

We know that our people are key to delivering these new ways of working and the success of all aspects of this strategy. This is why supporting, developing and retaining our workforce, as well as increasing local employment opportunities is one of our four system priorities identified for this strategy.

Stakeholders across the partnership have agreed to focus together on **four priorities as a system.** There are of course a range of other areas that we will continue to collaborate on, however, we will ensure there is a particular focus on our system priorities and have been working with partners to consider how all parts of our system can support improvements in quality and outcomes and reduce health inequalities in these areas.

We recognise that a **well-functioning system** that is able to meet the challenges of today and of future years is built on **sound foundations.** Our strategy therefore also includes an outline of our plans for how we will transform our enabling infrastructure to support better outcomes and a more sustainable system. This includes some of the elements of our new financial strategy which will be fundamental to the delivery of greater value as well as a shift in focus 'upstream'.

Critically we are committed to a relentless focus on equity as a system, embedding it in all that we do.

Our integrated care partnership's ambition is to
"Work with and for all the people of north east London
to create meaningful improvements in health, wellbeing and equity."

Improve quality & outcomes	*Deepen collaboration*	*Create value*	*Secure greater equity*

6 Crosscutting Themes underpinning our new ICS approach#

- Tackling *Health Inequalities*
- Greater focus on *Prevention*
- Holistic and *Personalised* Care
- *Co-production* with local people
- Creating a *High Trust Environment* that supports integration and collaboration
- Operating as a *Learning System* driven by research and innovation

4 System Priorities for improving quality and outcomes, and tackling health inequalities

- *Babies, Children & Young People*
- *Long Term Conditions*
- *Mental Health*
- *Local employment and workforce*

Securing the foundations of our system

Improving our *physical* and *digital infrastructure*
Maximising *value* through collective financial stewardship, investing in prevention and innovation, and improving sustainability
Embedding *equity*

What are we doing locally to address our system challenges?

Ahead of the forthcoming 10 year plan, and with our local challenges in mind, we know we need to set out our approach to improving population health outcomes, improve quality and value whilst becoming financially sustainable as a system. We will do this both in our **commissioning strategy** and in our **medium-term financial strategy (MTFS)**.

Our Commissioning Strategy will outline our needs, market profile and priorities both immediately and over the next 3 – 5 years, whilst the MTFS will outline the resources and approach to budget sustainability which we need to adopt over the same period. For our plans to stay relevant, they will be refreshed to ensure they play in the latest data and modelling as our theory of change is refined.

This is a step in NEL becoming a learning system – a continuous cycle of improvement using data and evidence more systematically to set priorities, inform decisions, and drive system transformation.

For 2025/26 we will:

- Refine our understanding of the financial gap and what a do-nothing option looks like
- Develop a set of financial planning assumptions for 25/26, informed by financial analysis
- Identify a set of interventions that are seen as high impact and that will set us off in the right direction of travel to become a financially sustainable system while meeting the need of the population
- Use the interventions and our wider MTFS to inform our operating plan for 2025/26

NHSE has informed us that no fundamental re-write of the **Joint Forward Plan** will be needed for March 2025, as they will ask us to update it as a response to the 10 year plan, which is expected in June 2025. We will use the Commissioning Strategy and MTFS as the basis for this response. In the meantime, we will ensure that our current JFP is refreshed slightly to reflect our financial position, as well as any new system strategies that have been developed since the last publication.

Other local strategy and policy work (not an exhaustive list)

All local authorities have developed Medium Term Financial Strategies which have been consulted on with local people, budget plans will need to be agreed by Councils by the end of February.

All local authorities are developing or have developed Local Plans setting out how they will make decisions on future development proposals and address the needs and opportunities of the area including housing, employment and future development opportunities and restrictions.

The Anti-Racism Strategy for north east London will be going to the ICB Board at the end of January for approval, following a period of engagement and discussion across a wide range of stakeholders.

The NEL Sexual Health Strategy has been developed across the integrated care system and will be presented to the ICB Board, following approval at each local authority, later this year.

Housing and homelessness strategies have been developed in all areas – the ICB is finalising its homelessness strategy setting out how it will better support people from a health perspective in all phases of homelessness.

Carers' strategies are in place across all areas – all led by local authorities with significant NHS and VCFSE input and shared leadership. Ensuring carers are fully engaged in during the discharge process for example, is an active area of focus.

North East London
Integrated Care Board

Integrated Care Partnership

9th January 2025

Title of report	Workplan of the Integrated Care Partnership (the ICP)
Author	Keeley Chaplin and Charlotte Pomery
Presented by	Charlotte Pomery Chief Participation and Place Officer NHS North East London
Contact for further information	charlotte.pomery@nhs.net
Executive summary	Attached to this brief report is the draft workplan for the ICP for the year ahead. The move from a forward plan to a work plan is deliberate and reflects an aim that the ICP has its own strategic areas of focus and objectives for the year ahead which then draw in reports. It is recognised that a range of business as usual and urgent and ad hoc items will be brought to the ICP as matters arise, but equally that there should continue to be a focus on the ongoing objectives of the ICP. All Committees of the Board are adopting this approach over the coming months and there will be an overarching review of workplans to touch on alignment and gaps in the next cycle of meetings. The draft objectives are presented for discussion and agreement by the ICP. It is recognised that, subject to this discussion and agreement, the current items on the work plan may need to be adjusted.
Action / recommendation	Members of the Partnership are asked to consider the attached work plan, notably the draft objectives, and to consider whether the work plan adequately reflected the intended areas of focus for the year head.
Previous reporting	N/A
Next steps/ onward reporting	This will be a standing item on the Partnership's agenda going forward.
Conflicts of interest	None known at this stage
Strategic fit	This report aligns with each of the four ICS aims: • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development

Impact on local people, health inequalities and sustainability	The core business of the ICP has a lasting impact on local people, health inequalities and sustainability. In considering the work plan for the Committee, members should be mindful of how the work plan can have a positive impact on these issues and ensure that it is optimising opportunities for such impact.
Has an Equalities Impact Assessment been carried out?	N/A at this point.
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising directly from this report although the ICP will pay attention to supporting financial sustainability across the system through its various roles.
Risks	None identified at this stage – but risks could arise if the ICP's work plan is not aligned to its terms of reference and core priorities as a Committee of the Board.

Integrated Care Partnership: draft workplan for consideration

1. Background

The Integrated Care Partnership (ICP) is a statutory joint committee of the ICB and local government in the area. It brings together a broad set of system partners and stakeholders including independent health and care providers, Healthwatch, the voluntary, community, faith and social enterprise sector and other partners as required (including police, housing, etc for example). Its strength lies in the breadth and depth of its partnerships, which operate on a number of levels across north east London.

There is significant flexibility for ICPs to determine their own arrangements, including their membership and ways of working. Membership must include one member appointed by the ICB, one member appointed by each of the relevant local authorities, and others to be determined locally. The ICP sits alongside the ICB to form the Integrated Care System (ICS) and the dual structure was initially designed to support ICSs to act both as bodies responsible for NHS money and performance and as a wider system partnership.

One of the ICP's core functions is to develop an Integrated Care Strategy, a plan to address the wider health, public health and social care needs of the population. This strategy must build on local joint strategic needs assessments and health and wellbeing strategies and must be developed with the involvement of local communities and Healthwatch. The ICB is required to have regard to this plan when making decisions.

In addition, the ICP was established to drive the direction and policies of the ICS; to be rooted in the needs of people, communities and places; to enable a space to develop and oversee population health; to support integrated approaches to subsidiarity; to take an open and inclusive approach to strategy development; to show visible leadership involving communities and partners, utilising local data and insights.

As a joint committee sitting alongside the ICB Board, the ICP is able to draw partners together as equal participants and partners, to focus on work which only the ICP can do and to really better understand how we together best address the four founding aims of the ICS (to improve outcomes in population health and health care; to tackle inequalities in outcomes, experience and access; to enhance productivity and value for money; to help the NHS to support broader social and economic development).

The ICP could support this approach by meeting in different venues across north east London, by focusing on different elements to understand the challenges for different sectors and perspectives and by ensuring we make items practical, patient centred and focused on hearing the voices of local people and communities. All items will need to be considered as whole system and from a variety of perspectives – there is no expectation that one agency will lead the discussions alone.

2. Draft objectives 2025/2026

Following discussion at the ICP and ICP Steering Group, it is proposed that we consider our draft objectives within the structure of the three shifts which are increasingly structuring our thinking in the short, medium and long term. As set out by national government and through the Darzi review these can be described in various ways, but here as:

- Sickness to prevention: Focusing on preventing sickness, not just treating it.
- Hospital to community: Moving more care from hospitals to communities
- Analogue to digital: Making better use of technology in health and care

There is likely to be a rolling programme too of standing items which it needs to consider as business as usual and these are reflected in the work plan below and will include, for example, follow up from previous agenda items, consideration of the integrated care strategy and of the joint forward plan, risks and updates from partners.

There will be regular development sessions between the full meetings of the ICP to support it which will enable us to have thematic conversations on the three key shifts and what it means for the integrated care strategy. So by way of example, there will be a development session on the VCFSE followed by a discussion cementing the approach at the next ICP.

In addition, the following set of draft objectives for the year ahead is proposed for the ICP as follows:

General/all three shifts

1. Oversight of the refresh of the Integrated Care Strategy and Joint Forward Plan in light of the 10 year Health Plan, due to be published June 2025
   The ICP is responsible for developing and agreeing the Integrated Care Strategy and its success measures. It is considered that the 10 Year Health Plan will necessitate some changes to our current version of the Strategy and that a refresh of both this and the Joint Forward Plan will be required over the year ahead. Timelines are likely to be dictated by national colleagues but we can anticipate the refresh being required by Autumn 2025.

2. Keeping abreast of the wider policy and legislative context shaping the work of the Integrated Care System
   The range of partners and perspectives around the ICP table means it is uniquely well placed to identify, highlight and understand the range of impacts of changes to our policy and legislative context, across all sectors, nationally, regionally and locally and through legislative and other levers. This will include a specific focus on the Devolution White Paper and its implications for north east London.

Sickness to prevention

3. Reset of relationship with the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE): development of Strategy by end of calendar year 2025
   Whilst the VCFSE is represented on the ICB Board and its key Committees, there is an opportunity to reset and shift the relationship between stakeholders with regard to the sector, for example by developing a clear strategy for the sector and the wider ICS.

4. Income maximisation and getting Britain back to work – agreeing north east London's approach through the financial year 2025/2026
   The recent Getting Britain Working White Paper and the continued focus across government of inclusive and beneficial economic growth, will require us as a system to think differently about how we support local people into work, and to support people to get on in work. This will involve all partners in various ways with key roles for the NHS, for local government, for the VCFSE and for employers as examples. The role of the People and Culture Committee will be important but there is likely to be a wider focus on welfare reform, and supporting people back into work where health issues arise which lead to economic inactivity, which will align with the ICP.

Hospital to community

5. Increased understanding of role of adult social care and children's services
   There is a need for a deeper appreciation of the breadth and depth of social care, and how it can change people's lives – as individual, families, households and communities – whether attached to a hospital admission and discharge or not.

6. Ensuring proposals for integrated neighbourhood working optimise the contributions of all partners – from Spring through to Autumn 2025
   Whilst Integrated Neighbourhood Working is led by the Population Health and Integration Committee, with delivery at Place, there is a need to ensure the wider partnership focus is not lost in thinking about integrated services.

Analogue to digital

7. Responding to population growth through innovation and modernisation
   Doing things differently has to underpin our approach to addressing the needs of our growing population within the budget envelope we currently have. We know that there is unlikely to be a significant injection of funding into the system so we do need to ensure we are using the most effective and efficient services and techniques available, including the use of digital.

3. Work planning – draft proposals

To support development and delivery of the above objectives, we will work further on forward planning agenda items which actively help us to make progress. Further work is needed on forward planning, subject to agreement of the objectives set out above.

January	April	September	December
All three shifts			
Horizon scanning Work programme Success measures sign off	• Horizon scanning • Population growth • Integrated Care Strategy development; success measures implementation	• Key issues for partners • Integrated Care Strategy sign off	• Committee effectiveness
Prevention: from sickness to health			
	• VCFSE Strategy development **Development session will be held in advance of this to focus thinking**	• Drugs and alcohol **Development session will be held in advance of this to focus thinking**	• Response to economic inactivity **Development session will be held in advance of this to focus thinking**
Closer to home: from hospital to community			
	• Role of adult social care	• Integrated neighbourhood working	• Theme TBC
Modernising: from analogue to digital			
	• Approach to digital strategy development • Primary care and digitalisation	• Digital strategy	•
Items to be scheduled – this includes items we know will be coming through the pipeline but timelines are yet to be established			
•			

Integrated Care Partnership

9 January 2025

Title of report	Integrated Care Partnership – Governance Update
Author	Anne-Marie Keliris, Head of Governance
Presented by	Charlotte Pomery, Chief Participation and Place Officer
Contact for further information	charlotte.pomery@nhs.net
Executive summary	The Integrated Care Partnership (ICP) Committee and Integrated Care Partnership steering group (SG) terms of reference require annual review. The membership of the Integrated Care Partnership (ICP) Committee terms of reference have been updated to reflect the plans to appoint a Chair of Barts Health and BHR Hospitals Trust. There are no other proposed changes.
Action required	The ICP is asked to: - Approve the steering group terms of reference for a further year - Note the revised ICP committee terms of reference
Previous reporting	ICP Steering Group
Next steps/ onward reporting	ICB Board
Conflicts of interest	There are no conflicts of interest arising from this report.
Strategic fit	• 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 group is focussed on supporting the wider partnership committee to deliver on our commitments for local people as set out in the ICP strategy.
Has an Equalities Impact Assessment been carried out?	An Equalities Impact Assessment is not required for this report.
Impact on finance, performance and quality	There are no immediate financial implications.
Risks	There are no immediate risks identified.

North East London Integrated Care Partnership

TERMS OF REFERENCE

Status	1. The following partner organisations within the North East London Integrated Care System ("**ICS**"), otherwise known as the North East London Health & Care Partnership, have come together to establish a joint committee in accordance with section 116ZA of the Local Government and Public Involvement in Health Act 2007 ("**2007 Act**") to be known as the North East London Integrated Care Partnership ("**ICP**"). 2. The partner organisations are: (a) City of London Corporation (b) London Borough of Barking and Dagenham (c) London Borough of Hackney (d) London Borough of Havering (e) London Borough of Newham (f) London Borough of Redbridge (g) London Borough of Tower Hamlets (h) London Borough of Waltham Forest (i) The North East London Integrated Care Board ("**ICB**"). 3. In addition, the statutory joint committee has broadened its membership to ensure the perspective of its wider system partners. 4. The ICP brings together a broad alliance of organisations concerned with improving the care and health and wellbeing of the population of North East London. Alongside the ICB, the formation of the ICP gives a statutory underpinning to the North East London Health and Care Partnership.[1] 5. In accordance, with the 2007 Act, the ICP may determine its own procedure (including as to quorum) and this has been set out in these terms of reference.

[1] The ICB is the statutory system-wide NHS body responsible for planning and funding most NHS services in the area. The ICP is a statutory committee that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area. (source: Kings Fund)

	6. The ICP may establish groups to assist it to undertake its functions, but it cannot delegate decisions to such groups. In reliance on this authority, the ICP has established and approved terms of reference for the North East London Integrated Care Partnership Steering Group. The role of the Steering Group is to support and steer the work of the ICP.
Purpose	7. The ICP is a key component in supporting the ICS with the achievement of the 'four core purposes' of Integrated Care Systems, namely to: (a) Improve outcomes in population health and healthcare; (b) Tackle inequalities in outcomes, experience and access; (c) Enhance productivity and value for money; (d) Help the NHS support broader social and economic development. 8. The ICP will ensure that the partnership focuses on our collectively agreed ambition and purpose, with co-production central to our approach: We will work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity. In line with the following principles to: • Improve quality and outcomes • Secure greater equity • Create value • Deepen collaboration 9. The ICP will aim to meet the five expectations of integrated care partnerships set out in the Department of Health & Social Care's Guidance, dated 23 March 2022, and these shall guide the ICP's work. It shall: **A. Drive the direction and policies of the ICS** (e.g. through building strong relationships across the ICS and driving a culture of collaboration) **B. Be rooted in the needs of people, communities and places** (e.g. by recognising the critical role that Healthwatch and VCSE partners play in supporting the ICP's work with communities and places; by promoting a listening and responsive culture across the entire ICS, ensuring that decisions are made as close to the people and communities they serve as possible; by drawing on insights from the existing work of the partners of the ICS with regards to inclusive engagement activities; by ensuring that mental health representation plays a significant role in the ICP)

	C. Create a space to develop and oversee population health strategies to improve health outcomes and experiences (e.g. by looking beyond traditional organisational boundaries to address population health, health inequalities and the wider determinants of health, and by ensuring there is the space to take a long term view and a considered approach to complexity issues) **D. Support integrated approaches to subsidiarity** (e.g. by ensuring that work at system level complements and supports the work undertaken at place level, whilst itself ensuring that the ICP does not duplicate the local role of the Health and Wellbeing Boards; and by engaging with other systems and sharing experience of how to create an effective culture and dynamic between partners) **E. Take an open and inclusive approach to strategy development and leadership, involving communities and partners, and utilising local data and insights** (e.g. a focus of the ICP to be to build maximum consensus between partners, enabling good culture driven by shared goals and evidence informed by the communities which the ICS serves. This should be underpinned by strong relationship between leaders across the system, which the ICP will have a key role in nurturing)
Responsibilities of the ICP	10. The ICP has a statutory role as stated in the 2007 Act and reflected in the National Health Service Act 2006 (‘**2006 Act’**). Additionally, as described below, the ICP has a role in the relation to the Place-Based Partnership arrangements established in the seven Places across North East London. 11. The core role of the ICP is described below: **Integrated care strategy** 12. The ICP’s primary responsibility will be, in line with its statutory role, to develop an Integrated Care Strategy setting out how the assessed needs in relation to its area are to be met by the exercise of functions of the ICB, NHS England and/or the eight local authority partner organisations. **ICS strategic priorities and operating principles** 13. The ICP, through the development of the Integrated Care Strategy, and otherwise, will have a lead role in co-ordinating the partners to develop the Strategic Priorities of the ICS. 14. The ICP will also make recommendations to the partners of the ICS on the development and refinement of the North East London ICS Operating Principles. 15. The current Strategic Priorities of the ICS and its Operating Principles can be found here.

	Addressing key issues 16. The ICP will provide a forum for system leaders to: (a) Discuss and debate on key system issues; (b) Focus on facilitating agreement between partners on key health and well-being issues and responses; (c) Identify key outcomes and ensure the experience of service users and patients remain at the centre; (d) Set the culture and tone for the ICS through leading by example; (e) Openly discuss difficult issues with a focus on what is best for the North East London population; (f) Provide constructive challenge to the established ways of working; (g) Ensure that the needs of people, places and communities are widely understood.
Chairing arrangements	17. The ICP will be Chaired by the Chair of the Integrated Care Board. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference. 18. The ICP may appoint a Deputy Chair from amongst its members.
Membership	19. Section 116ZA requires that the ICP shall consist of one member which is appointed by the ICB and one member from each of the eight local authorities. Some guidance has referred to members as 'founding members.' 20. The ICP itself is then permitted to appointed other members, and has chosen to do so to ensure the perspective of its wider system partners. 21. The membership of the ICP shall be as follows: *Founding members* (a) Chair of the ICB (Chair) (b) One member, from each of the eight local authorities, who shall be: (i) Health and Wellbeing Board cabinet member, City of London Corporation; (ii) Health and Wellbeing Board cabinet member, London Borough of Barking and Dagenham; (iii) Health and Wellbeing Board cabinet member, London Borough of Hackney;

(iv) Health and Wellbeing Board cabinet member, London Borough of Havering;

(v) Health and Wellbeing Board cabinet member, London Borough of Newham;

(vi) Health and Wellbeing Board cabinet member, London Borough of Redbridge;

(vii) Health and Wellbeing Board cabinet member, London Borough of Tower Hamlets;

(viii) Health and Wellbeing Board cabinet member, London Borough of Waltham Forest.

Members appointment by the ICP

(c) The following members drawn from the ICB:

(i) Chief Executive

(ii) Chief Medical Officer

(d) The following five members drawn from the NHS Trust and Foundation Trust partner organisations operating in North East London:[2]

(i) Chair, Barts Health

(ii) Chair, BHR Hospitals Trust

(iii) Chair, Homerton Healthcare

(iv) Chair, East London Foundation Trust

(v) Chair, North East London Foundation Trust

(e) The following eight members drawn from VCSE organisations across the local authority areas in North East London:

(i) Barking & Dagenham Council for Voluntary Service

(ii) City of London

(iii) Hackney Council for Voluntary Service

(iv) Havering Compact of Voluntary Organisations

(v) Redbridge Council for Voluntary Service

(vi) Compost London (Newham)

(vii) Tower Hamlets Community Voluntary Services

[2] As specified in clause 3.5.1 of the ICB's Constitution.

	(viii) Waltham Forest, (f) The following eight members drawn from Healthwatch organisations across the local authority areas in North East London: (i) City of London Healthwatch (ii) Healthwatch Barking and Dagenham (iii) Healthwatch Hackney (iv) Healthwatch Havering (v) Healthwatch Newham (vi) Healthwatch Redbridge (vii) Healthwatch Tower Hamlets (viii) Healthwatch Waltham Forest (g) [*TBC*] clinical representatives with primary care, allied health, acute, and/or mental health expertise: (i) [ ] (h) Other representatives as follows: (i) Care Providers Voice 22. With the permission of the Chair the members, set out above, may nominate a deputy to attend a meeting of the ICP that they are unable to attend. The deputy may speak and vote on their behalf. Where possible, members should notify the Chair of any apologies before papers are circulated.
Participants	23. Only members of the ICP have the right to attend meetings. However, other individuals may be invited to attend all or part of any meeting as and when appropriate to assist the ICP with its discussions. 24. The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.
Meetings, Quoracy and Decisions	*Scheduling meetings* 25. The ICP shall ordinarily meet quarterly. Additional meetings may be convened on an exceptional basis at the discretion of the Chair. *Quoracy* 26. For a meeting to be quorate, 50% of the members must be present. This must include five of the nine founding members.

27. If any member of the ICP has been disqualified from participating on an item in the agenda by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

28. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Voting

29. The ICP will ordinarily reach conclusions by consensus. When this is not possible, the Chair may call a vote. Only members of the ICP may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair will hold the casting vote. The result of the vote will be recorded in the minutes.

Papers and notice

30. A minimum of seven clear working days' notice is required of the date and time of a meeting. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting

31. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair.

Virtual attendance

32. It is for the Chair to decide whether or not the ICP will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. How a person has attended a meeting shall be specified in the meeting minutes.

Admission of the public

33. Meetings will usually be open to the public, unless the Chair determines, at his or her discretion, that it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for some other good reason.

34. The Chair shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the business shall be conducted without interruption and disruption.

35. A person may be invited by the Chair to contribute their views on a particular item or to ask questions in relation to agenda items. However, attendance shall not confer a right to speak at the meeting.

	36. Matters to be dealt with by a meeting following the exclusion of representatives of the press and other members of the public shall be confidential to the members of the ICP and others in attendance. 37. [There shall be a section on the agenda for public questions to the ICP. The ICP will adopt the ICB's procedure for public questions: [*insert link*].] *Recordings of meetings and publication* 38. Except with the permission of the Chair, no person admitted to a meeting of the ICP shall be permitted to record the proceedings in any manner whatsoever, other than in writing. *Confidential information* 39. Where confidential information is presented to the ICP, all those who are present will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles. *Meeting minutes* 40. The minutes of a meeting will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the members of the ICP together with the action log as soon after the meeting as practicable. The minutes will be submitted for agreement at the next meeting where they will be signed by the Chair. *Governance support* 41. Governance support to the ICP will be provided by the ICB's governance team. *Conflicts of interest* 42. The ICP is committed to conducting its business in a fair, transparent, accountable and impartial manner. Members will comply with the arrangements for managing conflicts of interest established by the organisations that they represent or the ICS as a whole, and any relevant national statutory guidance.
Behaviours and Conduct	43. All members shall follow the Seven Principles of Public Life (i.e. the Nolan Principles), which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership. 44. Members of the ICP have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view and reach agreement by consensus. The purpose of the ICP is to consider the best interests of service users and residents in North East London, when taken as a health and care system as a whole, rather than representing the individual interests of any of the partner organisations over those of another. ICP members participate in the ICP to - as far as possible - promote the greater collective endeavour.

	45. Members must demonstrably consider equality, diversity and inclusion implications of the decisions they make.
Accountability and Reporting	46. The ICP shall comply with any reporting requirements that are specifically required by any of the statutory partner organisations for the purposes of its constitutional or other internal governance arrangements. 47. Members of the ICP shall disseminate information back to their respective organisations as appropriate, and feedback to the group as needed.
Review	48. The ICP will review its effectiveness at least annually. 49. These ToR will be reviewed at least annually and more frequently if required.

Date of Approval: 23 November 2022 (Initial version by ICB Board on 1 July 2022)
Date or Review: 1 April 2023
Version: 2.0

North East London Integrated Care Partnership Steering Group

TERMS OF REFERENCE

Status	1. The North East London Integrated Care Board ([1]the '**ICB**') and the eight local authorities in the ICB's area, have come together with other system partners to establish the North East London Integrated Care Partnership ('**ICP**'). The ICP is a core component of the North East London Health and Care Partnership, which is the Integrated Care System ('**ICS**') for the area. 2. These terms of reference are for the North East London Integrated Care Partnership Steering Group ('**the Steering Group'**), which has been established by the ICP, to guide and support its work.
Purpose and responsibilities	3. Given the size and scale of the ICP, which is an inclusive group of health and care partner organisations from across the ICS, the Steering Group has been established to steer the work and strategic direction of the wider Partnership. 4. The Steering Group will support the ICP to fulfil its responsibilities as set out in it terms of reference and, more broadly, in legislation and guidance published by the Secretary of State. 5. The Steering Group will focus on the approach to development and oversight of the Integrated Care Strategy, with due regard to the ICP's responsibilities in that regard. Once the strategy is published, the Steering Group will continue to support the ICP and the statutory partners with its implementation, providing advice and guidance as appropriate. 6. The Steering Group will act as a programme board. It has no formal decision-making powers of its own, but may make recommendations to the ICP to inform its decisions. 7. The Steering Group will inform the development and review of the ICP Chair's objectives.
Chairing arrangements	8. The Steering Group will be Chaired by the Chair of the ICB, who is also the Chair of the ICP. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.

[1] The ICB is the statutory system-wide NHS body responsible for planning and funding most NHS services in the area. The ICP is a statutory committee that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area. (source: Kings Fund)

	9. The Steering Group may appoint a Deputy Chair from amongst its members.
Membership	10. The membership of the Steering Group, which has been agreed by the ICP, shall be 9, as follows: (a) Chair of the ICB (Chair) (b) One local authority elected member from 'inner' North East London (c) One local authority elected member from 'outer' North East London (d) One NHS Trust/Foundation Trust Chair (acute sector) (e) One NHS Trust/Foundation Trust Chair (mental health/community health sector) (f) Chief Executive of the ICB (g) One individual nominated by [the North East London VCSE Collaborative] (h) One individual nominated by [by North East London Healthwatch group] (i) One individual nominated by [the North East London Primary Care Collaborative] 11. Attendance at meetings is essential. In exceptional circumstances when a member cannot attend, subject to the Chair's consent they may arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. 12. Members of this group will connect with and bring the perspective of their wider sector collaborative groups.
Participants	13. Only members of the Steering Group have the right to attend meetings. However, other individuals may be invited to attend all or part of any meeting as and when appropriate to assist the Steering Group with its discussions. 14. The following shall attend in a non-voting capacity, in order to provide strategic advice to the Steering Group: (a) A Director of Public Health drawn from one of the eight local authorities in North East London. (b) Others, as required, including: Directors of Adult Social Care, Directors of Children's Services, Local Authority Chief Executives, ICB Chief Officers (e.g. medical, strategy and place/participation). 15. The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Meetings, Quoracy and Decisions	*Scheduling meetings* 16. The Steering Group will normally meet in advance of each meeting of the ICP, which will ordinarily be quarterly. Additional meetings may be convened at the discretion of the Chair. *Quoracy* 17. For a meeting to be quorate, five of the members must be present. This must include at least one ICB member, one local authority member and one trust/FT member. *Voting* 18. The Steering Group will ordinarily reach conclusions by consensus. When this is not possible, the Chair may call a vote. Only members of the Steering Group may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair will hold the casting vote. The result of the vote will be recorded in the minutes. *Papers and notice* 19. A minimum of seven clear working days' notice is required of the date and time of a meeting. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting 20. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair. *Virtual attendance* 21. It is for the Chair to decide whether or not the Steering Group will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. How a person has attended a meeting shall be specified in the meeting minutes. *Recordings of meetings and publication* 22. Except with the permission of the Chair, no person admitted to a meeting of the Steering Group shall be permitted to record the proceedings in any manner whatsoever, other than in writing. *Confidential information* 23. Where confidential information is presented to the Steering Group, all those who are present will ensure that they treat that information appropriately in

	light of any confidentiality requirements and information governance principles. *Meeting minutes* 24. The minutes of a meeting will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the members of the Steering Group together with the action log as soon after the meeting as practicable. The minutes will be submitted for agreement at the next meeting where they will be signed by the Chair. *Governance support* 25. Governance support to the Steering Group will be provided by the ICB's governance team. *Conflicts of interest* 26. The Steering Group is committed to conducting its business in a fair, transparent, accountable and impartial manner. Members will comply with the arrangements for managing conflicts of interest established by the organisations that they represent or the ICS as a whole, and any relevant national statutory guidance.
Behaviours and Conduct	27. All members shall follow the Seven Principles of Public Life (i.e. the Nolan Principles), which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership. 28. Members of the Steering Group have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view and reach agreement by consensus. The purpose of the Steering Group is to consider the best interests of service users and residents in North East London, when taken as a health and care system as a whole, rather than representing the individual interests of any of the partner organisations over those of another. Steering Group members participate in the Steering Group to - as far as possible - promote the greater collective endeavour. 29. Members must demonstrably consider equality, diversity and inclusion implications of the recommendations they make.
Accountability and Reporting	30. The Steering Group shall comply with any reporting requirements that are specifically required by the ICP, or any of the statutory partner organisations for the purposes of its constitutional or other internal governance arrangements. 31. Members of the Steering Group shall disseminate information back to their respective organisations as appropriate, and feedback to the group as needed.
Review	32. The Steering Group will review its effectiveness at least annually.

	33. These ToR will be reviewed at least annually and more frequently if required. Any proposed changes to these terms of reference will be agreed by the ICP.

Date of Approval: [6 April 2023]
Date of Review: [March 2024]
Version: [1.0]